



# Memorandum of Understanding between the Regulation and Quality Improvement Authority and the Health and Care Professions Council

## **Memorandum of Understanding between the Regulation and Quality Improvement Authority and the Health and Care Professions Council**

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationships between the Regulation and Quality Improvement Authority (RQIA) and the Health and Care Professions Council (HCPC), in order to safeguard the wellbeing of the public receiving health and social care in Northern Ireland.
2. The working relationship between RQIA and HCPC is part of the maintenance of a regulatory system for health and social care in Northern Ireland which promotes patient safety and high quality care.
3. RQIA is the independent regulator of health and social care in Northern Ireland. The HCPC is the independent regulator in the UK for 16 professions and in Northern Ireland, regulates the 15 professions listed below<sup>1</sup>:

Art therapists	Orthoptists
Biomedical Scientists	Paramedics
Chiropodists / podiatrists	Physiotherapists
Clinical scientists	Prosthetists / Orthotists
Dieticians	Radiographers
Hearing aid dispensers	Practitioner psychologists
Occupational therapists	Operating department practitioners
Speech & Language therapists	

The responsibilities and functions of RQIA and HCPC are set out at Annex A to this MoU.

4. This MoU does not override the statutory responsibilities and functions of RQIA and HCPC and is not enforceable in law. However, RQIA and HCPC are committed to working in ways that are consistent with the content of this MoU.

### **Principles of cooperation**

5. The RQIA and HCPC intend that their working relationship will be characterised by the following principles.
  - a) The need to make decisions which promote people's safety and high quality health and social care.
  - b) Respect for each organisation's independent status.
  - c) The need to maintain public and professional confidence in the two organisations.

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<sup>1</sup> The HCPC is also the independent regulator in England for social workers. In Northern Ireland, social workers are subject to regulation by the Northern Ireland Social care Council.

- 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. RQIA and HCPC 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 HCPC involves cooperation in the following areas:
- cross referral of emerging urgent concerns;
  - routine sharing of fitness to practice information;
  - sharing of feedback about particular health and social care services;
  - risk summits;
  - media and publications; and
  - joint working projects.

### **Cross-referral of concerns**

8. Where RQIA or HCPC 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 organisation. Where no named individual exists, the concern will be shared with the named leads identified in Annex B. In the interests of safety or protection, the referring organisation will not wait until its own investigation has concluded.
9. In particular, RQIA will refer to the HCPC:
- a) Any concerns and relevant information about any individual from one of the professions listed above which may call into question his or her fitness to practise.
  - b) Any concerns and relevant information about a health or adult social care organisation which may call into questions its suitability as a learning environment for a student in one of the professions listed above.
  - c) Any information about an individual purporting to be one of the professions listed above where RQIA has reason to believe that the person is not on the HCPC Register.
  - d) Any concerns and relevant information, such as serious failings in professional leadership, supervision, case load management, training, safeguarding or other related factors, affecting the general delivery of care or services at a health or adult social care organisation by any of the professions listed.

10. In particular, the HCPC will refer to RQIA:

- a) Any concerns and relevant information about a health or adult social care organisation in which a HCPC registrant or registrants practise, or are trained, which may call into question the quality of services it provides, or its registration with RQIA.
- b) Any concerns and relevant information about a health or adult social care organisation which may call into question the suitability of its supervision practices or its learning environment for student health professionals.
- c) Information about any investigations it conducts which raise concerns about poor team working, leadership, record keeping, appraisal systems and general organisational failures.
- d) Where the HCPC becomes aware that a person registered by the HCPC is working as a Registered Manager in a health or adult social care organisation registered with RQIA, any concerns and relevant information about that individual that may call into question his or her suitability to perform his or her functions in that setting.
- e) Where the HCPC becomes aware that an individual who has been refused HCPC registration at initial admission, re-admission restoration or renewal is a RQIA Registered Manager, any serious concerns and relevant information concerning that individual.

### **Exchange of information**

11. Cooperation between RQIA and HCPC 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, the Freedom of Information Act 2000, the Health and Social Work Professions Order 2001 (including the HCPC's powers that Order to require the provision of information) and any RQIA and HCPC codes of practice, frameworks or other policies relating to confidential personal information.
12. This MoU will be supplemented by a Joint Operating Protocol (see Annex C) and a Data Access Agreement which set out the detailed arrangements for sharing information between the parties. Both the RQIA and HCPC 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. However the ultimate decision on the release of information will remain with the information owner (the organisation that has been requested to release it).

## Resolution of disagreement

13. Any disagreement between RQIA and HCPC will normally be resolved at working level. If this is not possible, it may be referred through those responsible for the management of this MoU, 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

14. This MoU commences on the date of signatures below. It is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The Annexes may be reviewed more regularly. 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.
15. Both organisations have identified a person responsible for the management of this MoU at Annex B. They 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.

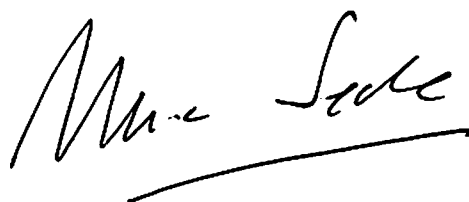
## Signatures



Glenn Houston  
Chief Executive Regulation and Quality  
Improvement Authority

Date:

15/2/16



Marc Seale  
Chief Executive and Registrar  
Health and Care Professions Council

Date:

15/2/16

## **Annex A: Responsibilities and functions**

1. The Regulation and Quality Improvement Authority (RQIA) and the Health and Care Professions Council (HCPC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

### **The Regulation and Quality Improvement Authority**

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.

### **The Health and Care Professions Council**

4. The Health and Care Professions Council is the regulator of 16 professions:

Arts therapists	Orthoptists
Biomedical scientists	Paramedics
Chiropodists / podiatrists	Physiotherapists
Clinical scientists	Prosthetists / Orthotists
Dietitians	Radiographers
Hearing aid dispensers	Practitioner psychologists
Occupational therapists	Social Workers (in England)
Operating department practitioners	Speech & language therapists
5. The responsibilities and functions of the HCPC are set out in the Health and Social Work Professions Order 2001 (The Order). The Order protects one or more designated titles for each of the relevant professions and anyone using one of those titles must be registered with the HCPC. Misuse of a title is a criminal offence.
6. Under the Order the principal functions of the HCPC are to establish standards of education, training, conduct and performance for members of the

relevant professions and to ensure the maintenance of those standards. It does this by:

- a) setting standards, including Standards of Proficiency, Standards of Conduct, Performance and Ethics and Standards of Education and training;
  - b) approving education programmes and qualifications which meets its standards;
  - c) maintaining a register of appropriately qualified professionals; and
  - d) investigating and adjudicating complaints about their fitness to practise.
7. The main objective of the HCPC in exercising its functions shall be to safeguard the health and well-being of persons using or needing services of registrants.
  8. The HCPC also has a duty to co-operate, with, inter alia, bodies concerned with the regulation, or the co-ordination of the regulation, of other health and social care professionals, the regulation of health services, and the provision, supervision or management of health or education service.

## **Annex B**

### **Contact details**

#### **The Regulation and Quality Improvement Authority (RQIA)**

9th Floor Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT  
Telephone 028 90517500

#### **Health Care and Professions Council (HCPC)**

Park House  
184 Kennington Park Road  
London  
SE11 4BU  
Telephone: 0845 300 6184

#### **Named contacts between the RQIA and the HCPC are as follows:**

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

Glenn Houston  
Chief Executive RQIA  
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Marc Seale  
Chief Executive and Registrar HCPC  
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#### **MoU Leads**

##### **RQIA**

David Stewart  
Director of Reviews and Medical Director  
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##### **HCPC**

Sarita Wilson  
Head of Fitness to Practise Service Improvement  
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