

Email response to John Illingworth, CHRE

Dear John

Thank you for inviting the GOC to respond to the CHRE's call for information on distributed regulation and for allowing us to submit this late response.

Our comments are as follows:

Paragraph 1.12 mixes up the concepts of a regulator taking action based on non-compliance with another regulator's standards, with taking action following a *finding* made by another regulator. These are conceptually very different. In the boxed text underneath para 1.12, we believe it is unhelpful for CHRE to refer to a situation of "double jeopardy". We would argue that basing an allegation made on a finding made by another body is not double jeopardy, in the same way that basing an allegation on a criminal conviction is not double jeopardy.

We would ordinarily expect distributed regulation to be applicable when an individual either [a] holds dual qualifications enabling registration with two or more (different) regulators, (your scenario 1 in para. 1.2 of your call for information); or [b] where the legislation relating to registration and regulation of the scope of practice for one profession indicates that a registrant of another profession can carry out the same regulated activities. For example, the Opticians Act 1989 enables both a registered optometrists (registered with the GOC) and a registered medical practitioners (registered with the GMC) to test the sight of another person and fit and supply optical appliances. It is assumed that this individual would fall into your scenario 3 although the Opticians Act example pre-dates the new roles defined in *The regulation of the non-medical healthcare professions*.

In response to your question 1, we are concerned that in the example given above at 1[b], that there may be public protection issue arising from the application of different standards as described in your para 1.10 of your call for information. On rare occasions a complaint has been made to the GOC relating to the competence or conduct of an ophthalmic medical practitioner (a registered medical practitioner registered with the GMC). The GOC has referred the matter to the GMC for action. The GMC FTP investigation could results in different treatment of the individual by the GMC than would be expected if the matter had been considered by the FTP processes of the GOC. We believe a 'solution' for scenario 1 would be for there to be agreement between the GMC and GOC on which regulator should take FTP action when the medical practitioner is carrying out the scope of practice of an optometrist.

In response to your Question 2: while the GOC recognizes that distributed regulation could apply to individuals falling into 'scenario 2' in the situations you

describe in paragraph 1.2, we would expect that individuals operating within a 'scenario 2' be subject to compulsory registration at an enhanced specialist level and that specialist registration would be dependent upon the individual having gained additional training (approved by the regulator) and achieved additional specialist qualifications for entry to the specialism. An example would be the additional training and qualification, approved by the GOC, required by a dispensing optician wishing to fit contact lenses or the additional training and qualifications approved by the GOC required by an optometrists wishing to practise as an independent prescriber.

In response to your Question 3: we believe that a common set of conduct standards could only be pragmatically contemplated if all the regulators had transferred their FTP hearings processes to a single adjudicator such as OHPA. In response to question 4, a question on registration forms and retention of registration forms asking whether an individual has dual qualifications and/or specialist qualifications enabling practice at an advanced level.

We hope this response will be of value to you in considering appropriate models for distributed regulation.

Regards
Dian Taylor