Public business

Consultation procedure

Purpose
To endorse the draft consultation procedure which will underpin all consultation exercises conducted by the General Pharmaceutical Council.

Recommendations

The Council is asked to agree:

i. A consultation procedure to underpin all consultations undertaken by the General Pharmaceutical Council

1.0 Introduction

1.1 Council has made clear its commitment to engaging effectively with all key interest groups in the development of its standards, rules and policies.

1.2 The General Pharmaceutical Council has attempted to meet this commitment during the development of its current policies and as part of consultations currently being undertaken.

1.3 A consultation procedure has now been developed to formalise this process to demonstrate in a public way our intention to follow the principles of good engagement, including our responsibility to act in a way that is open and transparent. This will also support the requirement to enable external organisations and individuals to hold the Council and staff to account.

1.4 As part of its vision and values, Council has committed to:
- being focused on improvement
- being responsive to change
- developing policies that are inclusive
- being independent and fair
- demonstrating respect for others
- ensuring that regulation is proportionate

It will not be possible to meet these aims without effective consultation and engagement.

2.0 The Government has developed its own best practice guidance on how to run effective consultations. We have used this guidance to inform the development of our own consultation procedure (see Annex 1).

3.0 Equality and diversity implications

3.1 The consultation procedure explicitly makes clear our requirement to consider the impact of our work on equality and diversity. Failure to consult effectively would increase the chance that we would not be able to meet our commitment to develop policies that our fair, proportionate and do not discriminate unfairly.

4.0 Communications implications

4.1 The commitment to effective consultation has considerable implications for communications. These are set out in more detail in the Council Paper on communications and engagement (17 November 2010).

5.0 Resource implications

5.1 There are significant resource implications associated with effective consultation and engagement. Consultations to be undertaken before financial year end 2010/11 will be met from existing resources. We will consider further the implications of our consultations policy as part of our budgeting process for 2011/12.

6.0 Risk implications

6.1 Failure to consult effectively carries significant risks for the GPhC:
- There is a much heightened risk of developing inappropriate standards, policies, or rules.
- We have a statutory requirement to consult and failure to do so would open the potential for judicial review.
- There is a significant reputational risk for Council should we not consult effectively.

1 www.berr.gov.uk
Recommendations

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i. A consultation procedure to underpin all consultations undertaken by the General Pharmaceutical Council

Hugh Simpson, Director of Policy & Communications
General Pharmaceutical Council
hugh.simpson@pharmacyregulation.org, tel 020 3365 3516

9 November 2010
Consultation procedure

General Pharmaceutical Council,
November 2010
Aim

The aim of this document is to set out the principles which underpin the way in which the General Pharmaceutical Council (‘the GPhC’) conducts formal consultations and the approach which will form the basis for each consultation we undertake.

Background

Why we consult

We believe that it is important that the people affected by our work have a say in how we develop our policies and the way in which we operate. Furthermore, it is vital to the success of our work that we consult with all the groups that may have an interest in the work of the GPhC including patients and the public, registrants, their professional bodies and other related organisations, regulators, government, those involved in the education and training and employers of pharmacists and pharmacy technicians.

Effective consultation is extremely valuable in helping us to improve our work. It informs us and helps us to achieve our statutory purpose which is to protect and promote the health and safety of patients and the public by assuring the maintenance and development of safe and effective pharmacy practice in Great Britain.

How we will consult

As part of our commitment to meeting good practice our approach to consultation is based on the principles of the Government Code of Practice on Consultation.

The Code, which we support, sets out seven principles:

1. **When to consult.** Formal consultation should take place at a stage when there is scope to influence the policy outcome.
2. **Duration of consultation exercises.** Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and appropriate. It may, on occasion be appropriate to hold shorter consultations, but these would be the exception.
3. **Clarity of scope and impact.** Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.
4. **Accessibility of consultation exercises.** Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.
5. **The burden of consultation.** Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

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2 [www.berr.gov.uk](http://www.berr.gov.uk)
6. **Responsiveness of consultation exercises.** Consultation responses should be analysed carefully and clear feedback should be provided demonstrating how our policies have reflected the feedback or clear explanations as to why we have chosen not to accept feedback.

7. **Capacity to consult.** Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

**Who we will consult**
We will consult with persons, groups and organisations that may affect, or may be affected by, our work. Article 5 of the Pharmacy Order 2010 sets out a range of individuals and groups we must consider consulting before setting standards or legislative requirements. Although we will not limit ourselves to these persons, groups and organisations, they are listed below with a range of other additional individuals and groups we will look to involve in the development of our policies and as part of our consultations.

- Users of the services of our registrants (patients and the public)
- Our registrants and prospective registrants
- Professional bodies or organisations appearing to us to represent our registrants and prospective registrants
- Employers of our registrants
- Persons or bodies commissioning or funding the services provided by our registrants or at registered pharmacies
- Persons carrying on a retail pharmacy business at a registered pharmacy
- Persons or bodies providing, assessing, regulating or funding education and training for registrants or prospective registrants
- Persons or bodies concerned with the regulation of health services
- Persons or bodies concerned with the regulation, or co-ordination of the regulation of, other health or social care professionals; and
- Persons or bodies concerned with the provision, supervision or management of health services

**The consultation process**

**Key phases in consultation**
There are four phases to developing standards, rules, guidance and policy:

1. Developing and drafting of standards, rules, guidance or policy
2. Formal consultation process
3. Amending the standards, rules, guidance or policy where appropriate following the consultation process
4. Agreeing the standards, rules, guidance or policy

**Stages of the consultation process**
The consultation process can be broken down into three stages:

1. Pre-consultation work
2. Launch and running of the consultation
3. Post-consultation analysis, monitoring and follow-up work.
A flow chart setting out the activities required at each stage of the consultation process is provided below.

**Responsibility for the consultation process**
The consultation process is the responsibility of the Director of Policy and Communications. The Director will be supported by:

- Communications staff including the member of staff responsible for patient and public engagement
- Policy staff
- Other staff responsible for developing the standards, policy or other consultation documents.
Pre-consultation

- Document owner requests consultation
- Consultation request assessed and approved by Director of Policy and Communications
- Consultation drafted by either staff in the Policy and Communications directorate, or by agreement of the director, by the appropriate policy lead.
- All consultations will be drafted using the Consultation Template
- Consultation questions tested for suitability
- Key stakeholders identified using the stakeholder database
- Where appropriate, document owner prepares Impact Assessment, including Equality Impact Assessment

Launch the consultation

- Launch led by the Policy and Communications Directorate
- Consultation length: the standard consultation will be twelve weeks, although there may be exceptions where appropriate
- Consultation set up on-line, as a PDF for hard copy replies via the GPhC website and for submission by e-mail.
- Consultation events (such as workshops) organised by Communications Directorate working alongside all relevant staff
- Email and address for response and questions about the consultation set up
- All consultations to have an appropriate associated communications plan including media, public affairs, stakeholder and patient engagement

Post-consultation

- Responses analysed and recommendations made by Policy and Communications Directorate
- Consultation Report drafted by Policy and Communications Directorate, except the ‘our response’ section
- Another individual (usually in Policy and Communications Directorate) audits the responses and consultation report
- Staff lead to be given access to all consultation responses
- Consultation report and recommendations agreed by policy lead
- Consultation report and recommendations approved by Director of Policy and Communications and Chief Executive and other senior staff as appropriate.
- Consultation report considered by Council
- Consultation report published on GPhC website
- Consultation reviewed by staff involved