MedCo Framework Review
Call for Evidence

A response by the Association of Personal Injury Lawyers
September 2015

The Association of Personal Injury Lawyers (APIL) is a not-for-profit organisation with a 25-year history of working to help injured people gain access to justice they need and deserve. We have around 3,400 members, committed to supporting the association's aims and all of whom sign up to APIL's code of conduct and consumer charter. Membership comprises mostly solicitors, along with barristers, legal executives and academics.

APIL has a long history of liaison with other stakeholders, consumer representatives, Governments and devolved assemblies across the UK with a view to achieving the association's aims, which are:

- To promote full and just compensation for all types of personal injury;
- To promote and develop expertise in the practice of personal injury law;
- To promote wider redress for personal injury in the legal system;
- To campaign for improvements in personal injury law;
- To promote safety and alert the public to hazards wherever they arise;
- To provide a communication network for members.

Any enquiries in respect of this response should be addressed, in the first instance, to:

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Introduction

APIL welcomes the opportunity to comment on this review of the MedCo Portal. We believe that many of the problems that have arisen in the short time that MedCo has been operating could have been avoided if the audit and accreditation of firms was carried out before the system went live. Whilst the qualifying criteria for MedCo are sufficiently robust, problems are arising because Medical Reporting Organisations (MROs) are being permitted to "self-vouch", with no checks in place to determine whether they actually comply with the criteria. We urge the Government to carry out a robust and complete audit of MROs registered with MedCo.

A number of functionality issues should also be addressed to ensure that the system is efficient and user friendly.

Executive Summary

APIL believes that:

- The qualifying criteria for MROs are suitable, and audit and accreditation of registering and registered MROs will ensure that MROs meet the criteria and are in the correct tier.
- The definition of "national" should not only include percentage postcode coverage, but also include service level ability. A "national" provider should be able to provide a medical report within 25 miles of the client within four weeks of the instruction. If this is not possible, the MRO/expert should not be registered as national.
- The "offer" should be adapted to prevent market skew and lack of choice for users. An algorithm should be used which links the ratio of tier one and tier two MROs/experts offered for selection with the total number of tier one and tier two experts registered.
- There should be an indication of quality and client care for each MRO/expert within the search results, to enable the solicitor to choose the correct MRO/expert for their client. Standard service level agreements for both tier one and tier two organisations should also be developed to reduce the administrative burden in having to instruct different experts/MROs for each client.
- The functionality of MedCo should be improved. Efficiency and usability are key in a fixed costs process and tweaks to simplify the process would be welcomed. IT problems should be addressed to ensure that MedCo and AskCue do not suffer long periods of downtime, which cause delays to those using them.

Comments on Executive Summary

Insurance premiums

At paragraph 1 there is reference to figures published by the ABI on 19 June 2015 which show that the average comprehensive private motor insurance premium is currently £360, 13 per cent lower than at the start of 2012. We are concerned that this should not be taken as absolute, as there is evidence from the AA and other sources that premiums are actually

on the rise[1]. Further, insurance premiums in themselves are not a good bench mark by which to assess the success of these, or indeed any other, reforms. There are many variables that affect insurance premiums, such as interest rates[2], that are nothing to do with this process and which the sector has no control over.

Pre-medical offers

At paragraph 3 of the Executive Summary there is a reference to the key stages of phase one of the whiplash reform programme, which included discouraging pre-medical offers to settle. Whilst some members report that they are seeing fewer pre-medical offers, and that there has been a culture change by some insurers, this is by no means industry wide and there are still a number of insurers such as Haven, which continue to offer to settle without a medical report. APIL maintains that the only way to ensure that pre-medical offers do not occur is to introduce a complete ban, at least in the Pre-action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents.

The offer of a settlement before any medical evidence has been obtained means that the injury suffered by the claimant cannot be validated or accurately quantified. Pre-medical offers are sometimes made before an independent solicitor has been instructed by the claimant, or sometimes without the instructed solicitor's knowledge. This practice is grossly unjust to the claimant, as the injured person will be offered a sum without knowing whether it is reasonable or not and this could lead to under-settlement of the claim. It also has the potential to create an environment of "easy money", allowing fraudulent cases to be settled without the necessary checks and balances that medical examination provides.

Consultation Questions

Q1 Are the qualifying criteria for all MROs and the additional criteria for high volume providers appropriate to ensure that the data suppliers registered on MedCo have sufficiently robust systems, procedures and financial protections in place?

i. If you agree, please explain why and provide evidence to support your argument.

ii. If you disagree, please explain why and provide evidence to support your argument as to what changes to the criteria would be necessary to achieve the aim.

[1] The AA's most recent Shoparound index found that typical comprehensive motor policies had increased by 5.2% in the last quarter (Q1 to Q2 2015). In addition, Janet Connor (managing director of AA Insurance), in reference to this price rise said that "[t]*he days of cheap car insurance premiums are over – price rises are inevitable."*http://www.theaa.com/newsroom/bipi/car-home-insurance-news-2015-q2-bipi.pdf. The fact that motor insurance premiums are on the rise is further confirmed by EY's recent motor insurance market report which stated that "[p]*remiums are showing the first sign of rising since 2011, with a 2% year on year increase seen in Q1 2015. In tandem, the forecast for claims inflation in 2015 has dropped very slightly from 4.4% in 2014 to 4.3% in 2015"* (http://www.ey.com/UK/en/Newsroom/News-releases/15-06-25---Motor-insurance-market-reports-2014-is-second-consecutive-year-of-profit-since-the-90s). This shows that while premiums are increasing the number of claims is actually falling.

[2] Insurers invest premium income in the markets (they are among the biggest investors in the UK bond market). Consequently, an insurer's investment income—and its underwriting profit— depends to a large extent on the prevailing interest rates." As rates in the market remain low, premia have to rise to balance the books.

There is nothing inherently wrong with the qualifying criteria for MROs. We believe that the criteria themselves are appropriate to ensure that data suppliers registered on MedCo have sufficiently robust systems in place. The problems that have arisen since the MedCo portal "went live", such as randomly selected medics being an unworkable distance away from the client; and new MROs of questionable quality registering on the system, are – we believe - down to a lack of pre-register auditing.

In place of proper audits to check that MROs are meeting the criteria, the registering organisations have been permitted to "self-vouch". MROs of questionable quality have been able to enter themselves on the register without query, and the results produced by the search have been skewed by MROs playing the system. The qualifying criteria were developed on the basis that all tier one MROs would be national and all tier twos would be local. That has not happened in practice, and there are a number of tier two MROs registered as tier ones, clubbing together with other smaller organisations to appear as a national MRO. This has led to search results which present the claimant solicitor with a selection of experts and MROs, all miles away from the client. MROs may maintain that they have coverage upon registration, but once they receive instructions from the solicitor, the solicitor is then told that the MRO does not currently have any experts within range of the client's postcode.

This "self-vouching", along with problems with the inappropriate "offer ratio" described below, have meant that those agencies which are genuinely national lost significant market share to those who were not able to service examinations in the same way. As a result they have been setting up and registering several tier two organisations under different names, or registering multiple times under the same name. Again, if the audits had been carried out before MedCo went live and they had informed a more appropriate ratio of tier 1s to tier 2 agencies in the offer, it is likely that such behaviour would not have occurred.

Auditing and accreditation of MROs should have taken place before the system went live. If the organisations had to have an audit before they were allowed to register with MedCo, this would have reinforced the criteria, MROs would not have been able to "self-vouch", and those who did not meet the criteria or who were pretending to be something they are not, would have been either removed from the system or allocated to the correct tier.

Concerns have also been raised as to the quality of some tier two organisations. Whilst there are minimum service level standards which need to be met before a tier one organisation can register, in that MROs must be able to comply with minimum standards and service levels as defined by MedCo, there are no such standards for tier two MROs. All MROs should have to meet a certain standard in order to register with MedCo, and this should be properly monitored through audit and accreditation. There should be a minimum service level agreement for tier two MROs.

Q2 Are there any aspects of the current qualifying criteria which you feel would benefit from further guidance or clarification?

If yes, please provide details of the criteria and any supporting evidence/suggestions for improvement.

As above, robust and complete audit of registered MROs would ensure that the criteria are being complied with. The audit criteria should ensure that the MRO in question has

competence and is capable of carrying out the work that it says it is able to do, to the required standard. The audits must assess whether the MRO is competent and capable of carrying out the work, whether it is assigned to the correct tier, whether the MRO can be correctly classed as "national", and whether the MRO is independent. The audit criteria should be published to ensure transparency in the process.

Q3 There have been specific questions raised by stakeholders about the definition and scope of national coverage and we would be interested in stakeholder views on how "national coverage" could be defined – for example should it be a minimum x% of postcodes?

i. If you have views on this aspect of the system please explain how/why the definition could be improved.

Whilst 100 per cent postcode coverage would be the ideal benchmark for national MROs, we appreciate that this is unrealistic, as even the largest MROS do not all have 100 per cent coverage. We suggest, therefore, that 90 per cent coverage is a workable benchmark.

Postcode coverage, however, should not be the only indication of a national MRO. There are currently issues with MROs having sufficient postcode coverage, and so qualifying as national tier one organisations, but then they are only able to offer appointments in, for example, three months' time. Additionally, some APIL members are reporting that their tier one national firm choice is an unworkable distance from the client. One member reported that a client on the Isle of Wight was offered an appointment with a tier one medic in London. This may be, as above, because firms are registering as national when they are not, or because smaller MROs are collaborating as one large national MRO, or perhaps a single doctor has registered as national because he is willing to travel the country and so technically has national coverage.

To combat this, the criteria for a "national" firm should include postcode coverage and service level ability. A "national" provider should be able to provide a medical report within 25 miles of a client anywhere in the UK within four weeks of the instruction. If this is not possible, the MRO/expert should not be registered as national. Without this extra requirement, there would be a danger that no agencies would cover the most remote (and therefore the most expensive to source) postcodes.

One further issue with the current "national coverage" requirement is that whilst tier ones must demonstrate that they have national capacity through, for example, showing that they have contracted medical experts in each of the postcodes listed on MedCo's website, there are no such requirements for tier two organisations. Tier two organisations might therefore state that they are national but will not have to provide any proof in the audit process. If any MRO wants to be defined as national, they must be able to meet the same "national coverage" requirements.

ii. We would also be interested in your views and suggestions on what proportion of postcodes a "national" MRO should be able to service; or whether an alternative such as "regional coverage" should be considered.

We agree that an alternative of “regional coverage” should be adopted, as this would help to ensure that MROs were a suitable distance from the client, and would also help with accurately classifying MROs. Some MROs might only operate in one county, but may have excellent coverage of that whole county, and for them to indicate that they offer regional coverage would be advantageous for both the client and the MRO.

Q4 If you are a MRO, please provide evidence of the volume of reports you have been handling on a monthly basis since April 2014, i.e. before and after the introduction of MedCo on 6 April 2015.

We are unable to answer this question.

Q5 What factors/data (if any) should the MoJ take account of when consideration is given to the number and type of MROs presented to users following a search?

Please provide details of the relevant factors you believe should be considered and why.

APIL is opposed to randomised selection, as it is difficult to operate in a fair way. We believe that MedCo’s objectives can be achieved via accreditation and proper audit of MROs, whilst still allowing solicitors to freely choose their medical expert. APIL has always supported a list of approved accredited experts from which the claimant can choose an expert from their locality who is best placed to examine them. A drop down box of tier one and tier two firms should be provided, and the instructing solicitor should be free to choose the firm they would prefer to instruct. There would then be no restriction of choice or unfairness to the organisations caused by a skew in the market. As long as the financial links declaration in conjunction with the audits and accreditation are robust enough, this set up would highlight any “reciprocal arrangements” and randomisation would not be necessary.

Despite the difficulties caused by unfairness and inconsistency which randomisation brings, the Government’s intention appears to be to press ahead with randomised selection. When considering the number and type of MROs presented to users following a MedCo search, the MoJ should take account of the issues that are currently being caused by the randomised selection. These include that the MRO market has been distorted, that users are being faced with a lack of choice of tier one MROs, and that the offer sometimes presents no suitable experts. There are a number of ways that the current issues with the selection process could be addressed.

Market distortion

Whilst the randomised search is designed to generate a random list of experts, it has never been intended to take away choice, and nor was it intended to guarantee an equal split of the work to all MROs, as the solicitor and client still has free choice to pick anyone on the list. The random search was designed to ensure that no specific organisations gained an unfair advantage. The current operation of the random search does not meet this objective.

Currently, the search generates the name of 1 tier one MRO and 6 tier two MROs. This ratio has been calculated without any regard for how may tier one and tier two MROs have registered and at present, due to the number of tier one and tier two organisations registered, it is more advantageous to be a tier two firm as the chances of appearing in a

selection result are higher. To circumvent this, some tier one organisations have set up and registered a number of tier two organisations under different names, to appear more times in the search facility and thus to obtain a greater number of instructions.

In order to ensure consistency and fairness and to remove the skew in favour of tier two providers, the number of tier one and tier two firms offered to the solicitor must be linked to the number of total firms in each tier. This will avoid the Government having to review the numbers every six months to maintain fairness when numbers of tier one and tier two organisations fluctuate.

If the Government is firm in its view of only wishing to display one tier one firm, the algorithm would be as follows:

B = y/x (where x = number of registered tier one firms and y = number of registered tier two firms. B is then the number of tier two firms displayed, which can then vary over time).

Lack of choice

Randomised selection has caused a further problem for APIL members, as they are only presented with one tier one MRO. That MRO may be an unworkable distance away, the next available appointment may be three months away, or the solicitor may have previously had a bad experience with them and no longer wish to use them. The solicitor is only permitted to do the MedCo search once for their client, so they are stuck with that single tier one organisation.

To address this lack of choice, we suggest that two tier one firms should be generated by the search, and that the number of tier two firms is adjusted accordingly. The algorithm for this would be as follows:

B = y (2/x) (where x = the number of registered tier one firms and y = the number of registered tier two firms. B is then the number of tier two firms displayed, which can then vary over time)

Multiple registrations

Both the lack of choice and distortion of the market has led to MRO's "playing the system" by registering their organisation more than once, to boost their chances of appearing on the offer to the user. Rules must be introduced to prevent MROs registering multiple times, but the factors that are leading to these multiple registrations, such as the lack of choice and other undesirable behaviour such as "hub and spoke" set ups whereby individuals or organisations share resources and club together to appear as a larger organisation than they actually are, should be addressed and dealt with before multiple registrations are tackled. Multiple registrations cannot be banned in isolation.

Distance from client

A further problem reported by members is that the random search sometimes generates options which are a considerable distance from the client. This may be due to the system linking the search to the medic's home address instead of their consulting address, or that a MRO is masquerading as a national MRO when it does not have such coverage.

We believe that proper accreditation of organisations to ensure that they are in the correct tier and meet the required standards, and ensuring that "national" MROs are able to provide appointments throughout the UK within 25 miles of the client will address this problem.

Q6 If you are a MedCo user (e.g. claimant solicitor), how many different MROs/experts did you typically instruct before the introduction of MedCo?

Please provide details of the number and type of MRO/expert you commonly instructed to provide medical reports in a typical year and please specify whether they are MROs or experts.

A survey of our members revealed that before MedCo, on average, firms instructed three medical reporting organisations, and had agreed terms and conditions with these organisations. Members now report that this figure is around 20. The bureaucracy, administration and management of finances involved in each of these individual instructions is extremely time consuming and costly, especially in a fixed costs process. Whilst previously the MRO or expert could proceed on the basis of existing agreed terms and conditions (being one of three or four organisations regularly used by the solicitor), separate service level agreements now have to be negotiated and agreed with each of the different providers arising out of the random selection process, before a medical report can be commissioned. This is causing delays and in some cases the difficulties in agreeing terms have resulted in MROs/experts/solicitors simply refusing to work together.

Further, the three MROs instructed prior to MedCo were instructed on the basis of quality of service. Members report that there is no indication of the quality of service through MedCo, and high quality is not consistent across the board. Since the advent of MedCo, new MROs of very questionable quality have been set up. Presented with seven names that they have never come across before, the solicitor simply does not know which (if any) of the MROs are suitable to provide the best quality report for their client.

Q7 If you are seeking a medical report, what is your principal consideration when deciding which MRO/expert to select from the options provided in the search return?

For example describe the factors that affect your choice such as, whether you have used them before, standard terms and conditions or location in relation to claimant?

Quality, efficiency, client care

Our members report that when seeking a medical report, they first and foremost look for a service provider who can ensure quality, efficiency and client care. These factors are particularly important as the instruction of the expert in these cases takes place under the fixed costs process. As above, the three or four experts/MROs regularly instructed by firms before MedCo would have been selected on this basis.

Since the introduction of MedCo, selection of experts and MROs by quality, speed or client care has become increasingly difficult. MedCo does not currently give any indication about quality, speed or client care in search results, and the solicitor must investigate themselves as to whether the MRO has the credentials that it says it has. Under MedCo, therefore, solicitors have to instruct experts with very little information and risk facing a negligence claim if the expert proves inadequate. Indications of the quality of the MRO/expert revealed

through audit and accreditation should be included in the search results, to help solicitors select the best expert for their client.

Financial terms and conditions

Further, members report the difficulties in having to establish financial terms and conditions with every new MRO provided by the random selection process. The difficulty in negotiating terms is leading to delays in the process and even refusals of some MROs/solicitors to continue to work together. Instead of looking for quality (which is becoming increasingly difficult to identify) firms will select MROs that they have already established an agreement with, rather than perhaps an organisation or expert that may be the better choice for their client but would require new terms to be negotiated, taking time and adding costs in a fixed costs process.

One way to reduce the bureaucracy of the current system would be to introduce standardised service level agreements. It may be appropriate to draft 3 standard SLA's – 1 for tier one firms, 1 for tier 2 firms and 1 for direct instruction. Medics registering on MedCo would need to sign up to using these SLA's. Whilst this would not address the issues with innovation and progress of technology, firms would be able to instruct medics more quickly thus ensuring confidence on known contract terms in instructing new medics. APIL is looking to draft standard terms but this is not an immediate solution.

Use of technology

The situation created by MedCo is a retroactive step. Previously, larger MROs could invest in technology to make the instruction of an expert and obtaining a report easier for the solicitor. Now there is little point in larger MROs investing in technology and so on to stand out from the competition, as the instructing solicitor has no choice of which tier one MRO they use. As well as skewing the market and halting competition, MedCo as currently set up will stop innovation amongst medical reporting organisations, and will lead to a decline in quality of service.

Some larger MROs have in place systems that allow the solicitor to instruct experts via their case management system. Medical reports can be sent to the solicitor via the case management system. Aside from making the process easier for the instructing solicitor, this system means there are no data protection risks with reports being accidentally sent in the post to the wrong address. Some larger MROs also have in place technology which allows the solicitor to book the client an appointment with the expert during the first telephone call with the client. If solicitors haven't already got a system set up with the larger MROs, they will be at the mercy of the new system implemented by MedCo – which will mean paper instructions becoming increasingly common. As a result of MedCo removing incentives to innovate, modern and efficient processes are being replaced by paper instructions, and the whole process is becoming more inefficient, and (with increased use of postal delivery meaning increased risk of data protection breaches) more risky.

The MoJ should examine how some of the existing technology (such as that which links the solicitor's case management system with the MRO) could be incorporated into the MedCo process.

Q8 What changes, if any, should be made to the current offer of one high volume national and six low volume MROs? Please explain and/or supply evidence to support your view.

As above, we believe that randomised selection is not the best way to achieve MedCo's objectives. If, as it seems likely, the Government continues to insist on randomised selection, we explain above at question 5 how the current offer of 1/6 should be adapted to prevent market skew and lack of choice for users.

Once the offer has been adapted, "hub and spoke" organisations have been dismantled and multiple registrations have been banned - along with other necessary improvements mentioned throughout our response, such as minimum service level agreements - we believe that MedCo will be successful in achieving its aims. Some of our members are already reporting an improved service from some larger MROs, as unhealthy financial links have been broken, and a complacent attitude from MROs which may have accompanied these arrangements has been removed. The Government must take care to improve the system, rather than inadvertently encourage dysfunctionality, bad behaviour or abuses to the system which have become apparent in these early days of MedCo. Implementing the recommendations throughout this paper, together with robust auditing and accreditation will ensure that bad behaviour and abuses are prevented, and that the quality of experts and reports is maintained at a high level.

Q9 Do you feel that the current declaration meets the Government's objectives of enhancing independence in medical reporting through the breaking of unhealthy relationships between organisations operating in the personal injury sector?

i. **If yes, please explain with evidence why the current declaration is sufficient and should not be extended.**
ii. **If no, please explain with evidence how it should be extended and why.**

We believe that the current declaration is, if anything, still too broad. The reference to "employee" throughout the declaration should be removed, as it is unworkable. Including employee in the statement of financial links will cover a situation whereby a junior employee at a solicitors' firm has a spouse or partner who was also a junior employee at an MRO. Neither of those people would have any influence as to where reports were sent or obtained, but would be in breach of the statement of financial links. It will be almost impossible to keep track of all employees' personal relationships with people who may or may not work at MROs, particularly those in more junior roles. In any case, the current declaration should not be extended, as including those with close family or close personal connections with directors, senior managers, shareholders, employers, employees etc of MROs would be far too wide in time and space and would ultimately be unenforceable.

We believe that if auditing and accreditation were implemented correctly, then there would be no need to broaden the statement of financial links as data would be collected to highlight any unhealthy relationships. The SRA and MoJ should work together to ensure that the audit of MROs is carried out fully. If the organisations work together, any unhealthy relationships will come to light and there would be no requirement to broaden the statement so that it ultimately becomes unenforceable.

The MedCo User Agreement should also be amended so that there is mention of the ban on referral fees contained within s 56 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012. There has been no mention throughout the development and subsequent launch of MedCo to ensure that there is adherence to LASPO, and this must be rectified. In order to ensure adherence to LASPO, there should also be a system in place to regulate MROs. At present, all users of MROs are regulated by one body or another, but the actual MROs are not. Proper regulation by a dedicated body will ensure that the level of quality that will and must be ensured by proper audit and accreditation will be maintained across tier one and tier two MROs, and that the ban on referral fees is not being circumvented.

Q10 Do you have any other views or evidence relating to whether the MedCo IT Portal is currently achieving the Government's stated policy objective to tackle dysfunctional behaviour in the personal injury sector?

What (if any) further suggestions for reform would assist the operation of the MedCo portal, in particular, to address the behaviours exhibited by some MROs since the MedCo portal was introduced?

We do not believe that the MedCo Portal is yet achieving the Government's stated policy objective to tackle dysfunctional behaviour, but, as above, believe that this can largely be rectified by robust and proper audit and accreditation of all registered and registering MROs.

The definition of "national" should be adapted to ensure solicitors are put in touch with medics a realistic distance from their client. The "offer" ratio should be amended as detailed above to ensure fairness, which will remove the incentive for MROs to "play the system" by registering multiple times to appear more often on the search facility. This should be supported by rules dictating that MROs should only be permitted to register once, and that tier one MROs should be stand-alone MRO businesses and not collaborations of tier two MROs. These rules should be reinforced through the audit and accreditation process.

The changes to the offer ratio, preventing "hub and spoke" set ups (whereby organisations or individuals club together and share resources to masquerade as a larger organisation) and the introduction of rules to prevent multiple registrations should be implemented as a whole. Simply introducing rules to prevent MROS from registering more than once will not be effective. The incentives to "boost chances" by registering several times, such as that other organisations are being permitted to play the system by collaborating with others and thus pretending to be a larger organisation than they are; or that tier two organisations appear more often than tier one organisations in "the offer" – must be dealt with first. Once the incentive to apply multiple times has been removed, then rules can be introduced.

A further issue that MedCo has not yet addressed is that MedCo users can, once in touch with an MRO, request a specific expert, and can therefore request the same expert for each case. Many experts are registered with several MROs so it would be possible in some instances to continue to use a "favoured" expert for each case. It is likely that this problem will be highlighted and can be dealt with once audit and accreditation is properly in place, as those users who instruct the same expert over and over again will show up in the audit process. It is important, however, that this link is broken in order for MedCo to meet its objectives.

Q11 Do you have any other feedback in relation to the operation of MedCo that you think should be considered as part of this Call for Evidence?

MedCo and "third party capture" situations

Rules should be put in place to ensure that insurers use MedCo when arranging medical examinations in "third party" capture situations. If insurers are allowed to circumvent MedCo in this situation, where there are already fewer checks on the validity of the claim and where the claimant is in a particularly vulnerable position, this loophole will be exploited.

Functionality

The functionality of MedCo could be vastly improved. Currently, there is very little within the process which provides simplicity or efficiency – both of which are necessary when working within a fixed costs process. For example, the process has only recently been changed to allow claimants injured in the same car to go to the same expert. Before the change, the solicitor would have to obtain an expert for one person, then go through the MedCo process again for each other person.

Additionally, there are problems with being presented with experts or organisations who are an unworkable distance away from your client, and who only have appointments four months away. Our above suggested improvements will prevent this from happening as often as it does at present, but if it should happen further down the line, or there is another genuine reason why none of the options presented are suitable, the solicitor should be permitted to search again.

Another functionality issue to be addressed is that the AskCue and MedCo websites are currently very patchy and unreliable. A solicitor cannot use MedCo unless they have an AskCue reference, but AskCue often freezes or suffers long periods of downtime. This creates unsuitable delays in a system of fixed costs. The IT related problems with AskCue must be addressed.

User Committee and Behavioural Committee

There would be benefit in having a User Committee and Behavioural Committee – similar to that of Portal Co. It would be beneficial to have a point of contact through which users can register problems, send feedback and report issues. This will help the system to be developed and improved in line with what the users want. The behavioural committee should have teeth to ensure that standards are maintained. It has been suggested, too, that the SRA should join a MedCo User Committee, so that they can see first-hand the issues to be dealt with. We believe that this would be useful.

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