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## Registration Fees Consultation

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### Executive summary

This paper provides Council with an analysis of the responses to the recent consultation on a proposed registration fee rise, including on the associated mitigation measures we should commit to implementing if we secure the fee rise.

This is a difficult time financially for registrants and if it was not necessary for us to increase our fees now, we would not be seeking to do so. However, in view of the severe financial sustainability challenges we face, in September 2022 Council agreed that HCPC should consult on a £19.62 per year increase in our registration renewal fee and equivalent increases in our other fees, to address a long-term legacy of under-funding.

Council also asked the Executive to develop mitigation options alongside the fee increase, in recognition of the cost of living pressures faced by registrants.

The consultation ran between 22 September and 15 December 2022 and this paper outlines the stakeholder engagement activities we undertook during this period.

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Decision	In light of the analysis set out in the paper, we recommend that Council agrees to seek parliamentary approval for a fee increase of £19.62 from July 2023, with the impact mitigated by extending the frequency of direct debits, doing more to promote the availability of tax relief on fees and advocating protected Continuing Professional Development (CPD) time.
Previous consideration	Council received an interim update on the consultation at its meeting on 7 December 2022.
Next steps	Once Council has made its decision we will if appropriate prepare a further short paper enclosing a draft fees order, for approval by Council in correspondence. Subject to Council's approval we will then advise the Chair to write to DHSC and the Scottish Government, asking them to move ahead with introducing the legislation. We would publish a formal consultation response and equalities impact assessment in mid-March.
Strategic aims	Financial sustainability.
Financial and resource implications	The financial and resource costs of the consultation process are being met from within existing budgets. The wider financial impacts are set out in the paper.

EDI impact .....  
The equalities impacts are summarised in the paper and a full equalities impact assessment is at Appendix D.

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## Registration Fees Consultation

### 1. Introduction

- 1.1 This paper provides Council with advice and recommendations on seeking parliamentary approval for a fee increase following the recent consultation, as well as on which associated mitigation measures we should commit to implementing if we secure the fee rise.

### 2. Background

- 2.1 This is a difficult time financially for registrants and if it was not necessary for us to increase our fees now, we would not be seeking to do so. However, in view of the financial sustainability challenges we face, in September 2022 Council agreed that HCPC should consult on a £19.62 per year increase in our registration renewal fee and equivalent increases in our other fees, to address a long-term legacy of under-funding. Council also asked the executive to develop mitigation options alongside the proposed fee increase, in recognition of the cost-of-living pressures faced by registrants. The consultation ran between 22 September and 15 December 2022. The proposed annual increase is equivalent to 38p per week.
- 2.2 In parallel to the consultation process, we have engaged actively with stakeholders to explain the rationale for our proposals and, as far as realistically possible, seek buy-in as preparation for the formal parliamentary approval process by the UK and Scottish parliaments (subject to Council's decision). We have also engaged directly with the public through focus groups.
- 2.3 At the Council's meeting on 7 December 2022 the Executive presented an update on the fees consultation, which at that time remained live until 15 December 2022. The update set out the engagement undertaken to support the consultation, and the engagement plans in development for the next stage should Council decide to progress with a fee increase at their meeting on 23 February 2023. Council also discussed the proposed mitigation measures which were consulted on and asked the Executive to develop these options for consideration when the full consultation analysis was presented.

### 3. Outcome of consultation

#### *Numbers and breakdown of online survey respondents*

- 3.1 We received 9509 complete responses to the online consultation, of which 98% (9,343) were from HCPC registrants, which is equivalent to just under 3% of our register.

- 3.2 We received responses from 34 organisations (28 submitted via the survey, 8 sent via email of which 2 were able to be manually added to the survey), including professional and representative bodies, employers, and trade unions. We have highlighted responses provided by professional bodies and trade unions throughout this document and acknowledge that their responses carry the weight of their memberships.
- 3.3 We also received responses from 132 individuals who were not HCPC registrants: mainly students or people in the process of applying for HCPC registration.
- 3.4 HCPC's Education and Training Committee have also responded as a statutory consultee, in support of the proposed fee rise.

### *Location*

- 3.5 Most respondents (across all three categories) identified as being based (operating/working/living) in England. For registrant respondents, responses for Scotland, Wales and Northern Ireland were in line with population sizes, albeit at much smaller numbers. For organisations, UK-wide was the second largest operating location given.
- 3.6 The breakdown of registrant respondents by profession is closely aligned to their numbers on the register, albeit at slightly lower percentage rates. The highest representation was from Physiotherapists, Radiographers, and Speech and Language Therapists. Hearing Aid Dispensers, Chiropodists/Podiatrists, Operating Department Practitioners, Biomedical Scientists, Practitioner Psychologists and Paramedics all had lower responses rates compared to their register numbers.

### *EDI breakdown*

- 3.7 Registrants and individual respondents were invited to provide information against six protected characteristics: age, ethnicity, sex, gender, disability, and pregnancy and maternity. These were selected based on any change to our fees being most likely to affect registrants with one or more of these characteristics.
- 3.8 Most registrant and individual survey respondents identified as:
- Aged between 30-39, with 40-49 close behind.
  - White (by a sizeable margin), with Asian or Asian British the next category (prefer not to say was the next largest choice).
  - Female
  - Not meeting the Equality Act definition of being disabled
  - Not meeting the Equality Act definitions 'pregnancy' or 'maternity'.

### *Summary of consultation results*

- 3.9 The great majority of respondents (registrants, individuals, and organisations) to the online survey (88%) are opposed to the £19.62 increase on which we

consulted. Of the eight organisations that submitted a response via email, seven rejected the increase, one agreed but with caveats.

- 3.10 However, 45% of survey respondents say they understand or are neutral about the rationale for the requested increase, which suggests that our stakeholder engagement activity has had an impact.
- 3.11 72% of survey respondents support retaining the 50% graduate discount.
- 3.12 The preference selection responses indicate general support for the mitigation measures on which we also consulted, including support for working with employers to protect Continuing Professional Development (CPD) time. However, these are at odds with some of the text responses provided to other survey questions, which questioned our ability to deliver any or all the mitigations, and in some cases (which indicate a misunderstanding of the questions) suggested that we should not do them if doing so was the reason for proposing the increase.

#### *Submissions by email and letter*

- 3.13 Six organisations sent responses via email which could not be added to the survey platform:
- ***The British Association of Art Therapists (BAAT)*** noted recent data from a survey of their registrants which did not reflect favourably on the HCPC. They supported retention of the 50% graduate discount, and welcomed the proposed mitigations, including offering to collaborate on promoting tax relief.
  - ***The British Dietetic Association (BDA)*** opposed the increase, supported retention of the 50% graduate discount and argued that the mitigations proposed should be delivered as part of the existing fee. They also proposed a reduced fee for those working part-time and to remove any charges for students from disadvantaged backgrounds.
  - ***The Chartered Society of Physiotherapy*** opposed the increase and did not specifically address any of the other questions in their response.
  - ***The Royal College of Podiatry*** opposed the increase and supported retention of the 50% graduate fee, stating that it should be extended to non-UK applicants to the register. They were unconvinced by the mitigations proposed and asked for work to reduce work pressures currently facing registrants. They further proposed a reduced rate for registrants working part-time or on a low wage.
  - ***Unison*** opposed the increase and supported retention of the 50% graduate discount and proposed that both mitigations should be implemented but without any increase in fees. They further supported the introduction of a reduced rate for registrants working part-time or on lower incomes.

- **Unite** opposed the increase but supported retention of the 50% graduate discount and encouraged HCPC to make good on its 2018 proposal to charge education providers. They challenged the mitigation proposals, expressing concerns that extending direct debits may make larger increases more likely in the future and noting that both are identified as being at an exploratory stage, and that no rise should take place until further work has been undertaken on them.

3.14 Lastly, shortly after the consultation began, we received a letter opposing the proposed fees rise, jointly signed by 15 organisations representing HCPC registrants<sup>1</sup>. On 21 February we also expect to be presented with a petition from Unite that they ran during the consultation period.

#### 4. Stakeholder engagement

- 4.1 Prior to publication of the consultation we engaged with professional bodies, trade unions and government officials to explain why we would be seeking a fee rise and seek initial feedback. This engagement was led by the CEO and Chair, and feedback was positive about our open and honest approach.
- 4.2 To support the consultation we engaged directly with registrants and the public via ten open webinars and five focus groups. The webinars were delivered by Executive Leadership Team members, and times and dates were selected to maximise the opportunity for people to attend. The average registration rate per webinar was 30, although actual attendance was lower than this.
- 4.3 Alongside the webinars we have kept in contact with professional bodies, officials, unions and service user groups. A dedicated fee briefing was set up for professional bodies on the day the consultation was published, and we met professional bodies routinely throughout the consultation period and beyond. Of the 40 professional bodies the HCPC works with we received formal responses from twelve, and two formal responses from trade unions.
- 4.4 During the consultation period we met the Allied Health Professions Federation (AHPF) and the Allied Health Professions Federation Scotland (AHPFS) to discuss the proposals, as well as AHP Directors, Chief Healthcare Science Officers, and Chief Allied Health Professions Officers from across the four UK nations.
- 4.5 Since the consultation closed, we have met government decision makers in Scotland and in the Department of Health and Social Care (DHSC).

<sup>1</sup> The British Psychological Society, Society of Radiographers (SoR), The Association of UK Dietitians (BDA), Association of Reproductive and Clinical Scientists (ARCS), British and Irish Orthoptic Society (BIOS), Institute of Chiropodists and Podiatrists, Royal College of Occupational Therapists (RCOT), Royal College of Speech and Language Therapists (RCSLT), Royal College of Podiatry, British Society for Histocompatibility and Immunogenetics (BSHI), Unite, Unite Speech and Language Therapists National Committee, Unite Ambulance National Committee, Unite Applied Psychologists National Committee, United Health Care Scientists National Committee.

- 4.6 We have a series of calls with professional bodies' CEOs and other senior stakeholders scheduled after Council's meeting, to inform them of the outcome. We will put a short, factual statement on our website about Council's decision.

## 5. Public focus groups

- 5.1 The purpose of the focus groups was to hear the opinions of patients and service users about the value of professional regulation and HCPC's proposed fee change. Luther Pendragon independently facilitated five online focus groups in December 2022 with 30 participants in total drawn from all four UK nations. The focus groups were conducted in line with industry good practice.
- 5.2 Overall, the focus group participants were supportive of the proposed fee increase and expressed the view that given inflation, an increase of this order was to be expected. They suggested that as registration was a prerequisite of being a health and care professional, the fee should not be viewed as unfair. Participants also believed that the HCPC had to ensure its finances were in good order. They felt that the reasons behind the increase should be explained clearly and compassionately to registrants. Further details are in the report at Appendix B.

## 6. Analysis of mitigations and recommended responses

- 6.1 All of the mitigation measures on which we consulted received a high level of support and we want to make progress on all of them. The mitigation measures on which we consulted were as follows, with the percentage of respondents who fully or partially supported the measure shown in brackets:
- Increase our promotion of tax relief. (62.5%)
  - Increase the spread of direct debit payments. (57%)
  - Work with employers to secure better protected CPD time. (76%)
  - Improve communications and engagement with registrants and stakeholders. (62%)
  - Develop further a compassionate approach to regulation. (64%)

### *Protected CPD time*

- 6.2 There was strongest support for protected CPD time. Although any mandating of this is not directly within our power, the HCPC has continued to engage with employers and registrants directly to learn more about registrant needs, and we have increased the availability of HCPC provided content that can be used for CPD. Using the consultation feedback, we are also working across the organisation to assess what more the HCPC can do to encourage protected dedicated CPD time. This ongoing activity is evidence of our commitment to make real progress on protected CPD time across all of our regulated professions in their various professional settings.
- 6.3 While not directly related, our work on preceptorship, undertaken in collaboration with Health Education England (HEE) and linking with AHP workforce leads across the devolved nations, will be a further visible means by

which we will be provide support for registrants in the workplace. Subject to Council's approval we expect the preceptorship principles to be published this spring, accompanied by an implementation framework developed and promoted by HEE. Work with the devolved nations' AHP leads will continue during 2023.

#### *Extending direct debits*

- 6.4 On direct debits, there are some challenges in extending the current facility for four direct debit payments over the two-year renewal cycle. The current process is labour intensive owing to the need for manual inputs and checks to ensure accuracy, as well as interdependencies between the Finance and Registrations Teams and third-party vendors.
- 6.5 Increasing the frequency of direct debits could create some risk to credit control and accuracy of payment collection. There are also implications for our cash flow position: at present 73% of registrants pay their fees by direct debit; the remainder pay two years' worth of the full fee in advance, which helps ensure we have sufficient cash to meet our day-to-day working capital requirements. An increase in the frequency of direct debits, and potentially an increase in the percentage of registrants paying by direct debit, would reduce our cash balance.
- 6.6 Extending the frequency of direct debits must therefore be dependent on securing a fee increase, so that we are less reliant on pre-payment of fees for working capital. There is also a dependency on the current project to implement the Business Central finance system, which will reduce some of the process and system challenges and resource implications of administering direct debits.
- 6.7 We recommend that we commit to extending the frequency of direct debits to quarterly (i.e., eight over the two-year period), subject to us receiving the proposed fee increase. Implementation would be as soon as practicable after successful implementation of the new finance system, which should mean we can offer the extended direct debit facility from October 2023. There would be no additional fee (or discount) for those paying by direct debit. Although we would aim to administer the extended direct debit facility from within existing resources, there might be set-up costs of around £50k.

#### *Promoting availability of tax relief*

- 6.8 We have identified a number of opportunities to promote the availability of tax relief for UK taxpayers on their HCPC fees as an allowable expense, although we cannot of course directly administer the process (as some registrants suggested in the consultation) or set HMRC's rules.
- 6.9 Specifically, we will more actively promote the availability of tax relief on HCPC fees, including through updates to our website guidance, adding a link to the HMRC guidance and website on our online portal and additional signposting in our renewal communication and social media activity.

## *Improving communications and compassionate approach to regulation*

6.10 We will continue to shift our approach to greater collaboration and support. Our tone of voice will be more human, accessible and compassionate, helping to improve our stakeholders' understanding of regulation and our regulatory functions. We will develop our registrant communications, focusing on inspiring professionalism and bringing our standards to life, through learning materials and events that support registrants in meeting our standards.

## **7. Impact on low-income registrants**

7.1 A theme that emerged from free text responses in the online consultation was support for some form of discount or other fees differentiation for registrants on low incomes.<sup>2</sup> We have considered carefully whether we could and should do so by, for example, introducing a discount for those on low incomes.

7.2 We also considered the possibility of a discount for registrants on a parental career break, which would also partially address that issue in a more targeted way.

7.3 Our recommendation on balance is not to introduce such discounts, on the grounds of complexity, cost and risk in relation to:

- Definition and thresholds: where to draw the line without creating a new sense of unfairness (for example, is a single person earning £25,000 a year living rent-free with their family better or worse off than a single parent with a mortgage earning £30,000 a year?).
- Enforcement and fairness: would we rely on self-declaration and how we would we monitor compliance; there could be a considerable administrative overhead and enforcement difficulties.
- Cost: the analysis provided to Council showed that a 50% parental leave discount could cost around £700k per year, which would potentially require us to increase fees for other registrants beyond the proposed increase of £19.62. A more general low-income discount would be likely to cost considerably more, depending on where the threshold was set.

7.4 We have also looked at other healthcare regulators' practice. The General Medical Council provide a 50% discount for registrants whose salary is below a set threshold, but none of the other regulators do so. The General Pharmaceutical Council consulted in 2019 on introducing differentiated fees for its registrants but decided not to do so because the costs and complexities of administering the changes would have been disproportionate.

7.5 While we can have considerable sympathy for registrants on low incomes who face financial pressures in the current climate, there would be significant

<sup>2</sup> 491 relevant free text comments out of 2470 received on question 4(c): "Please tell us about any other mitigations you think we should explore."

challenges in defining and implementing a discount that would be accepted as fair and could be administered and enforced cost-effectively. For these reasons we do not recommend pursuing this approach and instead focusing on the recommended mitigations on direct debits and promoting tax relief, which – though not targeted – are likely to be of particular value to those on lower incomes.

## **8. Timing of proposed fee increase by individual profession**

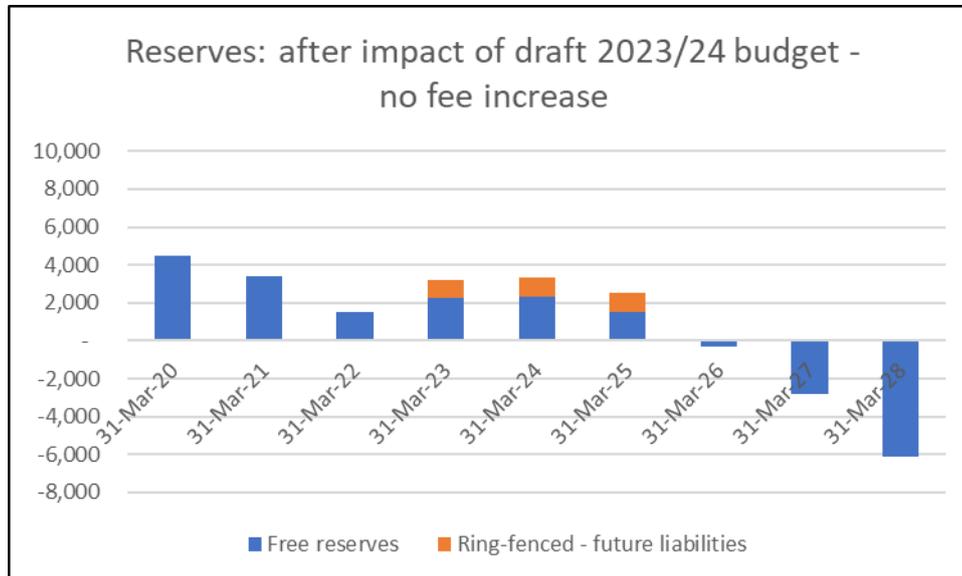
8.1 We intend to retain the existing two-year renewal cycle by individual profession. With the target July 2023 date for the new fees to come into effect, the first professions to pay the new fee, between July and September 2023, would be clinical scientists, prosthetists and orthotists, speech and language therapists, occupational therapists and biomedical scientists. Radiographers would pay the new fee from December 2023 and Physiotherapists from February 2024. The full renewal cycle is at Appendix C.

## **9. Financial sustainability**

- 9.1 A further theme that arises from stakeholder engagement and the analysis of respondents' free text comments is the suggestion that, if there is to be a fee rise at all, it should be lower than the proposed amount.
- 9.2 Council received a briefing on HCPC's financial position for its discussion in December 2022. Our reserves position has improved somewhat since the December paper, as a result of international income being above budgeted levels and efficiencies and savings from reprioritisation incorporated in the draft 2023/24 budget.
- 9.3 However, as reported to the People and Resources Committee and Council in relation to the 2023/24 budget, our underlying financial position continues to be strongly adverse: we have an underlying deficit of around £1m after adjusting for the short-term increase in international income and slippage in the timing of some Fitness to Practise (FtP) cases.
- 9.4 We have been obliged to run operating deficits for the past five years, which has led to our reserves declining steadily to a level below what is sustainable. In addition, we have significant unfunded financial risks.
- 9.5 We have been tough in prioritising within our means for 2023/24 and are delivering significant efficiencies to help address the underlying deficit, including reducing the size of our estate by 50%, which is saving us £1m a year.
- 9.6 However, even after this prioritisation and efficiency programme, without a fee rise our underlying financial position will remain highly adverse and we will be unable to fund essential further improvements and continue to face negative reserves, meaning we would be unable to continue operating and meeting our regulatory responsibilities (see Table 1 below).

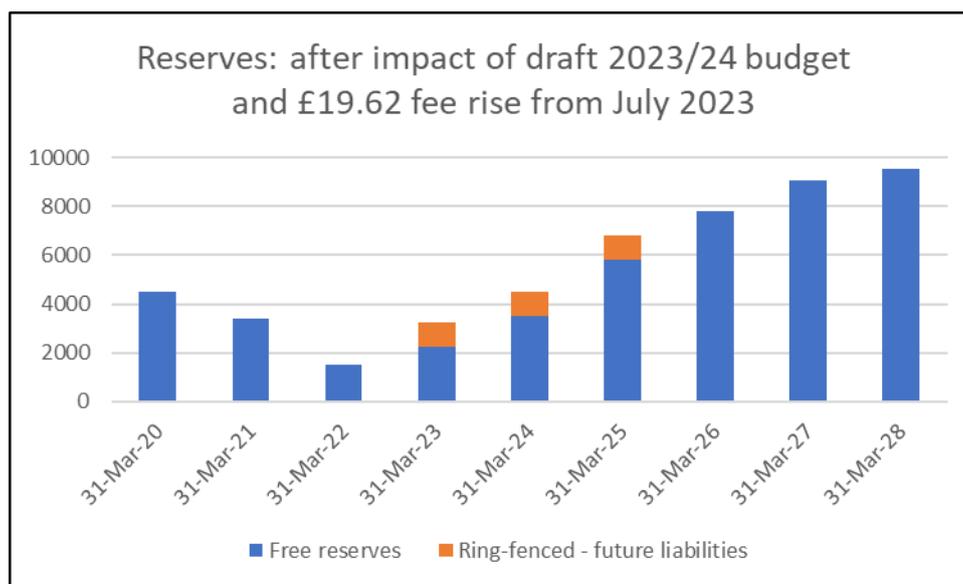
9.7 The duty of financial stewardship that Council and the executive jointly exercise requires us to plan on the basis of the underlying position and to mitigate these risks.

*Table 1: Impact on reserves – with no fee increase*



9.8 The consultation option of a £19.62 increase implemented from July 2023 would enable us to meet our regulatory responsibilities, fund an essential capital and operating expenditure improvement programme over the medium term and over four to five years rebuild reserves to the level required by our reserves policy (see Table 2 below).

*Table 2: Impact on reserves - £19.62 fee increase from July 2023*



## 10. Equalities Impact Assessment

- 10.1 An equalities impact assessment (EIA) for the recommendation is attached at Appendix D. The EIA is unchanged from the EIA accompanying the consultation document that was provided to Council in September 2022, because the recommendation is to seek approval for the fee increase that was proposed in the consultation document.
- 10.2 A key overarching point is that securing the proposed fee will enable us to continue delivering and improving our regulatory functions, which will positively impact all registrants and the public in general.
- 10.3 The EIA identified impacts for people in six of the protected characteristic groups:
- **Age:** for younger or older registrants it may impact their finances as they are more likely to be on lower incomes. For younger registrants this may be mitigated by the 50% graduate discount. We further noted that without an increase and if we were unable to deliver all of our functions effectively, this may have a negative impact on people relying on our regulatory activities.
  - **Disability:** for registrants living with disabilities, it may impact their finances as they are more likely to be in low paid or part-time roles. However, if a lack of finances meant we were unable to meet our service obligations, they might be negatively impacted when seeking support from their regulator. As noted, a lack of effective regulatory action by the regulator due to financial constraints is likely to impact more on people living with disabilities using services provided by those we regulate.
  - **Gender reassignment:** recent experience of a small number of cases suggests that those registrants transitioning may be earning less during the process and so may be impacted by the rise. The same issue arises as for the previous categories, in that registrants transitioning may have greater need of regulatory support, which requires HCPC to be adequately funded.
  - **Pregnancy and maternity:** registrants who are pregnant or caring for young children are likely to be on lower earnings and so will be more impacted by the rise, compounded by the possibility that during pregnancy and maternity they may require a relatively higher level of support, which HCPC would be less able to provide without a fee rise.
  - **Ethnicity:** people from some ethnic minority groups are more likely to be on low incomes, and thus more likely to be impacted by the rise. Additionally, people who trained outside of the UK (and joined our Register via the international application route) from countries with lower average incomes than the UK are likely to be disproportionately impacted by the rise. People from ethnic communities needing specific services, such as providing care in a culturally sensitive manner, may be impacted if the regulator is unable to carry out its functions effectively.

- Sex: female registrants are more likely to be in lower or part time roles and are more likely to be negatively impacted by the rise; they are more likely to be doubly impacted if they are carers, pregnant or nursing young children. Women may be impacted if the fee rise impacts on services provided specifically for them, including those related to fertility and maternity care, such as diagnostic, physiotherapy and psychological care.
- 10.4 In addition, registrants on low incomes are most likely to be impacted, including those not identified in those categories.
- 10.5 There are possible positive and negative impacts of the proposal. Any proposal to increase HCPC's fee is likely to have greater negative impact on those registrants who are lower paid, such as younger professionals, who may be more likely to be at the start of their careers, women, registrants from ethnic minority backgrounds and those with more than one of these characteristics. Proposals could contribute to some registrants deciding to leave the workforce.
- 10.6 The impact on younger workers is mitigated by a 50% graduate discount, which we are proposing to retain. This discount reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge.
- 10.7 Further mitigations of the financial impact of this fee rise include promoting tax relief and increasing the number of direct debits.
- 10.8 The positive impact of this proposal is that it secures the future of HCPC regulation, which performs a vital function supporting the delivery of safe, effective and high-quality health and care services across the UK. The fifteen professions we regulate provide a range of health and care services to the whole population, and importantly to people at greater need of care because of their protected characteristics, such as disabled people relying on physiotherapy services, children and young people relying on psychological services or older people relying on audiology services.
- 10.9 Reductions in HCPC's regulatory activity would negatively impact the population as a whole, including these groups, and people who have more than one protected characteristic, such as pregnant women from some ethnic communities or older people living with a disability or a long-term health condition could be particularly impacted. If the HCPC is not able to perform its regulatory functions effectively, patient safety is likely to be compromised. This would have a negative impact on registrants, as well as on patients and the general public. A lack of adequate funding could also negatively impact on HCPC's ability to consider the needs of people with protected characteristics and promote and drive equality more widely.

## 11. Discussion

- 11.1 The analysis of financial sustainability above shows that HCPC requires the proposed fee rise to address a legacy of underfunding, which had required us to set deficit budgets and risked us becoming financially unviable, even after tough prioritisation and efficiency improvements.
- 11.2 At the same time, we fully recognise that this is a financially difficult time for registrants. If it was not necessary for us to increase our fees we would not be proposing it.
- 11.3 Nonetheless it is clear that the great majority of respondents to the consultation are opposed to the increase. That needs to be taken seriously, particularly in the context of severe cost of living pressures. It is also the case that almost all the respondents are HCPC registrants, who have a legitimate personal interest in the outcome of the consultation.
- 11.4 The consultation does show that we have had some success in explaining the rationale for our proposals. There has also been broad support for the mitigation measures set out in the consultation document.
- 11.5 The results of the online consultation should be balanced against the results of the public focus groups. Although the number of participants in the focus groups was small compared to the numbers who responded to the consultation, the results nonetheless have validity and can be taken as giving a reliable indication of views that would be likely to be expressed by the public in general.
- 11.6 Discussions with professional bodies, representative bodies and government decision makers also showed at least an understanding of the basis of our proposals and a recognition of the need for us to be properly resourced, even though the professional and representative bodies also made clear that they could not support the proposed increase and indeed were strongly opposed to it.
- 11.7 In previous discussions Council has emphasised its duty of financial stewardship; Council has recognised that HCPC's legacy of underfunding and registrants' and the public's expectations mean that the current position is not sustainable.
- 11.8 In the longer-term we need to secure changes to our statutory fee-setting powers through the regulatory reform agenda to allow us to have smaller incremental fee rises. However, in the short to medium term we are relying on this fees consultation to put our finances on a more sustainable footing, alongside the efficiency improvements set out in our corporate plan.

## 12. Recommendation

12.1 Taking all of these points together, the executive recommends that we should continue to seek the £19.62 increase, accompanied by a commitment to extend the frequency of direct debits and do more on protected CPD time and promote tax relief.

12.2 The following reasons underpin this recommendation: the progress made in explaining the rationale for our proposal; the support from consultees for the; mitigation measures; the views of the public via the focus groups; the findings of the equalities impact analysis; and Council's duty of financial stewardship. All of these factors alongside the majority of consultees' opposition to the proposed level of fee increase justify our recommendation.

12.3 Specifically, we recommend that Council agrees we should:

- a. Continue to seek approval for a £19.62 per year fee rise implemented from July 2023 on the existing two-year renewal cycle for professions, and equivalent increases to our other fees;
- b. On mitigations, commit to:
  - introducing more frequent direct debits as soon as practicable if (and only if) we secure the requested fee increase;
  - work proactively with employers to advocate and help secure protected CPD time, building on work we have already started;
  - more actively promoting the availability of tax relief on HCPC fees, including through updates to our website guidance, and additional signposting on our online portal and through our renewal communications and social media activity.
- c. Through the regulatory reform agenda, continue to argue for a change in our statutory powers that would enable us to conduct more routine and regular fee reviews with modest adjustments, subject to appropriate safeguards.
- d. Publish a consultation response and equalities impact assessment reflecting recommendations (a), (b) and (c).

## 13. Timing and next steps

13.1 For decision at the Council meeting on 23 February.

13.2 Following Council's decision, the executive will, if appropriate, provide a further short paper enclosing a draft fees order and explanatory memorandum (EM), for approval by Council by correspondence.

13.3 We would then advise the Chair to write in the week beginning 27 February to DHSC and the Scottish Government, asking them to move ahead with introducing the legislation as soon as possible. The processes for securing

approval by the UK and Scottish parliaments were summarised in the report to Council in December 2022.

- 13.4 In addition, as per recommendation (d) above, the executive will draft a full consultation response for approval by Council via correspondence, with the aim of publishing in mid-March.
- 13.5 If we were unable to secure parliamentary approval for an increase agreed by Council, the executive would provide further advice to Council on options.

## Appendix A: Analysis of consultation responses

Most responses were given via the online survey platform, 'SmartSurvey', with eight organisations providing responses via email<sup>3</sup>. In total 9503 responses were received via the online survey, and a further 6 were received via email.

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### Section 1 - Data on individual respondents

#### A. Registrants

9343 respondents identified themselves as HCPC registrants.

##### *By Profession*

Registered Title	Response Percent	Response Total
Arts therapists (Art therapists, Drama therapists, Music therapists)	1.1%	103
Biomedical scientists	4.0%	374
Chiropodists / podiatrists	1.6%	152
Clinical scientists	3.2%	297
Dietitians	4.4%	411
Hearing aid dispensers	0.2%	19
Occupational therapists	15.2%	1423
Operating department practitioners	2.3%	211
Orthoptists	0.8%	74
Paramedics	7.3%	680
Physiotherapists	28.2%	2634
Practitioner psychologists	5.0%	465
Prosthetists / orthotists	0.3%	27
Radiographers (Diagnostic/Therapeutic)	16.5%	1543
Speech and language therapists	9.8%	912
Dual registered	0.2%	18

<sup>3</sup> Two of the eight were able to be added to the survey platform to aid analysis and so were included in the quantitative analysis.

## Location

Regular Place of Work or Activity	Response Percent	Response Total
England	80.8%	7547
Northern Ireland	2.3%	216
Scotland	10.0%	930
Wales	4.9%	456
I work across the UK	1.0%	89
I work outside the UK	0.8%	71
Other	0.4%	34

## B. Other Individual Respondents

132 respondents identified as not responding on behalf of an organisation or as an HCPC registrants.

How would you describe yourself?	Response Percent	Response Total
I am currently using or receiving health or care services	6.1%	8
I am currently caring for someone using or receiving health or care services	2.3%	3
I am a relative of someone registered with HCPC	6.8%	9
I am a member of the public interested in this issue	21.2%	28
Other	63.6%	84

## Location

Where do you normally live?	Response Percent	Response Total
England	65.2%	86
Northern Ireland	3.0%	4
Scotland	7.6%	10
Wales	0.8%	1
I live outside the UK	18.2%	24
Other	5.3%	7

## C. Equality, Diversity and Inclusion Data

Those responding to the survey as registrants or individuals were invited to provide information on six protected characteristics: 1) age, 2) ethnicity, 3) sex, 4) gender, 5) disability, 6) pregnancy and maternity. These questions were not mandatory, and so not everyone provided responses to them or to every question.

### 1. Age

How old are you?	Response Percent	Response Total
20 or younger	0.1%	6
21-29	18.3%	1726
30-39	34.4%	3233
40-49	26.4%	2483
50-59	14.7%	1383
60-69	2.8%	267
70 or older	0.2%	15
Prefer not to say	3.2%	297
Total answered 9410		

### 2. Ethnicity

Which of the following best describes your ethnic origin?	Response Percent	Response Total
White	86.5%	8122
Mixed or multiple ethnic groups	2.0%	190
Asian or Asian British	3.3%	314
Black, African, Caribbean or Black British	1.8%	167
Prefer not to say	5.4%	508
Other ethnic group	0.9%	85
Total answered 9386		

### 3. Sex

What is your sex?	Response Percent	Response Total
Female	69.3%	6515
Male	26.0%	2439
Intersex	0.0%	2
Prefer not to say	4.7%	441
Total answered 9397		

#### 4. Gender Identity

<b>Is your gender identity different from the sex recorded at your birth?</b>	<b>Response Percent</b>	<b>Response Total</b>
No	90.5%	8471
Yes	3.7%	350
Prefer not to say	5.2%	491
Prefer to self-describe	0.5%	50
Total answered 9362		

#### 5. Disability

<b>Would you describe yourself as being disabled?</b>	<b>Response Percent</b>	<b>Response Total</b>
Yes	6.9%	651
No	86.3%	8105
Prefer not to say	6.8%	634
Total answered 9390		

#### 6. Pregnancy or maternity

<b>Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity'?</b>	<b>Response Percent</b>	<b>Response Total</b>
Yes	3.6%	335
No	91%	8535
Prefer not to say	5.5%%	514
Total answered 9384		

## D. Organisation responses

34 organisations responded to the consultation:

1. All Backs Physio Ltd
2. Allied Health Professions Federation
3. Amnish UK Ltd
4. Association of Educational Psychologists (AEP)
5. British Association of Arts Therapists (BAAT)
6. British Dietetic Association (BDA)
7. British and Irish Orthoptic Society (BIOS)
8. British Association for Music Therapy (BAMT)
9. British Psychological Society (BPS)
10. Circle Health Group
11. Connect Neurotherapy Services Ltd
12. Chartered Society of Physiotherapy (CSP)
13. Ed.Psych. Consultancy Ltd
14. Harley Street Pathology Services
15. Healthshare
16. Hyde Physiotherapy centre
17. Ilen Physiotherapy Clinic
18. Institute of Biomedical Science
19. JMC Physiocures
20. Magic Words
21. National Community Heating Association (NCHA)
22. Pure Physiotherapy
23. Royal College of Podiatry
24. Royal College of Occupational Therapists
25. Royal College of Speech and Language Therapists
26. Salford Royal Foundation trust
27. South Warwickshire University NHS Trust - Podiatry Team
28. The Jersey Sports & Spinal Clinic
29. The Rotherham NHS Foundation Trust - Children's Therapy Team for Children and Young People
30. The Society of Radiographers
31. UME health
32. UNISON
33. Unite
34. West Hertfordshire Hospital Trust - Radiology Department

### Location

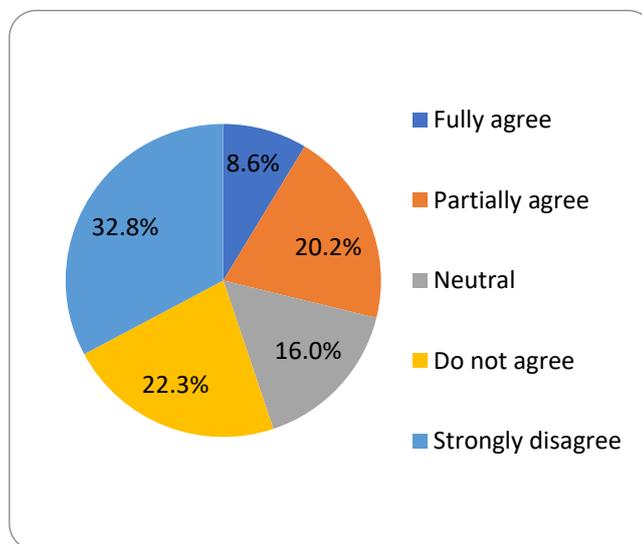
(NB: Provided by the 28 organisations whose entries were made via the survey platform or were able to be entered on to it)

Where is your organisation active?	Response Percent	Response Total
England	50.0%	14
Northern Ireland	0.0%	0
Scotland	3.6%	1
Wales	0.0%	0
UK-wide	32.1%	9
International	7.1%	2
Other	7.1%	2

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## Section 2 - Summary of results

**Question 1: Rationale - To what extent do you agree or disagree that the rationale for our proposed fee increase is clear?**



2,091 respondents provided comments in support of their response to this question, of which 2,081 were viable for analysis. Sentiment analysis identified most comments as being negative (1,064).

### *Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

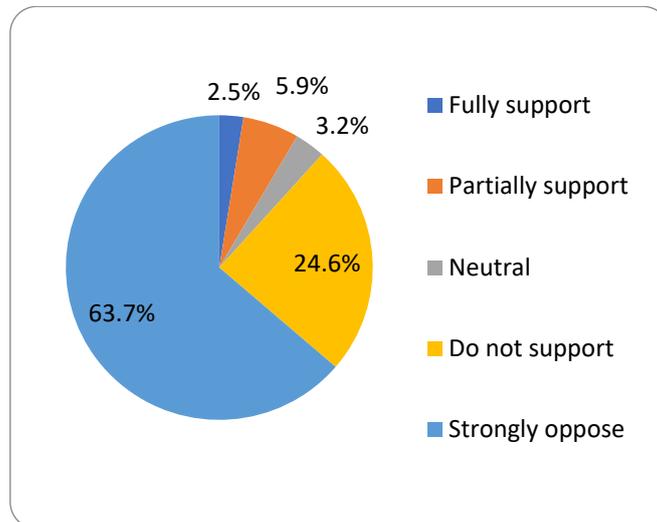
- **Allied Health Professions Federation (AHPF)** partially agreed with the rationale but felt that it did not adequately reference the economic situation currently facing registrants.
- **Association of Educational Psychologists (AEP)** partially agreed but questioned some of the data and underlying assumptions.
- **British and Irish Orthoptic Society (BIOS)** did not agree and questioned the need for an increase above the rate of inflation.
- **British Association for Music Therapy (BAMT)** strongly disagreed, on the basis that it did not articulate why the rise was needed.
- **British Psychological Society (BPS)** were neutral but referenced being a signatory to the joint letter sent during the consultation period opposing the rise.
- **Institute of Biomedical Science (IBMS)** were neutral but stated that the rise was not justified.
- **National Community Heating Association (NCHA)** partially agreed stating that they would like to see greater detail on FtP efficiencies.
- **Royal College of Occupational Therapists (RCOT)** were neutral, stating that they understood the rationale.

- **Royal College of Speech and Language Therapists (RCSLT)** strongly disagreed and referenced previous calls for business efficiencies to reduce costs.
- **The Society of Radiographers (SOR)** partially agreed and stated the rationale was clear.

Outside the survey platform:

- **BAAT** agreed with the rationale but noted that the proposals did not explore any options for reducing operating costs.
- **BDA** agreed with the rationale but felt that it did not reflect the economic situation facing their members.
- **The Chartered Society of Physiotherapy (CSP)** did not cover this question in their response.
- **The Royal College of Podiatry** did not directly answer this question but raised concerns about the prevailing economic situation.
- **Unison** did not directly answer this question but raised concerns about HCPC's situation by comparison with other regulators.
- **Unite** agreed with the rationale but felt it was a leading question.

## Question 2: Fee Proposal - Given the rationale set out in our consultation document, to what extent do you support the fee increase proposals?



2,931 respondents provided comments in support of their response to this question, of which 2769 were viable for analysis. Sentiment analysis identified most comments as being negative (1,925).

### *Professional / Representative Bodies and Trade Union Responses*

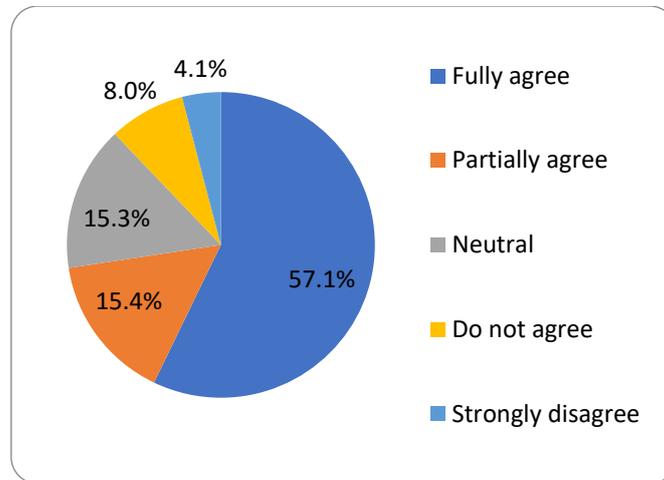
The following organisations responded via the survey platform:

- **AHPF** did support the fee increase.
- **AEP** did not support the fee increase.
- **BIOS** strongly opposed the fee increase.
- **BAMT** strongly opposed the fee increase.
- **BPS** strongly opposed the fee increase.
- **IBMS** did not support the fee increase.
- **NCHA** partially supported the fee increase.
- **RCOT** strongly opposed the fee increase.
- **RCSLT** strongly opposed the fee increase.
- **SOR** did not support the fee rise.

Outside the survey platform:

- **BAAT** noted recent data from a survey of their registrants which did not reflect favourably on the HCPC.
- **BDA** did not support the fee increase.
- **CSP** did not support the fee increase.
- **The Royal College of Podiatry** did not support the fee increase.
- **Unison** did not support the fee increase.
- **Unite** did not support the fee increase.

**Question 3: UK Graduate Discount - To what extent do you agree or disagree that we should retain the 50% UK graduate discount for the first two years of registration?**



1,400 respondents provided comments in support of their response to this question, 1398 of which were viable for analysis. Sentiment analysis identified most as neutral (582), and a nearly equal split for those identified as negative (387) and positive (337).

*Professional / Representative Bodies and Trade Union Responses*

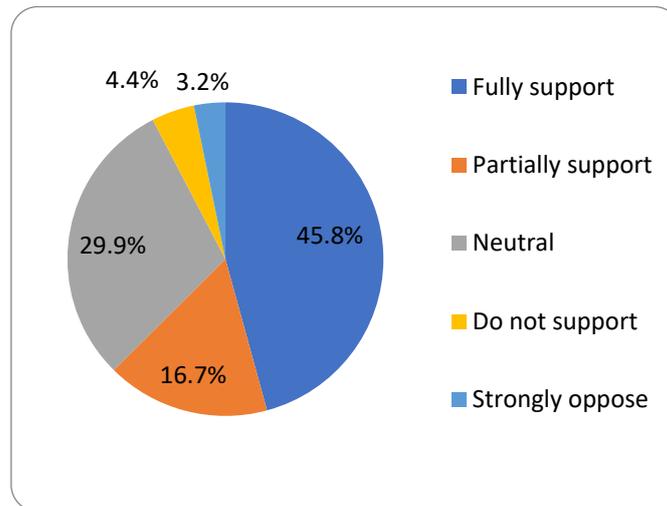
The following organisations responded via the survey platform:

- **AHPF** fully agreed with retaining the discount.
- **AEP** fully agreed with retaining the discount.
- **BIOS** fully agreed with retaining the discount.
- **BAMT** fully agreed with retaining the discount.
- **BPS** fully agreed with retaining the discount.
- **IBMS** fully agreed with retaining the discount.
- **NCHA** fully agreed with retaining the discount.
- **RCOT** fully agreed with retaining the discount.
- **RCSLT** fully agreed with retaining the discount.
- **SOR** fully agreed with retaining the discount.

Outside the survey platform:

- **BAAT** supported retaining the discount.
- **BDA** supported retaining the discount.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** supported retaining the discount.
- **Unison** supported retaining the discount.
- **Unite** supported retaining the discount.

**Question 4a: Mitigations - Tax Relief - Please tell us the extent to which you support our proposal to increase our promotion of tax relief.**



We did not offer a free text option for this question.

*Professional / Representative Bodies and Trade Union Responses*

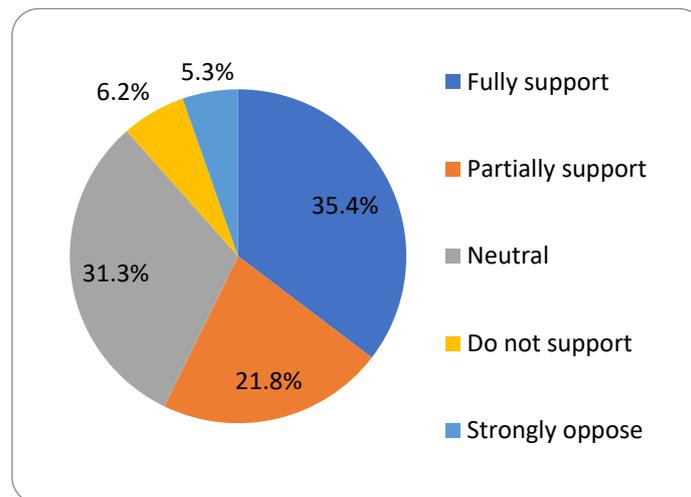
The following organisations responded via the survey platform:

- **AHPF** were neutral on this mitigation.
- **AEP** fully supported this mitigation.
- **BIOS** fully supported this mitigation.
- **BAMT** fully supported this mitigation.
- **BPS** fully supported this mitigation.
- **IBMS** fully supported this mitigation.
- **NCHA** fully supported this mitigation.
- **RCOT** fully supported this mitigation.
- **RCSLT** fully supported this mitigation.
- **SOR** fully supported this mitigation.

Outside the survey platform:

- **BAAT** supported this mitigation.
- **BDA** felt this should be being delivered already as standard business.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** did not indicate a preference for this mitigation, other than it not being innovative.
- **Unison** supported this mitigation but reiterated their opposition to the fee rise.
- **Unite** noted this had been proposed in the previous consultation in 2018 and questioned whether HCPC would be able to realise the aim.

**Question 4b: Mitigation – Direct Debits - Please tell us the extent to which you support our proposal to increase the spread of direct debit payments**



We did not offer a free text option for this question.

*Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** were neutral on this mitigation.
- **AEP** partially supported this mitigation.
- **BIOS** fully supported this mitigation.
- **BAMT** supported this mitigation.
- **BPS** supported this mitigation.
- **IBMS** supported this mitigation.
- **NCHA** supported this mitigation.
- **RCOT** supported this mitigation.
- **RCSLT** supported this mitigation.
- **SOR** supported this mitigation.

Outside the survey platform:

- **BAAT** supported this mitigation.
- **BDA** felt that this should be being delivered already as standard business.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** echoed their comment on the tax relief mitigation.
- **Unison** supported this mitigation but reiterated their opposition to the fee rise.
- **Unite** agreed with the proposals but raised concerns about it being a way to bring in larger increases in the future.

#### **Question 4c: Please tell us about any other mitigations you think we should explore**

2470 respondents provided responses to this question. Although the question was intended to surface further mitigations for us to consider, many respondents used the question to provide general comments (about the consultation or the HCPC itself) or to reference matters outwith the consultation.

Of those mitigations proposed, having reduced fees for registrants working part-time (176) was given by most respondents, followed by having tapered fees based on a registrant's salary or banding (93) and reduced fees for low paid workers (90).

#### *Professional / Representative Bodies and Trade Union Responses*

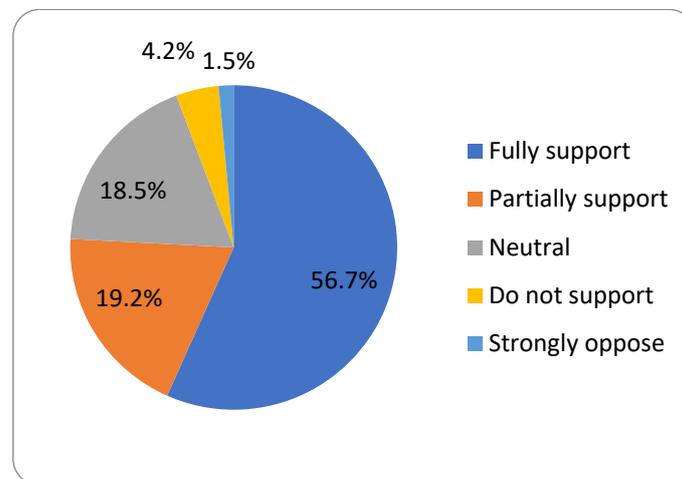
The following organisations responded via the survey platform:

- **AHPF** provided additional commentary on the two mitigations but gave no additional mitigations.
- **BIOS** provided additional commentary on the two mitigations but gave no additional mitigations.
- **BAMT** provided additional commentary on the two mitigations but gave no additional mitigations.
- **BPS** provided additional commentary on the two mitigations but gave no additional mitigations.
- **IBMS** suggested undertaking a review of HCPC's IT systems to see if any efficiencies might be realisable.
- **NCHA** suggested exploring the viability of discounts for registrants on low incomes.
- **RCOT** urged HCPC to undertake further consultation on options for savings with professional and representative bodies.

Outside the survey platform:

- **BAAT** suggested consideration of payment breaks for registrants taking career breaks or on longer term sick leave.
- **BDA** offered no additional mitigations.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** offered no additional mitigations.
- **Unison** offered no additional mitigations for consideration.
- **Unite** raised concerns that that the mitigations are described as future options and felt they should be developed further before any fee rise is brought in.

**Question 5a: Service Improvements - Protected CPD Time - Please tell us the extent to which you support our proposals on working with employers to secure better protected CPD time.**



We did not offer a free text option for this question.

*Professional / Representative Bodies and Trade Union Responses*

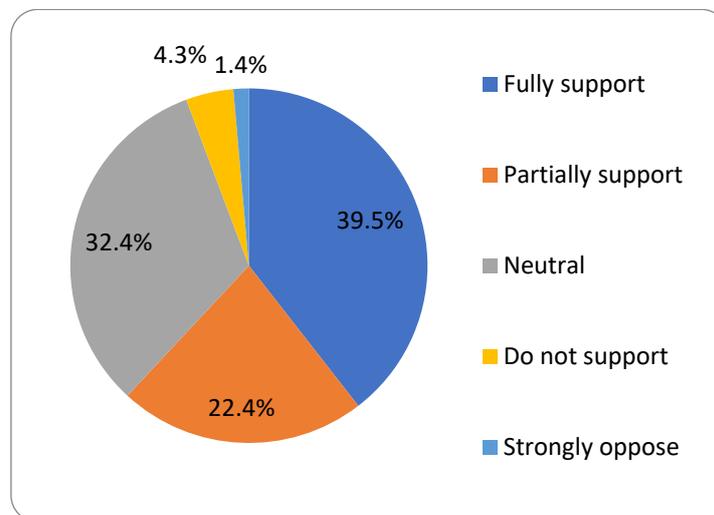
The following organisations responded via the survey platform:

- **AHPF** were neutral in this improvement.
- **AEP** fully supported this improvement.
- **BIOS** partially supported this improvement.
- **BAMT** strongly opposed this improvement.
- **BPS** fully supported this improvement.
- **IBMS** fully supported this improvement.
- **NCHA** fully supported this improvement.
- **RCOT** fully supported this improvement.
- **RCSLT** fully supported this improvement.
- **SOR** fully supported this improvement.

Outside the survey platform:

- **BAAT** supported this proposal.
- **BDA** offered no comment on this proposal but stated that the HCPC should be focusing on its core business and being efficient.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** gave no comment on this proposal.
- **Unison** stated that this should be part of the HCPC's standard regulatory functions and activities.
- **Unite** requested further information about how they this would be realised and asked whether it could be implemented without the fee rise or were contingent on it being secured, and if so, how much of the fee rise could be avoided if it were not implemented.

**Question 5b: Service Improvements – Better Communications - Please tell us the extent to which you support our proposals on improving communications and engagement with registrants and stakeholders**



We did not offer a free text option for this question.

*Professional / Representative Bodies and Trade Union Responses*

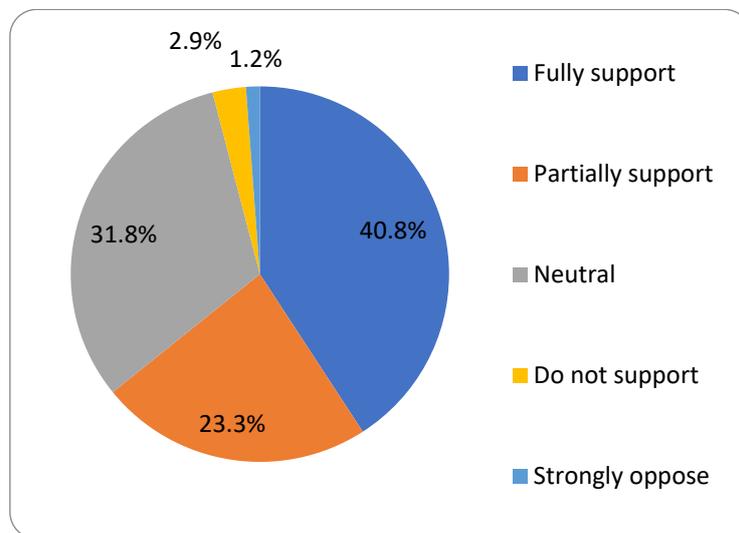
The following organisations responded via the survey platform:

- **AHPF** were neutral on this improvement.
- **AEP** partially supported this improvement.
- **BIOS** partially supported this improvement.
- **BAMT** fully supported this improvement.
- **BPS** fully supported this improvement.
- **IBMS** fully supported this improvement.
- **NCHA** fully supported this improvement.
- **RCOT** fully supported this improvement.
- **RCSLT** fully supported this improvement.
- **SOR** partially supported this improvement.

Outside the survey platform:

- **BAAT** supported this proposal.
- **BDA** offered no comment on this proposal but stated that the HCPC should be focusing on its core business and being efficient.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** gave no comment on this proposal.
- **Unison** echoed their previous comment on this proposal.
- **Unite** echoed their previous comment on this proposal.

**Question 5c: Service Improvements – Compassionate approach to regulation**  
Please tell us the extent to which you support our proposals on developing further a compassionate approach to regulation.



We did not offer a free text option for this question.

*Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** were neutral on this improvement.
- **AEP** fully supported this improvement.
- **BIOS** partially supported this improvement.
- **BAMT** fully supported this improvement.
- **BPS** fully supported this improvement.
- **IBMS** fully supported this improvement.
- **NCHA** fully supported this improvement.
- **RCOT** fully supported this improvement.
- **RCSLT** fully supported this improvement.
- **SOR** partially supported this improvement.

Outside the survey platform:

- **BAAT** supported this proposal.
- **BDA** offered no comment on this proposal but stated that the HCPC should be focusing on its core business and being efficient.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** gave no comment on this proposal.
- **Unison** echoed their previous comment on this proposal
- **Unite** echoed their previous comment on this proposal.

## Question 5d: Service Improvements – Please tell us about any other areas you think we should prioritise.

1867 respondents provided responses to this question. As with question 4c, many respondents provided general comments about the consultation or the HCPC itself or referenced matters outwith the consultation.

Of those comments that did reference a relevant issue, the largest category was to improve our engagement and communications work with registrants and with the public (138), followed by improving our registration processes, primarily on timeliness and accuracy (107) and providing registrant benefits (103), with examples offered being health and well-being support, ID cards, CPD/Education events, HCPC in-service champions and indemnity insurance.

### *Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** proposed that the HCPC provide better data and trend information to professional bodies, to enable them to help with reducing HCPC's costs.
- **BIOS** proposed focusing on FtP processes to improve timeliness and communications and offered to work with the HCPC to achieve service improvement.
- **BAMT** proposed increasing business information provision, more communications on the HCPC's additional services and activities, improving international registration times and creating fees tapered to earnings or hours worked.
- **BPS** offered no additional areas for focus but reiterated their support for those proposed in the consultation.
- **IBMS** offered no additional areas for focus but reiterated their support for those proposed.
- **NCHA** proposed focusing on the FtP process and offered to work with the HCPC on this issue.
- **RCOT** proposed support for registrants going through FtP processes.
- **RCSLT** proposed the HCPC establish effective communications channels with employers, to improve their understand and use of HCPC's FtP processes.
- **SOR** offered no additional areas for focus and the areas proposed in the consultation may be beyond HCPC's powers to realise in the current economic climate.

Outside the survey platform:

- **BAAT** recommended further service improvements, including providing better data on their profession, doing more to inform the public about protected titles, and closer work between the HCPC and the PSA in respect of its accredited registers.
- **BDA** recommended that the HCPC be engaged in continuous improvement as part of its core business and noted that if services could not be delivered

and to a high standard that consideration should be given to looking to other bodies to provide them.

- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** proposed sharing information from FtP cases with professional bodies to help improve registrants' practice. They also suggested consideration of rationalising the number of professional regulators.
- **Unison** gave no additional areas.
- **Unite** gave no additional areas.

**Question 6: Equalities Impacts: In addition to those equality impacts set out in the consultation document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics?**

865 respondents provided responses to this question. The largest number of respondents noted issues that were covered by the Equalities Impact Assessment (EIA) or agreed with the EIA as written (334). The next largest response was that there were no additional impacts from the proposals (95).

Of the additional issues to be considered, families with children (including single parents) were the largest (45), followed by long-term health conditions, including mental health and long-covid (22).

*Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** proposed negative impacts for registrants who may need paper renewal forms, and registrants who require reasonable adjustments.
- **AEP** gave no additional impacts to those in the EIA.
- **BIOS** proposed negative impacts for registrants from disadvantaged backgrounds, and those working part-time.
- **BAMT** proposed negative impacts for registrants who are single mothers
- **BPS** requested further work be undertaken on identifying impacts on the groups identified in the EIA, and on registrants finding it difficult to afford the fees.
- **IBMS** gave no additional impacts to those in the EIA.
- **NCHA** felt that the EIA identified the most likely impacts.
- **RCOT** gave no additional impacts to those in the EIA.
- **RCSLT** gave no additional impacts but encouraged the HCPC to undertake further research to understand the issues facing registrants with protected characteristics.
- **SOR** gave no additional impacts but stated that an increase would have a greater impact on registrants with protected characteristics.

Outside the survey platform:

- **BAAT** noted that the two mitigations would be beneficial to people on low incomes, something shared by many people with protected characteristics.
- **BDA** noted the difficulties facing people from disadvantaged backgrounds and preventing them accessing higher education, and into the profession.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** asked for the HCPC to support their work to address the lack of full bursaries for healthcare students from poorer households.
- **Unison** felt that that there would be no positive impacts for people sharing any of the protected characteristics from the proposals. They felt that the lack

of any tailored adjustment would negatively impact on women, and on people with lower incomes, as stated in the EIA.

- **Unite** felt that the EIA was not reflective of the fact that the fee as proposed will be applied equally to all registrants. On that basis they argued it would disproportionately affect low paid and part-time workers, including women, single parents and those with health concerns.

## Question 7: Equalities Impacts: Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

567 respondents provided responses to this question. The largest amount of support was for providing reduced fees for part-time workers. The next largest suggestion was having fees reflect registrants' salaries or pay bands, followed by reduced fees for maternity leave or taking a career break.

Other suggestions included having reduced fees for low paid workers (including disabled) workers, provide tailored registrant benefits for people with protected characteristics and allowing payment holidays, primarily for people with health problems.

### *Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** proposed that the HCPC undertake more research to understanding issues facing registrants.
- **AEP** gave no suggestions.
- **BIOS** suggested reduced fees for new graduates from disadvantaged backgrounds and for registrants working part-time.
- **BAMT** suggested reduced fees for registrants with a disability and for registrants working below a specified number of hours.
- **BPS** proposed further work be undertaken with the members of the HCPC's EDI Forum, and that plans be developed to work with specific groups which may be impacted by any rise.
- **IBMS** gave no suggestions (in line with their response to question 6).
- **NCHA** proposed reduced fees for registrants on lower incomes.
- **RCOT** did not answer this question.
- **RCSLT** proposed that the HCPC considers affordability in setting fees, and especially in respect of the lower earnings of its mainly female profession.
- **SOR** gave no additional suggestions but encouraged the HCPC to consider the impact on health care worker's morale of its decision on this issue.

Outside the survey platform:

- **BAAT** recommended creating opportunities to take a payment break for circumstances such taking a career break for maternity/paternity, caring responsibilities, or longer-term sick leave.
- **BDA** recommended reducing or removing costs for students from disadvantaged backgrounds, and reducing fees for part-time workers, which are more likely to be female.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** recommended a reduced fee for lower paid workers, who are more likely to be women in their profession.
- **Unison** recommended consideration of a reduce fee rate for part-time workers or low paid workers.
- **Unite** proposed not raising the rise or delaying it until more work had been undertaken on the proposed mitigations.

## Question 8: Do you have any further comments to make about the proposals and information in the consultation?

1,824 provided responses to this question. The largest theme was a direct request for us not to increase the fees (648). The next largest theme was opposition to the rise (574). Following that were comments that were critical of the consultation document or process, the HCPC itself or the mitigation proposals (229).

### *Professional / Representative Bodies and Trade Union Responses*

The following organisations responded via the survey platform:

- **AHPF** suggested that the HCPC investigate additional routes for raising income, work with employers to create a preventative approach to FtP and establish a strategic approach to data use.
- **AEP** suggested that the HCPC consider offering a lower rate for registrants paying the full fee upfront, work to establish a fixed protected period (12 days) for CPD, consider creating a charter mark for CPD, and increase and improve communication with registrants. They also commented on the importance of improving FtP processes for their members.
- **BIOS** reiterated their opposition to the proposed rise and of the need for the HCPC to improve its services for registrants.
- **BAMT** reiterated their opposition to the proposed rise and stated the importance for the HCPC to improve its services for registrants.
- **BPS** offered to work with the HCPC on delivering the priorities given in the consultation.
- **IBMS** raised the issue of dual registration, as some of their members are required to register for two titles, and so pay two fees; they suggested consideration of a 50% discount for these circumstances. They further suggested the HCPC consider a fee structured tailored to income or the level risk (to the public) posed by a registrant.
- **NCHA** stated that they looked forward to working with the HCPC to deliver on shared objectives.
- **RCOT** reiterated their members opposition to the proposed fee rise.
- **RCSLT** stated the importance of the HCPC listening to registrants' views to the consultation and called for the HCPC to work with employers to reduce FtP referrals.
- **SOR** request information about what the HCPC is doing to secure income from other sources.

Outside the survey platform:

- **BAAT** thanked the HCPC for the opportunity to respond to the consultation and offered to work with the organisation to deliver service improvements for their members and the general public.
- **BDA** proposed the HCPC look to raise funding from other sources instead of registrants, doing more to drive service efficiencies, and providing more profession specific data relating to FtP caseloads to better understand trends and address any inappropriate referrals.

- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** asked whether HCPC had any analysis of its Fitness to Practice costs following the departure of social workers from HCPC registration, and whether this has created any savings.
- **Unison** offered no further comments.
- **Unite** raised concern about the possibility of more frequent fee increases in the future, connected to the direct debit proposals. They further referenced a letter opposing the proposals that was sent to the Chief Executive in October, and a petition run during the consultation period.

## Section 3 - Qualitative Question Response Further Analysis (from the online survey)

**Question 4C: Please tell us about any other mitigations you think we should explore.**

We received 2470 comments in response to this question. Many respondents did not directly respond to the question but used it to give general commentary, or to provide additional feedback on the consultation and the proposals.

The mitigation suggestions given below are ordered in quantity of responses, and where given indicate themes that were referenced within the recommendation (numbers in brackets). Some respondents only gave the broad mitigation without further detail.

Proposed Mitigation	Number of comments received	Key recommendations or rationales given <sup>4</sup>
Change business operations	435	Reduce operating costs (107); Reduce activities in general; (89); Reduce staffing or salaries (86); Move offices out of London (82)
Finding funding elsewhere	196	Employers (42); Government (95); Public Funding (23)
Reduced fees for part-time workers	176	Many part-time workers are women; Part-time workers earn less; Introducing will help with workforce retention; Introducing will help bank workers
Monthly direct debits	142	Support for moving to monthly direct debit option
Tapered fees based on salary/sanding	93	Make HCPC fees based upon salary level of registrants, or where applicable national pay bands
Reduced fees for low paid workers - including disabled registrants	90	Would aid registrants with caring responsibilities; nearing retirement; unemployed.
Reduced fees for registrants on maternity or career break	58	Lack of any reduction is inequitable; It could cover paternity as well as maternity breaks

<sup>4</sup> The subtotals quoted in some cases in the third column, in this table and the subsequent tables, highlight specific recommendations made and rationales advanced out of the total responses received for each theme; for that reason the subtotals in the third column may not sum to the total number of responses for each theme, which is shown in the second column.

Make claiming tax relief easier	46	Create easier routes to claim; HCPC to apply on registrant's behalf; Promote the option more regularly.
Work more closely with professional bodies	34	Create a single fee (17); provide discounts for registrants with membership of a professional body; Allow professional bodies to co-regulate;
Offer a fee 'Payment Holiday' or pause in fees for a fixed period.	26	For registrants on maternity leave (18); For older registrants returning for a fixed time; For people with long-term health issues
Offer fee payment support for registrants facing financial hardship	22	Create a HCPC Hardship Fund

Further responses received with fewer than 20 comments:

- Provide Registrant Benefits: indemnity insurance; training events; discounts on profession related products/services; an HCPC magazine.
- Explore a 'Salary Sacrifice' Fee Option, similar to that for pensions.
- Reduce or remove fees for staff working for the NHS.
- Increase the rise over a longer timeframe (e.g., 3-5 years) or make the rise optional for each registrant.
- Extend the graduate discount, to all new registrants or for registrants within a fixed period of time before their retirement.
- Have differential fees for each profession, either charging more for larger professional groups or for professions with higher numbers of FtP
- Levy registrants' fines for an FtP sanction or increase fees for registrants following a sanction.
- Reduced fees for registrants who are members of professional bodies
- Increase fees for international applicants, or for registrants working in the private sector.
- Introduce a fee reduction for registrants with dual registrations, for registrants returning to practice, for registrants who have been CPD audited within the past year, for registrants with caring responsibilities (including childcare), for registrants where there are two or more within one family, for registrants who have been on the register for over a given period of time ('long -service')

In addition to these responses, we also received more general feedback:

- 230 comments critical of the mitigation proposals in general, referencing the cost-of-living crisis, HCPC poor organisational or operational performance, the difference between the proposed rise and registrant pay rises, and raising the issue of the 2015 Christmas party (referencing the FOI and published information).

- 717 comments voicing opposing to the proposals, referencing the cost-of-living crisis, current pay levels for registrants, and identifying the mitigation being insufficient to justify the increase.
- 10 comments requesting further information about the proposals or requesting that our consultation response provide full details of the comments received.

**Question 5D – Please tell us about any other areas you think we should prioritise.**

We received 1867 comment to this question. As with the previous question, many respondents did not directly respond to the question but used to provide general commentary, or to provide additional feedback on the consultation and the proposals.

The suggestion given below are ordered in quantity of responses, and where given indicate specific priorities or issues that were referenced within the proposal (numbers in brackets). Some respondents only gave the broad priority without giving any further detail.

Proposed Priorities	Number of comments received	Specific priority or rationale given
Improve communications and engagement	138	Improve communications with registrants (92); provide more details on expenditure (18); Provide CPD/Learning opportunity communications (13); More registration Information; Promote regulated professions in public communications
Provide registrant benefits	107	CPD/Education events (47); Health & Well-being support; ID cards; HCPC in-service champions; indemnity insurance
Improve registration processes	107	Takes too long to register (10), Too many problems with re-registration (physiotherapists are given as an example); Concerns over international recruits' competence on registration
Change business operations	106	Reduce HCPC's operating costs, including staffing - the 2015 FOI was referenced in this context (74); do less and focus on core activities (15); Relocate out of London; Bring in sustainability measures
Improve FtP processes	99	Investigations take too long (11), and are not compassionate for registrants (17); there is a lack of reasonable adjustments for registrants
Reduce fees	83	Request to lower all current HCPC fees
Protected CPD time	59	Re-emphasising support for securing protected CPD time
Support pay increases for registrants	50	Calls for HCPC to support / campaign for pay rises for registrants
Improve CPD audit processes	44	Change the system e.g., more like NMC revalidation (29); Provide more feedback after an audit; provide more support during an audit; audit fewer people/more people
Improve responsiveness	43	It is difficult to contact HCPC staff, there are too lengthy waits for responses; the website has poor functionality

Support workforce campaigns	42	Work with employers to improve working conditions for registrants; support action to address the NHS staffing crisis; Support preceptorship for registrants
Registrant health and well-being	35	As a priority, but not as an actual benefit
Improve Protection of Title work	29	Titles referenced: Physiotherapists; Psychologists.
Work more closely with professional bodies	22	Work with professional bodies, royal colleges and trade unions to support registrants better and to meet HCPC standards, including CPD requirements

Further relevant responses received with fewer than 20 comments:

- Implement all proposed mitigations, as they should already be in place and not requiring a fee rise.
- Affordability: ensure all HCPC fees are affordable for registrants.
- Support profession development: Advanced practice, independent prescribing.
- Improve education oversight: to address courses not delivering to required standards, or insufficient availability of courses.
- Regulatory reform: HCPC needs to be reformed to be more in line with GMC.
- Advocate for registrants: HCPC should advocate for registrants.
- Compassionate regulation: welcoming the idea and supporting further development.

In addition to these responses, we also received more general feedback:

- 491 comments critical of the mitigation proposals on the basis that the CPD proposals were unworkable, that HCPC will be unable to deliver them, that the mitigations should already be in place, and that they did not understand the compassionate regulation proposals. There were also criticisms of the consultation itself (the document and/or the process), of HCPC as a regulator, and raising the matter of the 2015 Christmas party.
- 305 comments voicing opposing to the proposals, referencing the mitigations proposed being unnecessary (it may be that some respondents felt the fee rise is being proposed expressly to deliver these), that the proposals did not fit with the argument of HCPC being a compassionate regulator, and the organisation should prioritise ways of reducing cost to prevent the rise being necessary.
- 35 comments requesting further information about the proposals, including greater financial details, or requesting that our consultation response provide full details of the comments received.

**Question 6. In addition to those equality impacts set out in in the consultation document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics? The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.**

We received 865 comments on this question, as summarised below.		
Other Impacts Identified	Number of comments received	Further details given
All impacts are covered by the consultation EIA	334	Agreement with issues covered in the EIA. NB: 107 of these comments also referenced the need to introduce reduced fees or payment holiday for maternity leave.
There are no equalities impacts from the proposals	95	
Families with children / caring responsibilities	45	Important to consider single parent families; increasing cost of childcare
Disagree with EIA	25	Mitigations given are insufficient; need to consider registrants with two or more protected characteristics (intersectionality).
Long-term health conditions	22	Conditions noted: Long-covid; mental health conditions.

Further relevant responses received with fewer than 20 comments:

- Menopausal women may have additional costs or challenges in the workplace.
- Registrants from lower socio-economic backgrounds, as an issue that may underpin the other protected characteristics.
- Marriage and civil partnership, specifically the impact of a rise on registrant's relationships.
- Older registrants, on the basis that they may be unable to access online content.
- Refugees were cited but no further detail was given about
- Single people, specifically the impact of rising living costs for single registrants.
- Requests for more EDI related information about the register, including numbers of registrants from each protected characteristic.

In addition to these responses some registrants provided more general feedback:

- Comments challenging use of Protected Characteristics in the consultation, arguing that everyone should be treated equally and that HCPC should not be focusing on any one group of registrants (89).
- Comments that reiterated opposition to the proposed rise (79).
- Comments not about the consultation but about wider equalities issues relating to the HCPC (35).
- Comments that are about issues outside HCPC's power or areas of competence (30).

## Question 7 – Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

We received 567 comments to this question.		
The suggestion given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments.		
Mitigations Suggested	Number of comments received	Further details given
Offer reduced fees for part-time workers	60	
Offer tapered fees based on salary or banding	53	
Offer reduced fees for maternity / career break	48	
Change HCPC business operations	40	Undertake more research and analysis to identify trends; provide HCPC staff with training to improve their awareness; reduce business costs (to reduce fees which will impact more on people with protected characteristics).
Offer reduced fees for low paid registrants – including disabled registrants	26	
Provide registrants benefits	21	Provide tailored support for registrants with protected characteristics; HCPC to publicly support anti-racisms measures in workplaces.
Offer fee ‘payment holidays’	12	For registrants not practising for a fix period of time, e.g., for those on long-term sick-leave.

We received a small number of proposals from fewer than three respondents (some of which echo responses to other questions): improve registration process to support registrants with protected characteristics; improve HCPC communications and engagement with registrants with protect characteristics; improve HCPC’s CPD audits to better support disabled registrants; strengthen HCPC’s oversight of education programmes to support EDI measures: reduce fees for BME registrants, carers, older registrants (who have been on the register for a long time); provide payment support for people facing financial difficulties; extend the graduate discount to 5 years; work with professional bodies to improve workplace support for registrants with protected characteristics.

In addition to these responses more general feedback:

- Comments challenging use of Protected Characteristics in the consultation, arguing that everyone should be treated equally and that HCPC should not be focusing on any one group of registrants (23).

- Comments that reiterated opposition to the proposed rise (107), to reduce fees (24) or for a lower increase (7) or for it to be brought in over a longer timeframe (4).
- Comments that are about issues outside HCPC's power or areas of competence (25).

## Question 8 – Do you have any further comments to make about the proposals and information in the consultation?

<p>We received 1824 comment to this question. Many of the responses echo comment (or exactly duplicate) responses given to previous free text questions. The suggestions given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments</p>		
Issues raised	Number of comments received	Further details provided
Do not increase the fees NB: These comments explicitly state they are opposed to the rise/proposals	648	Cost of living crisis (139); rise not in keeping with pay (183); Inflation (44); 2015 Christmas Party (12)
Comment – Opposition <b>NB:</b> <i>These are comments that do not explicitly state no to the rise, but where the intention is identified as being opposed to the fee rise / proposals</i>	574	Cost of Living Crises (308); Not in line with pay levels/increases (112); HCPC not delivering what is expected of them (65); Will reduce workforce / deter new entrants (59); Current fees sufficient/ rise not justified (47); General opposition (36); Impact on well-being (13); Cost of Professional Body fees (14); reference to the 2015 Christmas Party (8)
Critical comments	229	Criticism of: consultation document or process (106); HCPC as an organisation (66); reference to the 2015 Christmas Party (46); of the mitigations and service improvements detailed in the HCPC's proposals (23)
Change business operations	66	Suggestion that the HCPC moves out of London (14); Reduce overheads including salaries/ Increase business efficiencies and effectiveness (45); reduce activities undertaken (10);
Lower the amount of the proposed fee increase	57	Sub-themes: Amounts give are between 2.54% and 10%; also, in line with NHS pay increases
Comments requesting further information be provided, separately or in the consultation response	55	Sub-themes: Need to provide more: financial information, including staffing costs (36); information about HCPC business activities (10); detailed consultation analysis report; information about compassionate regulation; more information about tax rebates
Comments supportive of the proposals	44	Generally welcoming the consultation; understand rationale
Finding funding elsewhere	37	From: Government (24); Employers; Education Providers; Others

Provide Registrant Benefits	34	General request for benefits from the HCPC (30); CPD resources; payment statements; indemnity cover; profession specific resources; ID cards
Reduce Fees	33	Requests to lower all current HCPC fees

Responses received with fewer than 20 comments (generally echoing comments made elsewhere to other questions):

#### Fee Rise Proposals

- Increase the fee over a longer timeframe, or ensure is equitably staggered across professions, so that no one profession pay the rise before any other.

#### Mitigations

- Reduce Fees for part-time workers, for low paid workers – including disabled registrants, for maternity / career breaks, for dual HCPC registration, for registrants with no FtP cases.
- Introduce tapered fees based on registrants' salary or banding.
- Scrap or reduce the graduate discount, as unjustified when other groups don't receive similar, e.g., part-time workers.
- Extend the graduate discount for a longer time period.
- Charge for FtP cases, i.e., levy a charge on registrants found to have breached HCPC standards.
- Bring in 'payment holidays' for registrants unable to practise, e.g., maternity leave, long term sick leave
- Create 'salary sacrifice' fee payment option.
- Improve Tax Relief processes, e.g., work with the government to make it easier to claim, improve promotion to registrants, e.g., add to all registrant communications.
- Work to ensure registrants can get protected CPD Time.
- Introduce monthly direct debits

#### Service Improvements

- Improve HCPC Processes: Comms/Engagement, CPD audit processes in registration, FtP, general responsiveness.
- HCPC to do more to protect HCPC regulated titles, specifically: Arts Therapists; Music Therapists; Physiotherapist; Psychologists.
- HCPC to do more to prevent unqualified people providing services also offered by registrants.

#### Collaboration

- Work more closely with professional bodies, to support registrants.

#### Increasing HCPC's Role

- HCPC to publicly support workforce campaigns, e.g., to improve working condition, e.g., winter pressures, workforce losses, support pay increases for registrants.

## The 'value of regulation' focus groups: a report to the HCPC

### Content

- Introduction
- Methodology
- Executive Summary
- Detailed findings grouped by theme
- Recommendations
- Appendix

### Introduction

The Health and Care Professions Council (HCPC) commissioned Luther Pendragon, an external communications consultancy, to carry out a series of focus groups with members of the public and to report on their findings. The purpose of these focus groups was to listen to the opinions of patients and service users across the four nations of the UK regarding the value of professional regulation and the HCPC's proposed fee changes. This independent report forms part of the HCPC's public consultation exercise on proposed changes to the fees it charges registrants and applicants.

### Methodology

Luther Pendragon partnered with Censuswide to recruit participants for the focus groups. Each participant was offered an incentive payment of £50 for taking part. Together, Luther Pendragon and Censuswide ensured that each group consisted of a representative sample of the UK public, reflecting diversity of age, ethnicity, nationality, gender and varying degrees of experience of the professions that the HCPC regulates. In order to ensure impartiality, the HCPC were not directly involved in the running of these focus groups.

The majority of participants had some experience as patients and service users of HCPC registrants, while some had experience through a family member or friend receiving care and treatment.

Luther Pendragon organised, hosted and facilitated five online focus groups in December 2022 with four to six participants in each group.

The focus groups were semi-structured discussions, focused on -

- levels of awareness of the HCPC and other health and care regulators;
- the role of the HCPC and other health and care regulators;
- whether and why it was important for health and care professionals to be regulated.

We also asked participants their opinions on the HCPC's proposed fee change and gave them a brief overview of the context of the proposal.

The full discussion guide for the focus groups can be found in the appendix of this document, as well as information on the diversity and representation of participants.

Following the focus groups, we transcribed and analysed the findings, grouping them under the key themes set out below.

## **Executive Summary**

### **Findings**

#### **The value of regulation**

- There is low awareness amongst the general public of the existence of professional regulation in health and care.
- There is low awareness of which professions are regulated and by who.
- However, there is a general assumption that health and care professionals are regulated given the nature of the roles, their impact on patients' health and well-being, and the potential for harm.
- Professional regulation in healthcare makes the public feel safer and more reassured.
- They particularly value having a set of standards which professionals must adhere to, and the fact health and care professionals have to undergo continuous professional development.
- Being able to raise a concern about a professional and being able to check that they are on a regulator's register were felt to be valuable aspects of regulation.
- However, there was general consensus that information about professional regulation should be publicised more. Many said they had refrained from raising a concern in the past because they didn't know who to approach or the correct protocol.

#### **Fee increase**

- Overall, the public were supportive of the proposed fee increase from the HCPC.
- Participants felt that the figure of £19.62 per year was not seen as a significant amount.
- Participants also expressed the view that given inflation and the cost-of-living means prices are increasing universally, this increase was to be expected.

- They also suggested that it was a prerequisite of being a health and care professional and so should not be viewed as unfair.
- Participants believed that the HCPC had to ensure its finances were in good order so that it could carry out its role effectively. Some expressed concern that the HCPC was using reserves to fund its day-to-day business activities.
- They felt that the reasons behind the increase should be explained clearly and compassionately to registrants.
- Some felt that health and care professionals working in the NHS workers should be paying lower registration fees than those in private practice.

## Detailed findings grouped by theme

### Awareness and understanding of the HCPC and health and care professional regulation

- In general, there was limited understanding and awareness of health and care professional regulation amongst participants.
- Most participants had not heard of the HCPC before, and very few could accurately name any other health and care regulators, although they knew that these organisations existed for dentists, doctors and nurses.
- Very few said they knew that the 15 professions regulated by the HCPC were professions regulated by law.
- Some were surprised that those which the participants viewed as 'lesser-known' professions such as speech and language therapists, dieticians and hearing aid dispensers were regulated.
- There was, however, a general assumption that health and care professionals must be regulated given that they have responsibility for people's health.
- There was the perception that anyone working in the NHS should be regulated.
- Standards and training were commonly brought up as the main duty of a professional regulator (although this was after being read an explanation of the role of the HCPC which might have influenced responses).
- Several participants expressed the notion that the public would usually only become aware of a regulator or Google them if something went wrong.

*"I would just assume that any time I use an NHS service it's going to be regulated."*

*"Seems obvious that it is going to be regulated because more minor professions are regulated, so why wouldn't something so critical to someone's health be regulated."*

*"I only knew that occupational therapists and radiographers had a regulatory body because I have a couple of friends who work in the NHS. So that's the only reason I would know."*

### The perceived value of professional regulation in healthcare

- Participants agreed that knowing the professionals that the HCPC regulates must meet a certain set of standards and training made them feel safe.
- Some suggested this information needed to be better communicated to the public.
- There was the sentiment amongst some participants that the standard of regulation is higher in the UK than other countries and that this should be maintained.

*“I think it's [professional regulation] important, because otherwise you might not feel safe using certain practices.”*

*“I think it gives that extra bit of reassurance that you're in good hands when something goes wrong.”*

*“It is comforting to know they are being regulated. But sometimes you think who is regulating them, and to what standards, and how often they're checking up on them?”*

*“These are British values that the whole world wants to be part of, so we don't want that to drop.”*

## Continuous Professional Development

- Participants felt that continuous professional development was very important for regulated health and care professionals.
- They said it gave them more confidence to use their services.
- Participants noted that professionals in all industries need to keep developing and learning the latest guidelines, but that this was especially important in healthcare.
- There was also acknowledgement that registrants are only human and so will need to refresh and relearn their practice.

*“It's very important, because sometimes you don't think about these things. You don't think about the refresher courses because we just assume that a professional is a professional for life. So it's good to know that they have to improve their skills, because they're really impacting on human life.”*

*“I think it makes them better doctors, nurses, professionals. I'm in teaching and we have to do the same thing, and it's so valuable. It makes us reflect and reminds us of certain things that we may have forgotten. I think it's incredibly important.”*

*“It's important to keep up with the latest trends and latest guidelines about treatments, just to make sure that people can be treated in the best way possible.”*

## Raising concerns about a registered healthcare professional

- There was some awareness around the ability to raise concerns about a health and care professional, but not a lot of clarity around how to raise a concern.

- Some participants said they had wanted to raise a complaint in the past, but that they didn't know how to do it or who to go to.
- In some cases, there was a sense of resignation and a 'what's the point' attitude as they would rather not go through the hassle.
- Some people had raised concerns with employers or trusts, but they weren't aware they could escalate an issue as a member of the public to the regulator, if they were not satisfied with how their complaint was handled.

*"I didn't know that I could. I would have otherwise... it's too late now."*

*"I didn't know who to go to or anything, it needs to be more available. It needs to be on social media or something like that."*

*"I just went to the practice manager that I knew of at the time and looked them up. But yeah, if I knew there were certain people on a board or something they had to report to, I probably would have looked further into that."*

## The Register / protected titles

- Participants felt that knowing about the HCPC Register gave them a sense of reassurance.
- They said that seeing an accreditation on a website would lend that service some credibility, but that they wouldn't necessarily go looking for this accreditation.
- They felt that information about the Register should be more readily available and publicised.
- It was felt that the protection of professional titles was important, particularly in healthcare.

*"I didn't know exactly that name [the Register], but I knew that there was a way to check a list of whether someone is registered or not."*

*"I think it's more important for the services of people like psychologists where you're more inclined to go private as opposed to the NHS. You want to check that the person you're using is qualified."*

*"There's a lot of professions that have their titles protected, so I would assume that health and care professions would have if not equal protection then more, because you know, people could die if things aren't done right."*

*"I think it's quite important that you can report them if you find out that they are not who they claim to be."*

## **Opinions on the HCPC fee increase proposal**

- Participants were generally supportive of the fee increase proposal.
- Most participants expressed the sentiment that since the price of everything has gone up with inflation, it was understandable for the HCPC fees to also increase.
- There was generally a strong consensus that the overall increase of <£20 was a small figure and should be manageable for most people.

- It was suggested by several people that private practitioners should be paying more than NHS workers and passing the extra cost onto their clients.
- There were some questions around why the HCPC needed to raise its fees and how it had reached a place where it was running at a loss. This was seen by participants as unsustainable.
- Participants also suggested the HCPC needed to make clear the reasons behind the fee rise to its registrants.
- The view was expressed by multiple participants that paying a registrant fee is part and parcel of the job and so was to be expected. They drew parallels with other professions who have to pay an annual fee e.g. accountants and lawyers.
- Some expressed the view that given the narrative in the media around NHS pay, the increase could be seen as unfair.

*“Well, it's a cost of living isn't it. Everything's gone up: food prices, energy, petrol, diesel, everything's gone up, so why not charge more?”*

*“Everything's getting more expensive these days, and I think twenty pound extra won't really hurt them.”*

*“What does it equate to? Roughly about a tenner a month or something. I don't think it's too bad compared to the other professions.”*

*“Just under £20? That is actually nothing in the grand scheme of things.”*

*“I agree that the regulator needs to have the correct funding to do the job well and to you know, make sure that they're actually doing what they're meant to be doing, that they've got enough resources and stuff.”*

*“Maybe you should have to fund it yourself if you're working in private practice, and rather than the NHS, or maybe the employer should fund it.”*

*“I'm shocked that they would even ask the question. The fact that you're running a loss. surely that's enough of an incentive to put the price up, and it's not a big increase.”*

*“I don't think it's unreasonable to ask for this. If you're going into that type of role you're going to expect some kind of regulatory fee being associated with that profession.”*

*“I feel like I've seen a lot in the media about health and care staff being so underpaid, and I don't like the thought of them having to pay more when they're already having that pay cut.”*

## Recommendations

### The value of regulation

Based on the findings from our research, we have developed some high-level recommendations that the HCPC may wish to take forward in its future communication with the public.

- Given the low awareness of the HCPC and professional regulation juxtaposed with the high opinion of its value, the HCPC should do more to communicate its role and the value of regulation amongst the public.
- This could include a public awareness campaign on social media, as well as repeating a similar focus group exercise in future to measure changes in levels of public awareness.

### Fee increase

We have also developed recommendations for the HCPC to consider in terms of its communication around the fee consultation.

- Given that participants expressed support for the proposed fee rise, the HCPC should use the findings and evidence from this report in its communication to external stakeholders.
- It should also ensure the reasons behind the increase are explained clearly and compassionately with registrants.

## Questions

1. What do you understand the term 'professional regulator' to mean? What do you think they do?
2. Do you think it's important for health and care professionals to be regulated? If yes, why? And if not, why not?
  - Which roles in health and care do you think are regulated?
  - Are there any health and care regulators (apart from the HCPC) that you could name?
3. Have you used the services of one of the 15 professions we regulate? Or know a friend / family member who has? [A list of professionals was shared with the group]. What was your experience?
4. Were you aware that these 15 professions are regulated by law?
5. Does knowing that a professional using one of these titles must meet a certain set of standards and training make you feel safe?
6. How do you feel about the fact these professionals must undergo continuous professional development (i.e. additional training and learning after they have qualified) in order to remain on the HCPC Register?
7. Have you ever made a complaint about a health or care professional? Who did you raise this complaint with?
8. Did you know that members of the public can raise concerns with regulators about professionals? Under what circumstances would you consider raising a concern with a regulator?
9. Are you aware that the HCPC Register is publicly available and you can check whether anyone who is practising under one of these titles is registered with the HCPC? Do you find this reassuring?
10. Are you aware that if someone is using one of these titles but is not registered with the HCPC you can report that to the HCPC? Do you think it's important to be able to do this and why?
11. In order to provide these services and protect the public, regulators charge their registrants fees. The HCPC currently charges £98.12, and currently operates at a loss. As a comparison, dentists currently pay their regulator, the GDC, £680, and doctors pay the GMC £406. To address this loss and to enable the HCPC to be financially sustainable and stable, it is proposing to increase the fees it charges registrants to £117.74 per year, an increase of £19.62.

Do you think it is reasonable for a regulator to increase the fees it charges registrants so that it can fulfil its duties?

12. Finally, what do you think should be the main duty of a regulator of health and care professionals?

## Participant diversity data

Total number of participants = 25

<b>Have you personally had to deal with any of the below healthcare professionals - whether as a patient or service, or through a family member?</b>	
No experience of an HCPC professional	20%
Some experience of an HCPC professional	80%

<b>Gender</b>	
Male	48%
Female	52%

<b>Age</b>	
18-24	8%
25-34	24%
35-44	36%
45-54	20%
55-64	12%
65+	0%

<b>Which race or ethnicity best describes you?</b>	
White British	20%
White English/Welsh	4%
White Welsh	4%
White Scottish	4%
White European	8%
Asian	4%
Mixed race Asian	4%
Other Mixed Race	4%
Black African	12%
Mixed Black Caribbean	4%
White North African	4%
White Irish	4%
Asian Pakistani	4%
Black British	8%

Asian Indian	4%
Mixed Asian	4%
Mauritian	4%

<b>Where in the UK are you currently based?</b>	
England	32%
Northern Ireland	20%
Scotland	20%
Wales	28%

## Appendix C: Renewal Cycles July 2021 to June 2025

Month	Profession	Annual renewal fee
Jul-21	Clinical Scientists; Prosthetists/Orthotists; Speech & Language Therapists	£98.12
Aug-21	Occupational Therapists	
Sep-21	Biomedical Scientists	
Oct-21		
Nov-21		
Dec-21	Radiographers	
Jan-22		
Feb-22	Physiotherapists	
Mar-22	Arts Therapists	
Apr-22	Dieticians	
May-22	Chiropodists/Podiatrists; Hearing Aid Dispensers	
Jun-22		
Jul-22		
Aug-22		
Sep-22	Operating Department Practitioners	
Oct-22		
Nov-22		
Dec-22		
Jan-23		
Feb-23		
Mar-23	Practitioner Psychologists	
Apr-23		
May-23		
Jun-23	Orthoptists; Paramedics	
Jul-23	Clinical Scientists; Prosthetists/Orthotists; Speech & Language Therapists	£117.74
Aug-23	Occupational Therapists	
Sep-23	Biomedical Scientists	
Oct-23		
Nov-23		
Dec-23	Radiographers	
Jan-24		
Feb-24	Physiotherapists	
Mar-24	Arts Therapists	
Apr-24	Dieticians	
May-24	Chiropodists/Podiatrists; Hearing Aid Dispensers	
Jun-24		
Jul-24		
Aug-24		
Sep-24	Operating Department Practitioners	
Oct-24		
Nov-24		
Dec-24		
Jan-25		
Feb-25		
Mar-25	Practitioner Psychologists	
Apr-25		
May-25		
Jun-25	Orthoptists; Paramedics	

## Section 1: Project overview

<b>Project title:</b> Fees Consultation 2022	
<b>Name of assessor:</b> Mark Platt	<b>Version:</b> 1

**What are the intended outcomes of this work?**

- To ensure adequate funding for the effective regulation of 15 healthcare professions<sup>1</sup> to maintain public safety in professional healthcare practice by increasing fees levied.
- The model of funding for professional healthcare regulation in the UK is reliant on registrant fees. Funding is not provided by employers, the NHS or other health bodies or by government.
- A full public consultation and supporting stakeholder engagement will be carried out to inform this work. This will include a 12-week consultation on increasing the fees charged to registrants. The proposal being consulted on is that fees should rise by around £20 per year (£19.62) with a phased introduction between July 2023 and June 2025. Other HCPC fees paid by registrants would rise by the same proportion and be introduced at the same time as the renewal rise, in July 2023.

**Who will be affected?**

- the public, including service users and colleagues in health and care;
- registrants and potential registrants, including students or trainees;
- education and training providers;
- health and care providers, professional bodies and consumer groups; and
- HCPC employees and partners.

## Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

**What evidence have you considered towards this impact assessment?**

1. HCPC registrant database which provides information on the breakdown of protected characteristics across our current registrant population.<sup>2</sup>
2. NHS pay scale information<sup>3</sup>.

<sup>1</sup> HCPC Regulates 15 professions: Arts therapists, Biomedical scientists, Chiropractors / podiatrists, Clinical scientists, Dietitians, Hearing aid dispensers, Occupational therapists, Operating department practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner psychologists, Prosthetists / orthotists, Radiographers, Speech and language therapists.

<sup>2</sup> <https://www.hcpc-uk.org/resources/reports/2021/diversity-data-report-2021/>

<sup>3</sup> <https://www.nhsemployers.org/articles/pay-scales-202223>

3. Pay gap information from ONS covering: sex/gender<sup>4</sup>, disability<sup>5</sup>, ethnicity<sup>6</sup> and low pay<sup>7</sup>.
4. Registrant survey on use of tax relief carried out between 15 and 23 August 2022.

These proposals are also informed by internal discussions, including with HCPC's Council.

### How have you engaged stakeholders in gathering or analysing this evidence?

1. The HCPC registrant database is held within HCPC, populated by information provided by registrants.
2. Pay data has been sourced from the NHS using publicly available information.
3. HCPC's registrants have been invited to complete the survey on tax relief which was promoted to all registrants via HCPC's registrant newsletter.
4. Proposals have been informed by early meetings with professional bodies and trades unions, with a view to better understanding any issues that they may see arising from the proposals.
5. 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; on themselves, those they work with, or those to whom they provide services. The consultation will specifically ask for additional information about the potential negative or positive equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on those with protected characteristics.
6. We will seek feedback on these proposals from HCPC's Equality, Diversity and Inclusion (EDI) Forum. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations. We will also seek feedback from patients and service users.
7. Proposals have been discussed with HCPC's Council, which includes both registrant and lay members.

## Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

### Summary

This equality impact assessment identifies possible positive and negative impacts of our proposals. Any proposal to increase our fee is likely to have greater negative impact on those registrants who are more likely to be lower paid, such as younger professionals, who may be more likely to be at the start of their careers, women, registrants from ethnic minority

<sup>4</sup> [Gender pay gap in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](#)

<sup>5</sup> [Disability pay gaps in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](#)

<sup>6</sup> [Ethnicity pay gaps: 2019 - Office for National Statistics \(ons.gov.uk\)](#)

<sup>7</sup> [Low and high pay in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](#)

backgrounds and those with more than one of these characteristics. Proposals could contribute to some registrants deciding to leave the workforce.

The impact on younger workers is mitigated by a 50% graduate discount, which we are proposing to retain. This discount reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge (the 'free period').

Further mitigations of the financial impact of this fee rise include promoting tax relief and exploring the feasibility of increasing the spread of direct debits.

The positive impact of this proposal is that it secures the future of HCPC regulation, which performs a vital function supporting the delivery of safe, effective and high-quality health and care services across the UK. The fifteen professions we regulate provide a range of health and care services to the whole population, and importantly to people at greater need of care because of their protected characteristics, such as disabled people relying on physiotherapy services, children and young people relying on psychological services or older people relying on audiology services.

Reductions in the HCPC's regulatory activity would negatively impact across the population as a whole, including these groups, and people who have more than one protected characteristic, such as pregnant women from some ethnic communities or older people living with a disability or a long-term health condition could be particularly impacted. Without adequate funding, the HCPC could not, for example, take effective and timely action where fitness to practice issues arose. If the HCPC is not able to perform its functions effectively, patient safety is likely to be compromised. This would have a likely negative impact on registrants, as well as on patients and the general public. A lack of adequate funding could also negatively impact on HCPC's ability to consider the needs of people with protected characteristics and promote and drive equality more widely.

## **Age**

### ***Registrants***

- Younger registrants are generally more likely to be at the start of their careers so on lower incomes than other registrants; any proposal to increase our fee is likely to have greater negative impact on registrants who are lower paid. A proposal to increase fees may contribute to younger registrants, or older registrants who may be nearing retirement, deciding to leave the regulated health and care workforce.
- The impact on younger workers is mitigated by a 50% graduate discount, which we are proposing to retain. This discount reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge (the 'free period').
- Conversely, all registrants are likely to be negatively impacted if their regulator is not adequately funded to carry out its functions effectively. As well as their practice and public confidence in their profession being negatively impacted by reductions in patient safety, registrants engaging with their regulator are likely to see diminishing service levels. This could disproportionately negatively impact older or younger registrants who may require more support to engage with HCPC, for example in relation to access to online processes for older registrants or a lack of familiarity with processes for younger registrants.

### ***General public***

- Should the fee rise have a significant impact on numbers of HCPC registrants in the health and care workforce, this could reduce the availability of health and care services, which is likely to disproportionately impact older adults, young people and children, and most especially those with complex health and care needs.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences could disproportionately impact those, such as children or older people, who may be more likely to access health services or be more vulnerable to harm.

## **Disability**

### ***Registrants***

- The national disability pay gap is estimated to be 13%<sup>8</sup>. Registrants with disabilities or health conditions may be more negatively impacted by the fee rise than others, for example, if it reduces the funds they have available to use for managing and living with their conditions in order to be able to maintain their employment.
- Conversely, registrants with disabilities may be more likely to be negatively impacted if their regulator is not adequately funded to carry out its functions effectively. For example, registrants with some disabilities may require more support to engage with HCPC or to access our processes so reductions in HCPC's ability to provide good service levels could disproportionately negatively impact these registrants.

### ***General public***

- Should the fee rise have a significant impact on numbers of HCPC registrants in the health and care workforce, this could reduce the availability of health and care services, which is likely to disproportionately impact people with disabilities, most especially those with complex health and care needs.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation to safeguard public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences are likely to disproportionately impact on those with disabilities who may be more likely to access health services, have more complex needs or be more vulnerable to harm.

## **Gender reassignment**

### ***Registrants***

- Registrants transitioning may be negatively impacted by the fee rise if it reduces the funds they have available to use for managing their needs during the process, for instance if they need to work fewer hours during their transitioning and so receive less income.
- Conversely, registrants transitioning, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### ***General public***

<sup>8</sup> [Disability pay gaps in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/disability-and-long-term-health-conditions/disability-pay-gaps-in-the-uk-2021)

- Should the fee rise have a significant impact on numbers of HCPC registrants in the health and care workforce, this could reduce the availability of health and care services, which may disproportionately impact those going through gender reassignment if it impacts on the specialist services they need, such as psychological services that support people with complex health and care needs.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences are likely to disproportionately impact on those who may be more likely to access health services, have more complex needs or be more vulnerable to harm. This could include those going through gender reassignment.

## **Marriage and civil partnerships**

### ***Registrants***

- No differential impacts have been identified relating to registrants who are married or in civil partnerships. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

### ***General public***

- Any reduction in the availability of health and care services may impact those couples seeking regulated healthcare support related to their relationship, e.g., from psychological services. However, adequately funded healthcare regulation is likely to positively impact this same group by supporting high quality professional practice and maintaining patient / service user safety.

## **Pregnancy and maternity**

### ***Registrants***

- Registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the fee rise if, for instance if they need to work fewer hours and so receive less income. Such registrants may decide to leave the regulated workforce for childcare purposes and stop paying their registration fees. We are mindful that, if they decide to return, they would need to pay the readmission fee so an increase in this may be more likely to impact on them.
- Conversely, registrants who are pregnant or who have childcare responsibilities, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### ***General public***

- Should the fee rise have a significant impact on numbers of HCPC registrants in the health and care workforce this could reduce the availability of health and care services, which may impact on services available to support pregnant women and those who have recently given birth.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if

their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms.

- Any such negative consequences are likely to disproportionately impact on those who may be more likely to access health services, have more complex needs or be more vulnerable to harm. This could include pregnant women and those who have recently given birth.

## **Race**

### ***Registrants***

- Available evidence indicates that people from some ethnic minority groups are more likely to be on low incomes and so likely to be more negatively impacted by any fee rise.<sup>9</sup>
- Applicants joining the register from overseas may well be joining from countries with significantly lower average pay than the UK. These groups already pay a greater set of fixed costs to begin working in the UK (e.g., International English Language Testing System (IELTS) costs, relocation costs, etc) and an increase in fee levels, including application fees, may disproportionately impact this group of registrants.
- Conversely, international applicants, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### ***General public***

- Should the fee rise reduce the numbers of HCPC registrants in the health and care workforce, this may impact on the ability of services to meet the needs of specific ethnic groups, for instance those needing language support or wishing to have care provided in a culturally sensitive manner, e.g., with chaperones.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences could disproportionately impact those from some ethnic minority groups who may need additional support.

## **Religion or belief**

### ***Registrants***

- No clear differential impacts have been identified relating to registrants in relation to religion or belief. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

### ***General public***

- No clear differential impacts have been identified relating to the general public in relation to religion or belief. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

## **Sex**

### ***Registrants***

- The national gender pay gap is 7.8%, suggesting that female registrants are likely to be lower paid, therefore more negatively impacted by the fee rise. Available evidence also indicates

<sup>9</sup> [Ethnicity pay gaps - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/ethnic-groups/ethnicity-pay-gaps)

that women are more likely to be carers (children, relatives, partners with ill-health or disabilities) so a reduction in income may also have greater impact.

- As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the fee rise if, for instance if they need to work fewer hours and so receive less income. Such registrants may decide to leave the regulated workforce for childcare purposes and stop paying their registration fees. We are mindful that, if they decide to return, they would need to pay the readmission fee so an increase in this may be more likely to impact on them.
- Conversely, registrants who are pregnant or who have childcare responsibilities, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### **General public**

- As previously noted, should the fee rise reduce the numbers of HCPC registrants in the health and care workforce, this may impact on services available to specifically support women, including those related to fertility and maternity care, such as diagnostic, physiotherapy and psychological services.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences could disproportionately impact specialist women's health services.

## **Sexual orientation**

### **Registrants**

- No clear differential impacts have been identified relating to registrants in relation to religion or belief. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

### **General public**

- As previously noted, should the fee rise reduce the numbers of HCPC registrants in the health and care workforce this may reduce the overall availability of health and care services, which may impact on services available to specifically support people from the LGB communities, such as psychology services.
- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences could disproportionately impact specialist LGB services.

## **Other identified groups**

### **Registrants**

Those registrants on lower pay are a key group to be considered, as they are most likely to be negatively impacted by a fee rise.

This group contains registrants from all the groups above, although women, people from ethnic communities, disabled people, younger workers and those working part-time or irregular hours

(e.g., due to having caring responsibilities) are most likely to be negatively impacted by a fee rise.

As set out above, the impact on younger workers, who are more likely to be lower paid as they are at the start of their career, is mitigated by a 50% graduate discount, which we are proposing to retain. This which reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge (the 'free period').

Further mitigations of the financial impact of this fee rise are proposed in the consultation, including promoting tax relief and increasing the spread of direct debits. These initiatives could be of most benefit to those who are lower paid.

#### **Four countries diversity**

We will be engaging stakeholders across the UK nations to seek their feedback on our proposals. Any issues identified through our consultation and engagement process that are specific to any of the UK nations will be carefully considered and responded to.

## **Section 4: Welsh Language Scheme**

### **How might this project engage our commitments under the Welsh Language Scheme?**

Our proposals can be provided in Welsh on request.

## Section 5: Summary of Analysis

### Summary

This equality impact assessment identifies possible positive and negative impacts of our proposals. Any proposal to increase our fee is likely to have greater negative impact on those registrants who are more likely to be lower paid, such as younger professionals, who may be more likely to be at the start of their careers, women, registrants from ethnic minority backgrounds and those with more than one of these characteristics. Proposals could contribute to some registrants deciding to leave the workforce.

The impact on younger workers is mitigated by a 50% graduate discount, which we are proposing to retain. This which reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge (the 'free period').

Further mitigations of the financial impact of this fee rise include promoting tax relief and increasing the spread of direct debits.

The positive impact of this proposal, including in relation to equality impacts, is that it secures the future of HCPC regulation, which performs a vital function supporting the delivery of safe, effective and high-quality health and care services across the UK. The fifteen professions we regulate provide a range of health and care services to the whole population, and importantly to people at greater need of care because of their protected characteristics, such as disabled people relying physiotherapy services, children and young people relying on psychological services or older people relying on audiology services.

Reductions in the HCPC's regulatory activity would negatively impact across both the population as a whole and specifically these and many other groups and those who have more than one protected characteristic, such as pregnant women from some ethnic communities or older people living with a disability or long-term health condition. Without adequate funding, the HCPC could not, for example, take effective and timely action where fitness to practice issues arose. If the HCPC is not able to effectively perform its functions, patient safety is likely to be compromised. This would have a likely negative impact on registrants, as well as on patients and the general public. A lack of adequate funding could also negatively impact on HCPC's ability to consider the needs of people with protected characteristics and promote and drive equality more widely.

## Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

### Summary of action plan

As set out above, we are proposing and seeking views on the following:

1. Our proposal to retain the two-year 50% graduate discount
2. Further measures we could take to mitigate the financial impact of this fee rise, including
  - a. promoting tax relief, and
  - b. exploring the feasibility of increasing the spread of direct debits.

A full 12-week public consultation on these proposals will be carried out, supported by ongoing stakeholder engagement. 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 the likely impacts from the fee rise; for example, on themselves, those they work with, or those to whom they provide services. The consultation will specifically for additional information about the potential negative or positive equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on those with protected characteristics.

In addition, we will seek feedback on these proposals from HCPC's Equality, Diversity and Inclusion (EDI) Forum. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations. We will also seek feedback from patients and service users.

We will carefully consider and reflect on all feedback to our consultation before making any decision.

### **How will the project eliminate discrimination, harassment and victimisation?**

Maintaining the HCPC's ability to be an effective regulator is key to ensuring that registrants and members of the public needing and receiving healthcare are not subject to discrimination, harassment and victimisation, either by prevention or by addressing through our work registering and supporting our registrants or our Fitness to Practice powers.

### **How will the project advance equality of opportunity?**

Maintaining the HCPC's ability to be an effective regulator is key to ensuring that registrants are able to provide healthcare services equitably and based upon patient need, and that members of the public are able to access effective and appropriate healthcare services in a timely manner.

### **How will the project promote good relations between groups?**

HCPC's regulation, through our Standards and our promotion of our Standards, promotes equality in the round. This supports good relations between groups.