

The report standard

The checklist every report of mine is reviewed against before it is released to the instructing party.

The clinical opinion

I review the records, examine the claimant where required, and form my opinion on the questions asked. That opinion is mine. It is formed independently, on the records and on my own examination of the claimant where one is carried out, in accordance with my overriding duty to the court under CPR 35.3.

Against the letter of instruction

- ☐ Every question in the letter of instruction has been answered.
 - ☐ Each answer can be located — a reader looking for the answer to question four can find it without reading the whole document.
 - ☐ Where a question cannot be answered on the available material, that is stated, with the reason and with what would be needed to answer it.
 - ☐ Anything the expert has been asked to do that falls outside their expertise is identified as such rather than attempted.
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Against CPR Part 35 and Practice Direction 35

- ☐ The statement of the expert's duty to the court is present and in current form.
 - ☐ The declaration and the statement of truth are correct, complete and current.
 - ☐ The substance of all material instructions is stated.
 - ☐ The CV appended meets the PD35 requirement.
 - ☐ Literature and other material relied on is identified.
 - ☐ Where there is a range of opinion on a material question, the range is summarised and the reasons for the view taken within it are given, rather than the range being passed over.
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Against the disclosed records

- ☐ Every date, procedure and finding in the chronology is checked against the disclosed records.
 - ☐ Page references are given and are correct.
 - ☐ Records that were requested but not received are listed, so that neither the instructing party nor the court is left to assume the review was complete when it was not.
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Against itself

- ☐ The summary, the body and the conclusions say the same thing.
 - ☐ No conclusion appears that is not supported by reasoning earlier in the report.
 - ☐ No reasoning is left dangling without a conclusion drawn from it.
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For the reader

- ☐ Clinical terminology is explained in plain English at first use, so that counsel can use the report in conference or in court without a translator at their elbow.
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☐ The document is paginated, numbered by paragraph, and formatted to go into a bundle without being retyped.

Use this on any expert's report. Nothing in this checklist is specific to thoracic surgery, and it is not confidential. You are welcome to apply it to reports from any expert in any discipline — including reports served by the other side, where the commonest findings are an unanswered question and a conclusion with no reasoning behind it.

Most Part 35 questions in practice are requests to address something that was asked in the letter of instruction and not covered, or to explain reasoning that was implicit rather than set out. Both are caught by the first and fourth sections above.