

## **Memorandum of Understanding between the Care Quality Commission and the General Dental Council**

1. The purpose of this Memorandum of Understanding (MoU) is to promote patient safety and high quality health and adult social care in England.
2. This MoU pursues its purpose by setting out a framework to support the working relationship between the Care Quality Commission (CQC) and General Dental Council (GDC).
3. The CQC is the regulator of health and adult social care in England. The GDC is the regulator for dentists and dental care professionals (which includes dental nurses, dental technicians, dental therapists, dental hygienists, orthodontic therapists and clinical dental technicians) in the UK. The responsibilities and functions of the CQC and GDC are set out at Annex A.
4. This MoU does not override the statutory responsibilities and functions of the CQC and GDC and is not enforceable in law. However, the CQC and GDC agree to adhere to the contents of this MoU.

### **Principles of cooperation**

5. The CQC and GDC 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 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 without duplication.
  - f. Ensure that the right issue is dealt with by the right organisation
6. The CQC and GDC 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 cooperation

7. The working relationship between the CQC and GDC involves cooperation in the following areas.

### *Cross-referral of concerns*

8. Where the CQC or GDC 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, it is not necessary for the referring organisation to wait until the conclusion of its own investigation.

9. In particular, the CQC will refer to the GDC:

a. Any concerns and relevant information about a dentist or dental care professional which may call their fitness to practise into question

b. Any concerns and relevant information about a healthcare organisation which may call into question its suitability as a GDC learning environment for dental students or dental care professional students

10. In particular, the GDC will refer to the CQC:

a. Any concerns and relevant information about a health care organisation in which dentists and dental care professionals practise or are trained which may call its registration with the CQC into question

b. Any concerns and relevant information about a healthcare organisation which may call into question the robustness of its systems of appraisal and clinical governance.

c. Where an individual dentist is registered with the CQC for the purposes of carrying out regulated activity, any concerns and relevant information about that individual which may call his or her registration with the CQC into question.

11. The cooperation outlined in paragraphs 9 to 11 will often require the CQC and GDC 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 the Data Protection Act 1998, section 76 Health and Social Care Act 2008, and any CQC and GDC codes of practice, frameworks or other policies relating to confidential personal information.

12. This MoU is supplemented by a separate Information Sharing Agreement (ISA) which will set out the detailed operational arrangements for sharing

information between the parties. Both the CQC and GDC 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.

#### *Joint working*

13. The signatories may, by agreement, undertake joint regulatory work, during which they will retain and act in accordance with their own statutory powers and remit. Details of such agreements will be set out in writing.

#### *Other information sharing*

14. Other examples of how the signatories will collaborate and share information include:

- Sharing information on strategic and policy developments which may impact on each other's work.
- Sharing information about trends, data approaches and initiatives which may be of interest to each other.
- Collaborating on relevant external communication.

#### **Resolution of disagreement**

15. Any disagreement between the CQC and GDC will normally be resolved at working level. If this is not possible, it may be referred 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 will be effective from June 2017. It is not time limited and will continue until varied or otherwise as agreed by the signatories.

17. Both CQC and the GDC are committed to exploring ways to develop increasingly more effective and efficient partnership working to promote quality and safety within their respective regulatory remits.

**Signatures**

Sir David Behan CBE  
**Chief Executive  
Care Quality Commission**



---

**Date**  
21 June 2017

Ian Brack  
**Chief Executive and Registrar  
General Dental Council**



---

**Date**  
20 June 2017

# Annex A

## Responsibilities and functions

### *Responsibilities and functions of the CQC*

#### **Our purpose**

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

#### **Our role**

The Care Quality Commission was established under the Health and Social Care Act 2008 as the independent regulator of health and adult social care in England.

Its main activities are:

- Registration of health and adult social care providers against a common set of standards. These are the standards providers have a legal responsibility to meet and that people have a right to expect whenever or wherever they receive care.
- Monitor and inspect services against those standards, carrying out inspections regularly, at any time in response to concerns. Undertaking themed inspections, special reviews and investigations based on particular aspects of care;
- Take action if we find that a service is not meeting the standards, using a range of powers.
- Involve people in its work, working with local groups, national organisations and the public
- Report the outcomes of its work so that people who use services have information about the quality of their local health and adult social care services;
- Monitor application of the Mental Health Act 1983, including visiting detained patients to check that their rights are appropriately safeguarded

### *Responsibilities and functions of the GDC*

The responsibilities and functions of the GDC are set out primarily in the Dentist Act 1956 (since replaced by the Dentists Act 1984 as amended). Its purpose is to protect the public by regulating dentist and dental care professionals in the United Kingdom.

The purpose of the GDC is to:

- a. assure the quality of dental education
- b. register qualified professionals (dentists, dental nurses, dental technicians, dental therapists, dental hygienists, orthodontic therapists and clinical dental technicians) and ensure people meet requirements before being put onto the register,
- c. set and promote standards of dental practice and conduct
- d. ensures professionals keep up to date with standards set
- e. helps patients with complaints about a dentist or a dental care professional
- f. Take proportionate and appropriate enforcement action if a dentist fitness to practise is called into question or if there is a risk to patient protection.