

**THE origin of the Care Quality Commission lies in a decision in 2001 to merge the existing regulatory bodies for health and social care into one new, independent regulator, which took up its initial responsibilities in April 2009.**

Established to regulate only large organisations involved in the delivery of health and social care – NHS Trusts, private hospitals, etc. – the CQC was charged with bringing them all under a single set of standards of quality and safety.

However, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was subsequently enacted, widening the CQC jurisdiction to include dentistry from this year.

Registration finally commenced in November and the large majority of dentists will have already completed the necessary forms in time for 1st April.

Those who have not should urgently contact the CQC, as after this time it will be illegal to carry on a “regulated activity” such as dentistry, without being registered.

### **Duplicated bureaucracy**

According to the CQC, registration is concerned with a provider’s ability to meet patient outcomes and expectations, and the published guidelines focus on “the outcomes and experiences people have as a result of the care they receive”.

Following registration and starting in April 2011, the CQC will undertake a monitoring operation to check that providers are meeting essential standards of care and failure to maintain standards can result in a range of legally enforceable actions including, but not exclusively, warning notices, cancellation of registration and the closure of services.

Since my initial stand against CQC prior to last year’s Dental Showcase held in October, I appear to have been joined by a large portion of the profession, including leading bodies such as the British Dental Association who, having had the idiosyncrasies of this regulation pointed out to them, can see the absurdity and waste of resources that registration will inevitably bring.

What I find staggering is that today – when the whole message from the coalition government is one of (a) cutting red tape, (b) shrinking the size of the quangocracy, (c) reducing unnecessary public expenditure, and (d) increasing access to NHS dentistry – this costly and duplicated CQC bureaucracy is being pushed ahead by state apparatchiks in a fashion that flies in the face of all of these governmental aims.

The official line of defence against such charges is that there is no duplication as “the GDC regulates the individual, whilst the CQC regulates the system of delivering dentistry”. Such an *ad nauseam* argument is being endlessly repeated in the hope that it will eventually be believed.

***Objections are routinely met with the claim that this was all put out to public consultation, and the measure received broad support from all sides, including the GDC and the BDA, but the fact remains that the profession at large were not properly consulted, and indeed were in no informed position to even comment if they were.***

It is of course nonsense – the GDC have always regulated the systems of delivering dentistry, and this distinction is a wholly artificial construct.

Furthermore, if CQC regulation is about the system rather than the individual, what justification is there for the demeaning requirement that principal dentists and registered managers need an eCRB check, especially when the GDC itself is informed of any criminal allegations and convictions?

### **Failed consultation**

Objections to this situation are also being routinely met with the claim that this was all put out to public consultation, and the measure received broad support from all sides, including the GDC and the BDA.

Well, it is not for me to question any responses by these organisations, but the fact of the matter remains that the profession at large were not properly consulted,

and indeed were in no informed position to even comment if they were.

Consultation that is kept hidden from those that will be affected by its outcome is not a good way to govern the country, but I am afraid that it is all too prevalent in my experience.

Then, of course, there is the cost to dentists in England in respect of being regulated by the CQC. £1,500 a year may sound perfectly reasonable to the anonymous bureaucrat who plucked this figure out of the air, doubtless thinking that this would not be much to bear for all of these overpaid dentists.

But compare this to the recently much-inflated GDC retention fee of £576, and this looks completely

excessive, quite apart from the inherent discrimination against single-handed practitioners in favour of large scale dental chains.

Oh, and there is still a total silence as to any comparison with the situation in Wales, where the annual charge is just £50.

### **Looking forwards**

By the time this article is published, CQC regulation will nearly be in operation.

Indeed, according to Alex Baylis of the CQC speaking at the BDTA mid-winter meeting, regulatory inspectors will be visiting all wholly private dental practices between now and 1st April (ahead of their jurisdictional powers) as a fact-finding mission.

Mr Baylis echoed the view given by Gary Needle, the CQC director of Methods, at the *Dental Practice* round table debate last summer, that the CQC regulation would be with a relatively “light touch”, and that the vast majority of dental

practices will have nothing to fear.

It is only the worst practices which are falling below obviously

unacceptable levels of care and patient service that will find themselves subject to discipline. Most practices are operating at satisfactory standards...

Well, this was good to hear, as otherwise one might question what the GDC has been doing in return for its ARF.

If this is the case, the vast majority of dentists should have nothing to fear from this regulation – that is, apart from the time necessarily diverted away from patient care and the cost and the irritation of the whole business.

Should it be the case that boxes are not all ticked due to the practice not having a documented policy on file confirming, for instance, that due regard is paid to patients' nutritional needs, then this is something that can be pointed out by the CQC and appropriate corrective action can be taken.

In any case, as can be seen in this particular *Dental Practice* feature, there is plenty of consultancy help available to assist practices in gaining compliance if they feel that they need this.

It surely cannot be the case that the CQC will act in a fashion that will knowingly create "badwill" between it and the professionals it regulates, or indeed to act in such a way that will reduce access to dentistry.

To do so would be ultimately self-defeating. The question is, will the CQC inspectorate understand this?

Looking forwards, who knows how it will all go? One can only hope, though, that at some stage in the future a proper cost/benefit evaluation will be carried out by a body fully independent of government and Department of Health control, so that the claims that this is a cost-effective way of materially improving patient outcome are either proven and understood, or otherwise the whole shebang should be scrapped!

