



# Audit Guide

## Rules Specific to DMEs Authorised to Accept Instructions from Unrepresented Claimants

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Owner: MedCo Audit Committee

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# 1. Introduction

MedCo Registration Solutions' ('MedCo') IT portal facilitates the sourcing of medical reports in soft tissue injury claims under the 'Pre-Action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents' in England and Wales. It allows registered medical experts, Medical Reporting Organisations ('DMEs') and commissioners of medical reports to provide or commission medico-legal reports for RTA soft tissue injury claims.

The MoJ's policy aims which underpin the creation of MedCo are to drive up operational standards and improve the quality of the initial medical evidence used in support of whiplash claims.

The Government remains committed to the provision of good quality medical evidence to support road traffic accident (RTA) related personal injury (PI) claims made by both represented and unrepresented claimants. Initially, claimant solicitors could obtain medical reports in support of low value soft-tissue injury claims via MedCo. However, following the implementation of the Government's latest whiplash reforms, MedCo's role will be extended to cover all RTA related PI claims valued at no more than the new small claims track limit of £5,000 for both represented and unrepresented claimants.

To provide the necessary reassurance that direct medical experts (DMEs) who opt-in to provide medical reports to unrepresented claimants have appropriate systems and procedures in place, MoJ worked closely with MedCo to develop new rules for experts undertaking work in this area.

This Audit Guide is published on the MedCo website and distributed by the MedCo Audit Team to DMEs when notice has been given that an audit has been scheduled. This Audit Guide applies to audits of DMEs opting in to accept instructions from unrepresented claimants only.

The purpose of the Audit Guide is to ensure that the nature of the audit and the audit process is understood by the DME and that any documents that the DME needs to prepare and have ready for the audit can be readied in advance to ensure that the audit can run as smoothly as possible.

The DME being audited should review this document and prepare for the audit based on the guidance provided.

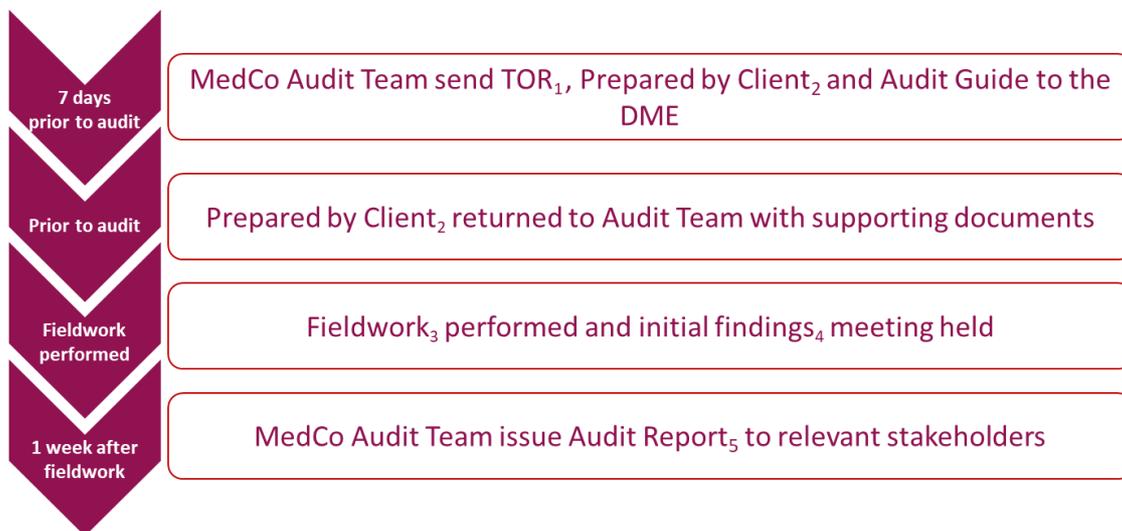
MedCo may update the Audit Guide from time to time and whilst this document outlines the process as far as possible, there will inevitably be some circumstances where the process varies slightly or the illustrative timelines vary significantly due to the progress of other audits, changes in the MedCo Audit Team's priorities (at the MedCo Audit Committee's discretion) or unforeseen circumstances. Where any of these is the case the Audit Team will endeavour to keep Auditees informed.

## 2. Summary of Audit Process & Timelines

## 2.1 Audit Process for DMEs opting-in

An overview of the key stages in the audit process is detailed below, with indicative timelines that exclude any time during which the MedCo Audit Team is awaiting information from the DME and numbered notes that provide further details on certain documents / terms. Initial pre-audit checks may be completed by MedCo, which will cover (but may not be limited to):

- Whether the DME is subject to any warnings or suspensions which preclude the DME from meeting the supplementary QC for DMEs providing reports to unrepresented claimants;
- Whether the DME has paid all applicable fees necessary for processing the application.



[1] **Terms of Reference ('TOR')**: This includes the timing and key contacts for the audit. The TOR and Audit Guide are provided to the DME before the audit fieldwork commences.

Requests to change the date of our audit fieldwork assessment to a time outside the range stated in the Audit Notice will only be considered in very limited circumstances. Any unavailability without good reason having been provided is likely to be considered indicative of the DME's inability to meet the QC, and the DME will lose their place in the queue for an audit.

[2] **Prepared by Client ('PBC')**: A document requesting background details, information and documentation from the DME ahead of the audit to enable the Audit Team to undertake the audit. The DME must complete and return this information to the Audit Team prior to the visit. Failure to provide the requisite information and documentation may lead to the Audit Team being unable to undertake the audit and constitute a failure to co-operate with the audit process, which will be reported to MedCo. A list of documents included in the PBC request can be found in Appendix A.

[3] **Audit Fieldwork**: We will follow the approach set out at section 3, Audit Approach and conduct at least one videoconference during our desktop audit review. The number of videoconferences and duration are dependent upon the evidence (see section 4. Audit Evidence) provided by the DME.

[4] **Initial Findings meeting:** A findings meeting may be offered at the end of the audit fieldwork, if appropriate, e.g. enough information has been gained by the Auditor to make some conclusions, where the Auditor will share details of the audit findings as at that point in time with the Auditee. This meeting will not constitute the sum total of all audit findings, as there may be outstanding queries to be resolved and further queries may arise once the work performed to date has been subjected to management review.

[5] **Audit Report:** Details are provided at section 5, Audit Reporting.

## 3. Audit Approach

For clarity, the audit is an assessment of a DME's compliance against the applicable Rules i.e. MedCo must determine whether the DME is compliant with the Rules or not. Whilst MedCo do wish to have co-operative relationships with medical experts, the audit itself is not an iterative or collaborative process whereby the MedCo Audit Team assists each auditee to a position of compliance. It is ultimately for each DME to demonstrate its compliance to MedCo's satisfaction using the resources at their disposal; any other interpretation is inconsistent with the function of audit.

The MedCo Audit Team is not authorised to provide advice to assist DMEs in meeting the Rules in any scenario, prior to the MedCo audit outcome decision being communicated to them.

The audit shall take the form of an assessment by interview between a member of the Audit Team and the DME. This interview shall, be conducted remotely using videoconferencing technology to ensure adherence to safety protocols arising from the Covid-19 pandemic. The interview shall involve questions designed to assess the DME's knowledge and understanding of the rules for DMEs authorised to accept instructions from unrepresented claimants, and the adequacy of their planned approach for adhering to these rules.

The Audit Team shall not accept revised answers or additional details provided after the interview.

## 4. Audit Evidence

Where evidence is required to support a DME's answers during the assessment, the onus is on the DME to provide the evidence. If it fails to produce it either before the assessment, or is unable to provide it upon request during the assessment, it will be considered as not having provided it;

No new evidence on issues raised in the audit report will be considered once it has been issued. That is an absolute cut-off.

## 5. Audit Reporting

At the end of the audit fieldwork a report will be produced that sets out the extent of compliance by awarding a score (represented as a percentage) against each individual Rule within scope, and the Rules for DMEs authorized to accept instructions from unrepresented claimants as a whole. The report shall also include a summary of the findings in respect of each Rule, as a means of providing context for the score awarded.

- Individual recommendations shall not be reported. The summary of findings against each Rule shall include both positive and negative feedback (where applicable) so as to direct the DME to take actions which could improve their audit score.
- No new evidence will be considered once the audit report has been issued – that is an absolute cut-off.

The audit report will not make any comment on what action should or should not be taken by MedCo where a DME may not be compliant. Such actions are a matter for MedCo to determine.

## 6. Audit Outcome

MedCo makes its decision on the DME's status based on the information contained in the audit report. Once MedCo has considered this and reached a decision, that will be communicated by letter to the DME.

There are various decisions that MedCo may make. These include (but are not limited to):

- Concluding that the audit is successful and notifying the DME;
- Concluding that the audit is successful but that the DME should be notified of further steps or actions that are required e.g. addressing areas where the DME is deemed not to meet the Rules;
- Determining that the audit is unsuccessful and denying an DME's application to accept instructions from unrepresented claimants.

Where a DME's audit is unsuccessful, they shall not be able to re-apply until 3 months from the date of the Audit Committee's original decision. MedCo's Policy document sets out its policies on suspension and termination.

## 7. Audit Involvement in Escalation Process

The basis for any escalation of an audit decision by a DME is to disagree with the decision taken by MedCo. That decision will be taken in accordance with the User Agreement. The decision will be taken based on the information in the final audit report. Any progress made by the DME since the audit is irrelevant to the escalation.

A representative of the MedCo Audit Team may be an attendee at stage 1 or stage 2 escalation meetings at the request of the MedCo representative who will be meeting with the DME representative.

The role of the audit attendee is to assist in clarifying:

- Any factual matters about the evidence used in the audit, should the DME query details;
- How the Rules were interpreted for the audit report, should the DME query its application;
- How objectively the audit process was carried out, should the DME query this;
- The validity and significance of any “new” evidence introduced by the DME at the escalation meetings i.e. that evidence existed at the time of audit but which:
  - Had not previously been provided to the auditors during the audit process;
  - Related to the data and processes in place at the point in time when the audit occurred; and
- The appropriateness of any DME assertions that have not been substantiated by evidence.

During the escalation process, the MedCo representative may request follow-up work be performed by the MedCo Audit Team.

If, during an escalation meeting on an audit decision, a DME sets out details of the improvements it has made since the final audit report was issued, then MedCo may take this as evidence that the DME was not compliant with the Rules at the time of audit and therefore the decision made by MedCo was correct at the time that it was made.

## 8. Contact Us

Any queries about MedCo generally, MedCo Audit Committee / Board decisions about your audit outcome and applying for a re-audit, or registration on the MedCo Portal should be directed to [enquiries@medco.org.uk](mailto:enquiries@medco.org.uk).

## Appendix A – PBC Request

Prior to each audit, the Audit Team shall request background details, information and documentation from the DME ahead of the audit to enable the Audit Team to undertake the audit. The DME must complete and return this information to the Audit Team prior to the visit.

The documentation that shall be requested, where applicable, is listed as follows:

- Job descriptions / role profiles for key individuals employed by the DME
- Evidence of checks undertaken to ensure staff are 'fit and proper'
- DBS certification for the DME and any key individuals employed by the DME
- Evidence of professional qualifications/registrations held in relation to the role(s) performed, along with evidence to support any ongoing CPD requirement(s)
- Certificates in relation to any external accreditation achieved
- Service agreements relating to external IT/telephony support
- Documented procedures regarding the processing of instructions from unrepresented claimants
- Documented policies and procedures relating to GDPR compliance and information security