

Consultation on the draft 2019 fees rules: analysis report

The consultation: what we did

1. Policy background

- 1.1. Between November 2018 and January 2019 we consulted on proposals to make changes to our fees for entry to and renewal of registration as a pharmacist, pharmacy technician and registered pharmacy.
- 1.2. Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. We have an important responsibility to make sure we have the necessary financial resources to fulfil this role and our statutory duties.
- 1.3. Our income comes from the fees that we charge to pharmacists, pharmacy technicians and registered pharmacies. Every year we have to review our fees to consider whether we need to change them in order to have sufficient income for the year ahead.
- 1.4. We know that our fees have an impact on the finances of pharmacy professionals and registered pharmacies. And we recognise that pharmacy professionals and pharmacies are facing increases in their workloads, growing costs and funding challenges.
- 1.5. We therefore only propose fee increases when necessary, taking account of our ongoing work to challenge and contain our costs and to make appropriate efficient use of the financial reserves we hold.

2. Summary of our proposals

- 2.1. We proposed to increase the entry and yearly renewal fees for:
 - pharmacists by £7 from £250 to £257.
 - pharmacy technicians by £3 from £118 to £121.
 - pharmacy premises by £21 from £241 to £262.
- 2.2. We also highlighted our ongoing work to develop a longer-term financial strategy through a comprehensive review of our costs and fees.

3. About the consultation

3.1. Overview

The consultation was open for 12 weeks, beginning on 1 November 2018 and ending on 24 January 2019. To make sure we heard from as many individuals and organisations as possible:

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

3.2. Survey

- We received a total of **5,409** written responses to our consultation; **5332** of these respondents identified themselves as individuals and **77** responded on behalf of an organisation.
- Of these responses, **5,407** had responded to the consultation survey. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.
- Alongside these, we received **two** responses from organisations writing more generally about their views. This means quantitative totals for responses from organisations will be out of **75**. Qualitative analysis was conducted against all **77** responses provided on behalf of organisations.

3.3. Social media

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

4. Our approach to analysis and reporting

4.1. Overview

- Every response received during the consultation period including social media activity has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations.
- The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.
- The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.
- The term 'respondents' used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.
- For transparency, Appendix 1 provides a list of the organisations that have engaged in the consultation through the online survey and email responses.
- The consultation questions are provided in Appendix 2.

4.2. Quantitative analysis

- The survey contained a number of quantitative questions such as yes/no questions. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.
- Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have,

however, been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

- 160 individuals submitted more than one response. These were identified by matching an email address and name. In these cases, the individual respondent's most recent response was included in the quantitative analysis and all qualitative responses were analysed.
- The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.
- Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100 per cent. Figures of less than 0.5 per cent are represented as <1 per cent, instead of 0 per cent.
- Skipped answers have not been included. Cells with no data are marked with a dash.

4.3. Qualitative analysis

- This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email responses and social media activity.
- A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Analysis of consultation responses: what we heard

5. Changes to pharmacist, pharmacy technician and pharmacy entry and renewal fees

Table 1. Changes to pharmacist entry and renewal fees

Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacists by £7, from £250 to £257?	N and % individuals	N and % organisations	Total N and %
Agree	1,264 (24%)	16 (21%)	1,280 (24%)
Disagree	3,725 (70%)	58 (77%)	3,783 (70%)
Don't know	343 (6%)	1 (1%)	344 (6%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

Table 2. Changes to pharmacy technician entry and renewal fees

Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacy technicians by £3, from £118 to £121?	N and % individuals	N and % organisations	Total N and %
Agree	1,397 (26%)	19 (25%)	1,416 (26%)
Disagree	3,502 (66%)	52 (69%)	3,554 (66%)
Don't know	433 (8%)	4 (5%)	437 (8%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

Table 3. Changes to registered pharmacy entry and renewal fees

Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacy premises by £21, from £241 to £262?	N and % individuals	N and % organisations	Total N and %
Agree	1,740 (33%)	12 (16%)	1,752 (32%)
Disagree	2,681 (50%)	63 (84%)	2,744 (51%)
Don't know	911 (17%)	0 (<1%)	911 (17%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

Table 4. Views on our fees policy and the proposed changes to entry and renewal fees

Do you agree or disagree that our proposals are in line with our fees policy?	N and % individuals	N and % organisations	Total N and %
Yes	1,460 (27%)	22 (29%)	1,482 (27%)
Disagree	2,176 (41%)	34 (45%)	2,210 (41%)
Don't know	1,696 (32%)	19 (25%)	1,715 (32%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

- 5.1. We proposed to increase the entry and renewal fees for pharmacists by £7 from £250 to £257. The largest proportion of respondents disagreed with our proposal (70%). 24% of respondents agreed with the proposal. 6% of respondents did not know if they agreed or disagreed. Levels of agreement were broadly similar between the individuals and organisations although a slightly higher proportion of organisations disagreed with the proposals (77% of organisations compared with 70% of individuals).
- 5.2. We proposed to increase the entry and renewal fees for pharmacy technicians by £3 from £118 to £121. The largest proportion of respondents disagreed with our proposal (66%). 26% of respondents agreed with the proposal. 8% of respondents did not know if they agreed or disagreed. Levels of agreement were similar between individuals and organisations.
- 5.3. We proposed to increase the entry and renewal fees for registered pharmacies by £21 from £241 to £262. The largest proportion of respondents disagreed with our proposal (51%). Disagreement with the proposed increase was higher amongst organisations as compared to individuals (84% of organisations and 50% of individuals). 32% of respondents agreed with the proposal. 17% of respondents did not know if they agree or disagreed with the proposals.

- 5.4. We asked whether our proposals were in line with our fees policy, which informs our decisions to make changes to our fees. The largest proportion of respondents disagreed that our proposals were in line with our fees policy (41%). 32% of respondents did not know if they agreed or disagreed whether the proposals were in line with our fees policy. 27% of respondents agreed that our proposals were in line with our fees policy. Levels of agreement were similar between individuals and organisations.
- 5.5. Over 2,400 comments were provided to explain responses to survey questions on fees for pharmacists, pharmacy technicians, registered pharmacies and our fees policy.
- 5.6. Respondents who expressed **agreement with the proposals** to increase entry and renewal fees gave the following explanations:
- that they accepted the proposed increase on the condition that fees will be fixed for a period of time
 - the increases are “small”, “reasonable”, “fair”, “in line with inflation” or “affordable”
 - the GPhC has an increased workload and therefore requires additional income
 - that costs are generally increasing so it is justifiable that the fee increases
- 5.7. A smaller number of respondents who agreed with the proposals said:
- the GPhC requires more funding to become more efficient and effective
 - the consultation provided transparency and a rationale for the increase
 - the GPhC requires more funding to carry out its essential functions which are beneficial to patients and the professions
 - the introduction of revalidation justifies the increase and was a demonstration of improvements we had made to our services
 - that fees have not been increased since 2015 and therefore an increase now is expected and in some instances lower than they anticipated
 - that regular incremental increases are preferable to infrequent more substantial increases
 - the proposed fee is lower than when the GPhC was formed
- 5.8. Some respondents expressed disagreement with pharmacist fees increasing, but agreed with increases for pharmacy technicians. In some instances, the reason for this was given as the developing role of pharmacy technicians and increases in pharmacy technician salaries. Some respondents said that in their view the fees for pharmacists and pharmacy technicians should be the same because they are both regulated professions and should require equal resources to regulate

- 5.9. Conversely, some respondents expressed disagreement with pharmacy technician fees increasing, but agreed with increases for pharmacists. In some instances, the reason for this was given as the relatively lower salaries of pharmacy technicians compared to pharmacists. Some respondents said that pharmacy technicians should pay a lower fee or no fee at all
- 5.10. The most frequent reasons given by respondents who expressed **disagreement with proposals to increase entry and renewal fees for pharmacists and / or pharmacy technicians** were as follows:
- the fees are already too high, especially when taken alongside other fees for professional body membership, indemnity cover and learning and development organisations
 - that pharmacy professional salaries have been declining or remained static
 - that there is currently financial pressure and uncertainty affecting pharmacy as a whole and any increase, no matter how small, will have a negative impact both on finance and morale. It was argued in a small minority of responses that the financial pressure and stress may have a consequential impact on pharmacy practice and patient safety
 - that only fees for registered pharmacies should be increased and fees for pharmacy professionals should not be increased.
 - the GPhC should do more to challenge costs, including reducing costs from information requests by publishing more information, moving from its current accommodation, challenging costs related to fitness to practise litigation, and reducing staff, Council and committee member costs
 - the GPhC does not provide additional value for the increase in fees
 - the GPhC does not do enough to support or represent the interests of pharmacy professionals
 - that part-time workers, women on maternity leave, people on extended sick leave and newly qualified pharmacy professionals will find it harder to manage the increase in fees because their income is lower
 - that respondents wanted to see the GPhC play a role in negotiating salaries for the profession or managing the number of people in the pharmacy workforce
- 5.11. The following explanations were given by a smaller number of respondents but still represented common themes in responses:
- that costs have been increasing generally and the additional burden on pharmacy professionals and their household income is too great
 - that some employers do not reimburse registrants for their registration fees. Some respondents also felt that, if the fees increased, some employers may decide to stop reimbursing fees

- the GPhC should provide a hardcopy magazine or offer learning and development programmes in exchange for fees
- that increased fees may act as a disincentive to entering or remaining in the professions and lead to shortages in the workforce, in the context of existing difficulty in recruiting and retaining staff. This point was made particularly for pharmacy technicians who can work in similar un-registered roles
- that pharmacy professionals should not have to pay any fees to be able to work. Some said that the cost of regulation should be borne by others and not the professions

5.12. A small minority of respondents who disagreed with the proposals gave the following reasons:

- the fees are high when compared to some professional regulators
- the GPhC does not regulate registered pharmacies effectively and instead disproportionately focuses its attention on pharmacy professionals
- that a simpler and / or more detailed breakdown of our expenditure is required to justify the proposed increase
- that they had negative customer service experiences when dealing with the GPhC and felt this needed to be improved to justify a fee increase

5.13. Respondents who expressed **disagreement with our proposals to increase fees for registered pharmacies** expressed similar views as above but gave the following additional explanations:

- Many respondents stated the financial pressures on registered pharmacies made the increase difficult to absorb and it may have an impact on staff wages and numbers, learning and development offerings for staff, and services and costs for patients. Some said that the proposed increase in fees may lead to pharmacy closures. This issue was more prevalent in organisational responses than in individual responses and together with the point below seems to account for the larger difference between individual and organisational degrees of disagreement with the proposal to increase fees for registered pharmacies (84% of organisations and 50% of individuals)
- Some respondents said the fees for registered pharmacies were too low and so were expressing disagreement because they felt the increase should be higher. Some respondents stated that the fees for registered pharmacies should be increased further to account for the cost of regulation of pharmacies and so that the fees for pharmacy professionals could remain static or decrease. This view was more prevalent in individual responses than in organisational responses
- Some respondents said that the percentage increase for registered pharmacy fees was too great an increase, above inflation and was comparatively much higher than the increase for pharmacy professional fees

- A few respondents said that the way we calculated fees should change to recognise the differences between types of pharmacy (independent, multiple, online)
- A respondent drew comparison to the fee for pharmacy registration in Northern Ireland and asked for an explanation of the difference in fee amounts

5.14. There were a smaller number of comments in relation to answers to the question we asked about our fees policy. These comments were:

- The proposals are in line with the fees policy
- An opportunity was not provided to comment on the fees policy in the consultation
- The fees are not sensitive enough to the differences between people on our register. It was argued that the fees we charge do not account for pay differences within and across the two professions or potential risk factors from some types of practice such as prescribing or the effort of regulating registered pharmacies
- Efficiency savings have not been well enough demonstrated to justify an increase in fees
- Further clarification was requested on the reasons for the increase in fitness to practise concerns being raised with us
- We have not sufficiently demonstrated that we have reviewed the fees policy
- We have not adequately considered the external financial environment and its impact on pharmacy and pharmacy professionals. It was further argued that in making changes to our approach to regulating registered pharmacies we are also increasing regulatory burden and cost. It was also argued that the fact that the increases are in some cases higher than inflationary indicators for a single year suggests that we have not taken into consideration the wider financial environment. Finally, some respondents suggested that the pharmacy sector has challenged itself to do more with less and that the GPhC has not done the same
- A respondent wanted the GPhC to conduct a post-implementation review to demonstrate financial sustainability and further efficiencies as well as provide a time-scale for the publication of our longer term financial strategy

6. Understanding the impact of our proposals

- 6.1. We asked two questions to further develop our understanding of the impact our proposals. The first question was targeted at understanding the impact on people or groups with protected characteristics and is reported on further in a separate equality impact analysis, published alongside this consultation analysis. The second question was a broader one to understand impact on any other individuals or groups not linked to protected characteristics.
- 6.2. Over 800 comments were provided to explain responses to both questions on impact. Comments are summarised below and related to each question.

Table 5. Impact on individuals or groups with protected characteristics

Do you think any of the changes will have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?	N and % individuals	N and % organisations	Total N and %
Yes	1,673 (31%)	19 (25%)	1,692 (31%)
No	2,530 (47%)	37 (49%)	2,567 (47%)
Don't know	1,129 (21%)	19 (25%)	1,148 (21%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

- 6.3. The largest proportion of respondents did not think our proposals would have positive or negative impacts on individuals or groups with protected characteristics (47%). 31% thought there will be positive or negative impacts. 21% thought they did not know if there would be positive or negative impacts. Levels of agreement were broadly similar between individuals and organisations with a slightly higher proportion of individuals identifying an impact than of organisation (31% and 25% respectively).
- 6.4. Some respondents who said there would be **no impact or did not know if there would be an impact on individuals or groups with protected characteristics** gave the following explanations:
- that the increases were very small and would not have an impact at all
 - the changes would affect everyone equally, either positively or negatively, whether they had protected characteristics or not. This issue was more prevalent in organisational responses than in individual responses
 - that they did not have enough information to make a judgement or that it is not possible to estimate the impact until after the proposals have been implemented

- 6.5. A few respondents disagreed with the question, suggesting that seeking views on the subject of protected characteristics was pointless or bureaucratic
- 6.6. The most frequent reasons given by respondents who said there would be an **impact for individuals and groups with protected characteristics** were as follows:
- that younger pharmacy professionals would be disproportionately affected because of their lower incomes upon entering the professions. There were recommendations that there should be discounts for this group
 - that pregnant women and women on maternity leave are negatively impacted. This issue was more prevalent in individual responses than in organisational responses. The explanation for this was that women had to pay for a full year of registration when they were not working for the entire period. There were recommendations that there should be a discount or pro-rata calculation for this group. Some respondents echoed this view for other forms of parental leave
 - that women make up a majority of the pharmacy workforce and therefore would be impacted more than men. Additionally, it was stated that the gender pay gap in pharmacy shows that women may be disproportionately affected. It was also remarked upon that women were more likely to work part-time to balance caring responsibilities and may also therefore be disproportionately affected. It was recommended that there should be discounts for people working part-time
 - that people with disabilities, who may carry additional costs related to their disability or work part-time, may be disproportionately impacted by the increase in fees
- 6.7. A consistent reason presented by a smaller number of respondents was that people from black and minority ethnic communities, who are likely to also experience a pay gap, may be disproportionately impacted.
- 6.8. A small minority of respondents provided the following explanations:
- that older pharmacy professionals would be reducing their hours of work as they approached retirement and therefore would be disproportionately affected compared to someone working full-time
 - that the proposals would disproportionately impact upon all individuals or groups with any protected characteristics because of the prevailing forms of discrimination they face generally
 - that married people, people in civil partnerships and people transitioning gender would be impacted but provided no explanation

Table 6. Impact on any other individuals or groups

Do you think our proposals would impact – positively or negatively – on any other individuals or groups?	N and % individuals	N and % organisations	Total N and %
Yes	2,268 (43%)	41 (55%)	2,309 (43%)
No	1,692 (32%)	18 (24%)	1,710 (32%)
Don't know	1,372 (26%)	16 (21%)	1,388 (26%)
Total N of responses	5,332 (100%)	75 (100%)	5,407 (100%)

- 6.9. The largest proportion of respondents said that our proposals would impact either positively or negatively on other individuals or groups (43%). 32% of respondents said that they would not have an impact. 26% of people said that they did not know if the proposals would have a positive or negative impact. Impact of the proposals on other individuals and groups was identified by a higher proportion of organisations as compared to individuals (55% of organisations and 43% of individuals).
- 6.10. Respondents who said there would be **no impact or that they did not know if there would be an impact on any other individuals or groups** gave similar explanations for their answers as the previous question: that the increase was small and therefore had no impact, that the impact was equitably positive or negative across all registrants, that it was not possible to determine until the proposals were implemented or that there was insufficient information provided in the consultation document.
- 6.11. The most frequent reasons given by respondents who said that there will be an **impact on individuals or groups on our register** were as follows:
- that NHS employees, who are less likely to have their fees reimbursed by the employer would be disproportionately impacted compared to other pharmacy professionals working in other sectors
 - that people already experiencing financial hardship for a variety of reasons would also be more negatively impacted
 - unlinked to people or groups with protected characteristics, that people working part-time who inherently therefore have lower pay are disproportionately impacted by our fees. This issue was more prevalent in Individual responses than in organisational responses. It was recommended that we offer discounts for this group
 - that people with families or caring commitments would find it harder to absorb the increase in fees. In particular, single parents were provided as an example of a group who might be more negatively impacted by our proposals. Conversely, a few respondents stated the impact may be greater on single people without dependents when compared to people in relationships or with families

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

- that because locum rates of pay have been decreasing that this group would be more negatively impacted compared to other groups of people on our register
- that pharmacy owners, who often are pharmacists, would be disproportionately affected because they would need cover the cost of registration of their pharmacy, themselves and in some cases their employees

6.13. A small minority of respondents gave the following reasons:

- that the impact of increasing fees may not solely be financial but may negatively affect morale of people working in pharmacy
- that particular situations of not currently being employed, taking extended sick leave or carer's leave, working primarily overseas, taking career breaks, or being dual registrants means that they are disproportionately impacted by our fees compared with other registrants. It was recommended that we offer discounts or pro-rata registration fees for these groups. This issue was more prevalent in organisational responses than in individual responses
- that smaller organisations would be disproportionately affected by the increase in registration fees for registered pharmacies. Conversely, a few respondents also stated that larger pharmacy organisations with multiple pharmacies would be disproportionately impacted

7. Other comments and suggestions

7.1. Respondents made comments and suggestions on how we may reform our approach to fees. These comments included:

- Many respondents expressed a view that fees should be proportionate to the income of individuals or size of pharmacy. Some examples provided by respondents where they felt our current approach to fees could be improved were:
 - a higher earning pharmacy technician will pay a lower fee than a lower earning pharmacist
 - a small independent pharmacy will pay the same fee as a large multiple pharmacy chain. Respondents gave opposing views on this matter, with some saying independent pharmacies should pay a lower fee than a multiple pharmacy because they are smaller entities to regulate, while others said multiple pharmacies should pay a lower fee because of quality mechanisms across the whole organisation which reduce the effort to regulate each individual pharmacy
- Many respondents suggested that we offer discounts or pro-rata payment arrangements. Suggestions for groups for whom these arrangements could apply included: newly qualified registrants, part-time workers, registrants on parental leave, dual registrants, registrants primarily practising overseas,

registrants on extended sick leave or on career breaks. This issue was more prevalent in organisational responses than in individual responses

- Some said we should increase fees or charge additional fees for areas of pharmacy practice that may carry more risk or generate more work for us. Examples provided to us by respondents include: charging more for prescribing annotations, online pharmacy regulation, or individuals undergoing fitness to practise processes
- Some respondents suggested that monthly direct debit payments would make the cost of registration easier to manage. We currently offer direct debit payments on an annual and quarterly basis
- Some respondents made specific mention of not being able to claim tax relief on their fee payments, which suggests that some registrants remain unaware that this is a possibility to help manage the costs of registration
- A few respondents had negative comments about the consultation exercise. These respondents indicated that they felt their responses would not be listened to and that the GPhC had already made its decision
- A few respondents requested more clarity on how we reach our fee proposals through calculations based on allocation of expenditure across pharmacy professionals and registered pharmacies
- A respondent requested information on the source of payment of registration fees, for example whether they were paid by individuals or their employers
- A respondent requested more detail and transparency on anticipated expenditure linked to particular projects
- A respondent stated that projections for increases in registrant numbers should mitigate against fee increases

8. Respondent profile: who we heard from

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

8.1. Category of respondents

Table 7. Responding as an individual or on behalf of an organisation

Are you responding:	N	% of total
As an individual?	5,332	99%
On behalf of an organisation?	75	1%
Total N of responses	5,407	100%

8.2. Profile of individual respondents

Table 8. Individual respondents - countries

Where do you live?	N	% of total
England	4,435	83%
Scotland	549	10%
Wales	264	5%
Northern Ireland	6	<1%
Other	78	1%
Total N of responses	5332	100%

Table 9. Type of individual respondent

Are you responding as:	N	% of total
A pharmacist?	3,868	73%
A pharmacy technician?	1,368	26%
Other?	66	1%
A pharmacy owner or employer who is not registered as a pharmacist or pharmacy technician?	23	<1%
A member of the public?	7	<1%
Total N of responses	5,332	100%

Table 10. Pharmacy owner: yes/no

Are you a pharmacy owner or employer?	N	% of total
Yes	436	8%
No	4,800	92%
Total N of responses	5,236	100%

Table 11. Main area of work

Please choose the option below which best describes the area you mainly work in: ¹	N	% of total
Community pharmacy	2,398	45%
Hospital pharmacy	1,827	34%
Primary care organisation	297	6%
GP practice	297	6%
Other	182	3%
Pharmaceutical industry	135	3%
Research, education or training	130	2%
Prison pharmacy	44	1%
Care home	15	<1%
Total N of responses	5,325	100%

Table 12. Type of community pharmacy

Which of the following best describes the community pharmacy you work in or own? ²	N	% of total
Independent pharmacy (1 pharmacy)	382	16%
Independent pharmacy chain (2-5 pharmacies)	332	14%
Small multiple pharmacy chain (6-25 pharmacies)	237	10%
Medium multiple pharmacy chain (26-100 pharmacies)	195	8%
Large multiple pharmacy chain (Over 100 pharmacies)	1,252	52%
Total N of responses	2,398	100%

¹ This question was answered by individuals working in pharmacy

² This question was answered by individuals working in community pharmacy

8.3. Profile of organisational respondents

Table 13. Responding on behalf of a registered pharmacy

Are you responding on behalf of a registered pharmacy?	N	% of total
Yes	65	87%
No	10	13%
Total N of responses	5332	100%

Table 14. Type of registered pharmacy

Which of the following best describes the registered pharmacy you represent? ³	N	% of total
Community pharmacy	63	97%
Hospital pharmacy	1	2%
Other registered pharmacy	1	2%
Prison pharmacy	0	<1%
Total N of responses	65	100%

Table 15. Type of community pharmacy

Which of the following best describes the community pharmacy you represent? ⁴	N	% of total
Independent pharmacy (1 pharmacy)	39	62%
Independent pharmacy chain (2-5 pharmacies)	11	17%
Small multiple pharmacy chain (6-25 pharmacies)	9	14%
Medium multiple pharmacy chain (26-100 pharmacies)	2	3%
Large multiple pharmacy chain (Over 100 pharmacies)	2	3%
Total N of responses	63	100%

³ This question was answered by everyone representing a registered pharmacy

⁴ This question was answered by everyone representing a community pharmacy

Table 16. Organisational respondents: type of organisation

Please choose the option below which best describes your organisation:	N	% of total
NHS organisation or group	1	10%
Organisation representing pharmacy professionals or the pharmacy sector	8	80%
Other	1	10%
Organisation representing patients and the public	0	0%
Research, education or training organisation	0	0%
Government department or organisation	0	0%
Regulatory body	0	0%
Total N of responses	10	100%

9. Monitoring questions

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

Appendix 1: Organisations

The following organisations engaged in the consultation through the online survey, and email responses and did not request that their response be kept confidential. 29 respondents requested that their response be kept confidential.

Accrington Pharmacy

Al Ghani Ltd

Anfield Pharmacy

Association of Pharmacy Technicians UK (APTUK)

Avenue Pharmacy Sunderland Ltd

Baycona Ltd

Boots UK

Borth Pharmacy

C & S Pharmacy Ltd

Carrick Knowe Pharmacy Ltd

Central Pharmacy (Liverpool) Ltd

Community Pharmacy Lancashire

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists' Association / Association of Independent Multiple Pharmacies (joint response)

County Pharmacy Ltd

EJ'S Pharmaceuticals Ltd

Fearns Pharmacy Ltd

G Payne Chemists Ltd

Gateacre Chemists Ltd

Greatvale Ltd

Guild of Healthcare Pharmacists

Haxby Group Pharmacy Ltd

Healthcare-2-U Ltd

Hindu Council UK

Housley Pharmacy

K's Chemist Ltd
McKesson UK
NHS Scotland
Norvik Pharmacies Ltd
National Pharmacy Association (NPA)
Numark Ltd
Pearn's Pharmacies Ltd
Pharmacists' Defence Association
Pharmacy Bond
Pitman Pharmacy
Popsons Pharmacy
Pro-Health Pharmacy Ltd T/A Newington Pharmacy
RPMG Pharmacy
S B Carr Ltd
Saffron Apothecaries Ltd
Stepping Hill Healthcare Enterprises Ltd
Sterling Pharmacy Ltd
Sydney Blum & Co. Ltd T/A Parry Jones Pharmacy
Sykes Chemists Ltd
Taw Hill Pharmacy
Weldricks Pharmacy
Whitecroft (UK) Ltd

Appendix 2: Consultation questions

1. Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacists by £7, from £250 to £257?
2. Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacy technicians by £3, from £118 to £121?
3. Do you agree or disagree with our proposal to increase the entry and renewal fee for pharmacy premises by £21, from £241 to £262?
4. Do you agree or disagree that our proposals are in line with our fees policy?
5. Do you have any comments explaining your answers to the questions above?
6. We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. We are also interested to find out whether the proposals will benefit any of these individuals or groups. The protected characteristics are:
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
 - None of the above
7. Do you think any of the changes will have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above? If yes, please give comments explaining your answer. Please describe the nature of the impact and the individuals or groups concerned.
8. We also want to know if there will be any other impact of our proposals on any other individuals or groups (not related to the protected characteristics). For example, patients, pharmacy owners or pharmacy staff. Do you think our proposals would impact – positively or negatively – on any other individuals or groups?

If yes, please give comments explaining your answer. Please describe the nature of the impact and the individuals or groups concerned.