Council

Meeting Date	24 September 2026
Title	Fees consultation response (2026)
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Executive Sponsor	Andrew Smith, Executive Director of Education, Registration & Regulatory Standards

Executive Summary

The HCPC consulted the public on a proposed fee rise between 28 April and 17 July 2026.

110 responses were received, of which 92 responses (83.6%) were made by individuals, of whom 89 (97%) were HCPC registered professionals. 18 responses (16.4%) were made on behalf of organisations.

The following paper provides an overview of responses received. The draft consultation analysis and outcomes document is attached at Appendix A, which includes the updated Equalities Impact Assessment (EIA).

The Council is invited to consider the feedback from the consultation and our recommendation that we proceed with the fee increase as put forward in the consultation.

The financial analysis and case underpinning the consultation proposal remain valid, as part of our commitment to maintaining the HCPC's financial sustainability through regular fee reviews.

If the Council approves the fee rise, the next step would be for the Department of Health and Social Care (DHSC) and the Scottish Government to agree that a legislative Order should be laid before the UK and Scottish Parliaments. We will need to work actively with DHSC and the Scottish Government to ensure that the order is drafted and laid before Parliament on the timetable that we have agreed with them (subject to the final outcome of the consultation exercise).

Action required	The Council is asked to consider and recommend the proposal or recommendation. The proposal to raise HCPC's renewal and associated fees by £5.06 (or percentage equivalent), raising the renewal fee to £128.40 per year, would then proceed to decision by the Council.
Previous consideration	This fee revision proposal for consultation was considered by the Council in March 2026, and the Education and Training Committee was provided with an update in June 2026.
Next steps	Subject to Council's approval, we will advise the Chair and Chief Executive to write to DHSC and the Scottish Government asking them to move ahead with legislation to bring the fee rise into effect. We will then publish the formal consultation response (analysis and outcomes document) and EIA on our website and communicate the decision to stakeholders in line with our communications and engagement plan.
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 and appendices.
Associated strategic priority/priorities	Putting patients at the centre of smarter, preventative regulation Supporting healthcare workforce development through proportionate, agile regulation Technology-enabled regulatory excellence and organisational sustainability
Associated strategic risk(s)	SR08 - Financial Sustainability SR02 - Organisational Capacity SR06 - Fitness to Practise (FTP) Effectiveness - Timeliness
Risk appetite	Financial - measured
Communication and engagement	A comprehensive communication plan has been followed as part of the consultation exercise and is listed within the main paper. Key audiences have included registrants, service users, professional bodies and trade unions.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	The paper contains extensive considerations relating to the likely equality impacts of a fee rise, as outlined within the attached EIA, and also in the consultation response with regard to question 3. This is outlined in full within the main paper. We have not identified opportunities for persons to use the Welsh language, or for how positive impacts can be maximised and how adverse effects can be minimised or

	decreased on using the Welsh language or treating the Welsh language no less favourably than English. When published, a Welsh translation of the response and EIA would be available on request.
Other impact assessments	No impact assessments have been undertaken with regard to data or sustainability, as we do not anticipate any likely impacts.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Fees consultation response (2026)

1. Introduction

1.1 This paper provides the Council with an overview of responses to the recent consultation on proposals to increase our fees and a recommended course of action.

2. Background

2.1 The HCPC consulted the public on a proposed fee rise between 28 April and 17 July 2026. 110 responses were received, of which 92 responses (83.6%) were made by individuals, of which 89 (97%) were HCPC registered professionals. 18 responses (16.4%) were made on behalf of organisations. Detailed demographic data about the respondents is provided in section 1A of the consultation analysis and outcomes document

2.2 We undertook an extensive programme of outreach and awareness raising to promote the consultation which included engagement with government officials and Chief Allied Health Professions Officers/Advisors across the four countries, professional bodies, trade unions and registrants. A more detailed overview of our engagement is provided in the attached consultation analysis and outcomes document.

2.3 In the consultation we proposed increasing the registration fee by £5.06. The increase is equivalent to just over 13p per week and the new registration fee would be £128.40. We proposed equivalent increases to other HCPC fees. We highlighted our responsibility to ensure that we have the finances to meet our statutory duties, meaning that our fees need to be able to cover our costs and enable us to remain financially sustainable.

2.4 We acknowledged the continuing financial pressure that registrants face and in the consultation we set out in detail our rationale for the proposed increase, including our commitment to efficiency and the actions we were already undertaking to try and reduce the impact on registrants. The proposed increases are the minimum necessary to meet our financial obligations.

3. Proposal and analysis

3.1 We asked respondents three questions about our proposals. The first question asked to what extent respondents agreed or disagreed with the rationale we had put forward in the consultation for increasing the fees by the minimum necessary amount. The majority of respondents (76%) disagreed to some extent with our rationale. The second question asked to what extent respondents supported our proposal to increase fees. Once again, the majority of respondents were not in favour of the proposal, with 82% disagreeing to some extent.

3.2 Respondents were given the opportunity to provide reasons for their answers and the most common theme throughout the comments related to the impact of the cost-of-living crisis and increased inflation. Other comments focused on having value for money from the regulator and having transparency regarding where the money was being spent.

3.3 We published an Equality Impact Assessment (EIA) alongside the consultation and we asked respondents to identify any additional impacts relating to protected characteristics which we should consider. Respondents to this question suggested that there could be a sliding scale for those working part time or for low earners or that those who were not working, for example due to maternity leave, should be offered a refund or discount. A full breakdown of responses and analysis is included in the consultation analysis and outcomes document at Appendix 1.

4. Recommendation

4.1 We have carefully considered the responses to the consultation, have listened to the feedback provided and we are grateful to all those who shared their views. We acknowledge that the majority of respondents were not in favour of our proposals and we recognise the challenging situation that many of our registrants are facing in terms of financial pressures.

4.2 As a regulator, we have a statutory obligation to protect the public. Our founding legislation dictates that our costs are funded entirely by the fees that our registrants pay and we do not receive any regular funding from the Government. The fees that we proposed in the consultation were the minimum necessary to enable us to maintain the delivery of our statutory registration, fitness to practise, education and other regulatory responsibilities to existing performance standards and make essential further improvements.

4.3 In our previous fees consultations in 2022 and 2024, we identified actions that we could take to help mitigate the impacts of fee rises. We are committed to maintaining these.

- Maintaining the “graduate discount” for new entrants to the register
- Continuing to promote tax relief
- Maintaining our commitment to smaller more regular direct debit payments

4.4 We have also listened to comments from respondents about the need for them to better understand how their money is being spent. Whilst we set out some detail on this within the consultation, we recognise that it would be helpful to share this outside of the context of a consultation and in an accessible way.

4.5 Taking into account the responses to the consultation, our financial position and the mitigations we are continuing to progress, our proposed recommendation to the Council is that they approve the increase as proposed in the consultation.

4.6 We have revisited the financial projections underpinning the consultation document, which remain valid, taking account of external cost pressures, increases in Fitness to Practise (FTP) volumes, the significant financial risks that the HCPC is managing, and the need for us to continue investing in improvements while maintaining performance against our core regulatory responsibilities.

4.7 The Council is invited to **approve** the increase to the HCPC registration and equivalent fees in line with the proposals put forward in the consultation. In addition, the Council is invited to approve the publication of the consultation analysis and outcomes document and updated EIA.

5. Financial and resource implications

5.1 A failure to proceed with the proposal would lead to significant financial deficits, which are outlined within the paper.

6. Risk appetite

6.1 The paper is in line with our ‘measured’ approach to financial risk.

7. Conclusions and next steps

7.1 Subject to the Council’s approval, we will advise the Chair and Chief Executive to write to the Department of Health and Social Care and the Scottish Government asking them to move ahead with legislation to bring the fee rise into effect.

7.2 We will then publish the formal consultation response (analysis and outcomes document) and EIA on our website and communicate the decision to stakeholders in line with our communications and engagement plan.

7.3 Due to the nature of the HCPC renewal cycle (under which members of each of our 15 professions renew their registration with us at different times), this increase would not take effect for the majority of registrants until 2028, and the majority of registrants will not pay the new fee until 2029 or 2030. As the introduction of any new fee is subject to Parliamentary approval, there are risks of delay if there is a delay in securing parliamentary time or the draft legislation is opposed.

8. Appendices

8.1 Appendix 1: Draft Consultation analysis and outcomes document and EIA.

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Appendix 1

Consultation on changes to fees – consultation analysis and decisions

September 2026

Contents

Executive Summary

Between April and July 2026 HCPC consulted on a proposal to increase the fees we charge for registration, which would see the annual renewal fee increasing by £5.06 to £128.40 a year and equivalent percentage increases in our other fees. We published an Equalities Impact Assessment alongside the consultation document and undertook extensive stakeholder engagement as part of the consultation.

HCPC reviews its fees regularly, with the expectation that we will require incremental increases to enable us to remain financially sustainable and so continue meeting our statutory responsibility to protect the public. Our costs are funded entirely by the fees that our registrants pay, and we do not receive any regular funding from the Government. The fees proposed in the consultation are the minimum necessary to enable us to maintain the delivery of our statutory responsibilities and make essential further improvements.

We received 110 responses to the consultation; 97% of individuals who responded to the consultation were HCPC registrants. We are grateful to all those who shared their views and have carefully considered the responses. We acknowledge that the majority of respondents were not in favour of our proposals, and we recognise that many of our registrants continue to face significant cost of living pressures.

The HCPC Council have carefully considered this feedback, alongside the financial and operational requirements of the organisation. The have concluded that the increase is necessary for HCPC to continue to meet its statutory responsibilities and continue to make essential improvements to its work.

HCPC is also committed to tight cost control and securing efficiency from registrants' fees. We will continue to pursue the measures described in the consultation document to mitigate some of the impacts of the increase on registrants.

Subject to the necessary parliamentary approvals the fee rise would come into effect from April 2027, with the majority of registrants not paying the revised fees until 2028 or 2029.

The rest of this document sets out in more detail the consultation responses, data on the diversity characteristics of respondents and on equalities impacts and the analysis underpinning Council's decision.

Introduction

About the consultation

We consulted between 28 April and 17 July 2026 on proposals to increase the fees we charge for registration.

We proposed a £5.06 increase to the annual renewal fee. This would increase the fee to £128.40 a year.

We informed a range of stakeholders about the consultation including professional bodies and employers, included information about the consultation on our website, on social media, and in our newsletter and also issued a press release. We also secured a patient and user voice.

The consultation and stakeholder engagement

A twelve-week consultation and accompanying Equalities Impact Assessment (EIA) was launched on 28 April 2026, which allowed individuals and organisations a further two weeks to submit responses compared to our previous consultation in 2024.

Respondents were encouraged to use our online survey platform, 'SmartSurvey', however we also made it possible to submit views via email and in hard copy.

We received 110 total responses to the consultation. 92 responses (83.6%) were made by individuals, of which 89 (97%) were HCPC registered professionals. 18 responses (16.4%) were made on behalf of organisations. One umbrella body (the Allied Health Professionals Forum) responded on behalf of 13 organisations, two of which had also responded separately. For statistical analysis purposes, we counted this response as 13 separate responses in order to represent the full weight to the response we received.

A full breakdown of responses and analysis is included in Sections 1 and 2 and an updated EIA, taking into account the feedback received via the consultation, is included in **Appendix 1**.

We undertook an extensive programme of outreach and awareness raising. This included the following activity:

- The consultation was promoted on the HCPC's website and across social media channels. This included further updates and reminders of the consultation being shared with registrants via the HCPC's social media channels.
- We commissioned focus group work provided by the Patients Association in order to understand the views and understanding of the fee proposal from the perspective of service users.
- The consultation document was shared in advance with the Department of Health and Social Care (DHSC), Scottish Government, Welsh Government and Northern Ireland Executive including via direct

communications from the Chair and Chief Executive to the UK Minister of State, Scottish Cabinet Secretary, UK and Scottish opposition party health spokespeople and the Chair/Convenor of the UK and Scottish Parliamentary Health Select Committees.

- We continued to have regular meetings with DHSC and Scottish Government officials over the course of the consultation period to update them on progress.
- The Chief Allied Health Professions Officers/Advisors (CAHPOs), Chief Scientific Officers (CSOs), and Psychological Leads across the UK were all informed of the consultation in advance in writing. The Chair and Chief Executive also met the majority of these officials during the consultation period.
- A public workshop was held to go over the rationale for the proposal, and to take any questions – this was promoted to registrants, the public and stakeholders.
- Information on the consultation, and how to respond, went to stakeholders in our Stakeholder Update and also directly to registrants via our newsletter In Focus.
- The HCPC discussed the consultation with professional bodies when the consultation was launched at a Professional Body Forum meeting in June. All professional bodies representing HCPC regulated professionals in the UK were informed and were given advance notice of the consultation document. HCPC met a number of them throughout the consultation period.
- The consultation was shared with all relevant trade unions - UNISON, Unite, and GMB. HCPC met Unison and Unite during the consultation period also. Information continued to be shared with trade union representatives throughout the consultation period, both directly and as part of wider stakeholder updates.
- HCPC shared all the consultation information with the Allied Health Professions Federation in the UK and Scotland.

The consultation process has therefore provided a range of channels and opportunities for registrants, the public, representative bodies and stakeholders to provide their feedback.

We have sought to work closely with professional bodies and trade unions to promote the consultation as well as making it as straightforward as possible for individuals and organisations to provide feedback on the proposed fee increase.

About us

We are a regulator whose statutory duty is to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called ‘registrants’.

We currently regulate 15 health and care professions:

- Arts therapists
- Biomedical scientists

- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

About this document

This document describes how we conducted the consultation process, provides summaries of the responses we received to the consultation, details how the final decision was made, and gives a timescale for the next steps.

- **Section 1** provides an analysis of the consultation
    - Section 1A provides an analysis of the respondents we received to the consultation including data on the respondents such as location and demographics
    - Section 1B provides details about the themes that emerged from the responses to the consultation
- **Section 2** contains our decision
- **Section 3** contains **Appendix 1** – An updated Equalities Impact Assessment

Section 1 - Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; unsure). They were also able to give us their comments on each question.

Where we received responses by email or by letter, we recorded each response in a similar format.

When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequent comments made by respondents.

Statistical analysis

We received 110 responses to the consultation document. 92 responses (86.6%) were made by individuals, of which 89 (96.7%) were HCPC registered professionals. 18 responses (16.4%) were made on behalf of organisations.

The breakdown of respondents and responses we received to each question are shown in the graphs and tables that follow.

Most responses were given via the online survey platform, “SmartSurvey”, and three organisations submitted a response via email.

Section 1A – Data on respondents

Organisational responses

18 responses were received from organisations; this included one into the consultation inbox from an umbrella group representing 13 different organisations. Two of the organisational responses counted as part of this umbrella response overlapped with responses already received separately via SmartSurvey. These were counted as separate responses, but we did not double count duplicate responses for our statistical analysis. Where this overlap occurred, we treated the earlier SmartSurvey organisational response (ie. those received separately rather than as part of the group letter) as the main organisational response for qualitative purposes, meaning that the answers given via SmartSurvey were counted for the two organisations which overlapped.

Type of organisation

Please select the category below that best describes your organisation.			
Answer Choice		**Response Percent**	**Response Total**
1	Professional Body and/or Trade Union	94.4	17
2	Public Body	0	0
3	Employer	0	0
4	Professional body and Education Provider	5.6	1
5	Lawyer / Legal Provider	0	0
6	Other:	0	0
		answered	**18**

By Location

Where is your organisation active?			
Answer Choice		**Response Percent**	**Response Total**
1	England	0.0	0
2	Northern Ireland	0.0	0
3	Scotland	0.0	0
4	Wales	0.0	0
5	UK-wide	94.4	17
6	UK-wide and International	5.6	1
7	Other (please specify):	0.0	0
		answered	**18**

Registrants

89 respondents identified themselves as HCPC registrants, which was 80.9% of the total responses and 96.7% of individual responses.

By Profession

What is your registered profession?

Answer Choice		Response Percent	Response Total
1	Arts therapists (Art therapists, Dramatherapists, Music therapists)	0.0	0
2	Biomedical scientists	22.5	20
3	Chiropodists / podiatrists	2.3	2
4	Clinical scientists	4.5	4
5	Dietitians	3.4	3
6	Hearing aid dispensers	0.0	0
7	Occupational therapists	6.7	6
8	Operating department practitioners	5.6	5
9	Orthoptists	0.0	0
10	Paramedics	7.9	7
11	Physiotherapists	18.0	16
12	Practitioner psychologists	1.1	1
13	Prosthetists / orthotists	0.0	0
14	Radiographers (Diagnostic/Therapeutic)	25.9	23
15	Speech and language therapists	0.0	0
16	If you are dual registered please tell us here	2.3	2
		answered	**89**
		skipped	**3**

By Location

Where is your regular place of work or activity?			
Answer Choice		**Response Percent**	**Response Total**
1	England	70.8	63
2	Northern Ireland	1.1	1
3	Scotland	11.2	10
4	Wales	12.4	11
5	I work across the UK	2.3	2
6	I work outside the UK	0.0	0
7	Other (please specify):	2.3	2*
		answered	**89**
		skipped	**3**

**Registrants work in Guernsey and the Channel Islands*

Other Individual Respondents

3 respondents described themselves as neither a HCPC registrant nor responding on behalf of an organisation.

How would you describe yourself?			
Answer Choice		**Response Percent**	**Response Total**
1	I am a student on an HCPC approved course	0.0	0
2	I am applying to join the HCPC register	33.3	1
3	I am a relative of someone registered with HCPC	0.0	0
4	I am currently using or receiving health or care services	0.0	0
5	I am currently caring for someone using or receiving health or care services	0.0	0
6	I am a member of the public interested in this issue	0.0	0
7	Other (please specify):	66.7	2*
		answered	**3**
		skipped	**89**

** 1 response to this question indicated that respondents is a union rep, one declined to specify.*

Location

Where is your primary place of residence (that being the place you spend the majority of your time living and sleeping)?			
Answer Choice		**Response Percent**	**Response Total**
1	England	100	3
2	Northern Ireland	0.0	0
3	Scotland	0.0	0
4	Wales	0.0	0
5	I live outside the UK	0.0	0
6	Other (please specify):	0.0	0
		answered	**3**
		skipped	**89**

Equality, Diversity and Inclusion Data

Those responding to the survey as registrants or individuals were invited to provide information on their protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, sex, sexual orientation. These questions were not mandatory, and so not everyone provided responses to them or to every question.

The data for respondents is included in tables below. Despite extensive engagement activity and a large amount of web traffic to the survey, total response numbers to the 2026 fee proposal were lower than in previous consultations.

Despite this, the profile of responses was still broadly in line with the makeup of the register in terms of diversity, and ensured that a range of perspectives were contributed to the consultation responses, including for qualitative answers. However, the low number of respondents did lead to some gaps emerging for individual cohorts. We have outlined the profile of respondents below:

1. Age

Answer Choice		Response Percent	Response Total
1	Under 20	0.0	0
2	20-29	12.1	11
3	30-39	40.7	37
4	40-49	22.0	20
5	50-59	18.7	17
6	60-69	3.3	3
7	70 or older	0.0	0
8	Prefer not to say	3.3	3
		answered	**91**

1. Disability

Answer Choice		Response Percent	Response Total
1	Yes	9.9	9
2	No	79.1	72
3	Prefer not to say	11.0	10
		answered	**91**

2. Ethnicity

Answer Choice		Response Percent	Response Total
1	White	71.4	65
2	Mixed or multiple ethnic groups	1.1	1
3	Asian or Asian British	6.6	6
4	Black, African, Caribbean or Black British	4.4	4
5	Prefer not to say	14.3	13
6	Other ethnic group	2.2	2
		answered	**91**

3. Sex

Answer Choice		Response Percent	Response Total
1	Female	56.0	51
2	Male	33.0	30
3	Intersex	0.0	0
4	Prefer not to say	11.0	10
		answered	**91**

3a. Gender identity (same as recorded at birth)

Answer Choice		Response Percent	Response Total
1	Yes	85.7	78
2	No	1.1	1
3	Prefer not to say	13.2	12
		answered	**91**

4. Sexual orientation

Answer Choice		Response Percent	Response Total
1	Heterosexual / straight	73.6	67
2	Gay man	1.1	1
3	Gay woman/lesbian	2.2	2
4	Bisexual	3.3	3
5	Asexual	0.0	0
6	Pansexual	1.1	1
7	Queer	1.1	1
8	Prefer not to say	17.58	16
		answered	**91**

5. Marriage or civil partnership

Answer Choice		Response Percent	Response Total
1	Never married and never registered in a civil partnership	23.1	21
2	Married	51.7	47
3	In a registered civil partnership	0	0
4	Separated but still legally married	3.3	3

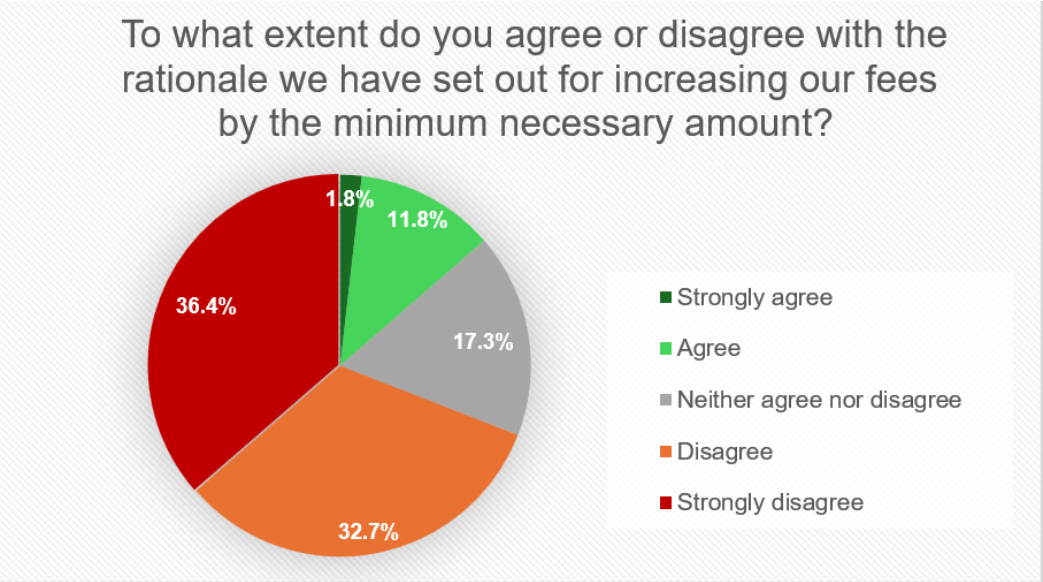
5	Separated but still legally in civil partnership	0	0
6	Divorced	4.4	4
7	Formerly in a civil partnership which is now legally dissolved	0	0
8	Widowed	0	0
9	Surviving partner from a registered civil partnership	0	0
10	Prefer not to say	17.6	16
		answered	**91**

6. Pregnancy and Maternity

Answer Choice		**Response Percent**	**Response Total**
1	Yes	0.0	0
2	No	86.8	79
3	Prefer not to say	13.2	12
		answered	**91**

Section 1B– Summary of Results

Question 1:



For question 1, 36.4% strongly disagreed, 32.7% disagreed. 17.3% neither agreed nor disagreed, 11.8% agreed, 1.8% strongly agreed. No respondents chose the "don't know" option.

99 consultation responses answered this question, with respondents providing 42 comments in support of their response to this question. Sentiment analysis identified most comments (35) as questioning or opposing the rationale given.

Themes highlighted in the comments

42 comments were submitted by participants. The main theme highlighted was inflation and the cost of living - raised by 8 respondents. Respondents pointed out that the financial context faced by many registrants is challenging and that the fee raise proposed is slightly above the current rate of inflation.

Inflation was a core consideration in HCPC's rationale for proposing a rise that was as low as possible whilst meeting the needs of the organisation; the proposed raise equates to roughly 4.1% and will not cover losses to income due to inflation since the last fee rise occurred.

We remain acutely aware of cost pressures faced by registrants, including differences between professions, and carried out a pay benchmarking exercise as part of building the proposal.

We reviewed benchmarking data for six professions regulated by the HCPC (equivalent data are not available for all of our professions) and compared that data to NHS Agenda for Change (AfC) pay bands, focusing on starting salaries (benchmark lower decile vs NHS band minimum) and those with more than five years' experience (benchmark upper quartile/upper decile vs NHS band top).

No clear picture emerged as to whether the HCPC-regulated registrants outside the NHS are likely to be better or worse paid, and hence better or less able to cope with cost of pressures than their NHS peers.

However, in view of the fact that cost of living pressures are likely to bear most heavily on relatively junior and early career staff, and since the benchmarking data suggests that for most of the professions considered, early-career HCPC registrants outside the NHS are likely to be less well paid than their NHS peers. For this reason among others, we are persuaded by the argument for holding the size of the recommended fee increase to the minimum necessary.

The second most common response theme was value for money from HCPC, and with transparency as to where the fee income was to be spent, with 6 of the comments making mention of this.

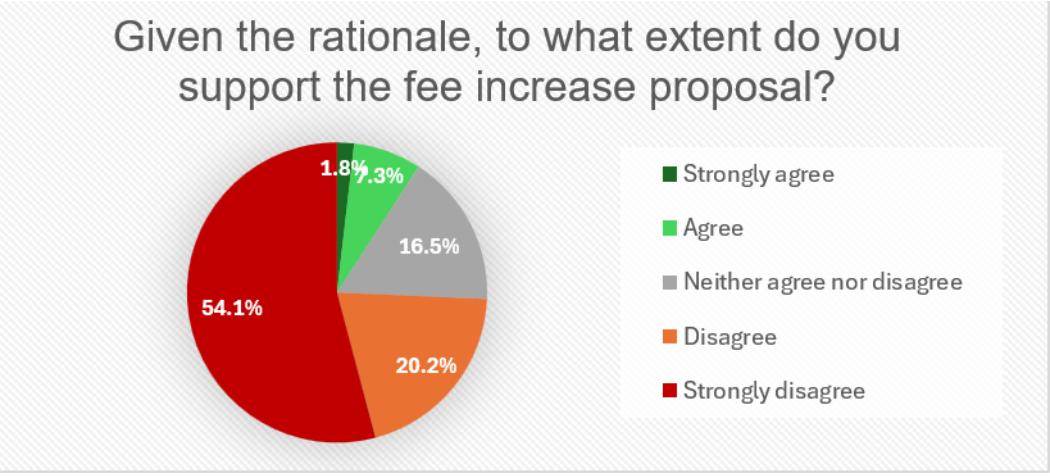
Two organisational responses expressed concern about increasing spending on Fitness to Practise (FTP) and corresponding proportional reductions elsewhere, with some calling for further analysis to break down cost drivers and process delays in FTP.

These points overlapped with a separate theme of concerns about HCPC processes and structures (6 comments) noting the year-on-year increases in FTP concerns and financial impact, and suggested that further work is done to curb this trend. One respondent in this category felt that HCPC duplicates some work undertaken by professional bodies.

One response questioned the changes in some category titles since 2024. Several responses raised the point that paying a fee is not discretionary and effectively works like a tax on registrants.

Other themes mentioned throughout the comments included retention, work and pay pressures (3 comments), and one comment which disagreed with fee rises in principle.

Question 2:



For question 2, 54.1% strongly disagreed, 20.2% disagreed, 16.5% neither agreed or disagreed, 7.3% agreed, and 1.8% strongly agreed. No respondents chose the “don’t know” option.

98 consultation responses answered this question, with respondents providing 36 comments in support of their response to this question. Sentiment analysis identified most comments as sceptical or in opposition to the proposal.

Themes highlighted in the comments

One of the most common themes throughout the comments was to do with retention, work and pay (10 responses). Whilst some of these comments agreed with the principle that regulation needed to be adequately funded, overall these comments expressed frustration at the perceived lack of linkage between pay pressures and fee levels. Two comments called for further information about the success level of past mitigations (which remain in force for this fee review), and called for further work to mitigate rises in the future.

Another common and overlapping theme (10 responses) was concern about our processes and value for money. Three organisational responses expressed concern about the increasing cost pressure of FTP proceedings and called for this to be managed, especially at earlier stages. Work along these lines is planned during this fee window and is one of the areas that would benefit from investment linked to the proposed rise. One response called for HCPC to have an explicit role in ruling out spurious concerns raised (our existing FTP processes are already able to allow the investigation and removal of unfounded concerns). One respondent felt that too much of HCPC’s budget was spent on corporate functions and governance.

Inflation and the cost of living were once again mentioned in 7 responses. One comment agreed with the financial rationale but was concerned about the timing. Several responses expressed concern that the rise was not proportionate given pressure on pay rates. Comments encouraged HCPC to consider the cumulative impact of fee rises (2 comments) in addition to treating each cycle on its own merits, and also for consideration of other costs to professionals such as subscriptions. Increased transparency was a theme within this area, with two responses calling for better communication post-revision about short term gains and benefits from additional funding.

4 comments addressed transparency of spend as a general theme. Other themes included working patterns and perceived unfairness for part time or bank workers (2 comments), disagreement with the fee rise in principle (or a flat fee structure) (2 comments). 2 comments explicitly welcomed the fee rise, recognising the pressure of rising costs and the post-2022 move towards smaller, incremental increases where these take place.

Question 3:

In addition to the equality impacts set out in the Equality Impact Assessment, can you identify any further impacts relating to protected characteristics that we should consider?

Protected characteristics consist of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, sex, sexual orientation.

If you would like to make any suggestions about how any negative equality impacts you have identified could be mitigated, you may do so here.

90 consultation responses answered this question, with respondents leaving 29 comments that were viable for analysis.

We developed an Equality Impact Assessment which was published with the consultation, and an updated version of the Equality Impact Assessment is included in **Appendix 1**.

Themes highlighted in the comments

9 respondents left comments saying that they had nothing to add in response to the question or expressing satisfaction with the existing EIA draft, with some expressing discomfort at the omission of a “none” answer as an option.

Following this, the main themes highlighted were impacts relating to sex (8 comments) and pregnancy and maternity (6 comments). Understandably in some comments these categories overlapped significantly, for example several comments pointed out that pregnancy and maternity and family care commitments disproportionately borne by women can mean that female registrants spend periods out of the workplace or may be working fewer or less consistent hours, but still bear the burden of the same fee.

We considered this in our EIA. Previous work at HCPC has not identified technically viable solutions (such as ways of making differential fees work in practice), but we will keep this under review as part of future fees reviews.

Responses called for greater monitoring of impacts around pregnancy and maternity, including as part of the return to practice (RTP) process, and targeted remedies such as payment flexibility or discounts. Again, we will keep this under review and consider in a future fees review and other related work.

Other comments on impacts relating to sex pointed out that gender pay gaps already affect incomes and should provide context to our decisions, and one response specifically mentioned the impact that menopause can have on careers and pay.

The main themes throughout the comments left in response to this question made the suggestion that the fees structure should be worked on a sliding scale for those working part time or low earners with fees being based upon your salary rather than a blanket fee for everyone. There were 22 comments that made mention of this theme, with some commenters suggesting that this would have an impact on some groups of workers who share specific protected characteristics, such as those with disabilities and women who have caring responsibilities.

Transitioning in and out of the workforce was mentioned in 5 comments and related in some to age, noting that older registrants are more likely to move towards portfolio

type career patterns, and younger workers may have been supported by bursaries and/or student loans.

Structural inequality and low income were cited in 7 responses, highlighting the need for HCPC to consider intersectional impacts, social class and earnings as part of the framework behind fee proposals. We have considered each of these as part of our rationale and therefore suggested a minimal fee increase, as well as moving towards a more regular and incremental model, but specific targeted mitigations beyond existing discounts are technically challenging.

5 comments mentioned working patterns with the implication that those working part time (more likely for women in general, those with caring responsibilities, and in some professions people from ethnic minority backgrounds) would be differentially impacted.

5 comments identified mitigations such as those listed above, with the addition of hardship support funds.

Disability (4 responses) and age (4 responses) impacts were cited in other responses, with some of the specific impacts highlighted above. Other themes included impacts around ethnic diversity (1 response), geographic/international background (1 response) workforce (1 response). 1 response noted positive EDI impacts for the public as a result of HCPC and professional regulation remaining effective and sustainable.

Service user perspectives:

We commissioned the Patients Association to conduct focus groups with service users in order to gain feedback and insights on the fee proposal while the main consultation was open.

Overall, participants saw strong regulation as essential to patient safety and public confidence and supported HCPC in having sufficient funding to fulfil its core functions. There were differing views on whether HCPC should be funded by registrants fees, government, or a combination of funding. They also felt there was a role for HCPC to provide greater clarity on how money is used and what registrants and the public get in return.

Focus group participants were in clear agreement that HCPC needs adequate funding to be able to regulate effectively. They recognised that otherwise regulation risks becoming symbolic rather than meaningful as HCPC would not have the infrastructure, staff capacity or capability to check standards, maintain the register, support fitness to practise processes, or develop its work in response to future needs.

Participants linked funding directly to patient safety. If the public is expected to trust that registered professionals are qualified, competent and fit to practise, then the regulator must have the resources to make that assurance credible.

However, participants were keen to stress that the question was not only whether HCPC has enough money to fulfil its core functions, but also what it does with that

money. Several participants queried whether the current regulator model was too focused on fitness to practise hearings which were perceived as expensive, bureaucratic and reactive. Participants felt there was scope for more emphasis on support, learning, communication and prevention of poor practice before issues escalate.

Across the answers provided by participants, there was a strong focus on the need to provide value for money in a way which is transparent and visible, and which provides a supportive and timely service to registrants in addition to the existing emphasis on core regulatory functions. Participants were particularly interested in HCPC doing more to support good practice, CPD, employer accountability and prevention of poor practice, rather than as they perceived, focusing solely on reacting when issues emerge.

The insights emerging from work with service users are important and in alignment with many of the themes and considerations covered by HCPC's new Corporate Strategy[1], which requires the proposed fee rise to enable implementation.

Welsh Language Standards

In the EIA, we assessed how the proposals may negatively impact the use of the Welsh language and looked for opportunities on how the proposals could further the use of the Welsh language. No opportunities or negative impacts could be identified; no consultation responses made mention of the Welsh Language Standards in their comments.

In line with our responsibilities under the Welsh Language Standards, we will make the consultation response available in Welsh upon request.

[1] Corporate strategy | The HCPC

Section 2 – Our decision

The following section sets out our response to the range of comments we received during the consultation.

Fee rise proposal

As set out in Section 1, we received 110 responses to the consultation document. 92 responses (83.6%) were made by individuals, of which 89 (96%) were HCPC registered professionals. 18 responses (16.4%) were made on behalf of organisations. Despite our active engagement, the number of responses received was relatively lower compared to previous fees consultations, which indicates the proposal has not attracted widespread opposition.

The majority of respondents were opposed to the proposed increase. More respondents were supportive of or took a neutral position when it came to the rationale behind the proposal (24.3%) than the proposal itself (17.3%). The main theme highlighted in the comments was in reference to cost of living and inflationary pressures. Comments included concerns about wages not rising for many professionals. Comments also included suggestions of the HCPC cutting its costs.

Of the total responses, 89 respondents identified themselves as HCPC registrants, which was 80.9% of the total responses.

We understand the continuing financial pressures that registrants face and this has played a key role in our considerations, which is why we are making our own financial efficiencies, have committed to regular, incremental fee reviews, and have restricted the proposed increase to the minimum necessary. The proposed fee change also takes into account the impact of inflation over the period since the last fee change.

The above feedback was supplemented by the service user focus group work we commissioned from the Patients Association. Participants were asked different questions to consultation respondents, as questions needed to appropriately guide conversations whilst leaving space for individuals to add their own perspectives.

The outcomes of these conversations stressed the need for regulation to be adequately funded, but also called for increased emphasis on providing support and information for registrants and the public beyond our perceived “core” functions, making our processes more efficient, and for greater communication about the work and role of HCPC and our processes.

Financial sustainability

We set our fees on the principle of cost recovery, allocated fairly across registrants and applicants. We aim to review our fees at least every two years. Following these

reviews, we expect to require regular incremental increases in our fees to take account of unavoidable cost pressures, plus what is required for essential further improvements and to meet unavoidable financial liabilities.

We are also committed to making efficiencies to help fund improvements. We will publish projections of our medium-term future funding requirements in order to ensure transparency. All changes to our fees are subject to public consultation and an assessment by HCPC of consultees' responses, likely equality impacts, and parliamentary approval. Within this framework we manage our finances carefully to ensure that our expenditure matches our income.

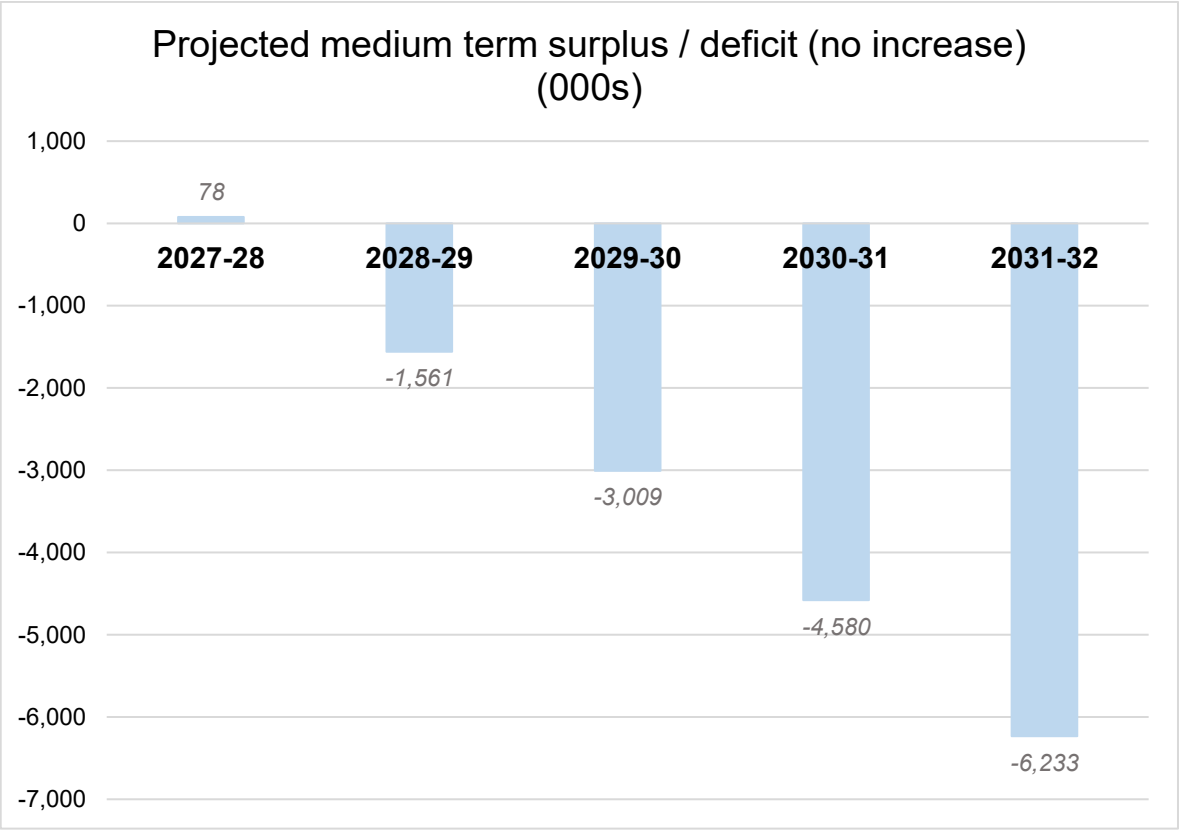
We do not budget for large surpluses or hold large financial reserves. Our projected reserves (defined as net realisable assets[2]) as of September 2026 were equivalent to the cost of running the HCPC for 37 days. That level of reserves is significantly lower than standard benchmarks.

Without this proposed fee increase our medium-term financial projections show that we would quickly face the risk of moving into deficit budgets, which would put public protection and services to registrants at risk. The absence of the proposed fee increase would also risk our ability to bring forward a range of planned improvements via our updated Corporate Strategy, even taking into account a range of planned financial efficiencies.

These projections are consistent with the analysis underpinning our previous fees consultation in 2024, which assumed that the HCPC would have regular, incremental fee rises in future, to maintain the financial stability achieved by subsequent increases. However, the need for the increase has become even more pressing in light of the recent increased trend in FTP demand beyond the level assumed in the previous analysis.

[2] Total assets less the value of software.

Projected deficits – no fee increase



Figures taken from March 2026 financial plan.

Making efficiencies

We have kept this proposed increase to the minimum necessary. The revised fees would enable us to continue meeting our statutory public protection duties.

The HCPC Council considered alternative, higher increases, but decided to propose the minimum necessary amount, taking account of the impact on registrants, including in relation to protected characteristics.

The HCPC is committed to remaining an efficient regulator, with tight cost control and lean budgets. HCPC's expenditure per registrant is significantly lower than that of other healthcare regulators. We are keeping the costs of our corporate functions as a proportion of total expenditure as low as possible, in line with the benchmark for the sector.

	HCPC	GMC	NMC	GDC	GPhC
Number of registrants at time of data collection	320,438	357,198	788,638	115,451	99,773
Total expenditure per registrant	£114	£374	£124	£308	£231
Total corporate function costs per registrant	£35	£136	£41	£87	£65

Note: expenditure figures are based on data in most recent published annual reports as of Dec 2025 (prior to recent NMC fee rise). Corporate costs comprise the following equivalent functions: CEO and Chair, IT, HR, Finance, procurement, facilities and Governance.

Investment in technology and improved processes have had a positive impact on our registrants, with our registration processes having been moved predominantly online, enabling faster processing and an improved user experience. This digitisation has enabled us to be more responsive and to improve data in support of workforce planning.

Recent examples of planned and operational efficiencies include:

A new delivery model for more serious fitness to practise investigation based on more cost-effective in-house legal services provision we will save £1.5m of legal costs on external legal provision

- £126,000 contract savings via our new telephony platform
- Retender of MS software licences, achieving an annual saving of 8% against the previous contract

Areas for future efficiencies will also include ongoing benefits from modernising HCPC's IT network, moving our systems and data to the cloud, and further AI-enabled automation, for example in administration concerning invoices and document redaction.

Service improvements

As set out in the consultation document, the proposed fee rise will enable HCPC to maintain delivery of our statutory registration, fitness to practise, education and other

regulatory responsibilities within existing performance standards, taking account of cost pressures.

FtP demand has increased at a rate higher than assumed in our original projections which requires us to allocate much of the proposed fee increase to meeting demand pressures by building essential capacity.

The fee rise will also enable further essential improvements and efficiencies, to ensure that we maximise the impact of the additional funding, including:

- **Further improvements in timely management of FTP concerns**: we are reviewing systems processes to identify further opportunities to improve how cases are handled, obtain greater insights through improved data analysis, and maximise the opportunities that will be unlocked by regulatory reform in the future.

- **Providing better support to registrants**: building on improvements already being delivered, over the lifetime of our new corporate strategy we will introduce a more personalised digital experience for registrants, providing targeted information relevant to their profession Through a new website and contact centre we will provide improved online self-service tools to help professionals manage their registration with the HCPC.

- **Providing ready access to HCPC's data** through further developments to the data hub.

- We will **invest in essential capability** to deliver these and our other priorities, with a focus on building our technological, managerial, process design and behavioural science capability.

Mitigations

The 2022 and 2024 fees consultations identified specific further improvements the HCPC would be able to make following the proposed increase to help mitigate the impacts of that fee rise on registrants.

We have continued to progress these mitigation measures:

- **Work with employers to secure better protected continuing professional development (CPD)**: the HCPC has created new content on CPD for registrants and employers.

- **Promoting availability of tax relief:** the HCPC has more actively promoted the availability of tax relief on HCPC fees, through renewal communications together with social media signposting.

- **Direct debit payments:** previous consultations highlighted the desire from some registrants to be able to spread their registration and renewal payments across multiple direct debit payments. The HCPC has increased the number of direct debit payment points available to registrants, from four per cycle to eight per cycle.

- **Discounted fees:** discounts continue to apply to those who have newly joined the register.

We will continue to consider potential mitigations, such as in relation to the impacts identified in Question 3, as part of our future fees reviews.

Our decision

While recognising that most respondents to the consultation disagreed with the proposed fee increase, after careful consideration Council is satisfied that the case for the fee rise remained as set out the consultation document, as the minimum necessary to maintain HCPC's financial sustainability. Council therefore agrees to pursue the parliamentary process needed to increase the main registration fee by £5.06.

The rationale for the proposed increase includes the previous and ongoing assumption that the HCPC will review its fees regularly in future, with incremental increases expected to be needed to maintain our financial sustainability, so that we can continue to deliver improvements and plan for the future. However, just as cost of living pressures faced by registrants have played a role in this decision, we would also expect this to be an important factor in future considerations.

Timing of proposed fee increase by individual profession

We will continue to renew registration fees on two-year cycle, sequenced across each profession we regulate. If the new fees come into effect in April 2027, the first professions to pay the new fee, between June and September 2027, would be Orthoptists, Paramedics, Clinical scientists, Prosthetists/Orthotists, Speech and Language Therapists, Occupational Therapists and Biomedical scientists.

Radiographers would pay the new fee from December 2027 and Physiotherapists from February 2028. Arts therapists, Dietitians, Chiropodists, Hearing aid dispensers and Operating Department Practitioners would pay the new fee between May and September 2028. Practitioner psychologists would pay the new fee in March 2029. The full renewal cycle is available online[3].

[3] When to renew | The HCPC

Equalities Impact Assessment

A revised version of the Equalities Impact Assessment (EIA) can be found in **Section 3**. It has been drawn from the EIA prepared for the consultation, and takes account of the fee rise decision and the actions we will undertake to realise service improvements and mitigations.

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.

Next Steps

Following Council's agreement, we will seek parliamentary approval for an increase of £5.06 in HCPC's renewal fee and equivalent increases in the other fees that we charge, from April 2027.

Due to the nature of the HCPC renewal cycle (under which members of each of our 15 professions renew their registration with us at different times), this increase will not take effect for the majority of registrants until 2028, as 60% of HCPC registrants will not pay the new fee until 2028 or 2029.

Section 3

Appendix 1 – Equality Impact Assessment

Section 1: Project overview

Project title: HCPC fees Consultation: 2026	
Name of assessor: Adrian Barrowdale	**Version: 2**

What are the intended outcomes of this work?

- To ensure adequate funding for the effective regulation of 15 healthcare professions[4] to maintain public safety in professional healthcare practice by increasing fees levied.
- We are proposing to increase the annual registration renewal fee our registrants pay by £5.06 per year, to be phased in over two years from 2027. The increase is equivalent to just over 10p per week, and the new registration fee would be £128.40 a year. There would be equivalent increases in our other fees. We would maintain the 50% discount that graduate applicants receive for the first two professional years of registration.
- The HCPC Council considered alternative, higher increases, but decided to propose the minimum necessary amount (including essential improvements), taking account of the impact on registrants including how that impact varied across groups with different protected characteristics.

Who will be affected?

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

[4] HCPC Regulates 15 professions: Arts therapists, Biomedical scientists, Chiropodists / podiatrists, Clinical scientists, Dietitians, Hearing aid dispensers, Occupational therapists, Operating department practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner psychologists, Prosthetists / orthotists, Radiographers, Speech and language therapists.

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.[5]
2. NHS pay scale information[6].
3. Pay gap information from ONS covering: sex/gender[7], disability[8], ethnicity[9] and low pay[10].
4. The result of the 2022/23 equality impact analysis on our fee structure[11]
5. The results of the 2024 consultation exercise, which ran from 10th April to 14th June[12]
6. The results of the 2026 consultation exercise, which ran from 28th April to 17th July[13].

The proposals were also be informed by internal discussions, including but not limited to members of 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. We have also reviewed the information provided during the 2022/23 and 2024 exercises to increase registrant fees, both of which included significant stakeholder engagement.
4. This EIA has been updated following public consultation. The consultation asked respondents 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 asked 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 groups who share protected characteristics.
5. We sought feedback on the 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

[5] https://www.hcpc-uk.org/data/
[6] https://www.nhsemployers.org/articles/pay-scales-202526
[7] Gender pay gap in the UK - Office for National Statistics
[8] Disability pay gaps in the UK: 2014 to 2023 - Office for National Statistics
[9] Ethnicity pay gaps, UK - Office for National Statistics
[10] Low and high pay in the UK - Office for National Statistics
[11] consultation-on-changes-to-fees-analysis-and-decisions.pdf (hcpc-uk.org)
[12] Fee consultation | (hcpc-uk.org)
[13] Consultation on HCPC registration fees | The HCPC

relevant stakeholder organisations. We also encouraged feedback through the consultation from patients and service users.

6. Further stakeholder engagement took place as part of the consultation exercise for the proposal; and included engagement with professional bodies and trade unions, employers, and members of the public who use health and care services.

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 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 would be mitigated by continuing our previous 50% graduate discount. This discount reduces the cost to first-time 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').

Since the introduction of our current framework for fee rises, we have actively promoted the availability of tax relief on HCPC fees through renewal communications, within the online account and through website and social media signposting. We have included additional content in our registration renewal communications about claiming tax relief, with signposting throughout our website and in social media posts.

We also increased the number of direct debit payment points available to registrants from four per cycle to eight per cycle. As a result of the 2023 fee increase coming into effect five months later than proposed in our 2022 consultation document, those changes to came into effect later than originally planned, but are no operational and continue to provide a useful mitigation to adverse impacts in general.

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 groups who share 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 practise 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 and so likely to be 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. Biomedical scientists, hearing aid dispensers, orthoptists, paramedics and radiographers are amongst the professions with a greater proportion of registrants under 40.
- 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 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.
- In our consultation, age was the most identified characteristic where respondents believed there would be an impact, identified in 58 responses via the form, and by the AHPF letter response (from 13 organisations) which identified impacts for newly qualified practitioners and those on lower pay in general (which is likely to overlap with lower levels of professional experience). Some respondents identified a need for mitigations for those in early years of practice beyond their first including more flexible payment arrangements, promotion of tax advantages, and research work in order to gain greater detail on impacts.

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 heath 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. This was identified by participants in our service user focus groups.

Disability

Registrants

- The national disability pay gap was last estimated to be 13%[14]. 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. Arts therapists and occupational therapists have a greater proportion of disabled registrants compared with other professions.
- 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.
- In some consultation responses particular concerns were raised around registrants returning to practice due to disability or illness. Further policy work on returning to practice will commence in 2027 and may help to inform future understanding of the issues faced by 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 heath 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

[14] Disability pay gaps in the UK: 2014 to 2023 - Office for National Statistics

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

- 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 heath 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. Nearly every one of our professions has a female majority. Only paramedics have a male majority of registrants. Our register is just below 3/4 female overall.
- 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.

- Pregnancy and maternity was the second most likely characteristic to be identified with an adverse impact by those who responded using the survey form (50 responses), though for some qualitative responses this was also closely linked to the category of sex, conferring an intersectional disadvantage. For some respondents this was part of a wider set of disadvantages around working patterns which would also include caring responsibilities. Several responses recommended the creation of categories within the fee structure or gradated fees in order to allow an opt-out or discount for those with this protected characteristic.
- At the moment, we do not believe that direct mitigations to the issues outlined are technically possible for HCPC to enact, and we are conscious that further issues would arise from an attempt to remedy these issues as subsidy for discounted rates (for example) would also need to be covered by increased registrant fees elsewhere. However, we take the points made seriously, and will consider the issue further in future fees reviews.

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.[15]
- 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. Biomedical scientists, hearing aid dispensers and radiographers have the most ethnically diverse range of registrants, whilst approximately 75% of our register have identified as white.

[15] Ethnicity pay gaps, UK - Office for National Statistics

- 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[16] pay gap is 6.9%, down from 7.8% as assessed when we last raised our fees. However this still suggests that female registrants are likely to be lower paid, therefore more negatively impacted by the fee rise. Available evidence also indicates 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 or other caring 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. Nearly every one of our professions has a female majority. Only paramedics have a male majority of registrants. Our register as a whole is nearly 3/4 female.

[16] "Gender" here is taken from the terminology used in reporting.

- 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 Lesbian, Gay and Bisexual (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.

We have considerable sympathy for registrants on low incomes who face financial pressures, however there would be significant challenges in defining and implementing a discount that could be administered and enforced cost-effectively, and without other adverse impacts.

Direct measures to mitigate the impact (such as discounts) have been considered, however these present technical challenges which we consider to render them disproportionate at present. These include the difficulty of creating fair definitions and thresholds, inability to measure factors such as outgoings, the costs involved in overcoming difficulty in granting qualification and ensuring enforcement and fairness, and the overall cost of measures against a fee increase as a whole.

Our focus regarding recent fee rises has been on the mitigations of introducing more frequent direct debits payment options and promoting tax relief, which – though not targeted – are likely to be of particular value to those on lower incomes. Although inflation remains above the Bank of England target, it is significantly lower than it was at the time of the 2022 consultation[17] and real wages have in most sectors of the economy kept pace with inflation. In addition, the recommended option of a £5.06 increase is lower than the increases that came into effect in 2023 and 2025 and is closer to the rate of inflation. Both mitigations on direct debits and promoting tax relief have been successfully progressed and we will continue with them. We have not identified further impacts in this area and therefore do not have further mitigations to recommend.

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 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').

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 in preparing our response to the consultation.

Section 4: Welsh Language Standards

What effects does this policy have on opportunities for persons to use the Welsh language and engage with our commitments under the Welsh Language Standards?

The proposed fee rise will support the HCPC in meeting our obligations under the Welsh Language Standards, including our ability to provide information in Welsh and to support the promotion of the Welsh language.

[17] CPI inflation between September and December 2022, during the consultation period, was over 10%. The latest official figures show CPI running at 3.6% for the 12 months to October 2025. The OBR forecast accompanying the Chancellor's Budget is for CPI inflation to be 2.5% in 2026 before falling to 2.0% from 2027 onwards.

How does this policy treat the Welsh language no less favourably than the English language?

Our proposals can be provided in Welsh on request, and our consultation was also available in Welsh upon request.

We have considered ways in which these proposals might negatively impact on people using Welsh, and have not identified any differential impact on the use of Welsh, or differentially for Welsh speakers.

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 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').

The consultation provided further evidence of the concerns people have about the fee rise impacting on specific groups, but did not uncover any new areas for consideration.

The consultation also identified areas of potential mitigation, many of which are planned or already available. For example, respondents suggested increasing the spread of direct debit payments across the calendar year to make individual payments more affordable. Others suggested allowing those not working through (for example) pregnancy or maternity the opportunity for a discount. We considered this possibility in 2022 but felt that at the current time it was not possible due to the complexity, cost and risk associated with introducing such a measure (see enc-05---registration-fees-consultation.pdf (hcpc-uk.org) at paragraphs 7.1 – 7.5 for more detail).

Several consultation responses to the 2026 consultation pointed to the cumulative impact of fees over time, their general interaction with low incomes and challenging working patterns, and the intersectional overlaps of disadvantage which can occur when a theme impacts a group for multiple reasons, or when multiple groups are impacted. Council's decision considered low income in general and the structural way this can relate to particular or combinations of characteristics, and has therefore chosen to propose the lowest possible fee which allows HCPC to continue its core functions.

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 practise 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 the following:

1. Retain the two-year 50% graduate discount, including "free" periods where a new graduate joins the Register less than six months before the start of the next professional year
2. Retain the increased spread of direct debits from four per cycle to eight per cycle. As the increase takes effect, payment of fees should apply from the date of registration, in order to ensure equal treatment of individuals by making sure that they are paying fees based upon the same structure.

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 Practise 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.