

The Role of the Defence Unions

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The Defence Unions

MPS, MDU, MDDUS

- Mutual organisations
- Provide discretionary indemnity
- Occurrence based indemnity protection

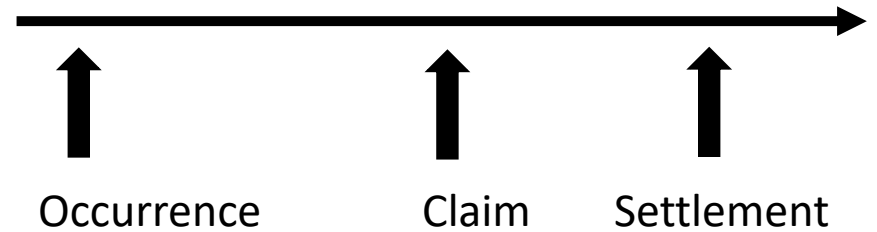
Mutual

- Membership organisation
- Owned by, and run for the benefit of members
- Not for profit

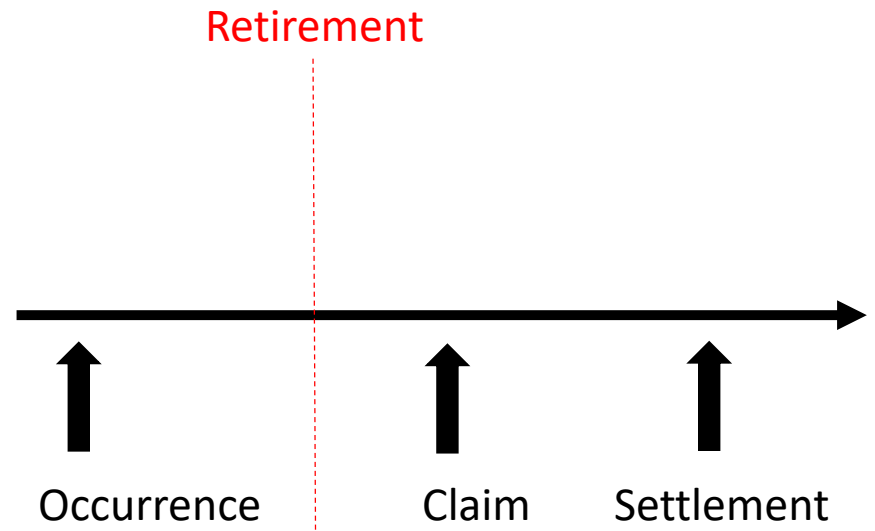
Discretionary

- No contractual relationship with member (not insurance)
 - No long list of terms, conditions and policy exclusions
- Absolute discretion to assist members with matters that arise from the practice of medicine
- The flexibility to assist members in unusual or novel situations

Occurrence based



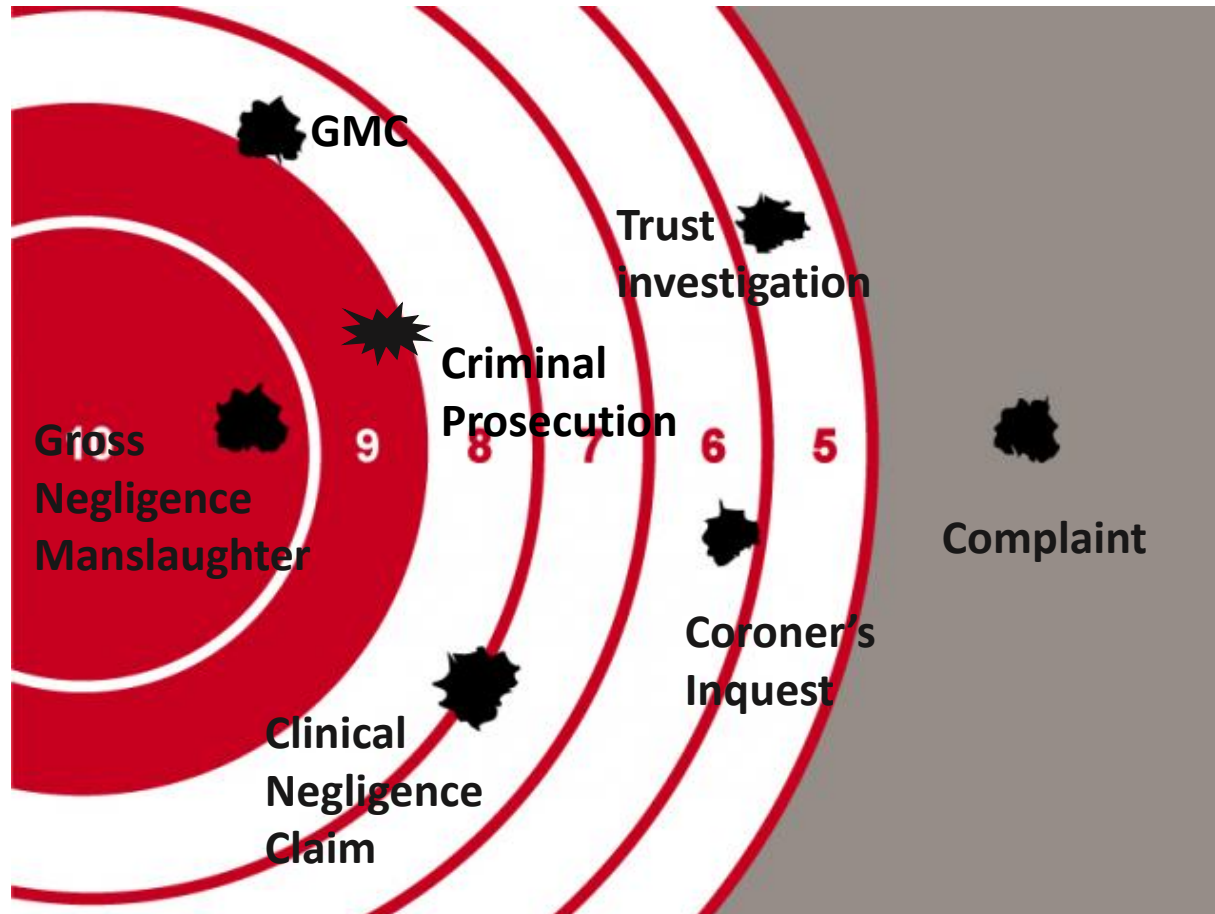
Occurrence based



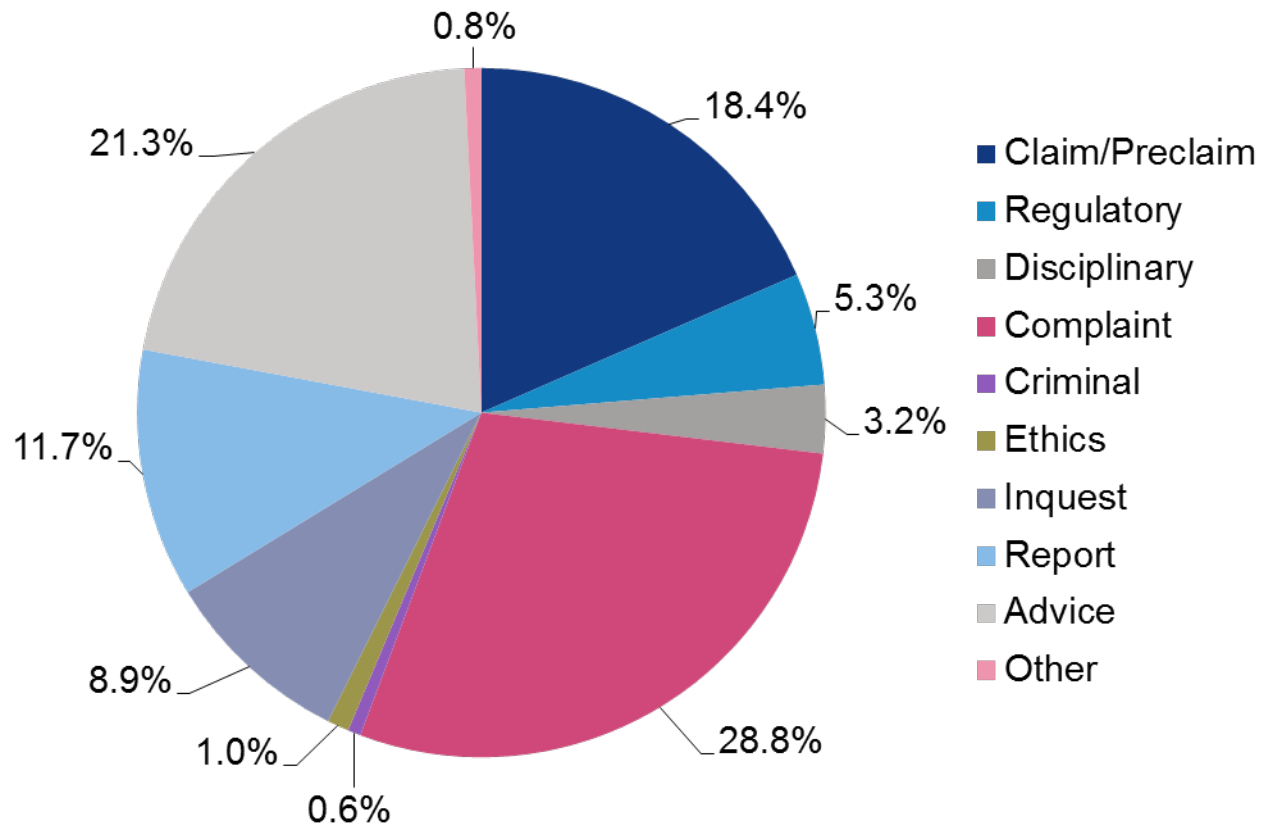
Role of the Defence Unions

- Protection
- Support
- Risk Reduction
- Financial
- Political

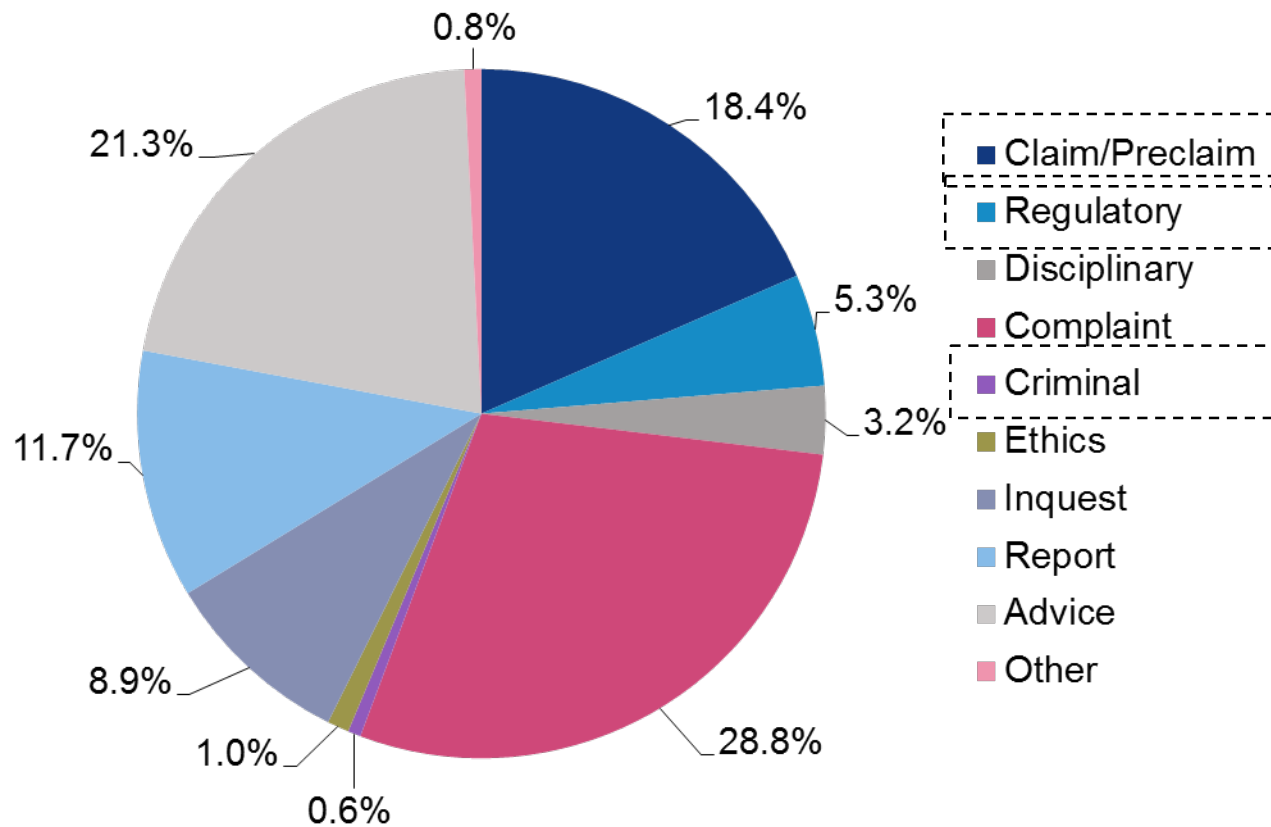
Protection and Support



Protection and Support MPS UK Medical 2009-2018



Protection and Support MPS UK Medical 2009-2018



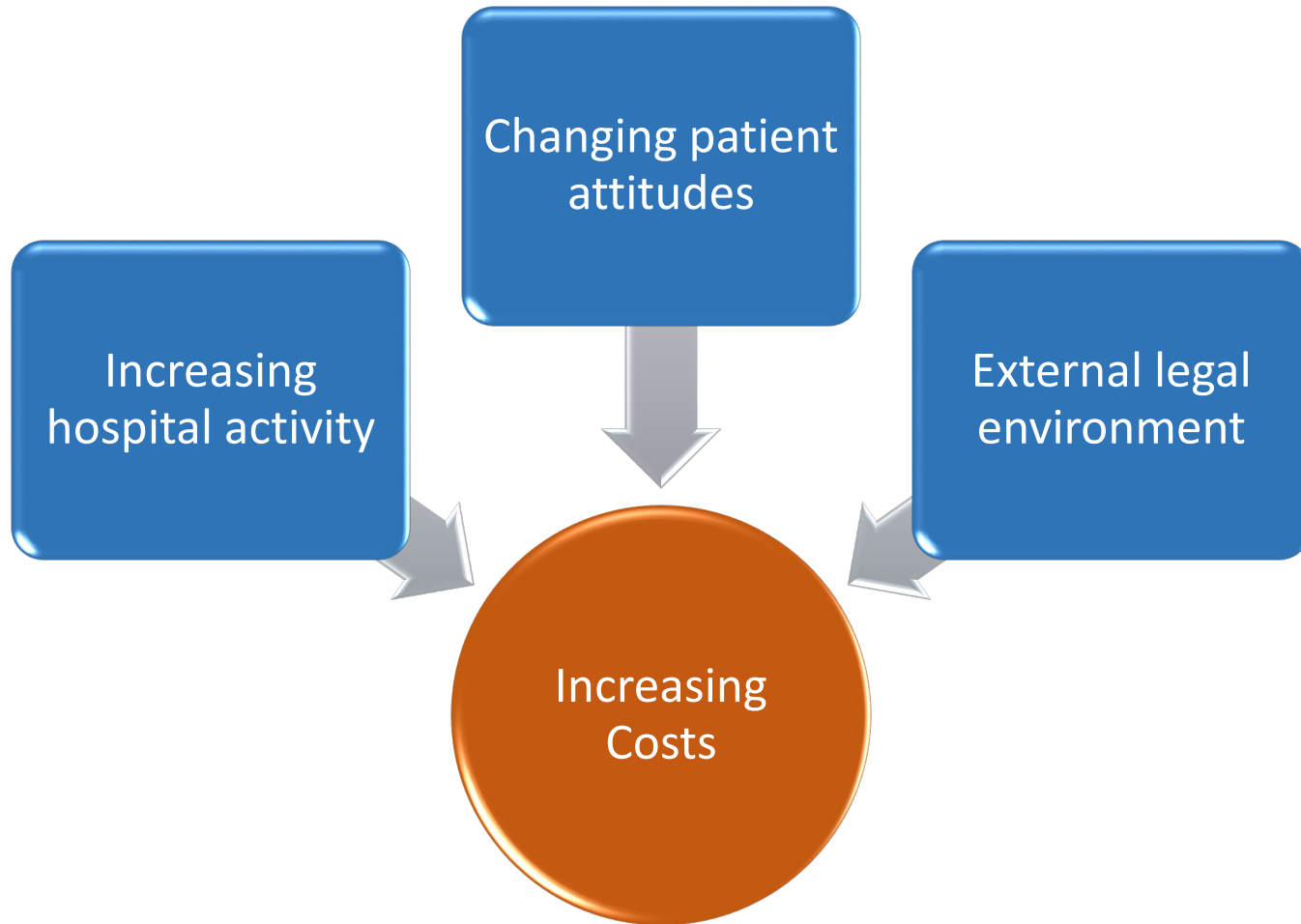
Clinical Negligence

MPS UK Data 2010-2018

- 2,562 claims opened worldwide in 2018
 - Around 1050 claims UK medical
- Average delay between incident and claim is 2.6 years
- Average delay between claim and outcome is 1.6 years
- Highest value MPS claim paid (to date)
 - Overall: £8,488,000 (Obs)
 - Surgery: £4,676,000 (Neuro)

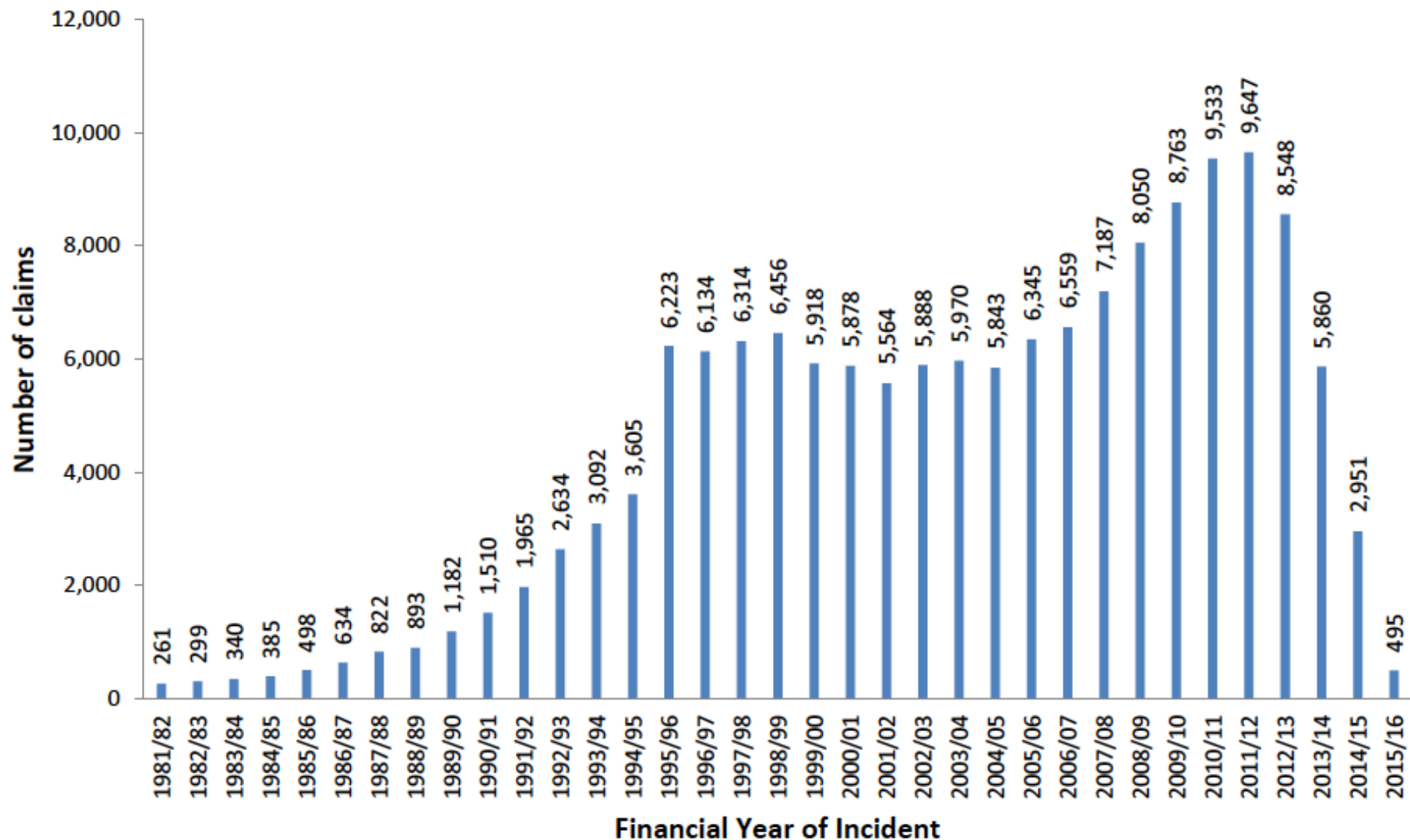
Clinical Negligence

A Perfect Storm

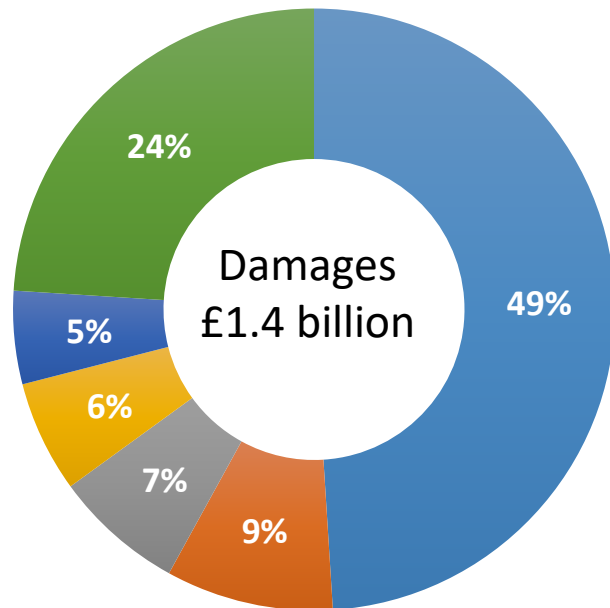


Total number of clinical negligence claims by financial year of incident as at 31/03/16

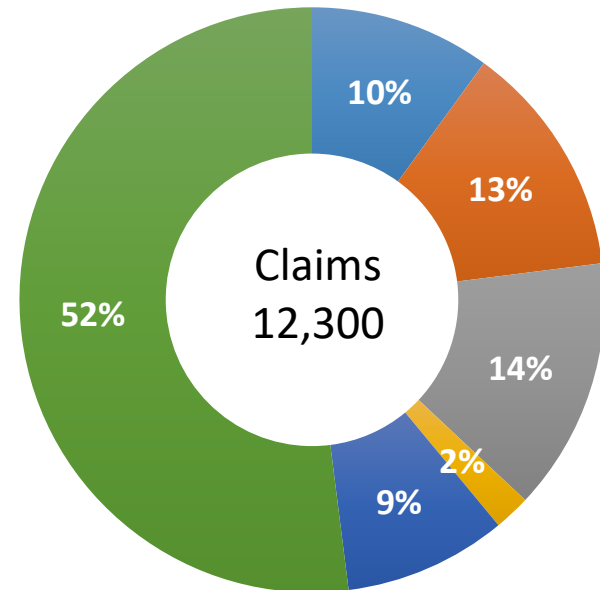
(Since 1981/82, all clinical negligence schemes, including "below excess" claims handled by trusts)



NHS Clinical Negligence Claims Resolved 2016-2017

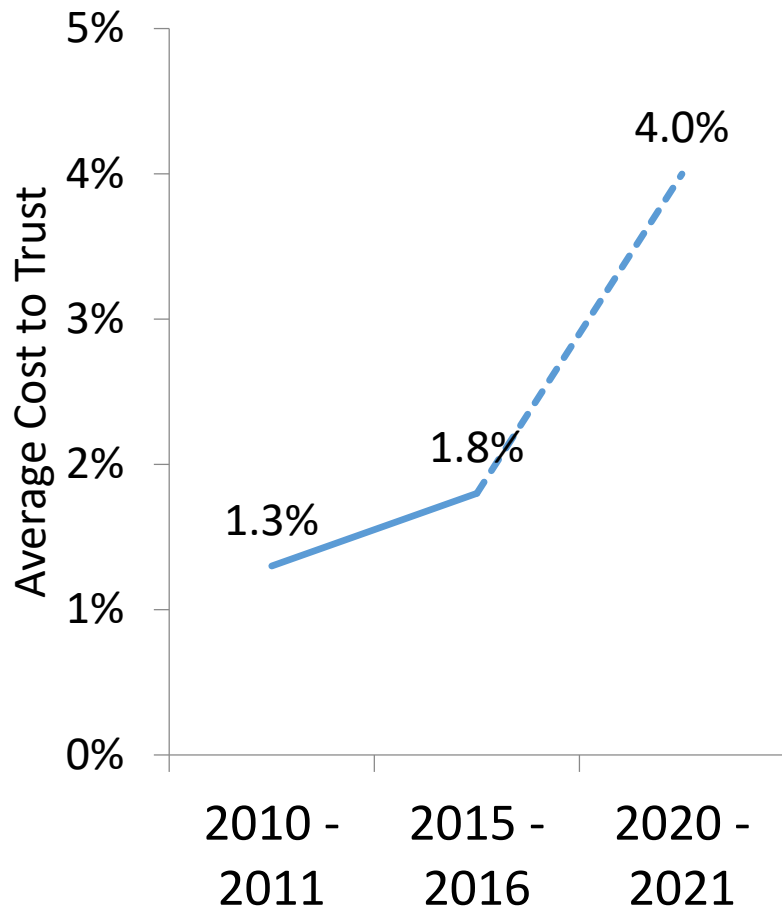


- Obstetrics
- A&E
- T&O
- Paediatrics
- General surgery
- Others



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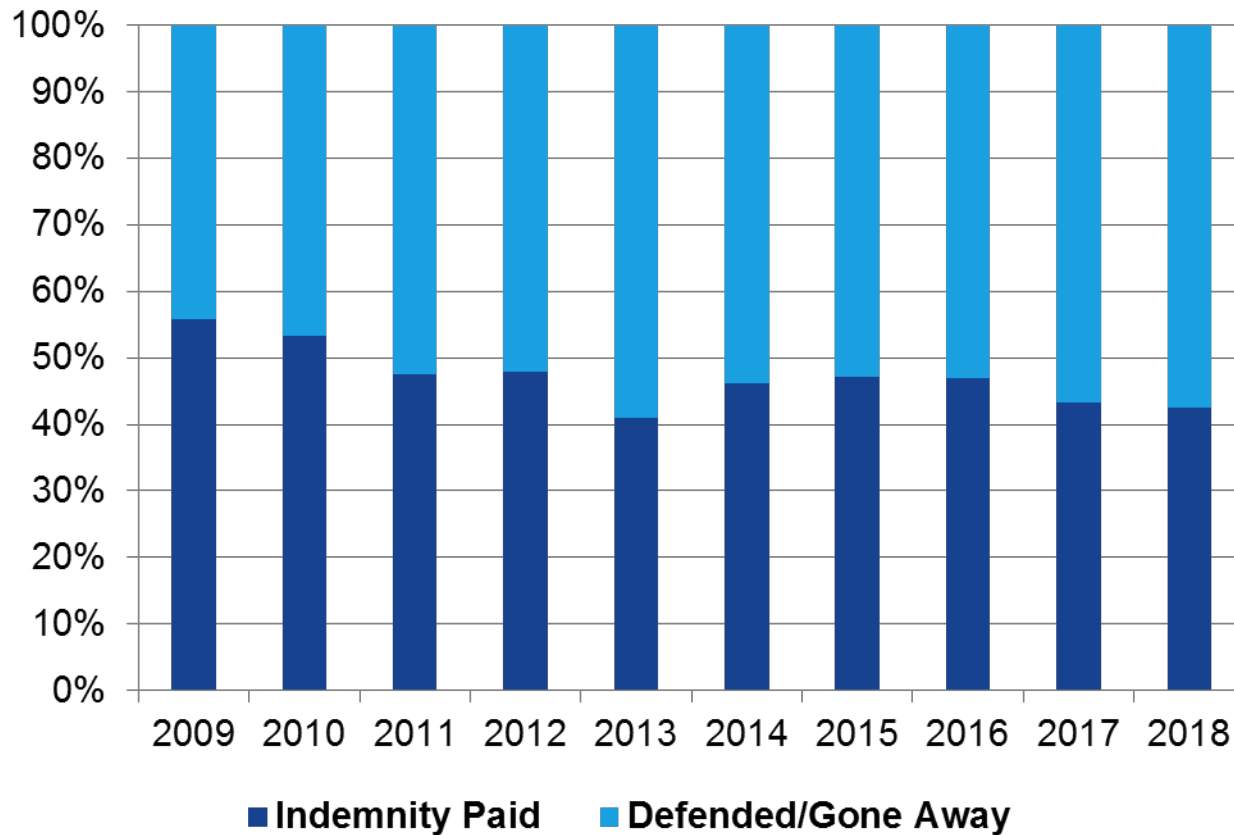
Trust Costs for Clinical Negligence



- In 2016-7 there needed to be an estimated £60 billion provision to pay for future costs of clinical negligence
- In 61% of clinical negligence claims the claimant's legal costs exceeded the damages awarded
- GIRFT has identified significant variance in Trust costs
- In 2015-2016 12 NHS Trusts spent more than 4% of their annual income; all were in financial deficit

Outcomes by Year

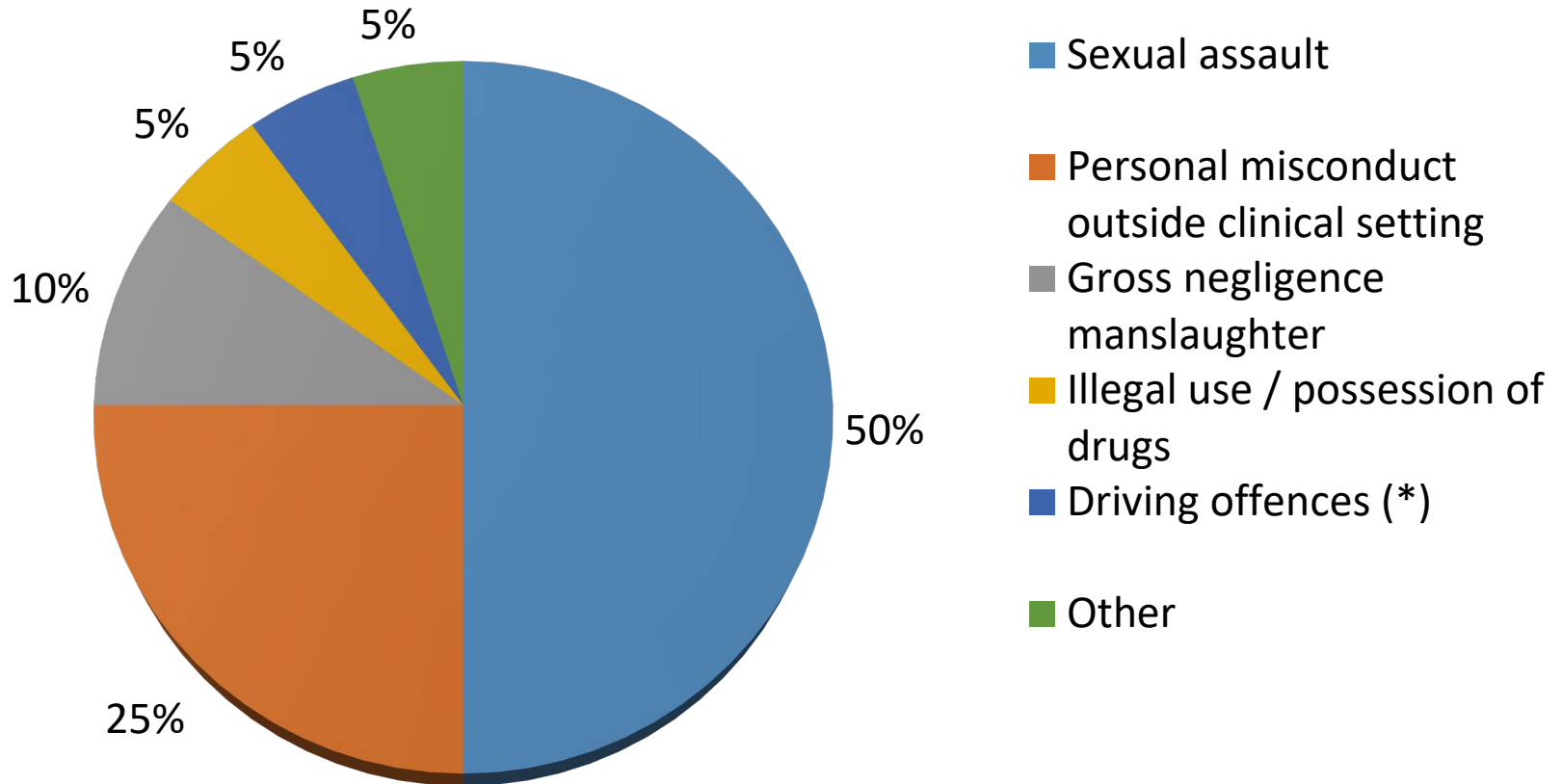
2009-2018 MPS UK Medical



Criminal Prosecution



Criminal Cases MPS Cases 2008-2017



(*) usually lies outside member benefits

Alleged Sexual Assault

Case study

Mr B, a consultant vascular surgeon in the outpatient clinic, examined a 74-year-old female patient's abdomen and identified a pulsatile mass.

Mr B checked both femoral and distal pulses. Mr B usually had a nurse with him in the outpatient clinic, but on this occasion, the nurse had phoned in sick on the morning of the clinic, so Mr B was conducting the clinic alone.

A week later, Mr B was shocked to receive a letter of complaint from the daughter of the patient, who alleged that he unexpectedly and without explanation put his hands down her mother's pants.

Alleged Sexual Assault

- Male doctor and female patient chest examination was the single most common “type”
- Common themes
 - Patient misunderstanding of purpose of an examination
 - Patient misinterpretation of touching
 - Inappropriate comments and/or behaviour of a sexual nature by a doctor
 - Historical allegations of sexual assault

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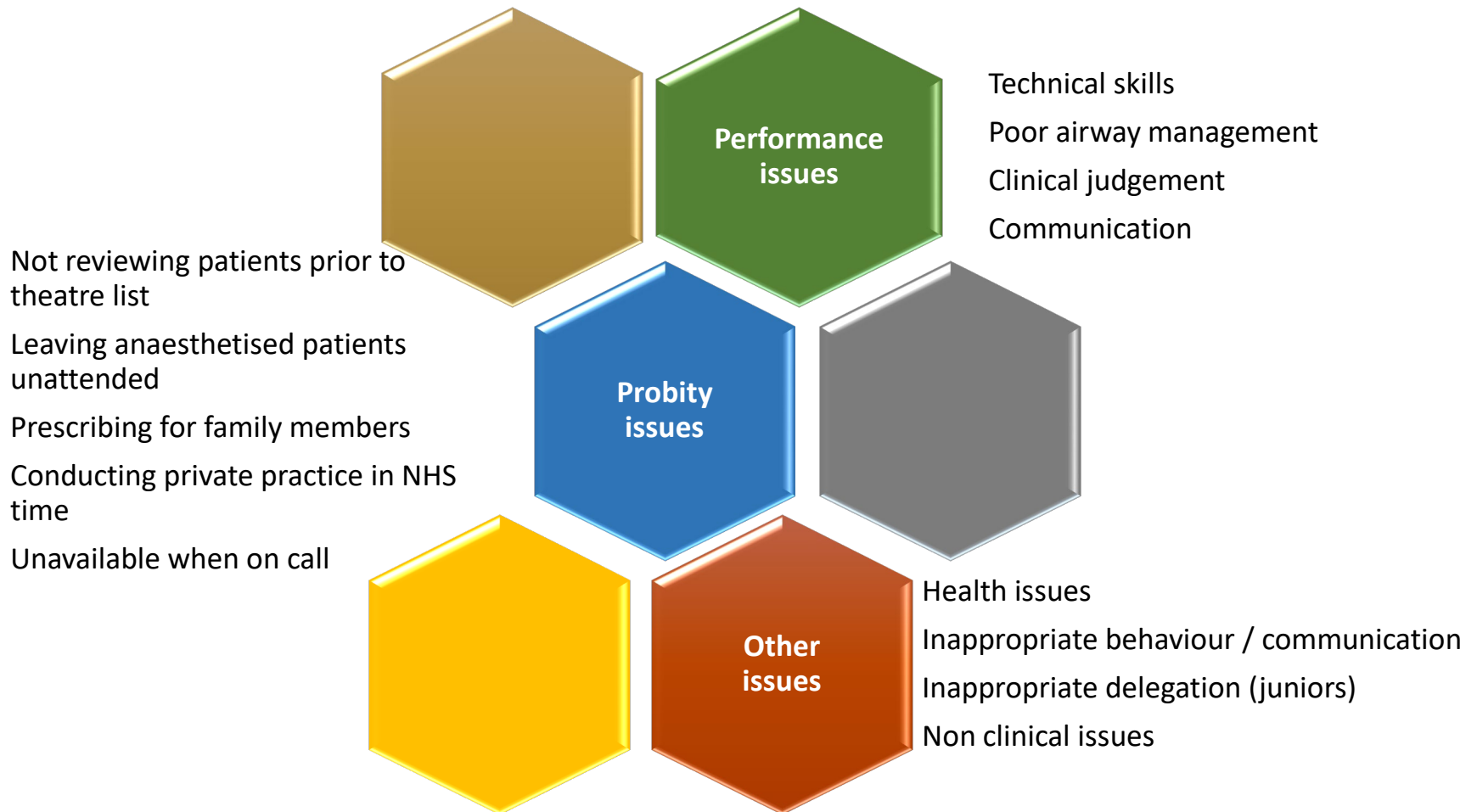
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Risk Reduction

- Education for doctors
 - Face to face
 - Online
- Risk reduction with hospitals
- Data analysis

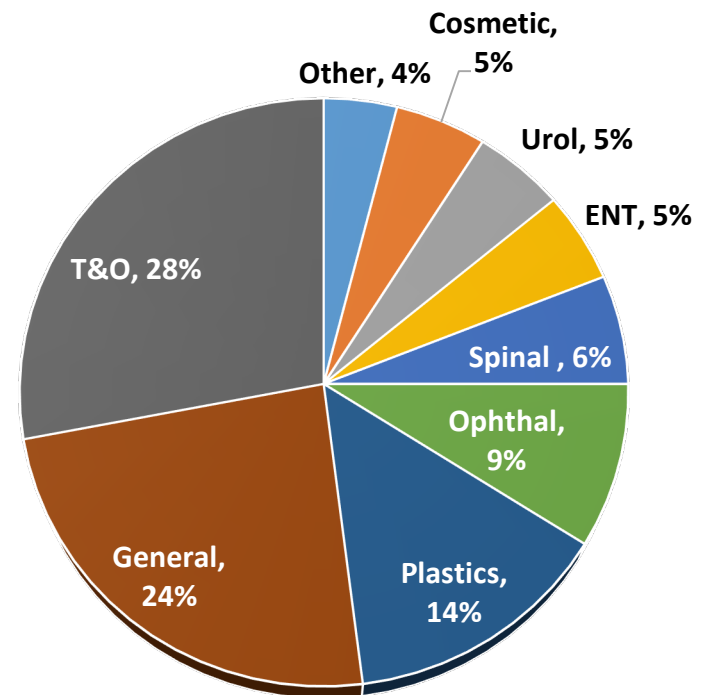
Anaesthesia

MPS Regulatory Issues 2008-2017



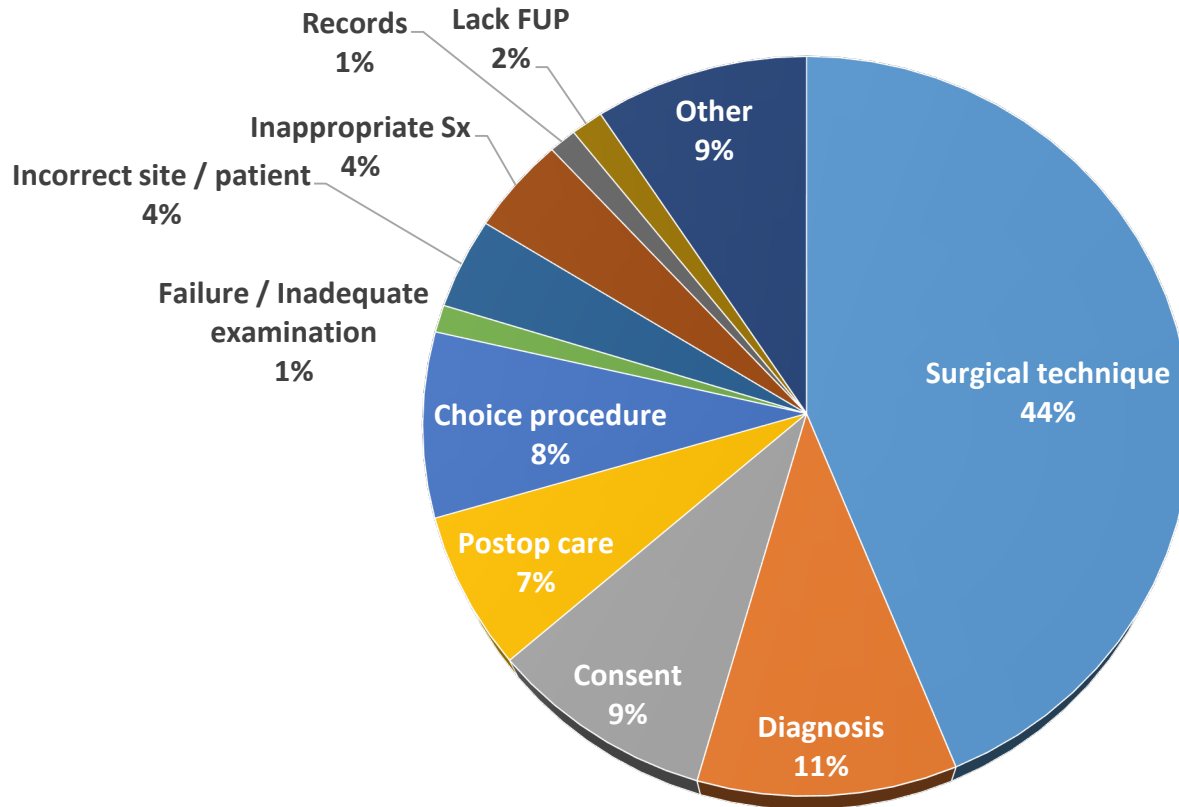
MPS Surgical Cases 2007-2017 Settled Cases by Specialty

- 805 cases internationally recommended for settlement
- “Value” £120-£5.4 million



MPS Surgical Cases 2007-2017

Reasons for Settlement



Non Operative Issues (56%) Underlying Problems

- Poor record keeping including consent (Montgomery)
- Lack of follow-up
- Inadequate support systems in place (eg review of pathology)

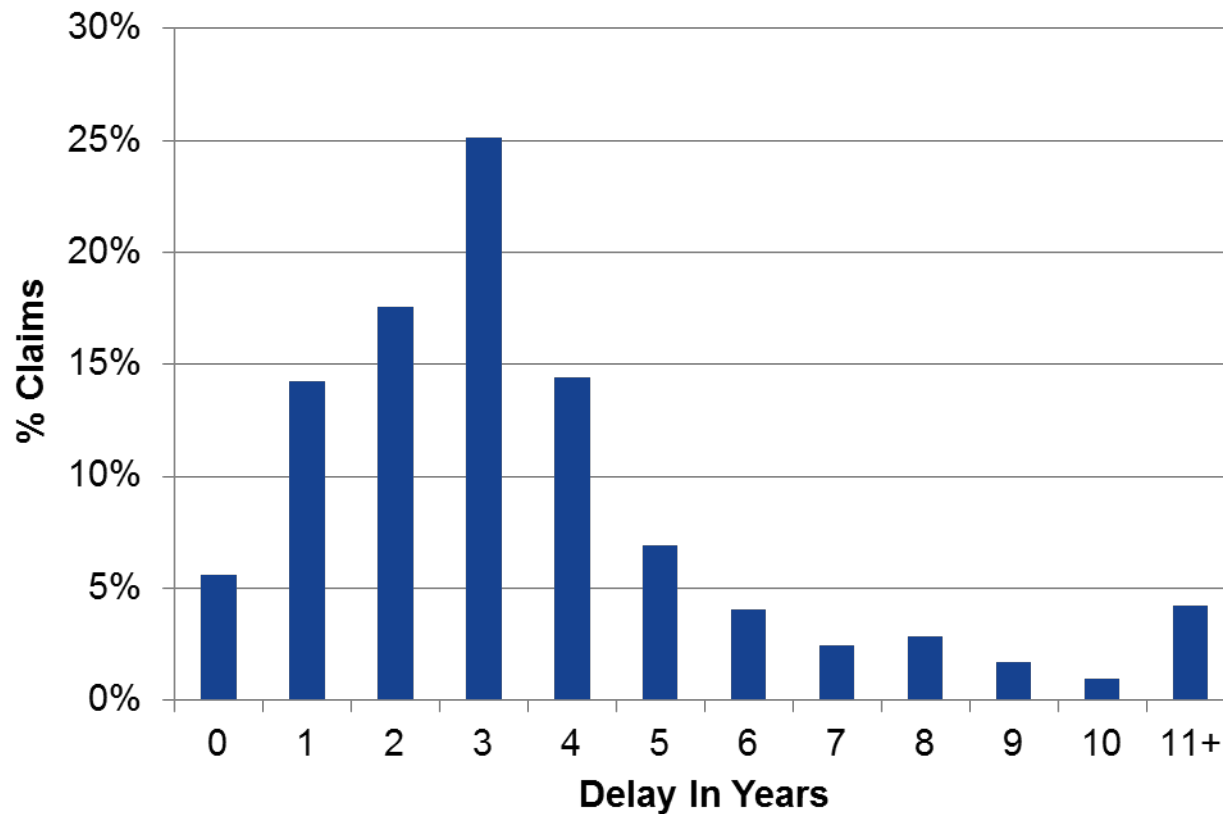
Surgical Technique (44%)

- Inadequate performance (34%)
 - The particular method used by the surgeon could not be supported by peers
- Collateral injury (27%)
 - Approx 1/3 of these cases involved endoscopic (usually laparoscopic) surgery)
- Cosmetic quality (24%)
 - Approx ½ of these involved breast surgery
- Retained swabs or equipment (8%)
- Incomplete procedure (4%)
- Choice of implant (3%)

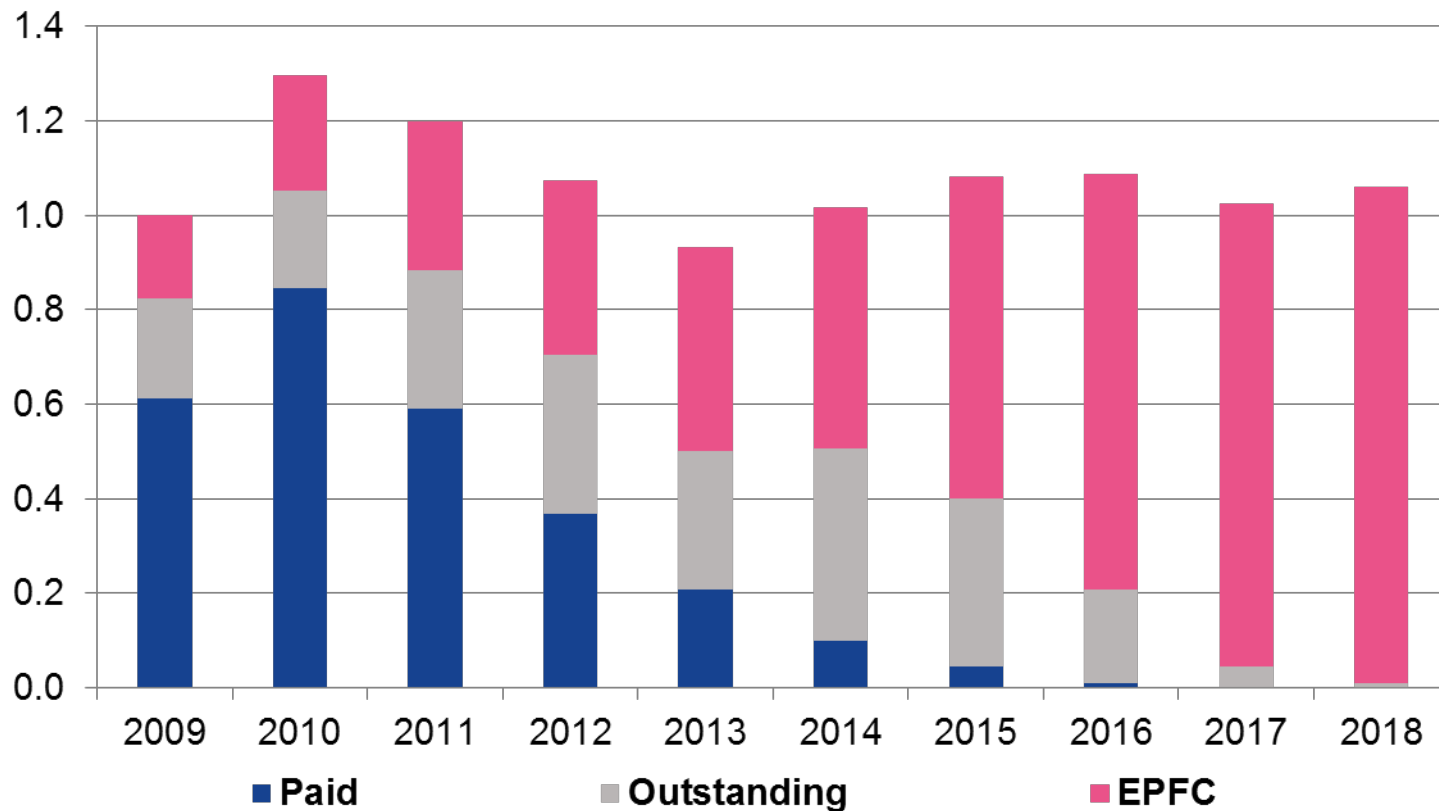
Financial (Actuarial)

- Average delay between incident and claim is 2.6 years
- Average delay between claim and outcome is 1.6 years
- Highest value MPS claim paid to date £8,488,000 (Obstetrics)
- We need enough money to pay
 - This year's settlements
 - Estimated costs of known claims on past incidents
 - Estimated prediction of future costs (EPFC) for claims on past incidents that have not been declared

Delay Incident Year To Claim Year UK Medical



Incurred & EPFC by Incident Year 2009-2018 UK Medical



Values Relative To 2009

EPFC = Estimate of potential future costs

Our current estimate of EPFC is £1.7 billion

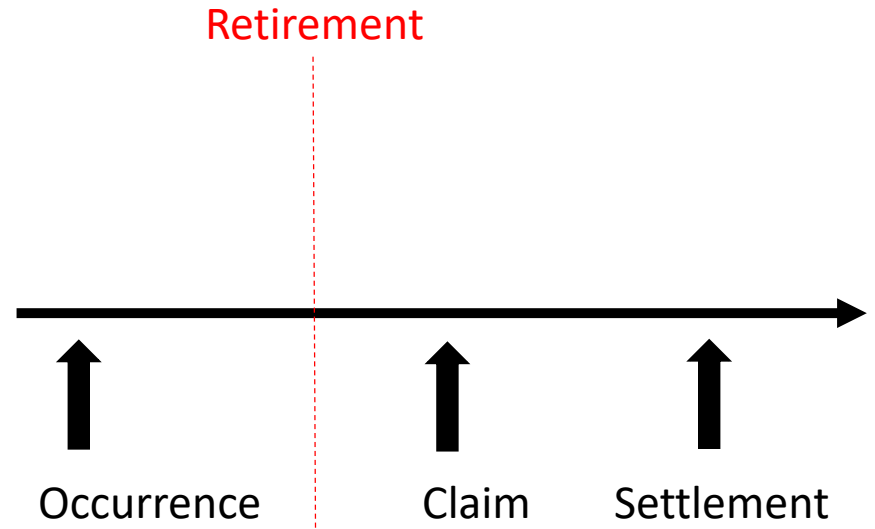
The Future



- GP “Crown” Indemnity for clinical negligence
- Patterson report
- Risk of financial regulation
- Insurance

Clinical Negligence Insurance

- Insurance premium tax
- Profit
- Contract
- Claims made protection
- Maximum value protection



Role of the Defence Unions

- The Defence unions provide protection, support, funding of compensation and education
- For Doctors, crucial preventative measures include
 - Careful documentation (of everything) is vital
 - Keep up to date and avoid complacency
 - Check your “support systems” regularly
 - Remember Montgomery
- Be a member of a MDO