

## Consultation on draft changes to fees: analysis report



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## Executive summary

Between 16 May 2023 and 8 August 2023, we consulted on proposals to make changes to all our fees set out in the General Pharmaceutical Council (Registration and Renewal Fees) (Amendment) Rules 2023, including those for entry to and renewal of registration as a pharmacist, pharmacy technician and registered pharmacy.

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

Parliament has given us a responsibility to make sure we have the finances to carry out our regulatory role and to meet our statutory duties.

Every year we review our fees, to consider whether we need to change them to make sure we have the income we need for the year ahead. We consider fees as part of an overall analysis of the organisation, looking at ways to reduce costs, make efficiencies and prioritise our work. We also review our income and reserve levels, and consider other possible sources of income.

Our fees policy is key in guiding our thinking.

Having carried out our review, we have found that despite efficiency savings our operating costs have increased. This increase has mainly been caused by a significant rise in the rate of inflation, which is **around 10% a year at the moment**. This has affected everything we do.

As a result, we are proposing a 7.5% increase in all the fees we charge for:

- pharmacist and pharmacy technician registration
- pharmacy premises registration, and
- the foundation training year

For example, the proposed change would mean:

- pharmacist renewal fees would increase by £19 from £257 to £276
- pharmacy technician renewal fees would increase by £9 from £121 to £130
- pharmacy premises renewal fees would increase by £27 from £365 to £392

We are proposing to keep fees at the present level during 2023, and not to introduce these new fees until April 2024. The full set of proposed fees changes are set out in the General Pharmaceutical Council (Registration and Renewal Fees) (Amendment) Rules 2023



## Key issues raised in responses

### Views on our approach

Overall, there was strong opposition to the proposals in responses to the consultation. The vast majority (84%) either disagreeing or strongly disagreeing with the reasoning we have given for increasing our fees to cover the increases in our operational costs. A small proportion (8%) either agreed or strongly agreed with the reasoning. This was consistent across individual and organisation responses.

Similarly, there was strong opposition to the approach of raising fees by the same percentage across all registrant and applicant groups. The vast majority (64%) either disagreeing or strongly disagreeing with a smaller proportion (22%) either agreeing or strongly agreeing with the approach of raising fees by the same percentage across all registrant and applicant groups.

This was broadly consistent across individual and organisational responses.

There were a number of strong themes to emerge from the responses to this part of the consultation. For many respondents the financial impact, particularly during a cost of living crisis, was a key factor as was the little, or no, increase in salaries for pharmacy professionals and funding for pharmacies. Some felt they received no benefits from their registration fees and wanted better services from the GPhC whereas some argued that the GPhC should reduce its costs to avoid the need to increase fees. Many supported the proposal to freeze fees until 2024 with many respondents indicating the increase was too high.

### Views on implementation


Most respondents showed a strong disagreement with the proposed 7.5% fee increase. The vast majority (54%) either agreed or strongly agreed it was either too high or a bit too high. A very small proportion (<0%) felt it was much too low or a bit too low with around 3% thinking it was just about right. This was consistent across individual and organisational responses.

There was strong support for the proposal to freeze fees for 2023 and delay the proposed increase until 2024. The majority (54%) either agreeing or strongly agreeing, with a smaller proportion (15%) either disagreeing or strongly disagreeing with the proposals. 26% neither agreed nor disagreed. This was broadly consistent across individual and organisational responses.

Many of the comments echoed the feedback provided in the section outlining the views on our approach. In addition to these comments, many respondents supported the proposal to freeze fees until 2024, others felt the GPhC should provide alternative payment methods and the regulator should improve the services it is offering if it is to raise fees. Some felt that a delay to implementing the fee increase would enable GPhC to explore cost savings to prevent the fee increase from being needed.

### Views on impact of the proposed changes

Through the consultation, we sought wider views on the potential impact of the proposals on any individuals or groups sharing legally protected characteristics under the Equality Act 2010, including



whether the impact would be positive, negative or mixed. We also sought views about the impact of our proposals on any other individuals or groups (not related to the protected characteristics), for example patients, pharmacy owners, pharmacy professionals and foundation trainees.

The largest proportion of respondents (ranging from 38% to 62%) felt that the proposed changes would have a negative impact on six out of nine protected characteristics. The three exceptions to this were sexual orientation and gender reassignment where a larger proportion of respondents selected 'don't know' (34% and 36% respectively) and religion or belief where both 'negative impact' and 'don't know' were selected by the same proportion (33%). A range of respondents (between 12% and 32%) felt that the proposals would have no impact on people sharing one or more of the nine protected characteristics. Very few respondents (2-4%) considered there will be both a positive and negative impact.

For other groups, the majority of respondents thought that the proposed changes would have a negative impact on pharmacy staff (84%), foundation trainee pharmacists (79%), pharmacy owners (73%) and patients and the public (52%). As with protected characteristics, very few respondents thought there would be a positive impact on the groups listed and a very small proportion of respondents (ranging from 4% to 5%) felt that the proposed changes would have both a positive and negative impact on any group. A range of respondents (between 5% and 27%) felt that the proposals would have no impact on any group with 27% feeling that there would be no impact on patients and the public. Across all groups a small proportion of respondents (between 6% and 16%) did not know what the impact of the proposals would be.

One third of respondents left comments on what the impact of the fee proposals may be. The most common theme revolved around negative impact on workforce retention and recruitment, where fees may negatively impact professionals and premises, as well as deter people from joining the profession. Some respondents suggested that everyone will be negatively impacted or that patients and the public's access to pharmacy services will adversely decrease due to many factors affected by the fee increase. Negative impact was also implied to be mostly felt by those on low pay, part-time workers, those on maternal or paternal leave and ethnic minorities.

There is a more detailed breakdown and analysis of each element of the consultation, including the breakdown between individual and organisational respondents, in the appendices below.



# Introduction

## Policy background

When we were set up, Parliament decided that the people and organisations being regulated must bear the costs directly. So, when considering what fees to charge, we look at how much it costs to regulate each registrant group. We then set separate fees for each group, based on those costs.

To make sure the fees are appropriate, we use a ‘cost allocation model’. This makes it clear how much our individual activities cost and gives us a framework for discussions about setting fees. We used this model to set the present fee levels. But because the increase in costs is affecting all operations across the organisation equally, we are proposing an ‘across the board’ increase in fees to deal with this.

In recent years, we have been able to avoid increasing many of the fees shown in Appendix 2 by improving our efficiency and by using our financial reserves to cover any gap between our income and our outgoings. We’ll continue to look for ways to make savings, including with an office move to smaller premises that will generate some cost savings. But like many organisations we are seeing our operational costs go up because of higher rates of inflation, increasing utility bills and supplier costs, and cost-of-living pressures for the staff we employ. Our budget forecasting predicts that we will face a budget deficit in the coming years unless we increase our income.

If we didn’t increase our income to cover our costs, we would be forced to cut back on our regulatory work. We would no longer be able to offer the same level of assurance to patients and the public that the care they receive is safe and effective.

Our proposed cost increase is in proportion to the work we do to regulate all registrant groups. This is why we are proposing an equal percentage increase on all the registration fees we charge.


We managed to avoid fee increases in 2022, to help reduce pressure on both pharmacy owners and pharmacy professionals. We will freeze fees again in 2023 and we propose to delay the introduction of these changes to April 2024.

## Increases to professional fees

We do understand that within each registrant group there may be people for whom this increase represents a bigger challenge.

As part of our consultation on fees in March 2021, we looked into the option of charging reduced fees to specific groups of professional registrants such as people who work part-time. We set out the work and costs involved and asked for feedback on this option.

The responses we received were largely in favour of keeping a flat-fee structure. Most respondents felt that this was both the fairest and simplest approach to adopt for both the GPhC and for registered pharmacy professionals.



We expect that the proposed percentage increase to fees will mean that the cost increase is shared proportionately between registrant groups, and by anyone needing to pay any of the other fees.

## Multi-year fees cycle

In our 2021 consultation on fees, we said we intended to consult on introducing a ‘multi-year’ fee cycle. This would be part of a broader fees strategy, which would involve setting registrant fees over a longer period over two-to-three-years, for example.

We expected that this would benefit registrants by:

- providing more certainty about the future costs of registration, allowing them to budget more effectively
- allowing us to plan our work over a longer period and potentially spread costs over more than one fee period, so that we could introduce fee changes more gradually
- reducing the number of fee consultations we would need to carry out, and so reducing consultation costs, and the time and effort registrants would need if they were to consider and respond to proposals

Since we developed this proposal, we have seen economic conditions change quite considerably. Over the last 12 months, inflation has risen significantly, and economic conditions in general are more variable. This means that at the moment we can’t accurately forecast our operating costs over a two-to-three-year period, and set fees based on this.

**A large number of people who responded to our previous consultation agreed with our proposals** to set fees in advance over a multi-year period. They explained that this would help businesses in planning and budgeting for these changes in the long term.

As a result of the current challenging and uncertain economic conditions that we referred to above we don’t believe that now is the right time to adopt a multiyear approach to fees. We still believe that this approach to fee setting remains the right course of action to take in the longer term when economic conditions become more settled. We will therefore continue explore ways of bringing in this option in future fee reviews, as part of our overall financial planning and budgeting cycle.

## Other longer-term fee proposals for premises registration

Another key proposal in our previous fee consultation was about investigating the idea of charging fees for individual pharmacy premises based on the cost of regulating them (rather than the present flat fee). People who responded suggested that the fee amount could be based on the number or the size of pharmacies owned, the type of services provided (including online services), and profit or turnover.

This is a complex piece of work. We are continuing to look at the costs of regulating pharmacy premises in light of evolving business models and other factors associated with developments in pharmacy practice.





## **‘Scrutiny’ or ‘recognition’ fees**

Our present fee rules allow us to charge fees for ‘scrutinising’ applications from EEA and Swiss qualified pharmacy professionals to ‘recognise’ their professional qualifications as equal to a UK qualification, when they apply to join our register as a pharmacist or pharmacy technician on this basis. We have not charged these fees since the UK left the European Union on 1 January 2021.

We are continuing to recognise EEA and Swiss professional qualifications as part of the present ‘standstill’ arrangements. You can find out more about our current recognition process in the registration section of our website.

The government is currently developing new regulations under the Professionals Qualifications Act (PQA) 2022 which may change the recognition requirements in future. If the UK enters new trade agreements in the future, these too may affect recognition arrangements.

We have taken the decision that as we’re not presently able to charge a scrutiny fee we will not include this provision in the proposed new fees rules. We will continue to communicate with the UK government about future arrangements to recognise professional qualifications and will consult on any changes to fees we may need to make as a result.

## **Accreditation and recognition of courses and qualifications**

As part of our role, we set the education and training requirements for pharmacists, pharmacy technicians and pharmacy support staff. This is to make sure they develop the knowledge, skills and behaviours they need to provide the safe and effective care patients and the public expect.


We regularly carry out accreditation and recognition activities to make sure that courses and qualifications meet these standards. Rather than charging fees for this work, we recover the costs of these activities directly from the organisations we accredit.

As the costs of carrying out these activities have increased, the amounts we will aim to recover will go up too. In line with our longer-term financial planning, we will also be considering what financial model to use in relation to charges for accreditation in the future.

## **The future of pharmacy, and its regulation**

We know the pharmacy sector will continue to evolve with the challenges and changes ahead. This includes:

- the growth of online pharmacies and services, making sure people can access medicine safely online
- pharmacy professionals and pharmacies playing a much greater role in providing clinical care and providing a wider range of clinical services, including independent prescribing
- the effects of new technologies and advances in science on medicines and clinical care
- patients and the public having high expectations of evolving ‘person-centred’ care



We expect there to be still more integration of health and social care. This is likely to see pharmacists and pharmacy technicians working in a wider variety of settings as part of multi-professional clinical teams.

This will mean some significant changes in the scope and complexity of our work. We will need to:

- be able to adapt quickly to the fast-changing environment around us
- use intelligence more, and
- be anticipatory in our approach to the way we regulate, to make sure we are proportionate and effective

To achieve this, we need to make sure we are in a financially stable and sustainable position, funded appropriately and fairly by the people and organisations we regulate. Our proposal to increase fees will help to make sure that the work programmes we have already started, and those we will need to begin over the next months, will be effectively funded in the short term. It's likely that, as these projects develop, we will need to consider the resource implications again as part of future business planning.

We've already begun a key programme of work, focused on developing new regulatory standards for updated roles in medicines legislation. This followed two new legislative orders which came into force in December 2022. We've started to communicate with a wide range of stakeholders on how to strengthen pharmacy governance, with the aim of moving on to public consultation in the coming year.

We will also continue to further develop and implement our new ways of working, and to put in place improved structures, systems and processes. This will help us to work flexibly and to successfully achieve our aims. This includes the work we are doing to continue developing our online services through myGPhC and a new GPhC website.

There are also significant changes underway in pharmacy education and training. We are mid-way through implementing new standards which will see pharmacists completing their initial education and training as independent prescribers from 2026.

Patients and the public are using online pharmacy services more and more to get medicines and treatments. We've begun work to identify themes in the types of patient safety issues we've found when inspecting these services. As this way of accessing pharmacy care grows, we'll need to continue our work to understand and manage the issues, to make sure our inspection model works well to keep patients safe online.

These key projects are only part of the work we need to do to achieve our aim of safe and effective pharmacy care at the heart of healthier communities. You can read more about our programme of work in our **[Strategic plan 2020-25](#)**.

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

# Analysis of consultation responses

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

For more information see:

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

## 1. Our approach

**Table 1:** Views on our reasoning for increasing fees (Base: All respondents)

Q1. To what extent do you agree or disagree with the reasoning we have given for increasing our fees to cover the increases in our operational costs?	N and % individuals	N and % organisations	N and % Total
Strongly agree	78 (1%)	1 (1%)	79 (1%)
Agree	482 (7%)	3 (4%)	485 (7%)
Neither agree nor disagree	541 (8%)	5 (7%)	546 (8%)
Disagree	1,675 (24%)	20 (28%)	1,695 (24%)
Strongly disagree	4,258 (60%)	42 (59%)	4,300 (60%)
Don't know	23 (0%)	0 (0%)	23 (0%)
Total N and % of responses	7,057 (100%)	71 (100%)	7,128 (100%)

We provided reasoning to support our proposal to increase our fees to cover the increases in our operational costs. The largest proportion of respondents strongly disagreed with our proposal (60%). A

further 24% of respondents disagreed with the proposal and 8% neither agreed nor disagreed. 7% of respondents agreed with a small proportion (1%) strongly agreeing. 0% felt they didn't know.

Levels of agreement were broadly similar between the individuals and organisations although a slightly higher proportion of organisations disagreed with the proposals (28% of organisations compared with 24% of individuals respectively) and a slightly higher proportion of individuals agreed with the proposals (7% of individuals compared with 4% of organisations).

**Table 2:** Views on raising fees by the same percentage (Base: All respondents)

<b>Q2. To what extent do you agree or disagree with the approach of raising fees by the same percentage across all registrant and applicant groups?</b>	<b>N and % individuals</b>	<b>N and % organisations</b>	<b>N and % Total</b>
<b>Strongly agree</b>	352 (5%)	3 (4%)	355 (5%)
<b>Agree</b>	1,200 (17%)	7 (10%)	1,207 (17%)
<b>Neither agree nor disagree</b>	943 (13%)	8 (11%)	951 (13%)
<b>Disagree</b>	1,118 (16%)	15 (21%)	1,133 (16%)
<b>Strongly disagree</b>	3,376 (48%)	37 (52%)	3,413 (48%)
<b>Don't know</b>	68 (1%)	1 (1%)	69 (1%)
<b>Total N and % of responses</b>	<b>7,057 (100%)</b>	<b>71 (100%)</b>	<b>7,128 (100%)</b>

We proposed to raise fees by the same percentage across all registrant and applicant groups. The largest proportion of respondents strongly disagreed with our proposal (48%). A further 16% of respondents disagreed and 13% neither agreed nor disagreed. 17% of respondents agreed with the proposal with a further 5% strongly agreeing. 1% felt they didn't know.

Levels of agreement were broadly similar between the individuals and organisations, although a higher proportion of organisations disagreed, or strongly disagreed, with the proposals (21% and 52% of organisations compared with 16% and 48% of individuals respectively) and a higher proportion of individuals agreed with the proposals (17% of individuals compared with 10% of organisations).

Just under two thirds of all respondents left explanatory comments to question 1 and 2. Set out below is an analysis of the themes found in their responses.

A number of these themes were found in responses to other questions and will therefore also be explored later in the report.



## 1.1. Summary of themes

Respondents who left open-ended comments to this question held strong views disagreeing with the proposals. Many respondents felt that the proposals would be an additional financial burden during a cost of living crisis. Some respondents disagreed on the basis that there were no, or little increase, in salaries and funding for pharmacy professionals and pharmacies.

Additionally, some respondents felt there was no benefit from fees and that the GPhC should provide better or more services for pharmacy professionals, and a payment plan. Some respondents felt there should be no increase or a long-term fee freeze and that the GPhC should reduce its expenditure (or find other ways to generate income).

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Additional financial burden
- No equivalent increase in salaries or funding
- No benefits from registration fees and better services required from GPhC
- Longer-term or permanent fee freeze
- GPhC should reduce expenditure or find alternative sources of income

## 1.2. Additional financial burden


The most common theme to emerge from the responses was that many respondents felt that the proposals would be an additional financial burden particularly during a cost of living crisis. A slightly higher proportion of organisations made this point compared to individual respondents.

The general view across most respondents was that an increase, any increase, is unaffordable, with some highlighting many are under exceptional financial pressure and that it is not appropriate to consider a fee increase at this time. Others felt it was inappropriate to discuss any increase to registration fees whilst the economic climate is so volatile and prices for basic essentials, such as rent and utilities, is so unstable. Some thought the fee increase was putting more and more pressure on pharmacists and the cost of living crisis is making it hard enough for them to be able to do their jobs effectively.

According to many respondents this increase will be too difficult to manage due to the increased cost of living with many already struggling to pay fees on top of other rising bills.

Similarly, some respondents said the cost of living is very high at the moment, fees are already high and trainees and pharmacy technicians will find it very hard to pay these fees. It was also expressed that raising fees affects day to day life.

Some organisations indicated that pharmacies are under immense pressure financially right now and need support from the regulator to help with costs. Some respondents mentioned that pharmacy



owners often pay both premises and staff fees so they will be impacted by the fee increase. Some, including NHS employees, argued that they would also be adversely affected, as unlike many of their colleagues in community pharmacy, they do not have their fees reimbursed by their employer.

### **1.3. No equivalent increase in salaries or funding**

Disagreeing with the proposal, many respondents stated that there had been no, or little, increase in salaries or funding. A higher proportion of organisations commented in this way compared to individual respondents.

Respondents stated the fee increase is higher than their pay increase as salaries have not increased by 7.5%. More specifically highlighting that NHS staff continue to face below inflation pay rises every year and a 7.5% raise appears disproportionately high when compared to the current economic climate and average salary growth rates. Others said that their salaries had stagnated and that they had not received a pay rise for a long time. Some pharmacy technicians stated their wage is unacceptably low as it is. Some respondents felt the justification for raising fees above wages is insufficient.

Of the organisations that responded in this manner, many said pharmacies and pharmacists are already under pressure with repeated cuts and increased costs and the fees for premises costs should not be increased at all since there is no additional funding for pharmacies. Some believed that any additional funding to support operational costs should come from the NHS or government.

Some organisations also said that they are experiencing increases in costs for drug procurement, significant funding issues, they need the regulator to be more supportive on the financial pressures that they face as a sector.

### **No benefits from registration fees and better services required from GPhC**


Criticising the GPhC, many respondents felt they received no benefit from their registration fees and argued that the GPhC should provide better, or more, services for pharmacy professionals.

Some respondents who held this view felt that the GPhC does not offer a good service to the pharmacy professionals it regulates with some describing their own negative experiences of interacting with the regulator.

Others felt the GPhC doesn't do enough for the profession or to support pharmacy professionals. Some individual respondents did not feel their fees offered value or money and are not proportionate to the amount of support provided. Respondents went on to say there was no real benefit to GPhC registration, particularly for pharmacy technicians.

Respondents also reasoned that the proposed increase in fees would not result in any additional benefit to the services or support they received and as such any increase could not be justified. Other respondents couldn't justify such a large increase in the cost of registration when there would be no change in the services they receive.

Some strongly disagreed with any rise in fees stating that there are only quarterly or yearly options for payment which causes financial issues particularly during a cost of living crisis, going on to say that if



there was a monthly option for direct debit, any rise would be more manageable. This was given as an example of how the GPhC could provide better services to its registrants.

#### **1.4. Longer-term or permanent fee freeze**

In opposition to the proposal, many respondents felt there should be no fee increase or a long-term freeze to fees. A higher proportion of organisations made this point compared to individual respondents.

More specifically, these respondents believed there should be no increase whilst managing the current financial climate and that the GPhC should freeze fees until the current cost of living pressure ends. Other had fears about future fee increases and how these would be managed.

The current cost of living crisis has followed a period of significant uncertainty for pharmacy professionals (and indeed the wider pharmacy team) specifically the Covid-19 pandemic and some respondents thought there should be no increase as we have just emerged from the pandemic and professionals are trying to get back to normal.

#### **1.5. GPhC should reduce expenditure or find alternative sources of income**

Many respondents, both individuals and organisations, felt the GPhC should reduce its expenditure or find other ways to generate income with some stating the GPhC should not be raising the fees but cutting their own costs.

Some of these respondents mentioned the GPhC pays too much for staff salaries while others highlighted the GPhC office location is exorbitant. Expanding on the latter point, some thought the GPhC should consider moving GPhC premises to somewhere less costly.

A few respondents felt the GPhC should use existing fees more efficiently and should find savings within their model instead of asking pharmacy professionals to pay for any increase in operating costs. Some respondents believed increased costs should be absorbed by GPhC and not passed on to registrants.


Some respondents highlighted the GPhC reported a surplus last year and there should be a reduction in overheads incurred by the central operations of the GPhC to offset inflation instead of passing this burden onto registrants. It was also suggested the GPhC should look for other money generating strategies and sources of income with a further suggestion of renewal every 2 years to reduce costs.

Others felt the GPhC requires significant modernisation to effectively regulate the profession.

#### **1.6. Other themes**

In addition to the themes outlined above, there were a number of other, less prevalent themes that emerged from the comments, the most common of which are captured below in order of prevalence. A broadly similar proportion of organisations and individual respondents made these points.

- Disagreeing with the proposals some organisations and individual respondents believed there should be differential fees within registrant groups. More specifically, some said there



should be reduced fees for part-time professionals or those on maternity/parental leave. Others felt large multiples should pay more than independent pharmacies.

- Some organisations and individual respondents thought the proposals would have a negative impact on workforce, pharmacy closures, staff retention and recruitment and may lead to a loss or shortage of registrants in the professions. Some thought the proposals may deter people from joining the profession. It was also expressed that raising fees will affect the amount of people who come into the profession.
- Some respondents, in agreement with the proposals, believed that the percentage increase should be same for everyone as everyone is affected by the cost-of-living crisis.
- In support of the proposals a few respondents accepted that costs go up and the increase is necessary.
- Some organisations and a few individual respondents believed that more details were required on the proposals, for example reasons why operational costs have increased and some also thought a more detailed plan on efficiency savings was required. Some also felt it would be helpful to clarify how the percentage increase of 7.5% was calculated.
- Disagreeing with the proposals some organisations believed the role of pharmacy professionals has expanded, taking on more work and responsibility and that they were undervalued for the work they currently do. This was also included in a few responses from individual respondents. Others thought it is unacceptable to be adding to current financial pressures on pharmacy professionals who have worked relentlessly throughout the pandemic.
- Some organisations and a few individual respondents believed that premises should pay more, individuals should pay less. Some highlighted internet pharmacies cost more to regulate so should pay more. An organisation believed the GPhC had not provided evidence to support its claim that fees are determined by the cost of regulating each registrant group. It highlighted that online pharmacies now account for 'more than 30 per cent of open fitness-to-practise cases' and argued that this 'should result' in a higher fee for premises owners. Some respondents felt fees should be proportionate to the cost of regulation and as certain sectors of the profession cost more to regulate, therefore they should have a higher proportion increase.
- Some respondents believed that the proposals would have a negative impact on those more likely to be on low pay including ethnic minorities, newly qualified professionals and disabled professionals. Some felt pharmacy technicians are lower paid, therefore there is inequality in enforcing the same cost increase across the board. Pharmacy technicians should be treated differently and (if essential) should have a lower percentage increase applied.



## 2. Implementation

**Table 3:** Views on the 7.5% increase (Base: All respondents)


Q3. Do you think the proposed increase of 7.5% is:	N and % individuals	N and % organisations	N and % Total
Much too low	17 (0%)	0 (0%)	17 (0%)
A bit too low	15 (0%)	0 (0%)	15 (0%)
About right	234 (3%)	4 (6%)	238 (3%)
A bit too high	1,077 (15%)	9 (13%)	1,086 (15%)
Much too high	5,647 (80%)	56 (79%)	5,703 (80%)
Don't know	67 (1%)	2 (3%)	69 (1%)
<b>Total N and % of responses</b>	<b>7,057 (100%)</b>	<b>71 (100%)</b>	<b>7,128 (100%)</b>

We proposed an increase of 7.5% to all fees. The largest proportion of respondents thought this was much too high (80%). 15% of respondents thought it was a bit too high and only 3% thought it was about right. Very few respondents thought it was a bit too low (<0%) or much too low (<0%). 1% of respondents did not know what they thought about the increase.

Levels of agreement were broadly similar between the individuals and organisations.

**Table 4:** Views on freezing fees until 2024 (Base: All respondents)

Q4. To what extent do you agree or disagree with our proposal to freeze fees for 2023 and delay the proposed increase until 2024?	N and % individuals	N and % organisations	N and % Total
Strongly agree	2,332 (33%)	24 (34%)	2,356 (33%)
Agree	1,506 (21%)	14 (20%)	1,520 (21%)
Neither agree nor disagree	1,873 (27%)	15 (21%)	1,888 (26%)
Disagree	303 (4%)	3 (4%)	306 (4%)
Strongly disagree	796 (11%)	13 (18%)	809 (11%)



Q4. To what extent do you agree or disagree with our proposal to freeze fees for 2023 and delay the proposed increase until 2024?	N and % individuals	N and % organisations	N and % Total
Don't know	247 (4%)	2 (3%)	249 (3%)
<b>Total N and % of responses</b>	<b>7,057 (100%)</b>	<b>71 (100%)</b>	<b>7,128 (100%)</b>

We proposed to freeze fees for 2023 and delay the proposed increase until 2024. The largest proportion of respondents strongly agreed with our proposal (33%) and a further 21% of respondents agreed. 26% neither agreed nor disagreed with the proposal to freeze fees until 2024. 4% of respondents disagreed with a further 11% strongly disagreeing. 3% felt they didn't know.

Levels of agreement were broadly similar between the individuals and organisations although a higher proportion of organisations strongly disagreed with the proposals (18% of organisations compared with 11% of individuals) and a higher proportion of individuals neither agreed nor disagreed with the proposals (27% of individuals compared with 21% of organisations).

Just under half of all respondents left explanatory comments to questions 4 and 5. Set out below is an analysis of the themes found in their responses.

NB. Many of these themes have come up before in the previous section but are set out below in the context of this question.

## 2.1. Summary of themes

Many of the comments echoed the feedback provided in section one. Many respondents supported the proposal to freeze fees until 2024 with some thinking there should be an extended freeze until the current cost of living crisis settles down, while others felt there should be no increase at all. Some respondents also felt there should be alternative payment methods and the regulator should improve the services it is offering if it is to raise fees. Additionally, some respondents felt that a delay to implementing the fee increase would enable GPhC to explore cost savings to prevent the fee increase from being needed.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Longer-term or permanent fee freeze
- Additional financial burden
- No equivalent increase in salaries or funding
- No benefits from registration fees and better services required from GPhC
- GPhC should reduce expenditure or find alternative sources of income



## 2.2. Longer-term or permanent fee freeze

The most common theme to emerge from the responses was that respondents felt that fees should not just be frozen until 2024 but should be frozen for a longer period. A large number of both individuals and organisations felt this way.

Some respondents who agreed with the freeze, felt it was needed to extend the freeze for a further 12 months to enable the economic situation to settle, others stated five years as a reasonable timeframe. Some respondents didn't state a timeframe but believed fees should be frozen indefinitely until the wage increases become stable and reasonable. Some indicated there is an assumption that 2024 will be a less adverse financial environment and it could turn out to be more demanding.

Some indicated that if inflation falls quite significantly the GPhC should review the decision for a 7.5% increase in fees and consider the economic point in time it is instated. Some respondents agreed with the freeze as it won't impact professionals this year but equally thought the right decision has been made to increase fees for 2024.

Some organisations welcomed the delay to the proposed increase but felt, given the current economic uncertainties and the pressures faced by many, that this would be a large jump in 2024. An organisational respondent believed that community pharmacy could not afford the cost increase now or next year when the situation is likely to be worse.

## 2.3. Additional financial burden

Another common theme in response to this question was the additional financial burden particularly when coupled with the cost of living crisis. Many respondents, both individual and organisational, strongly disagreed with the proposed increase regardless of the proposed date of implementation. Some stated that community pharmacies have been forced to find huge efficiency savings. Please refer to section 1.2 for further detail on this theme.

## 2.4. No equivalent increase in salaries or funding


Some organisations and individual respondents disagreed with the proposed implementation on the basis there was no, or little, increase in salaries and funding. Some felt it was hard to know if freezing the rise until next year is beneficial as pay is unlikely to increase by then.

Many individual respondents felt the percentage increase should be incremental and reflect salary increases across all sectors. A further few individuals stated that the proposed increase should be scrapped altogether until salaries across all sectors have increased by 7.5%.

## 2.5. No benefits from registration fees and better services required from GPhC

Some respondents were unsure what the registration fees were used for. Others believed that in any other business you would be asked to evidence what your services would deliver for increased charges.

Some individual respondents did not understand why the fee needs to go up for services when the services provided have not increased. A few individual respondents felt there was little impact of GPhC



in the community pharmacy sector, citing the reduction in pharmacies and the reduction of patient access to pharmacy.

Some respondents felt the GPhC in its current state has much reform to undergo and needs to increase transparency before considering a rise in fees.

Other respondents queried why there aren't any options for making payments including a direct debit payment method.

A few individual respondents believed the GPhC intended to increase fees regardless, adding they did not believe there should be a raise in fees unless more support is offered and the professions are listened to.

## **2.6. GPhC should reduce expenditure or find alternative sources of income**

Some organisations, in addition to a few individual respondents, opposed the proposed changes stating that the GPhC's operational costs must be reduced and a delay in increasing fees is required whilst other options for cost savings are explored. More specifically, some added the GPhC has the remainder of 2023 to make further efficiency savings and a further consultation should be planned for the end of 2023.

A common theme across many responses was that respondents believed savings should be found internally. Some respondents believed that a delay to implementing the fee increase will enable GPhC to explore these cost savings to prevent the fee increase from being needed.

Some pharmacy owners highlighted that pharmacies are expected to continue operating with no increases in funding, therefore the regulatory body should also make efficiency savings in the same way.

Focusing on the timing of introducing the proposed changes, many respondents thought it was crucial this aspect was fully considered. These respondents felt that the community pharmacy sector is under significant financial pressure and any increases in fees introduced by the GPhC must be considered very carefully in the context of protecting and assuring continually improving patient care and upholding safety.

An organisation welcomed some of the efforts made by the GPhC to reduce its cost base but believed that these should be taken further so that any fee increase is reduced.

## **2.7. Other themes**

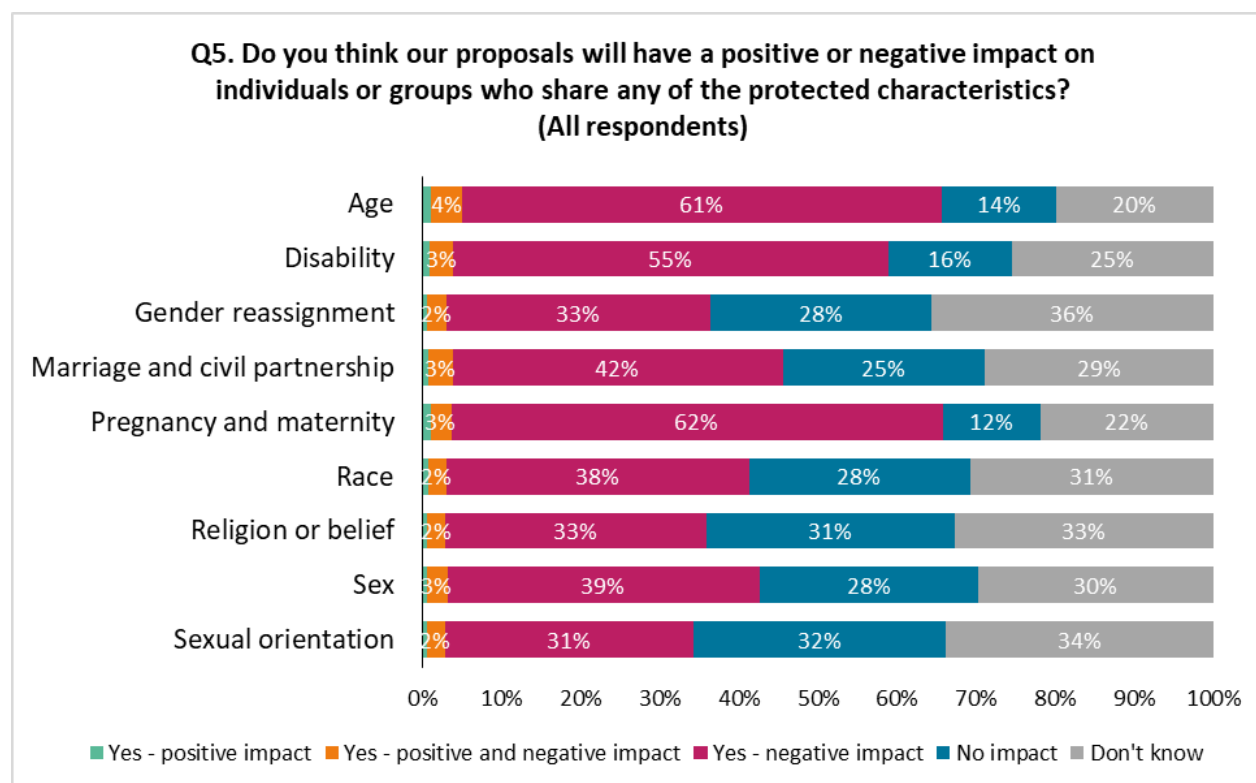
In addition to the themes outlined above, there were a number of other, less prevalent themes that emerged from the comments, the most common of which are captured below in order of prevalence. A broadly similar proportion of organisations and individual respondents made these points.

- Some organisations and individual respondents felt that the increase should be smaller, for example some mentioned 5% as a more reasonable increase, in line with wages. Some believed it would be better to increase by 2.5% this year so it is a gradual increase.

- A few respondents outlined the benefits of freezing fees until 2024 such as giving people adequate time to plan and resource the increase. An organisation, supporting the freeze, mentioned there may be some extra funding coming into community pharmacy in 2024 which will relieve the cost pressure a little bit.
- Some respondents required more information and detail on the reasons for the increase including what other cost saving measures are proposed. Others felt that if there was information on how the fees are actually being spent it would be better to justify. An organisation wanted to see more detail on the fixed assets being acquired.
- A small number of individual respondents felt the fees should be reduced instead of increased with some stating they should be halved.
- Some respondents believed the implementation of the changes would have a negative impact on workforce and pharmacy numbers, retention and recruitment with some stating it might put them off continuing to work as a pharmacy professional.

### 3. The impact of the proposed changes

**Figure 1:** Views of all respondents (N = 7,127) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010<sup>1</sup>



<sup>1</sup> Please note: One organisational respondent did not provide an answer to this question.

Figure 1 shows that, for six of the nine protected characteristics, the largest proportion of respondents (ranging from 38% to 62%) felt that the proposed changes would have a negative impact. The three exceptions to this were sexual orientation and gender reassignment where a larger proportion of respondents selected 'don't know' (34% and 36% respectively) and religion or belief where both 'negative impact' and 'don't know' were selected by the same proportion (33%).

Very few respondents thought there would be a positive impact of the proposals on people sharing protected characteristics and only a small proportion of respondents (ranging from 2% to 4%) felt that the proposed changes would have a positive and negative impact.

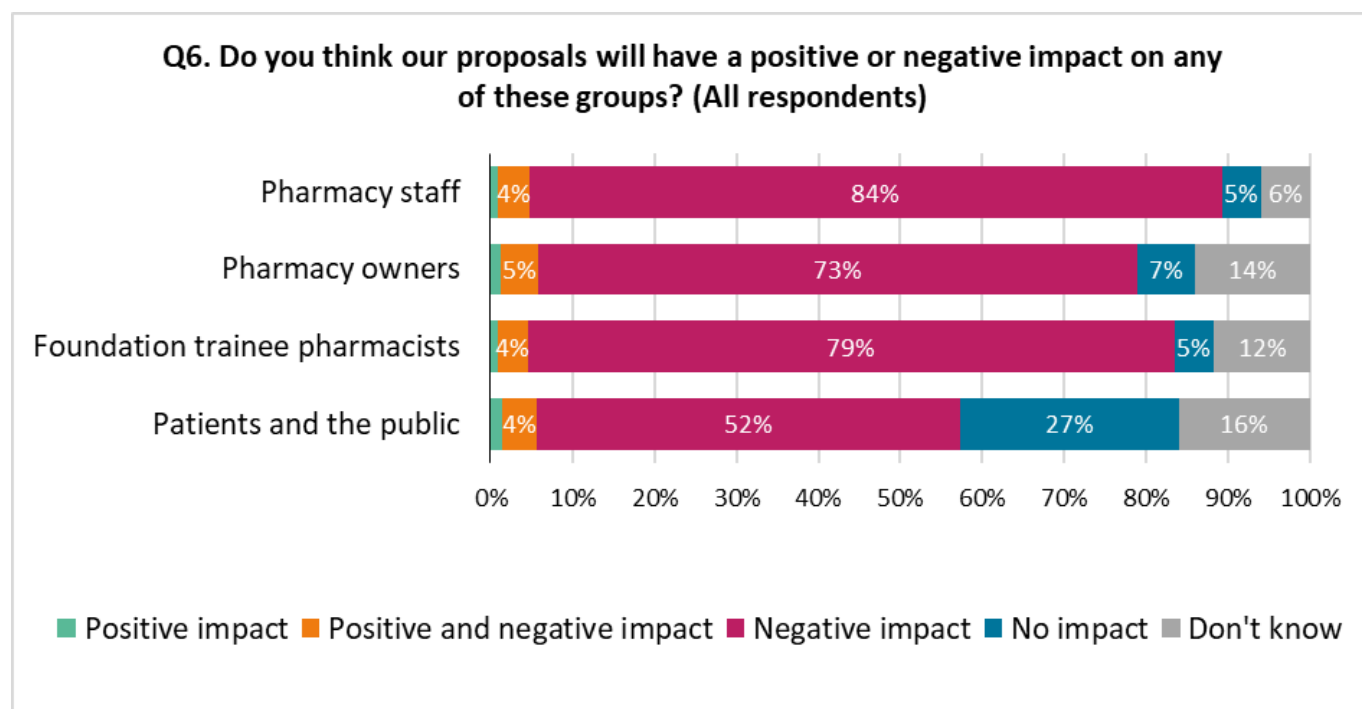
A range of respondents (between 12% and 32%) felt that the proposals would have no impact on people sharing one or more of the nine protected characteristics.

Across all the protected characteristics, a considerable proportion of respondents (between 20% and 36%) did not know what the impact of the proposals would be.

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

Around a third of all respondents left explanatory comments to question 5 and 6. Set out below is an analysis of the themes found in their responses.

**Figure 2:** Views of all respondents (N = 7,128) on whether our proposals positively or negatively impact any other individuals or groups






Figure 2 shows that the majority of respondents thought that the proposed changes would have a negative impact on pharmacy staff (84%), foundation trainee pharmacists (79%), pharmacy owners (73%) and patients and the public (52%).

As with protected characteristics, very few respondents thought there would be a positive impact on the groups listed and a very small proportion of respondents (ranging from 4% to 5%) felt that the proposed changes would have a positive and negative impact on any group.

A range of respondents (between 5% and 27%) felt that the proposals would have no impact on any group with 27% feeling that there would be no impact on patients and the public.

Across all groups a small proportion of respondents (between 6% and 16%) did not know what the impact of the proposals would be.

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

The following is an analysis of the themes found in these comments to the impact questions.

### 3.1. Summary of themes


Respondents shared views highlighting the negative impact of the proposals both in relation to those sharing protected characteristics and other groups. In opposition to the proposals, many respondents expressed that there would be a negative impact on workforce retention, recruitment and pharmacy closures. Respondents also highlighted that pharmacy professionals and pharmacies would be negatively impacted by the proposed changes. Similarly, a number of respondents recognised the negative impact that the proposals would have on patients and the public. Some respondents highlighted that those on low pay and those working part-time would more likely be negatively impacted by the proposals.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Negative impact on workforce retention and recruitment and pharmacy closures
- Additional financial burden
- Negative impact on all
- Negative impact on patients and the public
- Negative impact on low paid workers
- Negative impact on part-time workers

### 3.2. Negative impact on workforce retention and recruitment and pharmacy closures

The most prevalent theme to emerge from the responses was that the proposals would have a negative impact on workforce and pharmacy numbers, including the retention and recruitment of professionals. A higher proportion of organisations made this point compared to individual respondents.



More specifically, respondents stated that the impact may lead to less professionals on the register, staff being laid off and free delivery services stopped. Some felt the current community pharmacy funding challenges are making it very difficult to maintain viable community pharmacy businesses in local communities.

Some organisations felt that more cost pressures on pharmacy owners, who often pay the registration fees for their pharmacists, trainees and pharmacy staff will impact on the viability of pharmacies and contribute to more closures.

Some felt any increase to fees will have an impact as staff have less income so may decide it is just not worth being in this industry. This in turn will impact those pharmacy owners who may lose staff. Furthermore, many believed that less pharmacists and pharmacy technicians will want to remain in the professions as it's becoming too expensive to re-register. Other respondents felt increases will push many pharmacists into retirement and off the register.

Looking specifically at the primary care sector some felt pharmacy professionals may leave primary care sector to pursue higher paid jobs elsewhere. An organisation believed that pharmacy technicians are in demand and any impact on numbers would have a negative impact on the wider pharmacy team, potentially increasing risk to the patients and public. A few respondents talked about how this could have a negative impact on patients and the public, a theme that is picked up under section 3.5.

### **3.3. Additional financial burden**

Another common theme in response to the impact questions was the additional financial burden of increased fees with some respondents simply stating that with the cost of living crisis the workforce will be operating under increased financial pressure.

Others felt an increased financial burden on top of the additional operating costs experienced by all will lead to reduced margins and an overall deprecation in pharmacy services.

### **3.4. Negative impact on all**


Some respondents felt that every individual has different circumstances, and it is difficult to understand the broader impact but that it will impact everyone in some way. Others believed that when pharmacies permanently close, then everyone including patients, pharmacy staff and pharmacy owners, gets impacted negatively.

A more commonly held view across respondents was that taking more money from registrants will impact all and there will be a negative impact on all staff as everyone is affected by cost of living rises. Other respondents believed that if businesses cannot afford to operate as it is then increased costs will negatively impact the provision of services which in turn disadvantages all the vulnerable groups listed as well as pharmacy staff.

### **3.5. Negative impact on patients and the public**

Many respondents were concerned that the proposals would or could have a negative impact on patients and the public as all pharmacies will have to cut costs which will directly impact patient care.





Some respondents believed that any cost increase will ultimately impact the funds available for patient care and this will lead to an increase in risk of harm to patients, while others felt the proposed changes will no doubt impact patient access to services.

Some individual respondents felt the proposals could lead to poorer service due to a cost squeeze in pharmacy resulting in fewer staff for example. Therefore, the biggest group who will suffer are patients due to a lack of service provision if there are fewer pharmacy staff available. As mentioned in section 3.2 on retention of pharmacy professionals, the negative impact on numbers may lead to ramifications, potentially increasing risk to the patients and public.

### **3.6. Negative impact low paid workers**

Some respondents felt there would be a negative impact on those more likely to be on low pay. More specifically, respondents mentioned those newly qualified will be more impacted due to generally lower salaries. Some went further and said higher fees are a barrier to many pharmacists joining the register when qualified.

Others believed that younger, more junior, pharmacists who are paid less will notice the impact of any fee increase more, some highlighted that these younger pharmacists have student loans and are paying rent/mortgage and bills in a cost of living crisis.

On a different note, some respondents mentioned that female pharmacy professionals could be adversely affected by the increase in fees compared to male counterparts in organisations where equal pay does not exist or if they are on maternity pay.

Some felt that raising fees will especially impact students and minority groups whose funding may make their ability to afford these higher fees difficult. With higher barriers onto the profession, there will be a direct impact on the public, as there may be fewer pharmacists and technicians available. The latter themes are picked up under sections 3.2 and 3.5.


Some respondents suggested there was a need to introduce income related discounts which have the potential to support some pharmacy professionals who may be struggling.

### **3.7. Negative impact on part-time workers**

Some respondents felt the proposal to increase fees will negatively impact all those who chose to work part time or who may not be able to work full time, for any reason, including protected characteristics.

They believed it will have a disproportionately negative impact on women who choose to work part time after having children. Many felt it was unfair on those registrants who typically work reduced hours or part time (often those with caring or parental responsibilities, those returning from maternity leave or those reducing hours due to age or illness) to have the fee increased by the same amount as those who work full time.

Some respondents felt the registration fee is not equitable for those who are currently not actually practising, such as those who are undertaking maternity or paternity leave. They went further to say




that the GPhC is out of step with other regulators, such as the GMC, who have allowances in discounts for these circumstances.

### 3.8. Other themes

In addition to the themes outlined above, there were a number of other, less prevalent themes that emerged from the comments, the most common of which are captured below in order of prevalence.

A broadly similar proportion of organisations and individual respondents made these points.

- Disagreeing with the proposals some respondents felt the impact could be negative as there has been no or little increase in salaries and funding. More specifically, some felt that increasing fees by more than people have received as a pay rise will have a negative impact. Some felt this might risk the lowering of professional standards.
- Some respondents felt there would be a negative impact on those on maternity or parental leave. It was stated that pregnant women, and those on maternity leave, will be on a reduced income yet there is nothing in the consultation that addresses this group, and the proposed increase would burden them more.
- Criticising the GPhC, some respondents felt the fees provided no benefits for professionals and the GPhC should provide better, or more services, for pharmacy professionals. Some felt that the GPhC was increasing fees for which registrants see very little value, others felt the GPhC presented poor value for money. Some wanted to know what services would be added or increased as a result of the increased fees or would it be a case of additional costs with no benefits.
- Some felt that pharmacy professionals have taken on more responsibilities including all the additional work they did during the Covid-19 pandemic and as a result, they are already overworked and under-valued. Others were concerned with the substantial cost increase in medicines, in addition to staffing pressures that are being experienced by community pharmacy in Scotland, and that an increase in premises fees will have a further negative impact on the capacity to deliver the current pharmacy services. A few respondents believed that morale is low in the profession. Furthermore, they thought that paying out more with no visible benefit to ordinary members will reduce morale further.
- A few respondents indicated there could be a negative impact on the health and well-being of those affected by the proposals. Some felt that stress associated with financial worries will impact working ability and motivation for some professionals that are already over worked and stressed. More specifically, some believed professionals will need to work even longer to pay for the increase and this will put more stress onto pharmacy professionals and pharmacy owners.
- Some respondents thought the GPhC should reduce its expenditure or find other ways to generate income or there won't be enough pharmacies left to pay the fees. A few



respondents couldn't see any reasons why passing on increased costs to registrants is beneficial for them.



## Appendix 1: Summary of our proposals

Having carried out our review, we have found that despite efficiency savings our operating costs have increased. This increase has mainly been caused by a significant rise in the rate of inflation, which is **around 10% a year at the moment**. This has affected everything we do.

As a result, we are proposing a 7.5% increase in all the fees we charge for:

- pharmacist and pharmacy technician registration
- pharmacy premises registration, and
- the foundation training year

The proposed change would mean:

- pharmacist renewal fees would increase by £19 from £257 to £276
- pharmacy technician renewal fees would increase by £9 from £121 to £130
- pharmacy premises renewal fees would increase by £27 from £365 to £392

Our fees policy is key in guiding our thinking.

### Our fees policy

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, 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.

# Appendix 2: About the consultation

## Overview

The consultation was open for 12 weeks, beginning on 16 May and ending on 8 August 2023. To make sure we heard from as many individuals and organisations as possible:

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

## Survey

We received a total of 7,129 written responses to our consultation. 7,057 of these respondents identified themselves as individuals and 72 responded on behalf of an organisation.

Of these responses, 7,128 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 one response from an organisation writing more generally about their views.

## Social media

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

# Appendix 3: Our approach to analysis and reporting

## Overview

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

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

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

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

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

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

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

## Quantitative analysis

The survey contained a number of quantitative questions such as agree/disagree 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 been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A number (almost 50) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

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

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

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

Cells with no data are marked with a dash.

## Qualitative analysis

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

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

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

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

## The consultation survey structure

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

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



## Appendix 4: Respondent profile: who we heard from

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

### Category of respondents

**Table 5:** Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	7,057	99%
On behalf of an organisation	72	1%
Total N and % of responses	7,129	100%

### Profile of individual respondents

**Table 6:** Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	6,053	86%
Scotland	653	9%
Wales	279	4%
Northern Ireland	3	0%
Other	69	1%
Total N and % of responses	7,057	100%

**Table 7:** Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A pharmacist	5,333	76%
A pharmacy technician	1,486	21%
A foundation trainee pharmacist	166	2%

Are you responding as:	Total N	Total %
A pre-registration trainee pharmacy technician	32	0%
A pharmacy student	11	0%
A member of the public	12	0%
Other	17	0%
<b>Total N and % of responses</b>	<b>7,057</b>	<b>100%</b>

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

Sector	Total N	Total %
Hospital pharmacy	2,957	42%
Community pharmacy	1,810	26%
GP practice	946	13%
Primary care organisation	641	9%
Research, education or training	183	3%
Pharmaceutical industry	135	2%
Prison pharmacy	52	1%
Care home	13	0%
Other	297	4%
<b>Total N and % of responses</b>	<b>7,034</b>	<b>100%</b>

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

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	266	15%
Independent pharmacy chain (2-5 pharmacies)	287	16%
Small multiple pharmacy chain (6-25 pharmacies)	201	11%
Medium multiple pharmacy chain (26-100 pharmacies)	206	11%
Large multiple pharmacy chain (Over 100 pharmacies)	832	46%
Online-only pharmacy	18	1%
<b>Total N and % of responses</b>	<b>1,810</b>	<b>100%</b>

## Profile of organisational respondents

**Table 10:** Pharmacy organisation (Base: all organisations)

Is your organisation:	Total N	Total %
Registered pharmacy	50	70%
Organisation representing pharmacy professionals or the pharmacy sector	13	18%
NHS organisation or group	4	6%
Research, education or training organisation	1	1%
Other	3	4%
<b>Total N and % of responses</b>	<b>71</b>	<b>100%</b>

**Table 11:** Size of community pharmacy (Base: all registered pharmacies)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	20	39%
Independent pharmacy chain (2-5 pharmacies)	17	33%
Small multiple pharmacy chain (6-25 pharmacies)	6	12%
Medium multiple pharmacy chain (26-100 pharmacies)	4	8%
Large multiple pharmacy chain (Over 100 pharmacies)	2	4%
Online-only pharmacy	1	2%
<b>Total N and % of responses</b>	<b>50</b>	<b>100%</b>

## Monitoring questions

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

## Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses, and provided their consent to be listed in this report:

Association of Pharmacy Technicians UK

AutoMeds Pharmacy

Boots UK

Broughton Park Pharmacy Ltd

BUCHANHAVEN Pharmacy Ltd.

Butt & Hobbs Limited

Claygate Pharmacy

Community Pharmacy England

Community Pharmacy KCW

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists Association

Craig Hinks Ltd

Day Lewis Pharmacy

Dean & Smedley Ltd

Dev & Kalher Associates

Easons Pharmacy

FGL23

G Payne chemists Ltd

Guild of Healthcare Pharmacists

Hydepark Pharmacy

Imaan Healthcare

J & P Innes Ltd

John and John Ltd

Kamsons Pharmacy

Kanani pharmacy

MEDICINES 4 U LTD

Medipharma Ltd

MEJ Hingley & Co Ltd

My Pharmacy Standards  
National Pharmacy Association  
Ne group  
Nelsons Pharmacies  
NHS England  
Nunhead Pharmacy Ltd  
P & D Cards Ltd t/as Meds2home Pharmacy  
P&H Healthcare Ltd  
Pharmacist Support  
Roundhay Pharmacy  
RPS  
Singhs Medical Ltd  
SOUTHEND WEST CENTRAL PCN  
Sykes Chemists Ltd  
The Bath Pharmacy Co  
The Pharmacists' Defence Association  
Tobermory Pharmacy  
UNISON  
Westbourne pharmacy Ltd  
Witterings pharmacy  
WM Brown (Kingshurst) Limited t/a Browns Pharmacy

# Appendix 6: Consultation questions

## Our approach

Q1 To what extent do you agree or disagree with the reasoning we have given for increasing our fees to cover the increases in our operational costs?

Q2 To what extent do you agree or disagree with the approach of raising fees by the same percentage across all registrant and applicant groups?

Please give comments explaining your answers to the two questions above

## Implementation

Q3 Do you think the proposed increase of 7.5% is much too low, a bit too low, about right, a bit too high or much too high?

Q4 To what extent do you agree or disagree with our proposal to freeze fees for 2023 and delay the proposed increase until 2024?

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

## Impact of the proposals

Q5 We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

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

Q6 We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists, and patients and the public.

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

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

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

## Individual responses

**Figure 3:** Views of individual respondents (N =7,057) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

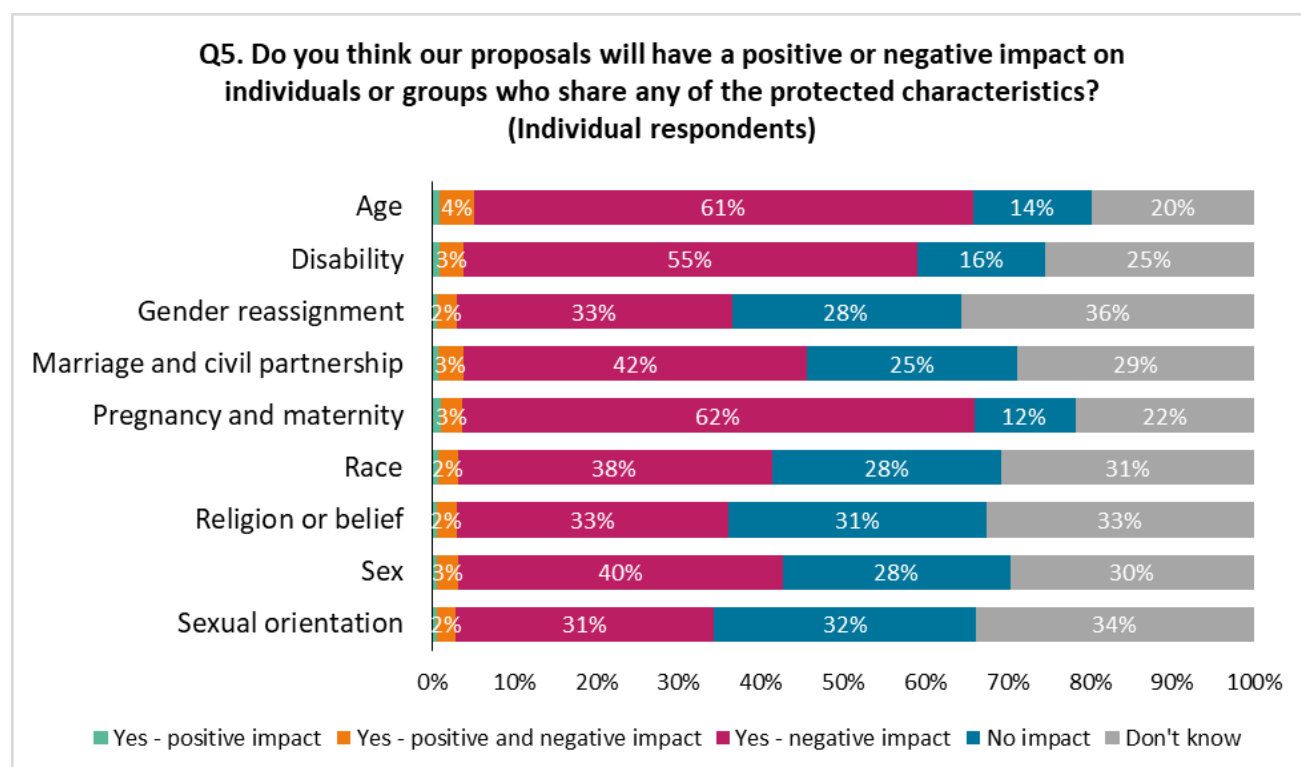


Figure 3 shows that the majority of individual respondents thought that the proposed changes would have a negative impact on individuals or groups who share the following protected characteristics pregnancy and maternity (62%), age (61%), disability (55%), sex (40%), marriage and civil partnership (42%), race (38%) and religion or belief (33%).

Very few respondents thought there would be a positive impact on individuals or groups who share any of the protected characteristics and a very small proportion of respondents (ranging from 2% to 4%) felt that the proposed changes would have a positive and negative impact.

A range of respondents (between 12% and 32%) felt that the proposals would have no impact on individuals or groups who share protected characteristics with 32% feeling that there would be no impact on the sexual orientation protected characteristic.

Across all protected characteristics a proportion of respondents (between 20% and 36%) did not know what the impact of the proposals would be.

NB. Please see section 3 in the main body of the report for the chart showing the overall responses and further analysis.

## Organisational responses

**Figure 4:** Views of organisations (N = 70) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010<sup>2</sup>

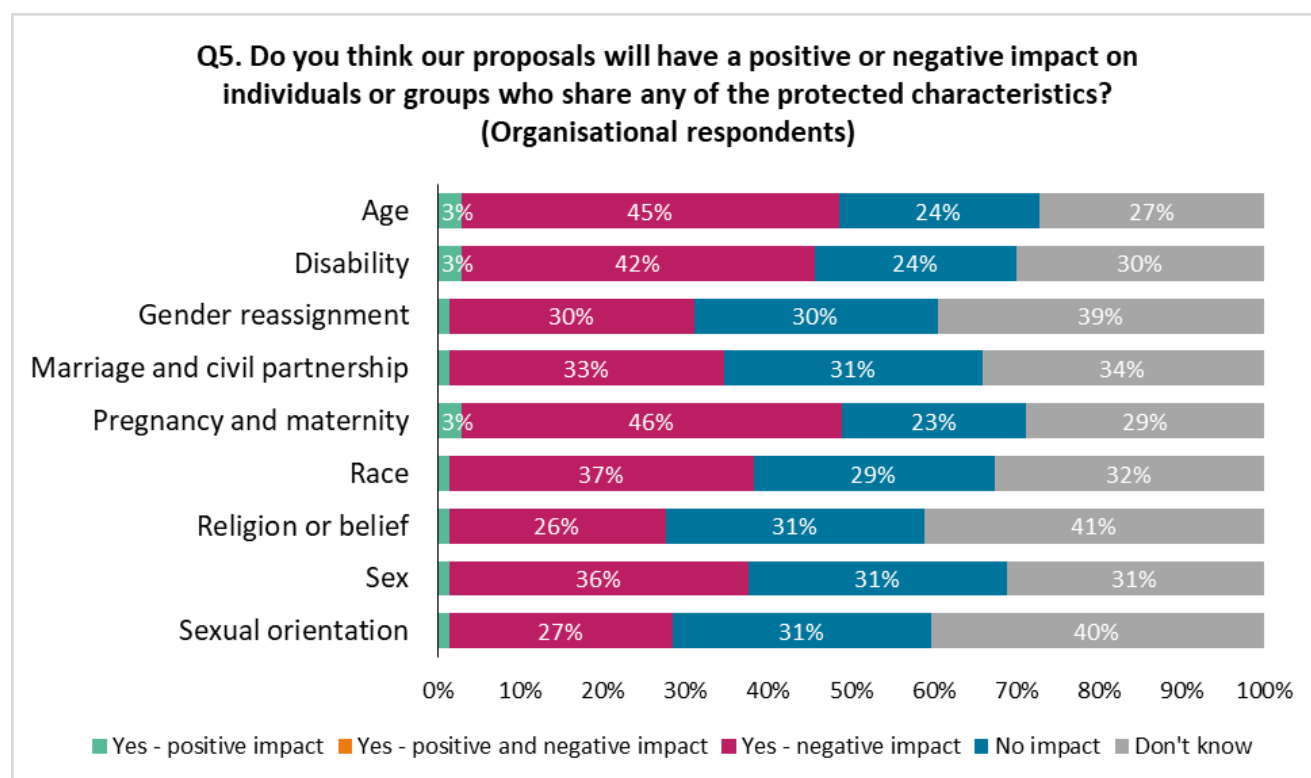


Figure 4 shows that the majority of organisational respondents thought that the proposed changes would have a negative impact on individuals or groups who share the following protected characteristics pregnancy and maternity (46%), age (45%), disability (42%), race (37%) and sex (36%). This is broadly similar to individual respondents with the exception of marriage and civil partnership and religion or belief.

Very few respondents thought there would be a positive impact on individuals or groups who share any of the protected characteristics and a very small proportion of respondents felt that the proposed changes would have a positive and negative impact.

A range of organisational respondents (between 23% and 31%) felt that the proposals would have no impact on individuals or groups who share protected characteristics.

Across all protected characteristics a proportion of organisational respondents (between 27% and 41%) did not know what the impact of the proposals would be.

NB. Please see section 3 in the main body of the report for the chart showing the overall responses and further analysis.

<sup>2</sup> Please note: One organisational respondent did not provide an answer to this question.



# Appendix 8: The impact of the proposed changes on other groups

## Individual responses

**Figure 5:** Views of individual respondents (N = 7,057) on whether our proposals positively or negatively impact other individuals or groups

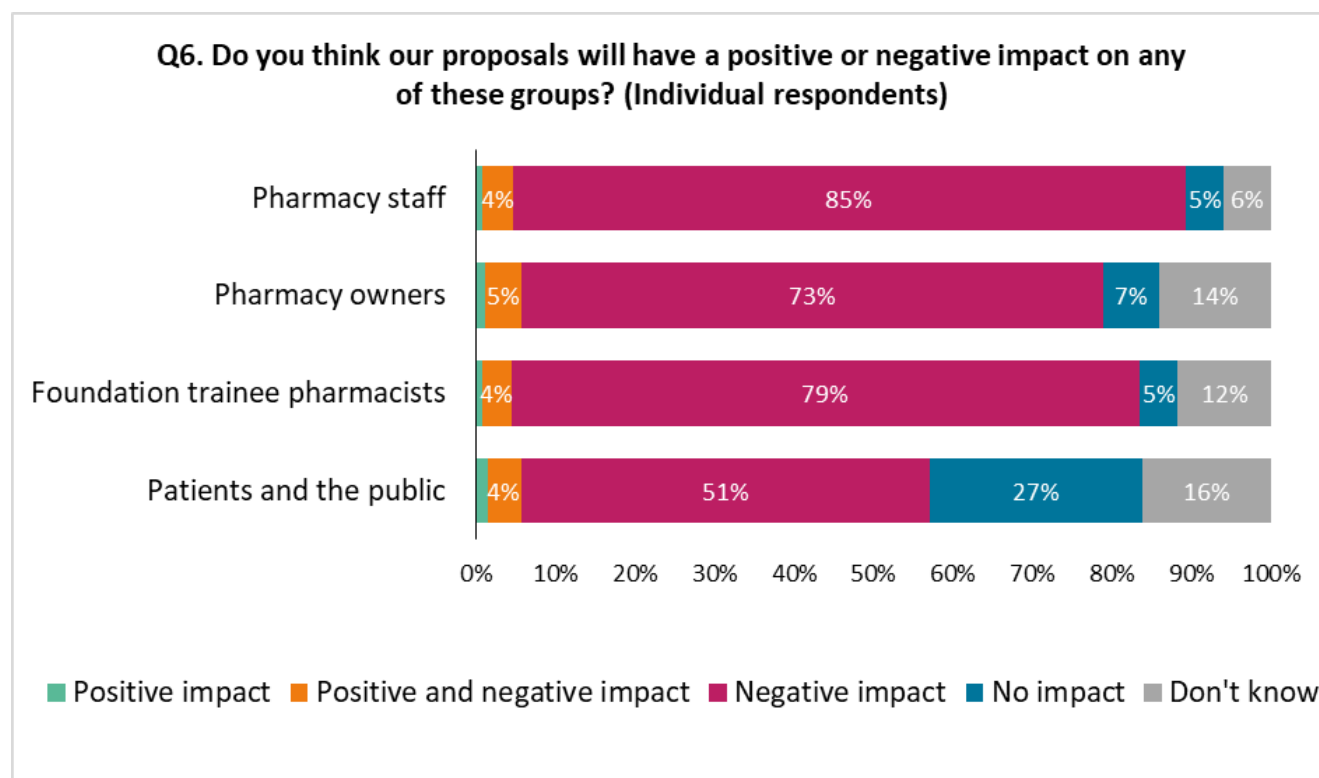


Figure 5 shows that the majority of individual respondents thought that the proposals would have a negative impact on other groups including pharmacy staff (85%), pharmacy owners (73%), foundation trainee pharmacists (79%) and patients and the public (51%).

Very few respondents thought there would be a positive impact on these groups and a very small proportion of respondents felt that the proposed changes would have a positive and negative impact (4 to 5%).

A range of individual respondents (between 5% and 27%) felt that the proposals would have no impact on these groups with 27% feeling that there would be no impact on patients and the public.

Across all groups (between 6% and 16%) did not know what the impact of the proposals would be.

NB. Please see section 3 in the main body of the report for the chart showing the overall responses and further analysis.

## Organisational responses

**Figure 6:** Views of organisations (N = 71) on whether our proposals positively or negatively impact other individuals or groups

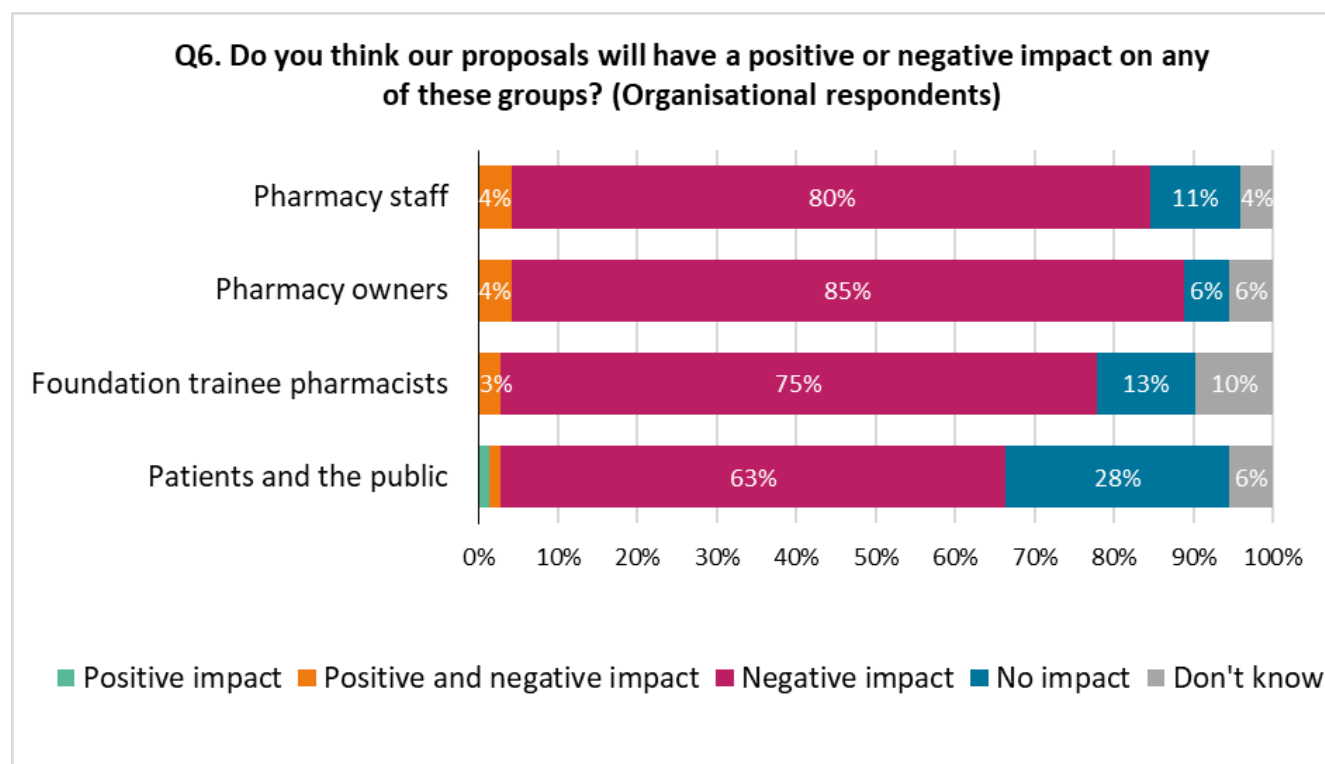


Figure 6 shows that the majority of individual respondents thought that the proposals would have a negative impact on other groups including pharmacy staff (80%), pharmacy owners (85%), foundation trainee pharmacists (75%) and patients and the public (63%). This is broadly consistent with individual respondents.

Very few respondents thought there would be a positive impact on these groups and a very small proportion of respondents felt that the proposed changes would have a positive and negative impact (4% and less).

A range of individual respondents (between 6% and 28%) felt that the proposals would have no impact on these groups with 28% feeling that there would be no impact on patients and the public.

Across all groups (between 4% and 10%) did not know what the impact of the proposals would be.

NB. Please see section 3 in the main body of the report for the chart showing the overall responses and further analysis.