Cost effectiveness and efficiency in health professional regulation.

Royal Pharmaceutical Society Response

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

What changes do you think regulators could make to be more efficient while also ensuring the public are still protected?

We would like the CHRE to consider the following points in relation to the above question:

Our view focuses on our experience of the General Pharmaceutical Council

1. **Fixed registration year**
   The General Pharmaceutical Council (GPhC) moved from a fixed registration year to a rolling year following their split from the Royal Pharmaceutical Society of Great Britain (RPSGB). This has caused considerable inconvenience for registrants, and in particular employers who often pay the GPhC fee, as a benefit, on behalf of their employees. Legally, employers need to ensure that all their employed pharmacists and technicians have paid their registration fee and to check this against the list of registrants struck off for non-payment. Previously, employers could do this on an annual basis but now checks have to be carried out throughout the year which has led to a significant increase in administration costs for employers.

The GPhC has also stated that the move from a fixed registration year to a rolling year has led to an increase in their costs. One of the reasons given by the GPhC for seeking increased fees for 2012 is '*the work we need to do to enable the register database to function on a rolling basis (as required by the Pharmacy Order 2010)'*[1].

We would like to see the GPhC move back to a fixed year registration as we see no reason why fees paid by registrants and pharmacy owners should rise merely to accommodate administrative processes that do not in any way benefit patient safety.

2. **Changing renewal date**
   A change of renewal date could be considered to coincide with a date when the majority of new registrants join (July / August).

3. **Charging for payments**
   The GPhC currently charges an extra £15 fee for setting up payment by quarterly direct debit. This obviously discourages the use of direct debits which are normally rolled over automatically. The GPhC also charges a 2% fee for payment by credit card. Both of these should be re-examined in light of recent government decisions about excessive charging by airlines and other organisations.

4. **Unnecessary administration**
   The GPhC is now charging premises owners a fee for removing a set of premises from the register whereas the RPSGB did not charge for this. Most removals occur when a business has relocated an NHS contract to another premise, for which they also pay a new premises fee. This means additional costs for the GPhC to process this additional fee.

5. **Fee levels**
   We note that the General Medical Council has recently announced that it is cutting its standard registration fee for doctors for its next registration year and has also increased by 50% the threshold for its low income discount. We would encourage the GPhC to also consider cutting fees in the near future.

6. **Duplication of roles**
   On occasions, pharmacist members have found that there has been a significant amount of duplication and/or overlap between the roles of the various organisations that have a regulatory role in community pharmacy, such as the GPhC's inspectors and the Primary Care Organisation (PCO). This has been particularly frustrating in the case of controlled drugs where there may have been minor discrepancies (such as the loss of a single tablet). Pharmacists have found themselves under investigation by both PCO staff and GPhC inspectors – it would be more efficient if one organisation led an investigation rather than two organisations investigating separately, and if a more proportionate approach to risk was taken.

We note on page 2 of the consultation document that the number of registrants for the GPhC is quoted as 28,664 (2009 figures). Having consulted with GPhC we can clarify that there are currently 45,236 pharmacists and 19,969 pharmacy technicians registered with the GPhC and we do not believe that the figure for pharmacists was significantly lower in 2009. We would suggest that the CHRE reconfirms these figures as obviously this will have an effect on the cost per registrant.

[1] GPhC Consultation: "Consultation on the draft 2011-12 fees rules" issued 17th Feb 2011, p19, Para 9.1, 4th bullet point.

Lindsey Gilpin
Chair, English Pharmacy Board

For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.