Memorandum of Understanding between the Care Quality Commission and the Health and Care Professions Council

Memorandum of Understanding between the Care Quality Commission and the Health and Care Professions Council (HCPC)

Introduction

1. This Memorandum of Understanding (MoU) sets out the framework to support the working relationship between the Care Quality Commission (CQC) and the Health and Care Professions Council (HCPC), in order to safeguard the wellbeing of the public receiving health and social care in England.

2. The working relationship between CQC and the Health and Care Professions Council (HCPC) is part of the maintenance of a regulatory system for health and adult social care in England that promotes patient safety and high-quality care.

3. CQC is the independent regulator of health and social care in England. The Health and Care Professions Council is the independent regulator in the UK for the 15 professions listed below:

   Art therapists
   Biomedical scientists
   Chiropodists / podiatrists
   Clinical scientists
   Dietitians
   Hearing aid dispensers
   Occupational therapists
   Operating department practitioners
   Orthoptists
   Paramedics
   Physiotherapists
   Practitioner psychologists
   Prosthetists / Orthotists
   Radiographers
   Speech and language therapists

4. The responsibilities and functions of CQC and the HCPC are set out in Annex 1. Both organisations share a concern for the quality and safety of health and care services and recognise that the development of models of health and care service delivery requires closer cooperation between the two organisations.

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

Principles of co-operation

This MoU is a statement of principle, which supports our focus on promoting patient and public safety and wellbeing. More detailed operational protocols and guidance can be developed as required.

6. CQC and the HCPC intend that their working relationship be characterised by the following principles:

   - The need to make decisions that promote people's safety and high-quality health and social care.
   - Promoting equality and human rights and reducing health inequalities are considered throughout our work.

- Respect for each organisation's independent status.
- The need to maintain public and professional confidence in the two organisations and the regulatory process.
- Openness and transparency between the two organisations as to when co-operation is and is not considered necessary and/or appropriate.
- The need to use resources effectively and efficiently.
- Addressing overlaps and gaps in the regulatory framework.

Areas of co-operation

7. The working relationship between CQC and the HCPC involves co-operation in the following areas:

    - **Bilateral sharing of emerging and urgent concerns**
        - which might have significant implications for the other organisation,
        - may present a safety risk to a member of the public or to people who use services or
        - relevant information of concern that is believed to fall within the remit of that organisation such as fitness to practise of HCPC registered professionals or significant quality and safety risks within CQC registered provider.
        - Information relating to the performance of practice education providers, where their training leads to HCPC registration for the fifteen professions.
    - **Regional coordination of ongoing activity**:
        - Sharing in confidence updated or new internal, or draft external guidance and information which promote safety and encourage high quality healthcare.
        - Sharing of insight and intelligence drawn from the parties' respective activities to assist with regulatory activity.
    - **Strategic collaboration**
        - Including long term, higher level activity such as national concerns, thematic reviews, and media and communications work,
        - Joint regulatory work where this is agreed to be appropriate,
        - Discussing matters of mutual interest.
    - **Tackling inequalities and protecting and promoting people's rights**
        - on known or emerging risks as an area of joint strategic interest (for communities, people using services and the workforce).

8. Both organisations recognise that all processing of personal data (including the sharing of personal data) must be carried out in accordance with the General Data Protection Regulation, The Data Protection Act 2018, section 76 to 79 of the Health and Social Care Act 2008, The Human Rights Act 1998, and all relevant

legislation relating to these matters and respective Codes of Practice, frameworks or other policies relating to confidential personal information and information issues. Both organisations agree that the sharing of personal data will be considered on a case-by-case basis and carried out in a manner consistent with the Data Sharing Code of Practice published by the Information Commissioner's Office.

9. Both organisations recognise their responsibilities under the Freedom of Information Act 2000. Where either organisation receives a request under the Act for information received from the other, both organisations agree to take reasonable steps to consult on the proposed disclosure and the application of exemptions but recognise that the responsibility for disclosure lies with the organisation that received the request.

Resolution of disagreement

10. Where there is disagreement between CQC and the HCPC, this should be resolved in the first instance 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 Executive of CQC and Chief Executive and Registrar of HCPC, who will then be jointly responsible for ensuring a mutually satisfactory resolution.

Duration and review

11. This MoU commences on the date of the signatures below. It is not time-limited and will continue to have effect unless the principles described above need to be altered and/or cease to be relevant.

12. This MoU will be reviewed every two to three years but may be reviewed at any time at the request of either party. However, any alterations to the MoU will require both parties to agree.

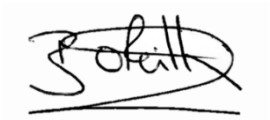
13. Both organisations have identified a person responsible for the management of this MoU (known as 'Relationship Leads') and their contact details are set out in Annex 2. Relationship Leads will liaise as required to ensure that:

    - this MoU is kept up-to-date. The next scheduled review is due by **31st July 2027** unless the principles described need to be altered or cease to be relevant.
    - they identify any emerging issues in the working relationship between the organisations.
    - they resolve any questions that arise regarding the interpretation of this MoU.

Signatures

Sir Julian Hartley
Chief Executive
Care Quality Commission

Date: 25/03/2025



Bernie O'Reilly
Chief Executive and Registrar
Health and Care Professions Council

Date:05/06/2025

Annex 1: Responsibilities and functions of CQC and the HCPC

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Its purpose is to make sure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage them to improve.

CQC does this by registering, monitoring, inspecting and regulating hospitals, adult social care services, dental and general practices and other care services in England, to make sure they meet fundamental standards of quality and safety. We set out what good and outstanding care looks like and we make sure services meet these standards which care must never fall below.

CQC aims to tackle inequalities and protect and promote people's rights to make sure everyone has good quality care, and equal access, experience and outcomes. This is in line with our strategy, our core purpose and legal responsibilities, including the Equality Act (2010) Public Sector Equality Duty, and the Human Rights Act (1998).

Since April 2023, CQC has a responsibility to give a meaningful and independent assessment of care in a local area. This includes assessment of Local Authorities' performance against their duties under Part 1 of the Care Act 2014. The Health and Care Act 2022 also gives CQC responsibilities to assess whether integrated care systems are meeting the needs of their local populations.

CQC reports publicly on what it finds locally, including performance ratings for care providers, to help people choose care and encourage providers to improve. It also reports annually to Parliament on the overall state of health and adult social care in England.

The Health and Care Professions Council

The responsibilities and functions of the HCPC are set out in the Health 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.

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.

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.

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.