Making dental compliance achievable

A headache-free guide to regulation

Dentistry Compliance

POWERED BY **apolline**

Contents

Introduction

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What is dental compliance?

What do we mean when we talk about dental compliance? Before we answer the question of what dental compliance is, it might be better to start by looking at what it is not.

Dental compliance is not, and should not be, a pointless, box-ticking exercise where the ticks fail to reflect the reality of what's happening in the practice. Doing that is a waste of time, money, and paper – and more to the point, it won't give you a compliant dental practice.

The term 'dental compliance' has only become a thing since the Health and Social Care Act 2008 brought the Care Quality Commission (CQC) into existence in England.

But the ideas behind it have been around for much longer: before the CQC, it was called clinical governance. Before that, quality assurance.

Whatever you call it, compliance, clinical governance, and quality assurance all share the same aim: ensuring that mandatory laws and statutory and regulatory requirements are adhered to, and good practice guidelines are followed.

"Dental compliance is not, and should not be a pointless, box-ticking exercise where the ticks do not reflect the reality of what's happening in the practice"

Pat Langley
Chief Executive Officer, Apolline

That can be easier said than done! Laws, regulations, statutory requirements, and good practice guidelines evolve and change over time, and new ones come along with monotonous frequency. That can make it very difficult for dental practices to keep up with what can feel like a regulatory revolving door.

Embracing compliance

But there is good news amongst all this.

Taking the time and effort to develop a fully compliant practice comes with a lot of benefits – not least of which is a practice that is able to stay open because you are doing everything the regulators require.

Embracing compliance leads to a better-organised practice: your team members will be appropriately trained, and everyone will be clear about their roles and responsibilities

Better organisation leads to less stress. Your equipment will be safer and more reliable. Your risk of cross contamination will be reduced. You will have fewer complaints – and you will be better equipped to deal with those you do have.

> **We're here to help you master compliance without getting bogged down**

In short, you will be providing care that is safe, effective, caring, and responsive and your practice will be well-led. It all makes complete business sense.

Help at hand

And there is more: you don't have to navigate this alone. Apolline has partnered up with FMC to bring you Dentistry Compliance and Dentistry Compliance Pro, two simple ways to take the headache out of compliance for you and your practice.

We're here help you master compliance without getting bogged down – so you can concentrate on running the practice and caring for your patients, rather than seeing all your time consumed by an endless list of compliance tasks.

We've put together this guide to help you understand the key areas and responsibilities that you need to be on top of – but if it feels like a big ask, remember that help is at hand.

You can find us at:
• www.dentistry.co.uk/compliance
• enquiry@apolline.uk.com
• 01923 851781

Don't struggle on alone – we're here to help you make compliance achievable, and we're with you every step of the way.

Pat Langley
Chief executive officer, Apolline

Regulation in the UK

Dental compliance is monitored in England by the Care Quality Commission (CQC). When the CQC inspects, it is looking for confirmation that dental practices are:

1. Providing care that is safe
2. Providing care that is effective
3. Caring
4. Responsive
5. Well-led.

These are called the five key questions and are central to the CQC's regulatory framework and to its inspection regime.

In May 2024, the CQC launched its 'single assessment framework', bringing a single set of criteria to inspections across all areas that it regulates.

This single assessment framework replaced the Key Lines of Enquiry (KLOEs) that have been used to guide inspections of dental practices since 2015. It introduced 34 'Quality Statements', which all practices will be required to demonstrate compliance with.

Practices will be assessed against the regulations with a simpler rating of 'regulations met', or 'regulations not all met'.

Regulation in Wales, Scotland and Ireland

The devolved nations have their own regulators for Health and Social Care and dental practices in Scotland, Wales, and Northern Ireland must comply with the regulations in their country.

- Scotland has Health Inspectorate Scotland (HIS).
- Wales has Health Inspectorate Wales (HIW).
- Northern Ireland has the Regulatory and Quality Improvement Authority (RQIA).

While all the devolved nations have similar requirements, there are differences in certain laws, regulations, and good practice guidelines.

That all sounds very confusing so let's break the requirements down into manageable sections and look at what is required in each section.

It's worth remembering that infectious micro-organisms are the same infectious bugs in each nation and ionising radiation is the same too! It's a matter of the different regulators having different emphases and some different requirements.

GDC requirements apply to all registrants whichever nation they practice in.

Compliance's essential topics

Compliance is essentially made up of the following sections. Each section listed below fits into one of the CQC's five key questions (safe, effective, caring, responsive, well-led) and some fit into more than one.

1. Infection control
2. Safe and sustainable management of healthcare waste
3. Medical emergencies
4. Patient records and consent
5. Feedback
6. Complaints
7. Data protection, confidentiality and GDPR
8. Health and safety
9. Radiation protection
10. Safeguarding children and adults at risk
11. Practice processes and policies
12. Team requirements and personnel records
13. Equipment servicing, maintenance, inspection, and validation
14. Sedation requirements

Over the following pages we will discuss these in more detail to explain where your practice can best concentrate its efforts for maximum results.

Understanding compliance

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Infection control

The objective of good infection prevention and control is to reduce the risk of transmission of infectious organisms to and from patients and to and from team members.

Before the COVID-19 pandemic, the principal focus for dental practices was principally on preventing the transmission of blood-borne viruses (BBVs). The pandemic changed that and there is now an understanding that air-borne viruses and viruses that are spread through contaminated droplets are a significant risk in all areas of health care, including dentistry.

To be compliant with statutory requirements and good practice guidelines, dental practices must ensure they take all measures necessary to provide good infection prevention and control.

These include but are not limited to ensuring:

- All team members are appropriately immunised in line with recommendations in the Green Book.
- The practice has an infection control policy with a named lead. The policy must not be generic and must be tailored to the practice's procedures
- All team members have up-to-date training in the prevention and control of infection and all new team members have induction training in the practice's infection control policy and procedures.
- The practice complies with the guidance in *HTM 01-05 Decontamination in Primary Dental Care*
- The practice undertakes an infection control audit every six months and acts on any actions arising.

Safe and sustainable management of healthcare waste

The objective of managing waste safely is to ensure that waste arising from the treatment of patients with a known infection is disposed of in a manner that reduces the risk of infection being transmitted through poor or careless management of the waste once generated.

The guidance on how best to achieve this is contained in *HTM 07-01: The safe and sustainable management of healthcare waste*. This guidance was updated in 2023 to include measures designed to make the disposal of healthcare waste more sustainable.

One of the key differences between the updated guidance and the guidance issued in 2013 is that only waste that is generated while treating a patient with a known infection should go into clinical waste (ie, waste that needs to go into an orange bag) and all other waste from patient treatment should go into a black and yellow 'tiger stripe' bag. This is a seismic shift from the 2013 guidance.

To be compliant, dental practices must ensure they take all measures necessary to follow the guidance in HTM 07-01.

These include but are not limited to ensuring:

- Sharps are disposed of safely at all times
- Waste arising from treating patients is correctly segregated
- Once generated, the waste is stored safely and securely in an area to which patients and the public have no access
- The practice has appropriate contracts for the disposal of healthcare waste and the associated correct documentation
- All team members have up-to-date training in the safe and sustainable management of healthcare waste and all new team members have induction training in the practice's policies and procedures.

Medical emergencies

The objective of the section on medical emergencies is to ensure that dental practices and all their team members are able to respond appropriately and promptly in the event of a medical emergency in the practice.

The Resuscitation Council (UK) provides definitive guidance on exactly what is required in terms of emergency equipment, emergency drugs, and training and should be followed rigorously.

Their guidance can be accessed here:

www.resus.org.uk/library/quality-standards-cpr/primary-dental-care

www.resus.org.uk/library/quality-standards-cpr/primary-dental-care-equipment-list

In addition, the Care Quality Commission (CQC) expects dental practices to practice emergency scenarios regularly and to have documented evidence of this that includes reflection on both the session and any learning outcomes.

Compliance with the guidance from the Resuscitation Council (UK) includes, but is not limited to ensuring:

- All recommended drugs for use in the event of an emergency are in date and checked with appropriate frequency.
- All equipment for use in the event of a medical emergency is present and in date.
- All team members complete training in Basic Life Support (BLS) and CPR annually.

What do you need?

Find a definitive list from the Resucitation Council (UK) on essential equipment here:

Quality standards CPR
Primary dental care

Quality standards CPR
Primary dental care equipment list

Patient records and consent

The objectives of keeping compliant and appropriate clinical records are to:

- Support the provision of good clinical care, treatment, and advice.
- Ensure enough information is recorded to demonstrate you have valid consent for treatment.
- Provide supporting evidence in the event of a patient complaint, litigation, or a GDC concern.

Standard 4.1 of the General Dental Council's publication *Standards for the Dental Team* states: 'You must make and keep contemporaneous, complete and accurate patient records.'

The guidelines for clinical record keeping are contained in the College of General Dentistry's (CGDent), formerly the Faculty of General Dental Practice (UK) – FGDP(UK) standards guidance *Clinical Examination and Record Keeping*. This is available to all on the CGDent's website.

See: cgdent.uk/clinical-examination-and-record-keeping

Patient records should be:

- Contemporaneous
- Accurate
- Legible and understandable
- Comprehensive
- Demonstrate that valid consent has been obtained
- Patient details (regularly updated)
- Medical history (updated at every exam)
- Any presenting complaint(s)
- Patient expectations
- Dental history and social history

Details of the examination:

- Extraoral exam
- Soft tissue check
- BPE
- Perio chart (if appropriate)
- Up-to-date chart
- Treatment required
- Caries, including early caries that may be under observation
- Caries, periodontal disease, and oral cancer risk assessments

Radiographs:

- Justification
- Taken at appropriate intervals
- A written report on your findings
- Graded:
    A = Acceptable
    N = Not acceptable

Other points to note:

- Special tests and findings
- Diagnosis
- Details of all options discussed
- Risks, benefits, likely prognosis, warnings
- Your advice/recommendation
- Treatment plan
- Accurate details of treatment undertaken
- Details of treatment declined, and advice given
- Written treatment plan – bespoke letter if required
- Any 'grumbles'

Warnings

Templates are not a 'get out of jail' card. In fact, if templates are not used wisely so that they reflect what was discussed, agreed and what was done they can be a potential medico-legal hazard. There are inherent dangers in writing the same thing in every patient's record as this could bring the validity of an individual patient's record into question.

Whilst there are obvious dangers in keeping records that are too short, there are also dangers in keeping records that are so long that they leave little or no time for building a rapport with your patients.

Valid consent

Valid consent is quite often misunderstood.

Valid consent is consent that is given by a patient prior to commencing treatment when they have enough information that they understand about all their treatment options, their risks, benefits, and costs.

Consent is only valid when the patient has enough information on which to base their decision to give their consent. If the patient doesn't understand the treatment proposed or the alternatives; then consent is not valid.

Valid consent is not a signature on a consent form where the patient is signing because they've been asked to rather than because they understand what treatment they are agreeing to, and the risks involved.

Audit your records regularly and act on your findings!

Feedback

Feedback is all-important in helping you understand what your patients think about the service you provide and understanding what your team members think about working in your practice or organisation.

As well as being something that the Care Quality Commission (CQC) and other regulators require, it makes sense to have this information so that you can build on things your patients and team love and improving (where possible) things they tell you could be better.

The CQC's new approach to regulating and inspecting all providers of health and social care services, including dental practices has a strong focus on feedback.

It's really important that you don't just seek feedback and take no action as a result of the feedback. This is a waste of everyone's time and can actually be counter-productive as patients and team members who provide feedback want to feel that they've been listened to and, where possible, their feedback has been acted upon.

Not acting on feedback runs the risk of your patients or team members feeling they are wasting their time if nothing changes.

The type of feedback you ask for is important too; your aim should be to look at things from the patient's or the team member's perspectives.

Benchmarking feedback is also very important, otherwise you have no idea how your practice compares with others.

If your patient satisfaction scores are 85%, unless you know what other practices' scores are, you don't really know if that is good or bad. For example, let's assume your patient satisfaction score is 85% and the national benchmark is 95% then 85% is below the national average. By contrast, if your score is 85% and the national benchmark is 65% then you know your patients are telling you they are happy with your service.
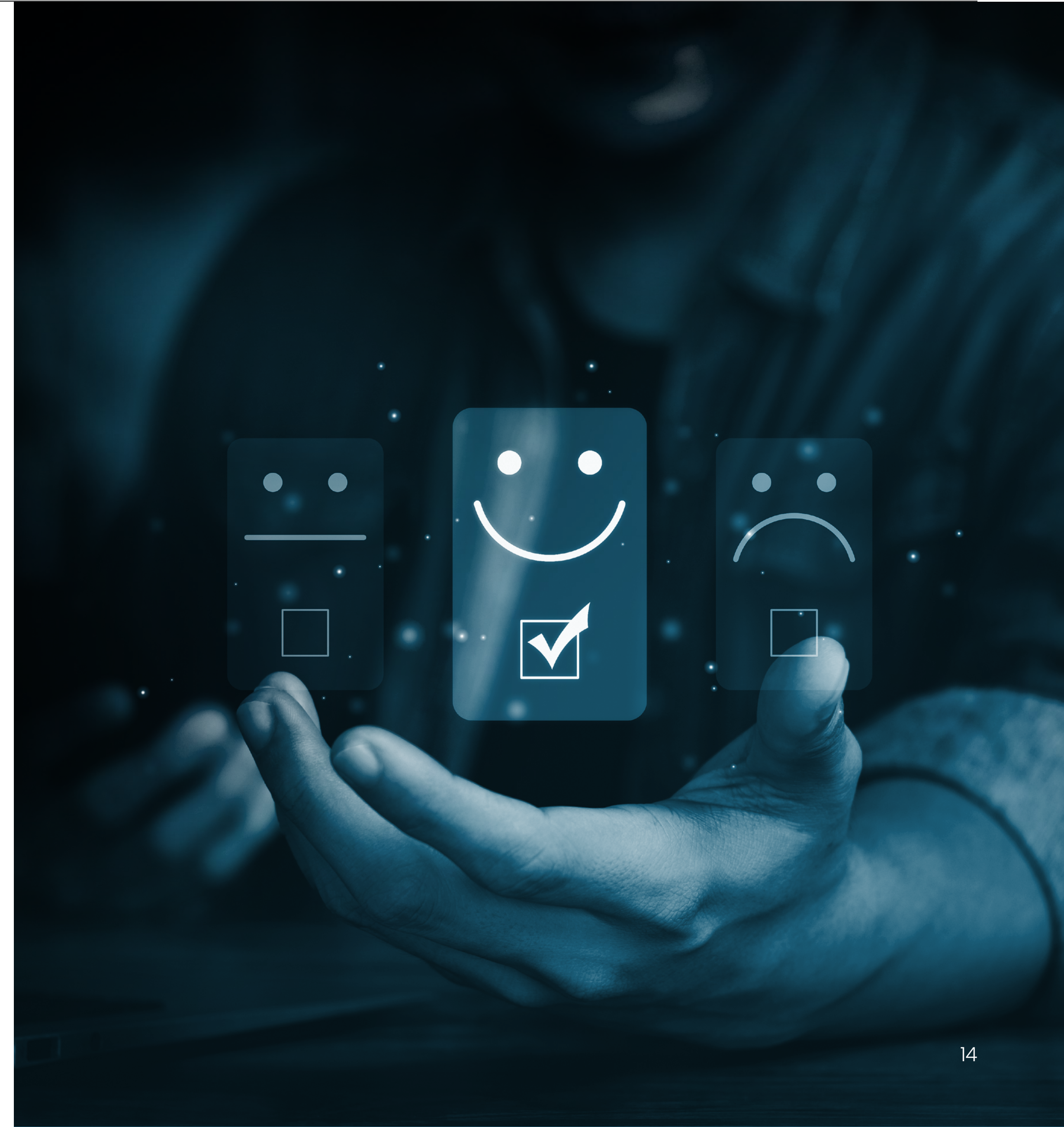
Complaints

We are told that complaints are free feedback! So why then do we run a mile from them?

The answer is simple: nobody likes to be told they have unhappy patients or team members. Another factor is that complaints invariably involve some kind of confrontation or conflict, and even if this is only minor, most people's natural reaction is to shy away from conflict and confrontation. This is nearly always counterproductive and very often results in an escalation of the situation.

There also appears to be an inbuilt fear of apologising in many situations in case an apology is seen as an admission of wrongdoing. This is also counterproductive because when most people complain they are often only seeking an apology and an assurance that it won't happen again, either to them or anyone else.

When people complain they also expect their issue or issues to be addressed satisfactorily.

The objective of effective complaints handling should be to acknowledge, deal with, and resolve a complaint as quickly and amicably as possible.

Failure to do this often leads to the complaint escalating so that a small niggle grows into a giant problem with the patient becoming more and more angry until sadly sometimes they become so angry or aggrieved that they take their complaint to the GDC or to litigation lawyers.

The GDC, in common with all the regulators in the devolved nations has specific requirements in relation to complaints handling. These include, but are not limited to ensuring:

- You have an up-to-date complaints policy that is in date, signed, and understood by all team members
- That all team members participate in training in your complaints policy and procedures
- Your complaints policy is readily available for patients to see
- You track your complaints and analyse them for trends
- You have evidence of the action taken to avoid a recurrence
- You have evidence of satisfactory outcomes.

Data protection, confidentiality and GDPR

The objective of the General Data Protection Regulation (GDPR) is to ensure that all personal and sensitive data is processed legally and fairly.

The UK Data Protection Act (2018) enshrines in law all the principles of the GDPR. All organisations, including all dental practices, are required by law to comply with the regulations.

All dental practices must ensure they are registered with the Information Commissioner's Office (ICO).

Compliance with the regulations includes, but is not limited to:

- Having an up-to-date data protection policy that includes GDPR, is in date, and is signed and understood by all team members
- Ensuring all team members participate in regular training in data protection, confidentiality, and GDPR
- Completing personal data inventories for patients and team members
- Having an up-to-date privacy policy that is in date, and is signed and understood by all team members
- Having privacy notices for patients and team members
- Completing the Data Security and Protection Toolkit (DSPT) annually
- Having robust agreements with third parties.

In addition, you should ensure you have patients' consent for:

- Sending marketing information
- Sending email/text reminders
- Taking photos
- Referrals
- Sending information to third parties

You should also have a referral policy.

Health and safety

Health and safety in all organisations is largely governed by the Health and Safety at Work Regulations 1974 as updated.

The objectives are to ensure all workplaces are as safe as possible for the people who work in them, the people who attend them, and members of the public.

In addition to the Health and Safety at Work Act, there are a number of other regulations that must be complied with to ensure workplaces are as safe as possible.

These include, but are not limited to the:

• Electricity at Work Regulations

• Pressure Vessels Regulations

• Fire Safety Regulations

• COSHH Regulations (Control of Substances Hazardous to Health)

• RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences)

• Display Screen Regulations.

• Manual Handling Regulations.

• Health and Safety (Sharp Instruments in Healthcare) Regulations.

Employers have a legal responsibility to ensure all health and safety regulations and all related regulations are complied with in their practices.

Complying with all the relevant regulations includes, but is not limited to:

• Having an up-to-date Health and Safety Policy that is in date and signed and understood by all team members.

• Providing comprehensive induction and regular ongoing training in all matters relating to health and safety.

• Undertaking a health and safety audit and appropriate risk assessments to ensure identified risks are reduced as far as possible.

• Having evidence that actions arising from your audits and risk assessment have been acted upon.

> **Employers have a legal responsibility to ensure all health and safety regulations and all related regulations are complied with**

Radiation protection

The use of ionising radiation in dental practice in the UK is governed by the Ionising Radiation (Medical Examination) Regulations 2017 and the Ionising Radiation Regulations 2017. The regulations are abbreviated to IR(ME)R 2017 and IRR 2017.

The regulations aim to 'establish a framework for ensuring that exposure to ionising radiation arising from work activities, whether man-made or natural radiation and from external radiation or internal radiation, is kept as low as reasonably practicable (ALARP) and does not exceed dose limits specified for individuals'.

The regulations apply to both the independent and the public sector (NHS).

In general, the IR(ME)R regulations protect patients, and the IRR regulations protect dental team members.

Complying with the regulations is quite onerous (as it should be!) and includes, but is not limited to:

- Ensuring the practice has a Health and Safety Executive certificate for dental radiographic equipment.
- A radiation protection adviser has been appointed
- A medical physics expert (MPE) has been appointed
- The practice has an up-to-date radiation protection file
- Local rules have a named and suitably qualified radiation protection supervisor and are displayed close to the machine to which they apply
- All radiographic equipment is inspected, tested, serviced, and maintained in line with the manufacturer's instructions and as required by the regulations
- Radiographs are only taken by appropriately qualified individuals
- All audits and risk assessments required by the regulations are carried out with appropriate frequency and actions arising are acted upon
- All team members have induction training and ongoing training in radiation protection
- Ensuring all GDC registrants are on track with their IR(ME)R CPD requirements.

Safeguarding children and adults at risk

The General Dental Council (GDC) and the Care Quality Commission (CQC), together with the regulators in the devolved nations require dental practices to be able to recognise the signs and symptoms of suspected and actual abuse and neglect in children and adults at risk.

In addition to being able to recognise suspected and actual abuse, all members of the dental team must know how to respond, when and where to refer, and what to record.

Complying with the regulators' requirements includes but is not limited to:

- Having an up-to-date policy for safeguarding children that is in date and signed and understood by all team members
- Having an up-to-date policy for safeguarding adults at risk that is in date and signed and understood by all team members
- Ensuring that all team members know how to raise concerns and to whom they should speak
- Ensuring phone numbers and contact details of local safeguarding boards are readily available, including the contact details for the NSPCC
- Appointing a suitable safeguarding lead to oversee all safeguarding matters in the practice
- Ensuring all new recruits receive induction training in safeguarding and the Mental Capacity Act and existing team members have regular update training as per below
- Ensuring all team members are up to date with their safeguarding as per below.
- Adopting safe recruitment procedures.

All team members must be appropriately trained as follows:

- **Safeguarding Level 1** for non-clinical team members such as receptionists and administrators.
- **Safeguarding Level 2** for clinical team members such as dentists and dental care professionals.
- **Safeguarding Level 3** or clinical team members such as paediatric dentists and dental care professionals.

Level 1 training should be two hours of verifiable CPD.

Level 2 training should be three hours of verifiable CPD.

Level 1 and Level 2 can also be carried out via online training.

Training should be carried out at least every three years and should always be part of the practice induction programme.

The 'well-led' category is one that practices often struggle to comply with

Practice processes and policies

Practice processes and policies management is a large area, the objectives of which are to focus on all the systems, processes, and procedures that contribute to a well-led practice.

It is worth remembering that the 'well-led' category is one that practices often struggle to comply with, partly because there is a lot to think about and a lot to stay on top of and partly because they don't know what they don't know!

Compliance in this area includes, but is not limited to ensuring:

- All necessary practice policies are tailored to the practices' individual circumstances, up to date, in date, and signed and understood by all team members
- All audits are carried out at the appropriate time and all actions arising are acted upon
- Adequate and relevant patient information is readily available
- Arrangements for patients who require treatment in an emergency are clear, unambiguous, and function as they should
- All required signs and notices are displayed in the appropriate places
- Systems for recalls and laboratory work are in place and function as they should
- Patients' communication needs have been considered and systems are in place for recording all communication with patients, referrers, and referees, interpreting services if required etc
- Practice meetings are held regularly, with evidence actions arising have been acted upon.

Team requirements and personnel records

Ensuring all team requirements are in place and all personnel records are complete and up to date is an essential part of being able to demonstrate that your practice is well-led.

Compliance in this area includes, but is not limited to, ensuring that:

- All GDC registrants are currently registered and have appropriate indemnity that covers their area of practice
- Dental nurses are all either registered or in training
- All GDC registrants are on track to achieve their CPD requirements
- Comprehensive induction training is provided for new recruits
- Ongoing in-practice training takes place for all team members
- Appropriate training and supervision is in place when required
- Adequate appropriately trained team members are always present
- Nominated lead for infection control, safeguarding, radiation protection, data protection, first aid, fire safety, etc all in place and appropriately trained
- Policies and procedures for whistleblowing, raising concerns, and all related HR situations are in place
- Up-to-date personnel files for all team members are available and stored securely.

Equipment servicing, maintenance, inspection, and validation

Proper maintenance of equipment is a critical part of any practice's responsibilities. As far as regulators go, there are requirements relating to:

- Decontamination equipment
- Radiographic equipment
- Other equipment

Decontamination equipment

The objective of servicing, maintenance, inspection, and validation of your decontamination equipment, in common with all your equipment is to ensure:

1. It functions correctly and does not break down, thereby potentially interfering with patient treatment.

2. You comply with regulatory and good practice requirements.

3. It lasts as long as possible!

It is worth noting that the average life expectancy of an autoclave is estimated to be 12,000 cycles, with some being able to go up to 20,000 cycles. Those estimates are only likely to apply to autoclaves that have been serviced and maintained in line with the manufacturer's instructions. This could be annually or after a specific number of cycles.

Compliance with requirements relating to the servicing, maintenance, inspection, and validation of your decontamination equipment is largely governed by the manufacturer's instructions as confirmed in the 2013 update of HTM 01-05. In the absence of the manufacturer's instructions, the guidance in HTM 01-05 should be followed.

Equipment used for decontaminating reusable dental equipment includes:

- Ultrasonic instrument cleaners
- Washer disinfectors
- Autoclaves.

Each piece of equipment used in the decontamination of reusable dental instruments and equipment will have its own specific requirements for servicing, maintenance, inspection, and validation. In addition, each item will also have requirements relating to essential, daily, weekly, quarterly tests, and other tests at specified frequencies. All records for all pieces of equipment must be kept for a specified length of time and must be available on request at regulatory inspection visits.

Radiographic equipment

The objectives of servicing, maintenance, and certification of your radiographic equipment are to ensure:

- Your equipment complies with the legal and statutory requirements relating to the use of ionising radiation as laid out in the Ionising Radiation Regulations.

- You have the appropriate documentation to demonstrate compliance with the regulations at CQC and other regulatory inspections.

- Your equipment continues working safely to ensure your patients, your team members, visitors to the practice, and members of the public are protected from the damaging effects of ionising radiation.

Compliance with the regulations includes (but is not limited to) ensuring radiographic equipment is serviced, maintained, and certified according to the manufacturer's instructions and in all cases, within three years.

Practices with CBCT machines and lasers must also comply with the legal requirements relating to these items.

Other equipment

Other equipment that must be serviced and maintained includes (but is not limited to):

- Fire safety equipment

- Compressed air receivers (compressors)

- Ventilation equipment.

Sedation requirements

All regulators want to ensure that any dental practices providing dental treatment using conscious sedation are doing so safely and effectively.

The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) provides definitive guidance on the requirements for all those involved in the provision of conscious sedation.

Of particular importance is ensuring all team members involved in the provision of conscious sedation are appropriately trained, including in intermediate life support (ILS) techniques so that they can respond appropriately and promptly in the event of a medical emergency involving a sedated patient.

The CQC and other regulators place a high priority on ensuring practices that provide dental treatment under conscious sedation follow the IACSD guidance rigorously and without exception.

Compliance and you

Dentistry Compliance

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What does compliance mean for your practice?

The topics detailed in this guide outline the elements of dental compliance that all dental practices in the UK are expected to comply with.

Remember that while compliance is important from legal, regulatory, and statutory aspects, the most important reason for being compliant is because it's the right thing to do.

What are the benefits of having a compliant dental practice?

There are many benefits to having a compliant dental practice.

Your practice will be better organised because your team members will be appropriately trained, and everyone will be clear about their roles and responsibilities.

Better organisation will lead to a less stressful working environment because there is less confusion.

Your equipment will (mostly!) be safe and reliable and will work. You should also have fewer complaints and significant adverse incidents.

Providing a clean and hygienic environment will reduce the risk of transmitting infectious micro-organisms between patients and team members and between team members themselves.

And don't underestimate one crucial point… You get to stay open because you will be providing care that is safe, effective, caring, and responsive and your practice will be well-led. In short, all the things the regulators require!

Plus it all makes complete business sense.

How does compliance affect me?

Each and every member of the dental team will benefit from working in a compliant practice for the reasons above.

In addition, a well-organised, safe practice in which team members feel supported to 'do the right thing' means they are more likely to be loyal, well-motivated, and committed to the practice.

> **There are many benefits to having a compliant practice**

Taking the stress out of dental compliance

If you've read this guide and you're left feeling overwhelmed, don't despair.

Compliance can be complicated and confusing, leaving you wondering if you've interpreted the guidance, regulations, and statutory requirements correctly.

But compliance doesn't have to be stressful or complicated: with the right partner you can make things much more simple.

Look no further than Dentistry Compliance and Dentistry Compliance Pro, powered by Apolline. Dentistry Compliance is an end-to-end dental compliance management solution – including innovative software, practical services, best-in-class training, specialised consultancy and corporate support.

Our philosophy is that Dentistry Compliance supports the day job of running the practice and caring for your patients – rather than **becoming** the day job and losing all your time to an endless list of compliance tasks.

Get in touch

📖 **dentistry.co.uk/compliance**

📞 **01923 851781**

✉️ **enquiry@apolline.uk.com**

Our philosophy is that Dentistry Compliance supports the day job of caring for patients - rather than becoming the day job and losing all your time to an endless list of compliance tasks

Our features

Compliance management software	✓	Automated audits	✓
Live reporting on your compliance status	✓	Real-time patient and staff satisfaction surveys – with benchmarking	✓
Document vault preloaded with all essential policies, audits and risk assessments	✓	Policy acknowledgment tracker	✓
Delegate tasks to team members	✓	Automated policy personalisation	✓
Upload and store your documentation	✓	Unlimited support	✓

Member benefits: Dentistry Compliance

Feature	Benefit
Intuitive user-friendly compliance management software	• Instant real-time overview of current compliance status and latest Dentistry Compliance updates as soon as you log in • Peace of mind – see your current compliance status at a glance • Save time manually checking what's been completed in practice.
All essential tasks pre-loaded into our traffic light system – rated red, amber, or green. Team members receive prompts to complete a task when it is due	• Peace of mind – never miss an essential compliance task again • Prioritisation made easy – traffic light rating of tasks lets you tackle the urgent tasks first
Document vault securely stores all your critical compliance policies, templates, audits, and risk assessments ready to attach to individual tasks where relevant	• Peace of mind that you've got all the documents in one place • Save time searching for documents when you need them.
Automated policy personalisation and automated system for acknowledging documents have been read and understood	• Saves time having to personalise your policies yourself • Easy follow up for team members if they do not acknowledge the document
Automated audits with an action plan for any non-compliance	• Make auditing quicker and more efficient • The action plan will guide you with what you need to do to achieve compliance
Mobile-ready digital checklists	• Save time by checking things like emergency drugs and daily surgery 'to do' lists on the go
Real-time benchmarking through patient and staff satisfaction surveys with automated reporting	• Understand your practice like never before with instant business-critical feedback • National benchmarking shows how your practice really stacks up
All your necessary compliance CPD subjects and clinical CPD with five complimentary licences for Dentistry CPD	• A one stop shop for compliance and CPD – including all your team's recommended subjects and much more for GDC requirements • Extra licences available at a specially discounted rate
Full training support – with training videos and additional remote training if required	• Value for money built-in – make sure everyone gets the most out of all the tools available
Unlimited phone and email support	• Help, whenever you need it – you are never alone with Dentistry Compliance

Member benefits: Dentistry Compliance Pro

Feature	Benefit
All features listed for Dentistry Compliance plus…	All benefits listed for Dentistry Compliance Pro plus…
Yearly remote compliance audit complete with automated action plan	• Understand exactly how compliant your practice is – when you need it • Confidence that you're taking the right steps with our automated action plan
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