

# Responsibilities of a registered person RQIA update



## Course Aim

- Understand roles and responsibilities as a registered person under the Independent Health Care Regulations (Northern Ireland) 2005 and minimum standards and operates the practice accordingly.

# Course Objectives



- Understand the requirements of The Dentists Act (1984) and the when to notify RQIA of any changes to the practice.
- Understand the types of categories of care a registered dental practice could have.
- Highlight the principles of governance and oversight.
- Improve knowledge and understanding of relevant legislation for equipment using ionising radiation.
- Raise awareness of other relevant legislation and standards set by professional bodies and standard setting organisations.

# Background



- In 2011 establishments providing private dental care and treatment were required to register with the Regulation Quality Improvement Authority (RQIA) under the service type of an Independent Hospital (IH) – with a Dental Treatment category of care.
- The only exclusion to this requirement to register was if a dental practice was delivering exclusively health and social care (HSC) services (that is public services) without any private dental care and treatment.

# Legislation



The Regulation and  
Quality Improvement  
Authority

*Changes to legislation: The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 is up to date with all changes known to be in force on or before 09 November 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes*

## STATUTORY INSTRUMENTS

### 2003 No. 431 (N.I. 9)

#### The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

27th February 2003

## PART I INTRODUCTORY

### Title and commencement

- (1) This Order may be cited as the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- (2) This Part shall come into operation on the expiration of one month from the day on which this Order is made.
- (3) The remaining provisions of this Order shall come into operation on such day or days as the Department may by order appoint.

### Subordinate Legislation Made

**P1** Art. 1(3) partly exercised: 15.4.2003 appointed by S.R. 2003/239, art. 2; 23.7.2003 by S.R. 2003/348, art. 2; 17.2.2005 by S.R. 2005/44, art. 2; Sch. 1, 2; 29.3.2007 by S.R. 2007/220, art. 3, Sch. 2 (subject to art. 3); 3.9.2010 by S.R. 2010/288, art. 2, Sch. 2 (subject to the remaining provisions of the Order); 29.10.2010 by S.R. 2010/288, art. 3, Sch. 1 (with arts. 4, 5)

### Interpretation

- (1) The Interpretation Act (Northern Ireland) 1954 (c. 33) applies to this Order as it applies to an Act of the Assembly.
- (2) In this Order —  
“authority”, except in Article 42(1), and “authority foster parent” have the same meanings as in the Children Order;  
“Care Tribunal” means the tribunal established under Article 44;  
“child” means a person under the age of 18;

## STATUTORY RULES OF NORTHERN IRELAND

### 2005 No. 174

#### HEALTH AND PERSONAL SOCIAL SERVICES

##### The Independent Health Care Regulations (Northern Ireland) 2005

Made 25th March 2005

Coming into operation 1st April 2005

## ARRANGEMENT OF REGULATIONS

### PART I GENERAL

- Citation, commencement and extent
- Interpretation
- Exceptions to the definition of independent hospital
- Prescribed techniques or technology
- Meaning of independent clinic
- Exception of undertaking from the definition of independent medical agency
- Statement of purpose
- Patient's guide
- Review of statement of purpose and patient's guide

### PART II REGISTERED PERSONS

- Fitness of registered provider
- Appointment of manager
- Fitness of registered manager
- Registered person: general requirements
- Registered person: notification of offences

### PART III CONDUCT OF HEALTH CARE ESTABLISHMENTS AND AGENCIES

#### Quality of service provision

- Quality of treatment and other service provision
- Care and welfare of patients
- Review of quality of treatment and other services
- Staffing

## STATUTORY RULES OF NORTHERN IRELAND

### 2018 No. 17

#### HEALTH AND SAFETY

##### The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018

Made 1st February 2018

Coming into operation 6th February 2018

The Department of Health(a), being a designated Department(b) for the purposes of section 2(2) of the European Communities Act 1972(c) in relation to safety measures in regard to radioactive substances and the emission of ionising radiation, in exercise of the powers conferred by that section and by section 56 of the Finance Act 1973(d); and with the consent of the Department of Finance in respect of the powers conferred by section 56, makes the following Regulations:

### Citation and commencement

- These Regulations may be cited as the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 and shall come into operation on 6th February 2018.

### Interpretation

#### 2.—(1) In these Regulations—

- “accidental exposure” means an exposure to ionising radiation of individuals as a result of an accident;
- “adequate training” means training which satisfies the requirements of Schedule 3;
- “assessment” means prior determination of amount, parameter or method;
- “carers and comforters” means individuals knowingly and willingly incurring an exposure to ionising radiation by helping, other than as part of their occupation, in the support and comfort of individuals undergoing or having undergone an exposure;
- “clinical audit” means a systematic examination or review of medical radiological procedures which seeks to improve the quality and outcome of patient care through structured review, whereby medical radiological practices, procedures and results are examined against agreed standards for good medical radiological procedures, with modification of practices, where indicated, and the application of new standards if necessary;
- “Department” means the Department of Health;

(a) Formerly the Department of Health, Social Services and Public Safety; see 2016 c.5 (N.I.), s. 1(5)

(b) S.I. 1973/114

(c) 1972 c.68, section 2(2) was amended by section 27(1)(a) of the Legislative and Regulatory Reform Act 2006 (c. 51), and by Part 1 of the Schedule to the European Union (Amendment) Act 2008 (c. 7)

(d) 1973 c. 51; amendments have been made to section 56 by S.I. 2011/0943; there are other amendments to that section which are not relevant for the purposes of these Regulations

# Registration Regulations



*Changes to legislation: There are currently no known outstanding effects for the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005. (See end of Document for details)*

## STATUTORY RULES OF NORTHERN IRELAND

**2005 No. 99**

### HEALTH AND PERSONAL SOCIAL SERVICES

The Regulation and Improvement Authority  
(Registration) Regulations (Northern Ireland) 2005

Made - - - 11th March 2005  
Coming into operation 1st April 2005

The Department of Health Social Services and Public Safety, in exercise of the powers conferred on it by Articles 12(3), 13(2), 15(1)(d), 16(3), 17, 25 and 48(2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(1), and of all other powers enabling it in that behalf, hereby makes the following Regulations:

#### PART I GENERAL

##### Citation, commencement and extent

1. These Regulations may be cited as the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 and shall come into operation on 1st April 2005.

**Commencement Information**  
11 Reg. 1 in operation at 1.4.2005, see reg. 1

##### Interpretation

2.—(1) In these Regulations—  
“applicant” means a person seeking to be registered;  
[“bankruptcy restrictions order” means an order made under Schedule 2A to the Insolvency (Northern Ireland) Order 1989 or Schedule 4A to the Insolvency Act 1986;]  
[“debt relief restrictions order” means an order made under Schedule 2ZB to the Insolvency (Northern Ireland) Order 1989 or Schedule 4ZB to the Insolvency Act 1986.]

(1) S.I.2003/431 (N.I. 9)

*Changes to legislation: There are currently no known outstanding effects for the The Regulation and Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2007. (See end of Document for details)*

## STATUTORY RULES OF NORTHERN IRELAND

**2007 No. 222**

### HEALTH AND PERSONAL SOCIAL SERVICES

The Regulation and Improvement Authority (Registration)  
(Amendment) Regulations (Northern Ireland) 2007

Made - - - 29th March 2007  
Coming into operation 30th April 2007

The Department of Health, Social Services and Public Safety makes the following Regulations in exercise of the powers conferred on it by Articles 17 (1) (a) and (b) and 48 (2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(1).

##### Citation, and commencement

1. These Regulations may be cited as the Regulation and Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2007 and shall come into operation on 30th April 2007.

**Commencement Information**  
11 Reg. 1 in operation at 30.4.2007, see reg. 1

##### Amendment of the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005

2.—(1) The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005(2) shall be amended in accordance with paragraphs (2) to (5).

(2) In regulation 2 (1) (Interpretation)—

(a) the following definitions shall be inserted in the appropriate places—

“direct service provider” means a provider who supplies a domiciliary care worker who is employed by, and who acts for and under the control of, the provider;  
“domiciliary care service user” means any person for whom a domiciliary care agency—

(1) S.I.2003/431 (N.I. 9)  
(2) S.R. 2005/99

*Changes to legislation: There are currently no known outstanding effects for the The Regulation and Quality Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2010. (See end of Document for details)*

## STATUTORY RULES OF NORTHERN IRELAND

**2010 No. 290**

### HEALTH AND PERSONAL SOCIAL SERVICES

The Regulation and Quality Improvement  
Authority (Registration) (Amendment)  
Regulations (Northern Ireland) 2010

Made - - - 3rd September 2010  
Coming into operation 29th October 2010

The Department of Health, Social Services and Public Safety makes the following Regulations in exercise of the powers conferred on it by Articles 17 (1) (a) and (b) and 48 (2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(1).

##### Citation and commencement

1. These Regulations may be cited as the Regulation and Quality Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2010 and shall come into operation on 29th October 2010.

**Commencement Information**  
11 Reg. 1 in operation at 29.10.2010, see reg. 1

##### Amendment of the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005

2.—(1) The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 (2) shall be amended in accordance with the following paragraphs.

(2) In Regulation 2 (1) (Interpretation):

(a) in the definition of “Statement of Purpose” for sub-paragraph (j) (3) substitute the following paragraphs—

(1) S.I. 2003/431 (N.I. 9)  
(2) S.R. 2005 No 99 as amended by S.R. 2007 No 222  
(3) Sub-paragraph (j) was inserted by S.R. 2007 No 222

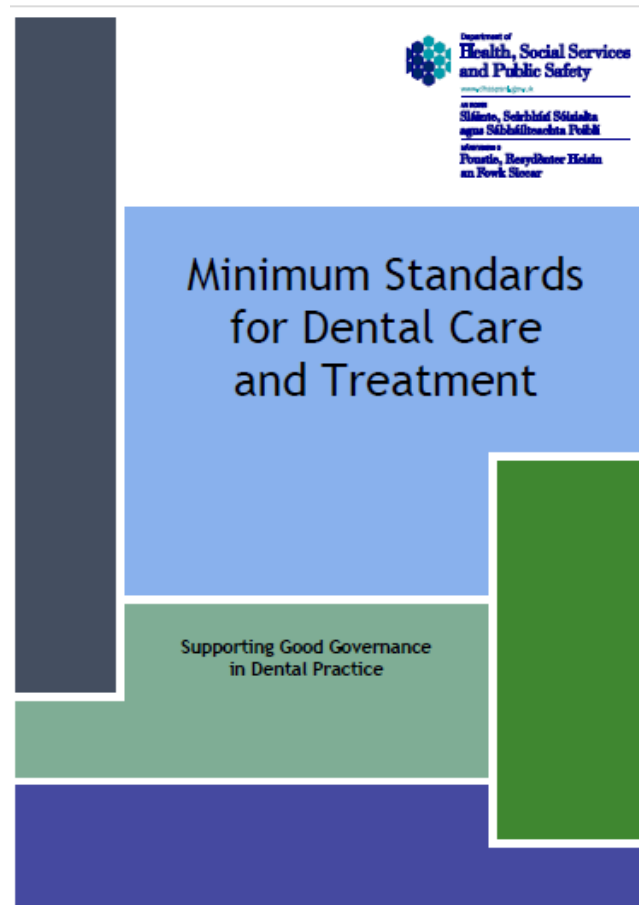


# Fees and frequencies legislation



<p><b>Changes to legislation:</b> There are currently no known outstanding changes to this legislation.</p>	<p><b>Changes to legislation:</b> There are currently no known outstanding changes to this legislation.</p>	<p><b>Changes to legislation:</b> There are currently no known outstanding changes to this legislation.</p>	<p><b>Changes to legislation:</b> There are currently no known outstanding changes to this legislation.</p>	<p><b>Changes to legislation:</b> There are currently no known outstanding changes to this legislation.</p>
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<p>HEALTH AND PERSONAL SOCIAL SERVICES</p>	<p>HEALTH AND PERSONAL SOCIAL SERVICES</p>	<p>HEALTH AND PERSONAL SOCIAL SERVICES</p>	<p>HEALTH AND PERSONAL SOCIAL SERVICES</p>	<p>HEALTH AND PERSONAL SOCIAL SERVICES</p>
<p>The Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>
<p>Made on 14th March 2005 Coming into operation on 1st April 2005</p>	<p>Made on 14th March 2005 Coming into operation on 1st April 2005</p>	<p>Made on 14th March 2005 Coming into operation on 1st April 2005</p>	<p>Made on 14th March 2005 Coming into operation on 1st April 2005</p>	<p>Made on 14th March 2005 Coming into operation on 1st April 2005</p>
<p>The Department of Health and Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Department of Health and Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Department of Health and Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Department of Health and Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>	<p>The Department of Health and Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</p>
<p><b>Citation, commencement and application</b></p> <p>1. These Regulations may be cited as the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005.</p>	<p><b>Citation, commencement and interpretation</b></p> <p>1.—(1) These Regulations may be cited as the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005.</p> <p>(2) In these regulations, “the principal regulatory authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005” means the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005(3).</p>	<p><b>Citation, commencement and interpretation</b></p> <p>1.—(1) These Regulations may be cited as the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005.</p> <p>(2) In these regulations, “the principal regulatory authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005” means the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005(3).</p>	<p><b>Citation and commencement</b></p> <p>1. These Regulations may be cited as the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005.</p>	<p><b>Citation, commencement and interpretation</b></p> <p>1.—(1) These Regulations may be cited as the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005.</p> <p>(2) In these regulations “the principal regulations” means the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005(3).</p>
<p><b>Commencement Information</b></p> <p>1 Reg. 1 in operation at 1.4.2007, see reg. 1(1)</p>	<p><b>Commencement Information</b></p> <p>1 Reg. 1 in operation at 30.4.2007, see reg. 1(1)</p>	<p><b>Commencement Information</b></p> <p>1 Reg. 1 in operation at 30.4.2007, see reg. 1(1)</p>	<p><b>Commencement Information</b></p> <p>1 Reg. 1 in operation at 1.4.2011, see reg. 1</p>	<p><b>Commencement Information</b></p> <p>1 Reg. 1 in operation at 1.4.2011, see reg. 1</p>
<p><b>Interpretation</b></p> <p>2.—(1) In these Regulations—</p> <p>“approved place” means in relation to a person a place where the person is a patient or a dental treatment.</p>	<p><b>Amendment of the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</b></p> <p>2.—(1) The principal regulations shall be amended—</p> <p>(a) After paragraph (1) (b) there shall be inserted—</p>	<p><b>Amendment of the Regulation and Improvement of the Health and Personal Social Services (Quality, Improvement and Regulation) Regulations (Northern Ireland) 2005</b></p> <p>2.—(1) The principal regulations shall be amended—</p> <p>(a) After paragraph (1) (b) there shall be inserted—</p>	<p><b>Amendment of the Independent Health Care Regulations</b></p> <p>2.—(1) The Independent Health Care Regulations (Northern Ireland) 2005 shall be amended—</p>	<p><b>Amendment of the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005</b></p> <p>2.—(1) The principal regulations shall be amended in accordance with the following paragraph—</p> <p>(2) In regulation 6 (Frequency of Inspections)—</p> <p>(a) in paragraph (1)(a) omit the word “and”;</p> <p>(b) after paragraph (1)(a) insert “(aa) in the case of an independent hospital where the treatment provided includes dental treatment under general anaesthesia or sedation, a minimum of once in every 24 month period; and”;</p>
<p>(1) S.I. 2005/431 (N.I. 9)</p> <p>(2) S.R. 2005 No. 102 as amended by S.R. 2006 No. 341</p>	<p>(1) S.I. 2005/431 (N.I. 9)</p> <p>(2) S.R. 2005 No. 102 as amended by S.R. 2006 No. 341</p>	<p>(1) S.I. 2005/431 (N.I. 9)</p> <p>(2) S.R. 2005 No. 102 as amended by S.R. 2006 No. 341</p>	<p>(1) S.I. 2005/431 (N.I. 9)</p> <p>(2) S.R. 2005 No. 174</p>	<p>(1) Formerly the Department of Health, Social Services and Public Safety (see 2010 c. 5 (N.I. 15))</p> <p>(2) S.I. 2005/431 (N.I. 9)</p> <p>(3) S.R. 2005 No. 102 as amended by S.R. 2006 No. 341, S.R. 2007 No. 223, S.R. 2010 No. 291, S.R. 2011 No. 17 and 2014 c. 5</p>

# Minimum standards



Minimum Care Standards for Independent  
Healthcare Establishments

# Best practice Guidance



**Resuscitation  
Council UK**

## Quality Standards: Primary dental care

Authors  
Resuscitation Council UK  
Published November 2013; last updated May 2020.  
[View PDF](#)

### Introduction and scope

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardiorespiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role.

This document provides Quality Standards and supporting information for the aspects of cardiopulmonary resuscitation practice and training relevant to the setting of primary dental care. The document does not include the resuscitation standards expected when 'Conscious Sedation' techniques are undertaken by dental practitioners as there is existing guidance for this specific area of practice from the Academy of Medical Royal Colleges (see Supporting information).

Furthermore, this document replaces the Resuscitation Council UK document 'Medical Emergencies in General Dental Practice' which will no longer be supported or available on the RCUK website. Those requiring information on medical emergencies encountered in dental practice (other than cardiorespiratory arrest) are referred to the relevant section in the [British National Formulary \(BNF\)](#). Further enquiries should be directed to the Dental Advisory Group of the BNF or the British Dental Association who contributed to the advice within the BNF.

The core standards for the provision of cardiopulmonary resuscitation across all healthcare settings are described in the [Introduction and overview](#) page.

Alongside the Quality Standards, there is a primary dental care equipment list. Please refer to that by [clicking here](#).



**Resuscitation  
Council UK**

## Quality Standards: Primary dental care equipment list

Authors  
Resuscitation Council UK  
Originally published November 2013. Last updated May 2020.  
[View PDF](#)

### Introduction

Primary dental care facilities have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role.

As part of the Quality Standards for cardiopulmonary resuscitation practice and training this document provides lists of the minimum equipment required for cardiopulmonary resuscitation in primary dental care.

The equipment and drug lists on this page are in reference to the [Primary dental care Quality Standards](#).

The core standards for the provision of cardiopulmonary resuscitation across all healthcare settings are described in the [Introduction and Overview to Quality Standards](#).

### General points

1. All clinical dental areas should have immediate access (within the first minutes of a cardiorespiratory arrest) to oxygen, resuscitation equipment for airway management including suction, and an automated external defibrillator (AED). The [standard AED sign](#) should be used in order to reduce delay in locating a defibrillator in an emergency





# Dentists Act 1984

Changes to legislation: Dentists Act 1984 is up to date with all changes known to be in force on or before 15 July 2023. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes



## Dentists Act 1984

### 1984 CHAPTER 24

An Act to consolidate the Dentists Acts 1957 to 1983, with an amendment to give effect to a recommendation of the Law Commission and the Scottish Law Commission. [26th June 1984]

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

#### Modifications etc. (not altering text)

- C1 Act: power to modify conferred (15.3.2000) by 1999 c. 8, s. 60(1)(2)(a)(4), Sch. 3; S.I. 2000/779, art. 2(1).
- C2 A Table showing the derivation of the provisions of this consolidation Act will be found at the end of the Act. The Table has no official status.
- C3 Act: transitional provisions for effects of SI 2005/2011 (31.7.2006) by The Dentists Act 1984 (Amendment) Order 2005 Transitional Provisions Order of Council 2006 (S.I. 2006/1671), arts. 1-11

#### Commencement Information

- I1 Act partly in force 26.7.1984 and wholly in force 1.1.1985; see s. 55

#### PART I

##### THE GENERAL DENTAL COUNCIL

#### 1 Constitution and general duties of the Council.

(1) There shall continue to be a body corporate known as the General Dental Council (in this Act referred to as "the Council").

<sup>1(a)</sup>(1ZA) The over-arching objective of the Council in exercising its functions under this Act is the protection of the public.

Article 38 Prohibition on practice of dentistry by laymen.

Article 40 Definition of business of dentistry (Partnership agreements).

Article 41 Restriction on individuals

Article 43 Directors of bodies corporate (majority of directors must be a registered dental care professional).

Implications of Dentists Act 1984 – RQIA will verify that all sole owners, partners and majority of directors named on Companies House are GDC registrants when reviewing a service application to register a dental practice.

# Categories of Care



Categories of Care are specified within The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005, categories relevant to Independent Hospitals are as follows:

- AH Acute hospitals (with overnight beds)
- AH(DS) Acute hospitals (day surgery only)
- MH Mental health treatment establishments, not including those where people are liable to be detained
- MH(D) Mental health establishments taking people liable to be detained
- H(A) Hospices for adults
- H(C) Hospices for children
- MAT Maternity hospitals/clinics
- PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
- PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources
- PT(DL) Prescribed techniques or prescribed technology: establishments providing dialysis
- PT(E) Prescribed techniques or prescribed technology: establishments using endoscopy
- PT(IVF) Prescribed techniques or prescribed technology: establishments providing in vitro fertilisation
- PT(HBO) Prescribed techniques or prescribed technology: establishments providing hyperbaric oxygen treatment
- PD(M) Private doctors: walk-in medical centres
- PD Private doctors (other)
- PD(IMA) Private doctors: independent medical agencies

# Variation to registration



The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 defines variation types and associated fees:

Two types of variation:

1. a “minor variation” is a variation which, in the opinion of the RQIA, if the application for the variation of the condition were granted, would involve no material alteration in the register kept by the Registration and Improvement Authority in accordance with regulations made under article 12(3) of the Order. Fee £25
2. Variation that requires a material change to the register, fee £100. Example a change of address, adding/removing a category of care, or increasing/decreasing the number of registered places.

Variation applications must be submitted via the WebPortal accompanied by relevant supporting documentation and evidence of fee payment.

Key regulations relevant to governance and oversight of the operation of the practice.



- Regulation 7, schedule 1 Statement of Purpose (SOP).
- Regulation 8 Patient guide (PG).
- The SOP and PG are live documents that must be reviewed and amended as and when necessary, these documents do not need to be submitted to RQIA following amendment. In accordance with good records management version control should be in place.
- Regulation 17 Review of Quality of Treatment.

Arrangements must be in place to elicit feedback from patients following which an anonymised report should be generated at least on an annual basis to provide a synopsis of the feedback and any actions taken.



Key regulations relevant to governance and oversight of the operation of the practice.



## Staffing

1. Recruitment and Selection
2. Staff Register
3. Staff training
4. Practising Privileges agreements

Regulation 19 (2) Schedule 2, as amended & staff register

The legislation does not distinguish between direct employees and self-employed staff. The onus is on the registered person to ensure recruitment and selection records are available for all staff working in the practice. A recruitment and selection checklist to evidence all records have been sought and retained would provide assurance. Enhanced AccessNI checks against the barred list must be sought and retained for all staff prior to commencing work in the practice.

Key regulations relevant to governance and oversight of the operation of the practice.



## Staff Register

Live register that should be up to date at all times and include information as specified within Schedule 3 Part II (6);

- (a) his name and date of birth;
- (b) details of his position in the establishment or agency;
- (c) dates of employment; and
- (d) in respect of a health care professional, details of his professional qualifications and registration with his professional regulatory body.

Key regulations relevant to governance and oversight of the operation of the practice.



## Staff Training

The registered person must determine what they consider to be mandatory training for staff that work in the practice. Mandatory training must be specified within a training policy that identifies the staffing groups and frequency of training. Records of training should be available for inspection.

A training matrix should be maintained to evidence adherence to mandatory training topics.

Key regulations relevant to governance and oversight of the operation of the practice.



## Practising Privileges (PPs)

A registered person may decide to grant practising privileges to a visiting professional. A practising privileges policy must be in place and detail the arrangements for application; granting; maintenance of; suspension and withdrawal of PPs.

There must be a written agreement between the establishment and the visiting professional that sets out the terms and conditions of granting PPs, scope of practice that is signed by both parties.

- PPs agreements must be reviewed at least every two years.



Key regulations relevant to governance and oversight of the operation of the practice.



## Regulation 23 Complaints

- A complaints policy detailing the arrangements for HSC and private complaints or a separate complaints policies for each pathway (in accordance with DoH guidance on complaints handling).
- Named individual for management of complaints.
- Register of complaints detailing current status i.e. resolved/ongoing
- All records pertaining to a complaints retained in chronological date order separate from clinical records.
- Audit of complaints with action plan if applicable.

Key regulations relevant to governance and oversight of the operation of the practice.



## Regulation 26 Visits by Registered Provider

- Where the body operating the practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, arrangements are in place to ensure the registered person/nominated representative monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate).

Key regulations relevant to governance and oversight of the operation of the practice.



Regulation 28 Notification of deaths and other events

[Statutory Notification of Incidents and Deaths](#), Guidance for Registered Providers and Managers of Regulated Services

Notifications must be submitted via the WebPortal within 24 hours of the incident.

The Responsible Individual can delegate permissions to non-registered staff to submit notifications.

Notifications must be anonymised and should not include the names of staff or patients, unique identifiers should be used.

Following a review of a notification a Form 2 may be requested by the aligned inspector.

Key regulations relevant to governance and oversight of the operation of the practice.



## Regulation 29 Notice of Absence

- Where a registered person (Responsible Individual or Registered Manager) is going to be absent for a period of 28 days or more this must be notified to RQIA.
- A manager notification can be submitted via the WebPortal, if the absence is going to be temporary i.e. maternity leave, remember to notify RQIA when the registered manager returns from maternity leave.
- Notification of absence should be submitted at the earliest opportunity, no less than one month before the proposed absence, unless absence is unplanned.



Key regulations relevant to governance and oversight of the operation of the practice.



## Regulation 30 Notice of Changes

Notice must be submitted to RQIA as soon as practicable if any of the following events take place:

- a) a person other than the registered person carries on or manages the establishment or agency;
- b) a person ceases to carry on or manage the establishment or agency;
- c) where the registered provider is an individual, he changes his name;
- d) where the registered provider is a partnership, there is any change in the membership of the partnership;

- Regulation 30 Notice of Changes continued

(e) where the registered provider is an organisation – (i) the name or address of the organisation is changed; (ii) there is any change of director, manager, secretary or other similar officer of the organisation; (iii) there is any change in the identity of the responsible individual;

(f) where the registered provider is an individual, a trustee in bankruptcy is appointed;

(g) where the registered provider is a company or partnership, a receiver, manager, liquidator or provisional liquidator is appointed; or

(h) the premises of the establishment or agency are significantly altered or extended, or additional premises are acquired.

# Ionising radiation

## [The Ionising Radiation \(Medical Exposure\) Regulations \(Northern Ireland\) 2018](#)

- Able to evidence an appointed Medical Physics Expert (MPE) and Radiation Protection Advisor (RPA).
- Employer's procedures in place.
- Able to identify a Radiation Protection Supervisor (RPS) that has operational oversight of all matter relations to use of imaging equipment.
- Evidence of local rules, signed and dated by staff.
- Entitlement records for all staff.

# Ionising radiation



- Evidence of a quality assurance test has been undertaken by the appointed RPA every three years and evidence retained confirming recommendations within the report have been actioned.
- Evidence of X-ray audits (quality grading and justification and authorisation) signed by the RPS with actions taken to address any deficits identified.
- Evidence that all x-ray equipment has been serviced and maintained in accordance with manufacturers instructions.
- Evidence that the appointed RPA has completed a quality assurance test with the previous every three years.



# Changes to the body registered to operate the practice



- If the body operating the practice changes a new full and complete service application must be submitted to RQIA with the appropriate fee (i.e. changing from a sole owner to a partnership or a limited company).
- The responsible individual remains registered until such times as the responsible individual for the new body is registered.

# Voluntary Cancellation of registration

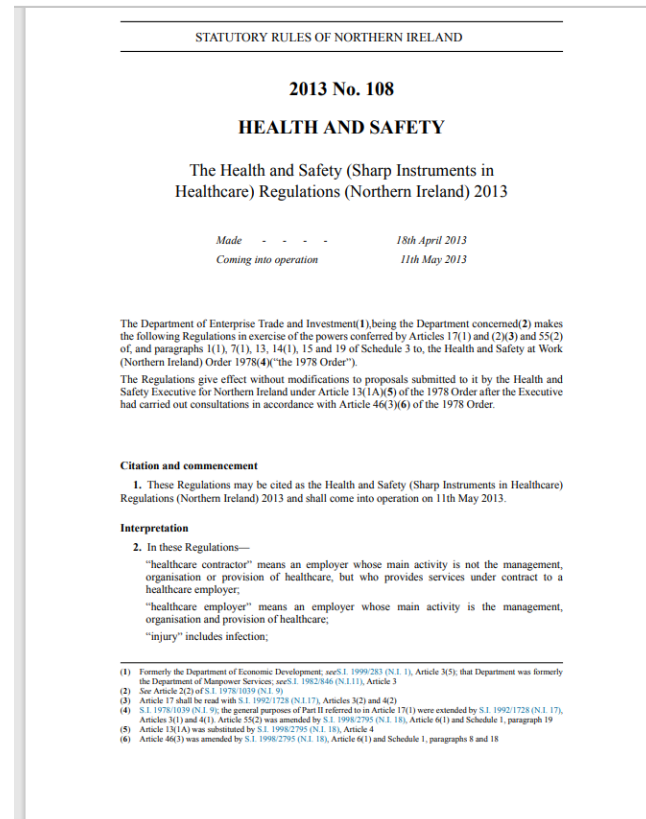


If selling your practice, a Voluntary cancellation of registration must be submitted via the WebPortal.

This voluntary cancellation can only be progressed when the new body operating the dental practice is registered and when the following can be evidence:

1. WebPortal application to cancel the registration has been received.
2. When a declaration signed by all relevant Responsible individuals has been received.
3. When the certificate of registration has been returned (note this can only be returned by recorded delivery or by hand delivery).

# Relevant legislation



# Health Technical Memorandums (HTMs)



# Contact Information



- Stephen O'Connor, Assistant Director, [Stephen.O'Connor@rqia.org.uk](mailto:Stephen.O'Connor@rqia.org.uk)
- Carmel McKeegan, Senior Inspector, [Carmel.McKeegan@rqia.org.uk](mailto:Carmel.McKeegan@rqia.org.uk)
- Sinead O'Flaherty, Inspector, [Sinead.Oflaherty@rqia.org.uk](mailto:Sinead.Oflaherty@rqia.org.uk)
- Jennifer Snoddy, Inspector, [Jennifer.Snoddy@rqia.org.uk](mailto:Jennifer.Snoddy@rqia.org.uk)
- Jenyth Gorzalska, Inspector, [Jenyth.Gorzalska@rqia.org.uk](mailto:Jenyth.Gorzalska@rqia.org.uk)
- Lucy Pearson, Inspector, [Lucy.Pearson@rqia.org.uk](mailto:Lucy.Pearson@rqia.org.uk)
- Norma Munn, Inspector, [Norma.Munn@rqia.org.uk](mailto:Norma.Munn@rqia.org.uk)
- Marie Quinn, Inspector, [Marie.Quinn@rqia.org.uk](mailto:Marie.Quinn@rqia.org.uk)
- Joelle Black, Inspector, [Joelle.Black@rqia.org.uk](mailto:Joelle.Black@rqia.org.uk)
- David Marshall, SPPG Dental Advisor/Inspector, [David.Marshall@rqia.org.uk](mailto:David.Marshall@rqia.org.uk)
- RQIA Information team, [info@rqia.org.uk](mailto:info@rqia.org.uk)