The Regulation and Quality Improvement Authority

General Medical Council

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

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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 part of the maintenance of a 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 and 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:

- 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

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 8-15. 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, they will at the earliest opportunity convey the concern and relevant information to a named individual with relevant responsibility at the other. Where no named individual exists, the concern will be shared with the named leads identified in Annex B 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 his or her 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 organisation in which doctors practise or are trained which may call into question the quality and services it provides.

Revalidation for doctors

11. Doctors now have to 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.

12. 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

13. Cooperation between the RQIA and GMC will often require the exchange of information. 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 1998 and any RQIA and GMC codes of practice, frameworks or other policies relating to confidential personal information.

14. 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.

Telemedicine

15. RQIA and the GMC have agreed a joint statement on where responsibility lies for the regulation of doctors providing telemedicine services to patients in the UK.[1]

Resolution of disagreement

16. 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

17. 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.

18. Both organisations have identified a MoU Lead at Annex B within their organisations. The MoU leads will liaise with each other as necessary to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

19. 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. To that end a Joint Working Group and Sub-group will oversee the development of operational working arrangements that support the delivery of the principles outlined in this MoU.

18. Further a separate joint working protocol will be developed to set out the operational detail of how the GMC and RQIA will work together to maximise the effectiveness of their regulatory responses and will be reviewed at a frequency described in that document.

Glenn Houston
Chief Executive
Regulation and Quality Improvement Authority

Date: 18 December 2014

Niall Dickson
Chief Executive and Registrar
General Medical Council

Date: 18 December 2014

[1] See http://www.gmc-uk.org/Telemedicine_statement__Northern_Ireland__November_2009.pdf_28770606.pdf

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.

Responsibilities and functions of RQIA

2. RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

3. RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The core activities of RQIA include:

a. Improving care, by encouraging and promoting improvements in the safety and quality of services through the regulation and review of health and social care.

b. Informing the population, by publically reporting on the safety, quality and availability of health and social care.

c. Safeguarding rights, by acting to protect the rights of all people using health and social services.

d. Influencing policy and standards in health and social care.

Responsibilities and functions of the GMC

4. The responsibilities and functions of the GMC are set out primarily in the Medical Act 1983 (the Medical Act).

5. 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.

6. 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.

7. 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
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

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)

Glenn Houston
Chief Executive RQIA
Glenn.houston@rqia.org.uk

Niall Dickson
Chief Executive and Registrar
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MoU leads

RQIA
David Stewart
Director of Review and Medicine
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028 9051 7500

GMC
Alan Walker
Head of Northern Ireland Affairs
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028 9031 9945

The Joint Working Protocol 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.

Annex C

Joint statement of the GMC and the Regulation and Quality Improvement Authority (RQIA) on the regulation of doctors providing telemedicine services to patients in the UK.

The provision of telemedicine services raises challenges in relation to the regulation of cross-border healthcare, and patients' access to redress if treatment goes wrong.

The GMC and RQIA believe there should be clarity as to where regulatory responsibility lies in cases of cross border healthcare. This statement sets out our jointly agreed position on where responsibility lies in relation to patient safety in this area of medical practice.

We agree that it is in the best interests of patients treated in the UK that all doctors who are delivering telemedicine services to them are regulated to UK standards. Those who are commissioning telemedicine services from doctors based outside the UK are advised to ensure that doctors are appropriately qualified and regulated. They should demonstrate via their regulatory body, or through other means, that they are up to date and fit to practise.

The role of the GMC in the regulation of telemedicine

The GMC is not a regulator of medical services but of medical practitioners. The GMC regulates doctors who are on its register. It cannot require doctors practising outside the UK to register with the GMC, or to hold registration with a licence to practise with the GMC. Doctors may of course choose to hold a licence to practise even if there is no legal requirement to do so. The GMC can, and does, regulate doctors who are based outside the UK but on the GMC's register.

For doctors practising outside of the UK, the GMC can, and does, regulate doctors who are on the GMC's register.

The role of the system regulators in the regulation of telemedicine

System regulators have statutory powers in relation to the regulation of independent health care and to also carry out reviews of commissioning and providing NHS and HSC organisations. RQIA carries out these functions in Northern Ireland.

The system regulators encourage all those who commission telemedicine services from outside the UK to ensure that those providing the services are appropriately qualified and regulated.

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