CQC / British Association of Private Dentistry (BAPD)

Note of Meeting

Friday 19 June 2020, 12:00 – 13:00

Microsoft Teams

Attendees:	**CQC:** John Milne, Senior National Professional Adviser; Robert Middlefell, National Professional Adviser; Sampana Banga, Head of Inspection. **BAPD:** Rahul Doshi; Bertie Napier, Tif Qureshi; Dominic O'Hooley, Jason Smithson, Simon Thackeray, Luke Thorley.

Introductions:

Reasons for This Meeting:

In response to a request to the CQC for a seat at the Dental Reference Group it was felt that in an introductory meeting would be helpful.

The next meeting of the reference group is in September 2020 and the BAPD has been invited to name a representative that can be invited to attend this meeting.

Summary of discussion.

The meeting commenced with an outline of the CQC led dental reference group, its aims, objectives and an outline of membership.

In advance of the meeting the BAPD canvassed views from associated dentists and presented an agenda that reflected this as a guide for constructive discussion.

Current culture of inspection

The BAPD proposed that the sector would welcome an environment where the CQC *visited* practice rather than *inspected*. It was suggested that the act of inspecting can inadvertently provoke a sense of criticism and as such lead to a potentially adversarial engagement rather than promote the supportive dialogue all parties would prefer. It was suggested that engagement with the sector would be more constructively framed as collaborative, advisory and guiding. BAPD suggested a change in the tone of the language used by CQC should be

considered. A change such as this could make the CQC experience feel less abrasive for providers.

BAPD reported that by CQC not offering some limited form of guidance to the sector, the door was open to an unregulated industry of guidance providers not all of whom were offering the most appropriate or current best practice forms of advice and guidance to the sector.

It was suggested that this was causing problems in the sector and people are finding this frustrating. CQC highlighted the role that MythBusters play in disseminating advice regarding some of the more contentious elements of our regulatory focus. These have been in place for some time, are regularly refreshed and updated. CQC is always willing to put out fresh MythBusters if people feel there is an area where there is confusion and a need for clarity. This is as far as the CQC can go in terms of guidance. All MythBusters should be directed to John Milne and Rob Middlefell, who will deal with them.

This led to a discussion in which CQC outlined its position as a regulator. It is not in CQCs remit to direct the dental sector. The CQC recognises and respects the ability of dental professionals to seek out for themselves the most relevant guidance available to them. Dental professionals have a responsibility to assimilate all relevant and current guidance and decide for themselves the most appropriate action to take with due regard to the conditions of their registration. This may differ from practice to practice. CQC's approach is to make sure what professionals are doing is rational, relevant and reasonable within the established guidance and that they are doing the right thing for patients.

CQC is committed to supporting dental providers to improve and a CQC report is clearly intended to reflect this aim.

- A report following a CQC inspection might contain a section titled "Musts" This tells the provider where they are Judged to be in breach of one or more regulations. The *Must* is worded in a way that clearly identifies the area that the practice needs to put right.

- A report may contain a section titled "Should". This is intended to advise the practice of an area where they can improve. The Shoul*d* is worded in a way that clearly identifies the area that the practice should consider improving.

- A report may refer to "Notable Practice". This is intended to publicise an area of practice that, in the opinion of CQC, other dental providers might learn from and replicate. It is also intended to celebrate an area of notable service delivery.

The CQC is currently reviewing the way in which they regulate and have developed a process called the Emergency Support Framework (ESF). The ESF in intended to form the basis of a supportive conversation with all providers we regulate in order to gain an understanding of the current pressures they are working under as well as to signpost practices to sources of support and guidance where this is needed.

COVID – Lessons learnt.

This stimulated a very interesting discussion about the unprecedented nature of the COVID – 19 pandemic and the challenges we all have had to respond to. It was clear from the outset that Dental practice was exempted from closure under the Covid Act, and the CQC

position was to respect this whilst at the same time encouraging practice to give due regard to the 'Stay Safe' 'Stay Socially Distant' message from Government.

This has proved to be a very challenging and distressing time for the sector with many providers being unsure of where to get advice and support. When contacted CQC's response at the time was very similar to that of the GDC's in the sense that if a practice was in a safe position to deliver care where it was clearly in the best interest of the patient to do so, then they are unlikely to fall foul of CQC regulations.

As well as messaging on our website, CQC did also write to each practice in England with up-dated information regarding our position throughout the period. CQC are very clear about our remit and the bounds within which we operate are equally clear. Under current regulations; unless a practice is judged to be in significant breach of the conditions of its registration CQC has no powers to propose that a registered provider should close. Equally CQC has no power to require an appropriately registered provider to remain open.

BAPD suggested the language CQC used when messaging the sector could have been clearer. A simple statement setting out what a provider could or could not do - "Yes or No". CQC confirmed this is not their remit to do this (as above) and understands the frustration this may cause. CQC undertook to clearly set out our remit.

Consistency and transparency

CQC have a series of training opportunities for all our inspectors in dentistry. in addition, we hold induction and training sessions for our dental specialist advisers. The training is intended to keep our team up-to-date with current issues in dentistry and in regulation.

We also greatly value feedback from providers on their experience or regulation and have a variety of opportunities to access this from complaints to plaudits and engagement with providers as well as feedback from the dental reference group

The CQC dental inspection team is made up of 27 WTE inspectors and 4 managers. The team is currently geographically focussed – South; London; Central; North. The team only inspect dental locations. There is always the possibility for inconsistency to enter the application of our methodology and we welcome this feedback. It is interesting to note that CQC receives feedback from the Corporate provider sector regarding their view that there are inconsistencies in the way Corporate providers are inspected and the expectations that they are subject to as opposed to non-corporate locations.

On the issue of consistency, it was felt that private providers delivering Urgent and Emergency care were expected to perform to the very highest standards whilst NHS hubs were opened and not necessarily performing to the same very highest of standards. This was in relation to the operational level. It came across like there was a difference in what was expected from private and NHS hubs. It was also suggested that not all NHS hubs had access to the right PPE but were still opened; whilst private practices had the right PPE but were not fully supported. CQC confirmed that there are no differences between Private and NHS practices, as they have the same inspection protocol for both. Questions around Safe, Effective, Responsive, Caring, Well Led apply equally.

Fees

CQC confirmed fees are set annually. In the current year, in recognition of all the stress that practices are under, if a practice is struggling to pay the registration fee for the current year, then we will discuss repayment options with them. This is being managed by the finance

department. The issue of a fees reduction etc. will not be clear until the next financial year. Traditionally CQC will consult on its fees proposals for the coming financial year in the autumn so we will highlight this opportunity for the BAPD to feed in to the process at that stage.

Notice of Inspection

The notice period a practice receives prior to a CQC inspection is 2 weeks. When the dental sector first came in to the scope of regulation the notice period was 2 days. There are some circumstances where CQC has the discretion to shorten the notice period, but these are unusual and will be linked to the identification of a potential risk that requires an immediate response.

Key principles behind the QCQ approach to regulation include 'no surprises' as well as an inspection process that does not seek to 'catch out' a provider. CQC sometimes hears from the sector that 2 weeks is too long a notice period to give as it gives poor practice an opportunity to present a better image of their practice than perhaps is the case. The CQC view is that it is a positive aspect of our regulatory model if a practice takes this opportunity to initiate simple improvements; especially if they last.

AOB

It was agreed that the BAPD & CQC would meet on a more regular basis throughout the year in order to continue the engagement. It is likely that we will meet on a quarterly basis.

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