

Consultation on fee review – how we set our fees: analysis report



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Executive summary

Background

Between March and June 2021, we consulted on our wider fees review looking closely at how we set our fees. We sought views on:

- our preference not to introduce differential fees for individual registrants, and instead to keep a flat-fee structure
- our proposal to introduce a multi-year fees cycle for individual registrants
- whether we should explore charging for accrediting and reaccrediting, or recognising and re-recognising, all training courses.

This consultation is the second stage of our long-term fees strategy and is part of our wider financial strategy to deliver a financially stable organisation that can effectively fund the cost of regulation. It builds on the work that we have carried out in previous years looking at the fees we charge for registered pharmacies and pharmacy professionals, and is part of our commitment to explore other approaches to setting fees and fund our regulatory work.

We delivered the consultation through an online survey, which received **2445** responses: **2419** from individuals and **26** from organisations. There were also **two** additional responses from organisations who responded via email and did not follow the structure set out in the survey, bringing the total number of responses to the consultation to **2447**.

Key issues raised in responses

General view

Overall, respondents agreed with each of our proposals. Our preference to keep a flat-fee structure and our proposal to introduce a multi-year fees cycle were met with similar levels of agreement with around three quarters of respondents supporting both recommendations. Agreement was slightly lower on whether we should explore charging for accrediting and reaccrediting, or recognising and re-recognising, with around two-fifths of respondents backing the proposals, although almost a third of respondents responded 'don't know' to this proposal.

Differential fees

Respondents to this question were largely in favour of our proposal to retain a flat-fee structure mainly based on the reasons we highlighted in the consultation document for not introducing differential fees. Many respondents felt that this approach was both the fairest and simplest approach to adopt for both the GPhC and for registered pharmacy professionals. Despite this, some responses took issue with our planned approach and felt that a flat-fee structure was either too costly or unfair for specific groups of registrants, which could lead to some wider, unintended consequences, e.g. the pharmacy profession may become less appealing and potentially lead to a shortage of professionals in the long term.

Introducing a multi-year fees cycle

Most respondents to this question generally supported our rationale for introducing a multi-year fees cycle, rather than yearly cycles for registered pharmacy professionals, with a much smaller number of

respondents disagreeing. Those who provided more detail for agreeing with the proposal felt that a multi-year fees cycle would provide more transparency and allow pharmacy professionals to plan financially with the reassurance that there would not be an unexpected increase in fees year on year. For those that disagreed, most respondents were concerned about a larger increase to the fees between each cycle rather than the incremental increases that occurred when fees were set on an annual basis. Some respondents misunderstood our proposals or questioned how they would be implemented, particularly with regards to the timing of payments. For example, some respondents were unsure whether three years-worth of fees would be paid in one lump sum or spread out more evenly in each cycle.

Charging for accreditation and reaccreditation, and for recognition and re-recognition

Most respondents to this question were supportive of the GPhC's proposal to extend the charging of fees to include all courses, on a cost recovery basis with many thinking it was a fair and reasonable suggestion. Setting out their reasons, many respondents highlighted the important regulatory work required to scrutinise and accredit training course for the benefit of the wider profession and felt that charging would reflect this. Some also saw it as a bonus that the GPhC would be able to bring in additional income for the organisation through this approach. Those who favoured this approach also agreed more generally that training providers should be responsible for making up this deficit rather than registrants. Despite this, a smaller minority of respondents were concerned that any increase in costs for training providers would have a knock-on effect for students, registrants and employers. The primary concern was that if training providers increased the costs for students, it would deter individuals from attending. Similarly, a few respondents also warned that the proposal may deter training providers from offering courses in the first place if all the courses that they provide were chargeable. Many respondents misunderstood the proposals and mistakenly thought that registrants, rather than training providers, would be responsible for meeting the costs.

Impact of the proposed changes

Views on impact on people sharing protected characteristics

A large proportion of respondents felt that our proposal to introduce a multi-year fees cycle would have no immediate impact on any of the groups sharing protected characteristics. However, our preference not to introduce differential fees drew some criticism from those who felt that it may adversely impact people who share any of the protected characteristics, particularly those who are unable or cannot work full-time such as women, individuals on maternity/paternity leave, those with a disability, or who were elderly. Despite this, many expressed the view that as the GPhC already uses a flat fee structure, there would be no change, and therefore no impact. Others felt that any impact the proposals would not be felt by any one group as the proposals were fair and would impact all registrants equally.

Views on impact on other individuals or groups

Respondents assessed the impact that the proposals would have on any other individuals or groups. Once again, many felt that the uniformity of the proposals was beneficial as all groups and individuals would be subject to the same fees and it would therefore be a level playing field. Those who choose to work part-time for personal circumstances were seen to be worse off as they would be required to pay the same rate of fees as those working full time despite working less hours. Newly qualified registrants who earn a lower salary than their counterparts were also seen to be negatively impacted as a higher proportion of their overall earnings would be committed to fees. Many respondents felt that the public

and the wider profession could suffer if pharmacy professionals choose to leave the profession as a result of changes to the fees. Our proposals to charge for accreditation and reaccreditation was seen to have a negative financial impact on education and training providers as they would likely be charged more in fees.

Introduction

Policy background

As part of our long-term financial strategy we are looking at ways to reduce our costs; become more efficient; use our resources more effectively, and make sure that people and organisations we regulate are paying an appropriate amount in fees.

We are also looking into whether we can generate other income from our regulatory work. This consultation is the second stage of our long-term fees strategy, and is part of our wider financial strategy to deliver a financially stable organisation that can effectively fund the cost of regulation. We are responsible for making sure we have the finances to carry out our regulatory role and fulfil our statutory duties. Under the Pharmacy Order 2010 ('the Order'), Parliament has given us the authority to:

- charge fees, and
- change the level of these fees, and
- make rules for our fees, so that the cost of pharmacy regulation is paid by the people and organisations we regulate

Pharmacy professionals and pharmacy owners benefit from effective regulation because it reassures patients and the public that they can have confidence in the pharmacy services they receive. We are mainly funded by the fees paid by pharmacists, pharmacy technicians and registered pharmacies. We receive a small amount of income from the fees we charge to education providers. To continue to be an effective regulator whose aim is to protect the public, we need to make sure that those we regulate are paying the appropriate fees to help pay for that regulation.

When we set fees, we aim to be as fair and practical as possible. This includes each registrant paying for the cost of regulating their registrant group. In previous consultations, respondents have suggested other approaches to setting fees and suggested other areas where we could charge for regulatory work. The suggestion most often raised was for us to introduce 'differential fees': that is, charging lower fees for people who were likely to be less able to pay. Two examples were people on parental leave or working part-time.

We decided to explore the issues respondents had raised and we used the fees consultation held in 2020 to ask whether differential fees and multi-year fees cycle were the right ones to consider. Over half of respondents agreed that the areas we proposed were the right ones, so in this latest consultation we looked at the feasibility of introducing differential fees and setting fees over a multi-year cycle. We:

- assessed previous attempts to introduce differential fees
- analysed comments from respondents about the introduction of differential fees from previous consultations (both for and against)
- carried out desktop research, including looking at the work of other regulators in these areas

Our findings and provisional views on differential fees and setting a multi-year fees cycle are outlined in this consultation. For more detail on the changes we are proposing, see [Appendix 1: Summary of our proposals](#).

Analysis of consultation responses and engagement activities

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents ('N') and their percentage (%) is shown. The last column in each table captures the views of all survey respondents ('Total N and %'). The responses of individuals and organisations are also shown separately to enable any trends to be identified.

NB. See [Appendix 2: About the consultation](#) for details of the consultation survey and the number of responses we received, [Appendix 3: Our approach to analysis and reporting](#) for full details of the methods used, [Appendix 4: Respondent profile](#) for a breakdown of who we heard from, and [Appendix 5: Organisations](#) for a list of organisations who responded. [Appendix 6: Consultation questions](#) contains a full list of the questions asked in the consultation survey.

1. Differential fees

Table 1: Views on keeping the current flat-fee structure (Base: All respondents)

Q1. Do you agree or disagree with our reasons for maintaining the current flat fee structure for pharmacists and pharmacy technicians?	N and % individuals	N and % organisations	N and % Total
Agree	1806 (75%)	20 (77%)	1826 (75%)
Disagree	507 (21%)	3 (12%)	510 (21%)
Don't know	106 (4%)	3 (12%)	109 (4%)
Total N of responses	2419 (100%)	26 (100%)	2445 (100%)

Table 2: Views on which groups should have differential fees (Base: Those answering 'disagree' to Q1)

Q2. Please select which group(s) you think should have differential fees (NB. Respondents could tick all that apply)	N and % individuals	N and % organisations	N and % Total
People working part-time	384 (76%)	2 (67%)	386 (76%)
People on low incomes	306 (60%)	1 (33%)	307 (60%)
People on parental leave	305 (60%)	2 (67%)	307 (60%)
Newly qualified registrants	175 (35%)	2 (67%)	177 (35%)

Q2. Please select which group(s) you think should have differential fees (NB. Respondents could tick all that apply)	N and % individuals	N and % organisations	N and % Total
Another group not listed here	97 (19%)	1 (33%)	98 (19%)
Total N of responses	507	3	510

Overall, a large majority of respondents agreed with our reasons for maintaining the current flat fee structure for pharmacists and pharmacy technicians (75%). When broken down further, table 1 shows that agreement amongst organisations (77%) was marginally higher than amongst individuals (75%). A higher proportion of individuals (21%) disagreed with the proposal to maintain the current flat-fee structure in comparison to organisations (12%). Very few respondents in total (4%) indicated that they did not know either way whether our reasons for maintaining the current flat-fee structure was appropriate.

Respondents who disagreed with the flat-fee structure (responded ‘disagree’ to Question 1) were asked which group(s) should have differential fees. Table 2 shows that most respondents selected ‘People working part-time’ (76%), followed by ‘People on low incomes’ (60%) and ‘People on parental leave’ (60%). ‘Newly qualified registrants’ was also selected by a large minority of respondents (35%), compared to only 19% who selected ‘Another group not listed here’. Whilst 67% of organisations selected ‘Newly qualified registrants’ compared to 35% of individuals, only three organisations responded to this question, making disparities between organisation’s and individual’s responses, less meaningful for this question.

Approximately three-fifths of respondents left comments explaining their responses to these questions. An analysis of the themes found in their responses, is presented below.

1.1. Summary of themes

Acknowledging the reasons highlighted in the consultation document for not introducing differential fees, respondents to this question were largely in favour of our proposal to retain a flat-fee structure. Many respondents felt that this approach was both the fairest and simplest approach to adopt for both the GPhC and for registered pharmacy professionals. Despite this, some responses took issue with our planned approach and felt that a flat-fee structure was either too costly or unfair for specific groups of registrants, which could lead to some wider, unintended consequences, e.g. the pharmacy profession may become less appealing and potentially lead to a shortage of professionals in the long term.

The analysis below presents the themes that emerged from the responses, in order of prevalence beginning with those that agreed with our proposals followed by those who opposed, as listed here:

- A flat-fee structure is fair, reasonable and affordable
- A flat-fee structure is easier and more straightforward for the GPhC to manage
- All registrants will receive an equitable service and will pay the same fee as each other
- Differential fees are undesirable as it would lead to a system where some registrants will subsidise others
- Differential fees are open to abuse

- A flat-fee structure is too costly and unfair for specific groups
- The fees, as proposed, are still too high and should be lowered for all registrants
- A flat-fee structure could lead to a loss of registrants, or a shortage of pharmacy professionals

1.2. A flat-fee structure is fair, reasonable and affordable for all

The most common theme to emerge from the consultation responses was that a flat-fee structure was the fairest model to adopt, with many respondents citing the uniformity of this approach as the main benefit. Many respondents to this question acknowledged that some groups of pharmacy professionals may work under different circumstances, e.g. part-time, maternity leave, etc but they also felt that the wider role and responsibilities of pharmacy professionals are generally the same and that a fee structure that is applicable to all registrants should reflect this.

Some respondents who also shared this view felt that choosing to work part-time was a personal choice and therefore it shouldn't be rewarded with a lowering of fees. They added that full time registrants may be more inclined to shift to part-time working to make up the savings, which in turn could lead to increased work pressures as limited full-time staff would be in post.

Many respondents also spoke positively of the straightforward and simple approach of the flat-fee model compared to differential fees. They thought that it was clearer across the board for both registrants and employers who would find it advantageous as they could focus on their job instead of worrying whether they are paying the appropriate fees, or self-declaring to the GPhC if their personal circumstances change, e.g. maternity/paternity leave.

Some respondents also felt that a flat-fee structure was affordable for all pharmacy professionals in comparison to their overall earnings and that the cost was not such that pharmacy professionals would struggle to afford it. Those who shared this view also went on to say that fees were part and parcel of being a professional and that it was reasonable for all registrants to pay the same fee. Despite this, a small number of registrants warned that regular general increases in fees would make it more difficult to justify a flat-fee structure in the future.

A small number of registrants also felt that although a flat-fee structure may disadvantage some registrants at varying points in their career, ultimately it would balance out in the long-term if they stayed in the profession. They also felt that a flat-fee structure would help keep the overall cost down for all registrants and that it would provide greater consistency and less confusion.

1.3. A flat-fee structure is easier and more straightforward for the GPhC to manage

Many respondents, including a much higher proportion of organisational than individual respondents, thought that a flat-fee structure would be easier and more straightforward for the GPhC to manage. Explaining why, respondents felt that changing to a differential fees model would require more time and effort for the GPhC to monitor each registrant's personal circumstance and would therefore increase the associated administrative burden, e.g. validating whether an individual is working part-time. They went on to say that the complexity and intricacies required in managing differential fees could be problematic and potentially lead to animosity directed at the GPhC and more generally amongst registrants themselves, particularly those who are paying lower fees. Some respondents also thought these issues combined could increase the cost of regulation in the future, which would be unwanted and counterproductive.

Despite acknowledging the difficulties in managing a differential fees model, a few respondents felt that a more balanced approach would have been more desirable. For example, some respondents thought that a flat-fee structure could still be maintained whilst still having certain provisions in place where those who were working fewer hours, such part-time workers could pay lower fees on a case-by-case basis against a quantifiable criteria.

Some respondents raised concerns that the only way registrants could claim for reduced fees would be to share private and confidential salary and employment contract information with the GPhC. Those who shared this opinion felt that this would be unethical and set a bad precedent. Despite this, some respondents drew attention to other organisations who already have a differential fees model in place, as evidence that such an approach could work in practice. However, it was also acknowledged that the pharmacy sector is unique and that it would be difficult to follow a blueprint adopted from another organisation or regulator.

1.4. All registrants receive an equitable service from the GPhC and the setting of fees should reflect this

Many respondents who agreed with the flat-fee structure felt it was an equitable way of setting fees. Explaining why, they pointed out that all pharmacy professionals who pay their fees receive the same level of service from the GPhC in return, which creates an equilibrium amongst registrants and the regulator. Some respondents thought this balance would be disrupted if differential fees were introduced especially if some registrants were subject to different fees to others.

1.5. Differential fees are undesirable as it would lead to a system where some registrants will subsidise others

For those who disagreed with differential fees, some were concerned that it would lead to a system where most registrants would be subsidising those who are paying lower fees. Respondents who shared this view were against this idea as they felt it would benefit few and be detrimental to many. They added that instead of resolving the problem, it instead would shift the financial burden on to those who are not eligible to claim lower fees, which would be unfair.

1.6. Differential fees are open to abuse

Of those respondents who favoured a flat fee structure, a small number argued that a differential fees system is open to abuse or susceptible to fraudulent claims. Many drew attention to the information in the consultation document which showed that previously, around half of the claims for the Royal Pharmaceutical Society of Great Britain's low-income fee scheme were not genuine. Some respondents were concerned that registrants could be dishonest when declaring why they are eligible for reduced fees. A flat-fee structure, where everyone pays the same fee regardless of personal circumstances, would mitigate this risk and be easier to police, they added.

A few respondents were concerned that this could affect the reputation of pharmacy if there was an increase in false claims; there was also concern that this could lead to an increase in fitness to practise investigations against registrants which in turn could increase the costs of regulation.

1.7. A flat-fee structure is too costly and unfair for specific groups

The most common theme amongst respondents who disagreed with the flat-fee structure was that it was unfair for specific groups affected by financial pressures, such as those working part-time, people on low incomes, and people on maternity or parental leave. Most respondents who shared this view,

felt that part-time workers who earn less income than their full-time counterparts were most affected and should instead pay fees proportionate to the number of hours they work. Some respondents claimed that pharmacy professionals working part-time such as those who are semi-retired or who work very few hours each year, should not be penalised by having to pay the full rate as they are less of a burden to regulate. A few respondents who shared this opinion, thought that the fees should be based on hours worked pro-rata, to ensure that those working less hours pay fees that are proportionate to their working pattern.

A few respondents also felt that the differences between pharmacists and pharmacy technicians should be accounted for when setting a fee structure. They drew attention to the differences in the earning potential between these two groups, where it was felt that pharmacists earned significantly more and therefore could more easily afford to pay the fees. Some respondents also pointed out that pharmacy technicians make up a smaller proportion of all pharmacy professionals and therefore would cost less to regulate, which the fees should reflect. It should be noted that pharmacy technicians already pay different fees to pharmacists, which some respondents may have failed to realise.

Some respondents were concerned that those who can't work full-time, e.g. due to childcare or who physically can't because of personal circumstances, would be most affected and that having a flexible approach would be fairer and more considerate. In addition, they felt that the financial burden it would place on individuals who are on maternity/paternity leave, would add to the stress for what is already a demanding and worrying time.

A small number of registrants thought that newly qualified registrants should not pay fees initially as they do not have the means or the security of a regular salary to cover the costs of fees. Similarly, a few respondents felt that newly qualified registrants were the one group of registrants where it would be relatively straightforward for the GPhC to reduce fees. They felt that it would be straightforward for the GPhC to identify these individuals through the register; therefore the administrative and regulatory costs would be minimal compared to other groups, such as part-time workers, where a more in-depth analysis would be required to determine whether they are eligible to pay reduced fees.

1.8. The fees, as proposed, are still too high and should be lowered for all registrants

A few respondents spoke generally about the need to reduce fees. Some felt that fees should either be reduced or remain the same in the long-term, while others argued that the cost of the fees did not offer value to registrants.

A small number of respondents felt that as wages were not keeping up with inflation and the rise in the cost of living, the fees should be reduced as much as possible. A few respondents felt that the fees should be reduced to take into account the sustained level of work pharmacy professionals have carried out during the pandemic.

1.9. A flat-fee structure could lead to a loss of registrants, or a shortage of pharmacy professionals

Some respondents opposed a flat-fee structure as they were concerned about the lasting impact it may have on the pharmacy sector. Those who shared this view felt that financial concerns may discourage potential pharmacy professionals from applying for registration. Although these respondents felt that this issue on its own could be managed, if incumbent pharmacy professionals decided to leave due to increasing costs associated with their registration the situation could become more of a problem.

Concerns were also raised by a few respondents that experienced pharmacy professionals working fewer hours or who are semi-retired, may leave the profession if the cost of fees is too high and they feel they are not getting value for money.

1.10. Suggestions on how to set or administer differential fees

In addition to the arguments for and against our proposals, many respondents put forward other suggestions and alternative ideas on how to set or administer differential fees. A selection of these are highlighted below:

- A small number of respondents drew attention to the approaches taken by other professional bodies such as the General Optical Council and the General Medical Council, both of whom offer differential fees. Respondents felt that there was scope to introduce differential fees, or at least explore it further, as there was a precedent set by the other professional bodies.
- A few respondents thought that there should be additional fees for those applying to re-register with the GPhC.
- A few respondents felt that fees should be proportionate to the level of professional responsibility the registrant has, e.g. registrants in non-patient facing roles could pay a different fee to those who are public facing.
- A few respondents remarked that some pharmacy technicians have their fees reimbursed by their employer so any changes in fees would likely not have as big an impact on this group as first feared, if the GPhC chooses to explore this area in the future.
- Very few respondents argued that the GPhC should recoup costs from registrants who have failed to meet the professional standards.
- A small number of respondents also thought that those reaching the statutory retirement age should benefit from a reduction.
- A few respondents thought that it may be worth exploring regional/national differences when setting fees, e.g. those that are already registered to practice in a country could be eligible for a reduction in GPhC fees.
- A handful of respondents believed that the setting of fees for some groups should be means tested.
- A small number of respondents felt that the rationale for not introducing differential fees, particularly the points around self-declaration, indicated that there was a lack of trust in the profession by the GPhC.

2. Introducing a multi-year fees cycle

Table 3: Views on introducing multi-year fee cycles for individual registrants (Base: All respondents)

Q4. Do you agree or disagree with our reasons for introducing multi-year fees cycles for individual registrants?	N and % individuals	N and % organisations	N and % Total
Agree	1738 (72%)	21 (81%)	1759 (72%)
Disagree	385 (16%)	4 (15%)	389 (16%)
Don't know	296 (12%)	1 (4%)	297 (12%)
Total N of responses	2419 (100%)	26 (100%)	2445 (100%)

Table 3 shows that over two-thirds (72%) of respondents agreed with our reasons for introducing multi-year fees cycles for individual registrants. Agreement amongst organisations was higher (81%) compared with individuals (72%).

Only around a sixth (16%) of all respondents disagreed with our reasons for introducing multi-year fees cycles.

A similarly low proportion of respondents (12%) stated that they didn't know if they agreed with a multi-year fees cycle. A higher share of individuals (12%) didn't know compared to organisations (4%).

Around a third of respondents left explanatory comments. An analysis of the themes found in their responses, is presented below.

2.1. Summary of themes

Most respondents to this question generally supported our rationale for introducing a multi-year fees cycle, rather than yearly cycles for registered pharmacy professionals, with a much smaller number of respondents disagreeing. Those who provided more detail for agreeing with the proposal felt that a multi-year fees cycle would provide more transparency and allow pharmacy professionals to plan financially with the reassurance that there would not be an unexpected increase in fees year on year. For those that disagreed, most respondents were concerned about a larger increase to the fees between each cycle rather than the incremental increases that occurred when fees were set on an annual basis. Some respondents misunderstood our proposals or questioned how they would be implemented, particularly with regards to the timing of payments. For example, some respondents were unsure whether three years-worth of fees would be paid in one lump sum or spread out more evenly in each cycle.

The analysis below presents the themes that emerged from the responses, in order of prevalence beginning with those that agreed with our proposals followed by those who opposed.

- A multi-year fees cycle allows for better financial planning.
- A multi-year fees cycle will be less costly for the GPhC.
- Concern regarding timing of payments.
- Concern over a large price hike between each cycle.

- A multi-year cycle does not allow for unseen fluctuations, e.g. COVID-19
- Income savings should be passed on to registrants
- Other issues

2.2. A multi-year fees cycle will encourage better financial planning

Agreeing with the proposal, many respondents acknowledged the benefits of a multi-year fee cycle specifically from a financial planning and awareness standpoint. Whilst some highlighted how a multi-year fees cycle would allow for better forward financial planning for the GPhC, most respondents drew attention to the impact it would have on registrants and contractors who cover the costs for their employees. They felt that there would be greater clarity and transparency for pharmacy professionals around the cost of fees over an extended period of time; this would allow them to budget in advance. Some respondents felt that this approach removed the likelihood of any surprise increases in fees within each cycle and improve the registrant's ability to financially plan in the long-term.

2.3. A multi-year fees cycle will be less costly for the GPhC

Assessing the impact it would have on the GPhC, many respondents, including many more organisations than individuals, spoke positively of the overall reduction in the GPhC's operational costs if fees were set on a multi-year cycle. Of these respondents, the majority drew attention to the efficiency savings and reduction in administrative costs if consultations on changes to the fees rules moved from every year to once every three years. Some respondents also remarked that the current approach, where consultations on changes to the fees rules are held every year, was outdated and in need of modernisation and so welcomed the proposal of a multi-year cycle. Despite this, many respondents also felt that any associated savings that the GPhC makes from moving to a multi-year cycle should be passed on to registrants (see section 2.7).

If the setting of fees was streamlined, as proposed, a few respondents thought that the multi-year fees cycle would allow the GPhC to focus its attention and resources on more pressing practice-related issues.

2.4. Concern around the timing of payments

Many respondents misunderstood the proposals and assumed that pharmacy professionals would be required to pay their fees in one lump sum at the start of each three-year cycle. Even though this was not part of the GPhC's proposals, we are including their views expressed in the consultation for completeness. Many were opposed to this idea in principle, as it would place more financial burden on registrants to pay their fees upfront rather than it being more evenly spread out. Moreover, concerns were raised that paying three-years' worth of fees in advance was an inflexible approach, particularly for individuals whose personal circumstances may change within that timeframe due to retirement or taking a career break, for example. Despite this, a small number of respondents spoke positively about an approach where pharmacy professionals had the option to pay all their fees upfront at the start of each cycle. Those who felt this way argued that it would be easier for them to plan financially and less cumbersome if they were able to pay their fees in one lump sum rather than on an annual basis. In addition, a few respondents thought that the GPhC could offer a discount to registrants who pay their fees in one lump sum.

On a similar note, many respondents called for greater flexibility on the frequency in how fees are paid. For example, some respondents thought that there should be an option for fees to be paid in

instalments on a monthly or quarterly basis, as it would be more manageable for those on lower incomes.

2.5. Concerns over a large price hike

Some respondents agreed with the reasons for introducing a multi-year fees cycle but also raised concerns about the prospect of inflated price hikes between each cycle. Of these respondents, many were worried that the GPhC would use a multi-year fees cycle as an excuse to increase fees more generally to cover any potential or expected costs for financial forecasting purposes. This was less desirable than the current approach, where the annual fee review meant that any increases in fees were applied more gradually and with a clear rationale for doing so.

2.6. A multi-year cycle does not allow for unseen fluctuations

One of the most common areas of concern cited by respondents was that a multi-year fees cycle was too restrictive and would not provide the flexibility to respond to any unforeseen changes or developments in pharmacy and society more generally. Some of these respondents felt that the current approach, where fees are reviewed on an annual basis was preferable as it allowed the GPhC to take into account any changes in a much quicker timeframe as opposed to every three years. Many respondents indicated that the COVID-19 pandemic was a prime example of where the ability to adapt quickly and make any necessary changes in a short period of time was of critical importance.

A few respondents also thought that reviewing fees on a yearly basis was preferable as it would allow a more accurate prediction of the following years costs compared to setting fees on a cyclical basis. They warned against forward planning as it would be counterproductive if changes to the economy occur or people's personal circumstances change, e.g. job losses.

2.7. Any savings should be passed on to registrants

Many respondents, including a higher proportion of organisations, were keen to see any savings that the GPhC makes from moving to a multi-year fees cycle to be passed on to registrants. Many of these respondents thought that a reduction in the renewal and registration fees for registrants was the most appropriate use of these savings. A few respondents called for more clarity on what the anticipated cost savings would be if the GPhC decides to move to a multi-year fees cycle.

2.8. Other issues

The following comments were given by a smaller number of respondents but still represented common themes in responses:

- Several respondents spoke generally about the current fee structure being too expensive and called for it to be reduced. For further details, please refer to section 1.8.
- Some respondents called for greater clarity and transparency on the impact a multi-year fees cycle would have on registrants, including a cost breakdown on how fees are calculated and projected. In addition, a few respondents wanted further details on what would constitute an 'emergency situation' that would lead to an 'exceptional' fee being introduced and called for further checks and balances, such as a public consultation if such a situation arose, to avoid fees increasing disproportionately.
- A few respondents felt that fees should be set in line with inflation or in line with the income of registrants, so that they remain affordable. These respondents were concerned that a multi-year fees cycle, where the costs are based on predictions or forecasts, would stifle this.

- A small number of respondents thought that costs would be recovered more easily by reducing the frequency for revalidation requirements from once a year to once every two years in line with other professions.
- Very few respondents thought that it would be more proportionate to align the fee structure with average remuneration increases.
- An organisation warned that the GPhC may not have the authority at present from a legislative standpoint to set multi-year fees.

3. Charging for accreditation and reaccreditation, and for recognition and re-recognition

Table 4: Views on charging for accrediting and reaccrediting, and recognising and re-recognising (Base: All respondents)

Q6. Do you think we should explore whether we should charge for accrediting and reaccrediting, and recognising and re-recognising, all courses, 'at cost'?	N and % individuals	N and % organisations	N and % Total
Yes	1005 (42%)	13 (50%)	1018 (42%)
No	742 (31%)	7 (27%)	749 (31%)
Don't know	672 (28%)	6 (23%)	678 (28%)
Total N of responses	2419 (100%)	26 (100%)	2445 (100%)

Around two-fifths of respondents (42%) agreed that we should explore whether we should charge for accrediting and reaccrediting, and recognising and re-recognising, all courses, 'at cost'. When broken down further, table 4 shows that exactly half of organisations agreed which was a higher proportion compared to individuals (42%).

Just under a third of respondents (31%) disagreed that we should explore accrediting and recognising courses. This was felt by a similar proportion of organisations (27%) as individuals (31%).

Similarly, around a third (28%) of respondents didn't know if we should explore this income option. Slightly fewer organisations (23%) were unsure, compared to individuals (28%).

Around a third of respondents left explanatory comments. An analysis of the themes found in their responses, is presented below.

3.1. Summary of themes

Most respondents to this question were supportive of the GPhC's proposal to extend the charging of fees to include all courses, on a cost recovery basis with many thinking it was a fair and reasonable suggestion. Setting out their reasons, many respondents highlighted the important regulatory work required to scrutinise and accredit training course for the benefit of the wider profession and felt that charging would reflect this. Some also saw it as a bonus that the GPhC would be able to bring in additional income for the organisation through this approach. Those who favoured this approach also

agreed more generally that training providers should be responsible for making up this deficit rather than registrants. Despite this, a smaller minority of respondents were concerned that any increase in costs for training providers would have a knock-on effect for students, registrants and employers. The primary concern was that if training providers increased the costs for students, it would deter individuals from attending. Similarly, a few respondents also warned that the proposal may deter training providers from offering courses in the first place if all the courses that they provide were chargeable. Many respondents misunderstood the proposals and mistakenly thought that registrants, rather than training providers, would be responsible for meeting the costs.

The analysis below presents the themes that emerged from the responses, in order of prevalence beginning with those that agreed with our proposals followed by those who opposed.

- Training providers should be expected to pay fees that cover all courses that require accreditation and recognition, instead of registrants.
- It is fair and reasonable for the GPhC to expect training providers to pay fees that cover all courses that they provide.
- Extending the charging of fees to include all courses will be an important source of income for the GPhC.
- Standards will increase as course providers will be incentivised.
- Concerns that it will increase course costs for students, registrants and employers.
- The GPhC should have the means to cover this expense as part of its core regulatory role.
- It may deter training providers from offering courses in the first place.
- Other comments

3.2. Training providers should be expected to pay fees that cover all courses that require accreditation and recognition, instead of registrants

A large number of respondents, including a much higher proportion of organisational than individual respondents, felt that it was appropriate for training providers to be expected to pay fees that cover all their courses that require accrediting and reaccrediting, and for recognising and re-recognising. Of these respondents, many spoke of the flaws of the current system where it was perceived that registrants were ultimately subsidising the training providers.

Many respondents were concerned that training providers had been disproportionately benefiting and profiting from the current system, as they were not being charged for all courses that the GPhC accredits yet were still charging individuals to enrol on these courses. Some respondents voiced their disapproval that the current approach had been allowed to remain in place for this length of time, and felt that this gap in the system should have been addressed earlier.

3.3. It is fair and reasonable for the GPhC to expect training providers to pay fees that cover all courses that they provide

The proposal to modernise this system was generally well received as many felt it would lead to a fairer approach where GPhC would charge for any services they provided. Many respondents felt that this proposal was simpler as it meant that all courses that the GPhC accredits would be treated equally and be subject to the same costs. By having parity across all courses, some respondents also thought it

would lead to a more equitable system, as opposed to the current process where some courses that are charged are perceived to hold 'more weight'.

3.4. Extending the charging of fees to include all courses will be an important source of income for the GPhC

Some respondents spoke positively about the plans to charge all training courses 'at cost' as it would ensure that the GPhC is being transparent with how it plans to gain extra income. A few respondents also remarked that they were keen to see these savings reinvested into the GPhC's regulatory framework so that it could be used to improve the profession as a whole, or keep registrants' fees down. Some respondents also recognised the administrative costs as well as the time, resources, and expertise it takes to accredit training course and argued that the GPhC should be remunerated appropriately for offering this service.

3.5. Standards will increase as course providers will be incentivised

A small number of respondents speculated that by charging for all courses, training providers would be incentivised to increase their standards and would think twice about running a sub-par course as they may risk not getting accredited by the GPhC. This was a positive for both the wider profession and for the GPhC, as it was perceived that all courses would carry more weight and training providers would be under greater scrutiny and accountability by the GPhC.

3.6. Concerns that it will increase course costs for students, registrants and employers

By far the most common theme that respondents identified when raising concerns with the proposal, was that training providers may simply pass the chargeable costs on to students. Many respondents were concerned of the knock-on effect that this would have on the profession, e.g. individuals may be deterred from applying to courses as they would find it too costly, leading to a shortage in highly qualified and knowledgeable pharmacy professionals. Expanding on this point further, a few respondents felt that those employed by businesses who have their courses paid for them, would not be affected, whereas those working in other environments may struggle to pay a potential increase in course costs themselves.

3.7. The GPhC should have the means to cover this expense as part of its core regulatory role

Some respondents felt that accreditation was a core part of the GPhC's regulatory role and that they should already have the means to absorb these costs through registration fees or other regular streams of revenue. Charging training providers for all courses was viewed sceptically by some, who felt that the GPhC should provide this service ordinarily and cover any associated costs. However, it is important to note that a few respondents who shared this view misunderstood the proposals and thought that the GPhC would be increasing the fees more generally.

3.8. It may deter training providers from offering courses

A concern raised by a few respondents was that charging for the accreditation and reaccreditation of all training courses could make the courses that training providers offer too costly to run. There was concern that smaller providers in particular would struggle to meet any increase in fees. The knock-on affect that this could have was also considered with some respondents concerned that the number of courses on offer would reduce as providers would try to save costs. A few respondents also speculated that some training providers may have to use part of their budget to cover the chargeable costs which

may reduce the quality of courses on offer or restrict their ability to recruit and attract people on to their courses. A few respondents speculated that this could ultimately lead to a shortage on the availability of courses that would impact negatively on the profession.

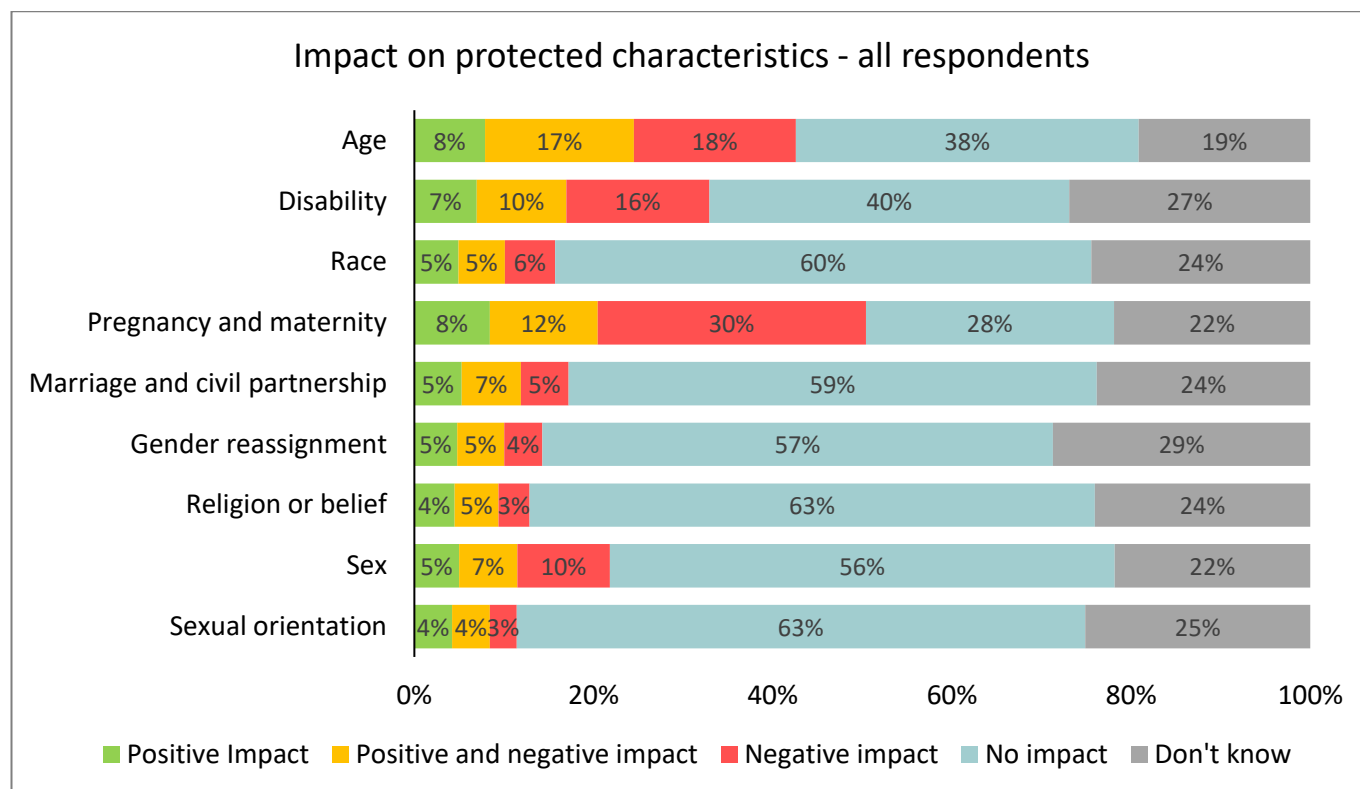
3.9. Other comments

Respondents raised several other points in relation to the proposals as well as those already explored. A selection of these are highlighted below.

- Many respondents thought that any income or savings made by the GPhC should be passed on to registrants (see 2.7).
- A fairly large number of respondents called for more information or clarity on how the proposals will be implemented and how/if it would impact pharmacy professionals. Some respondents wanted more information on what 'at cost' would be in monetary terms, whilst others wanted a breakdown on how an increase in revenue would be spent.
- Some respondents who agreed with the proposals thought that universities should be forced to pay for reaccreditation of MPharm courses.
- A few respondents felt that the nature and length of the course, as well as the providers themselves, should be considered before any wholesale changes are made. For example, a few respondents thought that smaller providers with limited resources would be impacted the most if all courses were charged. Similarly, a few respondents commented on the courses themselves and the value they bring, as a factor which should be considered.
- A small number of respondents felt that the impact of the pandemic should be considered before the GPhC presses ahead with any of the proposals. For example, a limited number of respondents claimed that improvements in technology and a greater reliance on remote working/studying may change how accredited courses are delivered which may need to be explored further.
- A small number of respondents spoke of the value of free courses and felt that they should be provided more frequently to upskill individuals who do not have the means to pay for paid courses.
- A limited number of respondents thought that the GPhC should charge more than 'at cost'.

4. The impact of the proposed changes on people sharing protected characteristics and other groups

Figure 1: Views of all respondents (N = 2,445) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



From our data, it is unclear which of the proposals respondents were assessing the impact on, i.e. differential fees, introducing a flat-fee structure or charging for accreditation and reaccreditation, and for recognition and re-recognition. However, figure 1 shows that, generally, most respondents felt that the proposals would not have an impact on people sharing any of the protected characteristics, apart from pregnancy and maternity, age, and disability. Only a small proportion of respondents (between 4-8%) identified a positive impact of the proposals on each of the protected characteristics.

The characteristics our proposals would have a negative impact on were identified as pregnancy and maternity (30%), followed by age (18%) and disability (16%).

Figure 1 also shows that almost a fifth of respondents (17%) felt that our proposals would have both a positive and negative impact on age. This was notably more than people sharing the protected characteristic of pregnancy and maternity (12%) or disability (10%), which were the next two most identified groups.

Between 19% and 29% of respondents did not know if our proposals would have any impact on any of these groups.

A full breakdown of individual and organisational responses to this question is available in [Appendix 7](#).

Figure 2: Views of all respondents (N = 2,445) on whether our proposals positively or negatively impact any other individuals or groups

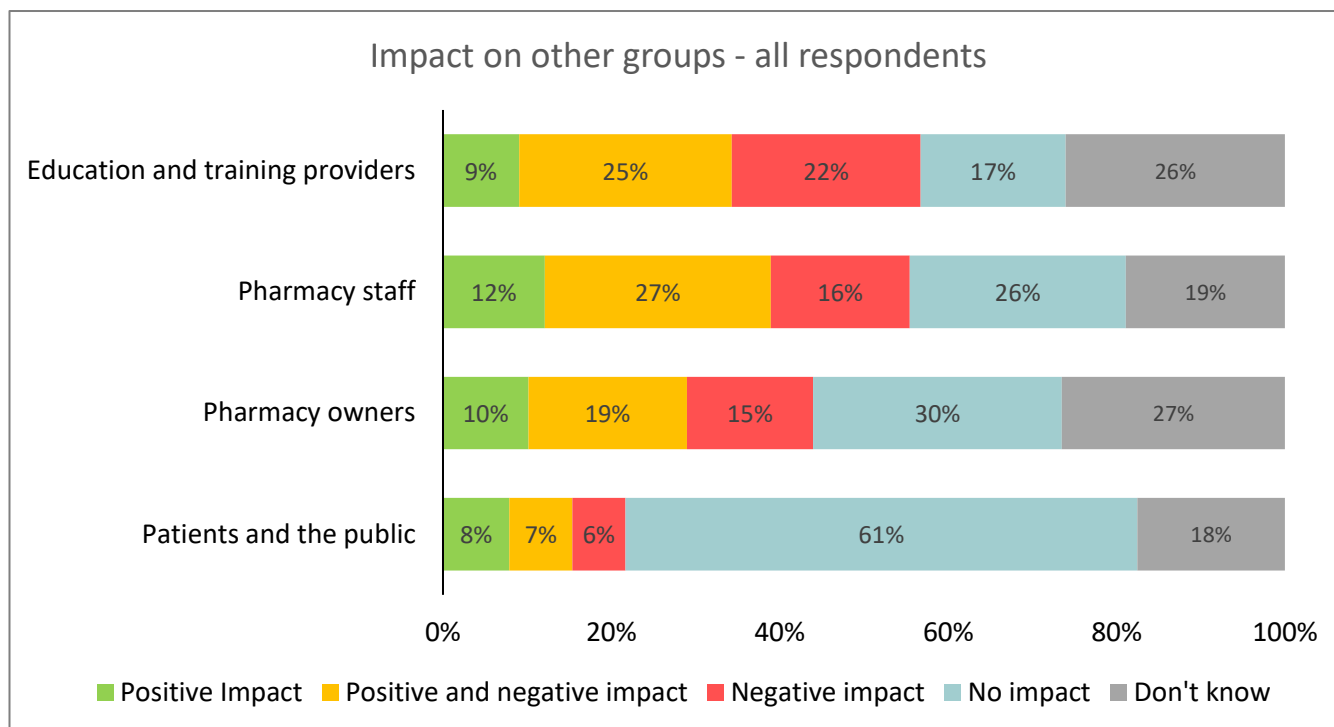


Figure 2 shows that most respondents (61%) felt that patients and the public would not be impacted by the consultation proposals with a further 18% stating that they didn't know if there would be an impact. A higher proportion of respondents (between 44% and 56%) identified an impact on the other three groups with the most common response selected being both positive and negative impact.

Apart from patients and the public, respondents thought that there would be more of a negative impact than a positive impact on each of the groups. This difference was more evident for education and training providers where 22% identified a negative impact compared to a positive impact (9%).

Over half of respondents thought that pharmacy staff would either be both negatively and positively impacted by the proposals (27%), or there would be no impact on this group at all (26%).

A full breakdown of individual and organisational responses to this question is available in [Appendix 8](#).

Around a fifth of respondents (21%) left explanatory comments. An analysis of the themes found in their responses, is presented below.

4.1. Summary of themes

The following comments summarise the impact respondents thought our proposals would have on the individuals and groups identified in both figure 1 and 2.

The most common theme to emerge from the responses to this question was that the proposal for a flat fee structure would have a negative impact on specific groups more likely to work part-time. A large proportion of respondents also identified the accreditation of training courses as having a negative financial impact for several different groups. This included training providers, registrants, employers and students. However, there were also many respondents who felt that the proposals would have no impact on any groups.

The analysis below sets out the themes emerging, in order of prevalence beginning with those that thought there would be a positive impact, followed by those that thought there would be a negative impact, as listed here:

- Positive impact of multi-year fees cycles
- Positive impact of charging for the accreditation/reaccreditation of all training courses
- Positive impact of flat fee structure
- Negative financial impact of flat fee structure on specific groups and those sharing protected characteristics
- Negative impact of charging for the accreditation/reaccreditation of all training courses
- Lead to loss of registrants/shortage of pharmacy professionals
- Risk to patient safety
- No impact on those with protected characteristics or any other groups
- Transparency regarding how fees are set and spent

4.2. Positive impact of multi-year fees cycles

A few respondents expressed their support for the multi-year fees cycle as they felt this would allow for better financial planning for both the GPhC as well as registrants. Some suggested this would also help small pharmacy owners who may be paying their employees registration fees as again it would allow for better financial planning.

4.3. Positive impact of charging for the accreditation of training courses

A handful of individual respondents held the view that charging for the accreditation of all training courses would improve confidence in the quality of the training pharmacy professionals undertake. It was felt this would help improve professionals' confidence in their own abilities and further deepen the trust the public have in the profession.

4.4. Positive impact of flat fee structure

A large proportion of organisations felt that the proposal to have a flat fee structure would be easier and cheaper to administer for the GPhC, helping to keep fees low. Many respondents highlighted the positive impact this would have on registrants but also pharmacy owners, who many respondents claimed often paid/reimbursed their employees registration fees.

4.5. Negative financial impact of flat fee structure on specific groups and those sharing protected characteristics

Like the responses provided in [Section 1](#), some respondents felt that having a flat-fee structure would have an overall negative impact.

Specifically, most of these respondents felt that there would be a negative impact by scrapping plans to introduce differential fees. It was noted by many that the groups and individuals who were most likely to benefit from the introduction of differential fees were the same ones who shared the protected characteristics. These groups included; women, who it was felt made up the majority of part time workers due to caring responsibilities, older registrants who are semi-retired or looking to retire soon, and those with a disability who are not able to work full time hours. Respondents felt that it was unfair

that registrants in these groups were expected to pay the same fees as those working full time, given they would be earning less and, due to their reduced hours, they argued, required less regulation from the GPhC. A higher proportion of organisations than individual respondents expressed this view.

A sizable number of respondents also felt that a flat fee structure would have a negative impact on specific groups more likely to be on parental leave, such as young women. Respondents felt that those in this group were unlikely to be working for much of the year when taking parental leave, reducing their income and making it more difficult for them to afford to pay the fee. It was also felt that those in this group require less regulation as they are not working. Several respondents suggested implementing a mechanism that would suspend registration for those on parental leave to remove the financial burden from new parents.

Many respondents also felt that a flat fee structure would have a negative impact on specific groups more likely to be on low incomes. This included newly qualified or younger pharmacy professionals, those from an ethnic minority, disabled registrants and those in a lower socio-economic group. Respondents felt it was unfair to charge these individuals the same fee as those on higher incomes.

Several respondents emphasised the impact that a flat-fee structure would have on newly qualified registrants. Some respondents felt that this group are likely to lack the financial capital to afford their initial fees. Some suggested older pharmacy professionals had a responsibility to help registrants in this group by paying a higher registration fee to reduce the fee for their more recently qualified colleagues. These views were expressed by a higher proportion of individual respondents than organisations.

4.6. Negative impact of charging for the accreditation/reaccreditation of all training courses

A large proportion of respondents expressed the view that introducing fees for the accreditation/reaccreditation of all training courses would have a negative financial impact on training course providers. A much higher proportion of organisations than individual respondents expressed this view.

Many felt the additional cost to course providers would be passed on to those who pay for their training services such as students, registrants and employers. Some felt that this would especially impact registrants, as they are unable to pass on additional costs. Again, this view was held by a higher proportion of organisations than individual respondents.

Some respondents suggested that the impact of these charges being passed on by training course providers could limit access to training and therefore risked creating delays or a reduction in staff training. Many more individual respondents held this view compared to organisations.

A handful of respondents felt that accreditation for training courses would deter training providers from offering courses and could therefore impact on the availability of courses. Please refer to section 3.8 for further details.

4.7. Lead to loss of registrants/shortage of pharmacy professionals

Many respondents felt that a flat fee structure would encourage many part-time registrants, especially those looking to retire soon, to leave the register early, causing a staffing shortage in the profession. Others suggested the fee for pharmacy technicians discourages dispensers from becoming more qualified and joining the register, again impacting the number of practicing registrants. Some respondents suggested there should be a differential rate for part time registrants or those on parental

leave, to encourage them to stay on the register. There were a higher proportion of individual respondents who held these views in comparison to organisations.

4.8. Risk to patient safety

A small number of respondents raised concerns that the proposals may risk patient safety. Many of these respondents felt that the increased cost of training caused by charging for accreditation/reaccreditation would disincentivise pharmacy professionals to improve their skills and knowledge, which could lead to poorer services for patients and the public. Others suggested that charging for accreditation/reaccreditation could reduce the number of courses available, again reducing the number of skilled staff in the sector and putting patients at risk. The multi-year fees cycle also raised concerns about patient safety as the public need reassurance that the profession is adequately regulated. If the multi-year fees cycle failed to yield enough funds, there were concerns regulator activity could be compromised.

4.9. No impact on those with protected characteristics or any other groups

As shown in figures 1 and 2, a large proportion of respondents, especially individuals, felt that the proposals would have no impact on any of the groups or individuals listed. Many expressed the view that, as the GPhC already uses a flat fee structure, there would be no change, and therefore no impact. Others felt that any impact the proposals would have would not be felt by any one group because the proposals were fair and would impact all registrants equally.

4.10. Transparency regarding how fees are set and spent

When asked about the impact of the proposals, a small number of respondents expressed the view that the GPhC needed to be more transparent about the way fees are set and spent. It was felt this would help to explain the rationale for the current registration fee and further evidence the statements made in the consultation proposals. Transparency would also more clearly justify any fee increases, helping to foster trust and understanding between registrants, employers and the GPhC.

Appendix 1: Summary of our proposals

Part 1: Differential fees

We are proposing to retain a flat-fee structure, rather than introduce differential fees, for registered pharmacy professionals.

This means that all pharmacists will pay the same fee as each other, and all pharmacy technicians will pay the same fee as each other. In sections 1.1 to 1.31 of the [consultation document](#), we explored differential fees for people working part-time, on low incomes, or on parental leave, and for newly qualified registrants.

We realise that differential fees would have benefits for some registrants, but our view is that these are outweighed by the costs that differential fees would add for most registrants. Our analysis found that setting differential fees would need significant extra time and resources to implement. This would drive up the costs of regulation and increase fees for most registrants.

Part 2: Introducing a multi-year fees cycle

We are proposing to introduce multi-year fees cycles, rather than yearly fees cycles, for registered pharmacy professionals.

This means that fees for pharmacists and pharmacy technicians would be set for a few years rather than being reviewed every year. We have explained our reasons for this proposal in sections 2.1 to 2.12 of the [consultation document](#). We think that multi-year fees cycles will:

- allow for better forward financial planning for both us and registrants
- reduce the number of consultations we run
- reduce costs and the pressure caused by carrying out and responding to a consultation exercise, and
- allow us to smooth out any increases over a longer period

Part 3: Charging for accreditation and reaccreditation, and for recognition and re-recognition

At the moment, we only charge fees for some courses that we accredit and reaccredit, or recognise and re-recognise (see Appendix C of the [consultation document](#)).

We are reviewing whether we should extend the charging of fees to include all courses, ‘at cost’.

By this we mean we will charge training providers the amount it costs us to carry out the accreditation and reaccreditation, or recognition and re- recognition.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 10 March 2021 and ending on 2 June 2021. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin Regulate.

Survey

We received a total of **2447** written responses to our consultation. **2419** of these respondents identified themselves as individuals and **28** responded on behalf of an organisation.

Of these responses, **2445** had responded to the consultation survey. Most of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received **two** responses from individuals and organisations writing more generally about their views.

Social media

We monitored social media activity during the consultation period and collated the feedback for inclusion in our consultation analysis.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term 'respondents' used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

Full details of the profile of respondents to the online survey is given in [Appendix 4](#).

For transparency, [Appendix 5](#) provides a list of the organisations that have engaged in the consultation through the online survey and email responses. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The consultation questions are provided in [Appendix 6](#).

Quantitative analysis

The survey contained several quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number, as a result, some totals do not add up to 100%. Figures of less than 1% are represented as <1%.

All questions were mandatory, and respondents had the option of selecting 'don't know'. Routing was used where appropriate to enable respondents to skip questions that weren't relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a dash.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, and email and postal responses.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists or, pharmacy technicians, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 5: Responding as an individual or on behalf of an organisation

Are you responding: (Base: all respondents)	Total N	Total %
As an individual	2419	99%
On behalf of an organisation	26	1%
Total N of responses	2445	100%

Table 6: Working for a training provider

Do you work for a training provider that offers courses we accredit?: (Base: all respondents)	Total N	Total %
Yes	392	16%
No	1738	71%
Don't know	315	13
Total N of responses	2445	100%

Profile of individual respondents

Table 7: Countries

Where do you live? (Base: all individuals)	Total N	Total %
England	2051	85%
Scotland	227	9%
Wales	96	4%
Northern Ireland	2	<1%
Other	43	2%
Total N of responses	2419	100%

Table 8: Respondent type

Are you responding as: (Base: all individuals)	Total N	Total %
A pharmacist	1675	69%
A pharmacy technician	713	29%
A member of the public	5	0%
Other	26	1%
Total N of responses	2419	100%

Table 9: Main area of work

Please choose the option below which best describes the area you mainly work in (Base: individuals excluding members of the public)	Total N	Total %
Community pharmacy (including online)	852	35%
Hospital pharmacy	828	34%
GP practice	203	8%
Primary care organisation	182	8%
Research, education or training	96	4%
Pharmaceutical industry	64	3%
Prison pharmacy	30	1%
Care home	7	<1%
Other	152	6%
Total N of responses	2414	100%

Table 10: Size of community pharmacy

Size of pharmacy chain (Base: individuals working in community pharmacy)	Total N	Total %
Independent pharmacy (1 pharmacy)	134	16%
Independent pharmacy chain (2-5 pharmacies)	107	13%
Small multiple pharmacy chain (6-25 pharmacies)	84	10%
Medium multiple pharmacy chain (26-100 pharmacies)	54	6%
Large multiple pharmacy chain (Over 100 pharmacies)	465	55%
Online only pharmacy	8	1%
Total N of responses	852	100%

Profile of organisational respondents

Table 11: Pharmacy organisation

Please choose the option below which best describes your organisation: (Base: all organisations)	Total N	Total %
Registered pharmacy	17	65%
Organisation representing pharmacy professionals or the pharmacy sector	4	15%
NHS organisation or group	1	4%
Regulatory body	1	4%
Research, education or training organisation	1	4%
Other	2	8%
Total N of responses	26	100%

Table 12: Type of organisation

Please choose the option below which best describes your organisation (Base: all registered pharmacies)	Total N	Total %
Independent community pharmacy (1 pharmacy)	9	53%
Independent community pharmacy chain (2-5 pharmacies)	3	18%
Small multiple community pharmacy chain (6-25 pharmacies)	2	12%
Medium multiple community pharmacy chain (26-100 pharmacies)	1	6%
Large multiple community pharmacy chain (over 100 pharmacies)	2	12%
Total N of responses	17	100%

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses:

AJ Nuttall Pharmacy

Avicenna

Avviro Ltd

Broughton Park Pharmacy Ltd

Buttercups Training

Care Pharmacy Limited

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists' Association

Coneyhall Pharmacy

Gill Pharmacy

Harrogate and District NHS Foundation Trust

Healthcare Pharmacies Ltd

Howells & Jolley

Lindsay & Gilmour Pharmacy

Mansons Chemists Ltd

McKesson UK

Medichest

National Pharmacy Association

Pharmacist Support

Pharmacists' Defence Association

Priory pharmacy

Robards Chemist

Rowlands Pharmacy

Royal Pharmaceutical Society

Sykes Chemist Limited

Appendix 6: Consultation questions

Part 1: Differential fees

Q1: Do you agree or disagree with our reasons for maintaining the current flat fee structure for pharmacists and pharmacy technicians?

Q2: If you disagree, please select which group(s) you think should have differential fees, out of the following: people working part-time, on low incomes, on parental leave, newly qualified registrants, or other groups.

Q3: Please tell us your views on our proposal to keep a flat-fee structure

Part 2: Introducing a multi-year fees cycle

Q4: Do you agree or disagree with our reasons for introducing multi-year fees cycles for individual registrants?

Q5: Do you have any comments about this proposal?

Part 3: Charging for accreditation and reaccreditation, and for recognition and re-recognition

Q6: Do you think we should explore whether we should charge for accrediting and reaccrediting, and recognising and re-recognising, all courses, 'at cost'?

Q7: Please give the reason(s) for your response to the question above

Equality and impact questions

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Q8: Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, pharmacy owners, pharmacy staff or education and training providers.

Q9: Do you think our proposals will have a positive or negative impact on any of the following groups?

- Patients and the public
- Pharmacy owners
- Pharmacy staff
- Education and training providers

Q10: Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Appendix 7: The impact of the proposed changes on people sharing protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 2,419) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

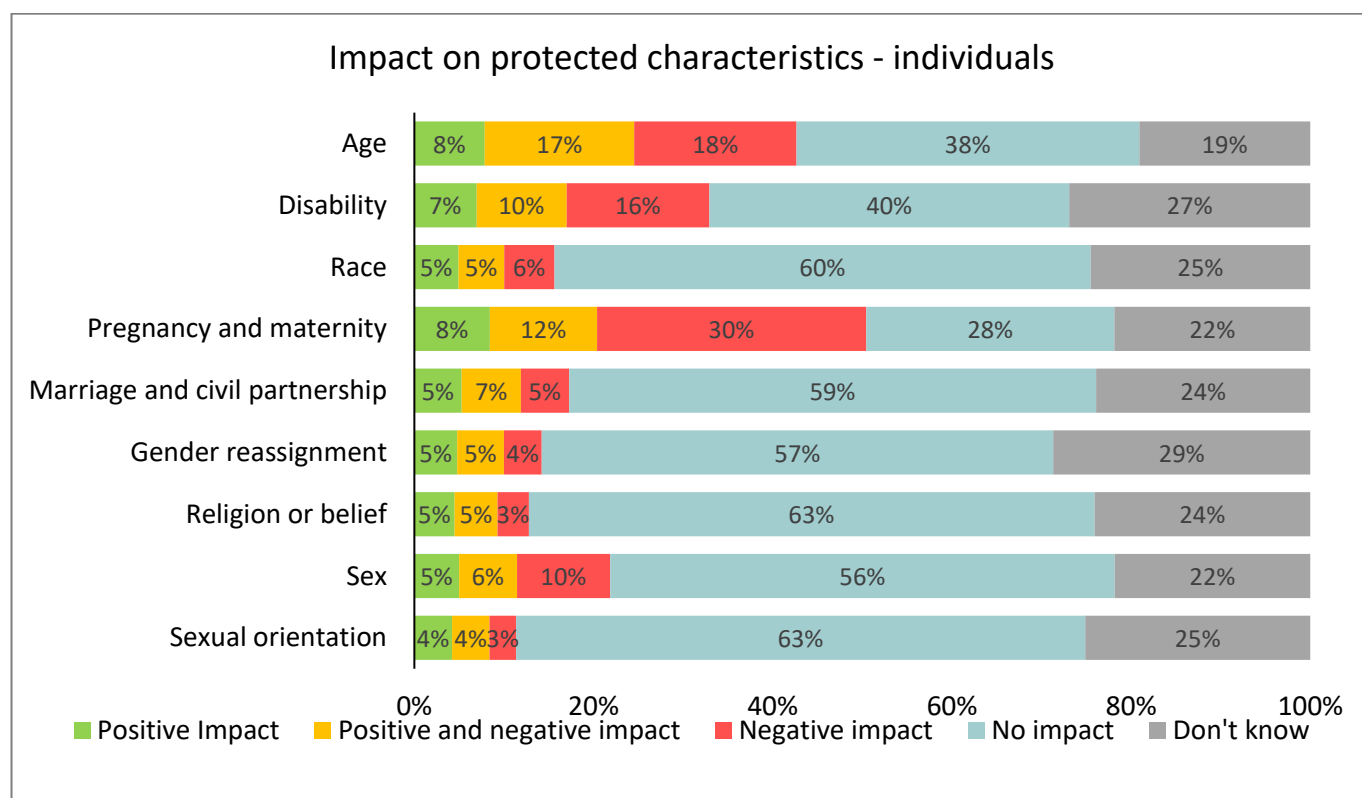


Figure 3 shows that most individuals felt that the proposals would not have an impact on any of the people sharing protected characteristics, with the exception of pregnancy and maternity.

Around a third (30%) of individuals viewed our proposals as having a negative impact on those who share pregnancy and maternity as a protected characteristic, followed by age (18%) and disability (16%).

Around a quarter (between 19 and 29%) of individuals didn't know if our proposals would have any impact on any of these groups.

NB. Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 4: Views of organisations (N = 26) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

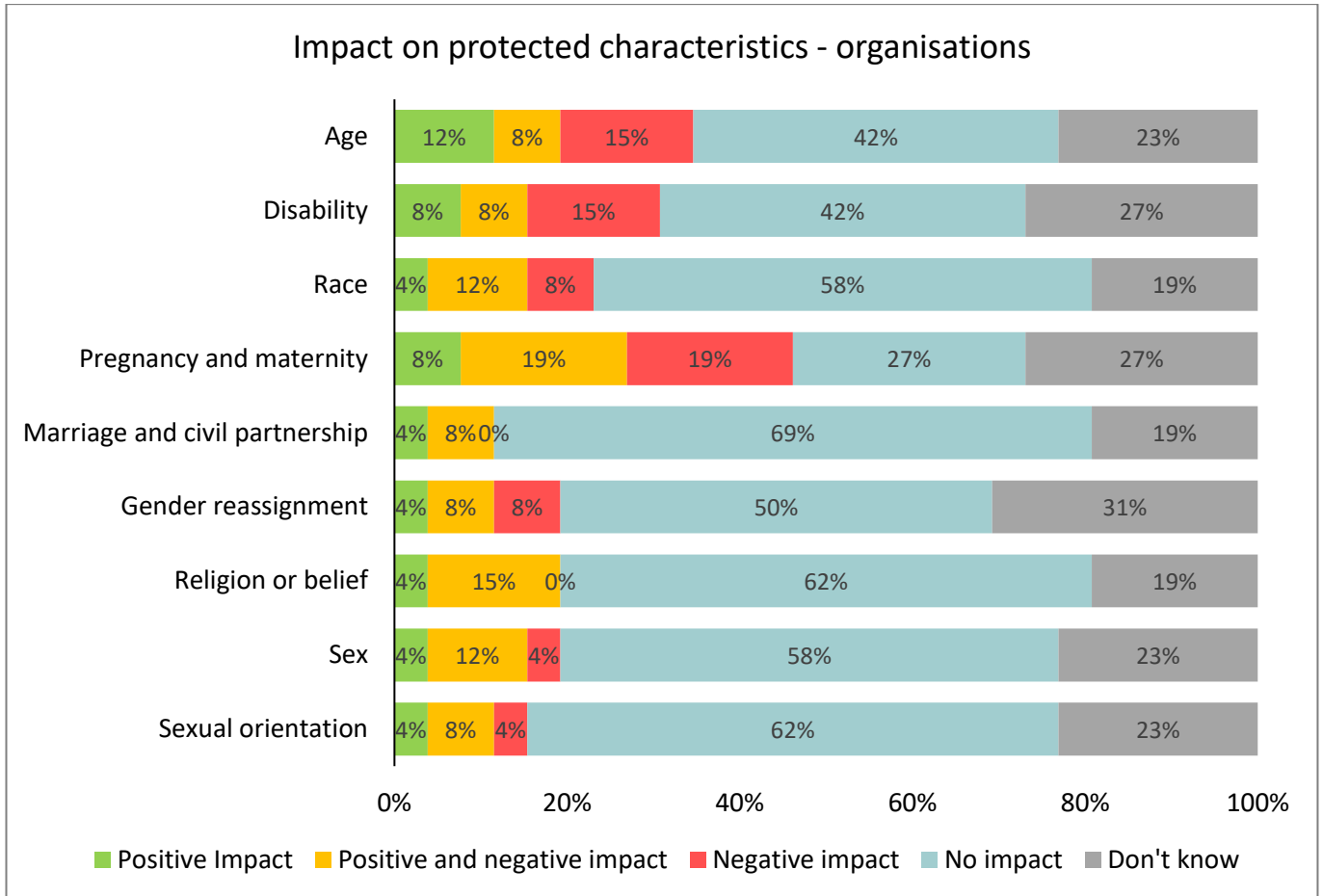


Figure 4 shows that most organisations felt that the proposals would either have no impact or did not know what impact it would have on people sharing protected characteristics. Age, disability and pregnancy and maternity were viewed by organisations as having more of a negative impact compared to the other characteristics.

Around a fifth of organisations (19%) felt that the proposals would have a negative impact on those who are pregnant or on maternity leave and a further 19% said there would be a positive and negative impact.

NB. Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Appendix 8: The impact of the proposed changes on any other groups or individuals

Individual responses

Figure 5: Views of individual respondents (N = 2,419) on whether our proposals positively or negatively impact any other individuals or groups

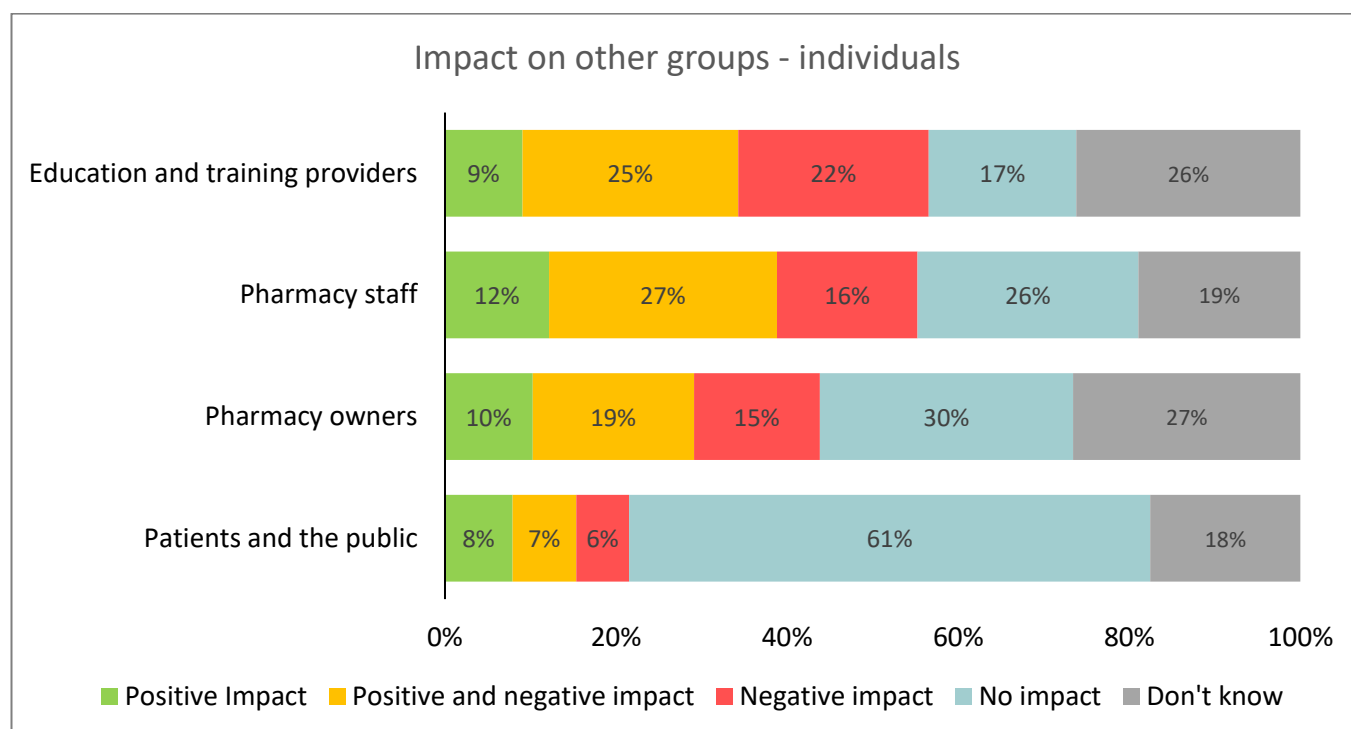


Figure 5 shows that most individuals (61%) felt that our proposals would have no impact on patients and the public. Many (18%) stated they didn't know if there would be an impact on this group.

Roughly the same proportion of individuals felt that they didn't know the impact on education and training providers (26%) compared with those who felt there would be both a positive and negative impact (25%) or negative impact (22%) on this group.

Over a quarter of individuals felt that pharmacy staff would be both negatively and positively impacted by the proposals (27%) or that there would be no impact on this group (26%).

Most individuals felt there would be no impact (30%) on pharmacy owners or didn't know (27%) if our proposals would have an impact on this group.

NB. Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 6: Views of organisations (N = 26) on whether our proposals positively or negatively impact any other individuals or groups

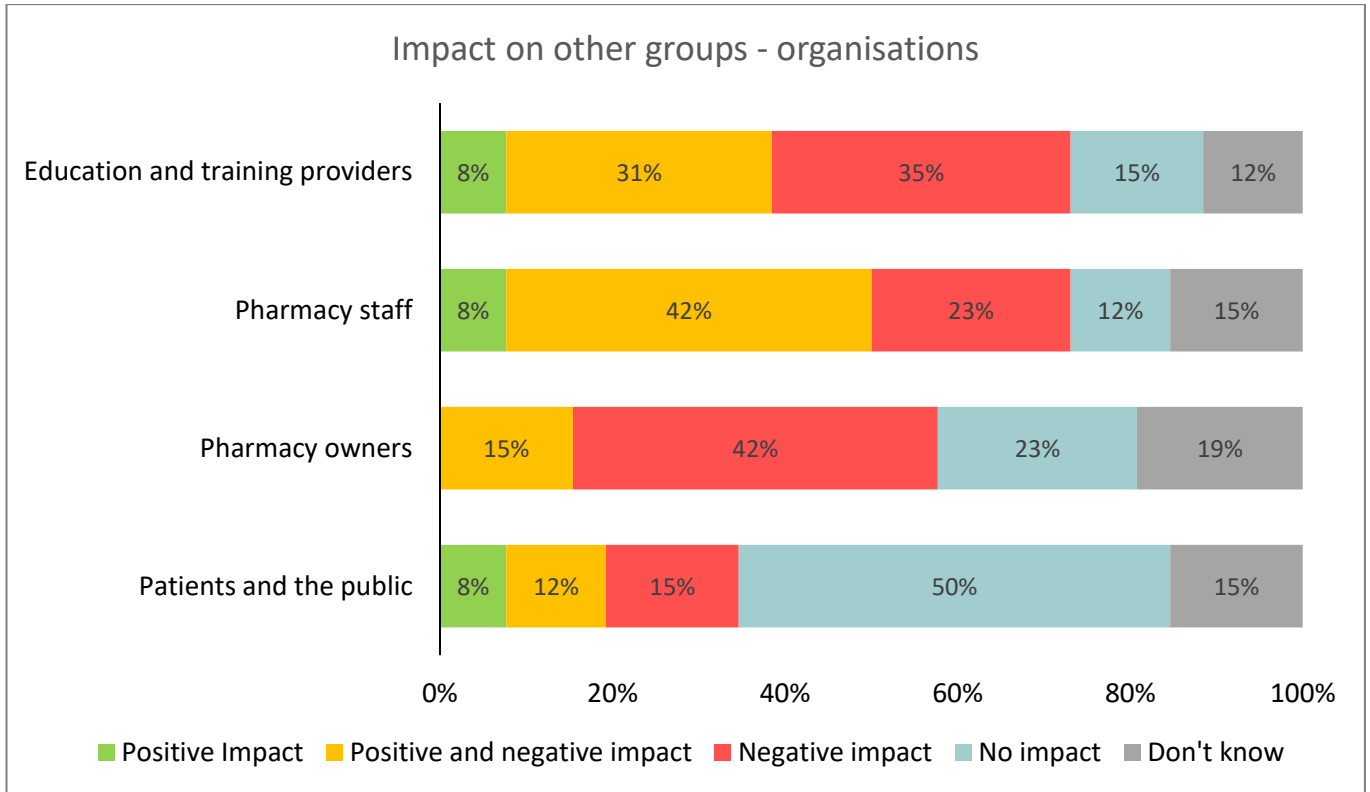


Figure 6 shows that most organisations (50%) felt the proposals would have no impact on patients and the public.

Over two-fifths (42%) of organisations felt the proposals would have a negative impact on pharmacy owners, followed by education and training providers (35%) and pharmacy staff (23%).

Many organisations also felt the proposals would have both a positive and negative impact on pharmacy staff (42%), and training providers (31%).

Between 12% and 19% of organisations didn't know what impact the proposals would have on any of the groups.

NB. Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

