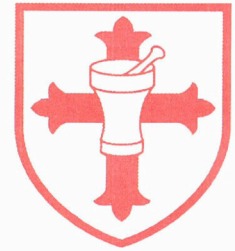




GHP

*Guild of
Healthcare
Pharmacists*



12th August 2010

Draft 2011 Fees Rules
Consultation Response
GPhC
129 Lambeth Road
London
SE1 7BT

Dear Sirs

Consultation on the draft 2011 Fees Rules for the General Pharmaceutical Council

Response from the Guild of Healthcare Pharmacists

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by Primary Care Trusts (PCTs) and pharmacists employed by other public bodies such as the Commission for Social Care Inspection and the Healthcare Commission. The Guild is part of the health sector of the union Unite.

Question 1

Do you agree with the principle that the premises fees we set should cover the costs associated with the regulation of pharmacy premises?

Yes

Comments: We acknowledge that the GPhC will inherit a team of inspectors who will visit pharmacy premises regularly and that the bulk of the funds that were designed to improve the inspection programme is no longer available. The GPhC proposes that if the premises fee is not increased in order to compensate

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for the loss of previous funding then pharmacy professionals as a whole, would need to pay for this through higher renewal fees. Maintaining our emphasis on fair distribution of costs being reflected in fees charged the fees imposed on individual registered pharmacists or pharmacy technicians must not subsidise the fees associated with registration of premises as most of the inspection costs will relate to premises not individual practitioners. And therefore we support the principle that the premises fees set must fully cover the costs of regulating the premises.

Hospital pharmacy premises are regulated in a different manner to community pharmacy premises. Therefore we would expect to see a similar consistency in regulation but a different fee structure to reflect the reduced work carried out by the GPhC.

Question 2

Do you agree with the proposed increase in premises fees which will enable us to apply a consistent approach to Controlled Drug monitoring in Great Britain?

Unsure

Comments: The question implies that the increase in premises fees is solely for applying a consistent approach to Controlled Drug monitoring, whereas the GPhC's approach to setting fees for pharmacy in section 5.3, states "the increase is necessary for patient safety and the public interest" which in our view would surely include issues additional to Controlled Drug monitoring although we acknowledge that this is very important. In the interests of transparency the GPhC should provide details on how the proposed increase would be applied. This approach would be consistent with transparency shown in Section 6 'Proposals on the structure of fees for pharmacists, pharmacy technicians and pharmacy premises'. We would expect that for premises licensed with the CQC, that their officers will monitor the controlled drugs in these premises and as a result we would then expect the fees for these premises to reflect this.

Question 3

Do you agree with our intention for the fees we set to be more closely related to the cost of the activity?

Yes

Comments: We agree with the principle of aligning fees more closely with activity, but if registrants are subsidizing premises fees then, as eluded to in Question 1, we do not agree with this particular increase in fees.

Question 4

Do you agree that we should not offer a low income fee?

Yes

Comments: We agree that the principle function of the GPhC is to protect, promote and maintain the health, safety and wellbeing of members of the public, particularly those members of the public who use or need the services of pharmacy professionals, or the services provided at a registered pharmacy or by a hospital pharmaceutical service. We also agree that this principal function should apply to all pharmacy professionals but if the principle in Question 3 applies then income will be irrelevant of how much it costs to administer a registrant. Furthermore, providing evidence of this and validating the information would, in theory, increase the administration charges.

Question 5

Do you agree with the proposed additional fee for those pharmacy professionals who choose to pay by

quarterly direct debit? (see section 10 of the consultation document)

No

Comments: Paying by quarterly direct debit is a useful payment option for pharmacy professionals. However, we do not see the additional fee of £20 for administration costs being reasonable, and it represents approximately 10% of the fee. The RPSGB did not impose this charge.

If this additional fee was not imposed then this could ensure a regular quarterly income as money residing in the bank would not accrue this much interest. This could be a better approach for the low income solution, as all registrants could access this to spread payments over the year.

Also, the reliable method of collection of payment by direct debit should negate the need for the administrative fee. We would expect transparency to prevent further administration fees being imposed.

Question 6

Do you have any other comments you wish to make?

1. The aspect of fairness of the fees is based on an assumption that the costs of administering Pharmacy Technician registration is substantially less than that of a pharmacist and the fees are adjusted accordingly. There is at this point no evidence of this differential costs but we accept that technician registration is a new concept which we support and we would expect this to be kept under review. We do have several concerns that are outlined below.
 - (a) A comparison of the GPhC Fees Rules 2010 Consultation and the Consultation on the draft 2011 fees rules shows that the application fees have significantly changed between the two documents. Pharmacists and technicians will now pay the same fee but the overall cost has been weighted towards a higher renewal fee for pharmacists (about 30%) whilst the proposal for pharmacy technicians only shows a slight increase. In the interests of transparency the GPhC should provide the reasoning behind the newly calculated fees.
 - (b) The GPhC should provide a categorical assurance that pharmacists (and pharmacy technicians) are not subsidising the cost of inspection of premises in any way. There must be a fair distribution of costs being reflected in fees charged to pharmacy professionals and so we would hope that the fees imposed on individual registered pharmacists or pharmacy technicians must not subsidise the fees associated with registration of premises as most of the inspection costs will relate to premises not individual practitioners. We remain concerned that the powerful commercial lobby of the multiples may sway this debate.
 - (c) We also feel that pharmacists must not subsidise pharmacy technicians. There should not be a higher fee unless there is a clear and demonstrable increase in the administrative burden required for pharmacist registrants. If the administration costs are greater (e.g. for independent prescribers etc) then this could justify an increased fee for such registrants.
 - (d) The combined cost for a pharmacist to register and to join the professional body is larger than the current cost with the RPSGB, the difference being much greater than the rate of inflation. Many pharmacists were led to believe that this would not be the case and many feel they have been misinformed.
 - (e) For existing pharmacy professionals' renewals for registration for 2011 must be completed by 31st December 2010 and although the 'two month rule' to renew will not be enforced this year, registrants will need to know is when their next payment deadline for is for 2010. Although we have been informed that this will be notified in the Autumn, this must be clearly communicated by the GPhC.

2. There is no mention of fees for the minor relocation of pharmacy premises within the table under Section 8 – ‘Other fees we propose to charge’.

We hope these comments are of assistance

Our reply may be made freely available.

Yours faithfully

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Guild of Healthcare Pharmacists

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