

AUT Audit Guide

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Owner: MedCo

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1. Introduction

MedCo Registration Solutions' ('MedCo') IT portal facilitates the sourcing of medical reports in claims brought under the Ministry of Justice RTA Small Claims Pre-Action Protocol or the Pre-Action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents ("the Protocols").

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

Claimant representatives, known on MedCo as Authorised Users (AUT), who wish to obtain the first fixed cost medical report in claims made under the Protocols must register with MedCo and source the report using the search and selection functionality.

An important part of MedCo's role is to ensure that AUTs use the database appropriately and in accordance with the User Agreement, MedCo Rules and Policies. Users are contractually required to adhere to these Rules and act in a manner that is both compliant with these Rules and in the spirit of the MoJ policy aims of increasing independence and improving the quality in medico-legal reporting.

To monitor compliance MedCo conducts Audits of its Users against the relevant User Agreement, MedCo Rules, MedCo Policies and other accompanying MedCo Guidance.

This Audit Guide is published on the MedCo website and distributed by the MedCo audit team to AUTs when notice has been given that an audit has been scheduled and prior to the first on-site visit.

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

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

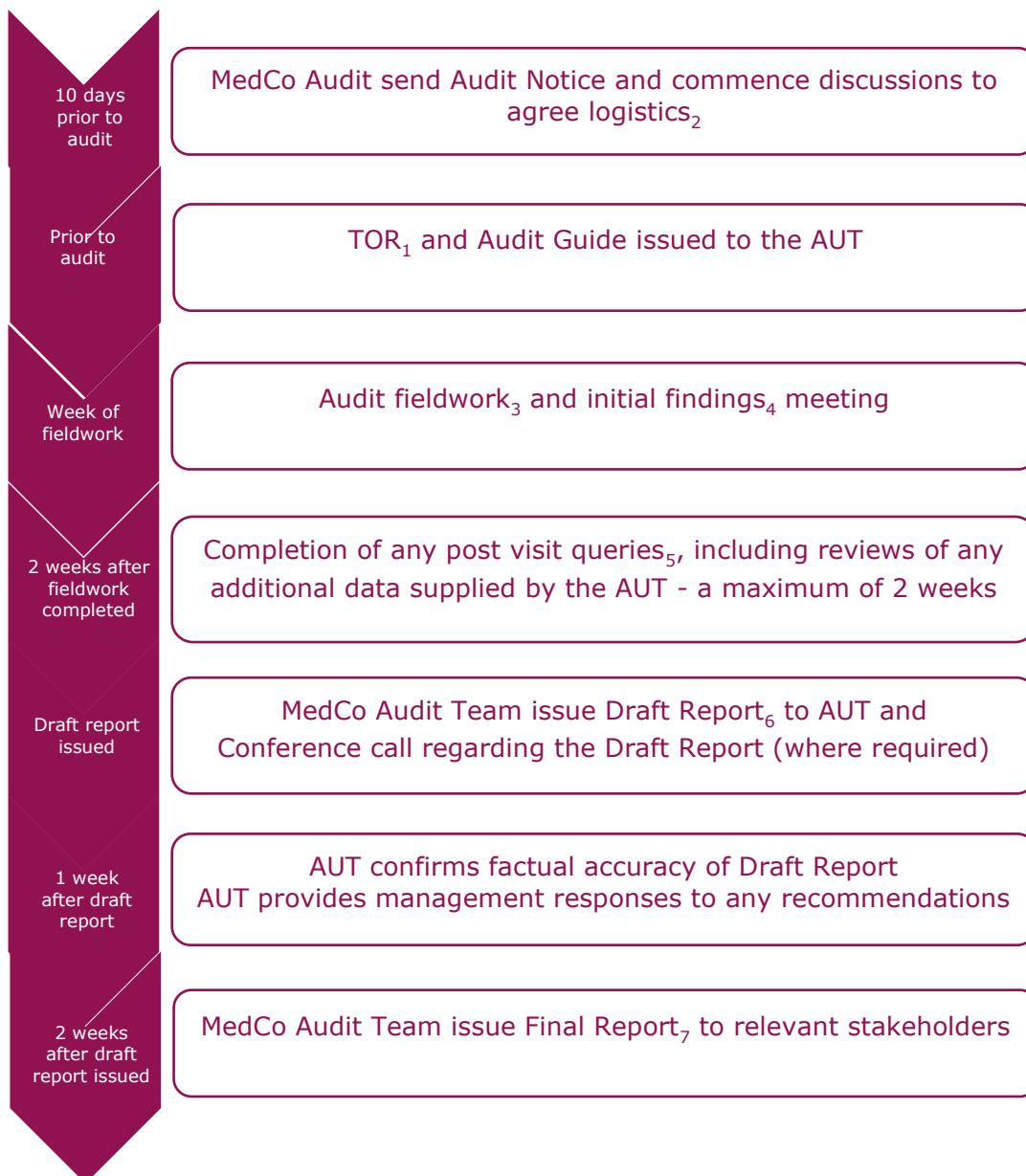
MedCo may update the Audit Guide from time to time and whilst this document outlines the process as far as possible, there will inevitably be some circumstances where the process varies slightly, or the illustrative timelines vary significantly due to the progress of other audits, changes in the MedCo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

2. Summary of Audit Process & Timelines

Please note that where an AUT does not co-operate with the process set out below, MedCo reserves the right to suspend or terminate the AUT in accordance with the applicable User Agreement(s), until such a time as they do co-operate.

2.1 Audit Process

An overview of the key stages in the audit process is shown in the diagram below, with indicative timelines that exclude any time during which the MedCo audit team is awaiting information from the AUT and numbered notes that provide further details on certain documents / terms. AUTs should particularly note that the audit may be curtailed at any point should the AUT fail to co-operate with the audit process (see sections 3 and 4 on Audit Approach and Audit Evidence).



[1] **Terms of Reference ('ToR')**: This includes the timing and key contacts for the audit. The TOR, and Audit Guide are provided to the AUT after issue of the 10 days' Audit Notice but before the on-site visit.

[2] **Discussion to agree logistics**:

- The MedCo audit team issues the AUT with at least 10 days' notice of an audit and requests that a range of convenient dates for an audit be provided by the AUT in the following 5 days. The MedCo audit team will endeavour to accommodate one of those dates;
- The audit should take place at a location where the AUT has access to sufficient administrative and case data to adequately respond to any queries the MedCo audit team may raise during the on-site visit;
- Requests to arrange a date outside the range stated in the Audit Notice will only be considered in very limited circumstances; and
- Failure to provide prospective on-site visit dates (without good reason having been provided) or in the event of no response, this is likely to be considered indicative of the AUT's inability to adhere to the applicable User Agreement(s) and the MedCo Rules and Policies.

[3] **Audit Fieldwork**: The MedCo audit team will follow the approach set out at section 3 'Audit Approach' and conduct at least one on-site visit during our audit fieldwork, the number of visits and duration is dependent upon the evidence (see section 4 'Audit Evidence') provided by the AUT.

[4] **Initial Findings meeting**: A findings meeting may be offered at the end of the on-site visit, if appropriate, e.g., the auditor has gained enough information 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 review.

[5] **Post visit queries**: The 1-week timescale envisages the AUT properly preparing their evidence so that by the end of the on-site visit only a small number of queries remain outstanding - see section 4 'Audit Evidence', in particular the heading on timescales for providing evidence.

[6] **Draft** and [7] **Final Report**: AUTs will have one week in which to comment on the factual accuracy of the draft audit report and provide responses to any recommendations made (see section 5 'Audit Reporting'), after which time it can be issued in final form – more details are provided at section 5 'Audit Reporting'.

2.2 Re-Audit Process

Where a re-audit of the AUT is required, (see Section 7 'Post-Audit'), it will follow the standard audit process above, except that:

- The Audit Notice is served via the decision letter from MedCo;
- The scope of the re-audit depends upon the circumstances giving rise to it.

2.3 'No Notice' Audits ('NNAs')

NNAs are a mechanism to ensure that MedCo's system of compliance is not undermined by any AUTs attempting to game the system or lower their standards in between audits. With the notice provisions of the standard audits, it is possible for materially non-compliant AUTs to

anticipate them and attempt to cover their tracks. However, NNAs can expose such practices and these types of audits function as both a deterrent and an enforcement tool.

NNAs are initiated at the request of MedCo, based upon one or more of the following (not an exhaustive list):

- a known or suspected material breach of the AUT's obligations under the User Agreement e.g. an AUT uses the database inappropriately to search for and select a preferred ME or MRO.
- Failing to disclose material information about its compliance to MedCo or the MedCo audit team;
- Providing evidence to MedCo or the MedCo auditors that is inaccurate, misleading or not authentic;
- Undermining the operation of the MedCo Portal by bypassing or facilitating the bypassing of the MedCo Portal for MedCo-type work; and
- Failing to adhere to the database rules.

The information used to initiate NNAs can come from multiple sources including (not an exhaustive list):

- The Audit Committee (AC) or Operations Committee, where issues have arisen with performance, behaviour etc.
- MedCo Enquiries, having received specific, credible and verifiable complaints against AUTs from AUTs, MROs, MEs, claimants, administrative agencies, regulators and members of the public;
- The MedCo audit team's assessment of the authenticity of the evidence provided by an AUT for its audit;
- Analysis of the cumulative information gained from all the AUT audits to date;
- Analysis of MedCo MI across the system;
- An AUT's track record of actions or inactions; and
- Any other individual or body corporate exerting direct or indirect control over the AUT.

It is for MedCo to consider the information and to decide based on the information that they have seen whether a NNA should be triggered.

NNAs do not follow the standard audit process or any of the above variations of it, but operate as follows:

- Physical visits will only take place between 10am – 4pm on business days. A visit may be as short as 30 minutes or as long as 6 hours, depending upon the circumstances of the NNA.
- The MedCo audit team will send an email to the AUT:
 - confirming that a NNA is to be conducted;
 - stating the objective(s) of the NNA;
 - confirming the name(s) of the auditor(s) who will conduct the audit;
- If in any doubt, the AUT should urgently contact the MedCo audit team (see section 9) and ask to speak to the audit management team for confirmation*.
- The audit approach provisions in section 3 of this guide will apply. However, given the nature of a NNA:
 - The way in which they are deployed may be quite different from that conducted previously.
 - Testing is likely to have a narrower focus but be more in-depth.
 - The audit evidence provisions in section 4 of this guide will apply.
- A NNA may be conducted in conjunction with a standard audit, should the MedCo audit team

have reasonable suspicions as to the authenticity of the AUT or the evidence provided by it during the audit. In such instances, MedCo has pre-authorized the MedCo audit team to conduct a NNA.

- The MedCo audit team will report back to MedCo in the format that it considers appropriate for the circumstances of the NNA (e.g., formal report, verbal update, email, memo or as part of a general audit update paper). Where the MedCo audit team produce any form of formal report, a draft version will be provided to the AUT for comment in the same manner as for a standard audit report.

As NNAs are designed primarily to investigate suspected breaches of the applicable User Agreement(s), there is an inherent motivation for a AUT to delay, defer or otherwise obstruct a NNA, which is why the consequences for this are severe, as set out in the applicable User Agreement(s). Therefore, to prevent any misunderstandings:

- As long as an AUT is undertaking MedCo work, it cannot delay or defer a NNA.
- If access to the AUT's premises is denied completely or withheld for an unnecessary amount of time to a bona fide (see security check above*) member of the MedCo audit team, for whatever reason, it will constitute a material lack of co-operation.
- Timing is critical to the AUT's co-operation with the NNA process. Evidence available or unavailable on the day of the NNA has materially more value than any provided subsequent to it.
- NNAs may be conducted as isolated audits or as part of a co-ordinated action i.e., multiple NNAs conducted simultaneously in multiple locations on multiple AUTs.

2.4 Forensic Audit

An audit can be undertaken as a forensic audit. The MedCo audit team will undertake an audit on a forensic basis if directed to do so by MedCo. The following situations are examples when MedCo is likely to direct the MedCo audit team to undertake a forensic audit:

- Concerns as to the veracity of statements / assertions made to MedCo;
- Reservations as to the authenticity of evidence provided to MedCo by the AUT, including during the audit process;
- Lack of co-operation with MedCo's processes (including actions or lack of actions that interfere with the audit process as set out in this guide); and
- Evidence of seemingly unethical behaviour.

The decision whether to undertake a forensic audit will be made by MedCo. Where an audit is conducted on a forensic basis, it will follow the usual audit process, but this may be varied to deal with specific issues that are identified by MedCo or to accommodate the use of external auditors. In addition, the process may involve, but is not limited to, the following more detailed elements:

- The audit may be conducted as an extended on-site visit;
- Official identification documents and other HR records may be requested for any members of staff including members of staff who have left the organisation in the 12 months prior to the audit;
- Details of all related parties that the AUT has a commercial relationship with or which are otherwise involved with its day-to-day operations may be requested;
- The AUT and any other members of staff may be interviewed at least once;

- The audit may use computer assisted audit techniques, for which a complete set of the AUT's MedCo case data and AUT data for the previous 12 months will be required from all systems utilised in that period, in electronic format, to enable analysis and comparison;
- The system log detailing all system administrator, configuration or equivalent changes to the system and its data may be reviewed for the period under review;
- Full bank statements for all AUT bank accounts and other financial records may be requested; and
- Third party verification may be performed in relation to MROs / MEs and suppliers (including software, administration and accountancy suppliers). Permission will be sought from the AUT for the MedCo audit team to communicate with third parties.

The onus is on the AUT to provide evidence of its compliance with the applicable User Agreement(s) and the MedCo Rules and Policies. If an audit is conducted on a forensic basis and the information requested is not made available to the auditors or is inaccurate, incomplete, or misleading it may lead to further action being taken against that AUT including suspension and/or removal from the system.

3. Audit Approach

For clarity, the audit is an assessment of an AUT's compliance against the applicable User Agreement(s), MedCo Rules, MedCo Policies and other accompanying MedCo Guidance i.e., MedCo must assess the extent of compliance to the User Agreement, MedCo Rules & Policies, and its internal mechanisms to comply with these via:

- Unrestricted views of the AUTs case management system and other applicable evidence relating to all aspects of a MedCo case Process (including evidence of payment receipt and associated disbursements)
- Observation and assessment of the AUT's processes and use of the MedCo Portal for the areas within scope for soft-tissue injury cases;
- Review of relevant User Management information, reports, access profiles and system logs related to use of the MedCo Portal and areas within scope; and
- Discussion of any suspected or identified breaches of the User Agreement with the staff using the MedCo Portal, the IT Dept and User Senior management.

AUTs should have any relevant resources (systems, data, staff, and documents) available during the on-site audit visit(s) and thereafter to promptly address any outstanding queries.

The MedCo audit team will:

- Evaluate the evidence provided by the AUT through appropriate audit techniques, including interviews, documentation reviews (including contractual arrangements with key suppliers / third parties), system walkthroughs, sample testing, data analysis (including computer assisted audit techniques) and third-party verification, from source to the end result;
- Assess the AUTs' evidence for consistency with:
 - Its own observations and analysis of the AUT;
 - The MI available to the MedCo audit team from the MedCo Portal; and
 - Wider industry approaches to compliance with the applicable User Agreement(s) and the MedCo Rules based on the MedCo audit team's cumulative knowledge gained through previous AUT audits;

- Consider actions such as those below (not exhaustive) as obstructing the audit process, the MedCo audit team, and this will be stated in the final audit report and/or any subsequent reports (see section 7 'Post-Audit'):
 - Withholding access to AUT's premises, any relevant staff or records, including through arranging for any relevant records e.g., bank accounts/payments/ paper files to be off the premises during a planned audit visit;
 - Delaying and/or deferring either the audit process or requests for information/evidence without a reasonable explanation. A pattern of delays or deferrals across one or successive audits will be presumed to be a lack of co-operation. The onus will be on the AUT to demonstrate to the contrary;
 - Providing materially inaccurate, incomplete or misleading information (see section 4 'Audit Evidence' point 3 'Information Disclosure'), which may become known either during the audit e.g. conflicting accounts for the same process/activity or after the audit e.g. failing to mention a financial link to a ME, MRO, user, administrative agency etc. that only comes to light during the audit of that ME, MRO, user, administrative agency etc.;
 - Seeking to influence auditor objectivity e.g., via persistent and inappropriate behaviour or other unprofessional conduct;
 - Attempting to direct the auditors' testing e.g., pre-selecting transactions for auditors to assess;
 - Wasting auditor time e.g., presenting volumes of irrelevant documentation as evidence; and
 - Presenting evidence with material irregularities e.g., documents printed on the headed notepaper of another AUT, administrative agency, or MRO; or individual transaction details on the AUT's system that differ from those on the MedCo Portal when they have the same MedCo reference number.

4. Audit Evidence

AUTs are expected to provide sufficient access to its case management system, premises, staff and records to enable the MedCo Audit Team to conduct this work in accordance with the timescales specified. This includes both on-site access or remote access via video call software / screen sharing dependent upon the agreed logistical approach. Should any access limitations or delays be encountered, the AUT will be deemed to have failed to supply sufficient evidence of its compliance with its User Agreement obligations in those respects. The nature of these limitations and the reasons given for them, if any, will be reported to the MedCo Audit Committee who may deem it appropriate to suspend the AUT until such a time when the required access is granted to the MedCo Audit Team.

5. Audit Reporting

At the end of the audit fieldwork a draft report will be produced that sets out the extent of compliance by exception, with any recommendations outlining what the AUT should do to address any issues raised:

- No new evidence on issues raised in the observations (recommendations section of the draft audit report) will be considered once the draft audit report has been issued – that is an absolute cut-off.
- Individual recommendations are RAG rated based on the level of severity attached to the issues at the time that they were first identified by the MedCo audit team. Any actions taken by the AUT to subsequently address these issues will not change these RAG ratings, but the AUT can choose to include these actions in the final audit report by incorporating them into the AUT's responses for the relevant recommendations.
- Evidence relating to actions taken by the AUT to address issues highlighted in the draft audit report will however be considered and, if sufficient evidence of implementation is provided prior to the audit report being finalised, the recommendation will be marked in the report as "closed–implemented":
 - AUTs are not expected or required to have any recommendations with a "closed–implemented" status at the time the final report is issued. In certain cases, this may not be possible as on-site visits may be required to assess implementation (see section 7 'Post-Audit'); and
 - Where an AUT has multiple recommendations raised, the timeframe between draft and final reports does not represent an opportunity for an AUT to effectively attempt to have the audit re-performed.
 - If the AUT asserts that it has taken action but no or insufficient evidence has been provided, the recommendation will remain open.

The AUT will be asked to confirm the factual accuracy of the report and provide responses to each recommendation i.e., whether the recommendation is accepted, and if so, what action the AUT proposes to take / has taken, by when and the person responsible. The AUT will have one week to provide this, with no extensions save in exceptional circumstances. As requested by MedCo, where any AUT's responses indicate disagreement, the MedCo audit team will re-check the evidence provided during the audit against the basis provided for the AUT's disagreement and the MedCo audit team may add comments to the final audit report accordingly. The report will then be finalised and issued to MedCo and the AUT.

Each report will be RAG rated (see table below), at MedCo's request, to reflect the MedCo audit team's opinion on the AUT's degree of compliance. MedCo then reaches its own opinion based on the information in the final audit report. MedCo enforces its own rules to ensure that no-one that has a conflict of interests sits on the relevant MedCo Committee(s) or has access to any of the individual AUT audit reports or results.

Audit Report RAG Ratings	
Fully compliant:	The available evidence indicates that all relevant criteria are being met.
Substantially compliant:	Most evidence required to indicate compliance is available, with some minor additional actions needed to demonstrate full compliance.
Partially compliant:	Lack of key evidence in several areas indicates that the relevant criteria have not been met.
Substantially non-compliant:	Significant lack of key evidence indicates minimal or non-compliance with most or all relevant criteria.

The MedCo audit team will seek open communication with the AUT throughout the audit. However, to avoid undue delay, the MedCo audit team reserves the right to issue draft reports as final (with accompanying explanatory notes) where the overall audit rating is RED or AMBER and where:

- Appropriate co-operation from the respective AUT, in the opinion of the MedCo audit team, has not been forthcoming or timely; or
- There is disagreement, such that an “agree to disagree” version of the report is issued.

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

6. Audit Outcome

In the context of the objective of each audit (including NNAs), MedCo interprets the RAG ratings produced by the MedCo audit team prima facie as follows:

- Overall report ratings: GREEN – pass, RED – fail and AMBER – referred i.e. it is unclear if pass or fail.
- Individual recommendation ratings: GREEN – minor, RED – fundamental and AMBER – significant.

MedCo may decide to RAG rate individual recommendations or the overall report differently to the MedCo audit team for the following reasons:

- Based upon the evidence set out in the report, in its opinion an issue may be more or less significant than the MedCo audit team considered it to be; and
- It evaluates the RAG ratings at the time it considers the final audit report and therefore the AUT’s responses to each recommendation could influence MedCo’s view as to whether the original RAG ratings are still applicable at the time it makes its decision.

MedCo considers the following aspects of an AUT’s response to be important (not exhaustive):

- Acceptance by the AUT that breaches of the applicable User Agreement(s) and/or MedCo Rules & Policies have occurred and that it agrees to address them;
- The AUT has set out clear, credible and achievable actions it will take to address the breaches;
- The AUT has set a realistic timescale by which it expects the outstanding actions to be completed that reflects the importance of compliance with the applicable User Agreement(s) and/or MedCo Rules; and

- Where applicable, the response makes clear which actions (if any) have been completed and whether evidence of completion has been provided to the MedCo audit team.

MedCo makes its decision on the AUT's status based on the information contained in the final audit report, which includes the AUT's responses. Once MedCo has considered these and reached a decision, that will be communicated by letter to the AUT (the Decision letter – see Section 7 'Post-Audit').

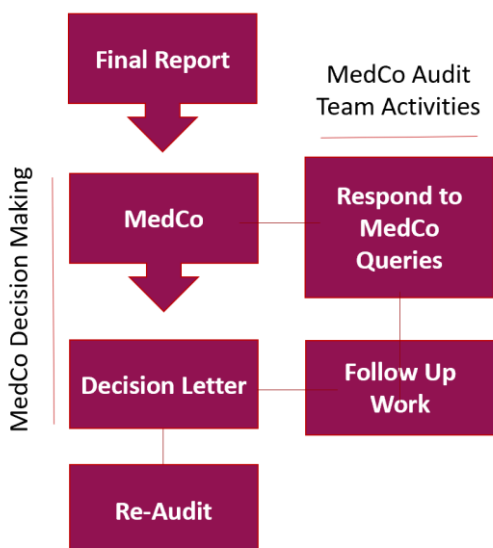
There are various decisions that MedCo may make. These include (but are not limited to):

- Concluding that the audit is successful and notifying the AUT;
- Concluding that the audit is successful but that the AUT should be notified of further steps or actions that are required e.g., completion of audit recommendations by specific dates;
- Determining that the audit is unsuccessful and suspending an AUT's access to the MedCo Database, either entirely, or for a defined period;
- Requiring that after a defined period of suspension a AUT should undergo re-audit; and
- Determining that the audit is so unsuccessful that they should find that the Agreement between the parties be terminated.

MedCo's Policies Document sets out its policies on suspension and termination.

Please note that reference to MedCo in this document, including actions taken and decision made by MedCo, can mean actions taken and decisions made by the relevant MedCo Committee(s) e.g., the MedCo Audit Committee, or the Operations Committee.

7. Post-Audit



The following post audit report stages outline the role of the MedCo audit team:

- 1) Respond to MedCo Queries** - MedCo audit team representative(s) present the AUT audit reports to MedCo:
 - Clarify any points in the audit reports;
 - Raise relevant matters in MedCo discussions to prevent them being overlooked;
 - Highlight comparative issues on other AUT audits;
 - Comment on AUT co-operation with the audit process; and
 - Explain the rationale for the audit ratings.

The MedCo audit team do not:

- Comment on any matters that are not in the audit reports; or
- Recommend what course of action MedCo should take.

- 2) Decision Letter** – The MedCo audit team takes its instructions, for each AUT on any follow-up work required (e.g., on open recommendations) and/or rights to re-audit, from MedCo. MedCo's decision and any next steps required will be set out in detail in the Decision Letter sent to the AUT.
- 3) Recommendations Follow-Up Work** – Unless an AUT is suspended/ terminated, the MedCo audit team will follow-up with AUTs to ascertain the extent to which open recommendations have been implemented. This will be done in line with AUTs' specified completion dates and any deadlines set by MedCo, as set out in the Decision Letter. The onus and responsibility are on the AUT to submit evidence of implementation and not for the MedCo audit team to chase for it. The level of evidence required to close a recommendation depends upon the RAG rating for each individual recommendation e.g.:
- Green rated: A statement from the AUT that it has addressed the point may be sufficient;
 - Amber rated: Evidence of implementation is required, including the supporting data; and
 - Red rated: As amber-rated, except that the extent of change might be so significant that an on-site visit is required. This will depend upon the circumstances of each recommendation.

The MedCo audit team will inform MedCo at periodic intervals of the AUTs' progress in addressing its recommendations on an exception basis. Unless AUTs receive confirmation that specific audit recommendations are closed, they should be considered open.

Where an AUT has multiple audit recommendations outstanding by their stated due dates, the MedCo audit team may request updated responses from the AUT to accompany the MedCo audit team's status summary for MedCo.

- 4) All Follow-Up Work (except Recommendations)** – On an exception basis, MedCo may instruct further work to be completed by the MedCo audit team at any point in the audit process once the final report has been issued, including prior to issuing the Decision Letter. The need for any further work, together with its nature and scope, is at the discretion of MedCo and is specific to the individual AUT's circumstances. Examples include where:
- An AUT has committed in its final audit report to implementing its recommendations and has subsequently provided evidence of this, which includes sufficient ambiguities that the MedCo audit team and/or MedCo is uncertain whether the recommendations can be closed or not;
 - An AUT asserts repeatedly that the MedCo audit team has ignored evidence, used the wrong data or misinterpreted the data. Upon re-assessment of the disputed evidence/data, the implications of any errors that are material to the assessment on either side are, if the AUT is proved:
 - Correct, the MedCo audit team will revise its final audit report accordingly; or
 - Incorrect, the AUT's assertions will be dismissed by MedCo, which may also query the AUT on its understanding and ability to meet the evidence requirements for the audit.
 - In the opinion of the MedCo audit team and/or MedCo, an AUT is believed to have either withheld material information or made materially incomplete, inaccurate or misleading statements in its responses to recommendations. Such facts may only arise after the final audit report has been issued e.g., during the audit of another AUT, ~~ME, administrative~~ ME, administrative agency, MRO etc. with which it has more connections than it disclosed.

The MedCo audit team will report back to MedCo in the format that it considers appropriate for the query raised (e.g., formal report, verbal update, email, memo or as part of a general audit update paper to MedCo). Where the MedCo audit team produce any additional formal reports post the final audit report that introduce any significant new information to that in the final audit report, a draft version will be provided to the AUT for comment in the same manner as the AUT was able to comment on the draft audit report.

5) Re-Audit – In circumstances where an AUT accepts MedCo’s offer of a re-audit, it must notify Medco Enquiries of this and not the MedCo audit team. Once received, the MedCo audit team will schedule the re-audit for the next available time slot, subject to any minimum waiting periods set out in the Decision Letter. Should the AUT subsequently wish to defer the re-audit, it may do so at any time up until the re-audit commences.

8. Escalation Process

The basis for any escalation of an audit decision by an AUT is to disagree with the decision taken by MedCo. That decision will be taken in accordance with the applicable User Agreement(s). The decision will be taken based on the information in the final audit report. Any progress made by the AUT 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 AUT.

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

- Any factual matters about the evidence used in the audit, should the AUT query details;
- How the applicable User Agreement(s) and the MedCo Rules were interpreted for the audit report, should the AUT query their application;
- How objectively the audit process was conducted, should the AUT query this;
- Whether evidence provided by the AUT with their responses to the draft audit report was sufficient for any open recommendations in the final audit report to have been stated as “closed-implemented” instead;
- The validity and significance of any “new” evidence introduced by the AUT 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 AUT 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. Such requests follow the same process as that set out in section 7 ‘Post-Audit’, sub-section point 3 ‘Recommendations Follow-Up Work’ and point 4 ‘All Follow-Up Work (except Recommendations)’.

If, during an escalation meeting on an audit decision, an AUT sets out details of the improvements they have made since the final audit report was issued, then MedCo may take this as evidence that the AUT was not compliant with the applicable User Agreement(s) and/or the MedCo Rules

at the time of audit and therefore the decision made by MedCo was correct at the time that it was made.

9. Contact Us

Any queries about MedCo generally, or 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.