Fraud Task Force – Personal Injury Sub Group
Recommendations to the HMT Task Force

Sub Group Members

Rob Townend – Aviva Insurance

Steve Jackson – Covea Insurance

Jonathan White – National Accident Helpline

Sue Brown - MASS

Jonathan Wheeler - APIL

Simon Hammond– BLM

Remit of the Personal Injury Sub Group

The remit of the Personal Injury Sub Group was to work collaboratively to consider the current issues facing the industry with a specific focus on personal injury claims. There was no restriction as to the definition of a personal injury claim and the Sub Group considered a wide range of claims where personal injury is presented to a tortfeasor or more likely, their insurer.

Participants were encouraged to focus on perceived areas of weakness in the PI process rather than the areas set out below which are covered off in other streams

Areas which are being dealt with outside the PI group (and which were, following HMT guidance) were not the focus of the group were:

- Definition of fraud
- Scale of fraud
- Use of fraud data
- CMC regulation

- Attitudes to fraud
- Insurer communications about fraud
- Non PI – although credit hire likely to be touched upon

The Sub group considered their remit was to identify the areas of the process where fraud could enter the system, consider the possible reasons for this perceived weakness or opportunity to present fraudulent claims, consider possible actions to provide a solution and identify the benefits to the industry. The members of the Sub Group did not consider it to be within their remit to propose how the HMT Task Force should proceed to implement any of the recommendations or the likely cost/time frame of doing so. They acknowledge that other stakeholder engagement and/or consultation will be required to implement some of the recommendations.

The Sub Group met a number of times in person to consider the issues and corresponded thereafter by group emails.

Recommendations of the Personal Injury Sub Group

The recommendations of the Personal Injury group are intended to provide the HMT Task Force with guidance around the area of Personal Injury claims that represent the highest fraud risk and be in the overall interests of the consumer. It should be noted that the members of the Personal Injury Sub Group acknowledge that the rules set by the FCA, SRA (and other Regulatory bodies) require that fraud is tackled collectively.

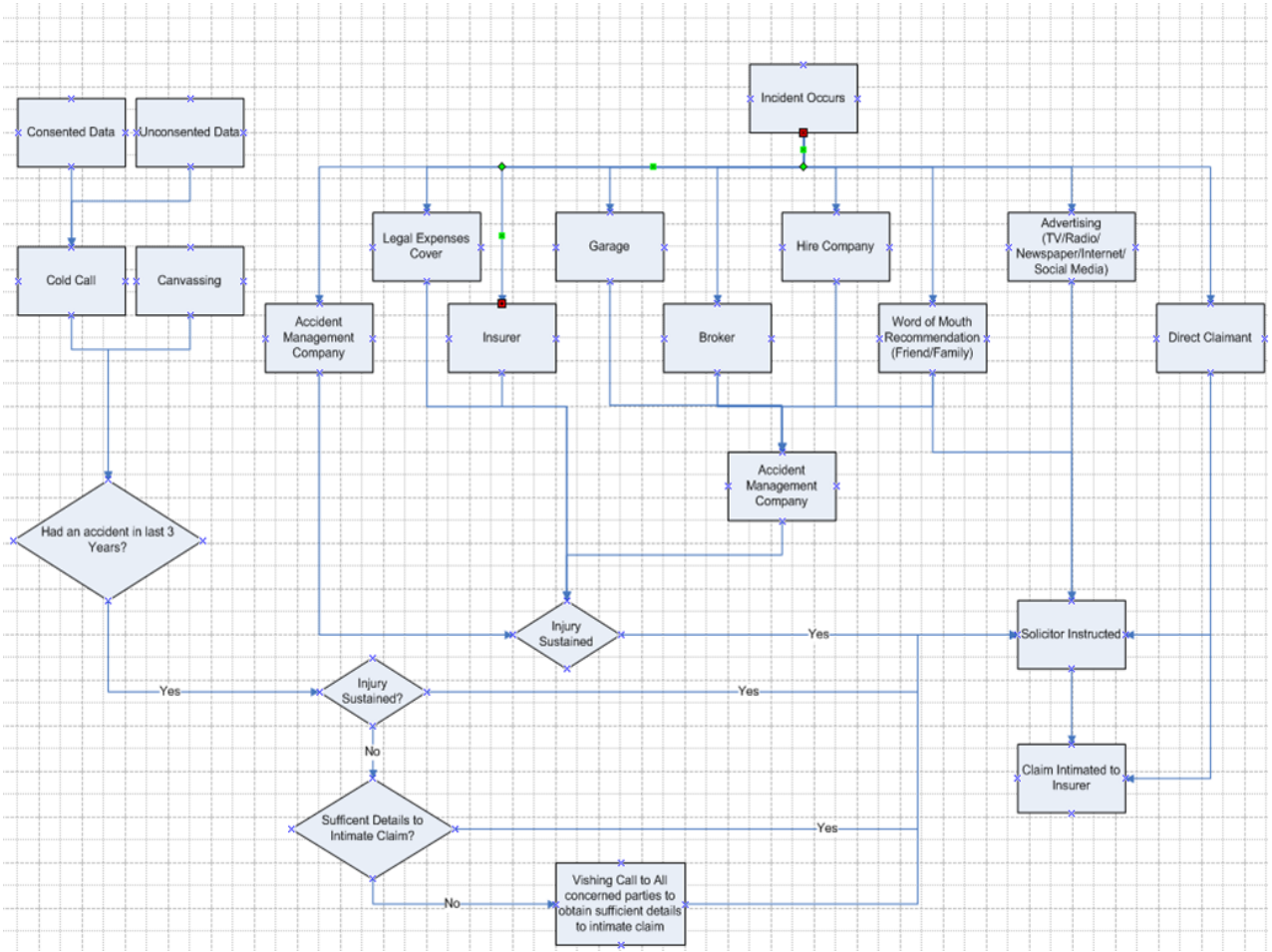
Fraud and organised crime cannot be tackled by one group alone – all parties must act to tackle the causes of insurance fraud and identify solutions to the problems to ensure fraud is attacked from all angles.

The following table represents the key problem areas and opportunities identified by the Personal Injury sub group. It is put forward by the group highlighting the areas where there is a consensus or alternative view. The recommendations are not graded in order of priority or ease of implementation.

Note

Claimant members of the group point out that some of the problems highlighted in these recommendations were raised by the defendant members and were matters of which the claimant members had no prior knowledge and have no understanding of the overall scale of the bad behaviours described. Before making radical changes that affect the system for all claimants and claimant lawyers, it will be important to ascertain the scale of the problem. If in fact it could be resolved by tackling the behaviour of a handful of law firms, for example, it would be a more proportionate response to deal with those firms direct through the SRA, where the behaviours in question are already in breach of the SRA Code of Conduct.

The following process flow demonstrates the many routes into an insurer, but also highlights the clear divide between proactive and reactive reporting.


Incident Occurs
Consented Data
Unconsented Data
Cold Call
Canvassing
Had an accident in last 3 Years?
Yes
Legal Expenses Cover
Garage
Hire Company
Advertising (TV/Radio/ Newspaper/Internet/ Social Media)
Accident Management Company
Insurer
Broker
Word of Mouth Recommendation (Friend/Family)
Direct Claimant
Accident Management Company
Injury Sustained
Yes
Solicitor Instructed
Injury Sustained?
Yes
Yes
No
Claim Intimated to Insurer
Sufficent Details to Intimate Claim?
Yes
No
Vishing Call to All concerned parties to obtain sufficient details to intimate claim

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
1. Nuisance Phone Calls Members of the public are subjected to calls and messages encouraging them to make injury claims. Anecdotal evidence suggests that some of the people making the calls give inappropriate messages encouraging accident victims to make a personal injury claim. A recent undercover investigation by the Sunday Times highlighted the tactics used and lack of scruples. A member of the group reported that his own experience of calls included the use of so called 'Government Guidance' that suggests it is acceptable to claim for discomfort if the vehicle was subject of more than £3,000 worth of damage. Furthermore, a recent ban on referral fees has failed to take effect as	In the first instance any unsolicited or outbound approach that leads to the submission of a claim should be subject of a complete ban. Solicitors are already acting in breach of their Code of Conduct if they take on clients who were initially contacted by way of an unsolicited call. This rule should be policed and enforced by the SRA and extended or clarified to ensure that the same rule applies to unsolicited text messages or emails. Any companies that fail to comply should be the subject of prosecution and / or fines at least equal to the income generated. Action to address spoofing of phone numbers and caller ID. The industry should support the funding of action to be taken to address the problem.	Establish a suitable body to receive complaints / investigate breaches with suitable powers to gather evidence. This could be independent of the existing regulators, but with a remit to collaborate. Regulators should be required to collaborate e.g. MOJ or SRA to use existing powers to take action against CMC's or solicitors firms linked to cold calling/purchasing of data. Update the rules on the level of due diligence that has to be undertaken before any data is used and an audit of identified repeat offending firms to identify the source of the data. Review the DPA and Privacy & Electronic Communications Regulations(PECR) to tighten the rules on buying data and the level of due diligence required including stronger	This will be a massive benefit to consumers who are plagued by nuisance / cold calling. Government can claim to have made a substantial difference to the lives of the public by stopping this activity

lawyers continue to receive emails offering claimant details, which effectively maintains a market for this data. Many calls originate from overseas in respect of UK based claims in an attempt to avoid detection. There is no clear mechanism for solicitors / consumers to report this nuisance as it crosses over a number of regulators.	Action should be taken to trace international organisations carrying out unsolicited or outbound approaches to claimants. Where possible these should be traced to the UK based CMC/solicitors who are receiving the data. These recommendations are supported and agreed by the entire Sub Group	fines where appropriate checks on ID and marketing/contact consent have not been carried out. Update OfCom rules and make Telecoms companies responsible for stopping cold calls and texts. Action via OFCOM / Telecoms companies in UK to prevent routing. Fines and action taken against individuals to remove those who breach the law from the market.	

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
2. Client Identification / Industry Databases There is strong anecdotal evidence that fraudsters are aware of the existing lack of validation / difficulties associated with industry databases where identity cannot be matched to the database. It is therefore in their interest to conceal / manipulate their identity to avoid detection, which completely contradicts the purpose of these databases. Serial claimants and organised fraudsters are a key problem. In the absence of evidence of checks by solicitors, insurers must conduct checks to confirm identity / prevent money laundering. Recent changes afforded claimant solicitors access to the CUE PI database, however, this does not	Where available utilise a unique identifier such as National Insurance Number. Review SRA Handbook and guidance on ID and money laundering rules concerning personal injury claims and validation of claims before being notified. Make the use of CUEPI compulsory for all compensators. These recommendations are supported and agreed by the entire Sub Group	Claims Portal to capture NI numbers as part of the management information so that multiple uses of the same NI number can be identified. IFB to get access to Claims Portal data to follow up on fraud and abuse of the system. Claimant lawyers to request other mandatory data for validation e.g. photo-ID driving licence or attach copy proof of ID in the absence of a valid NI number (child and foreign nationals). DWP support will be needed in creating a NI Number database for automatic cross reference to validate the authenticity of the number and that it matches the individual's name and date of birth.	This will assist in validating genuine claimants and speed up delivery of compensation to genuine consumers. There is no adverse commercial interest in relation to CUE as many organisations do not use CUE due to these obstacles. May assist DWP in identifying possibly fraudulent use of NI numbers.

capture all personal injuries, which are the subject of claims. This is due to the fact that some insurers fail to update the CUE PI database and not all insurers are members. Uploading data to the CUE database should be free of charge; however, due to the lack of a central database this must be done via service providers who will only allow the free upload of data if users agree to a minimum fee to conduct searches. Small users such as Local Authorities and other self-insured compensators are only able to access CUE if they pay a minimum search fee, which is disproportionate to their usage and therefore do not use CUE. Consumers do not have access to the database to check the accuracy of identities, which, combined with the lack of accuracy, is a major obstacle to		SRA have to be more proactive in this area and address the reputational impact caused by certain law firms who are not carrying out adequate ID checks. The insurance industry should continue to focus on improvements to CUEPI as a vital tool in combating fraud and improving the customer experience at point of sale.	

the automatic use of CUE data at point of quote.			

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
3. Late claims The sub-group did not agree that this is a problem in itself but was agreed that Due to the late notification of claims any objective evidence of injury has gone. Any medical examination can only provide a commentary of what has been described by the claimant. In many cases there is no independent corroboration such as a medical record, or report to their own insurer. The Defendants' position is: • Such claims are closely linked to cold-calling and organised crime. • Circa 13% of all soft tissue claims are notified > 1 year – this has been increasing since 2010, despite the volume of	Some recommendations are agreed unanimously by the Sub Group: In all cases where there is no physical evidence of any injury the medical examiner must be provided with full access to medical records and any lack of evidence highlighted in their report. The additional cost incurred in obtaining and reviewing the records should be recoverable. SRA to undertake a more rigorous approach to investigations and impose sanctions for misrepresentation of late claims and payment made for data and referrals. The following recommendations reflect the defendants' position: Amend limitation period for the submission of certain types of claim, such as soft tissue claims, or	The following reflect the defendants' views Reduce the limitation period for low value personal injury claims to 12 months in circumstances where symptoms are resolved within 3 months of the accident date and no claim has been made prior to conclusion of the prognosis period. Put a time limit on obtaining a medical expert report / raising a claim in the MOJ Portal for low value personal injury claims. Increase the burden of proof if claim submitted >12 months old Presumption of no whiplash where symptoms resolved inside a short period of time. Would need primary legislation in terms of limitation periods.	Significant reduction in need to investigate and the associated delays and costs, or in other words improved customer journey for genuine claims that can be evidenced. Improved customer experience and confidence in legal services provided by compliant law firms. The claimant representatives' view is that any saving in administrative time for insurers would be greatly outweighed by the potential injustice to claimants; this would introduce unnecessary further complications and difficulties for genuine claimants.

marketing to the general public concerning their opportunity to make a claim. • Unscrupulous law firms fail to complete adequate checks or take proper instruction. In some cases claimants are not aware that their identity has been used for a claim as payment is, in the first instance, sent to the law firm. • Insurers are resorting to writing to represented claimants due to the propensity for fraud in order to identify rogue claims. The Claimants' position is: • This is not an issue that requires addressing from a fraud prevention perspective. • The limitation period for personal injury claims is set at	introduce a time-limit for submission via the MOJ Portal. Claimant lawyers to provide evidence of instruction on claims notified post 6 months from the date of accident. In the absence of this an agreed standard format for insurers to contact claimants to validate instruction. This should include appropriate guidance about the claimant's rights to withdraw without risk of cost within an agreed period. The following recommendations reflect the claimants' position: This is not the appropriate manner to address the issues of cold calling, data mining and organised crime. There would be a potential injustice to claimants if changes to the limitation periods were adopted for late notification claims. It would be completely unworkable to have		

a reasonable period and there are genuine reasons claimants may be late in submitting claims. • There is a risk that by introducing a different limitation period two identical genuine claimants with the same injuries, who report them at different times, may not have the same access to justice.	different limitation periods for different types of personal injury claim. The defendants already have the opportunity to investigate and where appropriate repudiate such claims and in practice it is unlikely that a defendant would make a payment on a claim presented late without a reasonable explanation and supportive evidence being provided. We believe the Defendant group's proposals to be completely unworkable and disproportionate to the scale of a problem which appears to be confined to a minority of claims. Anecdotally it appears that some data mining was carried out in the lead-up to the introduction of LASPO which may have led to a spike in late notification of claims, but we do not accept, and have seen no evidence, that this is a significant ongoing		

	problem that would warrant these draconian steps.		
Problem	**Recommendation**	**How to Implement / Obstacles**	**Benefit of Implementation**
4. Pre-Med Offers	Ban pre-med offers by both insurers and solicitors in low value soft-tissue injury claims. Ban third party capture. These recommendations are supported and agreed by the entire Sub Group but it is acknowledged not by all insurers.	Amendment to CPR Insurer memorandum via ABI to address third party capture	This will reinforce the impact of the whiplash reforms in getting rid of the common public perception that a pay-out for whiplash injury is commonly made to people who have suffered no injury. Claimants will not benefit from quick cash settlement, which will have a positive impact on fraud.

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
5. Too easy to claim whiplash There is a range of opinion within the Sub Group on this issue. The agreed points are: For serial claimants it is very easy to make a claim for compensation with a "non demonstrable" injury which has no outward signs. The Defendants position is: • Low severity claims still attract compensation awards of up to £2,500 • Closely linked to Late Notification claims above The Claimants position is: • There is no clear cut way to diagnose every whiplash injury or distinguish between an injured claimant and a well- informed claimant who	The Defendant members of the group suggest the following: Introduce a minimum threshold below which a claimant will recover no General Damages and the focus is on treatment and rehabilitation only e.g. absence of objective evidence due to lack of early reporting. Reduce recoverable legal costs on low value injury claims further as these remain too high and the profit margin is driving the behaviours and frequency. The following recommendations reflect the claimants' position: The insurers' proposal drives a coach and horses through the law of tort and removes the ability of the majority of claimants to recover compensation. This proposal is not directed at fraud but at all lower value claims. These "lower value" claims are	The comments here are not agreed by the Sub Group in entirety but summarise possible ways of implementing some of the recommendations should they be accepted. Introduction of a care not cash provision implementing a similar threshold as operated by the Criminal Injuries Compensation Authority. Amend CPR to reduce legal fees further or increase the small claims track limit to make more low value claims non-cost bearing. Amendment to Compensation Act 2006. Accreditation of medical experts with an assessment against a scale/threshold	Not easy to implement but defendants view this as the ultimate long term solution as it would divert cash out of the system. Genuine claimants would receive care and rehabilitation to ensure swift recovery. Fraudulent claimants would not profit at all. Reduced claims and reduced claims costs leading to premium reduction. The claimant members of the group wish to point out that anything that prevents claimants from being compensated for whiplash as they are for any other injury would cause financial hardship to some claimants. Many claimants suffer loss of earnings and other expenses as a result of whiplash injuries. ,Further, it is not clear how the "care not cash" would

can report the same symptoms, even though they are not injured. The problem is not unique to whiplash and therefore any measures put in place could catch out genuine claimants.	far from trivial and often amount to significant pain and discomfort for several months. It is entirely disproportionate to removed hundreds of thousands of genuine accident victims' rights to compensation. Not paying compensation at all is bound to reduce fraud but this proposal has very significant implications for the justice system and the rights of innocent accident victims. We believe the Medco system, when fully implemented with accreditation of experts and auditing of reports, has good prospects of improving the system of medico-legal reporting in whiplash claims and should be allowed to proceed and its impact be assessed in due course. The ban on pre-med offers referred to above would also assist in addressing the perception that a whiplash claim is easy cash.	Test Cases to the Court of Appeal – Heil v Rankin style or a table of awards Not necessarily easy to implement as it will take time and requires consultation of a wide variety of stakeholders.	be delivered – if claimants were not legally represented, it is likely their route to obtaining treatment would be via their GP and that the cost of treatment would in reality fall on the NHS where currently it is generally provided privately to accident victims. . (reduce claims spend will mean reduce premium)

6. The Judicial College Guidelines are "too broad" and do not facilitate ease of settlement. The defendants' position is: • The lack of transparency of the way damages are awarded encourages exaggerated claims The claimants' position is that this issue has nothing to do with fraud and is out of scope. Their position is that the JC Guidelines are a tariff based system intended to supplement case law. They have the benefit of retaining a degree of flexibility to enable the courts to take into account differences between individuals. An inflexible tariff-based system would take away the court's powers to	The defendant representatives' proposal is: Introduce a table of damages or a tariff for soft tissue injuries linked to accreditation of medical experts and a threshold/scale of injury to reduce frequency and fraud by focussing on the more serious injuries Claimants' representatives consider that no action is required. The current system is simple and works well.	Implemented via consultation and rule changes but will require a full impact assessment and engagement with a wide variety of stakeholders.	Defendant members of the group believe it would make the damages process more transparent and more efficient . It will reduce frictional costs which are exploited by fraudsters and unscrupulous law firms. Reduced claims and reduced claims costs will lead to premium reduction. The Claimants' representatives disagree.

award compensation to genuine claimants taking into account all their circumstances, in accordance with precedent. In any event this is not a fraud issue.			
Problem	**Recommendation**	**How to Implement / Obstacles**	**Benefit of Implementation**
7. Use of Rehabilitation as a cash generator The defendants' representatives state that the industry has seen a significant increase in recommendations for rehabilitation / treatment in low value injury claims. This increase has been dramatic since the introduction of LASPO. They also state that there are increasing numbers of cases being investigated where the invoices are fabricated and treatment has not been provided. Alternatively treatment is being provided over the telephone or internet and therefore has	Some recommendations are agreed unanimously by the Sub Group: Accreditation of rehabilitation providers. The following recommendations reflect the defendants' position: Ensure the independence of rehabilitation providers as an extension of MedCo Treatment costs only recoverable if it is delivered via a medically recognised and approved method of delivery. Claimants' representatives have no knowledge of the above and are	The comments here are not agreed by the Sub Group in entirety but summarise possible ways of implementing some of the recommendations should they be accepted. MOJ to expand MedCo's remit into this area. This will require more resource and a consultation with treatment providers/accredited professional bodies. There was a difference of opinion on whether the rehab providers should be accredited by Medco Introduce accreditation of rehabilitation providers – minimum	Claimant gets care needs serviced more quickly. Over diagnosis is clinically dangerous and not in the claimant's interests, so this is eliminated. Focussing on investigating potentially fraudulent rehabilitation providers could divert resources and mean genuine claimants do not receive the treatment they require.

questionable benefit for the genuine claimant. Pro-forma invoices are often supplied and these can relate to rehabilitation treatment provided prior to any medical consultation by the claimant's own GP or the medico legal consultant.	unable to comment, but accept that an accreditation system for rehabilitation providers has merit.	standards of conduct, audit facilities etc Law firms to be prevented from utilising services of treatment providers where links exist with common or related partners. The Claimants' representatives do not believe the introduction of random allocation of rehab providers would be necessary or appropriate.	

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
8. Defendants paying costs for fraudulent claims Where fraud is raised in the defence, defendants believe that some claimant lawyers take advantage of QOCS protection by running claims until shortly before trial before discontinuing them. By discontinuing rather than proceeding to trial they are able to avoid a finding of fundamental dishonesty and possible criminal proceedings. The ability for defendants to force a trial already exists; defendants can apply to set aside the Notice of Discontinuance under CPR 38.4, but it may be that the court's power to prevent claimants adopting this tactic would be strengthened if claimants had to seek permission to discontinue if doing so very close to the trial date.	Review CPR 38.4 and consider whether instead of the defendant having to apply to set aside notice of discontinuance, claimants should have to seek court permission to discontinue if they wish to do so less than say 14 or 28 days before trial. Make mandatory the referral of any finding of fraud by a Judge to the Police / CPS / IFED. These recommendations are supported and agreed by the entire Sub Group.	An amendment will be required to the Civil Procedure Rules.	More prosecutions make more customer visibility – justice is "seen to be done"

Defendants' experience is that even where there is a finding of fundamental dishonesty, criminal prosecutions do not follow.			

Problem	Recommendation	How to Implement / Obstacles	Benefit of Implementation
9. NIHL Claims It is recognised that there has been a substantial increase in the volume of NIHL claims pursued in the last 24 months, following the implementation of LASPO. Some insurers are reporting repudiation rates of circa 90% of claims. Whilst it is accepted some repudiation will occur this is high and suggests that claims are not being properly vetted before being submitted. There is a consensus that poor quality and in some instances falsified audiograms are having a detrimental effect on genuine claims and affecting claims volumes.	Audiograms should be obtained from an accredited audiologist prior to a claim being submitted. These recommendations are supported and agreed by the entire Sub Group.	Amendment to the PAP to ensure audiograms are only submitted from accredited audiologists.	Ensure only claims with merit are notified to the Defendant(s), saving resources in tackling more spurious claims.

It is accepted that some claims are being submitted following nuisance calls.			
10. Organised Fraud The insurance industry has made clear that organised crime and 'cash for crash' scams remain a serious problem and a major contributor to the overall scale of insurance fraud. Whilst recent Compensation Recovery Unit (CRU) statistics have suggested that RTA claims are falling, insurers such as Aviva have noted that they investigated around 6,000 suspected cases of organised fraud in the last year alone. Furthermore, the Insurance Fraud Bureau (IFB) has previously pointed	Ensuring that organisations such as IFED are provided with adequate resources in order to continue their important and valuable work. More effective information sharing between different sectors and businesses in order to tackle organised crime. Visible data sharing links with organisations such as CIFAS and NFIB. Harsher penalties for those claimants that are found guilty of fraud. These recommendations are supported and agreed by the entire Sub Group.	It is recognised that IFED has received further funding and this should continue to be assessed as prosecution and arrest numbers increase. More engagement with IFED/industry and regional police forces to investigate organised fraud. A review of sentencing for organised fraud in conjunction with the sentencing counsel. It is accepted that a consultation and review of the current position will be required.	Greater deterrent message to the wider public to discourage involvement in organised fraud/crime. Greater threat to criminals that they face longer prison sentences, thereby preventing further crime. Reducing the extent of Crash for Cash occurring will prevent innocent members of the public from potential physical harm and inconvenience.

out that around 30-40% of its work is related to organised crime. It is also important to highlight that the activities of organised crime go well beyond the staging of RTAs and there are numerous examples of gangs illegally farming accident data on an industrial scale. Any potential crackdown in this area must therefore take these wider issues into account. The proceeds of organised fraud can also contribute to the wider social problems of organised crime and potentially terrorism. It is accepted that organised fraud is the most difficult to challenge/prevent as the perpetrators of organised crime accept a degree of risk is attached to their actions and custodial sentences are a possibility if caught.			

Except for IFED there are few reported convictions for insurance fraud from regional police forces.			
11. Referral Fees Despite the referral fee ban introduced by s.56 of LASPO, data mining appears to remain a profitable activity. By some means, despite the fact that it is contrary to the SRA Code of Conduct for solicitors to take referrals from an introducer who has contacted a client through data mining and cold-calling, it appears the potential claims generated by unsolicited calls and text messages are finding their way to law firms, and payments are being made for them by the law firms. In addition the business methods of at least one CMC, identified in the Sunday Times investigation reported on 5th July 2015 (encouraging claimants to lie in order to gain	In order to bring to an end to nuisance calls and texts relating to PI claims the focus should be on cutting out the route to cash from those activities by ensuring that claims generated in that way cannot be sold. Consideration could be given to clarifying the distinction between marketing fees and referral fees to cover for example the question of whether a solicitor paying an upfront fee on a 'per policy' basis is paying a marketing fee or a referral fee. A review of how s.56 of LASPO is working in practice, particularly in the case of certain types of ABS relationships and in the "recommendation model" (where introducers/referrers of work either provide potential claimants with a	Since the rules are already in place to prevent law firms accepting clients who have been the recipients of unsolicited calls, it appears the action required is primarily enforcement of the existing rules. It may be that resource restrictions by the SRA and CMR are contributing to the failure to resolve this problem. Possibly a strengthening or clarification of s.56 of LASPO in relation to certain types of referral could be considered. Widening of LASPO after review to all referral fees only requires a statutory instrument	To prevent regulatory breaches. If there is no profit in data sales then unsolicited calls and texts will decrease...

compensation), would undoubtedly put any solicitor taking referrals from this source in breach of the Code. Solicitors are prohibited from making unsolicited approaches in person or by telephone(Code of Conduct, Outcome 8.3), and are required to satisfy themselves that introducers have not acquired the clients by activities which if done by solicitors would be contrary to the Code (Code of Conduct, Indicative Behaviour 9.4). Accordingly there should be no market for the claims generated by the nuisance phone calls referred to in recommendation 1. Law firms may not have direct control over or knowledge of the activities of their introducers, but the onus is on them to check and enter into arrangements only with reputable third parties and to monitor the outcome of those arrangements to ensure that clients are treated fairly (IB9.1)	number to call to contact solicitors, or hot-key transfer them to solicitors). The SRA should take additional steps to check that law firms are monitoring the activities of those who introduce work to them. The SRA and MOJ to work together to publish clear guidance on acceptable methods of obtaining referrals. As commented in the nuisance calls section above, we recommend the introduction of a regulatory body (existing or new) so that any breaches identified can be reported and effectively investigated. These recommendations are supported and agreed by the entire Sub Group.		