**Name**  Julian Martin Brown

**Emai**l: jules.brown@intensivecaremedicolegal.com

**Date of birth** 30th December 1967

**GMC registration number**3566446

**Current Post (since 2003)**Consultant Anaesthetist with an interest in Intensive Care Medicine,

 Southmead Hospital, Bristol

**Clinical Experience:**

**Anaesthesia:** Fifteen years experience as a consultant in Anaesthesia for General, Colorectal, Neurosurgery, Orthopaedic and Trauma surgery

**Intensive Care Medicine:** Fifteen years experience as a consultant in Intensive Care (Neuro, Trauma, General and Burns)

**Qualifications:**

BSc Physiology (2:1) 1989

 MB ChB 1992

 MRCP(UK) 1995

 FRCA 1998

 Diploma of Intensive Care Medicine 2002

 FICM 2012

Specialist Info Medical Expert course 2018

**Additional posts:**

Examiner for Fellowship of Faculty of Intensive Care Medicine 2012 to date

**Positions of responsibility**

Faculty of Intensive Care Medicine examiner

Intensive care lead for Infection Control

Intensive care representative on Sepsis Committee

Intensive care lead for Antibiotic Stewardship

Anaesthetic department lead for Complaints

Intensive care and anaesthetic department representative for clinical risk committee

Reviewer for Critical Care Medicine, Resuscitation, Neurocritical Care

**Society Memberships**

British Medical Association

Association of Anaesthetists

Royal College of Anaesthetists

Intensive Care Society

Society of Intensive Care of the West of England

Bristol Medico-Legal Society

**Publications:**

Brown JM\*. Comparison of pain from insertion of venous cannulae: a volunteer study *Anaesthesia*. 1998; 53(5): 495

Brown JM. A review of diving medicine for anaesthetists. *Anaesthesia Points West* 1998 30(2)

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**Medicolegal experience**

I have been doing medicolegal work since 2008. I typically do a mix of claimant (40%), defendant (30%) and criminal / coronial (30%). I undertake 20-30 new cases per year and would expect 2-3 attended court cases per year. I aim to provide reports within 3 weeks of receiving the records and do not carry out face to face patient assessments as these are not relevant to my practice.