



PUBLIC MINUTES

MEDCO BOARD MEETING

TIME:

TUESDAY 16TH OCTOBER 2018

11:00- 16:00

MEETING PLACE:

**Suite 205
New London House
6 London Street
London
EC3R 7AD**

ATTENDEES:

Martin Heskins (MH) – Executive Chair
David Bott (DB) – Association of Personal Injury Lawyers
Susan Brown (SB) – Motor Accident Solicitors Society
Stuart Fielding (SF) – Association of British Insurers
Robert Khan (RK) – Law Society
Surendra Kumar (SK) – British Medical Association (BMA) (arrived at 12.30)
Simon Margolis (SM) – Association of Medical Reporting Organisation
Jackie Proctor (JP) – Motor Insurers Bureau
Nigel Teasdale (NT) - Forum of Insurance Lawyers
Leigh Evans (LE) – Head of Operations (MedCo)
Mark Waughman (MW) – DSO MIB
Nadine Silvertown (NS) – DSO MIB
Laura Joslin (LJ) – DSO MIB
Helen Jebson (HJ) Communication Consultant MIB

OBSERVERS ATTENDING THE BOARD:

Lizzie Checkley (LC) Ministry of Justice

SECRETARIAT – MINUTE TAKER:

Jean Gillett – Motor Insurers Bureau

APOLOGIES:



PUBLIC MINUTES

Welcome

1.1. Declaration of interests/Gifts etc.

There is no change to the existing register of Interests that is held by MedCo. There are no gifts to declare.

1.2. Notification of A.O.B

Change of Board Room to 218

No Notice Audits

1.3. Minutes of September Board Meeting

The minutes from September's Board meeting were approved subject to typo correction **1.4. Public Minutes of September Board Meeting**

The public minutes were approved subject to typo corrections and amendments.

2.0. UPDATES

2.1. MoJ

The Bill has no date for its 3rd reading and report but it is expected that this will take place in the near future.

The MOJ is working with MedCo considering technological options

There is no update on Part 2 of the reforms, An MoJ spokesperson will be speaking at the MedCo accreditation event on the 31 October.

2.2. Audit

The Board unanimously approved the Audit Committee decisions. The Board also approved extending the audit contractors' contracts to March 2020.

2.3. Operations

The Report was noted as read. It was brought to the Board attention that there have been a number of complaints regarding MROs who are struck off, as they become unresponsive to all enquiries, it was suggested the agreement could be changed and that MROs would have 3 months to carry on with legacy work.

2.4. EAPR

Case Data Upload

Warning letters about case data upload have been sent out and DMEs and MROs they will have until the end of the month to upload data.

MAB

The MAB has been fully convened and will receive its first case in the next month.

2.5. IT

The user journey is being continually improved.

2.6. Education and Training

The final draft of the Pre-Accreditation User Agreement was presented to the Board and was approved. Sign on for accreditation for new experts is scheduled to go live on 31 October 2018

The ETC also reviewed charging for accreditation and recommended to the Board that accreditation should not be charged for.

Decision

The Board unanimously agreed that there would be no charge for accreditation.

2.7. Statistics

The report was noted as read, there has been a change to the layout of the report to make interpreting data easier.

The Power BI Tool is constantly being developed to allow better interrogation of data going forward i.e. matching case data and uploaded data once the appointment has taken place.

2.8. Accreditation

The report was noted as read.

3. Pre-Accreditation Agreement

This was approved unanimously during the discussion of the ETC report.

4. Communications – Brand Refresh

The Board was presented with 3 options for updating the MedCo website, the three options considered:

1. Iterative improvements to the existing website;
2. Building a new website from scratch in Umbraco;
3. Repurposing the Claims Portal site (subject to an approach to CPL and obtaining consent)

Option 2 was recommended to the board as this will enable MedCo to build a bespoke site that is not limited by working within any existing templates or layouts. It will also allow MedCo to future proof against evolutions that may be needed when Whiplash reforms are introduced.

The Board discussed the possibility of option 1 and option 3 their merits and disadvantages as laid out in the paper presented in the Board Pack.

Decision

The Board voted by majority to accept Option 2.

Action

The Board asked Comms to scope out Option 2 in more detail and bring back to the January Board Meeting with more detailed costs.

5. Articles of Association

Representative from DAC Beachcroft joined the meeting by conference call at 12:30

Changes to Memorandum and Articles of Association for Medco Registration Solutions

The changes are highlighted on Page 102-103 in the October Board Pack,) this requires a written resolution, members of the Board need to go back to the Organisation they represent and check that they are happy with the changes.

Action

Directors to check with the bodies they represent that they are happy with the changes and that they can sign on behalf of their organisations.

6. Use of References for unlicensed experts

A reference/referee is provided by doctor wishing to register on MedCo where they are registered with the GMC but do not have a current licence to practice. A decision was taken by the MedCo Board in 2015 to allow experts to register in this way aligning it with the accreditation programme which became a requirement in June 2016. The accreditation was valid for 3 years and the first 'batch' of experts' accreditation will start to expire from June 2019 as will the references for those registered on MedCo using the referee option. (As discussed and agreed at the February 2018 Board meeting).

The accreditation is under review and it has been agreed that the original 35 hour accreditation programme will remain in place for any 'new' experts wishing to register with MedCo and will become a '*continuous professional development*' approach for those who have already passed the accreditation.

The number of experts currently registered and operational on MedCo without a Licence to Practice and with a referee is 16. This includes both DMEs and IMEs. As an example of the numbers involved, MI indicates that the 16 experts have a total of 3,641 cases for the 6 month period April to Sept 2018.

MedCo would expect approximately 200,000 cases in a 6 month period. (This is combined MRO and DME cases). Therefore the 16 experts would be responsible for approximately 1.8% of cases for the 6 month period April to Sept 2018.

The Board were presented with three options

Option 1 No longer accept Doctors without a licence to practice - with the associated risks of registering unlicensed doctors, it is recommended that MedCo consider discontinuing the practice and not allow unlicensed doctors to register on MedCo. If this option is selected, a process will need to be developed to advise those registered under this category that they can no longer continue with their MedCo registration on the basis of a reference.

Option 2 Review current referees - 'Do nothing' to change the current process and continue to allow referees on applications where the expert is registered but does not have a licence to practice. However, undertake a review of all experts operating with a referee and request an updated reference.

This option will need to include provision to develop a process to review referees after an agreed time period.

Option 3 Do nothing – 'Do nothing' to change the current process and continue to allow referees on applications where the expert is registered but does not have a licence to practice.

After lengthy discussion and an inconclusive vote it was decided that the EAPR committee would look at this matter again before the Board made a final decision.

7. Risk and Compliance

The updates have been made to the risk register following this meeting and MIB will update the Abriska Tool with the updates. The updated register will be presented at the next Board meeting.

8. Management Accounts for September

The report was noted as read

AOB

Office Accommodation

The contract for Suite 205, the MedCo Board Room expires in October, it is proposed that rather than renew the contract for the current room, the Board Room be changed to Suite 218 as this is larger and will accommodate the Board meeting more comfortably.

The Board decided by a unanimous decision to change the Board Room to Suite 218.

Amendments to User Agreements.

The Board were asked to approve the following amendments to user agreements to facilitate No Notice Audits.

NO NOTICE AUDITS

All of the user agreements now contain the definition No Notice Audit which is defined as an audit carried out without prior notice in accordance with the Audit Guide published at www.medco.org.uk, as revised from time to time; the audit clause in all of the agreements now allows for a No Notice Audit if MedCo reasonably believes that there are one or more serious breaches of a material term of the user agreement. If a user fails to provide access and fully co-operate with the No Notice Audit this may result in MedCo suspending the Services. The proposal is that the audit guide will be amended to set out when and how a No Notice Audit will be undertaken. The existing audit clause limits the number of audits MedCo can undertake each year (except in a number of circumstances) and requires 30 days' notice prior to an audit, where possible. The limit on the number of visits and notice period do not apply to No Notice Audits.

The Board should note that the IME user agreement did not previously contain an audit clause because IME's they do not have access to the MedCo database and the peer review clause was considered sufficient. An audit clause in the IME agreement to allow MedCo the option of undertaking an audit if MedCo considers it necessary to do so.

Decision

The Board unanimously approved No Notice Audits.

SLA's

DAC Beachcroft require clarification about upload time periods as whilst amending the user agreements clause 3.2.1 in the MRO user agreement which requires MROs to upload case data within 6 months of the date of selection of an Authorised User as it conflicts with the QC Guidance. The QC Guidance sets out the time period for uploading the data under the SLA as 30 Calendar days which is a direct conflict with clause 3.2.1. The Board previously gave instructions that it should be 6 months. It is also worth noting that the 6 month requirement is also included at clause 3.2.1 in the DME user agreement.

Decision

MRO should have to upload case data within 30 days of sending report to Solicitors.

COMMENCEMENT OF IME & DME AGREEMENTS

Whilst drafting the pre-operational agreements we were instructed to include a clause in the DME & IME agreements that the expert could not enter into the full user agreement, without Board approval, if more than two months had passed since the expert was advised that they could register with MedCo. This was to stop experts who had passed the accreditation and due diligence checks from languishing on the system indefinitely. This is dealt with in clause 2.1(c) of the DME & IME user agreements.

MINOR AMENDMENT

Clause 15.4(b) in the DME agreement has been amended as it incorrectly cross referred to clause 9 rather than clause 10 which deals with the limitation of liabilities.



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CMA

CMA and AMRO representatives will be invited to a meeting with MH and LE, AMRO will invite MROs to join once they pass their audit, and therefore they will start to represent views of all MROs