



PDA's response to the General Pharmaceutical Council's (GPhC): Consultation on draft changes to fees

August 2023

Summary

The General Pharmaceutical Council (GPhC) recently published a consultation on its proposed fee increase of 7.5% for every pharmacist, pharmacy technician and pharmacy premises.

The PDA is the largest pharmacists' membership organisation and represents the views and interests of employed and locum pharmacists. **More than 3,800 PDA members responded to the specific PDA survey which informs this response.**

Key Themes within the PDA response:

The findings from the PDA member survey and examples from other regulators to support a low-income reduced-fee concession for pharmacists

The significant disquiet observed in our member survey around the GPhC premises in Canary Wharf and the missed opportunity for relocation to less ostentatious offices.

The GPhC should disclose the requisite information about cost per registrant category to the PDA as contained in its Freedom of Information request and the more general concern around a lack of transparency.

The opacity of the GPhC budgets and the lack of detail around the £9.3m in fixed assets that the GPhC will purchase within the 2 financial years of 2023-2024 and 2024-2025 and any link to a decline in free reserves.

The repeated failure to publish an equality impact assessment as required under the 2010 Equalities Act.

Transparency of the consultation process

The GPhC discussed (and presumably approved) the proposed fee consultation at its April 2023 meeting ¹ which was held in private and behind closed doors. This contrasts with the full discussion paper published for the February 2015 meeting. ²

PDA members are concerned by the change in culture at the GPhC which seems to be less transparent.

The 2023 GPhC fee consultation states that:

“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...” The GPhC goes on to state that:

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

- ***pharmacist and pharmacy technician registration***

¹ Confidential business - Item 14. Fee proposal - For discussion - 23.02.C.10

<https://www.pharmacyregulation.org/council-meeting-23-february-2023>

² Public business - Budget and Fee proposals 2015-16 - General Pharmaceutical Council meeting 05 February 2015 - 15.02.C.02

Web link removed by GPhC – sourced from archive.

- *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.”*

The GPhC has stated in this 2023 consultation document, just as it has repeatedly done in a variety of documents over a timespan of many years (including in previous fee increase consultations) that:

“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.”

However, in its response to a PDA Freedom of Information request the GPhC failed to disclose the monetary breakdown of the costs for regulating each registrant group. This appears to be a further lack of transparency.

The PDA has asked the GPhC to undertake an internal review for the failure in providing the requested information and this review is ongoing. We also have concerns around the significant increase in the cost of regulating online premises which is not reflected in the proposed fee rise for pharmacy premises.

PDA member survey to inform this PDA response to the proposed fee increase

The PDA recognised that the proposed fee increase was yet another burden that individual pharmacists were being asked to bear during this cost-of-living-crisis. We wanted to learn our members views to help shape this PDA response to the consultation.

The PDA undertook a member survey in early July and received over three thousand and eight hundred responses which inform this consultation response.

We begin our response to the GPhC fee consultation by looking at key concerns expressed in by our members.

A low-income fee

Over 80% of respondents to the PDA survey confirmed that they paid their own GPhC registration fees. This shows the direct individual impact that any fee rise would have and especially for those not working full time.

We were also interested to hear the view of our members especially around the topic of reduced income fee (which is offered by other healthcare regulators to their registrants). Over 84% of all respondents favoured registrants who were on a lower income paying a reduced income fee even though only around 30% of respondents considered themselves as working part time (and thus more likely to be earning less than those working fulltime).

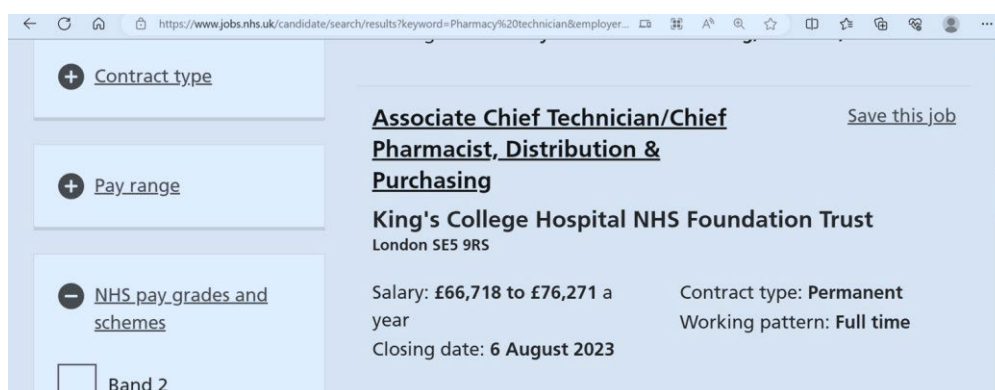
The GPhC has repeatedly refused to implement a reduced fee for any registrant that is earning a low income. In contrast the General Optical Council (GOC) offers a reduced income fee to dispensing opticians and optometrists. The registration fee for optometrists and dispensing opticians is identical.

The Office of National Statistics (ONS) ASHE data for 2022³ shows that the mean hourly earnings for optometrists are approximately £10 greater per hour than that of dispensing opticians.

Thus, we would expect more dispensing opticians to be claiming a low-income concession. However, a Freedom of Information request to the GOC which they transparently answered revealed that the number of optometrists paying a lowincome fee was greater than the number of dispensing opticians that were paying a low-income fee.

The same ONS data-table also shows that the mean hourly earnings for pharmacists are approximately £8.60 greater than those of pharmacy technicians.

Anecdotally, we know (from openly advertised posts) that there are many pharmacy technicians that are employed at salary levels that would exceed the income of pharmacists. Some pharmacy vacancies are also open to registrants who are either pharmacists or pharmacy technicians.



The screenshot shows a job listing on the NHS Jobs website. The job title is "Associate Chief Technician/Chief Pharmacist, Distribution & Purchasing" at King's College Hospital NHS Foundation Trust, London SE5 9RS. The salary is £66,718 to £76,271 a year. The contract type is Permanent and the working pattern is Full time. The closing date is 6 August 2023. The job is open to both pharmacists and pharmacy technicians.

An example of a vacancy which is open to both pharmacists and pharmacy technicians.

³ **Employee earnings in the UK: 2022**

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annuals/urveyofhoursandearnings/2022>

Health Science Services

Sort by COVID-19?

Specialist Pharmacist, Paediatric Hepatology and Gastroenterology Band 8a
Speciality: Pharmacy
King's College Hospital (Denmark Hill)
Job reference: 213-DH-6926
Closing: 10/08/2023

Principal Technician for Pharmacy Procurement & Distribution Band 8a
Speciality: Pharmacy
Princess Royal University Hospital
Job reference: 213-CORP-6928
Closing: 13/08/2023

CHAT NOW

An example of two distinct vacancies – both at Band 8a – one for a pharmacist and one for a pharmacy technician.

The benefits of a standard flat low-income concession would be fairer to both pharmacists on a low income and to pharmacy technicians on a low income.

When a low-income fee concession was offered by the previous pharmacy regulator (the RPSGB) approximately 10% of pharmacists were claiming that concession. The GPhC took over from the RPSGB as the pharmacy regulator in 2010 and immediately consulted on removing the concessionary rate. Following this fee “consultation” in 2010 and despite the views expressed by the majority of respondents to the 2010 “consultation” the GPhC went ahead and removed the low-income fee:

“2.33 Just over half of all respondents disagreed with the proposal to not offer a low-income fee.”⁴

Transparency and Cost Effectiveness - Premises

Pharmacists and their teams are working under increasing pressure and are continually being asked to be more productive. Our survey asked members on how the GPhC could become more cost effective. There were a variety of responses but the top recurrent theme was around the Canary Wharf location of GPhC offices. There was significant disquiet in the responses around the need or justification for the GPhC head office to be located in a prime location for financial institutions and especially with the growing acceptance of hybrid working.

The issue around the premises at Canary Wharf has been a long standing one and deserves some consideration. The GPhC has exercised its break option at 1 Canada Square in Canary Wharf and has vacated the premises. However, instead of moving outside of the financial district the GPhC has moved to its new premises at 1 Cabot

⁴ **September 2010: Report on the responses to the consultation on the draft 2011 fees rules for the General Pharmaceutical Council** Web link removed by GPhC – sourced from archive.

Square which are also located in Canary Wharf. The marketing brochure of the new premises shows an impressive building providing standards of space which are a world away from the quality of working environments in which most registrants practice.⁵

The GPhC papers of its February 2023 Council Meeting state:

“Overall, the like-for-like savings for the accommodation equate to almost £0.9m a year.”⁶

However, it fails to give a full and transparent account of the new lease, how it will save money, issues around dilapidations of its vacated offices, the fit-out cost and the actual total cost because all these issues were presumably discussed in private during a confidential session at the Council Meeting of November 2022.⁷ It does not discuss the further savings that could have been realised with a more significant change of location.

The GPhC gives no indication that it considered any office space outside of London and there are no discussions on the topic recorded in the open session of Council meetings. In stark contrast, the General Dental Council decided to relocate a significant portion of its activities to more cost-effective premises outside of London.

“In 2017, the GDC took a decision to move roles across our Registration, Fitness to Practise and operational support services to Birmingham as part of our Estates

Strategy. By the end of 2019 around 170 roles will have moved to Birmingham. The GDC’s headquarters and hearings facilities remain in London. Our current projections indicate that this programme will deliver net savings of circa £50m over 15 years, with payback on our investment being achieved in year four.”⁸

The recent Dental Council meeting in February 2023 confirmed that a further £3.6m in continued savings had accrued in the last financial year.⁹

⁵ **Marketing Brochure for the new General Pharmaceutical Council offices at 1 Cabot Square, Canary Wharf.**

<https://s3-eu-west-1.amazonaws.com/agents-society-assets-files/dc71eea5d0413a475f13f3c35e785a4cOne%20Cabot%20Sq%20Brochure%202023.pdf>

⁶ **General Pharmaceutical Council meeting Thursday, 23 February 2023**

<https://www.pharmacyregulation.org/sites/default/files/document/gphc-council-papers-23-february-2023.pdf>

⁷ **General Pharmaceutical Council meeting 10th November 2022 - Item 19. Approval of lease - 22.11.C.16** <https://www.pharmacyregulation.org/sites/default/files/document/gphc-council-papers-10-november-2022-updated.pdf>

⁸ **General Dental Council - Annual Report and Accounts 2018** https://www.gdc-uk.org/docs/default-source/annual-reports/annual-report-and-accounts-2018-final.pdf?sfvrsn=7b0e96c3_4

⁹ **General Dental Council - meeting on Friday 24 February 2023** https://www.gdc-uk.org/docs/default-source/council-meetings/council-meetings-2023/24-feb-2023---public-council---full-board-pack.pdf?sfvrsn=a2a57684_1

Transparency and Cost Effectiveness – Cost Allocation

There were a significant number of comments in the responses to the PDA survey about the GPhC's transparency on costs, how these costs are allocated and where to easily find information about this in the survey responses.

The GPhC has repeatedly stated that registration fees relate to costs incurred for each registrant group. However, they have failed to provide any evidence to substantiate this assertion. A PDA Freedom of Information request for the full analysis (which the GPhC claims it has) on how fees are set was not met and is now subject to a review.

The GPhC has also failed to provide information, following a separate Freedom of Information request in 2022, about comparative data for Fitness to Practice cases between pharmacists and pharmacy technicians.

This is one of the considerations and basis on which pharmacy technicians have always paid a lower registration fee than pharmacists and this was noted in the 2011 GPhC fees consultation – this is at a time when pharmacy technicians had only recently been required to register with a regulator so there would have been less cases involving technicians.

“The Council considers that it is appropriate to continue to set a lower fee for pharmacy technicians, bearing in mind the different levels of practice risk associated with the two professions and the small number of fitness to practise cases involving pharmacy technicians received by the RPSGB to date.”¹⁰

It is notable that in 2011, we can see that the GPhC reduced the registration fee paid by technicians from £142 to £120. This was within 8 months of it taking over the role of regulator from the RPSGB and despite not being fully informed about the cost of registration for each registrant group.

“Eight months since we became operational, we do not have the full year's cost information”¹¹

Similarly, it would seem that the cost for approving and accrediting institutions and courses are not being allocated appropriately:

“The cost of the Board of Assessors and the accreditation of the MPharm degree, are considered parts of the quality control process applicable to pharmacists entering the register and as such are allocated to pharmacists.”¹²

¹⁰ **General Pharmaceutical Council Meeting 19 May 2010 - 2011 Fees Rules consultation document Appendix 1 - 05.10/C/03** Web link removed by GPhC – sourced from archive.

¹¹ **General Pharmaceutical Council meeting 9 June 2011- Paper 06.11/C/03 - Public business** Web link removed by GPhC – sourced from archive.

¹² **General Pharmaceutical Council meeting 05 February 2015 15.02.C.02 - Public business – Budget and Fee proposals 2015-16** Web link removed by GPhC – sourced from archive.

The quote is from 2015 but even today we have little transparency on the costs for accreditation, and not just the direct costs but also the underlying structural cost for this.

The GPhC has an obligation to set fees for registrant groups according to the cost of regulation for that group. The GPhC also has a duty to charge fees for accreditation and approval of courses – not just the accreditation visits but also the total underlying cost relating to accreditation.

There has been a reduction in the number of pharmacy premises whilst there has been year on year increases in the number of pharmacists and pharmacy technicians. This means that pharmacy premises owners are contributing proportionately less of the total income of the GPhC. The GPhC has presented no evidence in this consultation that the cost of regulating pharmacy premises has reduced.

On the contrary, there has been a significant increase in the number of cases brought relating to online pharmacy premises and more than 30% of open Fitness to Practise cases at the GPhC relate to online pharmacy. ¹³

The disproportionate resources having to be allocated (and thus higher cost) to the regulation of online pharmacy premises is not new. A detailed paper was put to Council in 2021 outlining this ever-growing issue. ¹⁴

The PDA believes that if the GPhC was apportioning costs fairly then this huge increase in fitness to practice costs related directly to the cost of regulating online premises should result in a significantly higher fee for all premises owners and not the same flat 7.5% as proposed for all registrants.

Transparency and Cost Effectiveness – Reserves Policy and Balance Sheet

The PDA survey contained many open questions where respondents could express views via a free text box. One respondent noted the reserves held by the GPhC and how “*they have built up by collecting from the registrants*”. Another commented that “*it would be great to know how they spend money and on what.*” The GPhC consultation states the following:

“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.”

¹³ **The General Pharmaceutical Council has written to pharmacists and owners of pharmacies with the GPhC’s voluntary internet pharmacy logo, amid ongoing patient safety concerns affecting the online sector.** <https://www.pharmacyregulation.org/news/gphc-issues-advice-pharmacists-and-owners-about-risks-relating-online-services>

¹⁴ **General Pharmaceutical Council Meeting - Meeting paper for Council on 09 December 2021 - Online pharmacy services: regulatory update**
<https://www.pharmacyregulation.org/sites/default/files/document/gphc-council-papers-december-2021.pdf>

This is a dramatic statement. But is it a fair representation of the overall financial situation facing the GPhC?

When looking at the detailed budget paper linked of February 2023 which is linked in the consultation document, we can see a somewhat less dramatic situation.

Firstly, the balance sheet shown in the February budget paper, which is based on the current levels of fees, still shows an increase from £14.8m in 2022 to £16.9m in 2026. This is an organisation that looks to be doing very well even during this cost-of-living crisis and without the benefit of any fee increase.

Looking at this more closely reveals that even though the net worth of the organisation has increased by £2.1m the amount of cash has fallen significantly.

We should therefore ask where has this money gone? The clue is in the fixed asset valuation. This will balloon from £0.8m in 2023 to a staggering £10.1m in 2025. Some £9.3m will be spent in just this short 2-year period buying a lot of fixed assets. The figure may be higher as the accounts are opaque (it gets very technical here so let's just use the figure of £9.3m).

This seems to indicate that the GPhC has been on a serious and significant spending spree to purchase unspecified items.

We suspect that the bulk of this expenditure may be related to the fitout of the brand new offices at Cabot Square in Canary Wharf. We call on the GPhC to publish exactly where all this cash, accumulated from registrant fees is going to be spent in the context of the proposed fee increase.

That registrants, the public and organisations such as the PDA cannot be sure about these facts, is a consequence of the lack of transparency on GPhC finances.

The opaqueness and lack of transparency continues with the GPhC in the February 2023 paper stating that:

“So, it is expected that our reserves will reduce over the plan period and fall below our target range of 4-6 months. “

However, we are unsure when this policy changed or why it has changed because previously the GPhC had stated in its February 2019 meeting that it sought:

“..maintaining a prudent but not excessive level of free reserves in the range of 2-3 months of expenditure.” ¹⁵

¹⁵ **General Pharmaceutical Council meeting 7 February 2019**

<https://www.pharmacyregulation.org/sites/default/files/document/gphc-council-meeting-papers-01-02-2019.pdf>

In totality, the balance sheet, the fixed asset and reserves position when looked at holistically seem to indicate that the income generated by the GPhC from existing fee levels is more than sufficient to cover day-to-day operational expenditure. The GPhC needs to be fully transparent on the nearly £9.3m in fixed assets it is proposing to acquire and how much relates to fitting out its ostentatious new office space in Canary Wharf.

Response to questions

1. 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?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree ✓

Don't know

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

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree ✓

Don't know

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

The reasoning given for the proposed increase in fees is wholly inadequate. There is little by way of detail and no explanation around the substantial sums that will be spent on buying unspecified fixed assets. A significant portion of the so called "budget deficit" is actually a non-cash accounting item relating to the depreciation of the £9.3m in fixed assets, which the GPhC has committed to spend using registrants' fees.

The GPhC will have been aware of the impact of moving offices and yet we can see no evidence that it has even considered locating its offices away from the prime financial district of Canary Wharf. This is despite having the perfect opportunity to do so as its existing lease obligations came to an end in 2024. In choosing to remain in Canary Wharf the GPhC has made a conscious choice and it now needs to not only fully disclose the terms of the lease and the fit-out costs but it also needs to justify the financial basis on which it made that decision. This is registrants' money that is being spent by the GPhC.

The GPhC predicts a year-on-year increase in the number of pharmacist and pharmacy technician registrants. Similarly, there is an anticipated decline in the number of registered pharmacy premises. This means that the proportion of GPhC

income derived from premises will be notably lower year-on-year yet the cost of regulating premises and especially the regulation of online premises is rising significantly. The GPhC needs to evidence the basis on which it is proposing to raise fees by the same percentage across each registrant group.

Implementation

4. Do you think the proposed increase of 7.5% is:

- Much too low
- A bit too low
- About right
- A bit too high
- Much too high ✓
- Don't know

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

- Strongly agree ✓
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree Don't know

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

The PDA cannot support any fee rise, delayed or not, until there is full disclosure around.

- 1/ The approximately £9.3m in fixed assets that are being acquired
- 2/ The basis on which the GPhC acquired the new lease at 1 Cabot Square, Canary Wharf and the reasoning for not re-locating to more cost-effective at cheaper premises (for example like the General Dental Council relocation to Birmingham).

We have already discussed the broader narrative earlier in the document.

Impact of the proposals

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. These are:

Age – *strongly negative impact*
 Disability – *strongly negative impact*
 Gender reassignment - *unsure*
 Marriage and civil partnership – *strongly negative impact*
 Pregnancy and maternity – *strongly negative impact*
 Race – *strongly negative impact*
 Religion or belief - *unsure*
 Sex – *strongly negative impact*
 Sexual orientation - *unsure*

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

The National Association of Women Pharmacists (NAWP), which is a part of the PDA equalities network, were concerned around the impact of the fee rise on part-time women workers many of whom have caring responsibilities for children or elderly parents. They referenced a report which specifically noted the role of women carers and especially BAME women carers.¹⁶ NAWP considered it helpful if a fee structure was set proportionate to working hours and earnings capacity rather than the current flat fee structure.

Similarly, NAWP was concerned about the impact on older pharmacists and disabled pharmacists who may work less hours due to health reasons and less favourable working conditions.

Looking at a previous GPhC post consultation analysis of a fee increase in 2015 we know that the GPhC is fully aware of the impact on any rise on part-time workers:

“...it is reasonable to assume that part-time workers will on average earn less than those working full-time. Consequently they will be more greatly affected by an increase in fees. particular issues in relation to part-time workers, who are more likely to be female.”¹⁷

The impact of the fee proposal was also of concern to the PDA Ability Network who noted that disabled people were less likely to work full-time and suggested that there should be a part-time rate to reflect this. A further suggestion was that there should be a reduced rate (a medical exemption) for those with long-term conditions or progressive diseases.

¹⁶ **Carers mental and physical health** <https://www.iriss.org.uk/resources/esss-outlines/carers-mental-and-physical-health>

¹⁷ **General Pharmaceutical Council meeting 11 June 2015 15.06.C.01 - Public business - 2015 fees rules and consultation analysis** Web link removed by GPhC – sourced from archive.

The Ability network was also concerned about the impact of someone having to pay a full fee whilst away from work during a lengthy absence due to illness or having to pay a significant rejoining fee if they left the register temporarily due to illness.

Similarly, some members of the PDA BAME pharmacists network noted that the fee was an additional burden on top of paying a multitude of other fees they had to pay merely for the privilege of working to provide care for patients within what are primarily NHS settings.

We welcome that the General Pharmaceutical Council repeatedly asking this equality question in consultations. Equally, this does not negate the obligation the GPhC has to publish its own equality impact analysis alongside the consultation. It is a statutory duty imposed on the GPhC (as it on all public bodies) to impact assess its policies and good practice would be to share this impact assessment as part of the consultation.

We can compare how another healthcare regulator, the HCPC, approaches its obligation to undertake an impact assessment and publish it openly and transparently as part of the consultation so that respondents have a clear understanding of the impact were the proposal to go ahead. It notes in the Equality Impact Assessment published at the time of consultation:

“A full 12-week public consultation will be carried out. The consultation will ask respondents, who we anticipate will primarily be registrants or students in their final year of study, to help provide additional evidence about their sense of the likely impacts from the fee rise.” ¹⁸

We urge the GPhC to follow the good example of the HCPC and publish its Impact Assessment of the proposal in full – we presume the Governing Council of the GPhC will have been presented this prior to them approving the consultation.

Given that the Council discussed this fee proposal behind closed doors we simply cannot know what information was provided to Council for them to make a judgement on the fee proposal or how the equality impacts were discussed. These matters should not be discussed behind closed doors.

A similar situation can be spotted when looking at the analysis report of the 2019 fee rise consultation, discussed at the March 2019 GPhC Council meeting, which referenced an impact assessment which the GPhC stated it had carried out but it failed to publish it as promised within the meeting papers.

“A separate equality impact assessment has been carried out and will be published alongside this analysis report.” ¹⁹

¹⁸ **HCPC launches consultation on changes to fees - Equality Impact Assessment**

<https://www.hcpc-uk.org/globalassets/consultations/2022/hcpc-fees/consultation-on-changes-to-fees---equality-impact-assessment.pdf>

¹⁹ **General Pharmaceutical Council meeting - 7 March 2019 -Consultation on the draft 2019 fees rules: analysis report** <https://www.pharmacyregulation.org/sites/default/files/document/gphc-council-meeting-papers-07-032019.pdf>

This is a worrying pattern of behaviour around the repeated omissions in either producing or openly sharing the equality impact assessment that the GPhC has a statutory obligation to consider when making a fee increase proposal. We would refer the GPhC to a reference guide produced by the Equality and Human Rights Commission on The Public Sector Equality Duty for bodies such as the GPhC “Assessing impact and the equality duty: an eight-step guide.”²⁰

We also want to know if our proposals will have a positive or negative impact on:

Pharmacy staff – *strongly negative*

Pharmacy owners – *strongly negative*

Foundation trainee pharmacists – *strongly negative*

Patients and the public. - *strongly negative*

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

There is a significant risk that the impact of the proposal will be negative because potentially many part-time pharmacists could leave the profession and this would have a knock-on effect on other pharmacists having to work longer hours or pharmacy services across all sectors having to be restricted.

There could be a negative impact on pharmacy staff if there were to be fewer pharmacists on the register, as it could affect their training (usually provided or supervised by pharmacists) and they may also suffer further stress due to having to undertake work which they may not be fully qualified to undertake.

Pharmacy owners may be impacted negatively if many part-time pharmacists left the register and owners may have to pay higher salaries to secure the services of locum pharmacists.

Foundation trainee pharmacists may be impacted negatively if their trainers had less time to provide training or mentorship due to the trainer having to undertake increased patient facing duties and thus spending less time with the trainee.

Patients and the public would suffer a negative impact if pharmacies in the community and elsewhere had to restrict services as a result of a reduction in the overall number of pharmacists.

²⁰ Equality and Human Rights Commission - Assessing impact and the equality duty: an eight step guide <https://www.equalityhumanrights.com/en/advice-and-guidance/assessing-impact-and-equality-duty-eight-step-guide>

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy. Currently with a membership of more than 37,000, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow.

Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up-to-date experiences which have informed policies and future strategy.

This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting member issues from the coal face is further enhanced by regular member surveys and focus group interactions. The information in this document is largely built upon the experience of our members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.