Fees Rules 2011-2012

Purpose
To provide the Council with a final version of the fees rules for Sept 2011 - Aug 2012 for making and a draft report of the fees rules consultation for approval.

Recommendations

The Council is asked to:

i. approve the draft report of the 2011-12 fees consultation, including the principles to underpin fee-setting, for publication (appendix 1);

ii. agree one of the three options set out for 2011-12 fees;

iii. make The General Pharmaceutical Council (2012 Registration and Renewal Fees) Rules 2011 (appendix 2) with the inclusion of the fees for the selected option; and

iv. agree that the GPhC’s corporate seal be affixed to these rules.

1.0 Introduction

1.1 In February, the Council published draft fees rules for consultation. The consultation closed on 12 May 2011. We received 449 responses, from a range of organisations and individuals. The draft report at appendix 1 summarises the responses and describes how they have been taken into account in producing the final version of the rules.
1.2 The current fees rules were made in September 2010. The rules which the Council is now asked to make (appendix 2) would cover the period 1 Sept 2011–31 Aug 2012. It is necessary to consult on and make the rules well in advance as our governing legislation requires us to send renewal notices to registrants at least three months before their registration is due to expire and we will need to start issuing notices to registrants whose registration expires in October 2011.

2.0 Factors affecting the 2011-12 fees

2.1 It is important to review both the consultation report and the external and internal contexts for fee-setting, to identify any changes since the Council agreed fees for the purposes of consultation. The consultation responses have not identified factors that the Council has not considered previously but there are changes in the external and internal contexts. These factors are summarised below, together with an indication of the potential impact of setting fees at or below the levels proposed in the consultation.

2.2 The principles that the Council consulted on to underpin its approach to fee-setting are set out in the draft consultation report, together with a revised draft of the principles, taking account of feedback received (see para 2.27 of the draft report). In setting fees, the Council must ensure that the GPhC has sufficient funds to protect the public through effective regulation. It must also be conscious of its responsibility to set fees which are reasonable and proportionate. The factors to bear in mind include:

- the GPhC’s statutory purpose and responsibilities;
- the need to ensure the GPhC’s financial stability;
- the impact of fees on those who are required to pay them;
- the level of fees relative to those of other regulators; and
- current and future inflation rates.

2.3 The external context

The need to set fees well in advance makes financial planning challenging. The current 2010-11 fees were set on the assumption of an inflation rate not exceeding 3%. The fees consultation was agreed when inflation was at 5.1% RPI. More recent inflation rates are shown below.

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<th>All items Retail Prices Index (RPI)</th>
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<table>
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<tr>
<th>Consumer Prices Index (CPI)</th>
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</table>
The Bank of England’s latest inflation forecast (May 11) indicates that the CPI is likely to rise further this year. Inflation is thought likely to fall through 2012 into 2013 but the timing and extent of that decline are both highly uncertain. It is stated that there is a good chance that the CPI will reach 5% later this year and it is more likely than not to remain above the bank’s 2% target throughout 2012.

2.4 Another external factor, albeit one that existed before the consultation began, is the government’s call in *Enabling Excellence* for the burden of fees on registrants to be minimised and for regulators to work more efficiently, including working together where appropriate. Government has stated that it would not expect fees to rise beyond current levels unless there is a clear and robust business case that an increase is essential to ensure the exercise of statutory duties.

2.5 Information on fees charged by other regulators is at appendix 4. Our consultation proposed a decrease in fees for pharmacy technicians and an increase for pharmacists and pharmacy owners. The consultation document stated: ‘Our proportionate, standards-based approach to delivering on our regulatory responsibilities, and our commitment to ensuring that pharmacy regulation delivers value for the public and value for money for those who have to fund it are both very much in line with the direction of regulatory policy generally, as set out in the Government’s recent White Paper *Enabling Excellence*. It also encourages us in the work we are doing to improve the efficiency of our operations, and to work closely with other regulators’.

2.6 *The internal context*  
We do not yet have the full year’s cost information required to provide a baseline against which to calculate efficiency savings on an across the board basis. Within these constraints, we identified a fee income requirement of £17.6M. With registrant numbers continuing to rise, additional regulatory responsibilities under our new legislation, and a number of essential projects in which we need to invest, any fee increase below the rate of inflation represents an efficiency gain. We are nevertheless seeking to identify further efficiency savings; our approach is outlined in appendix 3.

2.7 Our consultation document explained that, if we were in a steady state, we would be looking to freeze or reduce fees across the board in order to transfer these savings to those we regulate. In our specific context, however, and not least in

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the light of the work we need to do to deal appropriately with our fitness to practise caseload within an acceptable time, we said that we did not consider that an across the board freeze or reduction would be prudent and enable us to deliver the improvements to regulation which the public, the profession and pharmacy employers have a right to expect.

2.8 We also explained the need to ensure the financial stability and resilience of the GPhC, as a new organisation. The accounts show a higher year-end surplus than originally forecast. This results partly from income from a higher number of registrants and premises than expected and partly from a significant variance from forecast expenditure.

2.9 Our most recent experience indicates that the increase in the register continues to reflect the experience of the end of 2010: that is, a lower level of retirees and new applicants from outside the UK continuing at the rate of at least 50 per month. The number of new premises applications continues such that 150-200 premises are added each year. If this continues we can expect a permanent benefit of some £1.5m to our annual income.

2.10 In the early months of the new financial year, our expenditure continues to be below budget. The organisational review has inevitably delayed the recruitment of staff and the anticipated increase in hearing days to improve the throughput of fitness to practise cases. This means that savings against forecast expenditure will continue into 2011-12. As the caseload is tackled and new organisational arrangements are put in place, expenditure levels would be expected to rise over time to those previously forecast. Other issues are the need for investment in new systems, which is expected to be funded from set-up grants made by the DH, and the new CHRE levy which is due to impact in 2012. If the levy is calculated according to CHRE’s preferred formula, the GPhC will pay ca. £211K p.a.

3.0 Options for the 2011-12 fees rules

3.1 There is an encouraging level of support for proposals such as the additional fee for payments by credit card, the increased registration fee for persons who were removed from the RPSGB’s register by a disciplinary committee and the adjustments to the restoration and scrutiny fees. The final draft of the fees rules also shows more clearly than previously the fee payable for restoration following removal from the register due to non-payment of part of a fee eg. when a registrant agrees to pay their renewal fee by quarterly direct debit but fails to pay all the instalments. This is shown in draft rules 11(3)(a) and 21(3)(a). This clarification does not alter the principle that the restoration fee in such cases is the same as that which applies following removal because an entry has not been renewed.
3.2 In view of the factors outlined in section 2 above and the responses received, it is right to consider the potential for setting fees at a level lower than proposed initially. This is particularly true in view of the challenging economic climate and the drive to contain the costs of regulation. The options described below all assume that the renewal fee for pharmacy technicians will be reduced to £120, as proposed. They differ in considering an increase in the renewal fees for pharmacists and premises of 0%, 2% or 4%. Different rates of increase for pharmacists and premises have not been proposed as this would not seem justified in the absence of a differential increase in the relative costs of regulating premises and pharmacists. In each case, an indication is given of the impact this would have on the GPhC’s revenue.

3.3 **Option 1 - 0% increase in renewal fees for pharmacists and pharmacy premises**

Under this option, the renewal fee for:
- pharmacy technicians would be reduced from £142 to £120
- pharmacists would remain unchanged at £262
- pharmacy premises would remain unchanged at £217.

Other fees covered by rules would also remain unchanged. Compared with the agreed budget, freezing fees for pharmacists and premises would have an impact on revenue of £143,000 in 2011-12 and a net impact on income and expenditure of £143,000, thus reducing the budgeted surplus to £458,463. In the 2012-13 financial year, against the original forecast, freezing fees for pharmacists and premises would have an impact on revenue of £600,000 and a net impact on income and expenditure in that year of a reduction of £600,000.

3.4 **Option 2 - 2% increase in renewal fees for pharmacists and pharmacy premises**

Under this option, the renewal fee for:
- pharmacy technicians would be reduced from £142 to £120
- pharmacists would increase from £262 to £267
- pharmacy premises would increase from £217 to £221.

Other fees covered by rules would also increase by 2%. Applying a fee increase of 2% on a similar basis would reduce revenues by £71,000 in 2011-12 and £300,000 in 2012-13 against that originally forecast and result in a net impact (a reduction) on the income and expenditure of £71,000 and, similarly, a reduction in the net income and expenditure of £300,000 in 2012-13.
3.5 **Option 3 - 4% increase in renewal fees for pharmacists and pharmacy premises**

This is the option consulted upon. Under this option, the renewal fee for:

- pharmacy technicians would be reduced from £142 to £120
- pharmacists would increase from £262 to £272
- pharmacy premises would increase from £217 to £226.

Other fees covered by rules would also increase by 4%.

Given the increase in numbers on the register and therefore the revenue to be expected, an increase of 4% will add to the surplus expected to be generated by some £143,000 in 2011-12 and £600,000 in 2012-13.

3.6 The draft fees rules at appendix 2 show the fees which would apply under each of the three options above. Where new fees were proposed for 2011-12, the draft rules show the fee proposed initially and the amounts if the fee was set at 2% or 4% lower than the level proposed. The £120 renewal fee for pharmacy technicians is the same in all three options. The draft fees rules retain the principle in the current fees rules that, when a person applies for restoration to the register following voluntary removal, their application fee plus their restoration fee should equal the standard renewal fee (except when restoration is within one month of voluntary removal).

3.7 In evaluating the options, Council will no doubt seek to weigh the various relevant factors, including those mentioned in paragraph 2.2 above. In the current context it should be remembered that from the point of view of the Council’s financial planning and the impact on fee-payers over time, it is legitimate for the Council to seek, as far as it reasonably can, to even out large year-by-year fluctuations in fee levels, and to seek to build a prudent but not excessive level of reserves.

3.8 Additionally it should be acknowledged that whilst the setting of fees must be a rational and transparent exercise, the “right” answer does not emerge neatly from an algorithm; the decision requires the exercise of judgement on the Council’s part. The judgement involves balancing legitimate competing imperatives. The financial impact analysis summarised in paragraphs 3.1-3.5 above indicates that none of the options canvassed in this paper would – on the basis of the best information available to us currently – put the achievement of the Council’s objectives and its capacity to deliver on its statutory responsibilities at immediate risk. There are a range of other risks to consider as well.

3.9 The risk of imposing a small additional financial burden on registrants which could in due course, with the benefit of future hindsight, turn out to have been arguably excessively cautious must be set against the risk of distorting medium and longer term financial planning. A bolder approach now (eg. zero increase for pharmacists and premises) mitigates the risk of a critical professional reaction to
the decision. At the same time, such a decision inevitably increases the risk that future years’ fees need to rise more steeply than they otherwise might, if it turns out that activity levels (some of which are beyond our control because they are demand-driven) require higher levels of expenditure than currently envisaged. The Council’s preference for certain risks over others is a critical factor, in circumstances in which there is no risk-free option. The Council’s collective judgement on how to balance the various factors and risks is what has to determine the fee levels now.

4.0 **Equality and diversity implications**

4.1 An equality impact assessment of the draft rules was produced and published on the GPhC website during the consultation. Points raised in responses relating to equality and diversity are covered in the draft report at appendix 1.

5.0 **Communications implications**

5.1 The consultation report and the final version of the 2011-12 fees rules will be published on the GPhC’s website and highlighted to the pharmacy media. The fees will be set out clearly in relevant communications with registrants, prospective registrants and pharmacy owners, including renewals forms.

6.0 **Resource implications**

6.1 As an independent regulator, the GPhC must set fees to cover the costs of its activities. On the assumption that the GPhC should: at least break even; be able to cover any fluctuations in expenditure such as could arise from major court cases, and build reserves, fees should be set at a level which provides a clear but not excessive margin over estimated expenditure.

7.0 **Risk implications**

7.1 Failure to set appropriate fees could create financial risk for the GPhC. This could, in turn, affect the GPhC’s capacity to protect the public or to carry out its regulatory functions in a timely way.

**Recommendations**

**The Council is asked to:**

i. approve the draft report of the 2011-12 fees consultation, including the principles to underpin fee-setting, for publication (appendix 1);
ii. agree one of the three options set out for 2011-12 fees;

iii. make The General Pharmaceutical Council (2012 Registration and Renewal Fees) Rules 2011 (appendix 2) with the inclusion of the fees for the selected option; and

iv. agree that the GPhC’s corporate seal be affixed to these rules.

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25 May 2011
Consultation report: Draft Fees Rules 2011 - 2012

June 2011
Summary
[to be added]

Introduction

Context

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.

It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public, and in particular those members of the public who use or need the services of pharmacy professionals or the services provided at a registered pharmacy.

Our principal functions include:
- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.

We aim to ensure that regulation is fair and proportionate – that is, in line with the level of risk posed to public health, safety and wellbeing – and not over-burdensome. We want to be flexible enough to respond to the changing demands made of the profession and to allow for innovation, at the same time as maintaining high quality practice.
About this report

This report provides a summary of the responses to the consultation on the draft 2011-2012 fees rules held between 17 February 2011 and 12 May 2011.

The report provides background to the consultation, a breakdown of the respondents to the consultation and a commentary on the responses to each of our proposals.

Annex A provides a list of individuals and organisations that responded to the consultation other than those who asked that their names should not be published.

We recommend that the statistical information on the responses is read in conjunction with the commentary.
Responses to the consultation

We received 495 responses to the consultation. 46 individuals completed their details but made no response to any questions; these individuals are not included in this report.

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1. **Key Themes in the Responses**

1.1 There were several key themes that came up repeatedly throughout the consultation. These themes were expressed in response to many, if not all, the questions asked. To avoid repetition we have summarised the key themes below.

**The Economy**

**Inflation**

1.2 A very large number of comments were made that, in producing our proposed fees, due consideration had not been given to the current economic climate.

1.3 Many respondents thought that describing the percentage increase proposed as ‘below inflation’ was disingenuous. Some respondents, including some large representative pharmacy organisations, disputed the validity of the inflationary figures used in the consultation document and proposed their own figures to assess the current financial position and predict the future economic outlook. There was criticism that the Retail Price Index (RPI) had been used rather than the Consumer Price Index (CPI) as a basis for our proposals. Some had looked at the Bank of England rates and suggested that a forecast of 4% was too high and our proposed level of increase was too much. Furthermore, some questioned how many of our costs would be affected by an inflation rate of this level. It was suggested that we revisit the basis on which we had considered the inflation rate.

1.4 Views were expressed that businesses already had large financial burdens and that business rates had increased while profits were reducing. As businesses were struggling in the current financial climate, we should not seek to increase that burden.

**Pay freeze or pay cuts**

1.5 Many references were made to the widespread cuts and cost cutting measures being implemented in public sector bodies and businesses. Some respondents pointed out that pharmacy professionals working in hospitals and the NHS had faced cuts in pay in recent years as a result of various initiatives (such as re-grading and banding under the Agenda for Change) and were facing pay freezes for the coming year or two.

1.6 Others outside the NHS also cited the fact that they would not be receiving a pay rise this year, or if they were fortunate enough to be receiving a rise, it would be very small (typically 1%). Therefore any rise in fees of the order of 4% would not be fair and leave them further disadvantaged during these turbulent economic times.
1.7 Many suggested that in line with their salaries, the renewal fee should be frozen at the current level.

Efficiency

1.8 Many respondents suggested that we make changes to operate more efficiently. Respondents believed that the GPhC should find ways to reduce costs in the same way that pharmacy professionals have been asked to do nationwide. This should allow renewal fees to be maintained at the current level.

1.9 It was thought that savings should be found by introducing efficiency measures within our regulatory processes. Some suggestions included considering relocating our offices away from London and scaling back the regulatory role we carry out so that it fits the current resources available.

Fairness

1.10 Many comments were about the need for the fees to be fair.

1.11 On this theme, there were respondents who thought that the only fair way to proceed would be to charge all registrants the same fee, whether they were pharmacists or pharmacy technicians, and regardless of which sector they worked in. If there were differences in the costs associated with regulating different groups, this should be shared equally amongst all.

1.12 A significant number of respondents held opposing views about the fairness of fees. These respondents thought it was fairer to charge certain groups more if they cost more to regulate or if their sectors were deemed to be more prone to risk. They thought that those groups, who in their view worked in more risky sectors, might be subject to more investigations and fitness to practise proceedings and therefore require more of our resources to be focused on them.

1.13 The sectors that were thought to be more risky were those that featured patient-facing roles, in particular community pharmacy. Less risky sectors, (in comparison to community pharmacy), were suggested as being academia, industry or hospital pharmacy. It was suggested that those pharmacy professionals working in ‘less risky’ settings should be asked to pay less than their community colleagues. Other areas singled out as potentially prone to higher risk were 100 hour pharmacies, internet and mail order pharmacies, and pharmacies that had an increased level of activity.

1.14 Some respondents disagreed with the premises renewal fee being lower than the individual pharmacist renewal fee because they thought it was the activities within premises that were most likely to lead to incidents that required investigation.
addition, some thought that a significant proportion of our costs revolved around inspecting premises and investigating concerns raised about premises, and that these costs should be borne by pharmacy owners and not individual registrants.

Consistency

1.15 There were several comments about the need for fees to be consistent. It was thought that we should consider reducing our renewal fees to bring them in line with other regulators, in particular the Health Professions Council (HPC). Many were of the opinion that our fees had been set too high to begin with, and those that had compared our proposed renewal fees to that of other regulators thought we should consider reducing our renewal fees.

Sufficient Funding

1.16 Respondents who expressed their support for our proposals did so on the condition that we would not make any profit from any increases in fees or extra charges. Those that were supportive of our proposals to increase fees or introduce new charges were content for this to happen if it was necessary to cover the costs associated with that particular regulatory or administrative process and not simply to raise additional revenue.

Special Considerations

1.17 Some respondents suggested that the fees charged should be set according to the earnings of individual registrants. On many occasions respondents expressed a desire for special consideration to be given to those on a low income, working part-time and those on maternity leave. These respondents requested that the GPhC consider offering a reduced fee for these groups.

1.18 We have sought to respond to these concerns in this report.

2. Our Fees Policy

What we asked

2.1 We asked if respondents agreed with the draft principles that would underpin current and future fees setting. The draft principles were:

- The fees we set must cover the costs of delivering our regulatory functions and ensuring the financial resilience of the organisation so that pharmacy standards can continue to be maintained;
- We will allocate revenues generated from fees in a way which enables us to meet our statutory purpose and regulatory functions, avoiding regulatory creep;
• We will set fees for different registrant groups in a way which considers a range of factors including: costs of regulation, relative risk factors where known, and comparable fees for other regulated professional groups;
• We will avoid adding complexity to fee setting and differential fees where possible;
• We will ensure we consider external factors, including economic factors, when setting fees while recognising that we must set fees at a level which enables us to carry out our statutory functions effectively;
• We will periodically review these principles and ensure that we set out clearly any significant change in factors which either allows us, or requires us to reduce or increase fees in future;
• We will continually strive to identify efficiencies in our regulatory operations and set these out when consulting on fees;
• We will seek, through effective future planning and consideration of external economic factors, to avoid large fluctuations in fees, up or down, in future years.

What we heard

Consultation question

1. Do you agree with these draft principles which will underpin current and future fees setting?

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2.2 Pharmacists expressed the view that the renewal fee should not be due two months before the expiry date of a pharmacy professional’s registration.

2.3 Comments were also received expressing concern at the proposed reduction in pharmacy technician renewal fees. These respondents were of the opinion that whilst we are a new organisation, with little history of regulating pharmacy technicians, we should wait until we have a better understanding of the costs associated with regulating them before reducing their renewal fees.
2.4 Of the pharmacy technicians that responded to this question, 82% of them agreed with our draft principles leaving the remaining pharmacy technicians unsure about whether they agreed or disagreed.

2.5 The technicians that commented in response to this question welcomed the proposed fee reduction for themselves.

2.6 Of the organisations that responded to this question, 73% agreed with our draft principles, 7% disagreed and 20% were unsure. Generally, those that commented agreed with the draft principles proposed, however they did not think that these principles had been applied in proposing the fees for 2011-12. They wanted more information on how much the various regulatory functions actually cost to carry out, and how the proposed fees had been calculated.

2.7 We have responded to the points raised relating to consultation questions 1 and 2 in paragraphs 2.15-2.30 below.

What we heard

Consultation question

2. Do you have suggestions for other principles we should take into account, or any other comments on questions of principle?

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2.8 50% of pharmacists had no further suggestions for principles to be considered, 34% had other suggestions or comments and 16% were unsure.

2.9 It was suggested that our draft principles should be amended once we have collected more data and that our principles should evolve when we have been in place for some
time and the economic climate improves. It was also suggested that in times of economic downturns, any expansion of our functions should be kept to an absolute minimum.

2.10 It was thought that since our role is to protect patients, our funding should be provided by patients, the public, or the Department of Health. It was suggested that we lobby for a contribution from the Government.

2.11 A few pharmacists did not agree that the fees we set should take into account the fees set by other regulators. It was felt that this should not be a driver and that fees for pharmacy should be set at the cost of pharmacy regulation. It was noted that there was no further breakdown of other regulators’ fees for comparison. It was suggested that a principle about efficiency and efficiency savings should be included. It was also questioned whether there was any independent oversight of our spending by representatives of the professions and what constraints there were on costs as there appeared to be little incentive for our organisation to be cost-effective.

2.12 Respondents felt that the only reference to an annual inflationary adjustment was found in draft principle five. However, it was suggested that the retraction of central funding, inconsistencies within the NHS contract for community pharmacies and the chosen index of inflation should be mentioned and that the fifth principle should not reiterate the first principle which it was felt was repeated unnecessarily.

2.13 A number of individual comments and suggestions were made including:
   • Increasing the financial consequences for those who pay their fees late;
   • Treating different groups differently would require a more complex fee structure;
   • Factor in the type of services that will be provided for the fees paid;
   • Fees should be related to costs incurred in regulating different groups and these costs should be published and readily available;
   • Fee structure should take account of levels charged in other European countries.

2.14 Organisations representing pharmacy professionals and pharmacy owners were broadly supportive of our principles, if they were implemented as intended. An additional principle around transparency was proposed for inclusion. Organisations thought that there should be clear and open information provided on how the costs of delivering regulatory functions are derived and where fees and income would be spent.

Our response

2.15 The GPhC is an independent regulator, so we must set fees to cover the costs of our activities. The GPhC's independence from government, professionals and other interest groups is vital to improving public confidence in regulation in general.
2.16 We are mindful of the responsibility which comes with the power to charge fees. We are also conscious that pharmacists, pharmacy technicians and pharmacy owners are – like the rest of our society – confronting an exceptionally challenging economic situation. Our overall policy is to set fees which meet the costs of regulation, whilst continuously challenging our cost base to ensure that we minimise the burden which our fees represent. We also need to ensure the financial stability and resilience of the organisation.

2.17 Eight months since we became operational, we do not have the full year’s cost information required to provide a baseline against which to calculate efficiency savings on an across the board percentage basis. Whilst recognising these constraints, we have identified a fee income requirement of £17.6M. With additional regulatory responsibilities under our new legislation and a number of essential projects in which we need to invest, any fee increase below the rate of inflation represents an efficiency gain. We are nevertheless seeking to identify further efficiency savings.

2.18 Lowering absolute costs is one way of demonstrating our efficiency and we have plans in place to do so through more efficient purchasing, by attempting to eliminate unnecessary activities and by greater use of technology e.g. enabling registrants to update their details and make applications online. However, efficiency is not just about an absolute lower level of costs but of achieving a lower unit cost per outcome achieved. We have developed an initial set of metrics against which efficiency improvements can be measured.

2.19 Last September, we inherited a fitness to practise caseload that amounted to close to 600 cases which, on the then historic performance trends, would have amounted to 48 months’ work in hand. That was not acceptable and we must aim to reduce that average time to below 24 months. To achieve that will require investment in people, systems and business processes but an increase in costs does not indicate inefficiency if the cost per case is reduced and our objective of lowering the average age of cases is being achieved.

2.20 Handling this legacy of cases has posed a significant challenge. By taking advantage of the transitional provisions in the Pharmacy Order, we have been able to deal with a number of these cases through the application of a Just Disposal policy, which has substantially reduced the outstanding legacy caseload.

2.21 Similarly, processing a rising number of applications for registration and renewal cannot be achieved with the same resources without creating unacceptable delays. We can nevertheless demonstrate efficiency if we process more applications/renewals at an overall lower cost per application or renewal.
2.22 We have taken a more disciplined approach to purchasing which has already begun to deliver lower costs. For example, a retendering exercise for legal firms undertaking fitness to practise work has resulted in reducing our panel of firms from five to two, with fixed and capped fees for each case handled. We believe this will produce significant savings per case against the previous arrangements. We have also increased the number of cases handled by our in-house advocates. As a result, the number of cases currently with external firms is at an historically low level. Again, this should reduce the cost of legal fees per case substantially.

2.23 We are extending this discipline to other areas of costs. We have, for instance, identified that we can reduce our photocopier costs, subject to renegotiating our existing contract, to produce savings of £27,000 over the next three years.

2.24 The GPhC made arrangements with the Royal Pharmaceutical Society to occupy space in their building and purchase support services in human resources, finance and IT, so as to ease the transition from a single organisation to a separate regulator and professional body. We will be considering the future location of our offices but do not think it would be advantageous to move outside London; the business and financial impact of such a move in terms of staff disruption, potential unnecessary turnover and loss of expertise would generate unacceptable new risks to the regulation of pharmacy.

2.25 Respondents drew attention to the current economic climate and pressures on salaries. In the normal course of events, if we were in a steady state, we would be looking to freeze or reduce fees across the board in order to transfer savings to those we regulate. In our specific context, however, and not least in light of the work required to deal appropriately with our fitness to practise caseload, we do not consider that an across-the-board freeze or reduction would be prudent and enable us to deliver the improvements to regulation which the public, the profession and pharmacy employers have a right to expect.

2.26 Some respondents wanted more information about remuneration within the GPhC. We plan to provide general information on employee remuneration in the GPhC’s annual reports, the first of which is scheduled to be published in summer 2011. Information on Council members’ remuneration and expenses will also appear in the annual report.

2.27 We have taken account of the feedback received in finalising the principles that will underpin our approach to fee-setting:

- The fees we set must cover the costs of delivering our regulatory functions and ensure the financial resilience of the organisation so that pharmacy standards can continue to be maintained;
- We will allocate revenues generated from fees in a way which enables us to meet our statutory purpose and regulatory functions, avoiding ‘regulatory creep’, where
standards, guidance and regulation can become complex, unclear, confusing or contradictory;

- We will set fees for different registrant groups in a way which considers a range of factors including: costs of regulation; relative risk factors where known, and comparable fees for other regulated professional groups. We are committed to considering these factors and developing our approach to fee-setting but recognise that, given the complexity of these issues, there is no perfect formula for decision making;
- We will balance the above factors with the need to minimise complexity in our fees structure, which can increase costs overall;
- We will ensure we consider external factors, including economic factors, when setting fees, alongside the need to carry out our statutory functions effectively;
- We will periodically review these principles and ensure that we set out clearly any significant change in factors which either allows us or requires us to reduce or increase fees in future;
- We will continually strive to identify efficiencies in our regulatory operations and set these out when consulting on fees;
- We will seek, through effective future planning and consideration of external economic factors, to avoid large fluctuations in fees, up or down, in future years.

2.28 Some respondents felt it was too soon for the GPhC to be consulting on new fees, as the GPhC last set fees in September 2010. However, the new fees will not be introduced until 1 September 2011. The key elements of the timetable are set for us in our governing legislation. GPhC rules require us to send renewal notices to registrants and pharmacy owners at least three months before their registration expires. Applications for renewal must be made at least two months before the expiry date. This means that the majority of GPhC registrants and premises owners who wish to be registered during 2012 must apply for renewal and pay the fee before the end of October 2011.

2.29 We will follow this same cycle each year: consulting in February on fees which will be set in June and come into effect in September that year.

2.30 Registrants may obtain tax relief for their registration or renewal fees, if they pay the fees themselves. Further information on how to claim tax relief is available from HM Revenue & Customs [http://www.hmrc.gov.uk/incometax/relief-sub.htm].

3. Managing Cost Pressures

What we proposed

3.1 When we produced our proposals, the published rate of inflation was at 5.1% RPI (the measure which includes mortgage inflation). Although we aim to mitigate some of the impact of inflation, we want to avoid above-inflation rises in future years. The level of
rises we proposed for some categories of fees took into account that we would improve the efficiency of our operations to make savings.

3.2 The fees that we proposed were to ensure that we could adequately cover the costs of regulation, fulfil our statutory functions until the end of 2012 and enable us to ensure the stability of the organisation during a period of considerable change and uncertainty.

What we heard

Consultation question

3. With the exception of pharmacy technician renewal fees, the GPhC has produced its proposed fees using an overall below-inflation increase of 4%. Do you agree with this approach?

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3.3 The majority of comments were made by pharmacists who did not agree with this approach; in total 67% of pharmacists who answered this question did not agree. 26% of pharmacists did agree with this approach, and 7% were unsure.

3.4 With regard to fairness, pharmacists felt strongly that if there were to be a rise in fees, it should also apply to pharmacy technicians. It was also felt that we should not be increasing our fees when we were such a new organisation and had yet to demonstrate our worth.

3.5 Of the pharmacy technicians that responded to this question, 72% agreed with this approach, 7% did not agree and 21% were unsure.

3.6 29% of the organisations that responded agreed with this approach and 64% did not agree.
Our response

3.7 We have reviewed both the external and internal contexts for fee-setting, to identify any changes since we produced our proposals. The need to set fees well in advance makes financial planning challenging. The current 2010-11 fees were set on the assumption of an inflation rate not exceeding 3%. The 2011-12 fees consultation was agreed when inflation was at 5.1% RPI. More recent indicators of inflation are shown below.

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<th>All items Retail Prices Index (RPI)</th>
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</tr>
<tr>
<td>Feb 2011</td>
<td>5.5%</td>
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<td>5.3%</td>
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<tr>
<td>Apr 2011</td>
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3.8 The Bank of England’s latest inflation forecast (May 11) indicates that the CPI is likely to rise further this year. Inflation is thought likely to fall through 2012 into 2013 but the timing and extent of that decline are both highly uncertain. It is stated that there is a good chance that the CPI will reach 5% later this year and it is more likely than not to remain above the bank’s 2% target throughout 2012.

3.9 Respondents’ concerns centred on the particularly difficult economic climate and the fact that many registrants would not receive a pay increase at the level of inflation. The C&D salary survey 2011\(^2\) found that 55% of employee community pharmacists had received a pay rise in the last 12 months. 85% of the increases were 3% or less, with the average at 2.65%. 44% of employee community pharmacists had received a bonus in the last 12 months, with the average bonus being £1,264. NHS employees pointed to the decision that NHS staff earning £21,000 or more would have no pay increase other than incremental progression for two years. We are conscious of these concerns and of the need to minimise the burden that fees represent for those who pay them, while still ensuring that we can fulfil our regulatory functions to a proper standard.

3.10 Another external factor is the government’s call in the white paper \textit{Enabling Excellence}\(^3\) for the burden of fees on registrants to be minimised and for regulators to work more efficiently, including working together where appropriate. Government has stated that it would not expect fees to rise beyond current levels unless there is a clear and robust business case that an increase is essential to ensure the exercise of statutory duties.

3.11 Our consultation proposed a decrease in fees for pharmacy technicians and an increase for pharmacists and pharmacy owners. We consider that our proportionate, standards-based approach and our commitment to ensuring that pharmacy regulation delivers value for the public and value for money for those who have to fund it are both very


much in line with the direction of regulatory policy generally, as set out in *Enabling Excellence*. It also encourages us in the work we are doing to improve the efficiency of our operations, and to work closely with other regulators.

3.12 We also explained the need to ensure the financial stability and resilience of the GPhC, as a new organisation. Our accounts show a higher year-end surplus than originally forecast. This results partly from income from a higher number of registrants and premises than expected and partly from a significant variance from forecast expenditure. Our most recent experience indicates that the increase in the register reflects a lower than anticipated level of retirees, together with new applicants from outside the UK continuing at the rate of at least 50 per month. The number of new premises applications continues such that 150-200 premises are added each year. If this continues we can expect a permanent benefit of some £1.5m to our annual income.

3.13 In the early months of the 2011-12 financial year, our expenditure has been below budget. We have been undertaking a review of the GPhC’s staffing structure, to ensure that it is right for the future. This has inevitably delayed staff recruitment and the anticipated increase in hearing days to improve the throughput of fitness to practise cases. This means that savings against forecast expenditure will continue into 2011-12. As the backlog is tackled and new organisational arrangements are put in place, expenditure levels would be expected to rise over time to those previously forecast.

3.14 We have reviewed all the above factors in considering the potential for setting fees at a level lower than we proposed initially. After careful deliberation, we have decided that, with the exception of pharmacy technician renewal fees, our fees for 2011-12 will be based on an overall below-inflation increase of \( [\times] \)%.

4. Renewal Fees

**What we proposed**

4.1 We proposed increasing the renewal fee for pharmacists to £272 for a 12 month period. This would represent an increase of just under 4% against the current renewal fee of £262. When deciding how to allocate the fee burden between our three registered categories (pharmacists, pharmacy technicians and pharmacy premises) we looked at a range of factors including: historical costs of regulation, predicted future registrant numbers, a broad assessment of related costs, and fees charged to comparable regulated healthcare professionals.

**What we heard**

**Consultation question**

4. Do you agree with the renewal fee of £272 we propose for pharmacists?
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<td>231</td>
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4.2 Of the pharmacists that responded to this question, 72% disagreed with the proposed renewal fee for pharmacists. 22% of pharmacists agreed with the proposal and the remaining 6% were unsure.

4.3 Many pharmacists commented that the renewal fees for pharmacists were too high and expensive.

4.4 Pharmacists suggested that the premises renewal fee should be increased to take into account the cost of regulating pharmacy premises, which they felt would allow the renewal fee for individual pharmacists to remain the same as last year.

4.5 Of the pharmacy technicians that responded to this question, 49% agreed with the proposed renewal fee for pharmacists and 46% were unsure. Technicians who provided comments were of the view that the proposed renewal fee for pharmacists was a fair reflection of their salary.

4.6 Only 20% of the organisations that responded agreed with this proposal, whereas 73% did not agree. Those that did not agree thought the increase was not justified and sought assurance that the proposed pharmacists’ fees were not to subsidise the cost of the new requirements for the registration of pharmacy technicians, or inspection of premises.

Our response

4.7 In line with the rationale outlined above, we have decided to set a renewal fee for pharmacists of £xxx – an increase of £x.
4.8 Some respondents proposed that fees should vary according to income, or whether registrants worked full- or part-time, or according to the sector/s in which registrants practised.

4.9 Our approach is that, taking account of anticipated efficiency improvements, we work out how much income we need to collect through fees in order to deliver on our regulatory responsibilities and to make essential improvements to the efficiency and effectiveness of our regulatory services. Then, having identified the target income we need, we work out how we propose to allocate the regulatory burden as between the various registrant categories, taking into account a range of factors including such evidence as we have of the differential costs which different groups account for in our expenditure and comparisons with other health professions. While we are conscious of the need to set fees at a reasonable level, they are not linked directly to income for registrants or pharmacy owners.

4.10 The GPhC considered in 2010 whether to offer low income fees and decided not to do so. The RPSGB’s experience indicates that low income fees are not necessarily a robust means of helping those most in need and entail significant administration costs, which increase fees for other registrants. Our job is to protect, promote and maintain the health and safety of patients and the public who use pharmacy services in Great Britain. This applies to all registrants, whether they work full or part time and whatever their total income.

What we proposed

4.11 We proposed the renewal fee for pharmacy technicians to be £120 for a 12 month period. This would represent a 15.5% reduction against the current renewal fee of £142.

4.12 When deciding how to allocate the fee burden between our three registered categories (pharmacists, pharmacy technicians and pharmacy premises) we looked at a range of factors including: historical costs of regulation, predicted future registrant numbers, a broad assessment of related costs, and fees charged to comparable regulated healthcare professionals.

4.13 The costs in relation to CPD review and registration for both pharmacists and pharmacy technicians are broadly similar, however based on limited experience to date there are some areas where costs have been almost exclusively related to pharmacists, for example fitness to practise procedures, which represent a significant proportion of our costs.
What we heard

Consultation question

5. Do you agree with the renewal fee of £120 we propose for pharmacy technicians?

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<td>120</td>
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4.14 Of the pharmacists that responded to this question, 41% agreed with the renewal fee we proposed for pharmacy technicians, 39% disagreed, leaving the remaining 20% unsure of whether they agreed or disagreed.

4.15 In general, pharmacists thought it was unfair that the proposed renewal fee for pharmacy technicians had been reduced. They were of the view that the renewal fee for pharmacy technicians should be higher. The reasons included the lack of history of regulating pharmacy technicians and the fact that some pharmacy technicians are in senior positions and earn more than junior pharmacists. They suggested that pharmacy technician renewal fees should be maintained at the current level and reviewed when there was more evidence of the relative cost of fitness to practise matters.

4.16 Some pharmacists were of the opinion that the proposed increase in renewal fees for their category was subsidising the reduction in renewal fee for pharmacy technicians, so that technician renewal fees were being reduced at the expense of pharmacists.

4.17 91% of pharmacy technicians that responded to this question agreed with the renewal fee proposed for them. Comments were received that it was fair to reduce the proposed renewal fee for pharmacy technicians because of the lower pay they receive compared to pharmacists. However many technicians thought that the proposed renewal fees were still too high. In particular they compared the proposed renewal fee with the renewal fee paid by nurses. They were of the opinion that their responsibilities were fewer than nurses, and as a consequence they felt that their fees should be lower than those of nurses.
4.18 Of the organisations that responded to this question 62% agreed with this proposal, 31% did not agree and 7% were unsure. Those that agreed thought that this took into account the regulatory work associated with pharmacy technicians as they had less responsibility and therefore were less likely to have a fitness to practise case, and it also took into account their lower earning potential. However they commented that the decrease in fees should apply to all registrants. Those that did not agree thought that it was inappropriate to decrease the pharmacy technician fee based on the fact that there are few fitness to practise cases involving technicians, until registration of pharmacy technicians becomes mandatory and the cost of regulating pharmacy technicians is more clearly known.

Our response

4.19 Some pharmacists suggested that all registrants should pay the same renewal fee, or that all fees should rise by the same percentage. Others suggested that we should wait until we have more experience of regulating pharmacy technicians before reducing their fees.

4.20 While many pharmacy technicians supported the proposed reduction in their renewal fee, others called for a still greater decrease. We do not believe it would be appropriate to reduce the renewal fee for pharmacy technicians below the proposed level of £120. Nevertheless, the table in our consultation document of fees charged by other health professions regulators showed our proposals to be towards the lower end of a range running from £1,000 (for chiropractors) to £76 (for nurses, midwives and Health Professions Council registrants). There are a number of factors affecting the level of fees charged. These include economies of scale for the larger professions and, on the other hand, higher costs associated with the regulation of professions whose practice carries an inherently higher level of risk.

4.21 Having regard to the relative impact of pharmacy technicians on our expenditure, particularly in relation to the work which relates to and supports the fitness to practise process, and the fees paid by comparable regulated professions, we have decided to go ahead with a significant reduction in the renewal fee for pharmacy technicians, from £142 to £120.

4.22 We will keep the fees we charge under review as we gain further experience of pharmacy technician regulation and the costs of regulation more generally.
What we proposed

4.23 We proposed that the renewal fee for pharmacy premises should be £226, which represents an increase of just over 4% against the current fee of £217, to take account of current inflation estimates and anticipated efficiency savings.

4.24 We also proposed to include a provision in the fees rules to allow us to charge renewal fees for premises on a pro-rata basis, should we decide to introduce renewals for a period longer than a year.

4.25 In the coming 18 months we will be developing our approach to regulating pharmacy premises; this will include setting standards and drafting rules for standards relating to superintendents and pharmacy owners as well as reviewing the inspection regime. The outcomes of this work are likely to have implications for the cost of regulating this aspect of pharmacy as we seek to develop an evidence-based, proportionate and risk-based approach. However, at this stage there are no significant changes to the costs associated with premises regulation and we therefore proposed that premises fees should rise in line with the overall proposed increase in fees.

What we heard

Consultation question

6. Do you agree with the renewal fee of £226 we propose for pharmacy premises?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>No response</th>
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4.26 In response to this question, responses were split almost equally. The largest group of comments was from pharmacists who disagreed with our proposal.

4.27 38% of pharmacists disagreed with our proposal, 31% agreed and 31% were unsure.
4.28 Pharmacists who answered this question expressed the view that the premises fee should be increased. The amount proposed ranged from £250 to £1000. Their reasons mainly included that the big companies and multiples made a large profit so could afford more, and it was also suggested that it would be a tax deductible cost.

4.29 The pharmacists who suggested a range of fees for premises felt the fee should be related to turnover or to the number of items dispensed. For non-profit making organisations such as NHS hospitals it was suggested that they should pay the £226 and charities should pay a lower rate.

4.30 There was a group of respondents who felt the fee was too high.

4.31 A number of individual comments and suggestions were made including:
   • any increase should be included in the cost review within the NHS contract, so it could be negotiated with the Department of Health; and
   • a renewal fee similar to that imposed by the Medicines and Healthcare products Regulatory Agency (MHRA) on pharmaceutical manufacturers as they have more realistic fees for their activities, but the respondent accepted that inspection of a dispensing pharmacy was not as involved.

4.32 43% of the pharmacy technicians who responded to this question agreed with our proposal, 5% disagreed and 52% were unsure.

4.33 40% of organisations that responded agreed with our proposal, 53% disagreed and 7% were unsure. Those organisations that agreed thought that the costs of regulating premises should be paid for by the fees for premises. Organisations that disagreed gave varying reasons for their view. Some expressed the view that multiples should pay more because of economies of scale. It was felt that 100 hour pharmacies, internet pharmacies and mail order pharmacies should pay higher fees because of lower overheads.

4.34 Other organisations thought that the fee should be reduced. The reasons for proposing a reduction or maintenance of the current level was that there was insufficient information available on the cost of regulating premises, and that any costs associated with fitness to practise cases for individual registrants should not be met from revenue that is related to premises.

4.35 Of the remainder of the respondents 43% agreed with our proposal, while 28% disagreed and 28% who were unsure. The general view expressed was that the fee for premises should be higher.
Our response

4.36 Some pharmacists thought that the renewal fee for pharmacy premises should not be lower than that for pharmacists. We have decided against having different rates of increase for pharmacists and premises at this time, as this would not seem justified in the absence of a differential increase in the relative costs of regulating premises and pharmacists.

4.37 As indicated above, we will be developing our approach to regulating pharmacy premises over the coming 18 months and this may have implications for the cost of regulating this aspect of pharmacy as we seek to develop a proportionate and risk-based approach. However, at this stage there are no significant changes to the costs associated with premises regulation and we have therefore decided that premises fees should rise in line with the overall proposed increase in fees. This means that the renewal fee for premises will be £xxx – an increase of £x.

5. Payment of Fees by Credit Card

What we proposed

5.1 On average, credit card issuers charge us 2% for this facility. Based on the experience of the 2011 renewal exercise, by charging those who use this facility for the costs apportioned, we can avoid passing on the costs of over £200,000 to those registrants who choose to pay by debit card or annual direct debit, or by BACs for premises fees.

5.2 We proposed that pharmacy professionals, pharmacy owners and other applicants would be charged an additional 2% of the relevant fee if they paid any of our fees by credit card.

5.3 The additional fee reflects our need to cover the costs charged by the credit card companies, and would apply to all our fees (not just renewal fees for pharmacy professionals and registered premises).

5.4 There would be no additional cost associated with paying a fee using a debit card, or by annual direct debit or making a payment by BACs for premises fees. We would work to promote wider use of these payment methods which are more efficient for us and cheaper for registrants.
What we heard

Consultation question

7. Do you agree that the additional costs incurred by the GPhC for processing credit card payments should be borne by those using the service rather than across all registrants and pharmacy owners?

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5.5 The majority of pharmacists who answered this question agreed with this proposal (59%). Of those that commented, many urged that paying by debit card should remain exempt from any surcharge, and the extra charge for paying quarterly by direct debit should be removed.

5.6 35% of pharmacists who answered this question did not agree with this proposal. Many respondents drew parallels with airline companies whose fees for processing credit and debit cards had been highlighted in the media. They noted that the consumers’ association Which? had recently made a ‘super complaint’ to the Office of Fair Trading with regard to the fairness of surcharges on credit and debit card transactions. Others thought that if there was to be a surcharge, it should be a flat rate rather than a percentage of the fee paid. Respondents also commented that people should have a choice of payment options which did not incur additional fees to suit different circumstances. They highlighted that credit cards might be the only means by which people could afford to pay their fees and they helped to spread the cost.

5.7 Several pharmacists who were unsure or didn’t agree with this proposal, raised the idea of giving a discount for using other types of payment methods, for example annual direct debit, rather than adding a surcharge for paying by credit card.

5.8 83% of pharmacy technicians who responded agreed with this proposal, 14% did not agree and 3% were unsure. Those that did not agree were concerned that there would
no longer be a secure way to pay online without incurring an additional fee since using debit cards did not provide the same security as credit cards.

5.9 Of the organisations that responded to this question 79% agreed with this proposal. Those that commented thought that this was a fair and reasonable approach. Those that did not agree (14%) were concerned that this would make it more difficult for registrants on lower income or working part time to pay their fees, as paying by credit card can help spread the cost. Others thought that this cost should be absorbed by us.

**Our response**

5.10 We have decided to go ahead with a 2% charge for the payment of fees by credit card. This was supported by most respondents and reflects the average charge imposed on us by credit card issuers for this facility. It is also in line with comments from *Which?* that the cost of processing a credit card payment should not exceed 2% of the transaction.

5.11 In line with our proposals, there will be no additional cost associated with paying a fee using a debit card, or by annual direct debit or making a payment by BACS for premises fees. We will promote wider use of these payment methods.

5.12 We will continue to charge an administration fee for the payment of renewal fees by quarterly direct debit. This is to cover costs associated with payment in arrears and technical and operational costs, which would otherwise be borne by other registrants.

5.13 One respondent suggested that we should promote payment by credit card as this was more secure than using a debit card but the system for payment by either credit or debit card is equally secure.

5.14 Other respondents thought that, instead of adding charges for payment methods which incur higher costs, we should offer a discount to registrants using more cost-effective means of payment. Our legislation does not provide for discounts on statutory fees, so the use of additional fees is the most effective incentive to encourage registrants to use other payment methods.

6. **Restoration and Scrutiny Fees**

**What we proposed:**

6.1 The GPhC register includes three parts containing register entries for pharmacists (Part 1), pharmacy technicians (Part 2) and pharmacy premises (Part 3).
6.2 We proposed to relate the structure of the fees we set to the functions we undertake; to support our aim to increase transparency. We proposed that a fee would be charged for various functions which included scrutiny, application, annotation, restoration, initial entry and renewing an entry.

6.3 We proposed to charge different fees for restoration of an entry or an annotation depending on the reason for the initial removal of entry of the register. With respect to annotating the register we proposed a £56 fee to annotate a register entry for the first time denoting that a registrant has an additional specialisation.

6.4 We proposed to adjust the structure of the restoration fees to align them more closely with relevant costs. Certain regulatory tasks, such as fitness to practise procedures and other processes, require a greater proportion of the available resources and our experience so far is that certain tasks relating to particular groups are more costly than others.

6.5 We proposed a fee of £56 to restore an annotation in the register following its voluntary removal and a fee of £188 to restore an annotation following its removal by the Registrar. This was to reflect that, when our CPD rules come into force, we anticipate that the Registrar will be able to remove an annotation because of failure to comply with the CPD requirements or making a false declaration about compliance.

6.6 We proposed a fee of £104 for an application for restoration of an entry to the register.

6.7 We also proposed to set a new fee for restoration to the register within one month of voluntary removal from the register, which would be the same as the fee for restoration after failure to renew.

What we heard

Consultation question

8. Do you agree with our intention to charge differing fees for restoration of an entry or an annotation depending on the reason for the initial removal of the entry?

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6.8 67% of pharmacists agreed with our proposal, 16% disagreed and 17% were unsure.

6.9 Pharmacists who disagreed with our proposals thought that the restoration fee should be the same as the renewal fee and that the process of restoration should be the same regardless of the reason for removal. It was therefore suggested that restoration of an entry or annotation should cost the same regardless of whom it concerned and what had happened previously. Having one fee for any restoration would reduce administration, save time and money, and thereby reduce the burden and keep other fees to a minimum.

6.10 It was felt that the proposals were likely to generate injustice in some cases and that each individual case and reason should be considered.

6.11 A number of individual comments and suggestions were made including:
- restoration after removal due to late/non-payment or being restored after voluntary removal should incur a lower fee;
- the restoration fee for not paying on time was excessive and disproportionate due to the perceived straightforward nature of the procedure;
- the charges following voluntary removal were thought to be high when there were few costs in checking details already held by us;
- if a pharmacist was fit to return they should be allowed to do that without the ‘past hanging over them’; and
- if the associated costs were according to the reason for removal then they should be paid separately, so that the process is transparent.

6.12 Concern was expressed by some pharmacists who disagreed with our proposal about the use of removal for CPD reasons as a centre point of the pricing policy. It was felt that CPD should remain with the professional body and not be a regulatory competence as it confused the GPhC’s role. They suggested that any deficiencies would be blamed on the regulator and costs would escalate. It was suggested that it was unfair to pay an extra fee to restore an annotation after an unsatisfactory CPD assessment, when the CPD record was subsequently updated and found satisfactory. They felt it may deter professionals from declaring a specialism if this was not reflected in their salary.
6.13 75% of pharmacy technicians agreed with our proposals, 7% disagreed and 18% were unsure. The only comment made by a pharmacy technician is reflected in the ‘Sufficient Funding’ section earlier in this report.

6.14 54% of organisations that responded agreed with our proposals, 23% disagreed and 23% were unsure. The organisations who agreed were supportive of our principles to charge a fee that reflected the cost of processing the application. The organisations that disagreed felt it discouraged pharmacists from returning to the profession and was an extra unjustified punishment and they were unclear of the reasoning behind this proposal. Clearer information was requested on the costs associated with different activities.

6.15 37% of other respondents agreed with our proposal and 28% disagreed.

6.16 We have responded to these points in sections 6.25-6.30 below.

What we proposed

6.17 A pharmacy professional who was previously registered with the Royal Pharmaceutical Society of Great Britain and who had been removed from the register following a decision by the Statutory Committee or Disciplinary Committee may apply to join our register. Their application to register with us may be considered by the Fitness to Practise Committee and will, in any case, require detailed consideration. As a result, this application process incurs increased costs.

6.18 In line with our aim of ensuring that the fees we charge reflect the cost of regulation, we proposed charging an increased initial registration fee in these cases.

6.19 We proposed to charge an initial registration fee of £562 for a pharmacist or £295 for a pharmacy technician in this situation. This would be equivalent to the cost of restoration to the register after removal by our Fitness to Practise Committee, and would recognise the increased costs involved in considering such applications.

What we heard

Consultation question

9. Do you agree with our intention to charge an increased initial registration fee if the applicant was previously removed from the register following a decision by the RPSGB’s Statutory Committee or Disciplinary Committee?
Of those that responded to this question 67% agreed with the proposal, 20% did not agree and 13% were unsure as to whether they agreed or not.

67% of pharmacists who responded to this question agreed with this proposal. Those that commented felt that this was fair, as this process requires additional work which costs our organisation money.

21% of pharmacists that responded to this question did not agree with this proposal and 12% were unsure as to whether they agreed or not. The vast majority of comments were from those that did not agree with this proposal. The main comment was that those applying for registration after being removed had already been punished, and therefore it was unfair to penalise them further by charging a higher fee. These respondents thought that if these applicants were deemed fit to practise, they should be treated like any other applicant, particularly since they would not have been able to practise and therefore might have reduced income. It was also highlighted that the additional fee should depend on the reason for removal e.g. if someone had been removed for health reasons then they should not be charged an increased application fee, whereas if the removal was for fraud, or similar, then they should be charged more.

77% of pharmacy technicians who responded to this question agreed with the proposal. 11% did not agree and 12% stated that they were unsure as to whether they agreed or not, but did not give reasons for this viewpoint.

50% of the organisations that responded to this question agreed with this proposal, 29% did not agree and 21% were unsure. Those that did not agree thought that we should justify this fee by giving more detail as to how this fee had been set, for example,

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anticipated length of time to process a case or seniority of staff involved, and whether the cost of processing varied depending on the particular case.

Our response

6.25 We have decided to go ahead with the proposed structure for restoration fees, and the registration fee for an applicant who was previously removed from the register by the RPSGB’s Statutory Committee or Disciplinary Committee. These proposals were supported by most respondents. The new structure is intended to reflect the fact that such cases incur additional costs but not the actual costs of individual cases.

6.26 One respondent suggested that individuals who were not fit to practise or who failed to comply with CPD requirements should pay the costs of their individual case. The GPhC’s Fitness to Practise Rules provide for the award of costs after a hearing. This would be applicable when a matter has been referred to the Fitness to Practise Committee because a registrant’s fitness to practise has been called into question but not when a matter is referred for a finding of fact relating to failure to comply with the CPD requirements or a false declaration of compliance.

6.27 Some respondents thought there should not be a higher fee for restoration after removal from the register by the Fitness to Practise Committee. Others felt that the costs of considering such applications should not be borne by the profession as a whole. While the fee structure is intended to reflect the costs structure in broad terms, the cost of a fitness to practise hearing to determine such an application would certainly exceed the relevant fee in any case.

6.28 Some respondents commented that fees for restoration after voluntary removal, e.g. for maternity leave, should be lower than in other circumstances. We agree – in such cases, the application fee for restoration plus the restoration fee itself would total the same as the annual renewal fee. The exception would be when someone applies for restoration within a month of voluntary removal: in these cases, applicants would pay the same as for restoration after failure to renew. This is to remove any financial incentive for registrants to seek voluntary removal and then apply for restoration immediately afterwards, so as to avoid paying the higher restoration fee that would have been charged following removal for either non-payment or failure to submit renewal forms. This route creates additional costs for us as the regulator which we are keen to apportion fairly.

6.29 A few respondents questioned the reference to restoration after failure to meet CPD requirements, as they viewed CPD as purely a professional obligation and not a

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4 The General Pharmaceutical Council (Fitness to Practise and Disqualification etc.) Rules 2010 (S.I. 2010/1615)
regulatory matter. However, under the Pharmacy Order 2010\(^5\), CPD is a statutory requirement for all registrants.

6.30 The fees rules 2011-12 also shows more clearly than previously the fee payable for restoration following removal from the register due to non-payment of part of a fee e.g. when a registrant agrees to pay their renewal fee by quarterly direct debit but fails to pay all the instalments. This is shown in rules 11(3)(a) and 21(3)(a). This does not alter the position that the restoration fee in such cases is the same as for restoration following removal because an entry has not been renewed.

7. Scrutiny Fees

What we proposed

7.1 We proposed adjusting the scrutiny fees for determining the qualifications and experience of persons applying for registration as a pharmacy technician. This was to take account of the fact that the grandparenting period for registration of pharmacy technicians ends on 30 June 2011, which will result in a simplified registration route and procedure to be followed.

7.2 We proposed reducing the scrutiny fee for an overseas non-exempt application. This is because we will not be assessing the applicant’s qualification, as they will need to complete the UK qualification. We will, however, need to check their evidence of registration and entitlement to practise overseas: the reduced fee would be to cover this checking process.

What we heard

Consultation question

10. Do you agree with our intention to amend our scrutiny fees in the circumstances described above?
7.3 Pharmacists responding as individuals made up 79% of respondents to this question, so their views closely matched the overall results in the table above. The proportion of pharmacists that agreed was 52%, 17% disagreed and 31% were unsure about our proposals.

7.4 The view was expressed that too many varying fees could increase the administrative burden and therefore reduce efficiency.

7.5 70% of pharmacy technicians who responded to this question agreed with our proposals. 30% were unsure and none disagreed.

7.6 84% of organisations who responded agreed with our proposals. Those that agreed indicated that they supported our intention to set fees that cover the cost of delivering regulatory functions, and that it was reasonable to amend our fees accordingly. 8% disagreed with, and 8% were unsure about, our proposals.

**Our response**

7.7 We have decided to go ahead with the proposed structure for scrutiny fees. This was supported by most respondents and will better reflect the routes to registration as a pharmacy technician after the grandparenting period.

8. **Other Comments**

**What we asked**

8.1 We asked for any further comments about the draft 2011 – 2012 fees rules.
What we heard

Consultation question

11. *Do you have any other comments you wish to make?*

8.2 45% of respondents made comments in response to this question. Most of these reiterated comments which have been reported in the relevant sections above.

8.3 Other comments made by pharmacists were:

- Some asked what they would be receiving in return for paying their renewal fees, (for example a certificate of registration, a weekly journal or update detailing changes relevant to regulatory matters);
- A handful of pharmacists said that the consultation was cumbersome and difficult to respond to for a number of reasons, such as the length of the consultation document and the options available to submit a response.

8.4 It was thought that there should be future reviews of fees charged. The proposed fees for processing certain requests such as issuing certificates of good standing were perceived as a little inflated.

8.5 There were comments made by organisations that welcomed our statements detailing the principles underpinning our fee setting process and providing clarity to registrants. Whilst some organisations acknowledged the challenge we face in setting appropriate fees, they were of the opinion that greater transparency would reassure registrants that the fees were being spent appropriately and that extensive efficiency measures were being taken.

8.6 Some comments fell outside of the scope of this consultation and have not been included in this report.

Our response

8.7 The fees we charge are to fund our regulatory functions. Registration is key to upholding standards and to maintaining public trust in pharmacy.

8.8 We acknowledge that the fees consultation paper, and indeed this report, are fairly lengthy documents. However, we have sought to provide sufficient background information to enable respondents to understand our approach to setting fees and to minimising the burden they place on those who pay them.
8.9 We are grateful for the feedback we have received. We will continue to review the structure and level of our fees as we gain operational experience and acquire a fuller understanding of our costs base.
Annex A. Respondents to the consultation

We received 449 responses to the consultation. There were 33 anonymous responses. Below is a list of those who responded to the consultation.

**Responses from organisations**

- Boots UK
- College of Mental Health Pharmacy
- Community Pharmacy Scotland
- Dulcamara Ltd
- General Optical Council
- Guild of Healthcare Pharmacists
- Lloyds Pharmacy
- Lothian Area Pharmaceutical Committee
- Nursing and Midwifery Council
- Pharmaceutical Services Negotiating Committee
- Pharmacists’ Defence Association
- Pharmacy Voice
- Royal Pharmaceutical Society
- Unison
- Anonymous on behalf of an unnamed pharmacy organisation, employer
- Susan Menzies on behalf of an unnamed pharmacy organisation, employer

**Responses from individuals**

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<tr>
<th>Iqbal Ali Habib</th>
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Sandra Hewitson
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The General Pharmaceutical Council (2012 Registration and Renewal Fees) Rules 2011

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The General Pharmaceutical Council has made these Rules in exercise of the powers conferred by articles 36 and 66(1)(a) and (c) of the Pharmacy Order 2010(a) having consulted such persons and organisations listed in sub-paragraphs (a) to (d) of article 36(6) and in sub-paragraphs (a) to (h) of article 66(3) as it considered appropriate in relation to rules under Part 4 of that Order.

PART 1
General

Citation and commencement
1. These Rules may be cited as the General Pharmaceutical Council (2012 Registration and Renewal Fees) Rules 2011 and, subject to rule 3(2), come into force on [date].

Interpretation
2. In these Rules—
“the Act” means the Medicines Act 1968;
“certificate of good standing or current professional status” means a certificate issued by the Council in respect of a person which contains the information referred to in rule 10(6) of the Registration Rules;
“credit card” means a card which—
is a credit-token falling within section 14(1)(b) of the Consumer Credit Act 1974(b), or
would be a credit-token falling within that enactment were that card to be given to an individual;
“initial entry” means an entry in respect of a person or premises which is made for the first time in a Part of the Register;
“the Order” means the Pharmacy Order 2010;
“Registration Rules” means the rules contained in the Schedule to the General Pharmaceutical Council (Registration Rules) Order of Council 2010(c);
“relevant person” means any person—

(a) S.I. 2010/231.
(b) 1974 c.39.
(c) These Rules are contained in the Schedule to S.I. 2010/1617.
(a) whose name was, by virtue of a direction under section 8 of the Pharmacy Act 1954(a) (direction of unfitness by Statutory Committee), removed from the register maintained under section 2(1) of that Act, or

(b) whose name was, by virtue of a direction under article 52 of the Pharmacists and Pharmacy Technicians Order 2007(b) (determination as to fitness to practise by Disciplinary Committee), removed from—

(i) the register of pharmacists maintained under article 10(1) of that Order, or

(ii) the register of pharmacy technicians maintained under article 21(1) of that Order, and who immediately before 27th September 2010 was not registered in either of the registers referred to in paragraph (b)(i) or (ii);

“restoration entry” means an entry in respect of a person or premises in a Part of the Register which is made by way of restoration.

Revocation


(2) The following provisions of the 2010 Fees Rules—

(a) rule 17(2) (fee for certain applications received on or before 30th June 2011); and

(b) the definitions in rule 2 which are used in rule 17(2),

are to continue to have effect until all applications made under rule 17(2) of the 2010 Fees Rules which were received on or before 30th June 2011 have been finally disposed of.

PART 2
Registered Pharmacists

Register entries or annotations

Fee in respect of application for entry in Part 1 of the Register

4. —(1) The fee in respect of an application for the entry of a person in Part 1 of the Register is £[100] [102] [104].

(2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for registration is granted.

Fees in respect of initial entry in Part 1 of the Register

5. —(1) The fees specified in this rule—

(a) are payable in respect of an initial entry in Part 1 of the Register; and

(b) are in addition to the application fee specified in rule 4 above.

(2) The fee is £[262] [267] [272] if the entry is in respect of a person other than a relevant person.

(3) The fee is £[540] [551] [562] if the entry is in respect of a relevant person.

Fees in respect of determining certain qualifications and experience

6. —(1) The fee in respect of the initial scrutiny of an application for entry in Part 1 of the Register to determine whether an exempt person is appropriately qualified pursuant to article 21(1)(b) of the Order is £[103] [105] [107].

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(a) 1954 c.61. The Act was repealed by paragraph 1 of Schedule 1 to the Pharmacists and Pharmacy Technicians Order 2007 (S.I. 2007/289).

(b) S.I. 2007/289. The Order was revoked by paragraph 58 of Schedule 4 to the Pharmacy Order 2010 (S.I. 2010/231).
(2) The fee in respect of assessing whether an exempt person is appropriately qualified pursuant to article 21(1)(c) or article 21(1)(d)(ii)(aa) of the Order is £369 [376] [384].

(3) Where a determination described in paragraph (1) above is made to the effect that a person is not appropriately qualified and it is followed by the making of an assessment described in paragraph (2), the fee specified in each of those paragraphs is payable.

(4) The fees specified in this rule are payable in addition to the fees specified in rules 4 and 5 above.

**Fee in respect of application for an annotation to an entry in Part 1 of the Register**

7. The fee in respect of an application for an annotation to be made to an entry in Part 1 of the Register in respect of a specialisation is £54 [55] [56].

**Fee in respect of voluntary removal of an entry or an annotation**

8. No fee is payable in respect of—
   (a) an application for the voluntary removal of an entry from Part 1 of the Register; or
   (b) an application for the voluntary removal of an annotation in respect of a specialisation made to an entry in Part 1 of the Register.

   **Renewal of entries**

**Fee in respect of renewal of an entry in Part 1 of the Register**

9. — (1) The fee for renewal of an entry in Part 1 of the Register is £262 [267] [272].
   (2) A person (“P”) may enter into an arrangement with the Registrar to delay payment of part of the renewal fee under paragraph (1) above.
   (3) Where such an arrangement is entered into—
      (a) the fee is to be paid in instalments by way of direct debit; and
      (b) the outstanding balance of the amount equal to the aggregate of the renewal fee and any additional fee due under rule 14 below is payable immediately if—
         (i) any payment is not received;
         (ii) the terms and conditions referred to in rule 4(2) of the Registration Rules (which makes provision as to payment of fees by instalments) are in any other respect not complied with; or
         (iii) P makes an application for the voluntary removal of P’s entry from Part 1 of the Register.
   (4) Nothing in paragraph (2) or (3) affects P’s liability to pay the whole of the renewal fee and any additional fee due under rule 14 below.

   **Restoration of entries or annotations**

**Fee in respect of application to restore an entry to Part 1 of the Register**

10. — (1) The fee in respect of an application for restoration of an entry to Part 1 of the Register is £100 [102] [104].
   (2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for restoration of an entry is granted.

**Fees in respect of restoration entry in Part 1 of the Register**

11. — (1) Where the application for restoration referred to in rule 10 above is made following the voluntary removal of an entry, the fee in respect of the restoration entry in Part 1 of the Register is—
   (a) £377 [384] [392] if the restoration entry is made before the end of the period of 1 month starting with the date of the voluntary removal; and
(b) £[162] [165] [168] in any other case.

(2) Where the application for restoration is made following the removal of an entry under or by virtue of a provision specified in—
   (a) article 37(1)(a) of the Order (which relates to the Registrar’s refusal to renew an entry); or
   (b) article 37(1)(b) of the Order (which relates to registrants’ failure to discharge duties with regard to their entries),
the fee in respect of the restoration entry in Part 1 of the Register is £[377] [384] [392].

(3) Where the application for restoration is made following the removal of an entry under or by virtue of the provision specified in article 37(1)(c) of the Order (which relates to fraudulent or incorrect entries), the fee in respect of the restoration entry in Part 1 of the Register is—
   (a) £[377] [384] [392] if an incorrect entry was removed because of non-payment of the whole or any part of a fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register); and
   (b) £[540] [551] [562] in any other case.

(4) Where the application for restoration is made—
   (a) following the removal of an entry under or by virtue of a provision specified in—
      (i) article 37(1)(d) of the Order (which relates to fitness to practise matters before entry or renewal of an entry);
      (ii) article 37(1)(f) of the Order (which relates to indemnity arrangements); or
      (iii) article 37(1)(g) of the Order (which relates to failure to comply with continuing professional development framework or false declaration as to compliance); or
   (b) following the grant of an application by the Council’s Fitness to Practise Committee under article 57 of the Order (restoration of names to the Register: fitness to practise),
the fee in respect of the restoration entry in Part 1 of the Register is £[540] [551] [562].

(5) The fee (“restoration fee”) specified in paragraph (1), (2), (3) or (4), as the case may be, is in addition to the application fee specified in rule 10 above and the whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 1 of the Register.

Fees in respect of restoring an annotation to an entry

12.—(1) The fees specified in this rule are payable in respect of an application for restoration of an annotation made to an entry in Part 1 of the Register.

(2) The fee is £[54] [55] [56] if the application is made following the voluntary removal of the annotation.

(3) The fee is £[181] [184] [188] if the application is made following the removal of the annotation by virtue of article 27(1)(c) of the Order (which includes provision for rules to be made as to the circumstances in which annotations to an entry may be removed).

(4) The whole of the fee specified in paragraph (2) or (3), as the case may be, is payable irrespective of whether the application for restoration of an annotation is granted.

Other fees

Fees in connection with notices and certificates

13.—(1) The fee for the replacement of a notice of entry in Part 1 of the Register is £[15] [15] [15].

(2) The fee for issuing a certificate of good standing or current professional status in respect of a person entered in Part 1 of the Register is £[77] [78] [80].

Administration fees

14.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of an applicant for entry, or a registrant entered, in Part 1 of the Register is £[20] [20] [20].
(2) The fee for processing an application for entry in Part 1 of the Register where the application has been returned to the applicant for additional information more than once is £[46] [47] [48] in addition to the fee specified in rule 4(1) above.

(3) Where an arrangement to delay payment of part of the renewal fee is entered into under rule 9 above, an additional fee of £[15] [15] [15] for the administration of the arrangement shall be added to the first payment to be made in respect of the renewal fee.

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and

(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.

PART 3
Registered Pharmacy Technicians

Register entries

Fee in respect of application for entry in Part 2 of the Register

15.—(1) The fee in respect of an application for the entry of a person in Part 2 of the Register is £[100] [102] [104].

(2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for registration is granted.

Fees in respect of initial entry in Part 2 of the Register

16.—(1) The fees specified in this rule—

(a) are payable in respect of an initial entry in Part 2 of the Register; and

(b) are in addition to the application fee specified in rule 15 above.

(2) The fee is £[120] [120] [120] if the entry is in respect of a person other than a relevant person.

(3) The fee is £[284] [289] [295] if the entry is in respect of a relevant person.

Fees in respect of determining certain qualifications and experience

17.—(1) The fee in respect of the initial scrutiny of an application for entry in Part 2 of the Register to determine whether an exempt person has a right to practise as a pharmacy technician pursuant to article 22(1)(b) or article 22(1)(c)(ii)(aa) of the Order is £[190] [194] [198].

(2) The fee in respect of the initial scrutiny of an application for entry in Part 2 of the Register made by a person (“P”) to determine whether P—

(a) has completed elsewhere than in the United Kingdom education and training as a pharmacist or pharmacy technician which leads to a qualification entitling P to practise as a pharmacy professional in a country other than the United Kingdom; and

(b) meets Conditions 1 and 2,

is £[43] [44] [45].

(3) Condition 1 is that, for the purposes of article 20(1)(a) of the Order, P is appropriately qualified pursuant to article 22(1)(c)(i) or 22(1)(c)(ii)(bb) of the Order.

(4) Condition 2 is that P has undertaken in the United Kingdom a minimum amount of relevant work experience as a pharmacy technician under the supervision, direction or guidance of a pharmacist of not less than 14 hours a week either whilst P was training to be qualified as described in Condition 1 or post-qualification.
(5) No fee is payable in respect of the initial scrutiny of an application for entry in Part 2 of the Register where, for the purposes of article 20(1)(a) of the Order, the person is appropriately qualified pursuant to article 22(1)(a) of the Order (approved qualification awarded in Great Britain).

(6) The fees specified in this rule are payable in addition to the fees specified in rules 15 and 16 above.

Fee in respect of voluntary removal of an entry

18. No fee is payable in respect of an application for the voluntary removal of an entry from Part 2 of the Register.

Renewal of entries

Fee in respect of renewal of an entry in Part 2 of the Register

19. (1) The fee for renewal of an entry in Part 2 of the Register is £[120] [120] [120].

(2) A person (“P”) may enter into an arrangement with the Registrar to delay payment of part of the renewal fee under paragraph (1) above.

(3) Where such an arrangement is entered into—

(a) the fee is to be paid in instalments by way of direct debit; and

(b) the outstanding balance of the amount equal to the aggregate of the renewal fee and any additional fee due under rule 23 below is payable immediately if—

(i) any payment is not received;

(ii) the terms and conditions referred to in rule 4(2) of the Registration Rules (which makes provision as to payment of fees by instalments) are in any other respect not complied with; or

(iii) P makes an application for the voluntary removal of P’s entry from Part 2 of the Register.

(4) Nothing in paragraph (2) or (3) affects P’s liability to pay the whole of the renewal fee and any additional fee due under rule 23 below.

Restoration of entries

Fee in respect of application to restore an entry to Part 2 of the Register

20. (1) The fee in respect of an application for restoration of an entry to Part 2 of the Register is £[100] [102] [104].

(2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for restoration of an entry is granted.

Fees in respect of restoration entry in Part 2 of the Register

21. (1) Where the application for restoration referred to in rule 20 above is made following the voluntary removal of an entry, the fee in respect of the restoration entry in Part 2 of the Register is—

(a) £[191] [195] [199] if the restoration entry is made before the end of the period of 1 month starting with the date of the voluntary removal; and

(b) £[20] [18] [16] in any other case.

(2) Where the application for restoration is made following the removal of an entry under or by virtue of a provision specified in—

(a) article 37(1)(a) of the Order (which relates to the Registrar’s refusal to renew an entry); or

(b) article 37(1)(b) of the Order (which relates to registrants’ failure to discharge duties with regard to their entries),

the fee in respect of the restoration entry in Part 2 of the Register is £[191] [195] [199].
(3) Where the application for restoration is made following the removal of an entry under or by virtue of the provision specified in article 37(1)(c) of the Order (which relates to fraudulent or incorrect entries), the fee in respect of the restoration entry in Part 2 of the Register is—

(a) £[191] [195] [199] if an incorrect entry was removed because of non-payment of the whole or any part of a fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register); and

(b) £[284] [290] [295] in any other case.

(4) Where the application for restoration is made—

(a) following the removal of an entry under or by virtue of a provision specified in—

(i) article 37(1)(d) of the Order (which relates to fitness to practise matters before entry or renewal of an entry);

(ii) article 37(1)(f) of the Order (which relates to indemnity arrangements); or

(iii) article 37(1)(g) of the Order (which relates to failure to comply with continuing professional development framework or false declaration as to compliance); or

(b) following the grant of an application by the Council’s Fitness to Practise Committee under article 57 of the Order (restoration of names to the Register: fitness to practise),

the fee in respect of the restoration entry in Part 2 of the Register is £[284] [290] [295].

(5) The fee (“restoration fee”) specified in paragraph (1), (2), (3) or (4), as the case may be, is in addition to the application fee specified in rule 20 above and the whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 2 of the Register.

Other fees

Fees in connection with notices and certificates

22.—(1) The fee for the replacement of a notice of entry in Part 2 of the Register is £[15] [15] [15].

(2) The fee for issuing a certificate of good standing or current professional status in respect of a person entered in Part 2 of the Register is £[77] [78] [80].

Administration fees

23.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of an applicant for entry, or a registrant entered, in Part 2 of the Register is £[20] [20] [20].

(2) The fee for processing an application for entry in Part 2 of the Register where the application has been returned to the applicant for additional information more than once is £[46] [47] [48] in addition to the fee specified in rule 15(1) above.

(3) Where an arrangement to delay payment of part of the renewal fee is entered into under rule 19 above, an additional fee of £[15] [15] [15] for the administration of the arrangement shall be added to the first payment to be made in respect of the renewal fee.

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and

(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.
PART 4
Premises

Register entries or annotations

Fee in respect of application for entry in Part 3 of the Register

24.—(1) The fee in respect of an application for the entry of premises in Part 3 of the Register is £557 [568] [579].

(2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for registration is granted.

Fee in respect of initial entry in Part 3 of the Register

25.—(1) The fee in respect of an initial entry of premises in Part 3 of the Register is £217 [221] [226].

(2) The fee specified in paragraph (1) is in addition to the application fee specified in rule 24 above.

Fee in respect of application for an annotation to an entry in Part 3 of the Register

26. The fee in respect of an application for an annotation to be made to an entry in Part 3 of the Register in respect of a specialisation is £54 [55] [56].

Fee in respect of voluntary removal of an entry or an annotation

27. No fee is payable in respect of—

(a) an application for the voluntary removal of an entry of premises from Part 3 of the Register; or

(b) an application for the voluntary removal of an annotation in respect of a specialisation made to an entry in Part 3 of the Register.

Renewal of entries

Fees in respect of renewal of an entry in Part 3 of the Register.

28.—(1) The fee for renewal of an entry in Part 3 of the Register is £217 [221] [226] if the renewal is for a period of one year beginning with the date on which the entry would otherwise have ceased to be valid.

(2) If the Registrar renews an entry in Part 3 of the Register for a period exceeding one year, the fee for renewal of the entry is to be increased proportionately.

 Restoration of entries or annotations

Fee in respect of application to restore an entry to Part 3 of the Register

29.—(1) The fee in respect of an application for restoration of an entry of premises to Part 3 of the Register is £100 [102] [104].

(2) The whole of the fee specified in paragraph (1) above is payable irrespective of whether the application for restoration of an entry is granted.

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(a) The Registrar’s power to renew an entry for a period exceeding one year is conferred by section 74A(8) of the Medicines Act 1968 (c.67) and rule 24(8) of the Rules contained in the Schedule to the General Pharmaceutical Council (Registration Rules) Order of Council 2010 (S.I. 2010/1617). Section 74A of the Medicines Act 1968 was inserted by paragraph 1(8) of Schedule 4 to the Pharmacy Order 2010 (S.I. 2010/231).
Fees in respect of restoration entry in Part 3 of the Register

30.—(1) Where the application for restoration referred to in rule 29 above is made following the voluntary removal of an entry, the fee in respect of the restoration entry in Part 3 of the Register is £[117] [119] [122].

(2) Where the application for restoration is made following the removal of an entry under or by virtue of the provision specified in—

(a) article 37(2)(a) of the Order (which relates to failure to comply with improvement notice);
(b) section 74C(1) of the Act (which relates to non-renewal of an entry); or
(c) section 74I(1) of the Act (which relates to non-notification of change of ownership of retail pharmacy premises),

the fee in respect of the restoration entry in Part 3 of the Register is £[674] [687] [701].

(3) The fee (“restoration fee”) specified in paragraph (1) or (2), as the case may be, is in addition to the application fee specified in rule 29 above and the whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 3 of the Register.

Fee in respect of restoring an annotation to an entry

31.—(1) The fee in respect of an application for restoration of an annotation made to an entry in Part 3 of the Register following the voluntary removal of the annotation is £[54] [55] [56].

(2) The whole of the fee specified in paragraph (1) is payable irrespective of whether the application for restoration of an annotation is granted.

Other fees

Administration fees

32.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of an applicant for the entry of premises in Part 3 of the Register or, as the case may be, a person carrying on a retail pharmacy business at premises entered in Part 3 of the Register is £[20] [20] [20].

(2) The fee for processing an application for the entry of premises in Part 3 of the Register where the application has been returned to the applicant for additional information more than once is £[46] [47] [48] in addition to the fee specified in rule 24(1).

(3) The fee for making an alteration to an entry in Part 3 of the Register to record a change of ownership of a retail pharmacy business carried on at premises entered in that Part of the Register is £[75] [76] [78].

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and
(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.

Given under the official seal of the General Pharmaceutical Council this [date].

L.S.

Chair

Registrar
Our approach to efficiency improvements

The development of efficiency metrics is a priority for the GPhC. Unfortunately, with only eight months’ experience as the new regulator for pharmacy behind us and a considerable challenge in dealing with the legacy of fitness to practise cases we inherited, demonstrating that we are an efficient regulator presents some difficulties. However we feel it incumbent upon us to become more efficient and to demonstrate that we are doing so.

In a different environment and in different circumstances, the more usual approach to demonstrating efficiency savings would be to point to overall budgets being reduced or standing still while the required level of activity was maintained. However, a new organisation, the GPhC has some challenges in demonstrating efficiency in this way. Firstly, as a new organisation, we have no base of 12 months’ financial data and operating statistics to compare ourselves with. Secondly, we are faced with two unusual situations which complicate matters considerably:

1. We have to plan and implement the registration of a large number of new entrants to the register as the grandparenting arrangements for pharmacy technicians come to an end in June. We are therefore expecting a rise in the number of technicians seeking to register to meet the June deadline. We have a statutory responsibility to admit suitably qualified applicants to the register in a timely manner and must therefore ensure we have sufficient resources available to meet this obligation.

2. We have inherited a substantial legacy of fitness to practise cases that must be addressed in a relatively limited timeframe. Again, this requires us to have and deploy the appropriate resources to ensure this legacy is dealt with.

We do, however, have plans in place to lower our overall costs from the level they would otherwise be at through more efficient purchasing, by attempting to eliminate unnecessary activities and by greater use of technology e.g. more online applications whereby registrants update their personal details and file initial applications through the internet.

However efficiency is not just about working with an absolute lower level of costs but of working in such ways that the cost of working is lower per level of outcome achieved.

On taking over our regulatory responsibilities, we inherited a fitness to practise caseload that amounted to some 600 cases with, on average, each case that went through to final determination at a fitness to practise hearing taking 48 months. That is an unacceptable delay and we must aim to reduce that average time to below 24
months. To achieve that will require investment in people, systems and business processes. However an increase in costs is not indicative of inefficiency if the cost per case handled is lower than it had been previously and our objective of lowering the average age of cases is being achieved.

Similarly, processing a rising number of admissions to the register and therefore renewals cannot be achieved with the same resources without an unacceptable delay in the time taken to register each applicant. We can nevertheless demonstrate our efficiency if we process more applications/renewals at an overall lower cost per application or renewal.

**More Efficient Purchasing**

We have taken a more disciplined approaching to purchasing which has already begun to deliver improvements by way of lowered costs. The most significant of these has been the recent retendering exercise for our fitness to practise panel of legal firms. As a result of that exercise we have reduced our panel of legal firms from five to two and negotiated fixed and capped fees for each case handled. We believe this will produce significant savings per case handled against the previous arrangements.

We are extending this discipline to other areas of our costs from photocopiers to paper and stationery. We have, for instance, identified that we can reduce our costs of photocopiers, subject to renegotiating our existing contract, to produce an overall saving of £27,000 over the next three years.

**More Efficient Ways of Working**

Handling the legacy of fitness to practise cases has posed a significant challenge. By taking advantage of the transitional provisions in the Pharmacy Order we have been able to deal with a substantial number of outstanding cases through the application of a Just Disposal procedure which has substantially reduced the outstanding legacy caseload.

Identifying that a substantial element of our costs is the legal fees involved in presenting cases before our Fitness to Practise Committee, we have increased the number of cases handled by our in-house advocates. As a result, the number of cases currently with our external panel firms is at an historically low level. This will substantially lower the cost of legal fees per case handled.

However delivering efficiency improvements requires the discipline of regularly measuring and reporting on a standard and reliable set of metrics against which progress can be measured. Using the information gained from our first six months of operation we have developed an initial set of metrics against which we intend to report.
These metrics and the base against which they will be measured are:

- Monthly cost per entry on the register £1.45
- Cost per Investigating Committee £4,618
- Legal cost per case £14,015
- Fitness to Practise Committee cost per day £13,953
- Total cost per case closed (cumulatively) £3,555
Appendix 4

How our renewal fees compare with other regulators

The table below shows the renewal fees charged by the UK health professional regulators.

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Approximate number of registrants</th>
<th>Standard Renewal Fee (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Chiropractic Council</td>
<td>Chiropractors</td>
<td>2,664</td>
</tr>
<tr>
<td>General Osteopathic Council</td>
<td>Osteopaths</td>
<td>4,261</td>
</tr>
<tr>
<td>General Dental Council</td>
<td>Dentists</td>
<td>38,309</td>
</tr>
<tr>
<td></td>
<td>Dental Care Professionals</td>
<td>58,551</td>
</tr>
<tr>
<td>General Medical Council</td>
<td>Medical practitioners</td>
<td>239,073</td>
</tr>
<tr>
<td>Pharmaceutical Society of Northern Ireland</td>
<td>Pharmacists</td>
<td>2,089</td>
</tr>
<tr>
<td>General Optical Council</td>
<td>Optometrists</td>
<td>12,779</td>
</tr>
<tr>
<td></td>
<td>Dispensing Opticians</td>
<td>5,742</td>
</tr>
<tr>
<td>General Pharmaceutical Council</td>
<td>Pharmacists (at end Apr 2011)</td>
<td>43,761</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Technicians (at end Apr 2011)</td>
<td>12,901</td>
</tr>
<tr>
<td>Health Professions Council</td>
<td>All HPC registrant groups</td>
<td>205,311</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>Nurses and midwives</td>
<td>665,600</td>
</tr>
</tbody>
</table>

There are no current consultations by other regulators on fee changes.