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ENGLAND & WALES

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The medical expert instruction guide

A PRACTICAL GUIDE FOR SOLICITORS

Six stages of a well-prepared instruction

The MRO's role, independent medical opinion and the details that matter.

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INSIDE THIS GUIDE

A clearer brief. A stronger start.

A medical expert needs to understand the case, the questions and the practical arrangements. This guide brings those elements together in six stages.

THE SIX STAGES

For solicitors and case handlers in England and Wales preparing personal injury instructions. Clinical negligence and other specialist work may require a different scope.

01 / CASE AND INSTRUCTION ROUTE

Give the expert a clear starting point.

Start with the instructing firm, responsible case handler and case reference. Explain the claim type, incident date, injuries under consideration and the purpose of the requested report.

Make clear whether you need a first report, a supplementary opinion or a review of additional material. A large bundle alone does not explain what the expert is being asked to address.

A short, factual chronology

Set out the sequence of events. Distinguish agreed facts, allegations and disputed accounts. Flag conflicting dates rather than quietly choosing one version.

Confirm the instruction route

Check the applicable protocol and any court order before arranging a provider. Where a first fixed-cost report must be sourced through MedCo, follow that process. This guide is not an alternative route.

Explore the MedCo guide >

02 / MEDICAL QUESTIONS

02

Let the issues define the discipline.

Identify the medical questions before discussing availability. The scope of the work should guide the choice of expertise.

Where more than one discipline may be involved, separate the proposed tasks. Discuss gaps and overlap at the outset rather than leaving them to emerge in the reports.

Frame neutral questions

Depending on the case, subjects may include diagnosis, the relationship between the incident and symptoms, relevant prior history, current limitations and the likely course of recovery.

Invite the expert to identify missing information, uncertainty and matters outside their expertise. Not every question can support a definite answer.

Ask for a reasoned opinion. Not a preferred conclusion.

Find the relevant specialist report >

03 / RECORDS AND SUPPORTING MATERIAL

A useful bundle has a clear structure.

An index is more than a contents list. It helps the expert see what is available, what is missing and how the material fits the instruction.

Make it navigable

Use descriptive file names, dates and consistent page references. Identify what is enclosed, what has been requested and what remains unavailable.

Explain the gaps

Discuss the records needed for the agreed scope. Relevant GP and hospital records, imaging reports and earlier expert reports may all be important. Flag missing periods and inconsistent dates.

EVIDENCE, IN CONTEXT

Do not select material only because it supports one account. Make it clear where a document has been replaced by a later version.

IF THE BUNDLE ARRIVES IN STAGES

Explain this before work begins. Identify the initial set, the outstanding material and who will coordinate later additions. A clear schedule supports review; it does not replace the expert's assessment of the evidence.

04 / EXAMINATION AND COMMUNICATION

Plan around the person.

Good coordination begins before the appointment.

Agree the practical details

Discuss whether the proposed work requires an examination or a records review. Establish the claimant's location and availability, together with any accessibility, interpreter or communication requirements relevant to the arrangements.

Confirm how identity checks and appointment changes will be handled.

Keep clinical decisions separate

The case handler can coordinate dates and documents. The expert must remain free to decide whether an assessment or more information is needed.

Administrative coordination should support clinical judgment, not pre-empt it.

05 / DEADLINES, FEES AND PAYMENT

Separate the dates. Define the scope.

01

Appointment

When the assessment is to take place.

02

Requested report

When the report is needed for case planning.

03

Court deadline

The procedural date that must be identified.

Obtain timetable confirmation

State relevant hearing and procedural dates. Ask whether the proposed timetable is achievable. Sending a deadline does not mean it has been accepted.

Agree what the fee covers

Clarify records volume, examination, report, payment responsibility and anticipated extra work. Discuss cancellations, later records, addenda and further questions before work begins.

Read the report cost guide >

06 / THE FINAL HANDOVER

Make the final transfer deliberate.

One case. One current version.

Confirm that the letter, chronology, index and attachments refer to the same case and version. Nominate one contact for missing records and administrative queries.

An agreed transfer method

Confirm the recipient and agree how confidential records will be transferred before sending them. Treat the handover as a deliberate step, not simply an email attachment.

Ask for written acknowledgement of the instruction, scope, fee and timetable. Keep that confirmation with the case record.

KEEP CASE MATERIAL PRIVATE

Do not send detailed medical histories or case bundles through a general enquiry channel unless that channel has expressly been agreed for this purpose.

THE ROLE OF AN MRO

Coordinating the process. Respecting the opinion.

Practical coordination

A medical reporting organisation coordinates arrangements around an instruction: the medical expert, documents, appointment and report delivery. A clear brief gives those arrangements a defined starting point.

The instructing team still needs to specify the case, scope and applicable route, and agree the practical terms.

Independent medical judgment

The expert remains responsible for the medical assessment and opinion. Under CPR Part 35, the expert's duty to help the court on matters within their expertise overrides obligations to the instructing or paying party.

Read the CPR Part 35 explainer >

An MRO does not promise a particular claim outcome.

EXPLORE EXPERT MEDICAL

The next point of reference.

Use the service information below to shape an initial discussion. The appropriate discipline, availability and scope should be confirmed for the individual instruction.

Support for solicitors

Understand the reporting arrangements available to legal teams, from an initial enquiry to the coordination of an instruction.

Explore solicitor services >

Specialist reports

Explore medical disciplines and report types. Start with the issues requiring expert evidence, then discuss the appropriate expertise.

Browse the specialist directory >

Medical reporting

Read about medico-legal reporting and use the first discussion to clarify the case, proposed report and practical requirements.

Explore medical reporting >

READ ON

Keep the instruction case-specific.

Expert Medical resources

The full instruction checklist >

The original guide and editable preparation prompts.

Understanding MedCo >

A starting point for understanding the reporting route.

CPR Part 35 explained >

The expert's duty and the distinction between preparing a report and permission to rely on expert evidence.

Primary rules and guidance

CPR Part 35 >

Expert evidence and the overriding duty to the court.

Practice Direction 35 >

Independence, the report and supporting requirements.

Personal Injury Pre-Action Protocol >

The protocol for applicable personal injury claims, including the expert-selection procedure.

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MEDICO-LEGAL REPORTING

Discuss your next instruction.

Begin with the claim type, proposed medical discipline and relevant deadlines. Agree scope and records-transfer arrangements before sending detailed case material.

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SOLICITORS & CASE HANDLERS

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