



General
Medical
Council

Memorandum of Understanding between the Regulation and Quality Improvement Authority and the General Medical Council

14 October 2021

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- 1** The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between the **Regulation and Quality Improvement Authority (RQIA)** and **General Medical Council (GMC)**.
- 2** The working relationship between the RQIA and GMC is an important element of an effective regulatory system for health and social care in Northern Ireland.
- 3** RQIA is the regulator of health and social care in Northern Ireland. The GMC is the independent regulator for doctors in the UK. The responsibilities and functions of the RQIA and GMC are set out at Annex A.
- 4** This MoU does not override the statutory responsibilities and functions of the RQIA or GMC and is not enforceable in law. However, the RQIA and GMC agree to adhere to the contents of this MoU.

Principles of cooperation

- 5** The RQIA and GMC intend that their working relationship will be characterised by the following principles:
 - Patient safety is of paramount interest;
 - The need to make decisions which promote patient safety and high-quality health and social care;
 - Respect for each organisation's independent status;
 - The need to maintain public and professional confidence in the two organisations;
 - Openness and transparency between the two organisations, as to when cooperation is and is not considered necessary or appropriate;
 - The need to use resources effectively and efficiently;
 - a commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.
- 6** The RQIA and GMC are also committed to a regulatory system for health and social care in Northern Ireland, which is transparent, accountable, proportionate, consistent, and targeted - the principles of better regulation.

Areas of cooperation

- 7** The working relationship between the RQIA and GMC involves cooperation in the areas detailed in paragraphs 7-21. Named MoU leads for each organisation are identified at Annex B.

Cross-referral of concerns

- 8** Where the RQIA or GMC encounters a concern which it believes falls within the remit of the other organisation, they will at the earliest opportunity convey the concern and relevant information to a named individual with relevant responsibility at the other organisation. Named leads are identified in Annex B. This engagement can take place through regular meetings between GMC's Employment Liaison Advisor and RQIA's Responsible Officer or other meetings as outlined in paragraph 26. The referring organisation will not wait until its own investigation has *concluded*.

- 9** In particular, RQIA will refer to the GMC:

- Any concerns and relevant information about a doctor which may call into question their fitness to practise.
- Any concerns and relevant information about a healthcare organisation or a part of that organisation which may call into question its suitability as a learning environment for medical students or doctors in training.
- Any concerns and relevant information about a healthcare organisation which may call into question the robustness of its systems for postgraduate training, medical appraisal and clinical governance or compliance with *The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010*.

- 10** In particular, the GMC will refer to RQIA:

- Any concerns and relevant information about a healthcare or social care organisation in which doctors practise or are trained which may call into question the quality and services it provides or its registration with the RQIA.

- 11** It is important to emphasise that the primary responsibility for reporting any concerns remains with the employing authority.

Revalidation for doctors

- 12** Doctors must demonstrate to the GMC on a regular basis that they remain up to date and fit to practise (a process termed revalidation). This depends on local systems of appraisal and clinical governance and so these systems must be sufficiently robust to enable doctors to collect the information they need to revalidate.

- 13** The RQIA is a signatory of the GMC's *Effective clinical governance for the medical profession handbook*, that outlines the core principles underpinning effective clinical governance.
- 14** The RQIA will work in collaboration with the GMC in its development and delivery of a process which quality assures the robustness of governance and standards in the local systems of appraisal while avoiding unnecessary regulatory burdens for healthcare organisations or individual doctors. However, the revalidation process will remain the responsibility of the GMC.

Exchange of information

- 15** Cooperation between the RQIA and GMC will often require the exchange of information. All exchanges of information will be lawful and proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity.
- 16** All arrangements for collaboration and exchange of information set out in this MoU and any supplementary agreements will take account of and comply with the Data Protection Act, GDPR and any RQIA and GMC codes of practice, frameworks or other policies relating to confidential personal information.
- 17** Exchange of information will be expected, but not limited, to cases where:
 - either RQIA or the GMC identifies concerns about the health and wellbeing of the public, particularly in relation to individual practitioners' fitness to practice, the suitability of medical departments as a training environment and the medical leadership of Health and Social Care (HSC) Trusts and HSC Board;
 - a resolution to a concern would benefit from a coordinated multi-agency response.
- 18** The GMC will also provide the RQIA access to its regulator dashboard, where they can access data on complaints and National Training Survey (NTS) results at an organisational level.
- 19** This MoU will be supplemented by a separate Information Sharing Agreement (ISA) which will set out the detailed arrangements for sharing information between the parties. Both the RQIA and GMC are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will make the other aware before responding.

Media and publication

- 20** RQIA and the GMC will endeavour to give each other adequate warning of, and sufficient information about, any planned public announcements on issues relevant to the other organisation, including the sharing of draft proposals and publications. It is

acknowledged that this may be challenging in some circumstances, such as where urgent enforcement is action required.

- 21** RQIA and the GMC respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.
- 22** RQIA and the GMC may work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations. The RQIA may also share their Hospital inspection and Review reports with the GMC, when relevant.

Resolution of disagreement

- 23** Any disagreement between RQIA and GMC will normally be resolved at working level. If this is not possible, it may be brought to the attention of the MoU leads identified at Annex B who may then refer it upwards through those responsible, up to and including the Chief Executives of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

- 24** This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MoU may be reviewed at any time at the request of either party. Changes to the MoU will however require both parties to agree, with the exception of contact details which may be changed unilaterally.
- 25** Both RQIA and the GMC are committed to exploring ways to develop increasingly more effective and efficient partnership working to promote quality and safety within their respective regulatory remits. The effectiveness of the working relationship between RQIA and the GMC will be supported by regular contact, either formally or informally. Meetings to discuss intelligence, policy and operational issues of interest to both organisations should take place between relevant colleagues at both organisations when appropriate
- 26** Both organisations have identified a MoU manager at Annex B and these will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations. The MoU will be reviewed by the MOU managers annually but may be reviewed more urgently at any time at any time at the request of either organisation.

Signed



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Briega Donaghy (14 October 2021)

Charlie Massey

**Interim Chief Executive
Regulation and Quality
Improvement Authority**

**Chief Executive and Office of the
Chair**

Annex A Responsibilities and functions

- 1 The Regulation and Quality Improvement Authority (RQIA) and the General Medical Council (GMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

Regulation and Quality Improvement Authority

- 2 RQIA is an independent body established by the Department of Health and Social Services and Public Safety in April 2005, under the Health and Personal Social Services (Quality, Improvement and Regulation) Order (2003 NI).
 - a) Under the provision of The Order (2003) the RQIA is required to keep the department informed about the provision, availability and quality of services; and also encourage improvement in the delivery of services.
 - b) RQIA has powers to conduct reviews and carry out investigations/inspections into the management, provision, quality of or access to and availability of HSC services; including clinical and social care governance arrangements.
 - c) Any person who carries on or manages an establishment or agency must make an application to RQIA to register. Once granted, RQIA issues a certificate of registration to the applicant. RQIA maintains a register of all approved establishments and Agencies.
 - d) Under the Mental Health Order (1986 NI) and from 1 October 2019, the Mental Capacity Act, 2016, RQIA undertakes a range of responsibilities for people with a mental illness and those with a learning disability.
 - e) RQIA is designated as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT); an international human rights treaty designed to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment. All NPMs report to and work towards guidance and reports issued by the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading treatment or Punishment.

Responsibilities and functions of the GMC

- 1 The responsibilities and functions of the GMC are set out primarily in the Medical Act 1983 (the Medical Act).
- 2 The purpose of the GMC under the Medical Act is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of

medicine.

- 3** The Medical Act gives the GMC four main functions:
- controlling entry to and maintaining the list of registered and licensed medical practitioners;
 - fostering good medical practice;
 - promoting high standards of medical education and training; and
 - dealing firmly and fairly with doctors whose fitness to practise is in doubt.
- 4** In addition, the Medical Act places an incidental duty on the GMC to co-operate, in so far as is appropriate and reasonably practicable, with public bodies or other persons concerned with the-
- a** employment (whether or not under a contract of service) of provisionally or fully registered medical practitioners;
 - b** education or training of medical practitioners or other health care professionals;
 - c** regulation of, or the co-ordination of the regulation of, other health or social care professionals;
 - d** regulation of health services; and
 - e** provision, supervision or management of health services.

Annex B Contact details

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

General Medical Council

Regent's Place
350 Euston Road
London NW1 3JN
Telephone: 0161 923 6602

Named contacts between the RQIA and the GMC are as follows:

Chief Executives (internal escalating policies should be followed before referral to Chief Executives)

Briege Donaghy

Chief Executive RQIA

briege.donaghy@rqia.org.uk



Charlie Massey

Chief Executive and Office of the Chair

Charlie.Massey@gmc-uk.org

MoU management

RQIA – Emer Hopkins, Interim Director of Improvement, RQIA

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Clinical Lead, RQIA

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The Information Sharing Agreement for RQIA and GMC will be developed to set out the operational detail for each area of cooperation between the two organisations and the agreed lines of escalation where necessary.