

MoJ Qualifying Criteria for Medical Reporting Organisations

Table 1: Minimum Qualifying Criteria for all MROs Registered with MedCo

All MROs applying for inclusion on the MedCo system must meet (and on an ongoing basis must continue to meet) each of the criteria in Table 1 (below) in order to achieve and retain MRO status on MedCo.

Minimum Qualifying Criteria for all MROs	Qualifying Criteria Rationale
<p>1.1 All Medical Reporting Organisations (MROs) wishing to register on the MedCo system must provide documented assurances that their organisation meets the terms below.</p> <p><u>MRO Definition:</u> For the purposes of registration and remaining registered on MedCo, an MRO is defined as:</p> <p>“an organisation whose principle function is to provide medico-legal reporting services, and which is:</p> <ul style="list-style-type: none"> (i) independent (ii) properly staffed and resourced; and (iii) directly and solely responsible for all work associated with receiving instructions via the MedCo portal; and instructing a medical expert to provide an initial medical report”. <p>Each MRO must:</p> 	<p>The practice of MROs registering shell companies with MedCo undermines the Government’s policy principles of independence, fair competition and public confidence in MedCo. Shell companies are not allowed to be registered on the MedCo system. MedCo will continue to monitor for breaches and will investigate and take action to remove any MROs identified as ‘shell companies’.</p> <p>This definition has been developed to provide clarity as to what functions an MRO providing medico-legal reports on the MedCo system should undertake.</p> <p>It is acknowledged that some MROs may fall under a common third-party ownership. However, MROs must be fully functioning entities in their own right and must have a principal function of providing medical reporting services. MROs should not outsource the core functions or significant areas of the MRO role to third party service providers. The direct management and control of experts by MROs includes MROs making payments direct to experts and not third-party providers. It is central to the policy underpinning random allocation that the MRO receiving the instruction subsequently carries out the work.</p> <p>This definition, in conjunction with other criteria, will provide customer reassurance regarding quality of service. An MRO should be fully resourced and accountable, and not be a clearing house with some/all of its functions outsourced to a linked (parent) or another organisation. It must have sufficient employees and resources available to it to service all accepted instructions to a minimum accepted standard of service to instructing parties.</p>

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<p>a) establish and maintain the direct management and control of a panel of MedCo accredited experts;</p> <p>b) employ staff in-house with responsibility for managing the instructions received from authorised users and for directly undertaking all administrative work associated with the commissioning of reports from MedCo accredited experts on their own panel, including managing the invoicing, direct payment of experts and debt collection processes;</p> <p>c) manage the appointments process for claimants (including identifying appropriate dates, times and venues for medical examinations, and processing cancellation and rescheduling of appointments);</p> <p>d) oversee and quality assure (clinically and non-clinically) the report production process and have systems in place to effectively manage any complaints from instructing parties; and</p> <p>e) comply fully with the MedCo User Agreement, including its Ethics Policy, and operate in a way which is not</p>	<p>Compliance with this definition will be assessed by MedCo as part of the formal MRO audit process. This will be in accordance with:</p> <ul style="list-style-type: none"> • the terms set out in the MedCo User Agreement; • guidance published by MedCo; and • instructions and/or recommendations provided by the MoJ, including the terms of any Memorandum of Understanding agreed between the MoJ and MedCo. <p>Organisations which (in the opinion of the MedCo Board) do not meet this definition will be identified and remedial action will be required. Failure to meet the definition could lead to removal from the system. This includes MROs that fail to provide MedCo, within timescales defined by MedCo, with all such documentary evidence and/or additional information as MedCo may reasonably request for the purpose of determining whether or not an MRO meets the qualifying criteria.</p> <p>For the avoidance of doubt a key intention of these qualifying criteria is to restrict and control the deliberate establishment of “shell” MROs which undermine the Government’s policy of randomisation.</p>

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<p>contradictory to the Government’s stated policy objectives.</p>	
<p>1.2 Obligation to declare all direct financial links.</p> <p>In order to achieve and retain MRO status, an organisation is required to sign and comply with the declaration contained in the revised MoJ Statement on Financial Links. Signatories to this declaration must keep it up to date at all times.</p> <p>In addition, as a minimum all organisations are required to sign this declaration upon registration as an MRO, and thereafter they must re-sign the declaration on an annual basis (or as and when required in accordance with the MedCo Data Contributor Agreement).</p>	<p>The Government has consistently stated its commitment to tackling the issue of direct financial links between those who commission reports and those who produce them.</p> <p>In order to ensure this public policy objective is delivered, MROs are required to declare all those individuals and organisations to which they have a direct financial link, as required in the MoJ Statement on Direct Financial Links. This document is included as a schedule in the MedCo User Agreement which is provided to and signed by MROs when they register with MedCo.</p>
<p>1.3 Commitment to pay medical experts direct, on set credit terms irrespective of the outcome of the case.</p>	<p>MROs must commit to and demonstrate the ability to pay medical experts direct and within payment terms agreed with their medical experts. These payment terms must not include any element of contingency based on a particular outcome of the case.</p> <p>This provision removes any suggestion that the medical expert has an interest in the outcome of the case and is consistent with paragraph 88 of the “Guidance for instruction of experts in civil claims¹” produced by the Civil Justice Council, which came into force on 01/12/14.</p>
<p>1.4 A financial instrument of at least £20,000 demonstrating that the MRO has sufficient</p>	<p>The availability of sufficient financial resources is required to ensure that medical experts are protected in the event of a failure of an MRO. Obtaining this financial instrument is also a</p>

¹<https://www.judiciary.gov.uk/wp-content/uploads/2014/08/experts-guidance-cjc-aug-2014-amended-dec-8.pdf>

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<p>funds available to remunerate medical experts from whom it has commissioned medical reports in the case of failure of the MRO.</p>	<p>disincentive to the establishment of “shell” MROs which undermine the random allocation model.</p>
<p>1.5 Evidence of a minimum of £1m for professional indemnity insurance and £3m for public liability insurance.</p>	<p>If an MRO mismanages a case (e.g. misses a limitation date or court deadline) then the claimant and the claimant’s representative might suffer significant financial loss. Therefore, a minimum level of Public Liability cover is required for MROs.</p> <p>On the same basis, if a claimant sustains any loss or injury during the course of the medico-legal process, the MRO must have appropriate insurance cover to mitigate any losses arising from a claim.</p> <p>The level of insurance included in this criterion is a reflection of the premiums that the industry currently pays.</p>
<p>1.6 Compliance with all relevant regulatory requirements in relation to information security, including all duties imposed under the Data Protection Act (DPA) 2018² and any additional relevant European legislation such as the EU General Data Protection Regulation³.</p>	<p>MROs, irrespective of their size, handle sensitive information (often medical in nature). Therefore, this requirement will ensure that all MROs can demonstrate that they have all the necessary systems, controls and checks in place in relation to information security.</p> <p>This provision includes within its scope all an MRO’s outsourced or external suppliers to whom data is transferred or that are able to access it including e.g. externally hosted applications (case management or report writing software), appointment booking platforms and administrative agencies. The MRO is responsible for ensuring that the data it transfers or enables access to, is processed in accordance with regulatory requirements and cannot delegate it.</p> <p>This will give confidence to instructing parties that MROs registered with MedCo all adhere to a consistent minimum standard and, if necessary, that they can demonstrate compliance if audited.</p>

² <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

³ <https://gdpr-info.eu/>

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	<p>Additional information on data protection can be found at the following:</p> <p>https://www.gov.uk/data-protection</p> <p>https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/</p> <p>https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance</p> <p>For organisations wishing to establish, implement, maintain and continually improve an information security management system ISO27001 is recommended as best practice. More information can be found here:</p> <p>https://www.iso.org/standard/54534.html</p>
<p>1.7 Commitment to, and compliance with, anti-bribery legislation.</p>	<p>MROs, irrespective of their size, may be susceptible to bribery. Therefore, all MROs are required to demonstrate that they have all necessary systems, controls and checks in place to comply with anti-bribery legislation.</p>
<p>1.8 Commitment to, and compliance with, a business ethics policy by the MRO and all individuals controlling it. This includes a demonstrative understanding of the impact that controlling individuals’* behaviour may have on maintaining, monitoring and enforcing the ethics policy.</p> <p>* shareholders (including beneficial owners), directors (including shadow directors) and day-to-day operational management.</p>	<p>Instructing parties need to be reassured that the organisations they instruct (and those controlling them) act ethically on a continuous basis. Also, that they have the means and understanding to effectively monitor and enforce the policy, including following all relevant legislation and industry standards.</p> <p>All MROs must both comply with the ethics policy contained in the MedCo user agreement and implement and follow an appropriate business ethics policy for their business.</p> <p>Helpful guidance for both regulators and businesses on implementing ethical policies can be found here:</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497539/16-113-ethical-business-regulation.pdf</p>

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	<p>In addition, attending the Institute of Business Ethics one-day training course on 'Understanding Business Ethics' should be considered as best practice in this area. More information on this training can be found here: https://www.ibe.org.uk/events-training/ems-event-calendar/understanding-business-ethics-sept.html</p>
<p>1.9 Documented, published and functional complaints handling process with a full audit trail of all complaints received and how they have been handled.</p>	<p>It is a consequence of the operation of the MedCo system that instructing parties will have to utilise MROs that they previously may not have chosen.</p> <p>As such, and in order to retain MedCo credibility, any MRO must demonstrate that it handles all complaints seriously and in a professional manner. A documented process must be in place and be auditable.</p> <p>A complaint is defined as any expression of dissatisfaction, whether oral or written, whether justified or not, from or on behalf of an eligible complainant about the MROs services including, but not limited to the provision of, or failure to provide, a medico-legal report.</p> <p>It is important to treat complaints seriously as they can highlight problems or areas for improvement in your organisation and handling them well can protect your reputation and prevent future complaints. Helpful guidance and example procedures can be found here:</p> <p>https://www.legalombudsman.org.uk/downloads/documents/publications/Guide-Good-Complaints-Handling.pdf</p> <p>https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf</p>
<p>1.10 Appointment of a Responsible Officer/Compliance officer.</p>	<p>All MROs must have a single point of contact responsible for demonstrating full and proper knowledge of and compliance with MedCo requirements. This point of contact will be responsible for liaison with MedCo and/or its audit team.</p>
<p>1.11 Restriction on providing medical evidence in any case where a Related Party is involved.</p>	<p>No MRO may provide a medical report in support of a case in which a related party is involved in order to avoid conflicts of interest.</p>

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<p>1.12 MROs should not have controlling Shareholders, Directors, Officers or non-equity funders who have been declared bankrupt or convicted of fraud in last 5 years.</p> <p>Where an MRO is financed by material non-equity funding, e.g. loans from individuals, those individuals are covered by this provision unless the MRO can demonstrate that the individuals exert no direct control as a result of their funding.</p>	<p>MROs must be owned and operated by people of appropriate character.</p> <p>Directors include shadow directors. Officers include company secretary, chief medical officer and day-to-day operational management.</p> <p>Non-equity funders exclude UK regulated lenders / debt providers e.g. banks, investment management / private equity firms and listed debt securities.</p> <p>The FCA provides helpful information on checks which can be undertaken to cover areas such as identity, employment, finances and educational checks: https://www.ukemployeechecks.co.uk/employee-screening-packages/fca-screening</p>
<p>1.13 Direct management of an MRO's panel of medical experts.</p>	<p>An MRO is responsible for the recruitment, validation and management of the independent MedCo accredited medical experts on its panel.</p> <p>Management includes such processes as contract management, appointment capacity, changes to panel due to suspension/removal/reinstatement, quality assurance (clinical and non-clinical) and geographical coverage.</p> <p>MROs must be able to demonstrate on request that its medical experts comply with all legal and regulatory requirements (including confirmation that every expert providing a report on behalf of that MRO has attained accreditation, and that all on their list retain operational status).</p>
<p>1.14 Payment of the requisite fees for registration with MedCo by the due date.</p>	<p>MROs will only be able to become registered with MedCo upon receipt of the requisite fee, as determined by the MedCo Board and published at www.medco.org.uk.</p>
<p>1.15 Upload of anonymised medical case data and collection of relevant management by MedCo, within a time period defined by MedCo.</p>	<p>In order to underpin effective management of the MedCo system and to monitor its effectiveness, MROs must provide to MedCo the data set out at www.medco.org.uk, including the uploading of medical case data, within timescales defined by MedCo. All data uploads will need to be compliant with the DPA.</p>

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Minimum Qualifying Criteria for all MROs	Qualifying Criteria Rationale
1.16 All MROs must demonstrate understanding of their performance in order to monitor, manage and comply with the minimum standards and service levels as defined by MedCo.	In line with the accreditation process for medical experts, it is important that MROs will be able to provide confidence to users of the MedCo system that they operate to the required minimum standards. This will be auditable as part of the MedCo audit process.

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Table 2: Additional Qualifying Criteria for High Volume National MROs

The qualifying criteria listed in Table 2 (below) cover the extra requirements needed for an MRO to be reclassified as a high volume, national MRO.

Additional Qualifying Criteria for HVN MROs	Qualifying Criteria Rationale
<p>2.1 Minimum two years of trading history as an MRO providing MedCo compliant medical reports with all audited financial statement qualifications disclosed.</p>	<p>This will give the instructing party confidence in the sustainability of the chosen MRO and provide reassurance in the market that the random allocation model will only produce MROs that have a demonstrable record of delivery.</p> <p>A qualified report does not necessarily mean that there are issues with an organisations financial health; it can also mean that there was insufficient data provided to form an opinion on aspects of the accounts provided for audit. The specific circumstances relating to instances of insufficient data will be considered but the nature of any specific audit qualifications may result in rejection by MedCo.</p>
<p>2.2 Operational Capability: An MRO must be able to demonstrate that:</p> <p>i. It has the capacity to process at least 40,000 independent medico-legal expert reports each year (where instructions are received from an unlinked source). Medico-legal reports, for these purposes, are not restricted to MedCo whiplash reports and may be of another type (e.g. non-soft tissue personal injury reports).</p> <p>If an MRO has not previously processed 40,000 independent</p>	<p>It is important that MROs will be able to provide confidence to users of the MedCo system that they operate to the required minimum standards, this is particular important for organisations who process a high volume of instructions. This will be auditable as part of the MedCo audit process.</p> <p>The requirements as to the number of experts and availability within each region are intended to ensure that there are a sufficiently large number of medical experts available in any particular region. It is accepted that 80% coverage of available postcodes in England and Wales will be considered 'national'.</p> <p>A larger number of experts with whom an MRO has a contractual relationship will mean that there is likely to be a much greater ability for those MROs to offer appointments that are geographically convenient and at a time that suits for those members of the public who require a medical report to be produced. A small number of experts in any region could restrict choice in this respect.</p>

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<p>medico-legal reports, it may be considered to have the requisite capacity if it can provide evidence to demonstrate to the satisfaction of Medco that it nonetheless has the ability to reach such capacity within the following 12 months and, to that end, possesses:</p> <ul style="list-style-type: none"> a) an appropriate business strategy with respect to the growth required to meet that capacity; b) operational functions (including human resources and IT systems) which are sufficiently robust and scalable such that they can demonstrate the ability to deliver the increase in capacity, over the following 12 months without adversely affecting their ability to process and deliver reports of sufficient quality in a proper and timely manner and without adversely affecting their financial stability or profitability; and c) meets (ii) – (v) below. <p>ii. It has contractual arrangements with at least 225 individual active MedCo</p>	<p>A distinction is made between instructions received from a linked source and an independent source, as an independent source will require a more demanding and challenging service accessed from a free and open market.</p> <p>The requirements for there to be a minimum of five distinct clients, which are not organisations associated with the MRO, and that no client represents more than 40% of the total instruction volume, are requirements for MedCo. These are to ensure that larger MROs have the capacity to deal with a high volume of clients to the required standards.</p>

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<p>accredited medical experts who provide MedCo whiplash reports;</p> <p>iii. It has contracted medical experts in 80% of the postcodes in England and Wales and for 80% of its cases the injured party has to travel less than 15 miles to attend an appointment with a medical expert;</p> <p>iv. It has a minimum of five distinct clients, which are not associated organisations with it, and no client represents more than 40% of the total instruction volume (to prevent an in-house MRO serving its own commercial ambitions); and</p> <p>v. It has the ability to comply with the SLAs for high volume, national MROs as defined by MedCo.</p>	
<p>2.3 A financial instrument of £100,000 demonstrating that the MRO has sufficient funds to remunerate medical experts from whom it has commissioned medical reports in the case of failure of the MRO.</p>	<p>The availability of sufficient financial resources is required to ensure that medical experts are protected in the event of a failure of an MRO.</p> <p>Payment of this financial instrument is also a disincentive to the establishment of “shell” MROs designed to undermine the random allocation model.</p>
<p>2.4 A documented and tested Disaster Recovery Plan and Business Continuity Plan, including testing schedule and outcomes and fixes, which demonstrate</p>	<p>It is good industry practice for an MRO handling a significant volume of cases to have a documented disaster recovery plan and business continuity plan.</p>

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that the MRO can return to normal operation within a maximum of 72 hours.	Clients currently and typically expect that plans of this nature are in place. Lawyers are likely to require such plans so that, in the event of any significant problems, they can be assured that this will not have a prolonged detrimental impact on their own business and their clients.
2.5 Appointment of Chief Medical Officer.	A retained General Medical Council of Health Care Professionals Council registered CMO would ensure clinical governance and dispute resolution. Whilst not mandatory for all MROs, it is required for those providing high volumes of medical reports and this requirement demonstrates commitment to clinical governance.
2.6 Appointment of nominated Caldicott Guardian.	<p>All NHS organisations and local authorities that have access to patient records are required to have a Caldicott Guardian, i.e. a senior person responsible for protecting the confidentiality of a patient and enabling appropriate information sharing.</p> <p>To ensure claimant data is protected and used legally, ethically and appropriately for the correct purpose only, HVN MROs must also appoint a Caldicott Guardian to provide leadership and informed guidance on complex matters involving confidentiality and information sharing.</p> <p>This is an example of “best practice” and MROs providing medical reports should demonstrate their commitment to the protection of sensitive information through the appointment of a Caldicott Guardian. Further information on the roles and responsibilities of a Caldicott Guardian can be found here: https://www.ukcgc.uk/manual/role</p>
2.7 Payment of the requisite fees for registration with MedCo and onsite audit.	MROs will only be able to become registered with MedCo upon receipt of the requisite fee, as determined by the MedCo Board and published at www.medco.org.uk . All high volume, national MROs will be required to undergo an onsite audit of their adherence to the criteria set out in this paper. The report resulting from the audit must be provided to MedCo.
2.8 Demonstrable A2A capability to solicitors.	A2A functionality streamlines the claims process for all stakeholders, including the claimant, making the system efficient and timely and also removing unnecessary costs for both MROs and solicitors.

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Table 3: Supplementary Qualifying Criteria for MROs providing unrepresented claimant reports

The qualifying criteria listed in Table 3 (below) cover the requirements for carrying out unrepresented claimant work.

Supplementary Qualifying Criteria for Unrepresented Claimants	Qualifying Criteria Rationale
<p>3.1 MROs opting into unrepresented claimant work must be fully functional organisations which are compliant with all relevant qualifying criteria including that contained in table 1.</p> <p>This includes accepting instructions in relation to both represented and unrepresented claims as an operational norm.</p>	<p>This will give unrepresented claimants confidence that their selected provider consistently operates to high standards, which is necessary given an unrepresented claimants' likely unfamiliarity with the medical report process.</p> <p>MROs should be able to demonstrate adherence to good practice approaches and where weaknesses are identified, they should be few in number, the implications are not material and they are capable of resolution within a short timescale.</p> <p>Consideration will be given to any MedCo warning letters, suspensions or removals from the system related to any aspect of an MRO's compliance with any other applicable QCs issued within the last three years. This includes both the warnings issued and the MROs response to issues covered.</p>
<p>3.2 Key individuals working for the MRO adhere to the following fit and proper persons criteria:</p> <ul style="list-style-type: none"> • honest, of good character, credible and with integrity; • competent and capable to perform tasks intrinsic to their job, taking into account appropriate factors such as location and other business interests; 	<p>Given the likely imbalance in knowledge, experience and power in the relationship between unrepresented claimants and MROs a 'fit and proper persons' regime is required in the claimants' interests. Evidence may include references from former employers, professional advisers and social media profiles. This requirement is in line with best practice in the NHS and other sectors.</p> <p>For an MRO, key individuals are those with significant control over the MRO strategically, financially and operationally, i.e. shareholders, directors (including shadow directors) and day-to-day management.</p> <p>When the MRO assesses themselves against this QC, they should take into account all their dealings with MedCo or as an MRO in the past 3 years under any registration application in any capacity (including shareholder, beneficial owner, director, shadow director and employee) for any User type, together with equivalent non-MedCo activities. Where concerns arise, the extent to which the MRO/DME acknowledges failings, takes corrective action and demonstrates compliance</p>

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<ul style="list-style-type: none"> • have the qualifications, knowledge, skills and experience necessary for their office; and • have not been responsible for, privy to, contributed to or facilitated any serious misconduct/mismanagement in the production of MedCo or non-MedCo medico-legal reports. 	<p>thereafter are relevant mitigating factors, dependent upon the number, frequency and significance of the relevant concerns.</p> <p>An MRO that fails to demonstrate that it meets this QC will be suspended from conducting unrepresented claimant work, irrespective of their existing tier status or performance against any other QC. Where in doubt, MROs should contact MedCo immediately to discuss any concerns. In the interests of protecting unrepresented claimants, MedCo may suspend a MRO's B2C status whilst any concerns are being investigated.</p>
<p>3.3 Has the resources and structure necessary for operational delivery of the unrepresented claimant service on a consistent and stable basis i.e.:</p> <ul style="list-style-type: none"> a) Ability to operate at times when unrepresented claimants may wish to pursue their claims, which may be outside normal office hours; b) Ability to operate across multiple channels to cater for different unrepresented claimants' communication preferences and needs (e.g. if vulnerable or not have web access); c) No key person involved in the day to day operation of the MRO should work on a temporary, self- 	<p>MROs should be able to provide a high level of customer service irrespective of owner availability and employed staff (including director) turnover, holidays and sickness. All key functions, activities and knowledge should be available to the MRO at all trading times. This means that each key function, activity or area of knowledge has to be capable of being performed / known by more than one person.</p> <p>An appropriate range of communications channels should be available to claimants across a range of times, including outside of normal office hours (9-5). This may involve staff being available to take calls before or after these hours or other methods of recording and answering queries being used.</p> <p>The minimum number of channels operated by an MRO should cater for the full spectrum of unrepresented claimants' contact preferences. For example, at least one option from each of the following 3 categories: physical (e.g. letter), audio (e.g. telephone) and electronic (e.g. email, SMS/text, social media and livechat or similar).</p> <p>The types of premises which would usually be considered inappropriate include residential homes (except those adapted to include private consulting rooms equipped to an equivalent standard to medical facilities), virtual offices, retail space (e.g. above shops), offices of fellow group companies either related to the insurance industry (e.g. GP practices) or not (e.g. property management, car hire), offices of legally separate companies related to the insurance industry (e.g. claims management companies) and general co-working offices hired out on a temporary basis as and</p>

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<p>employed or consultancy basis; and</p> <p>d) Operates from substantive, standalone, physical and professional business premises.</p>	<p>when needed. The individual circumstances of each MRO will, however, be considered during their audit.</p> <p>Contact details for the MRO should be specific to the MRO i.e. email/physical address and telephone number; forwarding details e.g. post-office box numbers are not acceptable.</p>
<p>3.4 Direct management of the unrepresented claimant experience.</p>	<p>The MRO is responsible for their dealings with unrepresented claimants and will be held accountable for any interactions between the instructing claimant and any outsourced customer service providers. The customer service function should not be outsourced to a third party and MROs should always retain oversight of, and be accountable for, any dealings such providers have with the instructing party.</p> <p>Following the implementation of the whiplash reforms, MedCo's remit is being extended to cover all road traffic accident related personal injury claims where damages for pain, suffering and loss of amenity are valued at up to £5,000. Therefore, the end-to-end service (receipt of instruction to uploading of report) provided to the unrepresented claimant by the MRO should also cater for non-soft tissue injuries, where appropriate.</p>
<p>3.5 MROs must provide the unrepresented claimant with transparent, accurate, timely and up-to-date information about:</p> <p>a) its process for producing the medico-legal report, especially the consultation procedure;</p> <p>b) what its and the claimant's roles, responsibilities and rights are in this process;</p>	<p>It is important that all information and communications provided to unrepresented claimants uses easily understandable language and be available in a range of accessible formats. This means that information must be displayed prominently, timely and consistently. It must also be clear and in plain English, with information presented in a straightforward manner with important details clearly highlighted.</p> <p>The communication channels used should be such that no unrepresented claimant can be misinformed no matter how they choose to engage with the MRO, including such channels as website, social media, telephone, letter, email and livechat or similar.</p> <p>The onus is on the MRO to manage expectations and make sure that it is clear on the medico-legal report production process, including what the claimant needs to do and when. This includes clearly</p>

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<p>c) its contact details and availability by channel;</p> <p>d) its performance against the service standards specified at QC 3.6; and</p> <p>e) how to make complaints about the MRO and to initiate any dispute resolution process.</p>	<p>explaining the unrepresented claimant’s rights to challenge the MRO on matters of fact pre- and post-report provision.</p> <p>MROs should inform unrepresented claimants of their performance levels, how to complain if they experience poor service and the details of any dispute resolution process. If MROs fail to address the claimant’s complaint to his/her satisfaction, the claimant should have the process for how to report the MRO to MedCo clearly explained to them.</p>
<p>3.6 All MROs must understand, monitor and manage their performance in order to comply with the enhanced standards and service levels as defined by MedCo.</p>	<p>It is important that unrepresented claimants have confidence that those suppliers they select to produce their medico-legal reports operate to the required standards.</p> <p>Monitoring performance will enable MROs to be flexible when accommodating requests made by unrepresented claimants. This will be auditable as part of the MedCo audit process.</p>
<p>3.7 Demonstrates a robust end-to-end claimant customer service capability in terms of medico-legal services offered, resources (people, processes and technology) deployed and the quality of outputs.</p>	<p>Particular customer services skills that should be demonstrable and evident in dealing with unrepresented claimants include:</p> <ul style="list-style-type: none"> • Timeliness i.e. questions answered promptly, issues identified, and problems resolved quickly with specific details given of if/when something will happen; • Attitude i.e. unrepresented claimants must be treated with respect, courtesy and professionalism; • Empathy i.e. treat others how one would like to be treated; • Awareness of the needs of vulnerable claimants and that specific additional actions/services may be required to support their application; • Ownership i.e. make sure that the unrepresented claimant does not get bounced around trying to find the right person to help them; • Active listening i.e. MROs should not assume to know what the unrepresented claimant wants, but should listen first, then act in response to their specific needs;

MoJ Qualifying Criteria for Medical Reporting Organisations

Supplementary Qualifying Criteria for Unrepresented Claimants	Qualifying Criteria Rationale
	<ul style="list-style-type: none">• Expertise i.e. be knowledgeable about the service, say if you do not know the answer and then quickly get the information from someone who does and revert back to the unrepresented claimant;• Dependability i.e. do what you say, when you have said you will do it and do not leave it up to the unrepresented claimant to follow up; and• Be prepared to follow up regularly with the unrepresented claimant to make sure that everything is proceeding satisfactorily.• Consideration should be given to staff training/qualifications on customer services and obtaining external certifications e.g. ISO9001 (2015 and successor versions) to substantiate the above.
3.8 Payment of the requisite fees for registration with MedCo and onsite audit.	<p>MROs will only be able to become registered with MedCo upon receipt of the requisite fee as determined by the MedCo Board and published at www.medco.org.uk.</p> <p>All MROs opting in to undertake unrepresented claimant work will be required to undergo an onsite audit of their compliance with and adherence to the additional criteria set out in this paper for this purpose.</p>

MINISTRY OF JUSTICE
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