



Memorandum of Understanding

between

**Healthcare Improvement Scotland
(HIS)**

and the

**Health and Care Professionals Council
(HCPC)**

March 2021

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Memorandum of Understanding between Healthcare Improvement Scotland and the Health and Care Professions Council

Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out the framework for working relationships between Healthcare Improvement Scotland (HIS) and the Health and Care Professions Council (HCPC).
2. The working relationship between HIS and the HCPC is part of the maintenance of an assurance system for healthcare in Scotland which promotes patient safety and high quality care.
3. HIS is the national healthcare improvement organisation for Scotland. The HCPC is the independent regulator in the UK for the 15 professions listed below:

Art Therapists	Orthoptists
Biomedical Scientists	Paramedics
Chiropodists/Podiatrists	Physiotherapists
Clinical Scientists	Prosthetists/Orthotists
Dieticians	Radiographers
Hearing Aid Specialists	Practitioner Psychologists
Occupational Therapists	Speech and Language Therapists
Operating Department Practitioners	

The individual responsibilities and functions of HIS and the HCPC are set out at Annex A.

4. This MoU does not override the statutory responsibilities and functions of HIS and the HCPC and is not enforceable in law. However, HIS and the HCPC agree to adhere to the contents of this MoU.

Principles of cooperation

5. HIS and the HCPC are committed to an inspection and regulation system for healthcare in Scotland which is transparent, accountable, proportionate, consistent and targeted.
6. HIS and the HCPC 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 healthcare.
 - b. Respect for each organisation's independent status.
 - c. The need to maintain public confidence in the two organisations

and the regulatory process.

- 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.
7. HIS and the HCPC are committed to observing the principles for an effective regulatory system for healthcare as identified by the Professional Standards Authority:
<http://professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015>

Areas of cooperation

8. The working relationship between HIS and the HCPC involves cooperation between the two organisations to assist with individual regulatory activities and processes in the following areas:
- Routine information sharing
 - Sharing of registrant fitness to practise information upon direct request by either organisation
 - Sharing of feedback about particular health or adult social care providers upon direct request by either organisation
 - Give prior notice about any planned media announcements or publications that the other may need to know of
 - Cross referral of emerging and/or urgent concerns
9. A named contact with responsibility for each area is identified at Annex B.

Routine information sharing

10. The HCPC and HIS will each make available routine information arising from their regulatory activity that may assist the other in its remit.

Cross-referral of concerns

11. Where HIS and the HCPC encounter concerns which either believe may fall within the remit of the other, they will at the earliest opportunity convey the concerns and supporting information to a named individual with relevant responsibility at the other organisation. In the interests of patient safety, the referring organisation will not wait until its own review or investigation has concluded.
12. In particular, HIS will refer to the HCPC:
- a. Any concerns and relevant information about a registrant which may

call into question his or her fitness to practice, or about any individuals when it is suspected that they are using a protected title however they are not registered with HCPC

- b. Any concerns and relevant information about a health care organisation which may call into question its suitability as a learning environment from any of the professions regulated by the HCPC.
 - c. Any concerns and relevant information, such as serious failings in professional leadership, supervision, case load management, training, safeguarding or other related factors that could affect the general delivery of care or services at a healthcare organisation in which any HCPC registrant practices
 - d. Any investigations into or follow ups of identified risks in which concerns about individual HCPC registrant have been identified.
 - e. Any thematic issues about HCPC registrants that could be addressed through setting professional standards.
13. In particular, HCPC will refer to HIS:
- a. Any concerns and relevant information about a health care organisation in which an HCPC registrant practices which may call into question the quality and safety of the services it provides.
 - b. Any concerns and relevant information about a health care organisation which may call into question its suitability as a learning environment for students from any of the professions regulated by the HCPC.
 - c. Information about any investigations it conducts which raise concerns about poor team working, leadership, systemic record keeping issues, appraisal systems and general organisational failures.
 - d. Any issues arising from its regulatory work which may be useful intelligence to HIS in reviewing and developing its approach to regulation.
 - e. Information about any investigations it conducts that may be relevant to HIS's remit.

Strategic Collaboration

13. HIS and the HCPC will have regard to circumstances in which their objectives may be best served by collaboration. Each organisation will seek to give consideration to the other when planning their work programmes and identify any possibilities for joint working.
14. They may, by agreement, undertake joint inspection, investigation or other

regulatory work. Throughout such work HIS and the HCPC will retain and act in accordance with their own statutory powers. This work could include:

- a. Joint reviews of information about a health care organisation
- b. Site visits to a health care organisation
- c. The co-production of documents and reports
- d. Coordination of any follow up action planning to address any recommendations.

Media/publications related to HCPC education or healthcare providers and evidence to committees and interactions with the Scottish Government or Parliament

15. HIS and the HCPC will seek to give each other adequate warning (at least 48 hours) and sufficient information about any planned press releases and announcements to the public that the other may need to know of.
16. HIS and the HCPC will, when appropriate, share with each other awareness of relevant evidence to committees or interactions with the Scottish Government or Parliament
17. HIS and the HCPC will respect the confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.
18. HIS and the HCPC will work to ensure that the recommendations arising from investigations and reviews are communicated widely and are understood.

Information sharing

19. Implementing this MoU will require HIS and the HCPC to exchange 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 all relevant legislation and any HIS and HCPC codes of practice, frameworks or other policies relating to confidential personal information.
20. Both HIS and the HCPC are subject to the Freedom of Information Act 2000/Freedom of Information (Scotland) Act 2002 and data protection legislation. 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

21. Any disagreement between HIS and the 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 Executive of HIS and the Chief Executive and Registrar of the HCPC who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

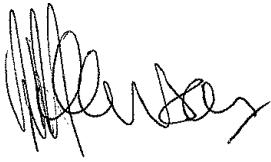
22. This MoU will be reviewed periodically but at a minimum every two years.

23. Both organisations have identified a person responsible for the management of this MoU, contact details are provided at 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 as to the interpretation of this MoU.

24. The named contacts with responsibility for each area of cooperation identified at Annex B will liaise as required to carry out day-to-day business.

25. In order to ensure that this MoU is effective the Chief Executive of HIS and the Chief Executive and Registrar of the HCPC will meet twice a year

Signatures



**Robbie Pearson
Chief Executive
Healthcare Improvement Scotland**



**John Barwick
Chief Executive and Registrar
Health and Care Professions
Council**

Date: 30 March 2021

Date: 30 March 2021

Annex A

Responsibilities and functions

1. Healthcare Improvement Scotland (HIS) 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.

Healthcare Improvement Scotland

2. The responsibilities and functions of HIS are set out primarily in the National Health Service (Scotland) Act 1978(a), thereafter referred to as the Act.
3. The purpose of HIS under the Act is to work with healthcare providers to drive and support improvements in the quality of healthcare, and empower patients and the public.
4. The Public Services Reform Act, 2010 makes HIS a Public Body with four principal functions:
 - supporting the delivery of safer healthcare services and the reliable spread of best practice in quality improvement
 - providing sound evidence for improved healthcare, through the Scottish Medicines Consortium (SMC), the Scottish Health Technologies Group (SHTG), and the Scottish Intercollegiate Guidelines Network (SIGN)
 - ensuring the effective participation of the public in the design and delivery of healthcare, principally through the Scottish Health Council, and
 - scrutinising and quality assuring
5. The HIS *Driving Improvement in Healthcare Strategy 2014-2020* sets out the key organisational priorities for HIS to work together with healthcare providers and the people of Scotland to:
 - empower people to have an informed voice that maximises their impact in managing their own care and shaping how services are designed and delivered
 - reliably spread and support implementation of best practice to improve healthcare, and
 - comprehensively assess the quality and safety of healthcare.

The Health and Care Professions Council

6. The HCPC is the independent regulator in the UK for the 15 professions listed below:

Art Therapists
Biomedical Scientists
Chiropodists/Podiatrists
Clinical Scientists
Dieticians
Hearing Aid Specialists
Occupational Therapists
Operating Department
Practitioners

Orthoptists
Paramedics
Physiotherapists
Prosthetists/Orthotists
Radiographers
Practitioner Psychologists
Speech and Language Therapists

7. 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 these titles must be registered with the HCPC. Misuse of a title is a criminal offence.
8. Under the Order the principle 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 these 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 practice.
9. 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.
10. The HCPC also has a duty to co-operate with inter-alia, bodies concerned with the regulation, or coordination 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

Lead contacts

There will be specific points of contact between HIS and the HCPC as follows:

HIS	HCPC
Healthcare Improvement Scotland Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB Tel: 0131 623 4594	Health and Care Professions Council Park House 184 Kennington Park Road London SE11 4BU Tel: 0845 3006184
Chief Executives (internal escalating policies should be followed before referral to Chief Executives)	
Robbie Pearson Chief Executive robbie.pearson@nhs.net Tel:0131 623 4310	John Barwick Chief Executive and Registrar john.barwick@hcpc-uk.org Tel: 020 7840 9190
Escalation contacts	
Ann Gow Director of NMAHP ann.gow@nhs.net Tel: 0141 2273295	Andrew Smith Executive Director of Regulation andrew.smith@hcpc-uk.org Tel:020 7840 9743
Lead officers – strategic contact and those responsible for MoU management	
HIS Operations contacts – will make referrals to the HCPC in relation to all cross-referral of concern issues identified below as they are picked up by HIS staff	Laura Coffey Head of Fitness to Practise Laura.coffey@hcpc-uk.org Tel: 020 7840 9157
Data Protection and Confidentiality	
Alison Winning Information Manager alison.winning@nhs.net Tel: 0141 2273281	Claire Amor Head of Governance claire.amor@hcpc-uk.org Tel: 020 7840 9710
Media	
Lynda Nicholson Interim Head of Communications Lynda.nicholson2@nhs.scot 0131 623 4339	Jacqueline Ladds Executive Director of Policy and External Relations Jacqueline.ladds@hcpc-uk.org Tel: 020 7840 9782