

Consultation on draft changes to fees 2025: analysis report



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Executive summary

Background

Between 28 January and 24 April 2025, we consulted on proposals to make changes to all our fees set out in the General Pharmaceutical Council (Registration and Renewal Fees) Rules 2025, including those for entry to and renewal of registration as a pharmacist, pharmacy technician and registered pharmacy.

We received a total of 3,166 written responses to our consultation. Of these responses, 3,160 had responded to the consultation survey (3,127 individuals and 33 organisations). Alongside these, we received six responses from individuals and organisations writing more generally about their views.

The GPhC is here to protect the public and to give them assurance that they will receive safe and effective care when using pharmacy services. Parliament has given us the responsibility to make sure we have the finances to do this properly, and to carry out our statutory duties and roles.

Like all organisations we review our income every year to make sure we have what we need for the year ahead. One of the things we review as part of this is our fees. We look at ways to reduce costs, so that we can provide value for money to our registrants. We also look at where we can make efficiencies without putting any of our key roles at risk. We also review our financial reserves and consider other sources of income.

In the time between our last fees consultation and the opening of this consultation we have introduced savings to help keep costs low and to reduce our carbon footprint. We reduced our office space and moved to new offices last year, most of our fitness to practise hearings are now held remotely and we've also improved our use of technology and have reduced our postage and printing costs. We are committed to making £1.5million of savings by 2027/28 and will use our reserves so that fee increases can be kept as low as possible.

Despite making these savings, our operating costs have continued to go up. To make sure we can fulfil our main role of protecting the public we proposed increasing the fees for pharmacist, pharmacy technician and pharmacy premises registrations. We also proposed introducing a two-year fee cycle from September 2025. This will provide registrants with certainty on their fees until September 2027.

Our proposed fee increases would mean that from September 2025: Pharmacist renewal fees would increase by £17 to £293. Pharmacy technician renewal fees would increase by £8 to £138. Pharmacy premises renewal fees would increase by £24 to £416. The proposed increases from September 2026 would mean that: Pharmacist renewal fees would increase by £17 to £310. Pharmacy technician renewal fees would increase by £8 to £146. Pharmacy premises renewal fees would increase by £25 to £441. This is a proposed increase of 6% a year.

Key issues raised in responses

Views on the reasoning we have set out for increasing our fees and the approach of raising fees in proportion to the present fees

The overwhelming majority of responses we received opposed the proposals we set out in the consultation to increase fees.

84% of respondents either disagreed or strongly disagreed with the reasoning we provided for increasing the fees to cover our increasing operational costs. The number of respondents who hold this view is a substantial majority of responses and is consistent with the proportion who either disagreed or strongly disagreed to our proposals in 2023. The percentage of people who agreed or strongly agreed with our proposals also remained the same at 8% for this consultation.

Similarly, there was strong opposition to the approach of raising fees in proportion to the present fee paid by each registrant group. The vast majority (79%) either disagreed or strongly disagreed and a smaller proportion (11%) either agreed or strongly agreed with the approach of raising fees in proportion to the fees currently paid. Opposition has increased from 64% when we consulted on a similar proposal in 2023.

The responses were broadly similar across organisation and individual consultation responses.

There were a number of strong themes to emerge from the responses to this part of the consultation. For many respondents the financial impact was a key factor particularly in the current economic climate with rising costs and little or no increase in salaries or funding. Respondents highlighted the disproportionate impact on specific groups such as part-time workers or those on low salaries and on smaller community pharmacies already struggling financially. Suggestions were made for a more equitable fee structure that recognised the different financial positions of registrants and pharmacies. Some argued that the GPhC should reduce its operational costs to avoid the need to increase fees whilst others felt they received no benefits from their registration fees and wanted better services from the GPhC. Concern was expressed about workforce recruitment and retention as well as potential pharmacy closures resulting from the increased financial burden.

Views on the proposed increases of 6% for both 2025/26 and 2026/27 and the proposal to set our fees for two years from September 2025?

This consultation was the first time we proposed setting fees over a two year period and asked respondents for their views on a proposed increase of 6% for both 2025/26 and 2026/27. Almost all of the responses we received (96%) stated that the proposed increases were much too high or a bit too high – a view that was consistently held in both individual and organisational responses. There was a slight increase in respondents who believe that the proposed increases are about right since the last consultation – increasing from 3% to 4%.

During this consultation we asked respondents whether they agreed or disagreed with our proposal to set the fee amount for the next two years. The responses were relatively mixed, although they slanted more towards disagreeing with the proposal. Around a quarter of responses (26%) either strongly agreed or agreed with our proposal to set the fee amount for the next two years whilst 47% disagreed or strongly disagreed. 24% of respondents neither agreed nor disagreed with the proposal and 2% didn't know if they held a view. The responses were consistent across individual and organisational responses.

A number of consistent themes emerged from the responses to this part of the consultation with respondents focussing in on the current economic climate. Individual respondents noted that wages are not increasing at the same rate which, it is argued, would make it difficult to afford the fees at the newer proposed level. The individual respondents also noted that the 6% increase is above the current rate of inflation and that the increase further erodes their take home pay. Organisations who responded to the consultation argued that the financial climate in community pharmacy is not robust enough to withstand 'such a substantial increase.' They argue that the fees are viewed as unfair due to financial pressures due to contractual reform. Whilst some respondents noted that knowing fees in advance will

aid with financial planning it was noted that setting fees for two years does not account for economic fluctuations and financial uncertainties and that the financial situation is too unpredictable to set fees for two years in advance.

Impact of the proposed changes

Views on impact on people sharing particular protected characteristics

Through the consultation, we sought wider views on the potential impact of the proposals on any individuals or groups sharing legally protected characteristics under the Equality Act 2010, including whether the impact would be positive, negative or mixed. We also sought views about the impact of our proposals on any other individuals or groups (not related to the protected characteristics) such as patients, pharmacy owners, pharmacy staff and foundation trainees. Those responses are set out below.

In terms of the impact on individuals or groups sharing legally protected characteristics under the Equality Act 2010, respondents felt that the proposals would have a negative impact across the nine protected characteristics. 66% of respondents stated that the proposals would have a negative impact on individuals or groups due to their age, 61% of respondents stated that the proposals would have a negative impact on individuals or groups due to disability and 67% of respondents believed that the proposals would have a negative impact on individuals or groups related to pregnancy and maternity.

Around 36% of respondents stated that the proposals would have a negative impact on individuals or groups who share a protected characteristic around gender reassignment, religion or belief, sex, and sexual orientation. 41% of respondents stated that the proposals would have a negative impact due to race and 46% stated that they would have a negative impact for those who share a protected characteristic around marriage and civil partnership. A range of respondents (between 16% and 33%) didn't know if the proposals would have an impact on individuals or groups who share a protected characteristic.

In comments provided as part of the consultation, respondents raised their concerns around the impact the proposed fee increases would have on individuals on the grounds of age, disability as well as pregnancy and maternity. Respondents stated their belief that the proposed fee increase could discourage older registrants from remaining on the register, potentially leading to more early retirements, particularly for those working part-time or seeking partial retirement. It was also noted that the proposed fee increases could have a negative impact on those at the start of their careers who are often on lower salaries and are already struggling with the costs associated with entering the profession.

Respondents also said that increased fees may exacerbate the financial burden on individuals with additional costs related to disability such as day-to-day assistance. The respondents suggest that these costs make it harder to afford the increased fees further exacerbating financial difficulties and their ability to maintain their professional registration.

Both individuals and organisations stated that the lack of a fee reduction during maternity leave is unfair. They stated that registrants who on maternity leave would face significant financial strain as they have reduced income but still must pay the full registration fee. It was also noted that women are often the primary caregiver and could be further impacted as they are more likely to work part-time due to childcare responsibilities.

Views on impact on other individuals or groups

In terms of the impact of our fee proposals for other individuals or groups who the overwhelming response was that the proposals would have a negative impact. 87% of respondents stated that the proposals would have a negative impact on pharmacy staff, 78% stated that the proposals would have an impact on pharmacy owners (an increase from 84% and 73% respectively since our last fees consultation) and 79% stated that the proposals would have a negative impact on foundation trainee pharmacists. 52% of respondents stated that the proposals would have a negative impact on patients and the public, although 27% stated that the proposals would have no impact on patients and the public.

A range of impacts affecting pharmacy staff, owners, foundation trainee pharmacists and patients and the public were raised in the consultation. For pharmacy staff the financial burden, particularly for part-time or lower paid workers, could lead to decreased morale and mental health issues and may result in people leaving the profession. Pharmacy owners who are already facing financial pressures could see a significant reduction in profitability leading to cut backs, reducing staffing and even potential closures. Small community pharmacies were seen to be most at risk. Foundation trainees would also feel the additional financial burden and it could create a barrier to entering the profession. For patients and the public, rising fees could contribute to ongoing financial pressures which might threaten the accessibility and quality of pharmacy services and could significantly reduce access to essential medicines and healthcare services, especially in underserved areas.

Introduction

Policy background

The GPhC is here to protect the public and to give them assurance that they will receive safe and effective care when using pharmacy services. Parliament has given us the responsibility to make sure we have the finances to do this properly, and to carry out our statutory duties and roles.

Like all organisations we review our income every year to make sure we have what we need for the year ahead. One of the things we review as part of this is our fees. We look at ways to reduce costs, so that we can provide value for money to our registrants. We also look at where we can make efficiencies without putting any of our key roles at risk. We also review our financial reserves and consider other sources of income.

Our fees policy is key in guiding our thinking.

Since our last consultation on fees in May 2023 we have introduced savings to help keep costs low and to reduce our carbon footprint:

- We reduced our office space and moved to new offices last year. This has given us a substantial saving that we have built into our projected finances.
- Most fitness to practise hearings are now held remotely. This gives registrants and witnesses more flexibility and reduces travel costs.
- We've also improved our use of technology and have reduced our postage and printing costs.
- As part of our commitment to sustainability we have moved away from having a car fleet to giving car allowances to staff who need vehicles as part of their role. This has also reduced our costs.

We are committed to making more savings and are looking for cost savings and efficiencies so that we can make the best use of our present and expected resources. Our aim is to save £1.5million on our expected spending by the end of 2027/28.

Despite making these savings, our operating costs have continued to go up. To make sure we can fulfil our main role of protecting the public we proposed the fees for pharmacist, pharmacy technician and pharmacy premises registrations.

In 2021 we consulted with registrants on introducing 'multi-year' fee cycles. The aim of these was to give registrants more certainty about the future costs of registration and allow them to budget more effectively. The new fee cycles would also allow us to plan our work over a longer period and make fee changes more gradual. Many people who responded to the previous consultation agreed with our plans to introduce a multi-year fee cycle, so we proposed introducing a two-year fee cycle from September 2025.

For more detail on the changes we are proposing, see [Appendix 1: Summary of our proposals](#).

Analysis of consultation responses

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

For more information see:

- [Appendix 2: About the consultation](#) for details of the consultation activities 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
- [Appendix 5: Organisations](#) for a list of organisations who responded
- [Appendix 6: Consultation questions](#) for a full list of the questions asked in the consultation survey.

1. The reasoning we have set out for increasing our fees and the approach of raising fees in proportion to the present fees

1.1. Table of survey responses on reasons for increasing fees

Table 1: Views on the reasoning we have set out for increasing our fees (Base: All respondents)

Q1. How much do you agree or disagree with the reasoning we have set out for increasing our fees?	N and % individuals	N and % organisations	N and % Total
Strongly agree	23 (1%)	1 (3%)	24 (1%)
Agree	219 (7%)	5 (15%)	224 (7%)
Neither agree nor disagree	267 (9%)	1 (3%)	268 (8%)
Disagree	712 (23%)	10 (30%)	722 (23%)
Strongly disagree	1,896 (61%)	16 (48%)	1,912 (61%)
Don't know	10 (<1%)	0 (0%)	10 (<1%)
Total N and % of responses	3,127 (100%)	33 (100%)	3,160 (100%)

We provided reasoning to support our proposal to increase our fees for 2025/26 and 2026/27. The largest proportion of responses either strongly disagreed or disagreed with our reasoning (84%) As shown in the table above this is broken down as 61% of respondents strongly disagreeing with our reasoning and 23% disagreeing with our reasoning. 8% of respondents neither agreed or disagreed with

our reasoning and 7% agreed with the reasoning. 1% of respondents strongly agreed with the reasoning we set out.

1.2. Table of survey responses for increasing fees in proportion to present fee

Table 2: Views on the approach of raising fees in proportion to the present fees (Base: All respondents)

Q2. How much do you agree or disagree with the approach of raising fees in proportion to the present fees?	N and % individuals	N and % organisations	N and % Total
Strongly agree	39 (1%)	0 (0%)	39 (1%)
Agree	318 (10%)	4 (12%)	322 (10%)
Neither agree nor disagree	271 (9%)	5 (15%)	276 (9%)
Disagree	600 (19%)	9 (27%)	609 (19%)
Strongly disagree	1,885 (60%)	15 (45%)	1,900 (60%)
Don't know	14 (<1%)	0 (0%)	14 (<1%)
Total N and % of responses	3,127 (100%)	33 (100%)	3,160 (100%)

In the consultation we proposed raising fees in proportion to the present fees. The largest proportion of responses stated that they strongly disagreed with our approach to increase fees in proportion to the present fee, with 60% of respondents stating this view. 19% of respondents stated that they disagree with our proposals and 9% stated that they neither agree nor disagree with our approach. 10% of respondents stated that they agree with the approach that we set out and 1% strongly agreed.

Although there is a plurality of responses that strongly disagree with our proposals there is a slight difference between individual and organisational responses as 45% of organisations who responded to the consultation stated they strongly disagree with our approach compared with 60% of individuals who responded to the consultation.

1.3. Summary of thematic analysis

Almost 2,000 respondents left comments explaining their response to the two questions above. The following is an analysis of the themes found in these comments presented in order of prevalence.

The vast majority of comments opposed the GPhC's proposals and these are presented in section 1.4. A small number of respondents provided comments in support of the proposals and these are presented in section 1.5.

1.4. Disagreement with the proposals

1.4.1. Financial burden

The most common theme amongst individual respondents is concern about the financial burden of the proposed fee increase for pharmacists and pharmacy technicians, with respondents citing the ongoing cost of living crisis and stagnant wages. They argue that the fee hike is unfair and adds to their financial strain, as their salaries have not kept pace with inflation. Many feel that the timing of the increase is

insensitive given the current economic climate, and they urge the GPhC to consider the broader financial pressures faced by registrants before implementing the fee increase.

Similarly, the greatest concern for organisational respondents is the financial impact, with respondents highlighting the significant financial strain already faced by pharmacies, including operating at a loss, closures, and the inability to absorb additional costs. Respondents mention that community pharmacies are struggling due to reduced NHS funding and increased operational costs including rises in business rates, National Insurance and Minimum Wage. They argue that the proposed fee increase is poorly timed, lacks empathy, and adds to existing burdens especially as it exceeds inflation and comes before any new NHS funding agreements. Many call for a more proportionate approach aligned with current economic conditions.

1.4.2. Lack of proportionality and fairness

Disproportionate impact on specific groups

A large number of individual respondents highlight concern about the fairness of a uniform percentage increase in fees. Many argue that such an approach disproportionately impacts lower-income groups, including part-time workers, newly qualified professionals, pharmacy technicians, and those in junior or early-career roles. These groups often have significantly lower earnings, and a flat percentage increase would represent a larger financial burden for them compared to higher earners.

Respondents strongly advocate for a more equitable and nuanced fee structure. Suggestions include implementing a tiered or sliding scale based on income, working hours, or job role. There is a clear call for the GPhC to consider alternative models that reflect the diverse financial realities within the profession, ensuring that fee increases do not exacerbate existing inequalities.

Disproportionate impact on smaller pharmacies

Many organisational respondents and some individual respondents see smaller, independent pharmacies as being disproportionately affected by the fee increase compared to larger chains. They argue that larger organisations can absorb the costs more easily, while smaller entities may face significant financial pressure. Respondents highlight the significant financial strain already faced by community pharmacies, particularly smaller pharmacies, that are struggling due to reduced NHS funding and increased operational costs. They suggest that fee increases should be more equitable, possibly linked to the size and turnover of the pharmacy.

1.4.3. Need for operational efficiency

Both individual and organisational respondents suggest that the GPhC should focus on reducing its operational costs instead of increasing fees for registrants. They propose measures such as relocating offices to cheaper areas, reducing staff, and cutting unnecessary expenses. Many question the justification for the fee increase, citing the GPhC's budget surplus and investments, and believe that more can be done to improve efficiency and manage costs internally. There is a strong sentiment that the GPhC should demonstrate sensible cost-saving efforts before passing financial burdens onto registrants.

1.4.4. Lack of value for money

Many individual and organisational respondents express dissatisfaction with the value received for the fees paid to the GPhC. They feel that the GPhC does not provide sufficient support, benefits, or advocacy for the profession, for example, negotiating better pay, funding and working conditions. Many question the tangible benefits of the fees, perceiving a lack of value for money and insufficient

representation from their regulatory body, making the fee increase unjustified. Organisational respondents cite the reduction in inspections and the ongoing backlog in fitness to practise cases as examples of GPhC service provision that cannot justify the increase in fees.

1.4.5. Not in line with other professions or regulatory bodies

Individual respondents compare the fees paid by pharmacists and pharmacy technicians to those of other healthcare professionals, such as nurses and doctors, noting that pharmacists already pay higher fees relative to their salaries. They argue that this disparity is unfair, especially given the similar or greater responsibilities and workload of pharmacy professionals. Respondents also referenced disparity with other regulators who offer tiered or income-based fee models, greater support or benefits and less frequent revalidation requirements. Many feel that the fee structure should be more aligned with other professions to reduce the financial burden on pharmacy professionals.

1.4.6. Negative impact on workforce numbers

Individual respondents are concerned that the proposed fee increase could negatively impact recruitment and retention within the pharmacy profession. They fear that higher fees may deter new entrants and cause existing professionals to leave, exacerbating workforce challenges. The increase is seen as demoralising, particularly given the current pressures and responsibilities faced by pharmacists and pharmacy technicians and could negatively impact their mental health and job satisfaction. Many feel undervalued and stressed by the additional financial burden, which could lead to a decline in the number of qualified professionals and negatively impact patient care.

1.4.7. Negative impact on pharmacy services and patient care

For organisations, in a similar theme to 1.6 above, respondents raised concerns about the potential negative impact on pharmacy services and patient care, particularly in rural and underserved areas. The proposed that increased fees could lead to service reductions, closures, and difficulties in recruiting and retaining qualified staff.

1.4.8. Lack of justification and transparency

Both individual and organisational respondents express significant frustration over the lack of clear justification for the proposed fee increase by the GPhC. They call for greater transparency on how the additional funds will be used and demand a detailed breakdown of operational costs. Many feel that the reasoning provided is insufficient and question where the fees are being spent. There is a strong sentiment that the fee increase is not justified without more detailed explanations and accountability from the GPhC, including evidence of cost-saving measures and how previous fee increases have been utilised.

1.4.9. Suggestions for alternative approaches

Individual respondents suggest that the GPhC should explore alternative funding options before increasing fees, believing the financial burden should not be shifted onto pharmacists without exhausting other possibilities. Proposals include increasing pharmacy license fees, seeking government support, or finding other revenue sources. Some suggest that employers, particularly in the NHS, should cover registration costs, while others believe larger pharmacy businesses should bear more of the cost.

This theme was prevalent amongst organisations as well, with some respondents proposing alternative funding methods, such as targeting those who can afford to pay more, like education providers accredited by the GPhC. There are also suggestions for the GPhC to explore other revenue streams or cost-saving measures.

There is a strong sentiment amongst all respondents that the fee increase should be a last resort after all other options have been considered.

1.5. Agreement with the proposals

1.5.1. Proportionate increase is fair and equitable

There was some support for the proportionate increase with respondents agreeing that increasing fees by the same percentage across all registrant groups is a fair and equitable approach. This method is seen as proportionate because it aligns with what each group currently pays, ensuring that everyone contributes equally relative to their existing fees. It maintains consistency in the fee structure and reflects a shared responsibility for covering rising operational and regulatory costs. Overall, the uniform percentage increase is viewed as a balanced, transparent, and just way to distribute the financial burden. This view was shared amongst individual and organisational respondents.

1.5.2. Acceptance of rising operational costs

A small number of both individual and organisational respondents understand and accept the need for the GPhC to increase fees due to rising operational costs, inflation, and other financial pressures. They recognise that these increases are necessary to maintain the quality of services and ensure the sustainability of the regulatory body and that the GPhC cannot continue to use reserves to cover costs indefinitely. There is a general acknowledgment that they are a reasonable response to the economic challenges faced by the GPhC.

1.5.3. Importance of ensuring strong regulation for public safety

There was recognition from a few individuals and organisations that a fee increase will ensure the financial sustainability and effectiveness of the GPhC. These respondents emphasise the importance of maintaining public safety and ensuring pharmacy professionals provide safe and effective care. They believe the fee increase is necessary to support the GPhC's regulatory functions, uphold standards, and maintain public trust. The fee increase is viewed as essential for the quality of registration, regulation, and oversight, and is recognised as sometimes unavoidable for the long-term sustainability of the GPhC. Overall, the fee increase is seen as a means to better safeguard patient safety and ensure the GPhC can continue to perform its duties effectively.

1.5.4. Recognition of the GPhC's operational savings

A small number of individual and organisational respondents recognise the GPhC's efforts to improve efficiency and reduce costs such as through better use of technology, reduce its office space and moving to new premises. They believe the fee increase is justified to achieve operational efficiency and to continue to deliver regulatory functions. They acknowledge the GPhC's efficiency savings whilst recognising that rising costs still necessitate the increase in fees.

1.5.5. Straightforward and efficient

Some individual respondents support a uniform percentage fee increase due to its simplicity, fairness, and ease of implementation. They appreciate that this approach ensures all registrants contribute equally relative to their current fees while maintaining a clear and consistent fee structure. The method is seen as transparent and easy to understand, avoiding the complications and administrative burden that could arise from creating different fee structures for various groups. Overall, the uniform increase is valued for its straightforwardness and efficiency in managing fee adjustments.

1.5.6. Increase is manageable

Some individual respondents felt that the proposed fee increase was relatively modest and manageable, particularly if it helps maintain service quality. Several noted that they could afford the increase and did not view it as a significant burden. Others mentioned that their employers currently reimburse registration fees, which makes the increase easier to manage, though there was some concern that this support might not continue if fees keep rising.

1.5.7. Alignment with other professions and regulatory bodies

A small number of individual respondents support the fee increase by comparing it to practices in other healthcare professions. They note that similar increases are common among other regulatory bodies and view this alignment as standard and fair. This comparison reinforces the idea that the proposed approach is consistent with broader professional norms, helping to ensure parity and maintain fairness across different regulated professions.

2. Proposed increases of 6% for both 2025/26 and 2026/27 and proposal to set our fees for two years from September 2025

2.1. Table of survey responses for the 6% increase

Table 3: Views on the proposed increases of 6% for both 2025/26 and 2026/27 (Base: All respondents)

Q3. Do you think the proposed increases of 6% for both 2025/26 and 2026/27 are:	N and % individuals	N and % organisations	N and % Total
Much too high	2,444 (78%)	26 (79%)	2,470 (78%)
A bit too high	551 (18%)	3 (9%)	554 (18%)
About right	109 (3%)	2 (6%)	111 (4%)
A bit too low	2 (<1%)	1 (3%)	3 (<1%)
Much too low	1 (<1%)	1 (3%)	2 (<1%)
Don't know	20 (1%)	0 (0%)	20 (1%)
Total N and % of responses	3,127 (100%)	33 (100%)	3,160 (100%)

We proposed an increase of 6% to all fees for both 2025/26 and 2026/27. As part of the consultation, we asked respondents to give their view on the proposed fee increases. As the table above shows the overwhelming response was that the proposed fee increases of 6% is much too high with 78% of respondents giving this response – a response that was consistent amongst individuals and organisations. 18% of respondents stated that the increases is a bit too high whilst 4% said that the proposed increase is about right. Very few respondents stated that the fees were a bit too low (<1%) or much too low (<1%) and only 1% of respondents stated that they didn't know what they thought about the proposed increase.

2.2. Table of survey responses for setting fees for two years

Table 4: Views on the proposal to set our fees for two years from September 2025 (Base: All respondents)

Q4. How much do you agree or disagree with our proposal to set our fees for two years from September 2025?	N and % individuals	N and % organisations	N and % Total
Strongly agree	200 (6%)	1 (3%)	201 (6%)
Agree	634 (20%)	7 (21%)	641 (20%)
Neither agree nor disagree	763 (24%)	11 (33%)	774 (24%)
Disagree	344 (11%)	2 (6%)	346 (11%)
Strongly disagree	1,127 (36%)	12 (36%)	1,139 (36%)
Don't know	59 (2%)	0 (0%)	59 (2%)
Total N and % of responses	3,127 (100%)	33 (100%)	3,160 (100%)

This consultation was the first time we consulted upon setting fees for two years from September 2025. We asked respondents whether they agreed or disagreed with this proposal. As the table above demonstrates the responses were mixed but slanted towards disagreeing with the proposal. 36% of respondents stated that they strongly disagreed with our proposal to set fees for two years from September 2025. 11% stated that they disagree with our proposals and 24% stated that they neither agree nor disagree. 20% of respondents stated they agreed with the proposals to set our fees for two years from September 2025 and 6% strongly agreed. A very small proportion of respondents, 2%, stated that they didn't know what they thought of the proposal to set our fees for two years from September 2025.

2.3. Summary of thematic analysis

Almost 1,500 respondents left comments explaining their response to the two questions above. The following is an analysis of the themes found in these comments presented in order of prevalence.

The vast majority of comments opposed the GPhC's proposals and these are presented in section 2.4. A small number of respondents provided comments in support of the proposals and these are presented in section 2.5.

2.4. Disagreement with proposals

2.4.1. Financial burden

Echoing the views expressed in section 1.4.1, there is a strong sentiment from individual and organisational respondents that the 6% fee increase and the two-year fee cycle imposes a disproportionate, unnecessary, and significant financial burden on registrants. Many believe it is excessive, especially given the current economic climate and cost of living crisis. They argue that wages are not rising at the same rate, making it difficult to afford the higher fees. The increase is significantly above the 2% inflation rate, further eroding their take-home pay. Respondents are already struggling

with rising costs for essentials like food, energy, and childcare, making the fee increase unsustainable and unfair.

Organisational respondents argue that the current financial climate in community pharmacy is not robust enough to withstand such a substantial increase. They highlight the economic hardships faced by pharmacies, including operating at a loss and struggling to make ends meet. The increase is seen as unfair given the lack of pay rises for pharmacists and the financial pressures from NHS funding cuts. Some comments highlight that while knowing fees in advance can aid in financial planning, the proposed increase is too high and does not align with the financial realities faced by pharmacists and pharmacy businesses.

2.4.2. Negative impact on workforce numbers and pharmacy services

Furthering the themes outlined in sections 1.4.6 and 1.4.7, respondents are concerned that the 6% fee increase and two-year fee cycle may lead to retirement, career changes, or relocation to countries with lower costs, resulting in fewer pharmacists and exacerbating workforce shortages. They fear the added financial strain will deter individuals from joining or staying in the profession, causing further dissatisfaction and exits, and worsening the already significant pressure on the field.

Organisational respondents' express concerns about the negative impact on pharmacy businesses, including potential closures and increased financial burdens. They argue that the fee increase will exacerbate existing challenges and could lead to more pharmacies shutting down.

2.4.3. Lack of justification

Several respondents expressed concerns about the lack of clear justification for the fee increase and the two-year fee cycle. They call for detailed explanations and breakdowns of costs, demanding more transparency on fee calculations and the allocation of additional funds. Respondents worry that this approach sets a precedent for regular, significant hikes and call for clearer communication about how the fees are determined, used, and why a two-year cycle is necessary.

For organisations there is frustration over the disparity between the proposed fee increase and the lack of pay increases for pharmacists. Some respondents point out that council members received a significant salary hike while fees were previously increased.

2.4.4. Lack of flexibility

Several respondents' express concerns about the lack of flexibility in a two-year fee setting cycle. They argue that this approach does not allow for adjustments based on changing circumstances, real-time economic conditions and unexpected financial pressures.

Similarly organisational respondents are concerned that a two-year fee setting removes the flexibility to adjust fees based on the current financial landscape. Respondents feel that it is important to review and adjust fees annually to reflect the economic conditions at the time.

2.4.5. Financial uncertainty

Many respondents argue that setting fees for two years does not account for economic fluctuations, financial uncertainties, cost of living changes and changes in inflation which may vary significantly from year to year. There is a concern that the economic situation is too unpredictable to set fees for two years in advance. They believe that fees should be adjusted annually based on the current financial situation. There is also scepticism about the GPhC's ability to accurately predict financial needs over a

two-year period. Respondents are concerned that the fees might still be subject to change, undermining the purpose of setting them in advance.

Many organisational respondents also argue that the economic environment is too unpredictable to set fees for two years. They believe that financial conditions can change significantly within a year, making it difficult to commit to a fixed fee increase over a longer period

2.4.6. Suggestions for alternative approaches

Respondents propose smaller, more frequent fee increases aligned with inflation or operational costs, suggesting annual adjustments based on economic conditions rather than fixed increases. Many recommend the GPhC reduce operational costs, relocate to affordable office spaces, implement cost-saving measures, and improve financial efficiency. Other suggestions include tiered fees based on income or employment status, cutting staff salaries, and extending fee review cycles to 3-5 years for more stability. Some respondents advocate for alternative approaches, such as a five-year rolling fee structure or setting fees for shorter periods (e.g., one year) to provide more stability and predictability without imposing a heavy financial burden. They believe the GPhC should focus on reducing operational costs, such as moving to less expensive office locations or cutting staff salaries, instead of setting fees for two years.

Similarly, organisational respondents suggest the GPhC should reduce its costs instead of increasing fees. This includes moving offices to a cheaper location and cutting unnecessary expenses and suggest postponing decisions until more information about NHS funding is available.

2.4.7. Reduced accountability, transparency and scrutiny

Some respondents demand more transparency on how the fees are calculated and how the additional funds will be used. They also seek evidence of cost savings or benefits that justify the increase. Some also believe a two-year fee cycle means fewer opportunities for registrants to challenge or scrutinise fee changes and allows the GPhC to avoid annual consultations, thereby reducing democratic input from the profession.

Organisational respondents have raised concerns about the lack of effective mechanisms to prevent unilateral fee increases by the regulatory body. Respondents say that there should be more consultation and scrutiny to ensure fairness. Respondents' also express concerns that setting fees for two years reduces the opportunity for consultation and scrutiny. They believe that regular reviews and consultations are necessary to ensure that fee increases are justified and take into account the views of registrants.

2.4.8. Not in line with other professions and regulatory bodies

A theme also present in the previous question, some respondents believe the fee increase is disproportionate compared to other professional regulatory bodies and note that other professions are not experiencing similar hikes, making the increase seem unfair. Pharmacists are being charged more without receiving comparable benefits, and the fees should align with those of other professionals with similar or greater responsibilities. There is a perception that the GPhC does not provide adequate support or value for the fees charged. Respondents unfavourably compare the proposed two-year fee cycle with other models and suggest that smaller, more frequent increases aligned with inflation or operational costs would be more acceptable. They believe that freezing fees for long periods and then implementing significant hikes is not a sustainable approach.

This was not a main theme raised by organisational respondents.

2.4.9. Lack of value for money

Following the theme detailed in 1.4.4, there is a sentiment that the fee increase does not correspond to any additional benefits or improvements in services provided by the GPhC. Many individuals feel they are not getting value for the increased fees and call for better support and representation.

Some organisations perceive the fee increase as representing a lack of compassion and support for the profession. Respondents feel that the regulatory body is out of touch with the realities faced by pharmacists and pharmacy businesses.

2.4.10. Concerns about future increases

There is apprehension that the 6% increase and setting fees for two years sets a precedent and could lead to regular, significant and unsustainable fee hikes in the future. Respondents worry about the long-term financial implications and the lack of a clear endpoint for these increases.

2.4.11. General discontent and frustration

There is a strong sense of frustration and discontent with the proposed fee increase and proposed two-year fee cycle. Many respondents feel that the fee increases are an abuse of regulatory power and believe their concerns are ignored and overlook registrants' financial struggles. They express disappointment, a feeling of being undervalued and overburdened by the GPhC's decisions.

2.4.12. Negative impact on morale

Respondents reflect concerns that the fee increase could demoralise the workforce, reduce morale, and place an unfair burden on pharmacists who are already dealing with increased responsibilities and financial pressures.

2.4.13. Disproportionate impact on specific groups

Reflecting comments in section 1.4.2, there are concerns about the disproportionate impact of the fee increase and the two-year fee setting cycle on specific groups. The fee increase disproportionately affects part-time workers, who are often women engaged in childcare and there is a call for fee reductions for part-time registrants. Respondents also believe the two-year fee setting cycle approach does not consider the varied financial situations within the profession and disproportionately affects locum pharmacists and those with lower earnings.

2.5. Agreement with proposals

2.5.1. Financial planning, stability and predictability

Many respondents, both individuals and organisations, appreciate knowing the fee amount in advance, as it provides a clear idea of the costs they will incur over the next two years avoiding unexpected increases in fees. This foresight is beneficial for financial planning and budgeting, helping them to manage their expenses more efficiently, offering a sense of stability and reducing anxiety and uncertainty. This predictability is particularly appreciated by those new to the profession. Some individual respondents also think the fee increase is relatively small and therefore manageable, and others prefer fewer, more predictable fee increases rather than frequent, smaller adjustments.

2.5.2. Necessary for GPhC's budgetary and regulatory needs

Some individual respondents accept additional funding is necessary to cover rising operational costs and maintain the quality of services provided. There is an understanding that the regulator needs to be funded to succeed. Some respondents recognise that the two-year fee setting cycle helps the GPhC

manage its costs and budget more effectively. This stability allows for better long-term planning and resource allocation, which can ultimately benefit the profession. Overall, the GPhC's approach is viewed as a practical measure to ensure financial and operational stability.

There is recognition among some organisational respondents that the regulatory body needs to review its fees regularly to ensure they cover the costs associated with regulating pharmacy premises and professionals. Some also support the fee increase as a necessary measure to maintain the quality and effectiveness of regulation.

2.5.3. Alignment with economic climate

A small number of individual respondents agree that the 6% increase is reasonable given the current economic climate. They recognise that costs are rising in general, and the fee increase reflects this reality. A small number of respondents agree that setting fees for two years is reasonable given the current economic climate.

A few organisational comments suggest that the 6% increase is reasonable and aligns with the cost of inflation. They support the idea of setting fees for two years as it helps foresee the cost of registration and plan accordingly.

2.5.4. Alignment with other professions and regulatory bodies

As also discussed under the previous question (section 1.5.2), a few individual comments acknowledge that other governing bodies charge more, suggesting that the increase might be fair in comparison. They recognise that the fees might need to rise to align with those of other professional regulatory bodies. Some respondents mention that the 6% increase is in line with settlements in the public sector and for contractors in Wales. They see this as a reasonable comparison and justification for the fee increase.

There is also an acknowledgment that other regulatory bodies may also set fees for multiple years, and aligning with this practice can be seen as a standard approach. This alignment can help maintain consistency and fairness across different professions. A few respondents mention that the two-year fee setting cycle aligns with practices in the public sector and contractor settlements. They see this as a reasonable and justifiable approach.

2.5.5. Transparent approach

Some individual respondents appreciate the proposal for its transparency and value being informed in advance about fee changes and the two-year cycle.

This was not a main theme raised by organisational respondents.

2.5.6. Straightforward and efficient

A similar theme to section 1.5.5, some individual comments highlight that conducting the consultation once for two years saves time and resources for both the GPhC and registrants. This approach is seen as more efficient and less burdensome than annual consultations. This approach is seen as more efficient and less time-consuming.

2.5.7. Recognition of the GPhC's operational savings

Again, reflecting views expressed in section 1.4.3, there is an acknowledgment by some organisational respondents that the regulatory body is making efforts to reduce its operating surplus to keep fees as low as possible. This is seen as a positive step towards ensuring that the fee increase is justified and necessary.

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

3.1. Chart of survey responses for impact on protected characteristics

Figure 1: Views of all respondents (N = 3,160) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

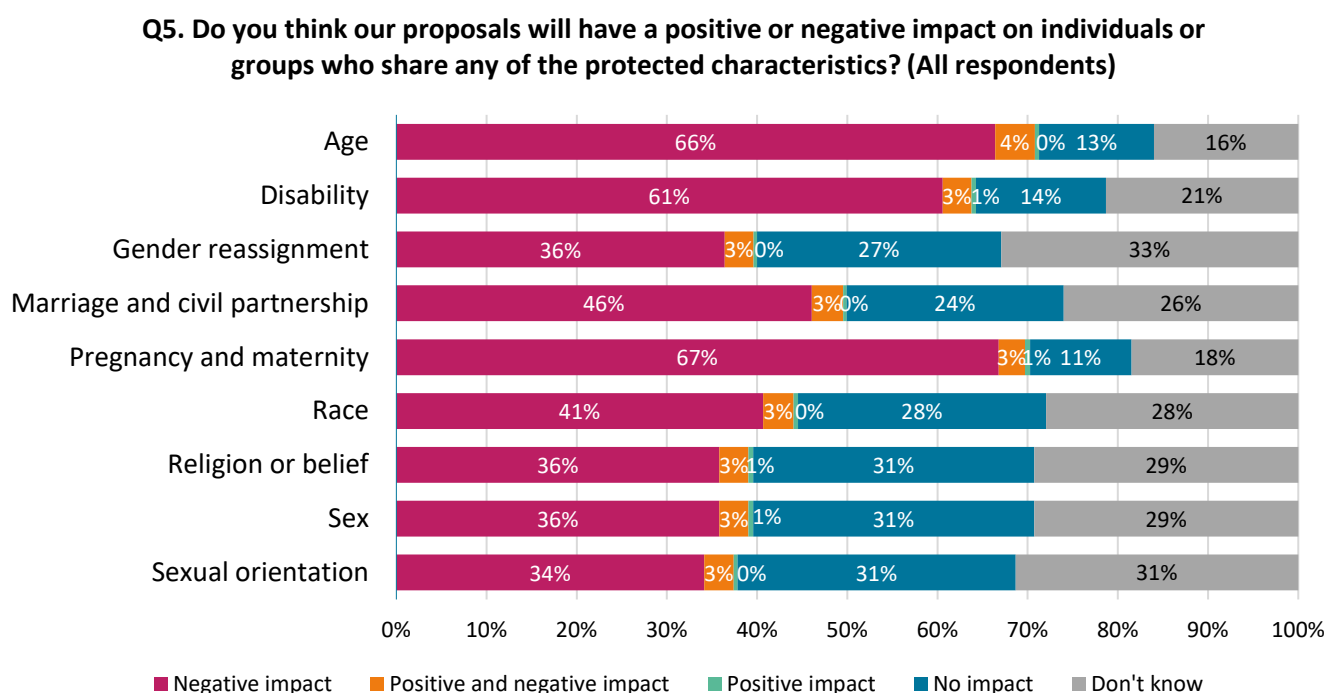


Figure 1 shows that across all nine protected characteristics the largest proportion of respondents felt that our proposals would have a negative impact with the biggest negative impacts being around pregnancy and maternity (67%) and age (66%). Very few respondents (ranging from 0% to 1%) felt that our proposals would have a positive impact on individuals or groups who share protected characteristics. A range of respondents stated there would be no impact on those sharing protected characteristics (11% to 31%) and similarly a considerably portion felt that they did not know (16% to 33%).

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

3.2. Chart of survey responses for impact on other groups

Figure 2: Views of all respondents (N = 3,160) on whether our proposals positively or negatively impact any other individuals or groups

Q6. Do you think our proposals will have a positive or negative impact on any of these groups? (All respondents)

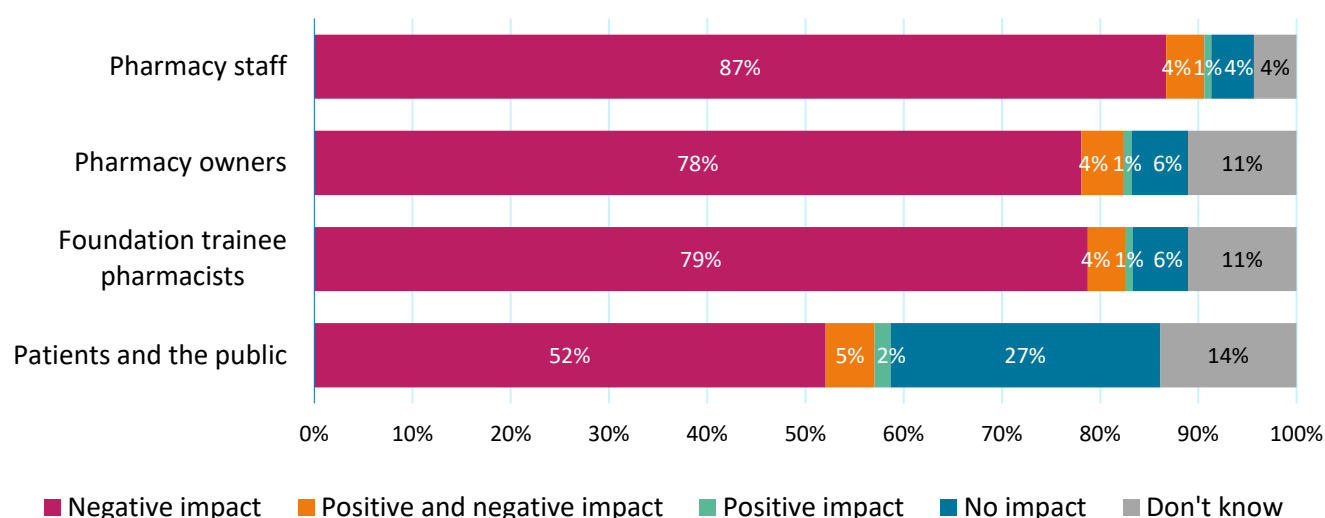


Figure 2 shows that the majority of respondents felt that our proposals would have a negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists and patients and the public. 87% of respondents felt that the proposals would have a negative impact on pharmacy staff, 78% that it would have a negative impact on pharmacy owners and 79% on foundation trainee pharmacists. 52% stated that the proposals would have a negative impact on patients and the public. Between 1% and 2% of respondents stated that the proposals would have a positive impact on the groups and a range of respondents stated that either there would be no impact (4% to 27%) or they didn't know the impact our proposals would have (4% to 14%).

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

3.3. Summary of thematic analysis

Approximately 1,250 respondents left comments explaining their response to the two impact questions above. The following is an analysis of the themes found in these comments. The feedback has been presented under each protected characteristic or specific group, where possible.

The vast majority of comments referenced the negative impact of the GPhC's proposals and these are presented in sections 3.4 (protected characteristics) and 3.5 (other groups). Comments relating to 'no impact' on protected characteristics or other groups are detailed in section 3.6. A small number of respondents provided comments in support of a positive impact and these are collated and presented in section 3.7.

3.4. Negative impact on protected characteristics

3.4.1. Age

Some individuals believe the financial burden of increased fees may discourage older pharmacists from remaining on the register, potentially leading to early retirement with those working part-time or seeking partial retirement, facing disproportionate financial strain due to unchanged fees despite reduced working hours.

Both individual and organisational respondents also identified a negative impact on those at the start of their careers who are often on lower salaries and already struggle with the costs associated with entering the profession. They suggest they are disproportionately affected by fee increases and may struggle with the financial burden.

3.4.2. Disability

Respondents of both types believed that the increased fees may exacerbate the financial burden on individuals with additional costs related to disability, such as day-to-day assistance. It is suggested this makes it harder to afford the increased fees, exacerbating existing financial difficulties and affecting their ability to maintain their professional registration. Respondents also identified an impact on those who work part-time to manage their conditions, who would also face a disproportionate financial burden as the fees do not account for reduced working hours.

3.4.3. Pregnancy and maternity

The lack of fee reduction during maternity leave is seen as particularly unfair among both individuals and organisations. Respondents mentioned pharmacists who are pregnant and those on maternity leave would face significant financial strain as they have reduced income during this period but still have to pay the full fees. Women, who are often primary caregivers, will be impacted more as they rely on statutory maternity pay and are more likely to work part-time due to childcare responsibilities, which are insufficient to cover the increased fees. The financial burden could lead to decisions to leave the profession or delay returning to work.

3.4.4. Race

Although this impact was not identified by organisational respondents it was observed by some individuals that registrants from ethnic minority backgrounds, are often paid less and therefore face a disproportionate impact from the fee increases. Registrants from Black backgrounds may be disproportionately affected due to lower overall salaries and potential institutional biases. Pharmacists from Asian backgrounds may be disproportionately impacted due to higher representation in the profession. It was suggested that the profession's high number of registrants from these backgrounds would mean the effects were widespread.

3.4.5. Sex

Individual and organisational respondents identified women as likely to be disproportionately affected fee increases when compared to their male counterparts. This is because women are more likely to work part-time and earn less and fees are not reduced in line with income, leading to a higher financial burden relative to their income. Women returning from maternity leave or working part-time due to caregiving responsibilities would make the fee increase particularly challenging, while the gender pay gap might exacerbate the negative impact.

3.4.6. Request for equality impact assessment

Some organisational respondents suggested an example of good practice in this area is publishing an equality impact assessment alongside proposals to increase registrant fees. An equality impact assessment would assess the potential positive and negative equality impacts of a proposal, set out mitigations, including progress in implementing mitigations measures announced as part of the previous fee increases.

3.5. Negative impact on other groups

3.5.1. Pharmacy staff

A range of impacts affecting Pharmacy staff were identified by both individual and organisational respondents. Respondents suggest that increased fees add an additional financial burden which disenables pharmacy staff, who often work long hours with low wages, many of whom are already struggling with the cost of living and stagnant wages. It was pointed out that part-time workers and younger staff, would be disproportionately affected as they have to pay the same fees as full-time workers, with a higher financial burden relative to their income. It was suggested that this in turn could lead to decreased morale or mental health issues, negatively impacting work quality, leading to burnout, and potentially compromising patient care and safety. Respondents suggested this had the potential to contribute to an exodus from the profession, as staff left for better-paying opportunities, further exacerbating staff shortages.

3.5.2. Pharmacy Owners:

Respondents suggested increased fees are likely to exacerbate the already mounting operational costs faced by pharmacy owners, many of whom are grappling with financial pressures due to government funding cuts, rising utility bills, and broader economic challenges. Additional costs—such as higher registration fees for premises and staff—could significantly reduce the profitability and sustainability of many pharmacies forcing some to cut back on opening hours, reduce staffing levels, limit employee salaries and bonuses, pass on costs to patients through higher retail prices, or even close altogether. This increased financial strain could reduce staff morale and reduce accessibility and quality of care for the communities they serve. Smaller and independent pharmacies, already struggling with funding shortfalls, are particularly vulnerable and may find it increasingly difficult to remain viable.

3.5.3. Foundation trainee pharmacists

Some respondents, both individual and organisational, believed the increased fees would be a significant financial burden for foundation trainee pharmacists, who are typically on lower salaries and may already be struggling with other costs associated with their training, such a transport to placements far from home. It was also suggested the high cost of initial registration posed a significant financial barrier deterring individuals from pursuing a career in pharmacy, leading to a potential decrease in the number of new entrants to the profession. Finally, some respondents indicated that the reduced staffing levels and financial pressures brought on by increased fees on pharmacies could impact the quality of training and support available to foundation trainee pharmacists.

3.5.4. Patients and the public

Organisational and individual respondents indicated that rising fees could contribute to ongoing financial pressures which might threaten the accessibility and quality of pharmacy services, particularly for vulnerable populations such as the elderly, people with disabilities, and pregnant individuals. Potential pharmacy closures arising from increased fees and a decline in the number of registered pharmacists could significantly reduce access to essential medicines and healthcare services, especially in underserved areas. It was suggested as owners attempt to manage increasing costs, patients may face higher charges, longer waiting times, and reduced service availability. These challenges are likely to be felt most acutely in communities that already struggle with healthcare access.

The strain on pharmacy staff and owners may also lead to lower morale, reduced job satisfaction, and a diminished public perception of the profession. With cuts to staffing and investment in services possibly

compromising the quality of care, leaving patients with fewer options and less support. Overworked and demoralised staff may struggle to maintain service standards, further eroding public trust in pharmacy services. Ultimately, the cumulative effect of these pressures could have a broader negative impact on public health, as the availability and reliability of community pharmacy services continue to decline.

3.6. No impact on protected characteristics or other groups

For some individuals the increased fees are seen as a financial burden that affects all pharmacy professionals and owners equally, regardless of protected characteristics. It is noted that the majority of pharmacy staff are paid the same under NHS Pay Bands. A few comments suggest that the increased fees will have no significant impact on pharmacy owners, especially those who do not cover the fees for their staff and can otherwise absorb the costs. Finally, there is a suggestion that the increased fees do not impact the public or patients directly, as they are not the ones paying the fees. A few organisational respondents believed increasing fees would have no bearing on age, sex and ethnicity.

3.7. Positive impact on protected characteristics or other groups

Some individual respondents believe that the increased fees could lead to better regulation, operational effectiveness and resource provision, which might benefit trainees and the public by ensuring higher standards of practice and safety, improved professional development opportunities, or enhanced support for pharmacy staff. There was a hope that the increased fees will lead to more consideration for inclusion and diversity within the pharmacy sector, potentially resulting in a more supportive and equitable environment for all professionals. Organisational respondents primarily focused negative impacts and did not highlight any themes related to positive impacts on these groups or other groups.

Appendix 1: Summary of our proposals

The GPhC is here to protect the public and to give them assurance that they will receive safe and effective care when using pharmacy services. Parliament has given us the responsibility to make sure we have the finances to do this properly, and to carry out our statutory duties and roles. Like all organisations we review our income every year to make sure we have what we need for the year ahead. One of the things we review as part of this is our fees. We look at ways to reduce costs, so that we can provide value for money to our registrants. We also look at where we can make efficiencies without putting any of our key roles at risk. We also review our financial reserves and consider other sources of income.

Since our last consultation on fees in May 2023 we introduced savings to help keep costs low and to reduce our carbon footprint. We reduced our office space and moved to new offices last year, most of our fitness to practise hearings are now held remotely and we've also improved our use of technology and have reduced our postage and printing costs. We are committed to making £1.5million of savings by 2027/28 and will use our reserves so that fee increases can be kept as low as possible.

Despite making these savings, our operating costs have continued to go up. To make sure we can fulfil our main role of protecting the public **we proposed increasing the fees for pharmacist, pharmacy technician and pharmacy premises registrations**. We proposed introducing a **two-year fee cycle from September 2025**. This will provide registrants with certainty on their fees until **September 2027**.

Our proposed fee increases would mean that from September 2025:

- Pharmacist renewal fees would increase by £17 to £293.
- Pharmacy technician renewal fees would increase by £8 to £138.
- Pharmacy premises renewal fees would increase by £24 to £416.

The proposed increases from September 2026 would mean that:

- Pharmacist renewal fees would increase by £17 to £310.
- Pharmacy technician renewal fees would increase by £8 to £146.
- Pharmacy premises renewal fees would increase by £25 to £441.

This is a proposed increase of 6% a year.

We have kept fee increases as low as possible by improving our efficiency and by using our financial reserves to cover any gap between our income and our outgoings. We are committed to looking for ways to make savings, but like many organisations, we are seeing our operational costs go up, with bigger utility bills and supplier costs, and increases in employer costs such as National Insurance contributions. At the moment, our yearly outgoings are bigger than our income, and our financial projections show that this will continue and get worse over the next five years. This is not sustainable. It means that, as well as everything we are doing to reduce spending, and despite using our reserves to support our day-to-day work, we have no option but to increase our income.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 30 January 2025 and ending on 24 April 2025. 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 created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation
- 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 **3,166** written responses to our consultation. **3,132** of these respondents identified themselves as individuals and **34** responded on behalf of an organisation.

Of these responses, **3,160** had responded to the consultation survey (**3,127** individuals and **33** organisations). Alongside these, we received **6** 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 we received 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 a series of 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.

A small number (less than 20) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

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%.

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.

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 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 thematic 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. We used a combination of manual and AI-assisted techniques to identify themes for the analysis framework.

Prevalence of views was identified through analysis of all written responses using the themes from the thematic analysis framework. Both manual and AI-assisted analysis were used, and the findings cross-referenced, and quality assured to ensure accuracy of the overall analysis. 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 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 (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	3,127	99%
On behalf of an organisation	33	1%
Total N and % of responses	3,160	100%

Profile of individual respondents

Table 6: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	2,636	84%
Scotland	355	11%
Wales	111	4%
Northern Ireland	2	<1%
Other	23	1%
Total N and % of responses	3,127	100%

Table 7: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A pharmacist	2,229	71%
A pharmacy technician	814	26%
A foundation trainee pharmacist	50	2%
A pre-registration trainee pharmacy technician	10	<1%
A pharmacy student	2	<1%
A member of the public	9	<1%

Are you responding as:	Total N	Total %
Other	13	<1%
Total N and % of responses	3,127	100%

Table 8: Main area of work (Base: individuals excluding pharmacy students and members of the public)

Sector	Total N	Total %
Community pharmacy	853	27%
Hospital pharmacy	1,239	40%
Prison pharmacy	23	1%
Primary care organisation	270	9%
GP practice	426	14%
Care home	6	<1%
Pharmaceutical industry	43	1%
Research, education or training	108	3%
Other	148	5%
Total N and % of responses	3,116	100%

Table 9: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	150	18%
Independent pharmacy chain (2-5 pharmacies)	165	19%
Small multiple pharmacy chain (6-25 pharmacies)	120	14%
Medium multiple pharmacy chain (26-100 pharmacies)	112	13%
Large multiple pharmacy chain (Over 100 pharmacies)	285	33%
Online-only pharmacy	21	2%
Total N and % of responses	853	100%

Profile of organisational respondents

Table 10: Type of organisation (Base: all organisations)

Please choose the option below which best describes your organisation	Total N	Total %
Organisation representing patients or the public	0	0%
Organisation representing pharmacy professionals or the pharmacy sector	8	24%
Registered pharmacy	24	73%
NHS organisation or group	0	0%
Research, education or training organisation	0	0%
Government department or organisation	0	0%
Regulatory body	0	0%
Other	1	<1%
Total N and % of responses	33	100%

Table 11: Type of registered pharmacy (Base: registered pharmacy organisations)

Which of the following best describes the registered pharmacy you represent?	Total N	Total %
Independent community pharmacy (1 pharmacy)	11	46%
Independent community pharmacy chain (2-5 pharmacies)	7	29%
Small multiple pharmacy chain (6-25 pharmacies)	2	8%
Medium multiple community pharmacy chain (26-100 pharmacies)	0	0%
Large multiple community pharmacy chain (over 100 pharmacies)	2	8%
Online only pharmacy	2	8%
Total N and % of responses	24	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:

Association of Pharmacy Technicians UK (APTUK)

Boots

Broughton Park Pharmacy Ltd

Carnforth Pharmacy

Community Pharmacy Humber

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists Association

Fairman Chemist's Ltd

John and John limited

Kirkmuirhill Pharmacy Ltd

M Squared Pharma Ltd

N3A Ltd

National Pharmacy Association

Patient first health Ltd

Pharmacist Support

Royal Pharmaceutical Society

SHENLEY UK LTD

Superdrug Stores plc

The Pharmacists' Defence Association

UNISON

Widcombe Pharmacy

NB A further 12 organisations responded to the consultation but requested for their names not to be listed in this report.

Appendix 6: Consultation questions

Our approach

We have explained in the 'Our proposals' section of this document that despite efficiency savings at the GPhC we need to increase our fees to cover rising operational costs.

- **How much do you agree or disagree with the reasoning we have set out for increasing our fees?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

In the 'Our proposals' section of this document, we propose increasing fees in proportion to the present fee paid by each registrant group.

- **How much do you agree or disagree with the approach of raising fees in proportion to the present fees?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

- **Please give your comments explaining your answers to the two questions above.**

Implementation

In the 'Our proposals' section of this document, we have proposed an annual increase of 6% for both the 2025/26 and 2026/27 financial years.

- **Do you think the proposed increases of 6% for both 2025/26 and 2026/27 are:**

Much too high

A bit too high

About right

A bit too low
Much too low
Don't know

We have explained in the 'Our proposals' section of this document that we plan to set fees using two yearly cycles. This means you will still pay your fees once a year, but you will know the fee amount for the next two years.

- **How much do you agree or disagree with our proposal to set our fees for two years from September 2025?**

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don't know

- **Please give your comments explaining your answers to the two questions above.**

Impact

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

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

Positive impact
Negative impact
Positive and negative impact
No impact
Don't know

We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists, and patients and the public.

- **Do you think our proposals will have a positive or negative impact on each of these groups?**

Positive impact
Negative impact

Positive and negative impact

No impact

Don't know

- **Please give your comments explaining your answer 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 = 3,127) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Q5. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? (Individual respondents)

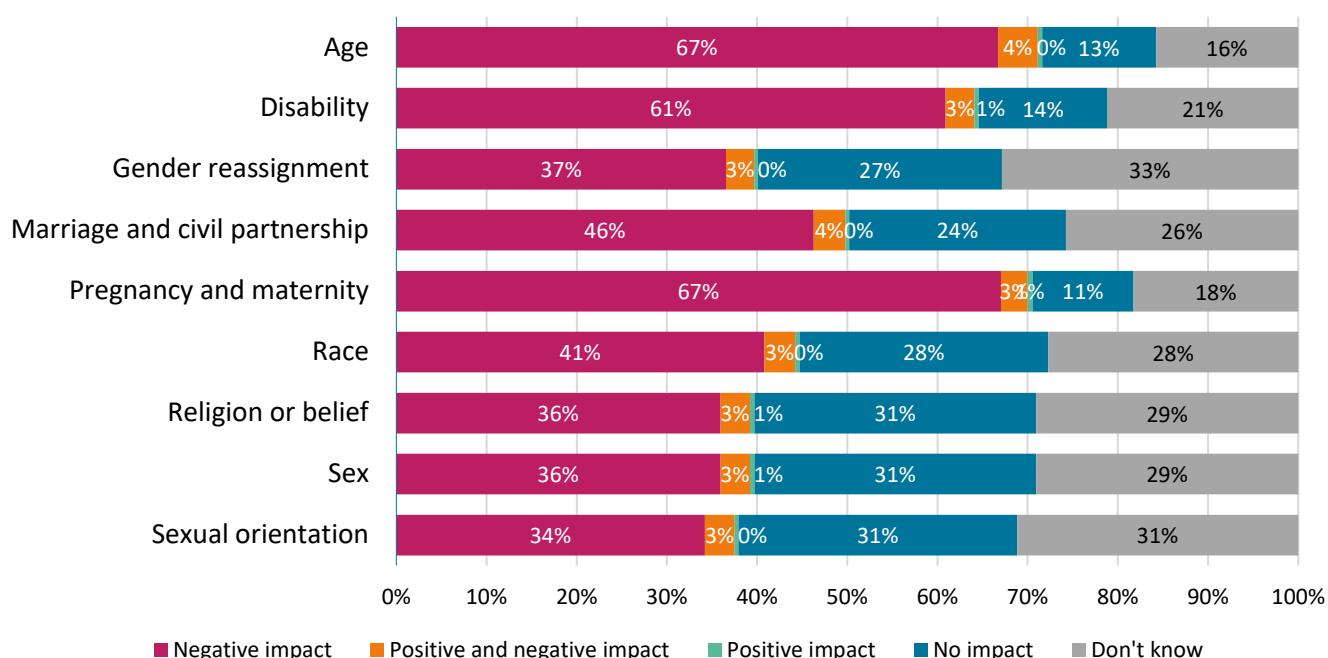


Figure 3 shows that individual respondents felt that across all nine protected characteristics the largest proportion of respondents felt that our proposals would have a negative impact with the biggest negative impacts being around pregnancy and maternity (67%) and age (67%). Very few respondents (ranging from 0% to 1%) felt that our proposals would have a positive impact on individuals or groups who share protected characteristics and a range of respondents felt that there would be no impact (11% to 31%) or stated that they did not know (16% to 31%).

NB. Please see section 3.1 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 = 33) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Q5. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? (Organisational respondents)

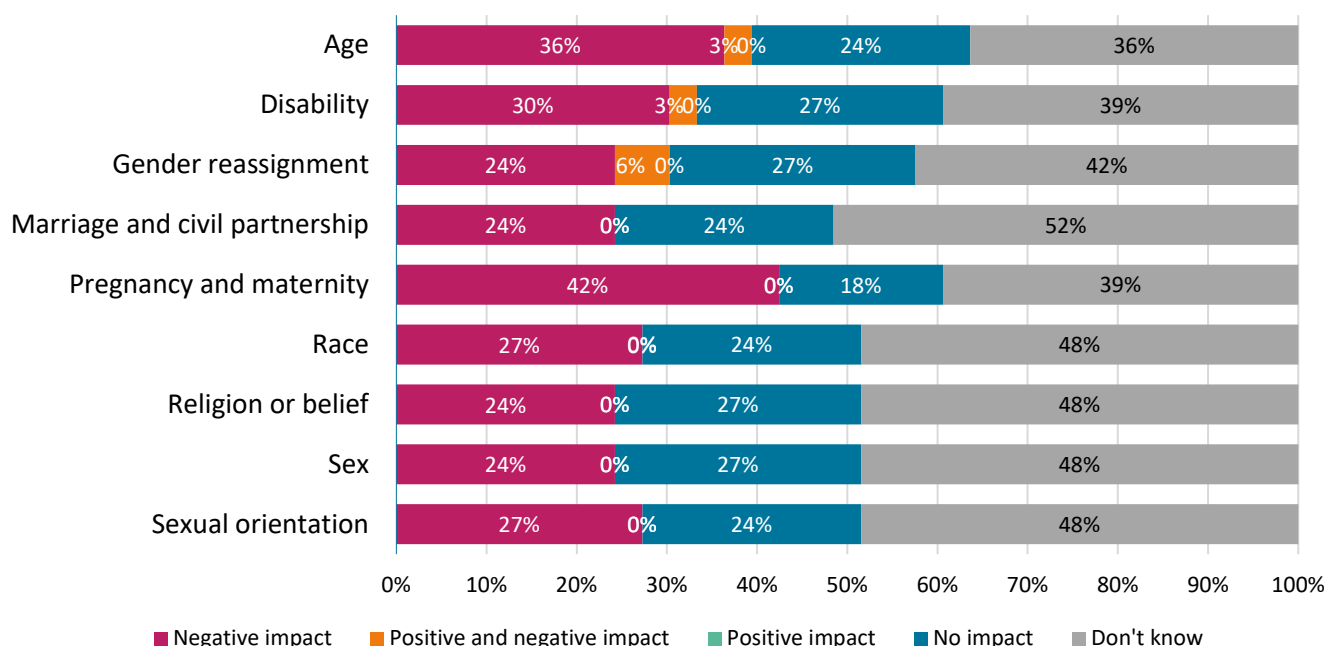


Figure 4 shows that organisations who responded to the consultation felt that our proposals would have the biggest negative impacts to individuals and groups related to pregnancy and maternity (42%), age (36%) and disability (30%). A large proportion of respondents stated that they did not know what impact our proposals would have (ranging from 36% to 52%). Around a quarter of organisational responses (ranging from 24% to 27%) stated that our proposals would have no impact on individuals or groups who share protected characteristics, except for pregnancy and maternity.

NB. Please see section 3.1 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 other groups

Individual responses

Figure 5 Views of individual respondents (N = 3,127) on whether our proposals positively or negatively impact other individuals or groups

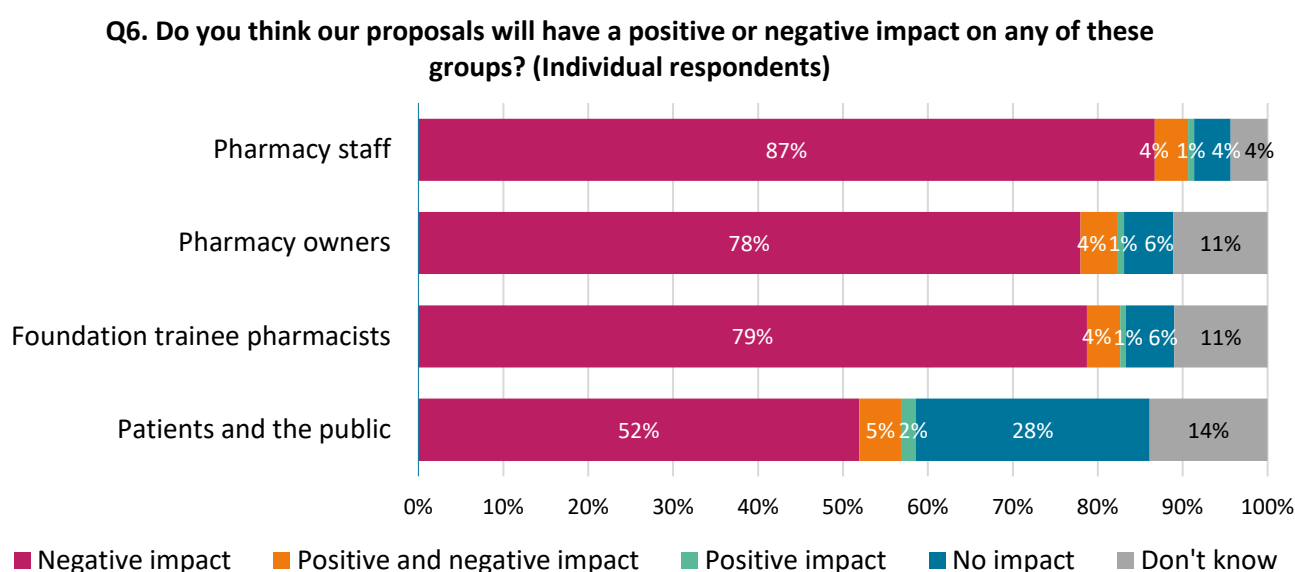


Figure 5 shows that the majority of individual respondents felt that our proposals would have a negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists and patients and the public. 87% of respondents felt that the proposals would have a negative impact on pharmacy staff, 78% that it would have a negative impact on pharmacy owners and 79% on foundation trainee pharmacists. 52% stated that the proposals would have a negative impact on patients and the public. Between 1% and 2% of respondents stated that the proposals would have a positive impact on the groups and a range of respondents (4% to 14%) stated that they didn't know the impact our proposals would have. Between 4% - 5% of individual respondents stated that our proposals would have a positive and negative impact on the groups.

NB. Please see section 3.2 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 = 33) on whether our proposals positively or negatively impact other individuals or groups

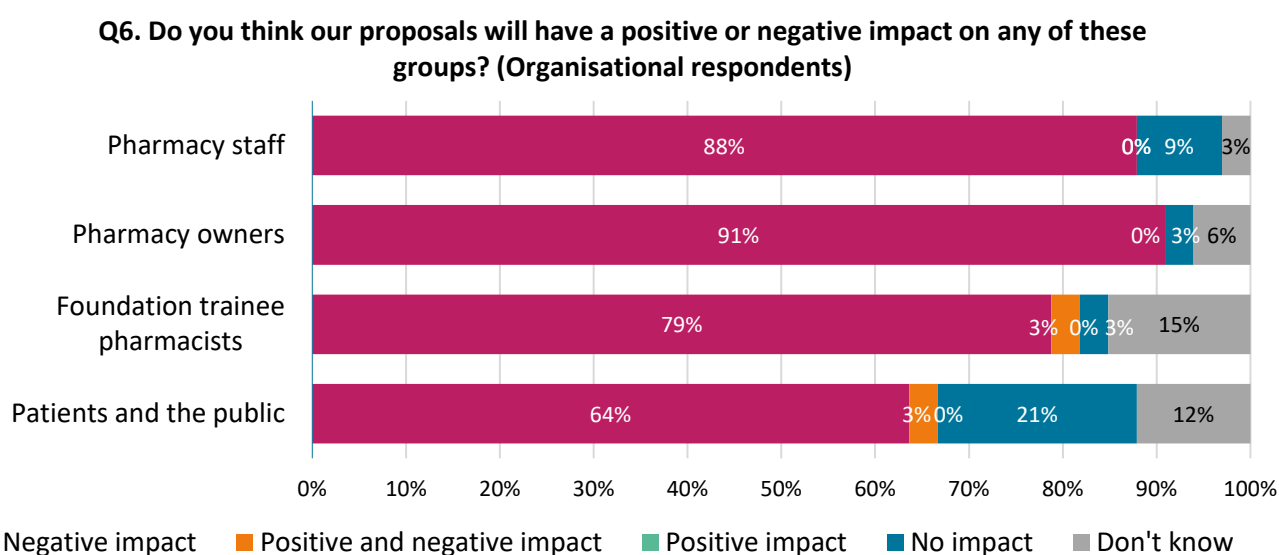


Figure 6 shows that the majority of organisations who responded to our consultation felt that our proposals would have a negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists and patients and the public. 88% of respondents felt that the proposals would have a negative impact on pharmacy staff, 91% that it would have a negative impact on pharmacy owners and 79% on foundation trainee pharmacists. 64% stated that the proposals would have a negative impact on patients and the public. No organisational respondents stated that the proposals would have a positive impact on the groups and a range of respondents (3% to 15%) stated that they didn't know the impact our proposals would have. Between 0%- 3% of organisations stated that our proposals would have a positive and negative impact on the groups.

NB. Please see section 3.2 in the main body of the report for the chart showing the overall responses and further analysis.

