the Sale of Goods Act 1979 (as amended) lays down conditions that all goods sold by a trader must meet, including those of the goods being “fit for purpose”. These three words have also been increasingly used to question the role of the CQC following the recently alleged “cover up” of their failure to spot problems within the University Hospitals of Morecambe Bay Foundation Trust.

The CQC began operating in April 2009, as the single regulator for health and adult social care, replacing the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. This integrated approach gave rise to a generalist system of inspections and an inherent conflict of interest whereby the CQC was involved in both the identification and rectification of quality of care issues. Many commentators have said that this generalist system evidences the way in which the previous government actively sought to dis-empower clinicians in inspections – possibly because they would speak the uncomfortable truth. With the recent NHS reforms placing the emphasis right back on grass roots clinicians, perhaps this could change.

The events of Morecambe Bay have certainly cast the spotlight back on the CQC’s methods of inspections post-Francis. And Jeremy Hunt, health secretary, has touched upon what most of us have been thinking for years, how can the same inspector reliably inspect such different facilities as a dental practice, a GP surgery, a hospital and a care home?

Anecdotally, this is perhaps the reason many GDPs fear CQC inspections, sometimes referring to them as Close Quarters Combat (CQC) – defined as a type of warfare in which small units (one or two inspectors) engage the enemy (GDP teams) with weapons (clip-board and pen) at very short range.

Although many professions may jump to their own defence with cries of “uniqueness”, the practice of general dentistry is truly unique in that the investigation, diagnosis, prevention and treatment of disease all takes place within the same four walls, by the same clinician.

A cursory scan of the thread of comments provided by readers in response to the HSJ article Investigators reveal CQC ‘cover up’ over Morecambe Bay reveals some support for the CQC to conduct more unannounced inspections. However, many would argue that the “dawn raid” of services won’t really provide an indication of the quality of care being provided, but rather an indication of how well registered managers and their teams act under pressure.

It strikes many as rather ironic that the same regulator which advocates patient feedback and positively acting upon criticism has been blamed for not tolerating it, according to Dr Heather Wood, a former CQC inspector.

These are certainly tough times for the CQC as they have openly named the people, including former chief executive Cynthia Bower, present when the decision was taken to allegedly suppress a report identifying weaknesses in their inspections of the University Hospitals of Morecambe Bay Foundation Trust. However, as Hunt noted, this action is a “sign that the NHS is changing”. Time will tell whether this change is for the better, but irrespective, we should all spare a thought for the families of the up to 16 babies and two mothers feared to have died in the maternity unit at the Barrow-in-Furness hospital between 2001 and 2012.

“The views expressed in this column are those of the author and do not reflect the views of, and should not be attributed to, any organisation or institute he works for.

Amit Rai is a General Dental Practitioner, Dental Educator and Adviser with a Dento-Legal background.