

General
Medical
Council

Regulating doctors
Ensuring good medical practice



Memorandum of Understanding between the Care Quality Commission and the General Medical Council

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between the Care Quality Commission (CQC) and General Medical Council (GMC).
2. The working relationship between the CQC and GMC is part of the maintenance of a regulatory system for health and adult social care in England which promotes patient safety and high quality healthcare.
3. The CQC is the regulator of health and adult social care in England. The GMC is the independent regulator for doctors in the UK. The responsibilities and functions of the CQC and GMC are set out at Annex A.
4. This MoU does not override the statutory responsibilities and functions of the CQC and GMC and is not enforceable in law. However, the CQC and GMC agree to adhere to the contents of this MoU.

Principles of cooperation

5. The CQC and GMC intend that their working relationship will be characterised by the following principles:
 - a. The need to make decisions which promote patient safety and high quality health and adult social care
 - b. Respect for each organisation's independent status
 - c. The need to maintain public and professional confidence in the two organisations
 - d. Openness and transparency between the two organisations, as to when cooperation is and is not considered necessary or appropriate.
 - e. The need to use resources effectively and efficiently.
6. The CQC and GMC are also committed to a regulatory system for health and adult social care in England which is transparent, accountable, proportionate, consistent, and targeted - the principles of better regulation.

Areas of co-operation

The working relationship between the CQC and GMC involves cooperation in the following areas. Named MoU managers for each organisation are identified at Annex B.

Cross-referral of concerns

7. Where the CQC 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. In the interest of patient safety, the referring organisation will not wait until its own investigation has concluded
8. In particular, the CQC will refer to the GMC:
 - a. Any concerns and relevant information about a doctor which may call into question his or her fitness to practise.
 - b. Any concerns and relevant information about a healthcare organisation or a part of that organisation which may call into question its suitability as a GMC Approved Practice Setting or learning environment for medical students or doctors in training.
 - c. Any concerns and relevant information about a healthcare organisation which may call into question the robustness of its systems of medical appraisal and clinical governance.
9. In particular, the GMC will refer to the CQC:
 - a. Any concerns and relevant information about a health or adult social care organisation in which doctors practise or are trained which may call into question its registration with the CQC.

GMC approved practice settings

10. The CQC and GMC will exchange information in support of the system of approved practice settings and [registered GP practice settings](#).

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 CQC will work in collaboration with the GMC in its development and delivery of a process which quality assures the robustness of local systems of appraisal and governance 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 CQC 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, section 76 Health and Social Care Act 2008, and any CQC 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 CQC 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 discuss the request with the other before responding.

Resolution of disagreement

15. Any disagreement between the CQC and GMC will normally be resolved at working level. If this is not possible, it may be brought to the attention of the MoU managers 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

16. This MoU originally came into effect from May 2010 when it was signed by the Chief Executives of the two organisations. 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 separate joint working protocol sets out the operational detail of how the GMC and CQC will work together to maximise the effectiveness of their regulatory responses and will be reviewed at a frequency described in this document. The MoU may be reviewed at any time at the request of either party.

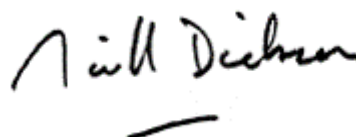
17. Both organisations have identified a MoU manager at Annex B and these will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.
18. Both CQC and the GMC are committed to exploring ways to develop increasingly more effective and efficient partnership working to promote quality and safety within their respective regulatory remits.
19. 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.

Signed

David Behan
Chief Executive
Care Quality Commission



Niall Dickson
Chief Executive and Registrar
General Medical Council



Date
28 January 2013

Date
29 January 2013

Annex A

Responsibilities and functions

20. The Care Quality Commission (CQC) 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 the CQC

21. The responsibilities of the Care Quality Commission (CQC) are set out primarily in the Health and Social Care Act 2008 as amended (the 2008 Act) and the accompanying Regulations (as amended).

22. The Care Quality Commission is the independent regulator of health care and adult social care services in England. CQC also protects the interests of people whose rights are restricted under the Mental Health Act. Whether services are provided by the NHS, local authorities or by private or voluntary organisations, CQC focuses on:

- a. Identifying risks to the quality and safety of people's care.
- b. Acting swiftly to help eliminate poor quality care.
- c. Making sure care is centred on people's needs and protects their rights.

23. By law, all providers of care services in England are responsible for making sure that their services meet national standards of quality and safety set by Government. CQC registers providers and can use a range of powers to take action when a service is not meeting the standards in order to drive improvement.

24. CQC uses inspections and information from other organisations to monitor whether care services are meeting the standards, as well as the views and experiences of people who use services, which are at the centre of CQC's work.

Responsibilities and functions of the GMC

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

26. 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.

27. The Medical Act gives the GMC four main functions:

- a. controlling entry to and maintaining the list of registered and licensed medical practitioners.
- b. fostering good medical practice.
- c. promoting high standards of medical education and training.
- d. dealing firmly and fairly with doctors whose fitness to practise is in doubt.

Annex B

Contact details

Care Quality Commission Finsbury Tower 103 – 105 Bunhill Row London EC1Y 8TG Telephone: 03000 616161	General Medical Council Regent's Place 350 Euston Road London NW1 3JN Telephone: 0161 923 6602
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Named contacts between the CQC and the GMC are as follows:

Chief Executives (internal escalating policies should be followed before referral to Chief Executives)	
David Behan Chief Executive Email: david.behan@cqc.org.uk	Niall Dickson Chief Executive and Registrar Email: ndickson@gmc-uk.org
MoU management	
Alex Baylis Head of Better Regulation Email: Alex.Baylis@cqc.org.uk Direct line: 0207 448 9264	Jon Billings Assistant Director, Revalidation Email: JBillings@gmc-uk.org Direct line: 020 7189 5434
Claire Robbie Regulatory Policy Manager Email: Claire.Robbie@cqc.org.uk Direct line: 07881 517016	Shane Carmichael Assistant Director, Strategy Communication Email: SCarmichael@gmc-uk.org Direct line: 020 7189 5259

The Joint Working Protocol for the CQC and GMC sets out the operational detail for each area of co-operation between the two organisations and the agreed lines of escalation where necessary.