



Ministry  
of Justice

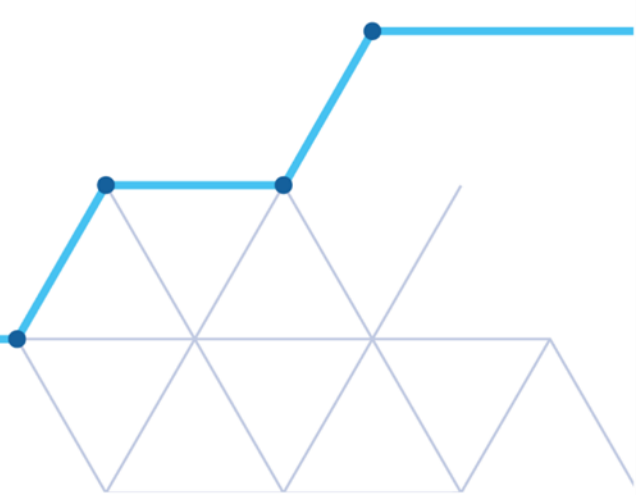
# Future Provision of Medical Reports

## In Road Traffic Accident related personal injury claims

This consultation begins on 18 April 2019

This consultation ends on 17 May 2019

Protecting and advancing the principles of justice







Ministry  
of Justice

## **Future Provision of Medical Reports**

In Road Traffic Accident related personal injury claims

A consultation produced by the Ministry of Justice. It is also available at  
<https://consult.justice.gov.uk/>

## About this consultation

- To:** This consultation is aimed at medical experts, medical reporting organisations, the legal profession and insurers.
- Duration:** From 18/04/19 to 17/05/19
- Enquiries (including requests for the paper in an alternative format) to:** Whiplash Reform Team  
Ministry of Justice  
Post Point 10.18, 10th Floor  
102 Petty France  
London SW1H 9AJ  
Tel: 020 3334 3157  
Email: [whiplashcondoc@justice.gov.uk](mailto:whiplashcondoc@justice.gov.uk)
- How to respond:** Please send your response by 5pm on 17 May 2019 to:  
Whiplash Reform Team  
Ministry of Justice  
Post Point 10.18, 10th Floor  
102 Petty France  
London SW1H 9AJ  
Tel: 020 3334 3157  
Email: [whiplashcondoc@justice.gov.uk](mailto:whiplashcondoc@justice.gov.uk)
- Online Survey: <https://consult.justice.gov.uk/civil-law/future-provision-of-medical-reports/>
- Response paper:** A response to this consultation exercise is due to be published by July 2019 at: <https://consult.justice.gov.uk/>

## Contents

Executive Summary	3
Introduction	4
Part 1: Medical reporting	6
Part 2: MedCo medical experts	9
Part 3: Fixed cost medical reports	11
Part 4: Options for obtaining medical reports for unrepresented claimants	13
Part 5: Statistics and Impact	16
Part 6: Questionnaire	18
About you	20
Contact details/How to respond	21
Confidentiality	22
Consultation principles	23

---



## Executive Summary

In February 2017, the Government announced the small claims track limit for road traffic accident ('RTA') related personal injury ('PI') claims would rise from £1,000 to £5,000 as part of its commitment to tackling the continuing high number and cost of whiplash claims, and the effect these have on the cost of motor insurance.

In civil proceedings, claims are allocated to one of three court tracks to assist in the case management of the claim. These tracks (small claims, fast track and multi-track) are largely based on the value of the claim, although other issues such as time and complexity can also have a bearing.

Currently, the majority of RTA related claims are allocated to the fast track where costs are recoverable from the losing party. Following the increase in the small claims limit to £5,000 many of these claims will now be subject to the small claims track rules, where each party is responsible for paying their own legal costs irrespective of the result of the case. This will have the effect of reducing the costs of dealing with RTA related PI claims.

This change to the small claims track limit is due to be implemented in April 2020, as part of the whiplash reform programme, which also includes the measures in Part One of the Civil Liability Act 2018 ('CLA 2018'). The CLA 2018 requires that all whiplash claims must be supported by a medical report before they can be settled, so it is important that the provision of medical reports under the new system is dealt with in an efficient and effective manner.

To implement the change in the small claims limit effectively, the Government is working in partnership with the Motor Insurers' Bureau along with a group of expert stakeholders, including claimant and defendant interests, to design and develop a new IT platform so that claimants, who choose to progress their claim without legal representation ('unrepresented claimants') in the small claims track, can do so.

To aid the development of the new system, including the IT platform, the Government is seeking views through this consultation on the provision of medical reports for unrepresented claimants.

In particular, stakeholder views are being sought on:

- Expanding MedCo, so that initial medical reports for all RTA related PI claims under the revised small claims track limit are sourced via a single system;
- Whether to broaden the types of medical experts registered on MedCo;
- Whether to expand the existing fixed recoverable costs regime for medical reports; and
- The procedure for unrepresented claimants to obtain any required medical evidence.

## Introduction

1. Part One of the CLA 2018 contains measures which take forward the Government's commitment to reduce insurance premiums by tackling the continuing high number and cost of whiplash claims. These include the introduction of a:
  - tariff of compensation for pain, suffering and loss of amenity for whiplash claims up to a duration of two years; and
  - ban on settling whiplash claims without medical evidence.
2. In addition, the Government is also increasing the Small Claims Track (SCT) limit for RTA related PI claims from £1,000 to £5,000 via amendments to the Civil Procedure Rules (CPR). We will be implementing the whiplash reforms together as a package in April 2020.
3. Increasing the SCT for RTA PI claims will include both whiplash claims and the other soft tissue injury claims in respect of which MedCo was established to provide medical reports. In addition, non-soft tissue injuries such as minor bone or dental injuries for which the valuation of damages would not exceed the new SCT limit of £5,000 will also be covered. We are therefore considering as part of this consultation whether to extend MedCo to cover all initial medical reports required for settlement of RTA related PI claims valued under £5,000.
4. Currently, where a claimant requires an initial medical report in support of a soft tissue injury claim they are required to obtain it through MedCo, a body established in 2015 by the Government to enhance both the independence and quality of medical reports for low value soft tissue injury claims. In practice this is achieved by the claimant's legal representative taking the necessary steps through the MedCo search and offer function to secure an independent medical report and make the appointments necessary, and pay for the medical report (which will be a recoverable cost). We intend for this system to continue as it does now in relation to claimants with legal representation.
5. Additionally, the manner in which MedCo is currently established does not support unrepresented claimants and so the Government is also seeking views on how claimants acting without a lawyer should obtain a medical report, the types of medical expert required as well as on issues related to the costs of these reports.
6. A key plank of the support provided to unrepresented claimants will be the provision of a new IT platform that will enable them to effectively progress and settle their own claim. The platform is being developed on behalf of the Government by the Motor Insurers' Bureau with the intention of the service going live in April 2020. Claims relating to accidents on or after the date of implementation will be pursued through this new IT platform. The new solution for the provision of medical reports for unrepresented claimants will be integrated into this IT platform.



7. The Government is committed to working with interested stakeholders from across all sides of the industry on the development of this solution. A number of stakeholder workshops with key claimant and defendant representative groups have already been held and these will continue to take place throughout the programme. Government officials are also conducting separate discussions and engagement exercises with individual interested parties and specific stakeholder groups.
8. This consultation is part of that overarching engagement process. In particular, it seeks the views of the medical reporting sector and other interested stakeholders on both the issues highlighted above and on a number of questions that follow.

## **Part 1: Medical reporting**

### **Developing a system for the provision of medical reports**

9. MedCo was established in 2015 to implement the Government's policy to enhance the independence and quality of medical reporting for initial medical reports in support of RTA related soft tissue injury claims, most of which are whiplash claims. From 6 April 2015, all RTA related soft tissue injury claims arising from RTAs occurring on or after that date were required to be sourced via MedCo.
10. Following the implementation of the Government's reforms in April 2020, all RTA related PI claims for which the revised SCT limit would be the normal track<sup>1</sup> will progress through the new IT platform.
11. The Government is committed to putting the claimant at the heart of the new process and this includes ensuring that all users can continue to obtain good quality medical reports under the new system. Additionally, as happens with the current Claims Portal, all RTA related PI claims will be required to start in the new platform. This will apply to all claimants, irrespective of whether they have legal representation and will make sure that the same easy to use system applies to all RTA related PI claims.
12. Having considered the issues and discussed with stakeholder groups, we propose that MedCo continues to be the route used to source medical reports under the new system. This will require that certain changes will need to be made so that unrepresented claimants can seek their own medical report through MedCo. In addition, one of the benefits of this approach is that it will make sure there is both consistency and a clarity of process in obtaining a medical report, as well as ensuring that all reports meet MedCo's requirements on independence and quality.
13. Although the new platform will cater for both represented and unrepresented claimants, the Government is not planning to make changes to the process of how represented claimants will access MedCo and manage the process of making appointments to get the necessary medical reports. However, the new system will enable unrepresented claimants to source a MedCo medical report via the new IT platform. The system will also be able to adapt if the claimant's circumstances change and their claims status switches from unrepresented to represented.
14. As with the MedCo system, the new IT platform will enable a significant amount of management information to be compiled. Trends identified from the data will inform both appropriate changes and improvements to the system and will also be helpful to the Government in relation to detecting behavioural patterns and abuses. This will in turn facilitate appropriate and proportionate action by the relevant bodies to tackle any system or behavioural issues detected.

---

<sup>1</sup> Not including Vulnerable Road Users – defined as horse riders, pedestrians, motorcyclists and cyclists.

## Extending MedCo to cover all road traffic accident related personal injury claims

15. The majority of claims that, in future, would be within the new SCT are currently within the definition of a “soft tissue injury claim” to be found in the Pre-Action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents<sup>2</sup> (RTA PAP). Accordingly, there is no reason why these claims should not continue to be subject to the requirement that an initial medical report should be obtained via the MedCo Portal. Our current assumption is that around 5% of the claims, which fall in the new SCT, will not, however, be within MedCo’s current remit.
16. The Government’s view is that MedCo could be extended to cover these remaining claims. These claims would then benefit from the existing MedCo process. Changes would be required as the current MedCo system is designed to be a business to business application and doesn’t allow access to unrepresented claimants. This issue can however be mitigated via changes to MedCo’s current rules and processes.
17. Alternative solutions have been considered, but, in the Government’s view these would likely result in a greater burden for the claimant, whether unrepresented or not, in the process of seeking a medical report themselves. We consider the additional increased costs and potential delays identified with other options such as allowing the claimant to find and appoint their own expert or Medical Reporting Organisation (MRO) would be significant.
18. Additional advice and/or support could be provided, but the overriding difficulty with these alternative solutions come from placing the onus on the unrepresented claimant to identify and obtain the required report. The likely effect of this would be to unnecessarily make it harder for unrepresented claimants to obtain the required evidence to pursue their claim.
19. Any medical evidence provided would also need to be in a format which could be successfully uploaded by the claimant onto the new IT platform. Costs for obtaining this evidence, would also likely need to be funded up front by the claimant, albeit this would likely be reimbursed by the compensator as part of the final settlement. Any medical evidence used in court proceedings would also need to be of an appropriate standard to be relied on in court, if required.
20. The Government believes that extending MedCo in this way would be consistent with the overarching principle of ensuring that the new claims process is accessible and easy to manage for unrepresented claimants. It would also provide consistency through the establishment of a one-stop system for all RTA related SCT PI claims.

---

<sup>2</sup> <https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/pre-action-protocol-for-low-value-personal-injury-claims-in-road-traffic-accidents-31-july-2013>

21. Not extending MedCo would necessitate the development of a separate solution for this tranche of claims, which could result in claimant uncertainty and adversely impact on the Government's overarching principle of ensuring the claimant is at the heart of the new process.
22. The Government therefore proposes to extend MedCo's remit to all RTA related PI claims started in the new IT platform. This will provide safeguards which will ensure independence, consistency and clarity when obtaining such reports. We are however, interested in the views of stakeholders on the pros and cons of this approach, and also on whether there are any alternative proposals which will enable unrepresented claimants with non-soft tissue RTA related injuries to obtain any required medical reports.

**Question 1: The Government proposes to extend the scope of MedCo so that all initial medical reports for all RTA related PI claims under the SCT are provided under a single system. Do you agree with this proposal?**

**Please provide any evidence and further information in support of your answer.**

**Question 2: If you have suggestions for alternative approaches please provide details and, in particular, how they would work in practice.**

## Part 2: MedCo medical experts

23. Medical experts registered on MedCo must be accredited in order to provide initial soft tissue injury related medical reports. Accreditation, which consists of a number of online learning modules, and which takes around 30 hours to complete, ensures that experts can all provide reports to a uniform minimum standard. MedCo also monitors the quality of the medical reports provided, and all medical report providers are required to upload specific (non-personal) data to MedCo relating to each report produced. MedCo analyse this and other data in relation to the number and quality of medical reports and can take action, up to and including suspension from the system, if behavioural or quality issues are identified.
24. Currently, the types of expert that may be accredited on MedCo, as a provider of reports for soft tissue injury claims, are doctors, consultants and surgeons registered with the General Medical Council and physiotherapists registered with the Health and Care Professions Council. This means that the following medical experts can generally be found on MedCo:
  - a. General Practitioners (GPs);
  - b. Physiotherapists;
  - c. Orthopaedic surgeons; and
  - d. A&E consultants.
25. Types of additional injuries that would likely fall into the SCT that are not soft tissue injury claims, include (but are not limited to) tinnitus, minor types of fractures, dental and psychological injuries. Additional experts that might be needed, therefore, may include ear nose and throat specialists, dentists and psychologists. Such additional experts covering both soft tissue and non-soft tissue injury claims may need to be recruited. Consideration will also need to be given as to whether the current level of MedCo accreditation is also required for these experts and if so, could it be rolled out before April 2020. The Government's initial view is that, if additional medical experts for non-soft tissue injury claims are added to MedCo, there should be a requirement that they should be accredited thereby ensuring that all medical reports in the future continue to meet MedCo's requirements on independence and quality.
26. However, if additional experts to cover non-soft tissue injuries are added to MedCo, then a question arises as to what type of accreditation process those experts should undertake. Rather than making all experts undertake the full accreditation process, the accreditation process would need to be tailored effectively, so that the content is relevant to them. This would be more time and cost-effective and would be achievable within the timeframe available before implementation.

27. However, an alternative approach would be to not add new experts, but to allow the types of accredited medical experts who can currently register on MedCo to carry out both soft tissue and non-soft tissue related initial reports with the ability to recommend whether an additional specialist report (i.e. a dental report) is required. One of the benefits of this approach is that, since there are already a sufficient number of skilled experts registered and accredited on MedCo to carry out this work, the majority of the injuries likely to be encountered over and above standard soft tissue injuries, are likely to be of a type which GPs and A&E consultants in particular are likely to come across on a regular basis. However, under this approach, there is an issue about the process of obtaining a specialist report, which is likely to be outside of MedCo's remit. Additional guidance and sign-posting may be required, which may add to additional complexity and cost for the claimant.
28. In addition, the Government has received requests from the representatives of other types of practitioner, such as osteopaths and chiropractors, that they be added to the list of experts permitted to provide medical reports in support of RTA related accident claims. There are a number issues related to such a request and the Government is interested in the views of stakeholders as to the suitability or not of practitioners in these disciplines providing medico-legal reports.

**Question 3: If MedCo is extended to cover all types of medical reports for RTA related personal injury claims under the SCT, should other types of medical expert be added to those currently available for the purpose of providing medical reports?**

**Please give examples of who should be added along with your reasons.**

**Question 4: If additional specialists are added, should they be restricted to providing initial reports for claims which involve their specialisms or should they be allowed to complete the full accreditation process and be allowed to provide all initial reports?**

**Please give reasons for your answer.**

**Question 5: Do you agree that other types of practitioner (such as osteopaths or chiropractors) be included in the list of experts who can provide medical reports for claims subject to the new RTA SCT limit?**

**If you agree, please describe which types of additional practitioner should be included and why?**

**If you disagree, please give reasons why.**

### Part 3: Fixed cost medical reports

29. In 2014, the Government introduced a fixed recoverable cost (FRC) of £180 (+VAT) for initial medical reports in support of soft tissue injury claims to tackle the rising cost of medical evidence and to support the MedCo reforms. These changes were made through the CPR. The FRC is intended to cover both payment to the medical expert and the cost of organising the medical examination, and all current MedCo medical reports are covered by this FRC regime. There are some additional FRCs included in the CPR which apply to secondary specialist reports by GPs, physiotherapists, A&E consultants and orthopaedic surgeons but there are no FRC regimes in place at present for other experts, such as dentists and psychologists.
30. When setting this figure in 2014, the Government considered a range of factors such as the level of work required to arrange and conduct an examination and to write and return a report. As well as the industry agreed guidelines published by the Association of Medical Reporting Organisations (AMRO), which provided a rate of £250 for initial soft tissue injury reports, amongst a number of rates for different types of injury. In addition, the Government also considered the impact on the costs of medical reports from the introduction of the ban on referral fees through section 56 of the Legal Aid, Sentencing and Punishment of Offenders Act 2013. Following the introduction of this Act a noticeable increase in the cost of initial medical reports was identified in MROs not signed up to the AMRO agreement.
31. If in future, all RTA related PI claims that fall in the SCT are required to obtain a MedCo medical report, consideration is also needed as to whether to widen the FRC regime. One option might be to apply the same FRC of £180 (+VAT) to all such RTA related PI claims. This approach would ensure clarity and certainty as to the costs and would provide a consistent approach for both compensators and claimants. The Government is currently working with a wide group of stakeholders to develop this system in more detail, but for the sake of clarity it should be assumed that for the majority of claims, i.e. those where full or partial liability is admitted, the cost of the medical report will be paid for by the at-fault compensator. As such, the at-fault compensator will require some certainty as to what the likely expenditure over a given year is likely to be, so that it can reflect that spend adequately into its motor insurance premiums.
32. The main argument against extending the current FRC regime for non-soft tissue injury claims is that it might prove difficult to find experts willing to provide these reports, if the cost is fixed at a particular sum irrespective of the level of work required to produce the report. In addition, the cost of registering with MedCo might make it uneconomical for some experts.
33. As noted above, in respect of soft tissue injury claims, FRCs apply to medical reports provided by some specialists, but not all. For example, the costs that may be recovered in respect of reports provided by orthopaedic surgeons are fixed, but not an additional expert report provided by a psychologist.

34. The issue of setting an appropriate level of fixed cost for different types of expert report is particularly relevant if the decision was taken to add additional specialists to MedCo to carry out initial medical reports. A way of differentiating between a normal initial report covering standard injuries, and a potentially more detailed report covering the area of specialism would be required, if recommended by the initial examiner. Whilst we are seeking views from stakeholders on extending aspects of the current FRC for MedCo initial reports, it should be noted that there is no intention at this stage to amend the FRC regime for additional specialist reports.

**Question 6: Should the current fixed recoverable cost regime for initial soft tissue injury medical reports be extended to cover initial reports for all RTA related PI claims under the SCT?**

**Please give reasons to support your answer.**

**Question 7: Should the fixed recoverable cost regime be extended to all initial reports for claims that fall under the revised SCT in the new IT platform, if additional experts are added to and sourced through MedCo?**

**Please explain your answer.**



## Part 4: Options for obtaining medical reports for unrepresented claimants

35. It is essential that the new IT platform provides an effective mechanism for all claimants to be able to obtain an independent, good quality medical report. As stated previously, the Government proposes that all claimants, whether represented or not, will be able to obtain an initial medical report through MedCo, and work to develop the required technological solution is underway. MedCo will therefore remain unchanged for represented claimants, other than that the claim will be registered on the new IT platform.
36. For unrepresented claimants, there are a number of points to consider in developing a solution for obtaining a MedCo medical report. Discussions have been held with stakeholders representing the interests of claimants, including from third sector advice agencies experienced in dealing with unrepresented claimants. They have highlighted some issues which must be tackled to ensure that such claimants are not confused or overwhelmed by choice. These include making it clear to unrepresented claimants that they cannot use their own GP and that the system must avoid overwhelming unrepresented claimants with too much choice.
37. Unrepresented claimants must also be able to understand the difference between MROs and the different types of medical report providers available. Underpinning these considerations are the principles that the claimant must be at the heart of the process, that the market must remain competitive, and the report must be sourced independently through the randomised allocation of providers through the MedCo Portal<sup>3</sup>.
38. The Government has discussed various approaches to resolving the specific issues for ensuring unrepresented claimants are able to obtain a MedCo medical report with cross-industry stakeholders, including MedCo. To develop a solution a wide range of factors have been considered and these include providing a potentially smoother customer journey through the new IT platform, complying with competition law, the technical feasibility and build implications for both the new platform and for MedCo and the requirement to ensure MedCo continues to work to enhance the independence and quality of medical reports.
39. Having considered the options, the Government proposes to retain the current MedCo model of providing a randomised list of medical report providers, but with proportionate and necessary changes to meet the specific requirements of unrepresented claimants. Providing a randomised list for unrepresented claimants will ensure consistency of approach for both represented and unrepresented

---

<sup>3</sup> The principle of random allocation underpins the MedCo process, and ensures that when a search of the system is undertaken that the results returned to the claimant have been generated in a random way to ensure a favoured provider cannot be automatically selected. The process also ensures that all providers are offered for selection an equal number of times.

claimants, and will also ensure that the market remains competitive and that unrepresented claimants can benefit from a wide-range of MROs. It should also be noted that medical report providers, whether a MRO or a Direct Medical Expert (DME) will be asked to opt-in to the process for unrepresented claimants, so that they can choose whether or not they wish to offer their services and compete for this work.

40. In considering this approach a number of challenges have also been highlighted which will require mitigating action. These include concerns that utilising the current system would not provide the smoothest possible customer journey, unrepresented claimants may also have difficulty in following some of the terminology used and as already mentioned, that providing users with too much choice when selecting a provider may be overwhelming.
41. It is, however, the Government's view that these concerns can be effectively mitigated through considered development of the IT platform and the introduction of simplified guidance and support materials. These measures will provide users with an accessible system for obtaining a report with their choices and decision points clearly flagged and explained as they progress through the system. Further revisions to what is called the 'offer' i.e. the number and mix of MROs / DMEs presented to the user when completing a search of the system, and an update of the qualifying criteria<sup>4</sup> for MROs will also help balance against unrepresented claimants being overwhelmed with too much choice. It may also be necessary to develop standardised service level agreements to provide reassurance as to the quality of service from the provider they select.
42. Views have been put forward by some, about the merits of other potential approaches, for example, a tender exercise for a small number of MROs to provide the medical reports for unrepresented claimants. It was argued that this option could ensure there is a choice of MROs and provide incentives to continue to improve the quality of service and reports. This option could also potentially provide a smoother customer journey for unrepresented claimants. It could also ensure there are enough experts to carry out the work through MROs. This option would however, be a significant departure from the way the market works currently and is likely to have a detrimental impact on MROs not selected for these reports.

---

<sup>4</sup> The qualifying criteria are requirements set by the Government, which seek to ensure that all MROs registered on the MedCo system are properly constituted and operate on sound business principles.

**Question 8: When extending the current MedCo search system to unrepresented claimants, what, if any, changes should be made to the current MedCo Qualifying Criteria?**

**Please give reasons for your answer.**

**Question 9: When extending the current MedCo search system to unrepresented claimants, what changes would you like to see as to how the information returned should be presented (i.e. currently only contact details are returned, but should more information about the provider and their service offering be provided)?**

**Please give reasons for your answer.**

**Question 10: If you are an MRO or a DME will you be opting in to the new service providing medical reports for unrepresented claimants at £180 (plus VAT) rate?**

**Please give reasons for your answer.**

**Question 11: When extending the current MedCo search to unrepresented claimants, do you think it should include a standardised set of service level agreements?**

**Please give reasons for your answer.**

**Question 12: What other changes do you think would need to be made to the current MedCo system for unrepresented claimants to be able to obtain a medical report?**

**Please give reasons for your answer.**

## Part 5: Statistics and Impact

### Statistics

#### Current volume of RTA related PI claims

43. Despite a reduction in accidents reported to the police and improvements in vehicle safety, there were around 610,000 RTA related Personal Injury claims made in 2017/18 in England and Wales<sup>5</sup>. Of these, 520,000 were estimated to be whiplash related.

#### Current volume of claims supported by MedCo reports

44. There were around 490,000 searches on MedCo system in 2017/18. 83% of these searches resulted in the selection of an MRO, around 12% in the selection of a DME and around 4% in no selection.

#### Estimated volume of represented/unrepresented claimants

45. It is estimated that around 400,000 RTA related SCT claims that fall within the new IT Platform will proceed. Of these, it is assumed that around two thirds will have legal representation (approximately around 250,000) and around a third (approximately around 150,000) would be without legal representation. These assumptions are based on views received during the passage of the CLA 2018.

#### Current number and type of authorised users

46. There are currently 1,763 operational Authorised Users on MedCo system.

#### Current numbers of MROs

47. There are currently 60 operational MROs registered with MedCo.

#### Current numbers of indirect and direct medical experts

48. There are currently 183 operational indirect medical experts and 700 operational direct medical experts.

---

<sup>5</sup> Based on Compensation Recovery Unit performance data

### **Estimated provision of Legal Expenses Insurance (LEI)**

49. It is estimated that just under half of claims (fewer than 200,000 claims) would have before-the-event (BTE) funded legal representation.

### **Impact**

50. The Government considers that a range of individuals/groups are likely to be affected by the proposals. These include (but are not limited to) claimants, claimant representatives, insurers, MROs, DMEs and medical experts. We would though be interested in details on any other key groups respondents may consider to be impacted by the proposals contained within this consultation.
51. The new IT platform will enable claimants, who choose to progress their claims without legal representation in the small claims track, to do so. There may be some impact on claims volumes in the short term, including adjustment costs for those individuals/groups, who currently operate in the RTA market, to adapt to the new regime from April 2020.

### **The cost of medical reports**

**Question 13: Please provide, with supporting evidence, the average cost of an initial medical report for non-soft tissue RTA related PI injuries.**

### **Volume of RTA related PI claims**

**Question 14: Do you agree with an assumption that around 400,000 claims would be processed through the MedCo portal; and of these, around 10,000 (5%) would be non-soft tissue claims?**

**Please explain your answer, preferably with supporting evidence.**

**Question 15: Do you agree with the assumptions that around two thirds of claims processed on the MedCo system would be with legal representation (made up of just under 50% of claims with BTE insurance and under 20% with other legal representation) and one third of claims without legal representation?**

**Please explain your answer, preferably with supporting evidence.**

## **Part 6: Questionnaire**

**Question 1:** The Government proposes to extend the scope of MedCo so that all initial medical reports for all RTA related PI claims under the SCT are provided under a single system. Do you agree with this proposal?

Please provide any evidence and further information in support of your answer.

**Question 2:** If you have suggestions for alternative approaches please provide details and, in particular, how they would work in practice.

**Question 3:** If MedCo is extended to cover all types of medical reports for RTA related personal injury claims under the SCT, should other types of medical expert be added to those currently available for the purpose of providing medical reports?

Please give examples of who should be added along with your reasons.

**Question 4:** If additional specialists are added, should they be restricted to providing initial reports for claims which involve their specialisms or should they be allowed to complete the full accreditation process and be allowed to provide all initial reports?

Please give reasons for your answer.

**Question 5:** Do you agree that other types of practitioner (such as osteopaths or chiropractors) be included in the list of experts who can provide medical reports for claims subject to the new RTA SCT limit?

If you agree, please describe which types of additional practitioner should be included and why?

If you disagree, please give reasons why.

**Question 6:** Should the current fixed recoverable cost regime for initial soft tissue injury medical reports be extended to cover initial reports for all RTA related PI claims under the SCT?

Please give reasons to support your answer.

**Question 7:** Should the fixed recoverable cost regime be extended to all initial reports for claims that fall under the revised SCT in the new IT platform, if additional experts are added to and sourced through MedCo?

Please explain your answer.

**Question 8:** When extending the current MedCo search system to unrepresented claimants, what, if any, changes should be made to the current MedCo Qualifying Criteria?

Please give reasons for your answer.

**Question 9:** When extending the current MedCo search system to unrepresented claimants, what changes would you like to see as to how the information returned should be presented (i.e. currently only contact details are returned, but should more information about the provider and their service offering be provided)?

Please give reasons for your answer.

**Question 10:** If you are an MRO or a DME will you be opting in to the new service providing medical reports for unrepresented claimants at £180 (plus VAT) rate?

Please give reasons for your answer.

**Question 11:** When extending the current MedCo search to unrepresented claimants, do you think it should include a standardised set of service level agreements?

Please give reasons for your answer.

**Question 12:** What other changes do you think would need to be made to the current MedCo system for unrepresented claimants to be able to obtain a medical report?

Please give reasons for your answer.

**Question 13:** Please provide with supporting evidence the average cost of an initial medical report for non-soft tissue RTA related PI injuries?

**Question 14:** Do you agree with an assumption that around 400,000 claims would be processed through the MedCo portal; and of these, around 10,000 (5%) would be non-soft tissue claims?

Please explain your answer, preferably with supporting evidence.

**Question 15:** Do you agree with the assumptions that around two thirds of claims processed on the MedCo system would be with legal representation (made up of just under 50% of claims with BTE insurance and under 20% with other legal representation) and one third of claims without legal representation?

Please explain your answer, preferably with supporting evidence.

## About you

Please use this section to tell us about yourself

<b>Full name</b>	
<b>Job title</b> or capacity in which you are responding to this consultation exercise (e.g. member of the public etc.)	
<b>Date</b>	
<b>Company name/organisation</b> (if applicable):	
<b>Address</b>	
<b>Postcode</b>	
If you would like us to acknowledge receipt of your response, please tick this box	<input type="checkbox"/> (please tick box)
Address to which the acknowledgement should be sent, if different from above	

**If you are a representative of a group**, please tell us the name of the group and give a summary of the people or organisations that you represent.

---



---



---



---



## Contact details/How to respond

Please send your response by 5pm on 17 May 2019 to:

**Whiplash Reform Team**  
**Post Point 10.18, 10<sup>th</sup> Floor**  
**102 Petty France**  
**London SW1H 9AJ**  
**Tel: 020 3334 3157**

**Email: [whiplashcondoc@justice.gov.uk](mailto:whiplashcondoc@justice.gov.uk)**

**Online survey:** <https://consult.justice.gov.uk/civil-law/future-provision-of-medical-reports/>

## Complaints or comments

If you have any complaints or comments about the consultation process you should contact the Ministry of Justice at the above address.

## Extra copies

Further paper copies of this consultation can be obtained from this address and it is also available on-line at <https://consult.justice.gov.uk/>.

Alternative format versions of this publication can also be requested by either calling the Whiplash Reform Team on 020 3334 3157 or by emailing your request to: [whiplashcondoc@justice.gov.uk](mailto:whiplashcondoc@justice.gov.uk)

## Publication of response

A paper summarising the responses to this consultation will be published by July 2019. The response paper will be available on-line at <https://consult.justice.gov.uk/>.

## Representative groups

Representative groups are asked to give a summary of the people and organisations they represent when they respond.

## **Confidentiality**

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 2018 (DPA), the General Data Protection Regulation (GDPR) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Ministry.

The Ministry will process your personal data in accordance with the DPA and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

## **Consultation principles**

The principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation are set out in the consultation principles.

<https://www.gov.uk/government/publications/consultation-principles-guidance>











© Crown copyright 2019

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](http://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Alternative format versions of this report are available on request from [whiplashcondoc@justice.gov.uk](mailto:whiplashcondoc@justice.gov.uk)