

# The Private Dentistry (Wales) Regulations 2017

**Version 1: April 2017**

**To be reviewed October 2017**

*Signposting dental teams to information, guidance and sources of support*

This signposting guide will support the “registered person” and dental practice teams to comply with the Regulations. For ease of reading this document sometimes refers to “you” as this primarily means the registered person as defined in the Regulations

Its layout follows each part of the Regulations and focusses on those parts where additional information may be helpful. It is helpful to refer to it alongside the Regulations themselves.

Dental teams who provide NHS dental care will be familiar with the vast majority of issues because they also apply to NHS care.

## **Introduction**

The Private Dentistry (Wales) Regulations 2017 came into force on 1<sup>st</sup> April 2017 and replace all previous regulations concerning Private Dentistry Regulations in Wales. You can access the Regulations at this link

<http://www.legislation.gov.uk/wsi/2017/202/contents/made>

The main changes from previous Regulations are:

- Individual dentists will no longer be required to register with Healthcare Inspectorate Wales (HIW) to provide private dental care in Wales. Instead **all dental practices** where private dental care is provided will have to register with HIW. (*The “provider” will be required to register under the new regulations– ie a person, partnership or organisation who carries on a private dental practice*)
- Dental Care Professionals (DCP) who provide private direct access care from their own practice will have to register with HIW if they want to provide these services in Wales. This will align these services with the practice and patient assurance systems available to other dental practices, including practice inspection by HIW

- The regulations will further align private dental care with the quality and safety standards which apply to NHS services.
- Dentists or dental care professionals who use lasers **for dental treatment only** will no longer have to register as an independent hospital to use this equipment. Their use will be covered in the HIW dental registration process.
- Dentists will no longer need a new Disclosure and Barring (DBS) certificate every 3 years. DBS checks and certification are being aligned with NHS dental practice requirements.

### **The main focus of this guidance is quality and safety in dental practice**

The new regulations were consulted on formally in 2016 and dental organisations – such as the British Dental Association – provided feedback. You can read the consultation report at this link

<https://consultations.gov.wales/consultations/draft-private-dentistry-wales-regulations-2016>

In January 2017, The Chief Dental Officer for Wales wrote to all dental practices in Wales, all dentists registered with Healthcare Inspectorate Wales (HIW) to provide private dental care in Wales, and Dental Care Professionals (DCPs) providing private direct access services from their own practice (dental hygienists, dental therapists, clinical dental technicians). Her letter introduced the new Private Dentistry (Wales) Regulations and it can be accessed at this link.

<http://gov.wales/docs/phhs/publications/170206dentistryregsen.pdf>

### **The role of Healthcare Inspectorate Wales**

HIW inspects NHS dental practices, dental practices who do private work and practices who do a mixture of private and NHS work. The Regulations refer to “the registration authority” as a generic term rather than HIW.

HIW checks that dental teams are meeting NHS standards and, where applicable, the legal requirements of the Private Dentistry Regulations. You can read more about HIW and access the dental workbook which is used during dental inspections at this link

<http://hiw.org.uk/about/whatwedo/inspect/dental/?lang=en>

HIW have developed a new system for registration to provide private dental care. You can read more about HIW, the process for registration and HIW dental practice inspection at this link

<http://hiw.org.uk/news/changestodentalregs?lang=en>

Every practice which provides private dental care has to register with HIW including “branch” practices and practices which are separate organisations but which share the same premises

The annual fee for practice registration is:

£300 for single dentist practices which provide private dental care **and** NHS care

£500 for all other practices, including private direct access practices

You can access HIW guidance on the HIW website at this link

<http://hiw.org.uk/providing/registerwithus/registerapractice/?lang=en>

HIW inspect practices against the Health and Care Standards. These primarily apply to NHS settings but it is helpful for private dental practices to understand them. You can access the standards at this link

<http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

### **The Private Dentistry (Wales) Regulations 2017**

Regulations are legal documents and the requirements must be followed. This guide provides straightforward additional information on some of the regulations and is aimed at helping registered persons and dental teams to meet the legal requirements.

The initial “explanatory note” to the Regulations describes the legal framework which underpins the Regulations and their main provisions. This is followed by the contents. These guidance notes relate to the actual regulation to which they apply rather than the “explanatory note”

This guidance does not provide additional information for **every** regulation. Rather it provides additional information for specific regulations which Welsh Government considers it helpful to provide. This has been done in liaison with dental representatives (including the British Dental Association).

The guidance includes a number of links to websites. Links to Wales Deanery and the GDC occur on a number of occasions and they are included here for ready access.

**Cardiff University Wales Deanery Dental Postgraduate Training and Education in Wales** (referred to as Wales Deanery) provides a wide range of courses for the dental team and practice support by Practice Quality Improvement Tutors. Wholly private practices may be required to pay a fee for some courses / support.

<https://dental.walesdeanery.org/>

All GDC registrants must have ready access to the **GDC Standards for the Dental Team**. They are available at the link below, together with a range of other guidance

<https://www.gdc-uk.org/professionals/standards/team>

Readers are reminded that web links change periodically and you should check that you are accessing the most up to date webpages.

The Private Dentistry Regulations (Wales) 2017

Page number and paragraph / sub paragraph number	Regulation text or heading	Guidance
<b>Page 7 Reg 2</b>	<p>“dental care professional” means—</p> <ul style="list-style-type: none"> <li>(a) a dental hygienist;</li> <li>(b) a dental therapist; or</li> <li>(c) a clinical dental technician.</li> </ul>	<p>The Regulations include definitions of terms used throughout. Because these are “legal” definitions they are slightly different from the day to day way in which dental teams use them.</p> <p>The list of dental care professionals includes DCPs whose GDC scope of practice allows them to provide private direct access services from their own practice premises. Therefore it does not specifically mention dental nurses, but it does include dental hygienist; dental therapist and clinical dental technician;</p>
<b>Page 9 Reg 2</b>	<p>“registered manager”</p> <p>“registered person”</p> <p>“registered provider”</p> <p>“responsible individual”</p>	<p>The person who has day to day responsibility for managing the dental practice. The regulations do not stipulate who can hold this position however they must be able to demonstrate that they can meet the criteria set out in <a href="#">Regulation 11 – Fitness of a Manager</a>.</p> <p>This is a term used in the regulations to refer to the registered manager and/or the, registered provider without needing to list both terms.</p> <p>This is the organisation, partnership or sole trader that is being registered to carry on a private dental practice.</p> <p>This is the individual named by the registered provider as responsible for supervising the management of the private dental practice. In the case of an organisation/company this would normally be a company director or an officer within the organisation/company that has responsibility for overseeing the management of the private dental practice. In</p>

		the case of a partnership all partners would be classed as the responsible individual(s). In the case of a sole trader they would fulfil this role.
<b>Page 9 Reg 2</b>	“scope of practice”	<p>You can access the GDC Scope of Practice at this link. All dental team members must understand their own scope of practice but it is also helpful to understand the scope of practice of others.</p> <p><a href="http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Scope%20of%20Practice%20September%202013%20(3).pdf">http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Scope%20of%20Practice%20September%202013%20(3).pdf</a></p>
<b>Page 10 Reg 5</b>	Statement of Purpose	<p>Page 36, Schedule 1 lists the information which must be included in the Statement of Purpose. HIW provide a template Statement of Purpose at this link.</p> <p><a href="http://hiw.org.uk/providing/registerwithus/registerapractice/?lang=en">http://hiw.org.uk/providing/registerwithus/registerapractice/?lang=en</a></p> <p>To all intents and purposes the statement of purpose is very similar to the patient information leaflet (see next section).</p>
<b>Page 10 Reg 6 and Schedule 2</b>	Patient Information	<p>See page 37 (Schedule 2) for a list of the information which must be included in the patient information leaflet.</p> <p>This leaflet should be easy to read and written in straightforward language. If you have an NHS patient information leaflet it can be adapted to meet all the requirements listed in Schedule 2. Try to avoid use of technical language, “jargon” or acronyms.</p> <p>You can check the readability of your patient information leaflet using readability indices. This link provides information on readability indices.</p> <p><a href="http://www.readabilityformulas.com/smog-readability-formula.php">http://www.readabilityformulas.com/smog-readability-formula.php</a></p> <p>You should aim for a reading age of about 12 to 13 years. The link below allows you to calculate this.</p> <p><a href="http://www.readabilityformulas.com/free-readability-formula-tests.php">http://www.readabilityformulas.com/free-readability-formula-tests.php</a></p>

		<p>Para 8 of Schedule 2 requires you to include “details of persons who have access to patient information. This includes dentists and other members of the clinical dental team, but may also include the receptionist and practice manager.</p> <p>Practices which provide NHS dental care must display the NHS list of charges. In practices which provide private dental care it is recognised that it is not practical to provide a comprehensive price list for <b>all</b> treatments but Regulation 6(3) requires the practice to display indicative information on patient charges. The practice should display an indicative price list of the more commonly provided treatments and care eg examination, scale and polish / OHI, x-rays (such as bitewings or OPT), filling (white / amalgam), single tooth crown (porcelain / gold) and Co/Cr denture</p> <p>Some patients will receive both NHS and private dental care. In these cases you must make clear to your patients which treatments can be provided under the NHS and which can only be provided on a private basis. You should provide patients with accurate information about the charges payable under both the NHS and private services.</p> <p>The patient information leaflet must include the names of dentists and DCPs working in the practice. It is good practice for dental practices to display the names and qualifications of their dental team members in the waiting room although this is not a requirement of the new Private Dentistry Regulations. The GDC Standards for the Dental Team note that patients “expect to know the names of those providing their care” and that dental teams “must ensure that patients are fully informed of the names and roles of the dental professionals involved in their care.”</p>
<b>Page 11 Reg 7</b>	Review of the statement of purpose and patient information leaflet	You must review these documents at least every year. If they need to be revised you must make necessary changes and notify HIW within 28 days.
<b>Page 11</b>	Policies and Procedures	If your practice provides NHS care you may already have these policies and procedures, but you

<p><b>Reg 8</b></p>	<p>the arrangements for ensuring the health and safety of staff and patients;</p> <p>the arrangements relating to infection control including hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training and advice;</p> <p>the arrangements for clinical audit;</p> <p>the arrangements for dealing with medical emergencies which ensure that staff who may be involved in dealing with a medical emergency receive appropriate training.</p> <p>the arrangements for emergency contingencies which ensure the continuous safe running of the private dental practice;</p>	<p>should review them to ensure they apply to private services and meet the Regulations.</p> <p>Policies and procedures should be succinct and clearly written so all members of the team can understand them. You should keep a folder of up to date policies and procedures and a simple system to show that all staff have read them (Eg a sheet with all staff names which they sign and date when they have read the policies and procedures)</p> <p>Organisations such as the BDA can provide example policies and procedures but you must make sure they apply to your practice and are properly adapted to your practice</p> <p>You do not need certain policies and procedures if they do not apply to your practice – EG if you do not provide domiciliary care, or you do not supply medicines directly to patients</p> <p><u>Information on particular policies and procedures noted in the Regulations :-</u></p> <p>The Wales Dental Deanery support practices with training, education, development and audit which you may find helpful for the policies and procedures noted above. There may be a charge for this support if your practice is wholly private</p> <p>Emergencies can happen unexpectedly and may be completely outside the control of the practice, e.g. a flood in the practice, break down of heating system, no mains water available. You do not need to include every possible emergency situation in your emergency contingency policy but you must outline the general arrangements you have to deal with them including contacting patients if the surgery can't be used.</p>
---------------------	---	--

<p><b>Page 12</b> Reg 8 (3)</p>	<p>“... care and treatment of patients who lack capacity”</p>	<p>You can find further information on the Mental Capacity Act 2005 (including guidance and the Code of Practice) at these links</p> <p><a href="https://www.bma.org.uk/advice/employment/ethics/mental-capacity/mental-capacity-toolkit">https://www.bma.org.uk/advice/employment/ethics/mental-capacity/mental-capacity-toolkit</a>  <a href="http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance">http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance</a></p>
<p><b>Pages 12 and 13</b> Reg 8 (5) (b)</p>	<p>Where domiciliary services are provided. The practice must have regard to any national guidance when preparing the policy and procedure documents on the provision of domiciliary services.</p>	<p>The national guidance (Guidelines for the Delivery of a Domiciliary Oral Healthcare Service) is published by the British Society for Disability and Oral Health and can be found at this link  <a href="http://bsdh.org/userfiles/file/guidelines/BSDH_Domiciliary_Guidelines_August_2009.pdf">http://bsdh.org/userfiles/file/guidelines/BSDH_Domiciliary_Guidelines_August_2009.pdf</a></p>
<p><b>Page 13</b> Reg 8 (6)</p>	<p>The registered person must review the operation of policies and procedures implemented under this regulation and regulation 21 (complaints) at intervals of not more than three years and, where appropriate, revise and implement those policies and procedures.</p>	<p>It is good practice to review policies and procedures from time to time to ensure they remain up to date. The regulations require you to review policies and procedures at least every 3 years. It is not necessary to change them “for the sake of it”, but the date they were reviewed should be written on the document.</p> <p>Regulation 21 (page 23) provides detailed requirements on handling complaints. The list of policies and procedures noted on page 11 and 12 does not include a complaints policy, but regulation 21 makes it clear that the practice must have a complaints procedure.</p>
<p><b>Page 13</b></p>	<p>The registered person must make available upon request by a patient,</p>	<p>You do not have to provide personal copies of policies / procedures on demand for</p>

<p><b>Reg 8</b> (7)</p> <p><b>Page 13</b> <b>Reg 8</b> (8)</p>	<p>and any prospective patient, copies of the policies and procedures.</p> <p>The registered person must retain copies of all policies and procedures referred in this regulation, including previous versions of policies and procedures that have been revised in accordance with paragraph (6), for a period of not less than three years from the date of creation or revision of the policy or procedure.</p>	<p>patients. It is acceptable to provide the practice copy for patients to read while they are in the practice</p> <p>The Welsh Risk Pool and dental indemnity organisations recommend that it is good practice to keep copies of previous policies and procedures for at least 3 years in case you need to refer to them. This is also required by the regulations. Previous copies of policies and procedures should be safely stored separately from current policies so there is no risk that staff will mistake old policies for current versions.</p> <p>Further information is provided on specific topics (eg infection control) later in this document</p>
<p><b>Part 2</b> <b>Page 13</b></p> <p><b>Reg 9</b> (2) (b)</p>	<p>Fitness of registered provider</p>	<p>Registered providers and managers are primarily responsible for achieving compliance with Regulations. We expect providers and managers to take this responsibility seriously and to continually improve their service, apply best practice and respond to feedback of people using services. Concerns about the fitness of a registered provider or manager should be addressed appropriately, fairly, promptly and effectively. GDC registrants are reminded that the GDC standards for the dental team note that “you must raise any concern that patients might be at risk due to the health, behaviour or professional performance of a colleague”</p> <p>Where there are severe failings and a serious risk to the health and wellbeing of patients urgent action may be required which could result in the cancellation of registration. However every effort will be made to explore possible alternatives, as we understand the serious impact that cancellation can have on the practice.</p>
<p><b>Page 14</b> <b>Reg 10</b></p>	<p>Appointment of a manager</p>	<p>Organisations (a body corporate registered with Companies House) and Partnerships must appoint an individual to manage the private dental practice. The regulations do not</p>

		<p>stipulate who should fulfil this role e.g. a dentist or practice manager but the person appointed must demonstrate their fitness to manage as per <a href="#">Regulation 11 – Fitness of Manager</a></p> <p>Sole Traders (not registered with Companies House) do not need to appoint a manager unless:</p> <ul style="list-style-type: none"> <li>(a) they are not a fit person to undertake the role as described in <a href="#">Regulation 11</a>; or</li> <li>(b) they are not intending to be in full-time day to day charge of the private dental practice.</li> </ul>
<p><b>Page 15</b></p> <p>Reg 11 (4)</p>	<p><b>Fitness of Manager</b></p> <p>Where a person manages more than one private dental practice that person must spend sufficient time at each practice to ensure that the practice is managed effectively.</p>	<p>The manager must spend sufficient time in each practice to ensure good communications with all staff and to allow him / her to fulfil the role safely and effectively.</p> <p>There are no hard and fast rules about what is “sufficient time” but the manager is required to spend time at each practice at least once a week to allow them to fulfil their role.</p>
<p><b>Page 15</b></p> <p>Reg 12 (2)</p> <p><b>Part 3</b> <b>Page 16</b> Reg 13</p>	<p><b>Registered person – general requirements and training</b></p> <p>The registered provider and the registered manager must undertake, from time to time, such training as is appropriate to ensure that they have the skills necessary to carry on or manage the private dental practice, as the case may be.</p> <p>Where reusable medical devices are used in a private dental practice, the registered person must ensure that—such devices are handled safely;</p>	<p>The level and type of training will depend on the individual’s background (eg if he / she is a GDC registrant) and his or her roles and responsibilities. GDC registrants must undertake appropriate training / CPD and any manager not registered with the GDC should also keep up to date with good practice in dental practice management. The level and type of training will vary with individual qualifications and experience. You can access information on training at the Wales Deanery</p> <p>In Wales Welsh Health Technical Memorandum 01-05 (WHTM 01-05) describes all aspects of decontamination in dental practices. You can access WHTM 01-05 at this link <a href="http://www.wales.nhs.uk/sites3/news.cfm?orgid=254&amp;contentid=31428">http://www.wales.nhs.uk/sites3/news.cfm?orgid=254&amp;contentid=31428</a></p>

<p>(3)</p>	<p>appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices</p>	<p>All practices are expected to audit their decontamination procedures. You can access the all Wales audit of WHTM 01-05 at this link</p> <p><a href="https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects">https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects</a></p> <p>The Wales Deanery supports practices to undertake the audit. Under Clinical Audit and Peer Review (CAPR) arrangements all dentists who complete the audit receive verifiable CPD, and dentists with an NHS contract are also eligible for funding (this applies to practices which provide both NHS and Private services)</p> <p>You can access CDO letter on safe use of sharp instruments at this link</p> <p><a href="http://gov.wales/docs/phhs/publications/130522sharpen.pdf">http://gov.wales/docs/phhs/publications/130522sharpen.pdf</a></p>
<p><b>Page 16 Reg 13 (4)</b></p>	<p>ensuring that dentists and dental care professionals are qualified and trained in prescribing and administering medicines within their scope of practice;</p>	<p>The British National Formulary is available free of charge on –line at this link</p> <p><a href="https://www.evidence.nhs.uk/formulary/bnf/current">https://www.evidence.nhs.uk/formulary/bnf/current</a></p> <p>Dental registrants are encouraged to access the Scottish Dental Clinical Effectiveness Programme (SDCEP) prescribing guidance which also includes information on drug interactions and safe / effective prescribing. SDCEP guidance is available at this link</p> <p><a href="http://www.sdcep.org.uk/published-guidance/drug-prescribing/">http://www.sdcep.org.uk/published-guidance/drug-prescribing/</a></p> <p>Dentists are advised to audit their antibiotic prescribing. You can access the all Wales audit of antimicrobial prescribing at this link</p> <p><a href="https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects">https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects</a></p>
<p><b>Page 17 Reg 13 (4) (e)</b></p>	<p>ensuring that all drug-related adverse incidents are reported.</p>	<p>These incidents should be reported using the BNF yellow card system either as hard copy or on-line at this link</p> <p><a href="https://www.evidence.nhs.uk/formulary/bnf/current/yellow-card-scheme">https://www.evidence.nhs.uk/formulary/bnf/current/yellow-card-scheme</a></p>

<p><b>Page 17</b> <b>Reg 13</b> <b>(6) (c)</b></p>	<p>ensuring that an effective system is implemented for ensuring that all staff have successfully completed— standard health checks; and additional health checks where staff will be performing exposure-prone procedures.</p>	<p>Standard Health Checks are described in Welsh Health Circular <a href="http://www.wales.nhs.uk/documents/WHC(2007)086.pdf">http://www.wales.nhs.uk/documents/WHC(2007)086.pdf</a></p> <p>The main focus for Blood Borne Viruses (BBV) and health clearance is healthcare workers (HCW) who carry out Exposure Prone Procedures (EPP) because they are at greater risk of acquiring or passing on BBV to patients or other HCW. An EPP is a procedure where the clinician’s hands are “hidden” in a body cavity – such as the mouth.</p> <p>EPP in dentistry are described by the UK Advisory Panel at this link <a href="https://www.gov.uk/government/publications/general-dentistry-exposure-prone-procedure-categorisation">https://www.gov.uk/government/publications/general-dentistry-exposure-prone-procedure-categorisation</a></p> <p>Hepatitis B Individuals who are otherwise fit and well should</p> <ul style="list-style-type: none"> <li>- complete a primary course of vaccine</li> <li>- have a subsequent test 1 to 4 months after immunisation to check immunity</li> <li>- if their immunity levels are borderline acceptable, antibody to hepatitis B surface antigen (anti-HBs) levels greater than or equal to 10mIU/ml AND less than 100mIU/ml , they should have a further dose of vaccine as part of the primary course of vaccine AND a reinforcing “booster” after 5 years.</li> <li>- if their immunity levels are acceptable, antibody to hepatitis B surface antigen (anti-HBs) levels greater than or equal to 100mIU/ml, they should have a reinforcing “booster” after 5 years</li> <li>- no further tests of immunity level at the time of the further or reinforcing booster or subsequently or additional immunisation is routinely recommended.</li> </ul> <p>You can read more in the “Green Book” at this link (The Green Book is published by Public Health England and is the recognised source of advice / information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.)</p>
--	---	--

		<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503768/2905115_Green_Book_Chapter_18_v3_0W.PDF">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503768/2905115_Green_Book_Chapter_18_v3_0W.PDF</a>
<b>Page 18 Reg 14</b>	Safeguarding Patients	<p>The term “Safeguarding” applies to both children and adults at risk (previously called “vulnerable adults”). Guidance on safeguarding was published by Public Health Wales in September 2016. At present it is not available in Welsh. You can access the guidance in English at the link below. (a password request may appear but the document should open if you cancel the password request)</p> <p><a href="http://howis.wales.nhs.uk/sitesplus/888/opendoc/435682">http://howis.wales.nhs.uk/sitesplus/888/opendoc/435682</a></p> <p>The Wales Deanery provides courses on safeguarding. You can access information on courses at this link</p> <p><a href="https://dental.walesdeanery.org/dental-courses">https://dental.walesdeanery.org/dental-courses</a></p>
<b>Page 19 Reg 15 (2)</b>	Privacy, dignity and relationships	Protected characteristics are age; disability; gender reassignment; sex and sexual orientation, pregnancy and maternity; race; religion or belief; and marriage or civil partnership; as described in the Equality Act 2010
<b>Page 19 Reg 16</b>	Assessing and monitoring the quality of service provision including annual returns.	<p>A wide range of resources is available to support quality improvement in practice in Wales. Examples include the Maturity Matrix Dentistry and all Wales audits on infection control (WHTM 01-05), smoking cessation, antibiotic prescribing. The Wales Deanery has developed a range of other audits as well as checklists for radiological standards and a patient experience feedback resource. Some in-practice training is available including a Health and Safety course. You can seek advice from a Deanery Practice Quality Improvement Tutor. Further information is available at this link</p> <p><a href="https://dental.walesdeanery.org/">https://dental.walesdeanery.org/</a></p> <p>Mixed NHS / private practices complete the annual Quality Assurance Self Assessment (QAS) which fulfils the requirements of an annual return. HIW will co-ordinate an annual</p>

		WAS exercise for those practices that offer private treatment only.
<b>Page 20</b> Reg 16(2)(b) (iv)	(iv) Reports prepared by the registration authority	This includes HIW practice visit / inspection reports
<b>Page 20</b> Reg 16 (2) ( c) and (d) (iii)	(c) regularly seek the views (including the descriptions of their experiences of care and treatment) of patients and persons who are employed in or for the purposes of the private dental practice; and  (d) where necessary, make changes to the service delivery, treatment or care provided in order to reflect—  (iii) the views of patients and persons who are employed in or for the purposes of the private dental practice.	It is important to ask patients for feedback and seek the views of your team and staff. A range of patient feedback systems are available including one produced by the Wales Deanery which aligns with the Welsh policy <i>Listening and learning to improve the experience of care - Understanding what it feels like to use services in NHS Wales</i> <a href="http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Listening%20and%20Learning%20to%20Improve%20the%20Experience%20of%20Care.pdf">http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Listening%20and%20Learning%20to%20Improve%20the%20Experience%20of%20Care.pdf</a>  It is important to take note of patient feedback and act appropriately on it.
(d) (i)	(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a patient;	It is important for the practice team to learn from incidents that cause harm to patients (for example extraction of the wrong tooth) or near misses (for example preparing to write a prescription for penicillin to a patient who is allergic to penicillin). The practice team should consider any incidents to identify reasons for this event and establish whether any safety changes are needed. Incidents which cause serious injury or harm to patients receiving private dental care must be reported to HIW. This is not to apportion blame. It allows HIW to identify themes of repeat incidents which may indicate a need for dental training.  You can read more about incident reporting and learning at this link. <a href="https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects/feedback-and-examples">https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects/feedback-and-examples</a>

	<p>(ii) the conclusions of local and national service reviews, clinical audits and research carried out by appropriate expert bodies; and</p> <p>(iii) the views of patients and persons who are employed in or for the purposes of the private dental practice.</p>	<p>The GDC notes that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress. Further guidance is available on Duty of Candour at this link  <a href="https://www.gdc-uk.org/professionals/standards/team">https://www.gdc-uk.org/professionals/standards/team</a></p> <p>Examples of national reviews include NICE guidance, MHRA safety notices and Chief Dental Officer letters in Wales</p> <p>Well run, regular staff / team meetings are an opportunity to seek the views of staff</p>
<p><b>Page 20</b> <b>Reg 16</b> <b>(3)</b></p>	<p>....an annual return setting out how the registered person has met the requirements of paragraph (1),</p>	<p>For mixed NHS / Private practices the annual QAS meets the requirements of an annual return. Wholly private practices should keep a record of how they assess and monitor the quality of service provision. This record must be provided to HIW if requested.</p>
<p><b>Page 21</b> <b>Reg 17</b> <b>(3) (e)</b></p>	<p>The registered person must ensure that each person employed in or for the purposes of the private dental practice—</p> <p>(e) has access to processes which enable them to raise, in confidence and without prejudice to their employment, concerns over</p>	<p>Raising concerns is sometimes referred to as “whistleblowing”. The GDC provide <b>Advice for Dental Professionals on Raising Concerns</b>. You can access this at this link  <a href="https://www.gdc-uk.org/professionals/standards/team">https://www.gdc-uk.org/professionals/standards/team</a></p> <p>The GDC Standards for the dental team note that you must - Make sure if you employ, manage or lead a team that there is an effective procedure in place for raising concerns, that the procedure is readily available to all staff and that it is followed at all</p>

	any aspect of service delivery, treatment or management.	times.
<b>Page 21</b> Reg 17 (4)	Appraisal	The Welsh Government, GDC and other professional organisations in dental education recognise the value of annual appraisal for all members of the dental team. However it may not be practical or appropriate for the most senior dentist(s) to be appraised by other team members, and they may want to consider other professional development systems such as peer reviews with neighbouring practices. Wales Deanery can provide additional information on appraisal systems
Reg 17 (4) (b)		The GDC Standards make it clear that registered dental professionals can be held responsible for the actions of any member of staff who does not have to register with the GDC (for example, receptionists, practice managers or laboratory assistants). You should ensure that they are appropriately trained and competent and take appropriate steps to deal with their performance if it is not satisfactory.
<b>Page 22</b> Reg 18 (2) (e)	Fitness of Workers	See page 39 Schedule 3 Part 1 for further details of information required in respect of people ... working at the practice.
<b>Page 39</b>	(e) in any other case, a criminal record certificate issued under section 113A of the Police Act 1997.	<p>Criminal Records Bureau (CRB) checks are now called Disclosure and Barring Service (DBS) checks. However, the certificates produced continue to be called “criminal record certificates” in accordance with the Police Act 1997. Although the GDC Standards for Dental Teams do not specifically refer to DBS checks for registrants these checks are required for healthcare services in Wales and these include dental care services.</p> <p>Employers must ensure that all staff engaged to work with children, young people and adults at risk are suitable to do so. All reasonable steps must be taken in the employment process including ensuring:</p> <p>availability of a full employment history (or education history if they are just leaving</p>

	<p>2. Two written references, including a reference from the person's most recent employer, if any.</p>	<p>education) with satisfactory explanations for any gaps in employment</p> <p>qualifications and professional registration are checked</p> <p>proof of identity is checked (birth certificate and passport)</p> <p>references are properly validated</p> <p>Have a process in place for undertaking Disclosure and Barring Service checks (DBS) at the appropriate level for staff.. Dentists must have an enhanced DBS check. Dental therapists, dental hygienists and clinical dental therapists require a check (this is essential if they provide private direct access services)</p> <p>For all other staff, practices need to assess the different responsibilities and activities to determine what level of DBS check they require. The eligibility for checks, and the level of that check, depends on the roles and responsibilities of the job not the individual being recruited. It is also based on the level of contact staff have with patients, particularly children and adults at risk, and any access they have to records (particularly patient records)</p> <p>It is necessary to obtain 2 references for people seeking to carry on or manage a private dental practice, and for any person applying to work in the practice. However it is recognised it may not be possible for every prospective staff member (including GDC registrants) to obtain two professional references. They may be newly qualified, still in training or have previously only worked at a small practice and can, therefore, obtain only one professional reference. In these cases a second reference may be from a teacher, mentor or other similar person. A professional reference is not expected if the person has not previously been employed.</p>
<p><b>Page 22</b> Reg 19</p>	<p>Guidance for dentists and dental care professionals.</p>	<p>This particularly refers to the GDC Standards for the Dental Team. The practice must also display the GDC standards poster in both English and Welsh. These are available to download at this link (see Displaying Information for Patients)</p> <p><a href="https://www.gdc-uk.org/professionals/standards/team">https://www.gdc-uk.org/professionals/standards/team</a></p>

<p><b>Page 22</b> Reg 20 (b)</p>	<p>(b) the record is retained for a minimum period of eight years beginning on the date on which the treatment which the record refers was concluded or terminated.</p>	<p style="text-align: center;"><b>Period for which Dental Records Must be Retained</b></p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><i>1.Type of patient</i></th> <th style="text-align: left; border-bottom: 1px solid black;"><i>2.Minimum period of retention</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Patient who was under the age of 17 at the date on which the treatment to which the records refer was concluded</td> <td style="padding: 5px;">Until the patient’s 25<sup>th</sup> birthday</td> </tr> <tr> <td style="padding: 5px;">Patient who was aged 17 at the date on which the treatment to which the record refers was concluded</td> <td style="padding: 5px;">Until the patient’s 26<sup>th</sup> birthday</td> </tr> <tr> <td style="padding: 5px;">Patient who died before attaining the age of 18</td> <td style="padding: 5px;">A period of 8 years beginning on the date of the patient’s death</td> </tr> <tr> <td style="padding: 5px;">All other cases</td> <td style="padding: 5px;">A period of 8 years beginning on the date of the last entry in the record</td> </tr> </tbody> </table> <hr/>	<i>1.Type of patient</i>	<i>2.Minimum period of retention</i>	Patient who was under the age of 17 at the date on which the treatment to which the records refer was concluded	Until the patient’s 25 <sup>th</sup> birthday	Patient who was aged 17 at the date on which the treatment to which the record refers was concluded	Until the patient’s 26 <sup>th</sup> birthday	Patient who died before attaining the age of 18	A period of 8 years beginning on the date of the patient’s death	All other cases	A period of 8 years beginning on the date of the last entry in the record
<i>1.Type of patient</i>	<i>2.Minimum period of retention</i>											
Patient who was under the age of 17 at the date on which the treatment to which the records refer was concluded	Until the patient’s 25 <sup>th</sup> birthday											
Patient who was aged 17 at the date on which the treatment to which the record refers was concluded	Until the patient’s 26 <sup>th</sup> birthday											
Patient who died before attaining the age of 18	A period of 8 years beginning on the date of the patient’s death											
All other cases	A period of 8 years beginning on the date of the last entry in the record											
<p><b>Page 23</b> Reg 21</p>	<p>Complaints</p>	<p>The GDC provide a service for patients with complaints about private dental care. You can read about the “Dental Complaints Service” at this link</p>										

		<p><a href="https://www.gdc-uk.org/about/what-we-do/dcs">https://www.gdc-uk.org/about/what-we-do/dcs</a></p> <p>Practice staff may find it helpful to note that the GDC provide leaflets to patients about the Dental Complaints Services. You can access these at this link  <a href="https://www.gdc-uk.org/search?querytext=DCS+patient+leaflet">https://www.gdc-uk.org/search?querytext=DCS+patient+leaflet</a></p>
<b>Page 23</b> Reg 21 (5)	“... maintain a record of each complaint”	The practice should keep a detailed record of all formal complaints (these may be in writing or verbal). It is helpful to keep a record of any concerns raised (for example a verbal concern about the waiting room or toilet facilities) to identify any themes in these concerns and ensure they are addressed appropriately. It is also helpful to keep a record of compliments (verbal or written)
<b>Page 24</b> 22 (3) (a)	Facilities for the purpose of changing	Staff should be able to change into PPE (protective clothing / uniform) in the practice, and have safe storage for their clothes. PPE should not be worn outside the practice
<b>Page 24</b> Reg 22(4) (a)	Take adequate precautions against the risk of fire...	Fire safety equipment should be purchased from an accredited supplier. Your practice can obtain fire safety information and advice from local fire protection consultant organisations
<b>Page 25</b>	Visits by registered provider to private dental practice	Where the registered provider does not work at the practice he/she should maintain regular contact with the practice (including visiting the practice a minimum of once every 12 months)
<b>Page 26</b> Reg 25 (1) (b)	The outbreak of any infectious disease....	This may include informing HIW if a clinical member of staff is found to have a BBV or if the water system is found to be contaminated with legionella
<b>Page 26</b> <b>Reg 26</b>	Notification of temporary absence of registered person	Paragraphs (1) and (2) relate to a planned absence rather than an absence which occurs as a result of an unforeseen issue, eg an accident or illness. Paragraph (3) relates to an unplanned absence as a result of “an emergency”.
<b>Page 28</b> Reg 27 (j)	The premises are significantly altered....	This means a major change such as an extension or wholesale refurbishment. It is advisable to discuss planned changes with HIW if you are in doubt as to whether they are significant.

<b>Page 28 Reg 28</b>	Notification of offences	This relates to a criminal offence rather than a civil offence such as a minor motoring offence.
<b>Page 29 30 (3) - (4)</b>	Death of a registered person	<p>The circumstances surrounding the death of a Registered Person may place considerable strain on the practice team and family members who are required to directly deal with the impact on the practice.</p> <p>The regulations provide</p> <ul style="list-style-type: none"> <li>• an initial 28 day period during which the personal representatives of the deceased providers may carry on the private dental practice without being registered;</li> <li>• an additional such period of up to six months as HIW may determine; and</li> <li>• a further such period of up to six months if HIW receive an application for registration as provider of that private dental practice.</li> </ul> <p>These timeframes are consistent with the NHS Regulations.</p>
<b>Page 30 Reg 31</b>	Resuscitation	<p>The Wales Deanery provides in - practice and general courses on resuscitation and dealing with medical emergencies.</p> <p>You can read more about the GDC requirements (and the Resuscitation Council) at the link below</p> <p><a href="https://www.gdc-uk.org/professionals/standards/medical-emergencies">https://www.gdc-uk.org/professionals/standards/medical-emergencies</a></p>
<b>Page 30 Reg 31 (3) (b)</b>	Ensure that all equipment and medicines for resuscitation ... are available on the premises	The practice should have systems in place to check that all resuscitation equipment and emergency drugs are in date and readily accessible in an emergency. This equipment should be regularly checked and records kept of these checks as per the Resuscitation Council guidance.
<b>Page 31 Reg 32</b>	Use of class 3B or class 4 laser product	<p>The new Private Dentistry Regulations remove the need for dental practices to separately register use of lasers <b>for dental treatment</b> under the Independent Healthcare (Wales) Regulations 2011.</p> <p>As part of registration with HIW the practice will be asked to inform HIW if they use lasers, which type of laser they use and provide assurance that they comply with requirements for</p>

		<p>training to use the laser and associated health and safety requirements.</p> <p>Any laser used in the dental practice <b>for purposes other than dental treatment</b> will require the practice to register separately under the Independent Healthcare (Wales) Regulations 2011.</p> <p>If you are in doubt about whether you use lasers <b>for purposes other than dental treatment</b> you should discuss this with HIW to ensure the laser is correctly registered.</p>
--	--	--