



Dr Terence McLoughlin

**Consultant in Emergency Medicine
Royal Liverpool University Hospital**

Director and Expert Witness – The McLoughlin Medical Group Limited

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Current Clinical Appointment and Professional Standing

Consultant in Emergency Medicine at a major tertiary NHS teaching hospital. Appointed in 2018. Clinical practice centres on senior decision-making in high-risk emergency settings, including assessment, investigation, admission, and management of high-acuity presentations. Holds senior leadership roles including Deputy Director of Research and Clinical Lead for Sepsis and is President of the Royal Society of Medicine Emergency & Disaster Medicine Council. Maintains an active national research portfolio in emergency medicine and acute neurological injury.

Medicolegal Practice – The McLoughlin Medical Group Limited

Established an independent medicolegal practice in 2022 as a senior Emergency Medicine Consultant. Provides independent and objective expert opinion and is instructed by both claimant and defendant solicitors across civil, criminal, and coronial jurisdictions. Practice is focused on emergency department decision-making and the standard of care in emergency presentations, grounded in day-to-day consultant responsibility for high-risk, time-critical care.

Routinely instructed for a range of medicolegal reports; condition and prognosis, causation, breach of duty, clinical negligence, personal injury, failure to provide, and coroner's reports and inquests. The practice is grounded in detailed analysis of time-critical emergency care, including delayed diagnosis, missed or misdiagnosis, failure to recognise deterioration, failures of investigation, monitoring, escalation, referral, or treatment, premature discharge, and medication or prescribing errors, with careful consideration of whether any such failure materially contributed to harm or death.

Condition and Prognosis

Regularly instructed to provide condition and prognosis opinions following acute injury or illness presenting to emergency care, including assessment of short-, medium-, and long-term outcomes arising from the index event and subsequent clinical course. Particular experience in traumatic brain injury, concussion and post-concussion syndromes, acute neurological deterioration, and the functional,

cognitive, and neuropsychiatric sequelae of injury, including cases where mechanism, causation, prognosis, or alternative explanation is disputed.

This includes assessment of symptom persistence, functional limitation, capacity, and longer-term neurological risk following acute injury.

Clinical Negligence, Causation and Breach of Duty

Routinely instructed to provide expert opinion on breach of duty and causation within emergency and acute care pathways. Instructions commonly involve allegations of misdiagnosis or delayed diagnosis, failure to investigate, failure to escalate or refer, inadequate monitoring, errors in treatment, premature discharge, prescribing negligence, and failure to provide appropriate medical care.

Provides structured analysis of the standard of care in the emergency department context, including contemporaneous decision-making under pressure, risk stratification, and prioritisation. Opinions address whether any alleged breach was materially causative of injury, deterioration, or death, with consideration of alternative explanations and the natural history of the underlying condition.

Criminal, Custodial and Coronial Work

Extensive experience in criminal proceedings, including cases involving assault and serious injury, head injury, traumatic brain injury and concussion, and subsequent neurological deterioration. Regularly instructed in matters where intoxication, altered consciousness, behavioural disturbance, restraint, collapse following injury, or alleged failure to provide appropriate medical care form part of the factual matrix.

Provides expert opinion on mechanism of injury, timing and progression of harm, and medical causation. Also experienced in criminal drink-driving matters, addressing impairment, alternative medical explanations, and medical causes of apparent intoxication. Undertakes coronial reports and inquest work, including opinions on causation, clinical management, and standard of care following death related to emergency or acute medical presentations. Experience includes cases arising from police custody and emergency detention, including assessment of collapse, intoxication, injury, capacity, and alleged failure to provide appropriate medical care.

Capacity, Fitness and Vulnerability

Provides expert opinion on capacity and cognitive function arising in the context of acute illness, injury, intoxication, concussion, amnesia, traumatic brain injury, dementia and other neurodegenerative conditions, or acute neurological disease. This includes assessment of fitness to participate in legal proceedings, including fitness to plead or stand trial where relevant, medical vulnerability, and decision-making capacity in emergency, custodial, or post-injury settings.

Sports-Related and Repetitive Head Injury Work

Has specific experience in medicolegal work relating to sports-related injury and repetitive head impacts, including concussion, persistent post-concussion symptoms, and long-term neurological sequelae following both professional and elite-level exposure. Currently instructed as an expert witness in the largest UK High Court group action concerning Chronic Traumatic Encephalopathy (CTE), preparing condition, prognosis, and causation reports for several hundred former professional contact-sports athletes. This work involves complex longitudinal assessment of symptom evolution, diagnostic

delay, cumulative exposure, and long-term neurological outcome. Although claimant-led by nature, opinions are provided on an independent and objective basis.

Nature of Instructions

Claimant: ~70%

Defendant: ~25%

Coroner-related work: ~5%

Joint Single Expert appointments: None

Legal aid instructions: Accepted on occasion, subject to availability

Volume of Work and Court Experience

Medicolegal reports completed to date: 240+

Court attendances: 5 (civil, criminal, and coronial)

Outcome: All matters proceeding to oral evidence concluded successfully

Practical Information for Instructing Parties

Preliminary screening opinions may be provided on a pro bono basis, subject to availability. Typical turnaround time for reports is two to three weeks, depending on complexity and volume of material.

Available for conferences with counsel and solicitors, and for court attendance where required.