# Care Quality Commission (CQC) Regulation

The Society and College of Radiographers met with the Care Quality Commission (CQC) recently to discuss the questions that SoR members have raised in the context of whether or not their independent practice should be registered with the CQC. As a result, CQC provided the following written answers to the frequently asked questions posed by our members.

## Question 1:

If an independent radiographer (any imaging modality) or sonographer works for a GP practice on a self-employed contract basis will they be exempt?

## Answer 1:

The following is exempt from registration until April 2012:

The provision of all medical services (including medical services provided otherwise than under the 2006 Act) by a provider whose sole or main purpose is the provision of primary medical services

- a) under arrangements made pursuant to the following sections of the 2006 Act
  - i. section 3 (Secretary of State's duty as to provision of certain services).
  - ii. section 83(2)(b) (primary medical services),
  - iii. section 92 (arrangements by Strategic Health Authorities for the provision of primary medical services); or
- b) under a contract entered into pursuant to section 84 of that Act (general medical services contracts: introductory)

This means that commissioned NHS GP services are exempt from registration until April 2012. Any other commissioned primary medical service provided under one of the above arrangements/agreements will also be exempt until April 2012.

In any case, if the provider of the service (regulated activity) is the GP practice then the GP practice will be the provider.

If the radiographer is a stand alone practice (provider) that the GP is using, then the radiographer will be the provider.

The fact that the radiographer (any imaging modality) or sonographer is self employed does not necessarily mean that they have to register; a person can be self employed and be working for a provider.

## Question 2:

If an independent radiographer (any imaging modality) or sonographer works for a primary care trust (PCT) on a self-employed contract basis will they be exempt?

### Answer 2:

Please see the response to Question 1 as this situation is similar and the answer is the same.

3)If an independent radiographer (any imaging modality) or sonographer works for a GP practice or a PCT as part of a partnership, or as a director or franchisee will they be exempt?

### Answer 3:

Again, please read the response to Question 1 as these situations are comparable and the response is the same.

SoR advice regarding Questions 1, and 3:

You are advised to check very carefully the arrangements you have in place if providing services to or for GPs and GP Practices before making a decision as to whether to register with the CQC or not and, if in any doubt, seek further clarification directly from the CQC.

### Question 4:

Are you able to confirm that if radiographers and sonographers are *employees* of a GP practice or PCT they would not need to register.

## Answer 4:

Correct. Employees of a GP practice or a PCT do not need to register. This is because it will be the GP practice or PCT that are the providers of the service (regulated activity).

## Question 5:

How much will registration cost? Is there a sliding scale depending on the size of the organisation applying for registration? Will the fee be a one-off or an annual fee?

# Answer 5:

For entrants to regulation by the CQC in October 2010, there is no application fee. However, there will be an annual fee. The fee that will be applicable from

October 2010 to March 2011 has been referred to as an interim fee and the consultation that includes interim fees has now closed.

There will be another Fees Consultation launched after the summer which will set out proposed fees that will be applicable from March 2011 onwards. The consultation is a public consultation and the details may be found on our web site.

SoR comment: We responded to the interim fees consultation and argued that it was inequitable to treat large and small providers similarly.

## Question 6:

When will the application forms be available?

## Answer 6:

They are available now. You will need to contact the CQC and request an application form. The relevant link for this is <a href="http://www.cqc.org.uk/contactus.cfm">http://www.cqc.org.uk/contactus.cfm</a>

### Question 7:

Are ISA (Independent Safeguarding Authority) / CRB (Criminal Records Bureau) checks mandatory before registration can be obtained? Presumably, the applicant will have to pay for these themselves?

## Answer 7:

For applicants registering in October 2010, the CRB must have been applied for. Beyond October2010, an application may only be submitted once the CRB check has been obtained. Applicants need to pay for the CRB check themselves.

### **Question 8:**

Can any extension to the registration period be allowed?

### Answer 8:

No, because the transitional regulations are set in law and provide the time frame. CQC is not able to deviate from this.

## Question 9:

How is the CQC assisting the many small companies or individuals with the paperwork?

## Answer 9:

We have kept the paper work to a minimum whilst still allowing us to discharge our regulatory functions and responsibilities. We have a help line and this is being developed further at the moment.

### Question 10:

Can the CQC publish a series of FAQs addressing some of the more common questions raised by the SoR?

### Answer 10:

Yes, indeed. We have provided the answers to these questions and will provide answers to additional questions if these are provided by the SoR.

We also have an e-learning module on the internet which may be helpful. This can be accessed via:

http://www.martonhouse.net/sites/clientarea/cqc/Reg2A\_External/

or

http://www.cqc.org.uk/guidanceforprofessionals/independenthealthcare/registration/newregistration/applicationprocess.cfm

We are also happy to produce something for one of the SoR's newsletters, on request.

SoR comment: As a first step, CQC are helping us to put together a statement for members on CQC regulation and requirements

## **Question 11:**

How will the CQC improve the quality of the advice it gives to our members? There appears to be a general lack of awareness as to the roles of radiographers and sonographers and some conflicting advice has been given, especially to those working for GP's.

## Answer 11:

The CQC feels that FAQs are one way forward. In addition, we are increasing training for our own staff and making improvements to our own staff information systems.

## **Question 12:**

Why have physiotherapists undertaking diagnostic ultrasound been given an exemption?

### Answer 12:

The Department of Health produced the regulations and exemptions, not the CQC. The regulations and the exemptions were agreed by health ministers following extensive consultation by the Department of Health.

## **Question 13:**

Some sonographers and radiographers are employed by an NHS Trust but also undertake private ultrasound or other scans on a self employed basis (i.e. they create an invoice and pay their own tax and NI contributions). Do these sonographers / radiographers need to be registered for that work?

## Answer 13:

Yes they do, **if** they are the providers of the regulated activity. If an NHS Trust is providing its own private service and a sonographer is working as part of that private service then they will not be required to register even if as part of that service the sonographer creates an invoice. It is the service provider who must register, not the staff working for a service provider.

## Question 14:

Does a company/sonographer/radiographer have to get CQC registration for each site in which they undertake service provision.

Examples: a contract with a PCT may involve scanning patients out of 5 or 6 sites, chosen geographically by the PCT to ensure equity of access across the patch and provide 'care closer to home'. These sites may or may not be registered themselves - will there be different rules for the two instances? In addition, there are sole practitioners who operate outside of GP and other recognised/registered providers, in effect, providing private ultrasound services from premises they rent or own. In some cases this may even be their own home. Some may visit patient's homes with a mobile unit.

## Answer 14:

No, registration is at provider level – although CQC will need to know where the services are being delivered.

## Question 15:

If a sonographer/company does not get CQC registration and/or is given practising limitations, they could be in breach of current contracts they have with their purchaser and there may be severe financial penalties for this. How will CQC support those companies/radiographers/sonographers?

### Answer 15:

We have produced guidance about how to comply with the regulations agreed by government. In addition, for those service providers who are already providing services and who are required to register for the first time, there are transitional regulations that have been agreed by the government. The transitional regulations allow CQC to register a service provider with 'conditions' of registration if they are not fully compliant with the regulation but where they have a satisfactory action plan in place which addresses the shortfalls. See the following:

http://www.cqc.org.uk/guidanceforprofessionals/introductiontoregistration/howthenewregistrationsystemworks/complyingwithnewregulations.cfm

## Question 16:

Once registered, will individuals/companies be able to use the CQC logo, etc in their advertising literature or on their websites; i.e. will practitioners / companies benefit from registration in some way?

## Answer 16:

Use of the CQC logo is not permitted by service providers. At present, it is not anticipated that there will be any changes to our policy regarding use of our logo.

## **Question 17:**

How does the CQC intend to 'police' service providers and how will they ensure that purchasers (Corporate/NHS/Individual members of the public) are aware of which companies/practitioners they should and should not use?

# Answer 17:

Our website may be checked to find services registered with us. This will include information about conditions and also any assessment / inspection that we have undertaken.

We are setting up systems to allow collection of data from other sources for example, other regulators and some accreditation systems; also from Links, Overview and Scrutiny Committees, PCTs, and people who use services. We are setting up quality risk profile (QRP) for each provider registered with us.

There are also certain events that by law must be reported to us; these include adverse events resulting in harm, change in services, information about the manager and other issues that have been set out in the Regulations and agreed by government.

The following link may be useful:

http://www.cqc.org.uk/guidanceforprofessionals/independenthealthcare/registration/newregistration/gualityandriskprofiles.cfm

### Question 18:

Some NHS Trusts run separate private ultrasound services for services such as self referrals and 3D baby scanning. These services are often provided outside of normal hours, e.g. on Saturdays and Sundays. The sonographers are usually (but not always) Trust employees. Does the Trust need to separately register for these services?

### Answer 18:

If the trust is the provider, i.e the legal entity, the sonographers do not need a separate registration if the services are being provided by the trust as the provider. We would expect such services to be mentioned in the Trust Statement of Purpose.

### Question 19:

There are a small number of Universities/Colleges/Higher Education Institutions that accept referrals on a private or contractural basis as part of their teaching programmes, with students being supervised by qualified staff. Do these institutions need to register?

## Answer 19:

From this limited information, it would seem that the university, college or HE institution will need to register if they provide a regulated activity.

# Question 20:

Would the CQC be able to provide a pre- assessment as to whether an individual or company needs to apply for registration, perhaps using a short form that can be used to send in details of their practice?

## Answer 20:

The simple answer is that the provider carrying on the regulated activity is required to register.

Our experience shows that other than the simple answer, then each provider will need to consider whether they are providing any of the regulated activities and make a decision about whether they need to register, taking into account who/what is the legal entity is that is providing the service.

We have set out guidance that is available on our website that describes the type of service provider that is required to register. This is called 'the scope of registration'. The following link may be helpful:

http://www.cqc.org.uk/publications.cfm?fde\_id=13185