Consultation on HCPC registration fees

A consultation seeking the views of stakeholders on proposals to increase the registration fees charged by the Health and Care Professions Council.

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1. Introduction

1.1 This consultation seeks the views of stakeholders on proposals to increase the fees we charge for registration.

1.2 We last increased our fees on 1 August 2015. This increased the renewal fee from £80 to £90 per year with a similar level of increase to most of the other fees we charge. Prior to this, our renewal fees were £76 increasing to £80 in 2013 following a public consultation.

1.3 If the proposals outlined in this document were agreed, we plan that the fees would increase from 1 October 2019 (subject to parliamentary approval of changes to our Rules). We would continue to have the lowest renewal fee of all the regulators of health and care professionals overseen by the Professional Standards Authority (PSA).

1.4 The consultation will run from 24 September 2018 to 14 December 2018.

1.5 For Social Workers in England, we anticipate the transfer of regulation to the new regulator, Social Work England (SWE), to happen in 2019. If there is no change to this, these proposals will not affect social workers on our Register. We are working closely with SWE to effect an efficient transfer of registration including any fees paid. For more information, see our website here: [http://www.hcpc-uk.co.uk/mediaandevents/news/index.asp?id=876](http://www.hcpc-uk.co.uk/mediaandevents/news/index.asp?id=876)

1.6 Social workers in Scotland, Wales and Northern Ireland are separately regulated in those countries and are unaffected by these proposals.

About us

1.7 We are a regulator set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. We currently regulate 366,208 (at 31 August 2018) individuals across 16 professions.

About this document

1.8 This document is divided into six sections.

- Section one introduces the document.
- Sections two and three outline our proposals and the background to them.
- Sections four and five describe our proposals in more detail.
- Section six lists all the consultation questions.
Consultation questions

1.9 We welcome your response to our consultation and have listed some questions in section six of this document. These are not designed to be exhaustive and we will consider comments on any aspect of our proposals.

How to respond to the consultation

1.10 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey: https://www.research.net/r/ZW2NK2F
- By emailing us at: consultation@hcpc-uk.org.
- By writing to us at the following address.

Consultation on fees
Policy and Standards Department
Health and Care Professions Council
Park House
184-186 Kennington Park Road
London
SE11 4BU

1.11 Please note that we do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing. However, if you are unable to respond in writing, please contact us on +44(0)20 7840 9815 to discuss any reasonable adjustments that would help you to respond.

1.12 Please complete the online survey or send us your response by 14 December 2018.

1.13 Please contact us to request a copy of this document in Welsh or in an alternative format.

1.14 Once the consultation period is completed, we will analyse the responses we receive. We will then publish a document which summarises the comments we received and explains the decisions we have taken as a result. This will be published on our website.
2. Summary of our proposals

2.1 We propose to increase our registration fees as shown in the tables below. This includes the fees we charge for applications for registration, which are known as ‘scrutiny fees’.

2.2 We charge different fees depending on how someone joins the Register. Please see section four for more information about the routes to registration and proposed increases to our fees.

Table 1: Our existing scrutiny fees and proposed increases

<table>
<thead>
<tr>
<th>Route to registration</th>
<th>Existing scrutiny fee (£)</th>
<th>Increase to (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved programme</td>
<td>63</td>
<td>74</td>
</tr>
<tr>
<td>Renewal</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Readmission</td>
<td>135</td>
<td>160</td>
</tr>
<tr>
<td>Restoration</td>
<td>135</td>
<td>160</td>
</tr>
<tr>
<td>International</td>
<td>495</td>
<td>584</td>
</tr>
<tr>
<td>Grandparenting</td>
<td>495</td>
<td>584</td>
</tr>
</tbody>
</table>

Table 2: Our existing registration fees and proposed increases

<table>
<thead>
<tr>
<th>Route to registration</th>
<th>Existing registration fee (£)</th>
<th>Increase to £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved programme</td>
<td>90*</td>
<td>106</td>
</tr>
<tr>
<td>Renewal</td>
<td>90</td>
<td>106</td>
</tr>
<tr>
<td>Readmission</td>
<td>90</td>
<td>106</td>
</tr>
<tr>
<td>Restoration</td>
<td>90</td>
<td>106</td>
</tr>
<tr>
<td>International</td>
<td>90</td>
<td>106</td>
</tr>
<tr>
<td>Grandparenting</td>
<td>90</td>
<td>106</td>
</tr>
</tbody>
</table>

Notes to table

- ‘Approved programme’ means a UK programme of education and training that we approve so that someone successfully completing that programme is eligible to apply to us for registration.
- *Currently graduate applicants receive a 50 per cent discount on their registration fees for the first two professional years of registration, as long as they apply within two years of completing their approved programme. There is more information about this in paragraph 4.14.
- ‘Grandparenting’ is a route of entry to our Register. Every time we regulate a new profession, we open a time-limited grandparenting period during which individuals who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet certain criteria, can be registered.

1 We have Rules which set out the detailed procedures and requirements for some of our functions, including registration and fees. In the Rules, the fees (apart from scrutiny fees) are set out for a two year registration cycle. However, we use annual figures in this document for clarity.
3. Background to our proposals

What registrants’ fees are spent on

3.1 Figures 1 and 2 below show how we are budgeted to spend our income by the end of the 2018-19 financial year, by regulatory function and type.

By regulatory function

3.2 In 2018-19, our core regulatory functions account for 58% of our expenditure when payroll costs, legal costs and Partner fees are included. This figure is significantly higher if we apportion other costs (like HR, Finance, IT, Office Services) as Figure 3 demonstrates.

- **Fitness to practise** includes the costs of investigating and hearing allegations about registrants, health and character cases and appeals against registration decisions. It also covers investigation into potential protection of title offences.

- **Registration** includes the costs involved in handling and processing applications for registration. It also includes appeals against registration decisions.

- **Education** includes the costs of approving and monitoring the education and training programmes in the 16 professions we regulate. This covers the visits we undertake to approve programmes as well as the annual monitoring process to consider whether a programme continues to meet our standards. It also includes the major change process.

By expenditure type

3.3 In Figure 2, our total budgeted expenditure is broken down by cost type, and includes employee costs, partner and professional fees as well as costs for running our IT systems, our buildings, training and major projects.

- **Payroll and Partner fees** cover employee salaries, including social security and pensions contributions, temporary staff costs and recruitment costs. Partner fees include the fees paid to our partners as well as accommodation, travel and subsistence costs. Also included are partner training and recruitment costs. Payroll and partner fees make up approximately 38% and 15% of our expenditure in 2018-19 respectively.

- **Professional fees** consist of mostly Fitness to Practise related costs such as case preparation and presentation, legal advice and transcription writer costs. These costs make up approximately 20% of our expenditure in 2018-19.
Figure 1: Breakdown of expenditure by department, budget for 2018-19

Note to chart
- Excludes depreciation and exceptional items.
- Some costs have been grouped together for the clarity of this chart.

Figure 2: Breakdown of budgeted expenditure by type

Figure 3: Breakdown of apportioned costs for core regulatory functions
Our financial performance

3.4 Table 3 below outlines our financial performance in the period since 1 April 2013. We aim to manage our finances so our expenditure broadly matches our income. We do not aim to make large surpluses or hold large reserves. We have budgeted a small deficit in 2018-19.

Table 3: Our financial performance 2013-14 to 2018-19

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income / expenditure (£000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total fee income</td>
<td>25,152</td>
<td>26,303</td>
<td>28,310</td>
<td>31,449</td>
<td>33,372</td>
<td>34,509</td>
</tr>
<tr>
<td>Of which from social workers:</td>
<td>6,873</td>
<td>7,106</td>
<td>7,455</td>
<td>8,030</td>
<td>8,641</td>
<td>8,947</td>
</tr>
<tr>
<td>Rental Income</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>131</td>
</tr>
<tr>
<td>Total income</td>
<td>25,152</td>
<td>26,303</td>
<td>28,310</td>
<td>31,449</td>
<td>33,372</td>
<td>34,640</td>
</tr>
<tr>
<td>Operating expenditure</td>
<td>23,876</td>
<td>26,137</td>
<td>28,287</td>
<td>31,302</td>
<td>34,112</td>
<td>34,735</td>
</tr>
<tr>
<td>Operating (deficit) / surplus</td>
<td>1,276</td>
<td>166</td>
<td>23</td>
<td>147</td>
<td>(740)</td>
<td>(95)</td>
</tr>
<tr>
<td>Other gains and (losses)</td>
<td>(550)</td>
<td>275</td>
<td>391</td>
<td>137</td>
<td>125</td>
<td>-</td>
</tr>
<tr>
<td>(Deficit)/Surplus after taxation</td>
<td>726</td>
<td>441</td>
<td>414</td>
<td>284</td>
<td>(615)</td>
<td>(95)</td>
</tr>
<tr>
<td>Reserves at year end</td>
<td>3,016</td>
<td>3,561</td>
<td>4,461</td>
<td>5,006</td>
<td>3,562</td>
<td>3,467</td>
</tr>
</tbody>
</table>

Notes to table
- ‘Other gains and losses' includes items such as bank interest, fixed asset revaluation gains / losses and corporation tax.

3.5 Our Council has continued to scrutinise our financial performance, seeking cost savings and productivity improvements year on year. Papers and minutes from their meetings are available on our website here: http://www.hcpc-uk.org/aboutus/council/councilmeetings/

3.6 You can also find out more information about our financial performance by looking at our annual reports. These are here: www.hcpc-uk.org/publications
Why the fee increases are needed

3.7 We are an independent statutory regulator, which means we are self-financing - our operating costs are funded entirely from the fees our registrants pay. We do not receive any regular funding from the Government.

3.8 We have outlined the main reasons we are proposing increases below.

- **Smarter regulation**: this work ensures we can significantly increase our efforts towards preventing problems rather than taking action afterwards.
- **Delivering improved services**: using innovation and technology to meet modern stakeholder expectations.
- **Fitness to Practise – improving capacity, quality and timeliness**: the increasing number of new concerns and the increasing complexity of cases has contributed to increasing costs and impacted length of time.
- **Keeping pace with the cost of inflation**: There have been no increases to the registration fees since 2015. However, inflation, as measured by the Consumer Prices Index (CPI), has continued to increase. This means that the value of our fees decreases over time.
- **Regulation of social workers in England**: the transfer of regulation to SWE in 2019 will impact our operations and income from 2019-20.

The following paragraphs outline in more detail our proposals.

- **Smarter regulation by delivering the prevention agenda**

3.9 There has been increasing recognition in the sector over recent years that the burden of fitness to practise cases is unsustainable and that an approach is needed which seeks to engage earlier. This is evidenced in the four UK Departments’ of Health consultation on *Promoting professionalism, reforming regulation* and the Professional Standards Authority’s *Regulation rethought*. This highlights that there is more to regulation than fitness to practise and questions whether professional healthcare regulators should play a greater role in developing professionalism and preventing fitness to practise issues.

3.10 We believe that regulators have an integral role to play in delivering this agenda. Fitness to practise proceedings are costly and can be both lengthy and stressful for all involved. Legislative reform is urgently required to ensure cases can be dealt with more flexibly and proportionately to avoid this. Alongside this, we need to focus our efforts on preventing problems from arising rather than taking action afterwards. We have already started this work by commissioning our own research, for example the People Like Us research ² commissioned from the University of Surrey. However, we can only achieve these ambitions by significantly investing in the following areas.

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² *People like us? Understanding complaints about paramedics and social workers (2017)*
Effective use of research, workforce data and intelligence: by collecting more data in our regulatory functions and through the commissioning of research, we can look at trends or identify patterns to inform strategies for the prevention of fitness to practise concerns. This is something the PSA has recognised as an important role for regulators. It is a view echoed in the Government’s recent consultation on reforming regulation and is evidenced in the action plan we have developed from the University of Surrey research. However, to do this we need to develop the appropriate systems and processes to ensure we are able to use the data intelligently. For example, upgrading our FtP case management system to better categorise and identify cases, and to access and report on trends in data.

Closer liaison with employers and professional representatives: employers are the second largest source of complaints, contributing 26% of fitness to practise concerns raised in 2016-17. We need additional resource to facilitate closer working between the HCPC and service providers. This includes a dedicated team who could provide tailored advice ensuring these organisations have a greater understanding of the fitness to practise process, are able to manage concerns at a local level and only refer issues that are appropriate, timely and relevant to us.

Engaging service users: members of the public continue to be the largest complainant group, making up 41% of the total number of concerns raised. However, we have seen an increase in the number of cases closed in the early stages of the process and that do not progress to a final hearing. There continues to be a need to educate and inform service users and we can only do this through targeted engagement with relevant organisations, gaining feedback through online communities, adopting a liaison service and developing a service user partnership forum to guide and advise us.

Building our presence in Northern Ireland, Scotland and Wales: the way health and social care is delivered across the four countries in the UK differs; with funding and objectives agreed by the devolved administrations in each country. There are also a multitude of different service and umbrella organisations supporting the delivery of these different approaches and policies. As a UK-wide regulator, we believe it is important to work in partnership with Government and key stakeholders in each of the countries. Our current stakeholder work supports the delivery of our regulatory obligations and the development of our policy agenda. However, with increased resource for these countries we could further improve understanding of our regulatory processes, provide advice to employers, service users and registrants, and share data and intelligence; this would aim to prevent fitness to practise issues arising and support the delivery of high quality care to service users and their families.

Q1. Do you agree that the HCPC should invest in preventing fitness to practise issues arising?
o Delivering improved services

3.11 We are continually looking at how we can improve the way we deliver our regulatory processes, using innovation and technology to meet modern expectations of stakeholders as well as driving longer term efficiencies. As an example of this, we are undertaking a significant project looking at redesigning our registration processes and replacing our existing registration IT system. We anticipate that once complete, this work will have improved the level of service we are able to provide, bringing a range of benefits. These include, for example, enabling applicants to apply online or registrants to submit Continuing Professional Development profiles electronically. It will also facilitate the ability to amend personal details more easily without having to speak to a registration adviser or write in. More broadly, it will reduce print and postage costs while improving how we engage with our registrants.

Q2. Do you agree that the HCPC should invest in improved services?

o Fitness to Practise – improving capacity, quality and timeliness

3.12 Over the last six years, we have seen a steady increase in the number of new concerns, resulting in a 39% increase\(^3\) in this time. The number of concluded hearings (interim order applications and reviews, reviews of substantive orders as well as final hearings) has more than doubled in this period from 565 in 2012-13 to 1194 in 2017-18. Both these factors have increased significantly how much we have to spend on the fitness to practise process. This includes for example, partner fees and legal costs or witness expenses.

3.13 This increasing volume alongside the increasing complexity of fitness to practise cases, coupled with ensuring our decisions protect the public, has impacted the length of time it takes for us to progress and conclude cases. Additionally, the increasing unpredictability of incoming cases requires adequate capacity. We are working to reduce this in line with the PSA’s Standards of good regulation and have initiated a significant plan to improve our performance. However, further investment in resources is required in order to keep pace with the increasing number of new cases and make the necessary improvements in our length of time performance.

Q3. Do you agree that the HCPC should invest in the necessary resources to improve the capacity, quality and timeliness of our FtP performance?

o Regulation of social workers in England

3.14 In 2016, the Government announced their intention to set up a specialist regulator for social workers in England. The Children and Social Work Act 2017, which provides for the creation of this new body, received Royal Assent in April 2017. We anticipate the transfer of regulation to happen in 2019.

\(^3\) Fitness to practise annual report 2017
3.15 This will have a significant impact on our operations and our income from 2019-20 onwards. Social workers in England represent over a quarter of our registrants and income from registration fees was £8.6 million in 2017-18.

3.16 The loss of income will be offset, in part, by a reduction in our direct variable costs, including for example fees and travel costs of FtP panel members hearing social workers’ cases, and a reduction in legal costs. However, these cost reductions will be significantly less than the reduction in income.

- **Keeping pace with the cost of inflation**

3.17 It will be four years since we last increased our fees, if the proposals outlined in this document are agreed. The table below shows the HCPC registration fee from 1 April 2005 to 31 March 2023 in nominal and real terms.

3.18 When taking into account the impact of inflation, this means in today’s prices, the value of the renewal registration fee has been mostly in the range £80 to £90 through the period since April 2005.

**Table 4: HCPC registration fee, nominal and real terms**

![Graph showing HCPC registration fee, nominal and real terms]

**Notes to table**
- Conversion to real terms uses the Consumer Price Index data from May 2018

3.19 If there is no further fee increase and CPI continues at 2.5%, the value of the registration renewal fee will reduce to £80 in today’s prices by March 2023.

**Forecasting our income and expenditure**

3.20 A detailed analysis of our income and costs to determine the financial sustainability of the organisation over the next five years has informed our decision-making: [http://www.hcpc-uk.org/assets/documents/100057FDEnc17-Registrantnumbersforecast2018-2023.pdf](http://www.hcpc-uk.org/assets/documents/100057FDEnc17-Registrantnumbersforecast2018-2023.pdf) and [http://www.hcpc-uk.org/assets/documents/10005896Enc08-5yearplan.pdf](http://www.hcpc-uk.org/assets/documents/10005896Enc08-5yearplan.pdf)
Reducing costs

3.21 Following feedback from previous fees consultations, we have already made savings in our operations. This includes, for example, introducing paperless renewals, reducing our senior management team and letting office space to another regulator. In our five-year plan, we have also identified other opportunities, although these will require more detailed exploration, for example reducing our labour and estate costs as well as income generation opportunities like charging education providers on a full cost recovery basis for the approval of programmes.

3.22 However, even with these cost reductions, our financial forecasts show that we would be financially unsustainable without an increase to our fees.

3.23 We are also mindful that because we register each profession on a two-year cycle, it will take two full financial years before any increase in the renewal fee has full effect to the income of the HCPC.

How the proposed renewal fee compares with other regulators

3.24 Table 5 shows the registration renewal fees charged by the regulators overseen by the PSA.

3.25 The table shows that our proposed renewal fee would still be the lowest of all these regulators. We are able to do this due to the efficiencies and cost-savings associated with having a large number of registrants. This is illustrated in Figure 4. It continues to be the Council’s intention to be as efficient as possible in order to keep fee levels as low as possible.

Table 5: Comparison of renewal fees across independent UK health and care professional regulators

<table>
<thead>
<tr>
<th>Annual renewal fee</th>
<th>Regulator</th>
<th>Number of registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>£890 (dentists)</td>
<td>General Dental Council (GDC)</td>
<td>99,347</td>
</tr>
<tr>
<td>£800</td>
<td>General Chiropractic Council (GCC)</td>
<td>3,255</td>
</tr>
<tr>
<td>£570</td>
<td>General Osteopathic Council (GOsC)</td>
<td>5,288</td>
</tr>
<tr>
<td>£398</td>
<td>Pharmaceutical Society of Northern Ireland (PSNI)</td>
<td>2,502</td>
</tr>
<tr>
<td>£390 (registration with a licence to practise)</td>
<td>General Medical Council (GMC)</td>
<td>289,029</td>
</tr>
<tr>
<td>£340</td>
<td>General Optical Council (GOC)</td>
<td>30,759</td>
</tr>
<tr>
<td>£250 (pharmacists)</td>
<td>General Pharmaceutical Council (GPhC)</td>
<td>78,625</td>
</tr>
<tr>
<td>£120</td>
<td>Nursing and Midwifery Council (NMC)</td>
<td>690,278</td>
</tr>
<tr>
<td>£106</td>
<td>Health and Care Professions Council (HCPC)</td>
<td>361,061</td>
</tr>
</tbody>
</table>
Notes to table

- By renewal fee, from highest to lowest. HCPC figure is the proposed new renewal fee. All other fees correct as of date of publication.

- This table does not include the following (where such fee types exist).
  - Discounts on fees in the first or early years of registration.
  - Discounts on fees on the basis of income.
  - Fees for ‘non-practising’ registrants.
  - Fees for student registers.

- Registrant numbers are from the PSA’s Health Professional Regulation: a long view with Annual Report and Accounts 2017/2018.

**Figure 4: Relationship between renewal fee levels and registrant numbers**
4. Our fees proposals in detail

4.1 In this section we explain our fees proposals in more detail. If the proposals described here were subsequently agreed, we plan that they would be effective from 1 October 2019.

4.2 Our proposals would require amendments to our Rules. These set out the detailed procedures and requirements for some of our functions, including registration and fees. We propose to amend the Health and Care Professions Council (Registration and Fees) Rules 2003 to make the proposed changes.

4.3 Under the Health and Social Work Professions Order 2001, any amendment to the Rules must be made by the Council and then approved by an order of the Privy Council. We have published draft Rules alongside this consultation document.

4.4 You can find copies of our existing rules in the publications section of our website at: http://www.hpc-uk.org/aboutus/legislation/

Paying our fees

4.5 We charge fees when someone applies to become registered, when they come back on to the Register after a break, and when they renew their registration.

4.6 Registrants are able to pay for their registration either in one payment for the two years of their registration cycle, or they can pay the fee in instalments, by direct debit every six months. Scrutiny fees are non-refundable and payable in full when we receive an application.

Tax relief

4.7 Registration fees are tax deductible. For standard rate UK taxpayers, this means that the proposed £106 renewal fee would in effect be reduced by 20 per cent, reducing the proposed fee by £21 to £85.

4.8 There are three different ways in which registrants can claim back tax relief on their registration fees:
- by providing details of the payment on their tax return;
- by writing to their tax office, including their national insurance number and details of the payment; or
- by obtaining form P358 from their local tax enquiry office and sending the completed form to their tax office.

4.9 For more information about our fees and tax relief visit our website at: www.hcpc-uk.org/registrants/fees
Renewal fees

4.10 Registrants in each profession renew their registration in two year cycles. We send a letter to each registrant inviting them to renew their registration online, or by requesting a paper renewal form. They have to renew their registration by the renewal date we set by completing a declaration and paying the renewal fee or completing a direct debit authorisation.

4.11 The renewal fee is the same for all registrants, including those who may be working part time. We do not offer a discount for part time working because our costs in undertaking our role as a regulator are the same, regardless of whether someone is working full or part-time hours. We also consider that the increased costs associated with establishing such a system and introducing measures to check whether people who registered as ‘part-time’ were not working over a certain number of hours would be disproportionate and prohibitive.

4.12 We are proposing that the annual renewal fee should increase from £90 to £106.

Q4. Do you agree that the renewal fee should increase from £90 to £106 to support the proposals outlined in this document?

4.13 If this change was agreed, we plan that existing registrants would pay the new renewal fee the next time their profession enters renewal after 1 October 2019. Renewal dates are provided in Table 6 below.

Table 6: Dates when the proposed new renewal fee would apply for existing registrants in each profession

<table>
<thead>
<tr>
<th>Profession</th>
<th>Renewal period starts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographers</td>
<td>December 2019</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>February 2020</td>
</tr>
<tr>
<td>Arts therapists</td>
<td>March 2020</td>
</tr>
<tr>
<td>Dietitians</td>
<td>April 2020</td>
</tr>
<tr>
<td>Chiropodists / Podiatrists</td>
<td>May 2020</td>
</tr>
<tr>
<td>Hearing aid dispensers</td>
<td>May 2020</td>
</tr>
<tr>
<td>Operating department practitioners</td>
<td>September 2020</td>
</tr>
<tr>
<td>Practitioner psychologists</td>
<td>March 2021</td>
</tr>
<tr>
<td>Orthoptists</td>
<td>June 2021</td>
</tr>
<tr>
<td>Paramedics</td>
<td>June 2021</td>
</tr>
<tr>
<td>Clinical scientists</td>
<td>July 2021</td>
</tr>
<tr>
<td>Prosthetists / orthotists</td>
<td>July 2021</td>
</tr>
<tr>
<td>Speech and language therapists</td>
<td>July 2021</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>August 2021</td>
</tr>
<tr>
<td>Biomedical scientists</td>
<td>September 2021</td>
</tr>
</tbody>
</table>
Registration fees – UK approved programme route

4.14 The majority of people we register for the first time have successfully completed an ‘approved programme’. An ‘approved programme’ is a UK programme of education and training that we approve so that someone successfully completing that programme is eligible to apply to us for registration. We sometimes refer to this as the ‘UK approved course’ route and individuals as ‘graduate applicants’.

4.15 The non-refundable scrutiny fee is currently £63. This covers the costs we incur in processing applications. Currently, graduate applicants receive a 50 per cent discount on their registration fees for the first two professional years of registration, as long as they apply within two years of completing their approved programme.

4.16 They are the only group to benefit from a discounted fee in the HCPC fee structure. Registrants periodically ask why we do not offer discounts to other groups eg professionals on parental leave or with long-term illness or part time workers. If we removed the discount, it would correct an anomalous subsidy to one group, and would also simplify the fee structure, reducing the scope for errors and improving efficiency.

4.17 We are proposing that the scrutiny fee charged to applicants who have successfully completed an approved programme should increase from £63 to £74. We are also proposing that this group of applicants would no longer continue to receive the discount outlined above. However, we would continue to waive the registration fee if they join with less than 6 months of the professional year left to run.

Q5. Do you agree that the scrutiny fee for applicants from approved programmes should increase in line with the renewal fee from £63 to £74?

Q6. Do you agree that graduate applicants should no longer receive a 50 per cent discount on the cost of registration?

Readmission fee

4.18 Registrants come off the Register and subsequently seek to re-register for a number of reasons. These might include career breaks or because they fail to renew in time. When someone comes off the Register and wants to be registered again, we refer to this as ‘readmission’.

4.19 We charge a higher readmission fee to cover our costs in processing applications for readmission. We recognise that sometimes registrants might come off the Register unintentionally, perhaps because they forgot to renew their registration by the due date, or because they forgot to tell us about a
change of address. The higher readmission fee is therefore not charged if we receive an application to come back on to the Register within one month of a registrant coming off the Register.

4.20 We are proposing that the fee charged to applicants applying for readmission should increase from £135 to £160. Registrants who apply to come back on to the Register within one month of coming off would not have to pay the higher readmission fee but would have to pay the proposed registration fee.

Restoration fee

4.21 Our fitness to practise process is the way in which we consider allegations about the fitness to practise of registrants. If a case is proven at a final hearing, one of the options open to a panel is to direct that the registrant’s name be ‘struck off’ the Register.

4.22 When a registrant is struck off the Register, they can apply to us to be registered again after five years. Restoration is not automatic, but if a panel decides that they can be registered again, they need to fill in a registration form and pay the appropriate fee. We call this process ‘restoration’ to the Register. We receive a small handful of restoration applications each year.

4.23 We currently charge the same fee for restoration as for readmission. As a result, we are proposing to increase the restoration fee from £135 to £160. This does not include the cost of the registration fee.

Q7. Do you agree that the restoration and readmission fees should also increase in line with the increase in our registration renewal fee?

International scrutiny fee

4.24 We receive applications from people who have qualified outside the UK via our international route to registration. This includes applicants exercising European mutual recognition rights. We look at each application individually so that we can decide whether an applicant’s education, training and experience means they meet our standards for safe and effective practice.

4.25 We charge a scrutiny fee to cover our costs in processing applications for registration from this group of applicants. This includes the costs involved in paying registration assessors to assess each application and the resources involved in processing applications.

4.26 We are proposing that the International scrutiny fee should increase from £495 to £584. This does not include the cost of the registration fee.
Grandparenting scrutiny fee

4.27 ‘Grandparenting’ is a transitional route of entry to our Register. It allows individuals to register who do not hold a qualification approved by us, but who meet the criteria for registration. We look at each application individually to decide whether the applicant has met our requirements and is able to be registered. This route to registration is only open for a limited time period when a profession first becomes statutorily regulated. The grandparenting route to registration has closed for all the currently regulated professions.

4.28 We charge a scrutiny fee to cover our costs in processing applications for registration from this group of applicants. This includes the costs involved in paying registration assessors to assess each application and the resources involved in processing applications.

4.29 We propose to increase the scrutiny fee from £495 to £584. This does not include the cost of the registration fee. The scrutiny fee would apply should we regulate further professions in the future for which grandparenting is required.

Q8. Do you agree that the international and grandparenting scrutiny fees should increase in line with the increase in our registration renewal fee?

4.30 We have received feedback during previous consultations that our stakeholders would prefer us to take an incremental approach to reviewing our fees. This would be consistent with good financial management. It would also ensure that we have sufficient funds to continue to function effectively as a regulator avoiding large, unplanned increases in our fees.

Q9. Do you agree that we should regularly review our fees to avoid infrequent but larger increases in the future?
5. Other proposed changes

5.1 We recognise that our income comes from registration fees and we are continually looking at ways to minimise the burden on registrants. This includes cost savings and efficiencies, which have been outlined elsewhere in this document, as well as other potential sources of income.

Fees in education

5.2 Currently, the quality assurance activity of most UK professional healthcare regulators is funded by the registration fee. There is no direct charge to education providers whose programmes are being quality assessed and assured. The General Pharmaceutical Council is the only exception.

5.3 This is not the case for other regulators or professional bodies. The Care Quality Commission is permitted within its legislation to charge fees related to its registration and compliance function. Whilst there are no costs publically available, the professional bodies that operate across the sixteen regulated professions have varying levels of involvement with pre-registration education and training. More recently, the Children and Social Work Act 2017, allows the new regulator, Social Work England, to charge fees, subject to consultation, in connection to the approval or continued approval of education programmes.

5.4 Our Education and Training Committee is currently reviewing how the various education functions should be carried out to ensure the approach and processes remain fit for purpose to fulfil our statutory duties in this area. The Committee have also discussed exploring options around the charging of fees for education related activities. You can read more about the plans being developed by reading the papers here: http://www.hcpc-uk.co.uk/aboutus/committees/educationandtraining/index.asp?id=843

Q10. Do you agree that we should investigate additional charging models for services including charging for the approval of education programmes?

Charging to renew registration by paper

5.5 In 2010, we introduced an online system for registrants to renew online. Since that time, the majority of registrants have used this system to renew their registration. In the year 2017-18, 98% of registrants renewing did so online. The remaining 2% requested manual renewal by paper, which can be time consuming and costly. The Council is currently considering the principle of charging more for registrants who do not renew online and would like to gain stakeholder feedback on this before drawing up more detailed proposals, including the impact any such proposal might have.

Q11. Do you agree that a higher fee should be charged for those who request paper renewal forms?
Equality and Diversity implications

5.6 Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation?

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

If yes, please explain what could be done to change this.

Q12. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation?

Further comments

5.7 We would be happy to receive any further comments you might have about our proposals.

Q13. Do you have any further comments on our proposals?
6. Our consultation questions

Q1 Do you agree that the HCPC should invest in preventing fitness to practise issues arising?

Q2 Do you agree that the HCPC should invest in improved services?

Q3 Do you agree that the HCPC should invest in the necessary resources to improve the capacity, quality and timeliness of our FtP performance?

Q4 Do you agree that the renewal fee should increase from £90 to £106 to support the proposals outlined in this consultation document?

Q5 Do you agree that the scrutiny fee for applicants from approved programmes should increase in line with the renewal fee from £63 to £74?

Q6 Do you agree that graduate applicants should no longer receive a 50 per cent discount on the cost of registration?

Q7 Do you agree that the restoration and readmission fees should also increase in line with the increase in our registration renewal fee?

Q8 Do you agree that the international and grandparenting scrutiny fees should increase in line with the increase in our registration renewal fee?

Q9 Do you agree that we should regularly review our fees to avoid infrequent but larger increases in the future?

Q10 Do you agree that we should investigate additional charging models for services including charging for the approval of education programmes?

Q11 Do you agree that a higher fee should be charged for those who request paper renewal forms?

Q12 Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation?

Q13 Do you have any further comments on our proposals?