

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

Introduction

This Memorandum of Understanding (MoU) sets out the framework to support the working relationship between the Care Quality Commission (CQC) and the General Pharmaceutical Council (GPhC). The working relationship between CQC and the GPhC is part of the maintenance of a regulatory system for health and adult social care in England which promotes patient safety and high quality care.

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

This MoU is a statement of principle; more detailed operational protocols and guidance will be developed as required.

The aims of this MoU are to:

- support the GPhC's role as the independent regulator of pharmacists, pharmacy technicians and registered pharmacies
- support CQC's role as the regulator of health and social care
- support both organisations' focus on patient and public safety and high quality care
- support the sharing of information between CQC and the GPhC
- contribute to improving the regulatory oversight of pharmacy related activities and the safe and effective use of medicines in health and social care settings
- define the circumstances in which the two organisations will collaborate.

Both organisations agree to abide by the Information Commissioner's Office data sharing code of practice, and recognise their respective responsibilities as data controllers under the Data Protection Act 1998 and public bodies under the Freedom of Information Act 2000.

Roles and responsibilities

CQC makes sure that hospitals, care homes, dental and general practices, and other care services in England provide people with safe, effective and high-quality care, and encourages them to make improvements.

The GPhC is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Its role is to protect, promote and maintain the health,

safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales by upholding standards and public trust in pharmacy.

The responsibilities and functions of CQC and the GPhC are set out in more detail at Annex A.

Principles of co-operation

CQC and the GPhC intend that their working relationship will be based on the following principles, which support our focus on promoting patient and public safety and well-being:

- addressing overlaps and gaps in the regulatory framework
- cooperating openly and transparently with the other organisation
- respecting each other's independent status
- using resources effectively and efficiently.

Key contacts

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, including a need to develop common approaches to systems regulation.

To support effective and timely contact, details of key contacts within CQC and the GPhC are contained in Annex B.

Areas of cooperation

Both organisations are committed to the more effective use of information to support regulation. If either organisation receives information which:

- indicates a concern about the health and wellbeing of the public, particularly in relation to the safety of health and care services or the conduct of a pharmacist or pharmacy technician
- is relevant to the delivery of the other organisation's functions
- would benefit from a coordinated multi-agency response

then this information will be shared in confidence with the named contact in the other organisation at the earliest possible opportunity. This type of information could be received through professional whistleblowing, pre-registration trainee surveys or concerns raised by a member of the public, among others.

The GPhC routinely publishes information about the sanctions it has imposed when pharmacists and pharmacy technicians are not fit to practise, and intends to publish its assessment of registered pharmacies' compliance with its standards. The GPhC agrees to share more detailed information supporting its assessments where this is requested. Requests for information should be sent to the contact named in Annex B.

CQC routinely publishes reports of its findings arising from inspection visits. CQC agrees to share more detailed information supporting those findings where this is requested. Requests for information should be sent to the contact named in Annex B.

Areas for collaboration

CQC and the GPhC agree to meet on a quarterly basis to discuss matters of mutual interest and concern including:

- the safer management of controlled drugs
- the safe and effective use of medicines in health and care settings
- new and emerging models of health and care service delivery
- policy plans in the early stages of development
- relevant learning
- the effectiveness of the MoU and any collaborative work between the organisations.

Governance

The effectiveness of the working relationship between CQC and the GPhC will be supported by regular contact, both formally and informally, at all levels up to and including chief executives of the respective organisations.

When needed, support to make contact between CQC and the GPhC may be sought from the MoU contacts, named in Annex B. Should any difficulties arise between the two organisations, these will normally be resolved at the operational level. If this is not possible, unresolved issues may be referred upwards through those responsible for operating this MoU, up to and including the directors and then chief executives of each organisation, who will be jointly responsible for ensuring a mutually satisfactory resolution.

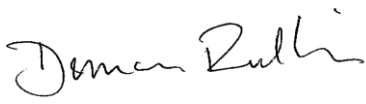
Duration and review

This MoU is not time-limited and will continue to have effect until the principles described need to be altered or cease to be relevant. The MoU may be reviewed more urgently at any time at the request of either party.

Both organisations have identified a person responsible for the management of this MoU in Annex B. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.

Signed for and on behalf of

General Pharmaceutical Council

Signed 


Name Duncan Rudkin

Title Chief Executive and Registrar

Date 28/08/2015

Signed for and on behalf of

Care Quality Commission

Signed 

Name David Behan

Title Chief Executive

Date 14/08/2015

Annex A: Responsibilities and functions

The Care Quality Commission (CQC) and the General Pharmaceutical Council (GPhC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

The Care Quality Commission

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

CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care. CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. To do these things CQC:

- Registers providers. We use registration to check whether care providers can meet a number of legal requirements. These include fundamental standards of quality and safety which providers have a legal responsibility to meet and that people have a right to expect whenever or wherever they receive care.
- Monitors and inspects providers. Once a service has registered with us, we monitor them continuously. The information we gather helps us to see how services are performing between inspections. We also carry out themed inspections, themed reviews and specialist investigations based on particular aspects of care.
- Takes action if we find that a service isn't meeting the standards using; requirement notices or warning notices to set out what improvements must be made; imposing conditions on registration to limit what providers may do; placing a provider in special measure to closely supervise the quality of care while working with other organisations to help them improve. We also hold providers to account for their failings by issuing cautions, issuing fines and prosecuting cases where people are harmed or placed in danger of harm. Involve people in our work, working with local groups, national organisations and the public to make sure that the views and experiences of people are at the centre of what we do.
- Publishes information about whether or not services are meeting the standards, publishes national reports on key themes, and reports on the state of care. In most cases, our inspection reports include ratings which can help people compare services and make choices about care

General Pharmaceutical Council

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Its role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales by upholding standards and public trust in pharmacy.

Its principal functions include:

- Approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers
- Maintaining a register of pharmacists, pharmacy technicians and pharmacy premises
- Setting standards for conduct, ethics and performance, education and training, and continuing professional development
- Establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies
- Establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.

Annex B: Contact details

Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA Telephone: 03000 616161	General Pharmaceutical Council 25 Canada Square London E14 5LQ Telephone: 0203 713 8000
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Named contacts for the CQC and the GPhC

Chief Executives (internal escalating policies should be followed before referral to chief executives)	
David Behan Chief Executive david.behan@cqc.org.uk	Duncan Rudkin Chief Executive and Registrar duncan.rudkin@pharmacyregulation.org
MoU management	
Sarah Billington Head of Medicines Management sarah.billington@cqc.org.uk	Sarah Jennings Policy Manager (Regulatory Development) sarah.jennings@pharmacyregulation.org Hugh Simpson Director of Strategy hugh.simpson@pharmacyregulation.org
Other contacts	
Sarah Dennison National Controlled Drugs Manager sarah.dennison@cqc.org.uk	Mark Voce Head of Inspection mark.voce@pharmacyregulation.org
Brian Brown National Medicines Manager brian.brown@cqc.org.uk	Chris Alder Head of Professionals Regulation christopher.alder@pharmacyregulation.org
Regional Medicines Managers Mary Collier London mary.collier@cqc.org.uk 07789875974 Simon Hill North simon.hill@cqc.org.uk 07717547600	Inspectors Regional Manager North: James Duggan james.duggan@pharmacyregulation.org 020 3713 7904 Regional Manager South: Tim Snewin timothy.snewin@pharmacyregulation.org 020 3713 7902

<p>Jean Cater South jean.carter@cqc.org.uk 07717547609</p> <p>Geraldine Yates Central geraldine.yates@cqc.org.uk 07789876421</p> <p>Alternative contact medicines.enquiries@cqc.org.uk</p>	<p>Regional Manager East: Colette Cooknell colette.cooknell@pharmacyregulation.org 020 3713 7901</p> <p>Regional Manager West: Steve Gascoigne steven.gascoigne@pharmacyregulation.org 020 3713 7903</p>
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