

## **BIOS Professional Liability Insurance**

### **Guidelines for BIOS Members Reporting of Actual or Potential Claims**

#### **Introduction**

Any claim or incident that challenges the professional integrity of BIOS members creates stress and anxiety for the members concerned. Following these simple guidelines will ensure that expert help is engaged at an early stage of the proceedings.

#### **Members Obligations**

There is a requirement under the scheme for members to act quickly and notify insurers via the BIOS immediately they become aware of a claim, or of an adverse incident which may give rise to a claim. Failure to do so may prejudice member's rights under the policy.

#### **Who Should Be Notified?**

Members should initially contact the BIOS preferably by email on [membership@orthoptics.org.uk](mailto:membership@orthoptics.org.uk) or by post to British & Irish Orthoptic Society, 62 Wilson Street, London, EC2A 2BU, or by telephone on 01353 665541.

#### **Next Steps**

- Once BIOS is advised by a member of a claim or potential claim against them, it will advise the member to immediately contact the Scheme brokers LFC Graybrook Limited by email at [biosclaims@lfcgraybrook.co.uk](mailto:biosclaims@lfcgraybrook.co.uk), or by post to LFC Graybrook Limited, MKM House, Baron Road, South Woodham Ferrers, Essex, CM3 5XQ, or by telephone on 01245 321185.
- The broker will provide advice on the steps to be followed, and about completion of a claim form.
- The member will return direct to LFC Graybrook Limited the completed claim form, together with as much information as possible, copies of all correspondence, copies of medical records, and notes of any telephone calls etc.
- The brokers will provide the BIOS with copies of all claim forms received.
- The BIOS will confirm to LFC Graybrook Limited validity of membership and confirmation the incident arose within the scope of practice.
- All documents will then be submitted to MPS Risk Solutions for registering as a potential claim under the PLI policy. Their own highly experienced Medico-Legal team will be engaged and send direct to the member a further acknowledgement again advising the next steps to be followed. At this point the insurers will take over management of the claims process, and will continue to deal directly with the member, and where necessary the patient and/or their legal advisers until the matter is resolved.

The majority of allegations received by members are unfounded, but the process of resolving the various issues and establishing whether or not negligence has taken place can be a long and slow process.

### **What Incidents Should Be Reported?**

Not all complaints need to be notified and as a general rule the following should be advised:-

- If members receive (or think they may receive) a complaint from a patient arising from something that has occurred during the provision of treatment, even if the member believes the complaint is without merit.
- Members suspect (or know) that the patient has suffered harm or loss as a result of treatment.
- Members are aware that a complaint has been made to the Health Professions Council (HPC), where harm/loss to the patient is alleged or suspected.
- Members have been requested to release to copies of the patient's medical records.

If members are unsure whether an incident should be reported, please email the BIOS insurance brokers at [biosclaims@lfcgraybrook.co.uk](mailto:biosclaims@lfcgraybrook.co.uk) providing as much background information as possible.

### **Member's Acknowledgement of Claims**

It is perfectly acceptable for members to write a simple letter of acknowledgement to the patient (or their legal representatives), confirming receipt of any letter of claim or potential claim. The letter may also advise that the matter has been referred to their own Professional Body, The British & Irish Orthoptic Society for advice.

The member should not however at this stage comment on the treatment or advice given, nor on any allegations made, or make any offer of compensation.



### **GUIDANCE FOR COMPLETING A BIOS CLAIM FORM**

- Use block capitals or type your form.
- Write legibly.
- Complete all sections.
- Do not leave blanks – write N/A OR N/K if unable to complete the information.
- Include all addresses where asked for all parties named in the form.
- Enclose all employment contracts/contract for service agreements where required.
- Enclose copies of all correspondence from the claimant and their solicitors.
- If a claim has been received please enclose copies of all clinical records relating to the incident, if however you are reporting a potential claim any records submitted should be anonymised.
- Enclose copy of patient's written consent, where received, to release records to third parties.
- Enclosed copies of all information and advice sheets given to patients.
- **Do not** use terms such as “see notes enclosed” or “see enclosed documents” or “see attached”. Forms completed using these terms **will be returned** to you for amendment.

## Notification of Claim or Circumstances that may lead to a Claim

**Private, privileged and confidential: For the attention of MPS Risk Solutions Limited & its legal advisers.**

**Any communication or document you have received about this matter must be forwarded unanswered (other than a simple acknowledgement) with this form to the Claims Department, MPS Risk Solutions Limited, Granary Wharf House, Leeds LS11 5PY.**

**No offer of payment or admission of liability must be made by you or anyone acting on your behalf.**

**If the claimant is a patient you have treated who is making a claim in respect of that treatment, please forward a copy of your treatment notes/records relating to that treatment.**

### Your Details

Insured Name

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Policy Number

Renewal Date

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### Contact Details

First Name		Last Name	
Title		Occupation	
Telephone Number		Fax Number	
Mobile Number		Pager Number	
Email Address			
Address			
Postcode			

### Treating Practitioner Details (if applicable)

First Name		Last Name	
Title		Occupation	
Address			
Postcode			
Employment Status	Employed by you		Self-Employed
			Employed by another business
Practitioners own Indemnity/Insurance details (if known)			

## Claimant/Complainant Details

First Name		Last Name	
Title		Occupation	
Date of Birth		Male	Female
Address			
Postcode			

Has the claimant/complainant instructed solicitors?

No  Yes  If Yes, please provide full details of solicitors and copies of all correspondence.

Solicitor Name	
Address	
Postcode	
Telephone	
Solicitor Reference	

If No, have you been advised that a claim will or may be made against you?

No  Yes  If Yes, please provide full details

Have you received a Letter of Claim or any other court documentation?

No  Yes  If Yes, please provide full copies.

Have you, or anyone acting on your behalf, said anything to the claimant about the incident, claim or problem that has arisen?

No  Yes  If Yes, please provide full details

## Dates

When did the incident/problem occur?	
When did you first become aware of the incident/problem?	
When did the claimant first indicate that a claim would be made?	

## Claim Details

Please provide full details of treatment/advice provided or products supplied & any documentation which may be relevant.

Please provide full details of claim or incident

Please provide full details of the alleged injury, damage or loss.

Who do you think was at fault?

Please give full details.

Are there any other potential claimants who could bring a claim arising out of the same incident?

No  Yes  If Yes, please provide full details.

## Declaration

I/We hereby declare that:

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter after the date of this Claim Form or should I/we receive any further communication in relation to this matter I/we shall immediately notify MPS Risk Solutions Limited.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy.

**Name**

**Signature**

**Position Held**

**Date**

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