Interview with the Care Quality Commission

Neel Kothari speaks to the CQC’s Linda Hutchinson

LH: Registration with CQC is the law and the fees are calculated on the estimated cost of regulation. There were based on a similar provider type, independent GPs, although the fees could change over time once we have a clearer idea of how much authority is required for this sector in terms of compliance monitoring.

NK: If it is shown that over-regulation directly or indirectly has a detrimental effect on patient care, how would you as a regulator feel about it and would you recommend to the DH that your remit is scaled back?

LH: Regulation is in the best interests of patients and providers. In fact, registration will be an endorsement to providers who meet the essential standards. Regulation is based around providers meeting the essential standards, which are based on outcomes, the experiences people have. This system puts patients at the centre of care.

NK: Why has CQC only focused on practice policies and protocols and not actual clinical care at the point of delivery?

LH: The system of registration focuses on outcomes, which are based on the experiences patients have, rather than inputs, and we make no apologies for this.

We only normally inspect policies and procedures if we are looking for answers about questions that we have identified about outcomes for people. Our system of checks and inspection is driven by monitoring outcomes, through quality and risk profiles. We define outcomes broadly so as to include both clinical outcomes and people’s experiences.

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LH: How will CQC monitor compliance after 1 April?

All providers will have a planned review at least once every two years and can have a responsive review at any time. Responsive reviews will happen if we have specific concerns about a provider. If you are registered with conditions on your registration, you will be subject to review more than if you have no conditions. This is a risk-based regulatory system.

So there we have it guys, did it help? Is there anything else anyone wants answered? If so please email me at neelkothari@hotmail.com and I will do my best to raise it with the CQC.

**About the author**

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.