

Open letter to the CQC



News comment

Quentin Skinner,
chairman of DPAS

Quentin Skinner says a common-sense approach is required as the deadline for regulation looms

Time moves on, and we now find ourselves in the run-up to 1 April, when dentistry is to be regulated by the Care Quality Commission (CQC). Despite widespread reasoned protest, this costly duplicated regulation is going full steam ahead, and all dentists should now be registered, or at least in the last batch of exceptions awaiting 'approval'.

If this is to be the case, the important thing is for the new CQC regime to work for the benefit of all, in order to command respect rather than derision from those who interface with it. Quite some time ago, Gary Needle, (the then CQC director of methods) informed me that for the vast majority of dentists there would be nothing to fear, as this would be regulation with a light touch, and only a small minority of miscreant dentists would be affected and forced to improve their standards. This message was repeated by Alex Baylis of the CQC at the BDTA mid-winter conference, who also said that fully private practices would be inspected in the first quarter of this year.

Well, such inspections have started and, from early accounts, have been a fairly bureaucratic exercise, far removed from any clinical audit. I may be wrong,

but it seems that the approach is that, once the inspection has been carried out, for the resultant report to perfunctorily state that the practice passes on W, X and Y outcomes, but fails on outcome Z. That Z may have nothing to do with the standard of delivery of dental care, but to Joe Public, a message that the practice has failed on any shortcoming is such that this could be very damaging to the practice concerned.

Bear in mind that such a practice could easily be the type that Mr Needle or Mr Baylis have given assurances that they should have nothing to fear. I have no doubt that Mr Needle and Mr Baylis are thoroughly reasonable people, who understand the concepts of proportionality and common sense. However, such concepts are not easily translated into a procedural tick-box framework for the use of inspectors who are bound by a rigid discipline – necessarily, as they have no understanding of the environment in which the professional delivery of dentistry occurs – and thus the intended high-minded outcome starts to deteriorate.

For this regulatory process to work, a common-sense approach by the CQC is desperately needed. I therefore have sent this letter to them:

Dear Dame Jo Williams and Mrs Cynthia Bower,
I write with regard to the imminent regulation of dentistry by the Care Quality Commission. I understand that your inspectorate visit dental practices and judge – and then publicise – whether they pass the required threshold of each particular specified outcome in the 'Essential Standards of Quality and Safety'.

From the early (pre-regulation) visits, it seems that the CQC reports state succinctly that the practice has passed such and such an outcome, but specify any that they fail on.

Should such reports be published by the CQC, the practice concerned will be immediately adversely affected. Such a result could be wholly unfair, given that the particular outcome may have nothing to do with the delivery of the professional service of dentistry, and could thus distort the whole basis of access to reasonable quality dentistry.

Whilst I understand the aims of CQC regulation are to improve patient outcome, I must question whether dental practices that deliver good dentistry should be abruptly damned in public for a shortcoming in one particular non-dental service outcome, rather than being given a sensible period of time to either improve such shortcoming, or otherwise to appeal for a reconsideration.

Unless the public at large are at personal risk from such a shortcoming – thus a situation being an immediate concern for the GDC – would you agree that any immediate publication would be an unnecessary act that could reduce access to dentistry, should you not allow practices a reasonable time to adjust the context of the delivery of their professional services to one that you would approve of?

The future of any regulation without a reasonable balance and proportionality being understood by both regulator and the regulated is bleak. Given that Gary Needle and Alex Baylis of the CQC have repeated the stance that all reasonable dentists should have nothing to fear from CQC regulation, it should certainly then be the case that things should move on without perfectly decent dentists being damned – albeit on even just one outcome – without having a reasonable chance to redeem themselves in the eyes of the CQC.

I therefore urgently ask you to reply to confirm that:

1. CQC inspectors will be (publicly) allowed a

degree of latitude for common sense to prevail, to ensure that a mindless box-ticking approach cannot damn the public image of a practice without due consideration of everything else the practice offers that regular patients value highly.

2. Given that dentistry is already fully regulated by the GDC, where dentists are providing dental care to patients in a way approved by the GDC, the CQC will not impose any regulatory injunction on dental practices and publicise such in a fashion that might damage the public perception of that practice, without allowing a reasonable time for any alleged shortcomings to be resolved.

3. The CQC should publish a protocol of remedial procedures that will allow dentists an understanding of what action is advisable to avoid future adverse publicity.

I urge you to consider the advantage in reassuring the dental profession that the CQC wishes to work alongside them in a reasonable way for the ultimate benefit for the provision of UK dentistry, rather than taking a didactic approach.

If you cannot provide such assurances, this would indicate that you view the forthcoming regulation in a combative fashion, which would be most unfortunate, given that there is no apparent general shortcoming in the provision of dentistry that requires such an approach.

I therefore have no doubt that you will respond in a fashion that will alleviate the broad concerns shared by many in the profession about your forthcoming regulation, in order that the regulator and the regulated can work together harmoniously in the interests of the patient outcome.

Yours sincerely,
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