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| **Job Title:** Claims Assistant, Claims Delivery and Claims Policy and Technical | **Current Job Holder(s):** |
| **Department:** Edinburgh, London and Leeds, Claims Delivery and Claims Policy & Technical | **Date Created/By SG:** |

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| **DEPARTMENT DESCRIPTION**  The MPS claims handling process is designed to ensure efficient and timely claims handling, providing excellent service to members.  The Claims Delivery and Policy and Technical departments deliver an operational claims management function together with technical advice, resource and governance to enable and support the delivery of a world class claims management service to MPS members around the world. |

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| **JOB PURPOSE**  The Claims Assistant will be based in any of the 3 offices and in one of the pathways providing the service described above. The Claims Assistant will provide day to day professional support to the Claims Managers in the team as described below and may manage a partial claims case load, carrying out liability investigations to resolve claims (through repudiation or settlement) as early and efficiently as possible, in accordance with operational/process rules and the member centric ethos of MPS. |

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| **RESOURCES MANAGEMENT**  **Management responsibility for**: N/A  **Reports to:** Senior Claims Manager/Head of Service Delivery as applicable (Claims Delivery), Senior Claims Manager/Head of Pathway/Claims Lead as applicable (Claims Policy & Technical)  **Budgetary/financial framework:** N/A |

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| **KEY RESPONSIBILITIES**   1. Support the Claims Managers in the team by triaging new/incoming post on handler dashboards to proactively identify cases that need immediate attention or a prioritised response (e.g. proceedings, other case types etc.) and escalate these to the appropriate team member for action; ~~and, where applicable, to provide support on transition of a case from Claims Manager to Litigation Solicitor as required (E&W)~~ 2. Liaise directly with members, and, where applicable, external panel and other third parties (e.g. membership associations) to obtain information required at the outset of a new matter; carry out conflict checks with panel firms; and prepare standard letters for the instruction of panel, confirming assistance to members and to comply with applicable Pre-action Protocols/statutory requirements. 3. Prepare attendance notes following meetings and videoconferences with members and stakeholders and where applicable, attend court. 4. Review medical records to ensure full disclosure and prepare chronologies of records, case summaries, case reviews in accordance with applicable process/guidance/terms and conditions. 5. Identify experts and maintain the team’s expert and counsel database. 6. Prepare letters of approach and letters of instruction to experts.      1. Ensure data integrity and completion of missing data within the CRM system where appropriate. 2. With the agreement of the appropriate Head of Pathway to have conduct of, and proactively manage, a partial case load of claims and pre-claims under supervision. This requires:  * liaising with plaintiff/claimant firms and litigants in person, as applicable * working closely with, where applicable, external panel , reviewing advice and providing instructions for the investigation of, and strategy for, each case and keeping members advised/up to date * carrying out clinical/legal reviews with internal clinical colleagues to assess the   merits   * Where applicable, drafting documents in accordance with pre-action protocols * ensuring operational/process rules and governance framework is adhered to * providing authority to settle/defend claims as necessary (subject to member consent, governance framework and handler authority level) * providing authority to settle costs as required (subject to governance framework and handler authority level) * ensuring accurate and timely damages/costs reserves are placed on each case as per business rules * manage incoming post and dashboard, prioritising as necessary * ensuring an exceptional standard of written and verbal communications with members and panel firms  1. To review cases flagged on exception reports, e.g. legacy claims, case closures, strategy and negative estimates. 2. To prepare cases for closure timeously and in accordance with SLAs. 3. To deliver team and individual targets to ensure they are consistently met and exceeded in accordance with MPS Delivering Exceptional Staff (DES). 4. Comply with applicable professional ethical guidance and all relevant internal and external rules, policy and procedures, including those relating to Health and Safety, Data Protection, IT Security and all those contained within the issued Staff Handbook. Adheres to the business rules relevant to the role, which are subject to change from time to time. 5. Undertake other duties and tasks that from time to time may be required and that are appropriate to the role. |

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| **MAIN JOB REQUIREMENTS AND PERSON SPECIFICATION**  **Education/Qualifications/Training:**  This role requires an individual with a legal, insurance or other relevant professional qualification.  **Specific Experience Required:**  Experience of working in a legal or claims environment and of managing a caseload.  **Abilities/Skills/Knowledge:**   * Excellent communication and interpersonal skills * Ability to investigate and analyse information containing both legal and medical or dental terminology * Ability to remain calm and professional in the face of challenge and assertion * Strong commitment to a collaborative working environment. * Ability to adapt and be flexible in order to meet the needs of the members and the team * Integrity and respect for people of all roles and backgrounds with the ability to gain the trust and respect of colleagues and external contacts * Highly motivated and resilient * Good time management/organisational skills * Pro-active approach * Excellent IT skills including Microsoft Office, Outlook, case management systems/IT packages and keyboard/typing skills * Ability to handle sensitive/confidential issues appropriately * Awareness of when to escalate for further guidance |

**I confirm that this is a true and accurate reflection of this job**

**JOB HOLDER signature:**

Print Name:

Date:

**LINE MANAGER/SUPERVISOR signature:**

Print Name:

Date**:**

**HEAD OF DEPARTMENT (if different from Line Manager above) signature:**

Print Name:

Date: