

# Fee review: how we set our fees

March 2021



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# Contents

<b>About the GPhC .....</b>	<b>4</b>
<b>Overview .....</b>	<b>5</b>
<b>The consultation process .....</b>	<b>7</b>
<b>Part 1: Differential fees .....</b>	<b>9</b>
<b>Part 2: Introducing a multi-year fees cycle .....</b>	<b>14</b>
<b>Part 3: Charging for accreditation and reaccreditation, and for recognition and re-     recognition .....</b>	<b>16</b>
<b>Appendix A: Consultation questions .....</b>	<b>18</b>
<b>Appendix B: GPhC fees policy .....</b>	<b>21</b>
<b>Appendix C: Courses charged for accreditation and reaccreditation .....</b>	<b>22</b>

**The deadline for responding to this consultation is Wednesday 2 June 2021**

# About the GPhC

## Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

## What we do

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

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.



# Overview

As part of our long-term financial strategy we are looking at ways to:

- reduce our costs
- become more efficient
- use our reserves more effectively, and
- make sure that the people and organisations we regulate are paying an appropriate amount in fees

We are also looking into whether we can generate other income from our regulatory work.

This consultation is the second stage of our fee strategy, and is part of our wider financial strategy to deliver a financially stable organisation that can effectively fund the cost of regulation.

We are responsible for making sure we have the finances to carry out our regulatory role and fulfil our statutory duties. Under the Pharmacy Order 2010 ('the Order'), Parliament has given us the authority to:

- charge fees, and
- change the level of these fees, and
- make rules for our fees, so that the cost of pharmacy regulation is paid by the people and organisations we regulate

Pharmacy professionals and pharmacy owners benefit from effective regulation because it reassures patients and the public that they can have confidence in the pharmacy services they receive. We are mainly funded by the fees paid by pharmacists, pharmacy technicians and registered pharmacies. We receive a small amount of income from the fees we charge to

education providers. To continue to be an effective regulator whose aim is to protect the public, we need to make sure that those we regulate are paying the appropriate fees to help pay for that regulation.

When we set fees, we aim to be as fair and practical as possible. This includes each registrant paying for the cost of regulating their registrant group.

From January to April 2020 we ran a consultation on fees for registered pharmacies. We asked stakeholders for their views on whether fees for pharmacy premises should be charged according to how much it cost to regulate each pharmacy. According to 2018/19 figures, the fees paid by pharmacy owners had not kept pace with the costs of regulating pharmacies. The registration and renewal fee paid by pharmacy owners was £262 but the actual cost of regulation for this group for 2018/19 was £365 a year for each pharmacy (a difference of £103).

In July 2020, the governing council of the GPhC agreed to increase the registered pharmacy entry and annual renewal fees by £103. The consultation had proposed that the increase in fees would come into force in October 2020. However, because of the pressures experienced by the pharmacy sector during the coronavirus pandemic, the Council decided to delay bringing in the fees increase until April 2021.

In previous consultations, respondents have suggested other approaches to setting fees and suggested other areas where we could charge for regulatory work. The suggestion most often

raised was for us to introduce 'differential fees': that is, charging lower fees for people who were likely to be less able to pay. Two examples were people on parental leave or working part-time.

We decided to explore the issues respondents had raised and we used the fees consultation held in 2020 to ask whether the following areas were the right ones to consider:

- Having more flexible fee options, such as differential fees for those on parental leave.
- Setting fees over a longer period: for example, having 'multi-year fees cycles'. (This is where we would set fees for, say, the next three years)

Over half of respondents agreed that the areas we proposed were the right ones, so we looked at the feasibility of introducing differential fees and setting fees over a multi-year cycle. We:

- assessed previous attempts to introduce differential fees
- looked at the work of other regulators in this area
- analysed comments from previous consultation respondents (both for and against the introduction of differential fees), and
- carried out desktop research

This consultation only explores differential fees for individual registrants. We will explore the possibility of differential fees for pharmacy premises (based on type, turnover, or other size measures) in a later consultation when we focus on how we set fees for pharmacy premises.

In response to suggestions that we should charge for additional certain regulatory work, we have included in this consultation a question about whether we should explore:

- charging 'on at cost' recovery basis for accrediting and reaccrediting, or recognising and re-recognising, all training courses

Our findings and provisional views on differential fees and setting a multi-year fees cycle are explained below.

This consultation will run for 12 weeks from 10 March 2021 to 2 June 2021 and will ask for your views on:

- our preference not to introduce differential fees for individual registrants, and instead to keep a flat-fee structure
- our proposal to introduce a multi-year fees cycle for individual registrants
- whether we should explore charging for accrediting and reaccrediting, or recognising and re-recognising, all training courses

After the consultation, we will analyse the responses we receive and consider any changes that are needed.

We expect to have a consultation in 2022 on how we set fees for registered pharmacy premises.

# The consultation process

Our governing council carefully examined a range of information and evidence when considering this consultation. We want to test our thinking, and the Council want to have the best information available when making their decisions about setting and charging fees. They will meet to discuss the responses to this consultation in September 2021.

The consultation will run for 12 weeks and will close on 2 June 2021. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including pharmacy professionals, pharmacist prescribers, pharmacy owners, patients' representative bodies and others with an interest in this area.

We welcome responses to this consultation from everyone who has information and views. This will help us test our overall approach to fee setting, as well as the specific proposals. It will also help us to assess the potential impacts or benefits of the proposals.

After the consultation, we will publish a report summarising what we heard.

## Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes we need to make.

Our governing council will review the report on the consultation at a meeting in September 2021. They will consider the responses when making their decisions about our long-term fees

strategy – in particular, the possible changes to the framework for setting and charging fees.

We will publish our analysis of the responses and an explanation of the decisions we take together with an equality impact assessment. You will be able to see these documents on our website [www.pharmacyregulation.org](http://www.pharmacyregulation.org).

## Why we consult

We are required to consult before we set any standards or requirements under the Pharmacy Order 2010. We will also consult where necessary to make sure we exercise our statutory functions effectively and proportionately to meet our overarching objective of protecting the public.

## Responding to the consultation

### How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse how our plans might affect different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

### How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it. But we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

### Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you, and you may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

### How to respond

You can respond to this consultation by going to [www.pharmacyregulation.org/fees-review](http://www.pharmacyregulation.org/fees-review) and filling in the online questionnaire there.

We encourage respondents to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at [consultations@pharmacyregulation.org](mailto:consultations@pharmacyregulation.org).

### Other formats

Please contact us at [communications@pharmacyregulation.org](mailto:communications@pharmacyregulation.org) if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

### Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to: [feedback@pharmacyregulation.org](mailto:feedback@pharmacyregulation.org), or post them to us at:

**Governance Team**  
**General Pharmaceutical Council**  
**25 Canada Square**  
**London E14 5LQ**

Please do not send consultation responses to this address.

# Details of our proposals and the context

## Part 1: Differential fees

- 1.1 At the moment, our registrant groups – pharmacists, pharmacy technicians and registered pharmacies – all pay a flat-rate fee. Also, under our fees policy (see Appendix B), each registrant group pays for the costs of regulating that group. Individuals and organisations aren't charged based on their contact with our regulatory services. The policy also says that our fee structure should be as simple as possible. Up to now, we have not taken an individual registrant's ability to pay into account when setting fees.
- 1.2 Our Council has already noted that the fees rules don't provide for low-income registrants.
- 1.3 In previous consultations on the fees rules, some respondents have asked for 'differential' fees to be introduced for certain groups, feeling that the existing model is unfair. We carried out research on the idea of having differential fees for individuals. After discussing the findings, the Council provisionally came to the view that – on balance and in the interest of fairness – it was best to keep the present flat-fee structure for individual registrants. In this consultation we will explain the reasons for this view.
- 1.4 Respondents have previously suggested that the following groups are affected by financial pressures:
  - part-time workers
  - people on low incomes
  - people on maternity or parental leave
  - newly qualified registrantsSome respondents suggested that we should introduce differential fees for these groups. However, some respondents found the prospect of differential fees to be confusing, unnecessary, and both costly and difficult to bring in and administer. Others supported the present flat-fee model as more appropriate.
- 1.5 The fees policy says we should consider economic factors when setting fees. This could be taken to include the impact of fees on different groups of registrants, so it does not rule out the possibility of having varying fees within registrant groups. Therefore, we have assessed whether it is viable to introduce differential fees for certain groups.
- 1.6 Consultation respondents have previously pointed out that the different fees paid by pharmacists and pharmacy technicians shows that we already have differential fees. However, the difference in fees paid by pharmacy technicians and pharmacists is not based on their income. It is because of the smaller number of pharmacy technicians going through the fitness to

practise (FtP) process. This means that pharmacy technicians cost less to regulate than pharmacists, so the fees they pay reflect this. The role of pharmacy technicians is changing and we will keep reviewing the fees they pay so that, as a group, pharmacy technicians' fees will continue to reflect the cost of regulating them.

### Findings on differential fees

1.7 We assessed whether we should introduce differential fees for one or more of the groups mentioned above. Our conclusion so far is that differential fees were not viable for the following reasons:

1.8 Reducing fees for one or more of the groups would mean an increase in fees for others, as we have to cover the cost of regulation. This is unfair to people not eligible for differential fees.

1.9 It would take extra time and resources if we introduced differential fees. This would be because we would need to:

- check if claims were genuine
- carry out audits on self-declarations, and
- regularly collect and update information

This would increase the cost of regulation.

1.10 We know that some employers pay or reimburse fees on behalf of pharmacists and pharmacy technicians. So assessing the economic impact of fees may need to take account of employers' as well as individuals' ability to pay. This would take

extra time and resources which would increase the cost of regulation.

1.11 In the section below, we describe in more detail some of the specific things we considered for each of the four groups mentioned in 1.4 (above).

### Part-time workers

1.12 Respondents to consultations have suggested that the registration and renewal fees for part-time workers should be in proportion to the number of hours that they work.

1.13 We found four main issues around part-time workers:

- There is an assumption that part-time workers are on a lower income. Research carried out in 2016 showed that there are part-time workers in every income bracket. Differential fees for part-time workers would benefit all part-time workers – from the highest-paid chief pharmacists to the lowest-paid pharmacy technicians – and would therefore fail a basic test of fairness.
- Part-time working is a 'self-declared' status and so we would need to regularly audit declarations to make sure that a registrant's status remained the same. This would take extra resources and costs which would need to be met by people who did not pay differential fees.
- Part-time status is difficult to prove as the hours that someone works and their contracted hours may be different.

- The cost of regulation remains the same regardless of how many hours people work – it is not a ‘part-time’ cost.

### People on low incomes

- 1.14 We are aware that the General Medical Council (GMC) and the General Optical Council (GOC) charge different fees based on income. The GMC offers a 50% reduction in fees for people earning below £32,000 a year. The GOC offers a reduced fee for registrants earning less than £12,000 a year.
- 1.15 However, it would be difficult to set an appropriate fee for GPhC registrants on a low income. It would be easy to check the NHS pay grades for pharmacists and pharmacy technicians working in hospitals. But it is more difficult to get information about wages in community pharmacy, and there is limited published data we could use to verify what we are told. It is reasonable to assume that levels of pay vary more widely in community pharmacies.
- 1.16 The Royal Pharmaceutical Society of Great Britain used to offer a low-income fee scheme, with an earnings threshold for pharmacists of £16,500. The GPhC later reviewed how this scheme had worked in practice and found that around 50% of the claims that were checked were not genuine.
- 1.17 Like part-time work, being on a low income is a ‘self-declared’ status, and the

problems with checking that status are the same. A scheme that would be fair to all registrants would mean we had to audit self-declarations, and to regularly collect and update information. This would increase the cost of regulation.

### People on maternity or parental leave

- 1.18 In recent fees consultations, respondents have suggested that people on maternity or parental leave may find it harder to manage an increase in fees because their income is lower.
- 1.19 Statutory maternity leave is 52 weeks. All women must take at least 2 weeks off after the birth but can choose how much maternity leave they want to take, up to the limit. Some people are entitled to take some of this time off as shared parental leave.<sup>1</sup>
- 1.20 If a registrant takes a break of less than 12 months, effectively they only delay the following year’s payment. It is therefore probable that most people taking maternity and other statutory leave will continue their registration and renew according to their original schedule. If registrants apply for voluntary removal, they do not have to tell us why they want to do this. So we do not know how many applicants might be taking maternity or other statutory leave.
- 1.21 Anyone may apply to voluntarily remove themselves from the register. People who then apply for restoration to the register (after a period of longer than one month)

<sup>1</sup> For **more information on maternity pay and leave go to the Gov.UK website**. The

information in section 1.19 is correct at the time of publication.

pay fees equivalent to the annual renewal fee. If someone re-joins the register within a year, their annual renewal date remains unchanged, and their registration record is continuous. If someone re-joins after a year, they pay the same fees, but need to supply a portfolio of evidence that they meet the registration criteria. We then create a new annual renewal date.

- 1.22 Looking more widely at registration, there are some benefits from being on maternity or other statutory leave. For example: for revalidation, a registrant may be able to submit fewer records or be given more time to submit them.
- 1.23 We would need a change in the rules to introduce a scheme where some registrants, taking a break from the register of less than 12 months, would only pay fees for part of the year. It may also have a 'knock-on' effect; for example, people leaving the register for other reasons, such as retirement or moving outside Great Britain, may expect a reduction in fees. It then becomes complicated to estimate the number of people who might be affected, and the costs to the GPhC in unpaid or refunded fees. The costs would have to be met in some other way, such as an increase in fees for all other registrants.
- 1.24 It is also important to remember that regulatory activity is not spread evenly throughout a twelve-month period. For individuals, most regulatory costs occur at registration and renewal, or from action taken if a registrant is not meeting the standards expected of pharmacy

professionals. If a person decides to take maternity or parental leave for, say, six months, and suspend their registration, the cost of regulatory activity will be only slightly less than for someone who is on the register throughout.

### Newly qualified registrants

- 1.25 As well as giving reductions for people on low incomes, the GMC also reduces fees for doctors in their foundation years. Similarly, the Health & Care Professions Council (HCPC) gives a 50% discount to registrants in the two years immediately after they qualify.
- 1.26 It has been proposed that newly qualified GPhC registrants should receive a fees reduction in their first year after registration.
- 1.27 If we gave a 50% discount to all newly registered pharmacists and pharmacy technicians this would cost around £0.6m a year. This would need to be offset by increases in fees for other pharmacy professionals. The cost of the registration assessment is already partly subsidised by individual registrant fees as a way of strengthening the workforce.
- 1.28 An advantage of newly qualified pharmacy professionals paying differential fees is that there would be no need for self-declaration and audit. We would already have the information we needed. However, the pharmacy profession has a relatively 'flat' structure and comparatively high levels of self-employment and business ownership. So there is not necessarily a clear relationship between earnings potential and working history.

1.29 If differential fees were agreed for newly qualified registrants, this would also apply to registrants joining the register from outside the UK. These individuals are likely to have practised for more than two years, but on the basis of equal treatment it would be difficult to exclude them.

### **Registrants who have been through fitness to practise proceedings**

1.30 Some respondents to previous fees consultations have called for higher fees for registrants who have been through fitness to practise (FtP) proceedings. The purpose of the FtP process is to make sure that patients and the public receive safe and effective pharmacy services. All pharmacy professionals benefit from fitness to practise proceedings since they provide patients and the public with the reassurance that the pharmacy sector is being regulated effectively and that they will receive safe care. Although we are not proposing higher fees for registrants going through FtP, it is something that we will keep under review.

### **Conclusion**

1.31 Introducing differential fees for certain groups would introduce complexity to the fees structure. It would also introduce doubt and uncertainty as to the outcome when setting the fee level for those not entitled to differential fees. Therefore, the GPhC proposes to keep the current flat-fee structure for pharmacists and pharmacy technicians. This structure is based on the cost of regulation for each group and not on the income or other circumstances of individual registrants.

### **We are proposing to retain a flat-fee structure, rather than introduce differential fees, for registered pharmacy professionals.**

This means that all pharmacists will pay the same fee as each other, and all pharmacy technicians will pay the same fee as each other. In sections 1.1 to 1.31 (above), we explored differential fees for people working part-time, on low incomes, or on parental leave, and for newly qualified registrants.

We realise that differential fees would have benefits for some registrants, but our view is that these are outweighed by the costs that differential fees would add for most registrants. Our analysis found that setting differential fees would need significant extra time and resources to implement. This would drive up the costs of regulation, and increase fees for most registrants.

**Q1** Do you agree or disagree with our reasons for keeping the current flat-fee structure for pharmacists and pharmacy technicians?

**Q2** If you disagree, please select which group(s) you think should have differential fees, out of the following: people working part-time, on low incomes, on parental leave, newly qualified registrants, or other groups.

**Q3** Please tell us your views on our proposal to keep a flat-fee structure.

## Part 2: Introducing a multi-year fees cycle

- 2.1 After our last consultation we said we would take forward the proposal to set fees on a multi-year cycle. The following section gives our thinking on this.
- 2.2 The proposal is that fees for individual registrants would be set for a number of years, with a consultation being held before the implementation of each new multi-year cycle.<sup>2</sup>
- 2.3 For a multi-year fees cycle to be in line with the GPhC fee rules, we must consult on fixed and known figures. This means it is not possible for us to simply link fees to inflation.
- 2.4 We would therefore have to take a different approach. Proposed fees would be based on the projected costs of regulation for pharmacists and pharmacy technicians over a fixed period. This would have the benefit of directly linking fees to the activities involved in the delivery of the strategic plan over the same time period. The key arguments for this proposal are below.
- 2.6 Every time we change the fees rules we need to consult. Setting fees on a multi-year cycle, instead of a yearly cycle, would reduce consultation costs. So, for example, if the cycle was set at three years there would only need to be one consultation every three years instead of three yearly ones. This would reduce the burden on registrants of having to respond to consultations.
- 2.7 The proposed approach means that the effect of any increases to the cost of regulation could be smoothed out over time. For example, the role of pharmacy technicians is changing and we are keeping the fees they pay under review. As a group, pharmacy technicians' fees will continue to reflect the cost of their regulation, but any increase could be spread over a multi-year cycle.
- 2.8 Also, if we have to react to any deviations from our projected financial position, we can do this more gradually over the following multi-year cycle. If we still considered fees on a yearly basis we might have to do this over the course of just one year.
- 2.9 It is important to be clear that a multi-year approach does not mean that the fees across all registrant groups will be increased every year. We will set fees according to the financial information

### Considerations

- 2.5 Setting a multi-year fees cycle would allow for better forward financial planning for us and registrants. It would provide more certainty over a longer period than has previously been the case.

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<sup>2</sup> A consultation on the setting of fees for registered pharmacies is scheduled to take place in 2022.

available at the time. This may mean that in some years they could stay the same.

- 2.10 By taking this approach, the GPhC would be setting costs by considering the impact of future plans, rather than by looking back at money already spent on regulation. So to implement a multi-year fees cycle, we would need to have a good understanding of the costs of our plans for future years.
- 2.11 By setting fees on a three-year cycle we will limit our ability to adjust fees every year to take into account changes to our costs. However, a longer-term approach to fees would allow us to manage resources and reserve levels over a longer period with more certainty.
- 2.12 However, there may be an emergency situation which we could not have foreseen. If we could not meet extra costs by using our financial reserves, our first step would be to see what savings we could make, while still meeting our statutory duties. If this was not enough, we may need to make 'exceptional' fee changes during a multi-year cycle. We would do our best to avoid this, but we may have to adjust fees to take account of the situation. We would hold a consultation, and this would include an explanation of the changes and why they are necessary.

**We are proposing to introduce multi-year fees cycles, rather than yearly fees cycles, for registered pharmacy professionals.**

This means that fees for pharmacists and pharmacy technicians would be set for a number of years rather than being reviewed every year. We have explained our reasons for this proposal in sections 2.1 to 2.12 (above). We think that multi-year fees cycles will:

- allow for better forward financial planning for both us and registrants
- reduce the number of consultations we run
- reduce costs and the pressure caused by carrying out and responding to a consultation exercise, and
- allow us to smooth out any increases over a longer period

**Q4** Do you agree or disagree with our reasons for introducing multi-year fees cycles for individual registrants?

**Q5** Do you have any comments about this proposal?

## Part 3: Charging for accreditation and reaccreditation, and for recognition and re-recognition

3.1 We are committed to continuing to improve our efficiency and effectiveness across all areas of the GPhC. As part of this, we are considering creating new sources of income. Respondents to previous fees consultations have suggested that we charge for any extra work that we do. One area to consider is charging for approving education and training courses.

3.2 We approve education and training courses by accrediting and recognising them. These courses lead to:

- registration as a pharmacist or pharmacy technician, or
- annotation as a pharmacist independent prescriber

We also approve training for non-regulated support staff in the pharmacy team.

3.3 Accreditation and reaccreditation, or recognition and re-recognition visits, are part of the process to approve education and training providers and recognise pharmacy courses leading to registration and annotation. Accreditation means that all the processes around a course have been reviewed for quality assurance purposes, to make sure that the course of education or training meets the relevant GPhC standards, accreditation criteria or training policies. Recognition is the approval of national qualifications delivered country wide.

3.4 At the moment, we charge for some approval activities but not others (see Appendix C). The general principle has been that accreditation and recognition events linked directly to registration or annotation are a 'core function' of the regulator. Therefore, the regulator absorbs the costs. This principle is applied by most healthcare regulators, including the GMC, GDC and the Nursing and Midwifery Council (NMC). However, costs being 'absorbed by the regulator' actually means that costs are paid for by the people and organisations who pay the regulatory fees.

### Legislation

3.5 The GPhC may charge reasonable fees for its work and the work of its committees, as set out in the Pharmacy Order, Article 65:

*65.— General fees*

*(1) Subject to paragraph (2), the Council may charge such fees as it may reasonably determine in connection with the exercise of its functions, or the functions of its statutory committees.*

*(2) No fee may be charged, pursuant to paragraph (1), in connection with the exercise of a function where provision is made elsewhere in this Order for the charging of a fee in connection with the exercise of that function.*



3.6 One of these statutory functions is set out in article 4(3)(e):

*4(e) to set standards and requirements in respect of the education, training, acquisition of experience and continuing professional development that it is necessary for pharmacists and pharmacy technicians to achieve in order to be entered in the Register or to receive an annotation in the Register and to maintain competence*

3.7 Accreditation and reaccreditation are both part of the functions in Article 4(3)(e) concerning education and training.

3.8 So the legislation allows us to charge a fee for accreditation and reaccreditation, and for recognition and re-recognition events.

3.9 The legislation says that we have to consult on the fees we charge to individual registrants and for pharmacy premises. But we do not have to consult or make rules to charge a reasonable fee under Article 65 for accreditation and reaccreditation, and for recognition and re-recognition events. However, it is good practice to consult when proposing any new charges.

### The charges we make now

3.10 At the moment, we charge all courses for accreditation apart from those for independent prescribers. A few, but not all, courses are charged for reaccreditation. We do not charge for

recognition or re-recognition (see Appendix C).

3.11 When we do charge, we do so 'at cost'. Costs charged back to providers cover:

- fees for accrediting or reaccrediting team members
- GPhC staff costs (including overheads)
- accommodation, travel and subsistence
- meeting-room hire and catering
- direct office costs such as photocopying and postage

3.12 We are due to begin a review of how we carry out accreditation. Before that review, we are keen to understand whether our proposal for charging for the accreditation and reaccreditation of all training courses, at cost, is reasonable and should be considered. We would also like to hear views about whether charging for recognition and re-recognition, at cost, should also be explored.

**At the moment, we only charge fees for some courses that we accredit and reaccredit, or recognise and re-recognise (see Appendix C). We are reviewing whether we should extend the charging of fees to include all courses, 'at cost'. By this we mean we will charge training providers the amount it costs us to carry out the accreditation and reaccreditation, or recognition and re-recognition.**

Q6 Do you think we should explore whether we should charge for accrediting and reaccrediting, and for recognising and re-recognising, all courses, 'at cost'?

Q7 Please give the reason(s) for your response to the question above.

# Appendix A: Consultation questions

## Part 1: Differential fees

**We are proposing to retain a flat-fee structure, rather than introduce differential fees, for registered pharmacy professionals.**

This means that all pharmacists will pay the same fee as each other, and all pharmacy technicians will pay the same fee as each other. In sections 1.1 to 1.31 (above), we explored differential fees for people working part-time, on low incomes, or on parental leave, and for newly qualified registrants.

We realise that differential fees would have benefits for some registrants, but our view is that these are outweighed by the costs that differential fees would have for most registrants. Our analysis found that setting differential fees would need significant extra time and resources to implement. This would drive up the costs of regulation, and increase fees for most registrants.

**Q1 Do you agree or disagree with our reasons for maintaining the current flat fee structure for pharmacists and pharmacy technicians?**

**Q2 If you disagree, please select which group(s) you think should have differential fees, out of the following: people working part-time, on low incomes, on parental leave, newly qualified registrants, or other groups.**

**Q3 Please tell us your views on our proposal to keep a flat-fee structure.**

## Part 2: Introducing a multi-year fees cycle

**We are proposing to introduce multi-year fees cycles, rather than yearly fees cycles, for registered pharmacy professionals.**

This means that fees for pharmacists and pharmacy technicians would be set for a number of years rather than being reviewed every year. We explained our reasons for this proposal in sections 2.1 to 2.12 (above). We think that multi-year fees cycles will:

- allow for better forward financial planning for both us and registrants
- reduce the number of consultations we run
- reduce costs and the pressure caused by carrying out and responding to a consultation exercise, and
- allow us to smooth out any increases over a longer period of time

**Q4 Do you agree or disagree with our reasons for introducing multi-year fees cycles for individual registrants?**

**Q5 Do you have any comments about this proposal?**

### Part 3: Charging for accreditation and reaccreditation, and for recognition and re-recognition

At the moment, we only charge fees for some courses that we accredit and reaccredit, or recognise and re-recognise (see Appendix C). We are reviewing whether we should extend the charging of fees to include all courses 'at cost'. By this we mean we will charge training providers the amount it costs us to carry out the accreditation and reaccreditation, or recognition and re-recognition.

**Q6 Do you think we should explore whether we should charge for accrediting and reaccrediting, and recognising and re-recognising, all courses, 'at cost'?**

**Q7 Please give the reason(s) for your response to the question above.**

### Equality and impact questions

We want to understand whether our proposals may 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/ethnicity

- religion or belief
- sex
- sexual orientation

**Q8 Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?**

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, pharmacy owners, pharmacy staff or education and training providers.

**Q9 Do you think our proposals will have a positive or negative impact on any of the following groups?**

- Patients and the public
- Pharmacy owners
- Pharmacy staff
- Education and training providers

**Q10 Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.**



## Appendix B: GPhC fees policy

1. 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.
2. 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.
3. 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.
4. We will balance the above factors with the need to minimise complexity in our fees structure, which can increase costs overall.
5. We will ensure we consider external factors, including economic factors, when setting fees, alongside the need to carry out our statutory functions effectively.
6. 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.
7. We will continually strive to identify efficiencies in our regulatory operations and set these out when consulting on fees.
8. 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 C: Courses charged for accreditation and reaccreditation

Charges are made 'at cost'.

**Table 1: Courses charged for accreditation and reaccreditation**

Course	Approval type	Approval stage	Charged to provider?
Support staff courses	Recognition*	Initial recognition	x
		Re-recognition	x
	Accreditation	Initial accreditation	✓
		Reaccreditation	✓
Pharmacy technician qualification/courses	Recognition*	Initial recognition	x
		Re-recognition	x
	Accreditation	Initial accreditation	✓
		Reaccreditation	✓
Master of Pharmacy degree (MPharm)	Accreditation	Initial accreditation (steps 1–7)	✓
		Reaccreditation (including interim events)	x
Master of Pharmacy degree taught in-part overseas (MPharm 2+2)	Accreditation	Initial accreditation (steps 1–3)	✓
		Reaccreditation (alongside UK MPharm)	x
Pharmacy Foundation degree	Accreditation	Initial accreditation	✓
		Reaccreditation (alongside UK MPharm)	x
Overseas Pharmacists' Assessment Programme (OSPAP)	Accreditation	Accreditation	✓
		Reaccreditation	✓



Course	Approval type	Approval stage	Charged to provider?
Independent prescribing	Accreditation	Accreditation (including monitoring events)	x
		Reaccreditation	x

\***Recognition** relates to the approval of national qualifications delivered country wide. These courses are based on the quality credit framework and agreed national occupational standards. We recognise the quality assurance of these awarding bodies and do not directly accredit the specific providers.



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