



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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# **Future of Pharmacy Regulation in Northern Ireland**

## **Consultation Summary Report**

**November 2017**

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## SECTION 1: INTRODUCTION

- 1.1 On the 22 March 2016, the Department of Health (the Department) launched a consultation to consider the future of Pharmacy Regulation in Northern Ireland. The consultation ran for 12 weeks and closed on 14 June 2016. Significant pre-consultation discussion was held with a range of informed stakeholders and their views were appropriately incorporated into the consultation document. This report sets out a summary of the responses received and next steps.
- 1.2 The consultation was aimed at considering how best to strengthen and modernise existing arrangements for pharmacy regulation in Northern Ireland. Protection of the public is the clear first priority of regulation. It is important that patient, public and professional confidence in the regulatory arrangements is assured.
- 1.3 The regulatory and professional leadership functions of the pharmacy profession in Northern Ireland are both performed by the Pharmaceutical Society of Northern Ireland (the Society). This dual role is considered counter to modern thinking regarding professional regulation which advocates that, to operate effectively in the public interest, a regulator should be totally and demonstrably independent from the profession it regulates.
- 1.4 Former Minister for Health, Simon Hamilton MLA, agreed in principle to split the regulatory and professional leadership functions currently undertaken by the Society. The consultation sought views from the public and stakeholders regarding (1) the separation of the Society's current functions and (2) whether, if no change is not a viable option, to establish UK-wide or modernised regulatory arrangements based in Northern Ireland. The Department also took the opportunity to invite views regarding how leadership of the profession may be best secured in the future, should a decision be taken to separate the functions.
- 1.5 Pharmacy professionals and their teams here deliver an excellent service to a high professional standard. As noted in the consultation document, the Department recognises that the Society has performed its regulatory role over

many years diligently and with commitment to the protection of the public. In its most recent published performance audit of the Society, the Professional Standards Authority (PSA) (which oversees the work of healthcare professional regulators in the UK) found that the Society had met all of the PSA's *Standards of Good Regulation*.

## SECTION 2: OVERVIEW OF CONSULTATION RESPONSES

2.1 There were 56 consultation responses received from a broad range of stakeholders. These included pharmacy practitioners, individuals, voluntary community/third sector bodies, professional bodies, unions, public/statutory bodies and pharmacy businesses.

2.2 The main themes which the Department has identified from its assessment of responses are:

- Clear support for the complete separation of the regulatory and leadership functions in respect of the pharmacy profession in Northern Ireland;
- Before any decision is taken to change the current arrangements, the Department should develop a more detailed evidence base on a number of issues; and
- The need for the Department to continue to assess external developments which may impact future arrangements for the regulation of the pharmacy profession in Northern Ireland. Prominent in this regard is, firstly, the project to explore modernisation of the regulation of healthcare professionals across the UK, and secondly the implications of the impending exit from the EU.

2.3 Of the 56 respondents, 44 completed the questionnaire provided in the consultation document. A statistical breakdown of responses is provided at [Annex A](#)<sup>1</sup>. For the purpose of presenting statistical data, only the 44 respondents who completed the questionnaire have been included. Further, the Department has not sought to interpret the additional comments provided by respondents, but has totalled and reported in the Annex the selection indicated against each question. This is to ensure consistency of reporting.

2.4 Where respondents did not complete the questionnaire but chose to provide comments in their own format, and where additional comments were provided in a completed questionnaire, these have been reflected in the summary. Not

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<sup>1</sup> For those questions where the format facilitated statistical reporting.

all respondents chose to answer every question or to provide additional comment. A full list of respondents to the consultation is at [Annex B](#).

## SECTION 3: SUMMARY OF RESPONSES

### Separation of Functions (Questions 1 and 4)

- 3.1 There was overwhelming support for the complete separation of the regulatory and leadership functions in respect of the pharmacy profession in Northern Ireland. Many registered their agreement with the rationale set out by the Department in the consultation document that separation of functions represents best practice in terms of the regulation of professionals; is implemented in respect of all other regulated healthcare professions, and delivers transparent and exclusive regulatory focus on public protection. Many felt that the regulatory function by its statutory nature can often take precedence at the expense of leadership, including in terms of financial support, and that separation could enable the development of leadership arrangements which can more effectively support the profession.
- 3.2 There were some reservations expressed about a potential decision to separate the functions, notably that any new arrangements for leadership must be sustainable and have sufficient capacity to be effective in its role. It should also be financially viable, particularly given the relatively small pool of pharmacy registrants here. Others noted that appropriate time and finance must be invested if new effective leadership arrangements are to be established. A few commented that not enough detail had been provided in the consultation document to fully explore options for future leadership. One respondent expressed the view that the current arrangement should be retained.
- 3.3 While many acknowledged that the separation of functions is necessary, a few respondents also expressed a view that the public is well protected by the current regulatory arrangements. Others commented that safeguards within the current arrangements (for example the PSA's power to refer regulators' Fitness to Practise decisions to the High Court) helped ensure that public protection was adequately secured. One respondent suggested that the

existing arrangements could be further bolstered through seeking targeted assurances (possibly from PSA) regarding the appropriateness in practice of the current dual arrangement.

- 3.4 Whilst the consultation document did explain that the professional leadership function of the Society is currently delivered by its Pharmacy Forum, a small number of respondents suggested that the role of the Forum was not fully acknowledged and explained. According to the Society's Corporate Governance Handbook 2015, the Forum operates under a scheme of delegation as a delegated committee of the Council of the Society and is responsible for professional leadership activity. In addition to other oversight powers, the Council of the Society approves the budget to be used by the Forum Board.
- 3.5 The Department's view remains that these arrangements do not provide total and clear separation of the regulatory and professional leadership functions. There remains a lack of clarity and potential, for the perception at least, that professional self-interest is prevalent in the regulatory function. This could undermine public confidence in the regulatory arrangements, which must have a transparent and exclusive focus on public protection.

### **Future arrangements for Regulation (Question 12, 13 and 14)**

- 3.6 56 consultation responses were received in total. 44 respondents directly answered Question 12 in relation to the best future model to deliver modernised and strengthened statutory regulation of the pharmacy profession in Northern Ireland. The clear majority indicated a preference for a UK-wide arrangement. Some favoured an arrangement based in Northern Ireland. Some expressed the view that not enough information had been presented to reach a decision. The remainder either did not comment or did not outline a preference.
- 3.7 Of the twelve respondents that did not directly answer the question, seven indicated a preference in the comments they provided. Of these, five preferred



a UK-wide and two preferred an arrangement based in Northern Ireland. The remaining five did not comment.

3.8 44 respondents directly answered Question 13. The clear majority indicated a preference that a UK-wide arrangement for pharmacy regulation would be best delivered by the General Pharmaceutical Council. Eight neither agreed nor disagreed and the remaining one strongly disagreed.

3.9 Of the twelve respondents that did not directly answer the question, two indicated a preference that a UK-wide arrangement for pharmacy regulation would be best delivered by the General Pharmaceutical Council. The remaining ten did not comment.

### **Future arrangements for Professional Leadership (Questions 15 and 16)**

3.10 There was overwhelming support for the complete separation of the regulatory and leadership functions. A range of views were expressed regarding potential future arrangements for Professional Leadership. There were clear concerns expressed that the registrant pool in Northern Ireland was too small to sustain a viable standalone professional body here. A number acknowledged the significant resource required to do so and noted the challenges of voluntary membership in attracting sufficient numbers required to be sustainable.

3.11 Some respondents acknowledged the role of the current Pharmacy Forum. Whilst a few acknowledged that the current dual role of the Society secures an income stream for professional leadership, many were concerned that this was limited in comparison to the budget for regulation and that consequently professional leadership was under resourced.

3.12 Many expressed the view that a larger professional body was better equipped to utilise a breadth of skills, capacity, resources and experience in support of advancing and striving for excellence in the profession, and that this could be of benefit to registrants and to the public here. Others noted that a healthy

professional body can act as a robust test and challenge for the regulatory function regarding developments in the profession.

- 3.13 Some respondents observed the need for strong, effective local professional leadership however there was clear acknowledgment of significant funding and sustainability challenges for a standalone model. One respondent expressed a view that, for a leadership body here to be sustainable, it would need to examine a number of options including multiple funding streams, the possibility of working in partnership with other bodies and exploring different operating models.
- 3.14 Some noted the need for a full options appraisal to examine all potential models for professional leadership arrangements. Options might include consideration of a local arrangement, options involving a number of bodies coming together and of broader geographical arrangements. Many expressed the clear view that, should separation come about, there was a need for full engagement with all stakeholders to help secure a future model which enables the entire profession, operating across a range of settings and areas of practice, to flourish.
- 3.15 A number expressed the view that, should there be a move away from the current local model to a broader arrangement, it was important that pharmacy in Northern Ireland was appropriately represented in any new governance structures, including for example a Board and office based here.

### **Regulatory Impact Assessment (Question 2)**

- 3.16 The Department presented findings from its Initial Regulatory Impact Assessment (Initial RIA) in the consultation document. The consultation invited comment from respondents on the Initial RIA in an effort to gather further evidence on potential impacts likely to arise from the options outlined. Many respondents took the opportunity to provide further information and the Department is grateful for the insight and detail provided.

3.17 Many respondents stated that they agreed with the preliminary conclusions indicated in the Initial RIA and many offered no further comment. A number expressed the view that there was insufficient detailed costing information relating to the options discussed and that this limited the value of the Initial RIA presented. Areas identified for further analysis included: more detailed assessment of the cost and impact of regulating pharmacy technicians; any potential change to the inspectorate function; further detail regarding costs to registrants and businesses under each option; transitional costs associated with any move to new arrangements and costs to the public purse (for example to the Department and to the Northern Ireland Assembly).

### **Other viable options (Question 3)**

3.18 The clear majority of respondents expressed the view that there were no viable options for future regulatory arrangements other than the three presented in the consultation document. A small number of respondents suggested some slight variations to the options presented. These included for example that a standalone regulator here could be required to have formal closer working relations with the GPhC, possibly involving the sharing of some resource.

3.19 A small number of respondents suggested further options: 1) a single regulator operating across Ireland; 2) a UK Federal model for regulation, the latter involving common UK standards and practices supported by devolved legislation in each jurisdiction. A small number of respondents referenced the ongoing work to explore potential reform of UK-wide regulation of healthcare professionals and the need for the Department to continue to take cognisance of that work and how it may impact pharmacy regulation in Northern Ireland. A small number questioned the timing of the consultation in the context of these ongoing, wider considerations.

3.20 The Department continues to participate in, and assess the implications of, the broader work underway to consider wide-ranging reform of the regulation of

healthcare professionals across the UK. A consultation to consider these proposals launched on 31 October 2017<sup>2</sup>.

### **Capacity, Resilience and Value for Money (Question 5, 6 and 7)**

- 3.21 The clear majority of respondents believed that a lack of capacity and financial resilience will be a concern for a standalone pharmacy regulator here. Some expressed the view that a key benefit of being part of a larger organisation was overall resilience and that a regulator with a relatively small pool of registrants was at a higher risk of external impacts (for example a complex and costly fitness to practise case) significantly damaging its financial position.
- 3.22 Some expressed doubt as to how, with the demands on regulators increasing, a standalone regulator funded by a relatively small registrant pool could provide the breadth of expertise and capacity needed, and that this could be more efficiently and effectively delivered by a larger UK-wide body. A number of respondents noted the higher fee paid by registrants here in comparison to that paid by those registered with GPhC (the Society's fee includes an element for professional leadership). A few commented that, as regulators are funded from registrant's fees, it was unclear why value for money in the use of public funds was raised as an issue. A small number suggested that more detail was required.
- 3.23 Some respondents commented that the Society has consistently been assessed as meeting the PSA standards and that its annual accounts confirmed it remains a going concern. Some commented that they are not aware of any evidence, or that no evidence was presented in the consultation document, that the current regulatory arrangements lack capacity and resource to fulfil its functions; or that these arrangements represent or provide poor value for money. The Society commented in its response that it had

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<sup>2</sup> <https://www.gov.uk/government/consultations/promoting-professionalism-reforming-regulation>

provided the Department with financial costings to support its projected fees and its view of longer term viability but that these were not presented in the consultation document.

### **UK-wide Standards (Question 8)**

- 3.24 The majority of respondents agreed that public confidence and assurance in pharmacy regulation would be enhanced through UK-wide standards. Some believed this was important (for both the public and registrants) for example to ensure there was no 'geographical bias' in standards; to facilitate movement of pharmacists and believed that consistent standards seem logical as medicines legislation is often UK-wide. One respondent commented that this would bring consistency of professional standards and fitness to practise processes and decisions.
- 3.25 Some respondents however commented that evidence to demonstrate that current standards are different across the UK had not been presented in the consultation. A number of respondents commented that the public would be less concerned that standards were consistent but that these were sufficiently robust to ensure adequate protection of the public here.

### **Efficiency of Regulation (Question 9)**

- 3.26 The majority of respondents agreed that enhanced efficiencies exist within larger regulatory bodies and a number referenced the PSA's work on cost effectiveness of regulation. Some of the efficiencies identified included for example economies of scale within a larger organisation; greater resilience and skills capacity; responsiveness to change; quicker and better support for pharmacists; greater resources for investment in regulatory activity and avoidance of duplication.
- 3.27 A few respondents noted that some costs will be fixed regardless of size (for example servicing a governing Council) and others commented that in their view whilst there may be some savings, in practice, these may not be

significant. Others commented that there was insufficient evidence presented in the consultation document to make a judgement, and that larger regulators do not necessarily provide better public protection. A small number noted that the Society has performed better than some of the larger regulators in recent PSA annual audits. A few highlighted again that the Society has consistently been assessed as meeting the standards set by the PSA. The Society indicated in its response that the PSA paper (*'Review of the cost effectiveness and efficiency of the health professional regulators'* - 2012) reported the Society had a lower 'unit operating cost' than three of the other regulators.

### **Influence on national policy (Question 10 and 11)**

- 3.28 The majority of respondents agreed that Northern Ireland could maintain sufficient influence on policy should a UK-wide option be realised. Many (including the PSA) noted that all other healthcare professionals are regulated on a UK-wide basis and there is no public evidence or disquiet that these arrangements are inadequate or that there are shortcomings in regulators ability to operate across jurisdictions.
- 3.29 Many pointed out that should a UK-wide option based on the GPhC be progressed, it is noteworthy that GPhC operates effectively in Scotland and Wales and that this model (which includes for example a representative member on the Council; a regional Director and good communications with registrants and stakeholders) could be replicated and work, similarly effectively, here. A number pointed out that pharmacy practice and needs in the Northern Ireland are similar to those across the other countries, with much activity currently governed by UK and European legislation.
- 3.30 However, others expressed reservations that, should a UK-wide option be realised, local government and the pharmacy sector would find it difficult to ensure that local priorities and needs were adequately reflected in the overall agenda and policy. Others were concerned that the ability of the local Northern Ireland Assembly to scrutinise policy and legislation would be

diminished, as could its ability to hold a national pharmacy regulator to account.

- 3.31 A few respondents noted that the regulation of Social Care is devolved and undertaken differently across the UK. Some felt that having a regulator based here allowed for better local accountability and responsiveness; facilitated close working and better communication in the sector and with registrants, and provided a more visible presence for example in relation to handling of complaints and fitness to practise hearings.
- 3.32 Some respondents expressed the view that, regardless of which option is selected, there are a number of important aspects of the current broader regulatory framework which the Department should seek to retain in any future changed model. These included for example the Local Intelligence Network, effective arrangements for complaints handling and the Medicines Regulatory Group including the Department-led Inspectorate function.

**Others issues of note include:**

- 3.33 Regulation of Pharmacy Technicians: Many respondents noted the important role played by pharmacy technicians within pharmacy teams and noted the disparity in that technicians are regulated in Great Britain but not in Northern Ireland.
- 3.34 Inspection and Enforcement: Many respondents expressed a view that the consultation did not provide sufficient detail regarding any potential change to the model of inspection and enforcement. Many commented that the current Department-led Inspectorate model was highly respected.
- 3.35 Assets of the Society: A number of respondents noted the importance, in the event of any separation of functions, of establishing the ownership of the assets of the Society.

- 3.36 Free movement: A number of respondents expressed a view that separate regulation of pharmacists in Northern Ireland restricts the free movement of pharmacists across the UK and Ireland. Currently to be able to practise here and in Great Britain, a pharmacist has to register with both regulators.
- 3.37 Education and Training: A number of respondents highlighted the need for clear identification and consideration of issues impacting Education and Training and Continuing Professional Development.
- 3.38 Land Border with an EU member state: Some respondents stressed the importance of understanding the unique position of Northern Ireland, in comparison to the countries in Great Britain, in that it shares a land border with an EU state.



## **SECTION 4: EQUALITY IMPLICATIONS**

- 4.1 The Department included an initial equality screening of the proposals in the consultation document and invited views on this. The initial screening did not identify any adverse impacts to any of the Section 75 groups. Of the 47 respondents that answered the question related to equality implication four provided comment. The Department will fully consider all comments in progressing this work.

## SECTION 5: NEXT STEPS

- 5.1 The primary purpose of this consultation was to test opinion and to invite feedback regarding the proposal to separate the regulatory and professional leadership functions of the Pharmaceutical Society of Northern Ireland. Former Minister for Health, Simon Hamilton MLA, agreed in principle to split the regulatory and professional leadership functions currently undertaken by the Society. The consultation also sought views and evidence regarding three high level options for future arrangements for the statutory regulation of the pharmacy profession in Northern Ireland. Further, the Department also took the opportunity to invite views and evidence regarding how leadership of the profession may be best secured in the future, should a decision be taken to separate the functions.
- 5.2 The provision of further evidence from stakeholders is important to assist the Department's efforts to develop an evidence base on which to further consider and to progress the various strands of this work. The Department welcomes all responses and evidence received and will identify further work necessary to develop next steps in the short, medium and longer term.
- 5.3 The Department continues to participate in, and assess the implications of, the broader work underway to consider wide-ranging reform of the regulation of healthcare professionals across the UK. A consultation to consider these proposals launched on 31 October 2017.
- 5.4 The Department is also committed to engaging with stakeholders in the future before any final decisions are taken to implement legislation to modernise pharmacy regulation in Northern Ireland.

## Statistical breakdown of responses

Question	Responses						
	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Blank	Total Respondents
<b>Question 1:</b> Do you agree that the regulation and professional leadership functions should be completely separated and undertaken in future by two distinct and separate bodies?	29 66%	14 32%	1 2%	0 0%	0 0%	0 0%	44
<b>Question 4:</b> To what extent do you agree with the Department's view that retention of regulation and professional leadership functions in the same body is not an acceptable option?	31 70%	10 23%	3 7%	0 0%	0 0%	0 0%	44
<b>Question 5:</b> To what extent do you agree that a lack of sufficient capacity and financial resilience will be a concern for a stand-alone Northern Ireland based regulator of a relatively small number of registrants?	29 66%	5 11.5%	9 20.5%	1 2%	0 0%	0 0%	44
<b>Question 6:</b> To what extent do you agree that a stand-alone Northern Ireland based regulator for a relatively small number of professionals gives rise to value for money considerations in the use of public funds?	14 32%	4 9%	8 18%	3 7%	14 32%	1 2%	44
<b>Question 8:</b> To what extent do you agree that public confidence and assurance in the regulation of pharmacy would be enhanced through consistent UK-wide standards?	26 59%	8 18%	10 23%	0 0%	0 0%	0 0%	44

Question	Responses						
	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Blank	Total Respondents
<b>Question 9A:</b> To what extent do you agree that enhanced efficiencies exist within larger regulatory bodies?	23 52.5%	12 27.5%	8 18%	1 2%	0 0%	0 0%	44
<b>Question 10:</b> To what extent do you agree that Northern Ireland could maintain sufficient influence on a UK-wide pharmacy regulator's policy in order to adequately address local need?	15 34%	18 41%	5 11%	4 9%	0 0%	2 5%	44
<b>Question 13:</b> To what extent do you agree that a UK-wide arrangement for pharmacy regulation would be best delivered by General Pharmaceutical Council?	25 57%	10 23%	8 18%	0 0%	1 2%	0 0%	44
<b>Question 15:</b> To what extent do you agree that a separate leadership body, working independently from the regulator, strengthens the professional leadership arrangements for pharmacy?	24 55%	13 30%	5 11%	0 0%	1 2%	1 2%	44

Question	Responses				
	Northern Ireland based arrangement	Part of a UK-wide regulatory arrangement	Not enough information provided	No comment/preference indicated	Total respondents
<b>Question 12: In your view which is the best future model to deliver modernised and strengthened statutory regulation of the pharmacy profession in Northern Ireland: - A Northern Ireland based arrangement? - Part of a UK-wide regulatory arrangement</b>	5 11%	32 73%	5 11%	2 5%	44

## List of Respondents

### Organisations that responded to the consultation

Association of Pharmacy Technicians UK  
Attorney General (NI)  
Belfast Health & Social Care Trust  
Boots  
Community Pharmacy Northern Ireland  
Disability Action  
General Pharmaceutical Council  
Gordons Chemist  
Guild of Healthcare Pharmacists Northern Ireland Group  
Health and Care Professions Council  
Health and Social Care Board (2 separate responses received)  
MediCare Pharmacy  
National Pharmacy Association  
Northern Health & Social Care Trust  
Northern Ireland Practice and Education Council for Nursing and Midwifery  
Pharmaceutical Society of Ireland  
Pharmaceutical Society of Northern Ireland  
Pharmacists Defence Association  
Pharmacy Forum Northern Ireland  
Picker Institute Europe  
Professional Standards Authority  
Regulation and Quality Improvement Authority  
Royal Pharmaceutical Society  
South Eastern Health & Social Care Trust  
Southern Health & Social Care Trust  
Ulster Chemists Association

## Individuals that responded to the consultation

Professor C Adair

H Bell

L Collins

C Darcy

S Doyle

S Guy

B Keenan

Dr F Lloyd

F McCullagh

E McRory

Dr N Morrow

L O'Loan

M Porter

M Ritchie (MP)

R Ward

P Beagon

R Clements

M Cunning

A Dawson

R Fair

K Jones

K King

J Magee

N McKenna

M Morgan

L O'Donnell

S O'Sullivan

P Rafferty

R Tasker

## List of Consultation questions

Q1: Do you agree that the regulation and professional leadership functions should be completely separated and undertaken in future by two distinct and separate bodies?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q2: Please review the Initial Regulatory Impact Assessment and detail any further costs and benefits (both monetary and non-monetary) which you think the Department should consider. Please provide supporting evidence where appropriate.

Q3. In your view are there any other viable options which have not been considered? Please provide supporting rationale for your proposal.

Q4. To what extent do you agree with the Department's view that retention of regulation and professional leadership functions in the same body is not an acceptable option?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q5. To what extent do you believe that a lack of sufficient capacity and financial resilience will be a concern for a stand-alone Northern Ireland-based regulator of a relatively small number of registrants?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q6. To what extent do you believe that a stand-alone Northern Ireland-based regulator for a relatively small number of professionals gives rise to value for money considerations in the use of public funds?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q7. Please detail any other factors in relation to a Northern Ireland-based regulatory arrangement which you think the Department should consider?



Q8. To what extent do you believe that public confidence and assurance in the regulation of pharmacy would be enhanced through consistent UK-wide standards?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q9.

a) To what extent do you agree that enhanced efficiencies exist within larger regulatory bodies?

**Strongly agree   Agree   Neither agree or disagree   Disagree  
Strongly disagree**

b) How might these impact on the delivery of more cost efficient and effective regulation which better protects the public? Please provide your views.

Q10. To what extent do you believe that Northern Ireland could maintain sufficient influence on a UK-wide pharmacy regulator's policy in order to adequately address local need?

**Strongly agree   Agree   Neither agree or disagree   Disagree   Strongly disagree**

Q11. Please detail any other factors in relation to a UK-wide regulatory arrangement which you think the Department should consider?

Q12. In your view which is the best future model to deliver modernised and strengthened statutory regulation of the pharmacy profession in Northern Ireland:

- A Northern Ireland based arrangement?
- Part of a UK-wide regulatory arrangement?

Q13. To what extent do you agree that a UK-wide arrangement for pharmacy regulation would be best delivered by General Pharmaceutical Council?

**Strongly agree**   **Agree**   **Neither agree or disagree**   **Disagree**   **Strongly disagree**

Q14. Do you have any other comments you wish to make in relation to the options?

Q15. To what extent do you agree that a separate leadership body, working independently from the regulator, strengthens the professional leadership arrangements for pharmacy?

**Strongly agree**   **Agree**   **Neither agree or disagree**   **Disagree**   **Strongly disagree**

Q16. Do you have any views on how best the pharmacy profession might establish strong, sustainable professional leadership in Northern Ireland?

### **Equality Implications**

Q1. Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?