

Education and Training Committee

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| Meeting Date | 03 June 2026 |
| Title | Fees consultation |
| Author(s) | Tom Miller, Policy Manager Adrian Barrowdale, Equality, Diversity and Inclusion Strategic Lead |
| Executive Sponsor | Alastair Bridges, Executive Director of Resources |
| Executive Summary | |
| <p>This paper seeks the Education and Training Committee's (ETC's) response to the current fees consultation, for which the consultation document is available at Annexe 1, and the Equalities Impact Assessment (Annexe 2).</p> <p>The consultation opened on 28 April 2026 and will close on 17 July 2026, hosted online at: https://www.hcpc-uk.org/news-and-events/consultations/2026/consultation-on-hcpc-registration-fees/</p> <p>The consultation document outlines a proposal agreed by the HCPC's Council in December 2025 to raise HCPC renewal fees by £5.06 (4.1%) and to make equivalent percentage increase in our other fees, to take effect from April 2027, subject to consultation and subsequent parliamentary approval from the UK and Scottish Parliaments.</p> | |
| Action required | The Committee is asked to provide input and feedback to develop the proposal. |
| Previous consideration | The fee rise proposal and consultation details were agreed at the 26 March 2026 Council meeting. |
| Next steps | <p>The Committee is asked to provide feedback to the questions outlined in the consultation document and to offer any further input as required. Committee members are also encouraged to respond individually as preferred.</p> <p>Submissions will be analysed alongside others from stakeholders and the public, and a response paper will be submitted to Council and published.</p> |

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| Financial and resource implications | Successful implementation of the proposed fee rise would allow the HCPC to break even over the next fees cycle, finance a range of improvements to be included in the forthcoming corporate strategy and enable the HCPC to engage in the regulatory reform process. |
| Associated strategic priority/priorities | Build a resilient, healthy, capable and sustainable organisation |
| Associated strategic risk(s) | 1. We are unable to deliver our regulatory requirements effectively in a changing landscape, affecting our ability to protect the public 5.a The resources we require to achieve our strategy are not in place or are not sustainable |
| Risk appetite | Financial - measured Regulation - measured Reform - open |
| Communication and engagement | As this paper is intended for an internal audience, no additional communication or engagement activity is planned. |
| Equality, diversity and inclusion (EDI) impact and Welsh language standards | An Equalities Impact Assessment (EIA) has been conducted in support of this work. This draft version has been published as part of the consultation launch, and a final version will be published with our consultation response / analysis. The EIA notes differential impacts for groups of registrants focussed around increased costs, including those with the age, disability, pregnancy and maternity and race protected characteristics, as well as registrants with low incomes. However, these impacts would be small given the small nature of the proposed increase, and some mitigations have been adopted in the structure of the proposals themselves. Welsh translated versions of the consultation document are available on request. We have not noted opportunities for people to use the Welsh language, or opportunities for positive impacts to be maximised, or for how adverse effects can be minimised or decreased on using the Welsh language or treating the Welsh language no less favourably than English. |
| Other impact assessments | Consultation responses will be subject to our usual data protection processes and policies. Personally identifiable information will not be included in any published analysis. The proposed fee rise could help to finance sustainability aspects of the forthcoming corporate strategy. No negative impacts have been identified. |

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| Reason for consideration in the private session of the meeting (if applicable) | Not applicable |
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HCPC fee review consultation 2026

Background

- 1.1 At its meeting in December 2025, Council agreed that HCPC should consult on a 4.1% increase in registration fees targeted at coming into effect from April 2027, as part of a medium-term framework for regular fee reviews to maintain our financial sustainability. The agreement was subject to an action on considering salary benchmarking data for HCPC registrants has been included with this paper.
- 1.2 The paper for the December meeting set out the financial analysis and projections underpinning the recommended increase; a methodology for regular fee reviews in future; and an indicative timeline and stakeholder engagement plan.
- 1.3 A summary paper and a copy of the annexes was then provided to the March 2026 Council meeting, and the consultation launched in April 2026 and remains open until July 2026.
- 1.4 The Health Professions Order (2001) requires that the Council consults the Education and Training Committee about any changes to the HCPC's fees¹.

Consultation document

- 2.1 The consultation document at Annexe 1 follows the direction provided by Council in December 2026. It sets out the rationale for the proposed increase, financial background information, the proposed new fees, and the consultation questions.
- 2.2 It provides information about the rationale for the proposed increase, including a continuing upward trend in Fitness to Practise (FtP) concerns raised, essential further improvements, costs associated with the government's regulatory reform programme, and organisational improvements arising from HCPC's forthcoming corporate strategy. It notes that the fees we pay to PSA have increased.
- 2.3 The document also outlines a range of actions which HCPC is undertaking to reduce costs to the organisation and limit the scope of this proposed fee increase, including FtP frontloading, in-housing of some services related to legal advice, and improvements in HCPC's IT infrastructure.
- 2.4 The document provides an update on progress in implementing the mitigations that formed part of recent fee rise consultations. However no new mitigations are proposed, because the fee rise is considerably lower than the increase that was required in 2023, and because previously announced mitigations on the introduction of quarterly direct debits and promoting awareness of tax relief on fees are already in place.
- 2.5 In line with our previous consultation, there are three consultation questions: how strongly respondents agree or disagree with the rationale set out in the document for an increase; how strongly they agree or disagree with the proposed increase; and whether they believe there are any equality impacts not covered by the accompanying equality impacts assessment (EIA). There will be options for respondents to make free text comments and suggest alternatives.

¹ See page 11: <https://www.hcpc-uk.org/globalassets/resources/legislation/hcpc-consolidated-legislation.pdf>

Equalities Impact Assessment (EIA)

- 3.1 The accompanying draft EIA was agreed by Council alongside the consultation document.
- 3.2 In the EIA that accompanied our 2024 consultation we identified potential negative impacts of the proposed fee rise, including in relation to age, disability, pregnancy and maternity and race, and non-protected characteristics such as overall income.
- 3.3 The updated EIA for this consultation describes progress on the mitigations then agreed, whilst taking account of the fact that the proposed fee rise is a relatively low amount, coming into effect over two years from 2027.
- 3.4 Consultation responses may provide further changes to the EIA, and while the version at Annexe 2 will be published to accompany the consultation document, it will retain draft status until we publish a consultation response.

Salary benchmarking analysis

- 4.1 At the December 2025 Council meeting's discussion of fees, it was suggested that in order to best understand the impact of cost of living pressures on registrants, salary benchmarking data for HCPC registrants and comparators should be considered.
- 4.2 The analysis 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). The benchmarking data for the HCPC professions excludes registrants working in the NHS, who are within the AfC pay band structure. Details are at Annexe 3.
- 4.3 The benchmark starting salary for radiographers and physiotherapists outside the NHS is significantly higher than for those at approximately equivalent points in the NHS pay bands. The benchmarks for paramedics, psychologists, occupational therapists and dietitians are somewhat lower than NHS equivalent pay band positions.
- 4.4 After five years the position is partially reversed, with all of the professions covered by the data, other than radiographers, enjoying a pay advantage compared to NHS equivalent pay band positions, suggesting that as registrants advance in their careers some are able to command a market premium commensurate with their experience.
- 4.5 No very clear picture emerges from the analysis, 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 living 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, that tends to support the argument for holding the size of the recommended fee increase to the minimum necessary.

Stakeholder engagement

- 5.1 A programme of stakeholder engagement with government officials, professional bodies, unions and other stakeholders is currently underway. As foreshadowed at the

December 2025 Council meeting, we have initiated targeted pre-engagement in advance of the formal consultation, with key stakeholders in DHSC and the Scottish Government.

- 5.2 As part of the consultation, we will also commissioned the Patients Association under our existing contract with them to provide a patient and public voice in response the proposals and, together with consultation responses, to inform the final outcome.
- 5.3 The December 2025 Council meeting also agreed key messages which form the core of our current communications plan. These include the regular nature of our reviews, the importance of financial sustainability in ensuring public protection, sensitivity to cost of living pressures on registrants and the measures we have taken to minimise the impact of a rise, and measures to control our costs.
- 5.4 After the consultation we will provide Council with an analysis of the responses and draft a consultation response document for publication, to be followed by ministerial review and preparation of the fees Order. Our aim is for the new fees to come into effect from April 2027.
- 5.5 We cannot control the ministerial clearance and parliamentary approval stages, so there is a risk of delay that we will seek to mitigate through effective stakeholder engagement. The regular and measured approach to seeking fee increases under our revised approach also plays a role in mitigating this risk.

Recommendations

- 5.6 That the committee:
 - Notes the contents of the consultation, EIA and benchmarking analysis;
 - Provides feedback as appropriate;
 - Encourages committee member to make individual responses where they deem this useful and appropriate.

Annexes

- 1.2 Annexe 1: Consultation document
- 1.3 Annexe 2: Equalities Impact Assessment (EIA)
- 1.4 Annexe 3: Salary benchmarking analysis

Contact for further information:

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Consultation document

Consultation on HCPC fees - 2026

28 April – 17 July 2026

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About the Health and Care Professions Council (HCPC)

The HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating 356,000 registrants across fifteen professions by:

- Setting standards for education and training and practice.
- Approving education programmes which professionals must complete to register with us
- Maintaining a register of professionals who meet our standards.
- Acting if professionals on our Register do not meet our standards.
- Acting to stop unregistered practitioners from using protected professional titles.

Summary

This consultation document seeks views on a proposal to increase the registration fees charged by the HCPC.

The UK Parliament has given us the responsibility to ensure we have the finances to meet our statutory duties. This means that we need to set fees that cover our costs and enable us to remain financially sustainable.

We aim to review our fees at least every two years, with the expectation that regular, incremental increases will be needed to maintain our financial sustainability. We understand the continuing cost of living pressures that registrants face, which is why we are continuing to make efficiencies and have restricted the proposed increase to cover necessary costs and essential improvements.

We propose to increase the annual registration renewal fee by £5.06, to £128.40, with equivalent percentage increases to our other fees. The renewal fee increase would be phased according to renewal windows, but equivalent rises to fees outside of this timetable would come into effect immediately. The proposed increase would take effect from 2027 with the increase to our annual registration renewal fee phased in over two years. We would maintain the existing 50% graduate discount for the first two full professional years for eligible UK graduates.

The proposed increase is lower than the increases that entered effect in 2023 and 2025 and the resulting fee (£128.40) is still one of the lowest of all the healthcare regulators¹.

¹ The Nursing and Midwifery Council has the lowest annual fee (£120) but they are currently reviewing this, with a proposed fee of £143.

This proposal is the minimum necessary to keep the HCPC financially sustainable, meet our statutory public protection obligations, and continue to make essential improvements. It reflects careful financial modelling that takes account of non-discretionary increases in external demand and planned efficiencies, including from more cost-effective handling of fitness to practise (FTP) cases.

The HCPC's profession-by-profession renewal cycles mean that most registrants would not pay the new fees until 2028 or 2029, even though the revised fees would begin to take effect from 2027.

Background

We are an independent regulator whose role is to protect the public. To do this, we maintain a register of professionals who meet our standards for their professional skills and behaviour.

In accordance with our founding legislation, our costs are funded almost entirely by the fees that registrants pay. We do not receive any regular funding from the government. We know that the public values our regulatory role and recognises that our finances must be in good order.

We remain one of the most financially efficient regulators in the sector. In recent years, we have undertaken regular, incremental reviews of fees to maintain financial sustainability and avoid large step-changes, consulting publicly each time and seeking the necessary approvals before implementation.

Our last fee increase began to be phased in from 25 April 2025 for renewals, and came into effect fully on that date for equivalent increases. This increased the annual renewal fee to £123.34.

Rationale: why this proposed fee rise is necessary

Despite stringent control of our costs, we face a tight budgetary position in 2026-27 and over the medium term as a result of unavoidable increases in our externally driven costs.

We are implementing an ambitious efficiency programme that will save £1.5m annually in operational costs and we will continue to make additional efficiencies on top of that.

Without the proposed fee increase we would soon be unable to sustain our activities and fulfil our statutory duty to protect the public.

The fee increase would not be used to fund proposals to regulate NHS managers, which would be financed separately from our existing fee structure.

In line with the priorities set out in our new corporate strategy the proposed increase would enable the HCPC to:

- **Balance the books responsibly and sustain performance** in the face of increased external demand and cost pressures, across our statutory registration, fitness to practise, and education functions. As an example, FTP demand via new concerns has increased by over a third in the last three years. In addition, the fees that we have to pay to the Professional Standards Authority for their regulatory oversight of the HCPC have increased to over

£1m per year.

- **Make further improvements in timely management of FTP concerns:** we will review systems and processes to identify further opportunities to streamline how cases are handled and maximise the opportunities that will be unlocked by regulatory reform. This will include exploring the potential for the use of artificial intelligence, with strong ethical and data security guardrails.
- **Provide better support to registrants:** building on improvements already being delivered, we will introduce a more personalised digital experience for registrants, providing targeted information and guidance relevant to their profession, career stage, CPD needs and interests. Through a new website and contact centre we will provide improved online self-service tools to help professionals manage their registration with the HCPC.
- **Engage with regulatory reform:** the UK government has committed to reforming the legislative framework for healthcare professional regulation. New legislation will allow us to adapt to the changing health and care environment and continue to protect the public into the future. We will work with colleagues in government to ensure that the changes enable us to protect the public even more effectively.
- **Provide ready access to the HCPC's data, standards and guidance:** further developments in our data hub and AI-assisted search tools will help registrants, stakeholders and the public quickly find the information they need, enabling more effective upstream intervention and prevention.
- **We will invest in essential capability** to deliver these and our other priorities, with a focus on building our technological and operational capability.

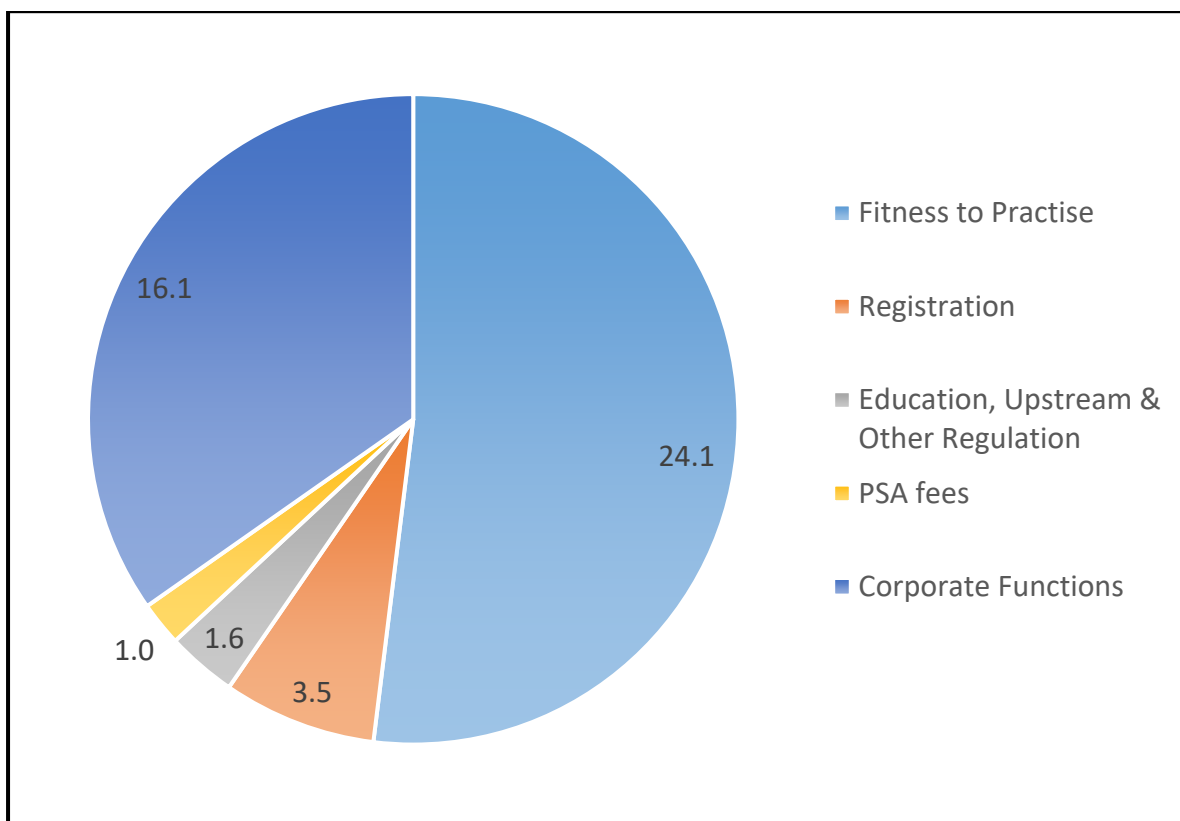
Financial background

The proposal is designed to generate funding for further essential improvements, including ensuring HCPC’s readiness for regulatory reform and a multi-annual investment programme.

How registrants’ fees are spent

Parliament has given us a responsibility to make sure we have the finances to fulfil our statutory duties. All of our expenditure relates to these duties, directly funding our regulatory and essential corporate functions.

Figure 1: Breakdown of expenditure, 2025-26 (£m)



Note: ‘Corporate functions’ include Finance, HR and IT, Governance, Communications and other functions which provide essential support for our regulatory and improvement activity. Figures exclude non-cash depreciation.

Controlling our costs

The HCPC is committed to remaining an efficient regulator, with tight cost control and lean budgets. The HCPC’s renewal fee is relatively low when compared to other healthcare regulators. Our average expenditure per registrant in 2025-26 was £123

(based on the budget set at the beginning of the year), aligned with our renewal fee, and within that the cost of our corporate functions compares favourably to the benchmark for the sector.

Figure 2: Comparison between health and care regulators

| | HPCPC | GMC | NMC | GDC | GPhC |
|--|----------------|------------|------------|------------|-------------|
| Number of registrants at time of data collection | 356,104 | 393,357 | 853,707 | 125,736 | 105,919 |
| Renewal fee or equivalent | £123 | £463 | £143* | £698 | £293 |
| Total corporate function costs per registrant | £30 | £153 | £46 | £108 | £88 |

**NMC is consulting on this figure at the time of writing. The current revalidation fee is £120.*

Note: the table above is based on a selection of regulators with high numbers of registrants. Corporate costs comprise the following equivalent functions: CEO and Chair, IT, HR, Finance, procurement, facilities and Governance.

We expect that our average total costs per registrant, including the costs of our corporate functions, would remain significantly lower than those of other healthcare regulators, after taking account of the proposed fee rise. We are committed to remaining a lean organisation with tight cost control, delivering good value from registrants' fee income.

Recent examples of efficiencies achieved include a 50% estates downsizing, reduction in fees paid to recruitment agencies and £126,000 contract savings from procurement of our new telephony platform.

Between our last fee increase (phased in from 2025) and the time the proposed rise would come into effect (April 2027), cumulative inflation will have been 6.1%. However, the proposed fee rise equates to 4.1%, requiring HPCPC to make efficiencies worth £2.59m to maintain current service levels.

Examples of further planned efficiencies are:

- We are targeting a significant increase in the productivity of our Fitness to Practise processes. Over 2026-27 we aim to achieve a 10% improvement in productivity, measured in terms of the average caseload held by team members, as part of a wider programme of ongoing improvements. By

moving to a new delivery model based on more cost-effective in-house provision we will avoid having to pay £1.5m of higher annual legal costs.

- Ongoing benefits from modernising the HCPC's IT network, moving our systems and data to the cloud, and looking at the scope for further AI-enabled automation, building on progress we have already made in processes including administration of invoices, document redaction and responding to customer queries.

Further information about our financial performance can be found in our Annual Report and Accounts².

² [HCPC annual report and accounts 2024-25](#)

Framework for fees reviews

We set our fees on the principle of cost recovery, allocated fairly across registrants and applicants. We review our fees at least every two years, consulting publicly on proposals including any equality impacts, assessing feedback and publishing our decisions. The renewal cycle operating by profession means income changes are realised over two years, so timely consultation is essential to maintain stability and plan improvements.

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 committed to making savings and efficiencies in order to help fund improvements.

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 surplus financial reserves.

Without the proposed fee increase our medium-term financial projections show that we would be unable to cover our costs without forgoing essential improvements and would quickly face moving into deficit budgets, which would put public protection and services to registrants at risk (see Figure 3).

These projections are consistent with the analysis underpinning our fees consultation in 2022, which assumed that the HCPC would have regular, incremental fee rises in future, to maintain the financial stability achieved by subsequent increases.

Figure 3: projected deficits without fee increase (£'000)

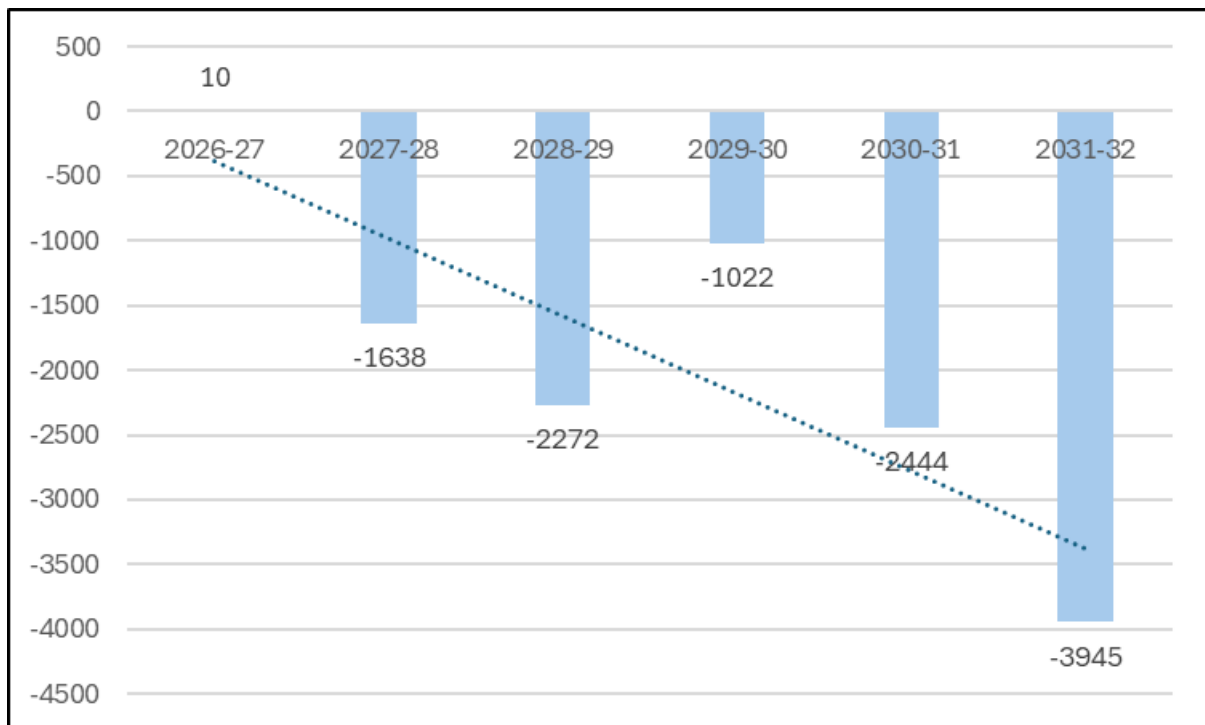
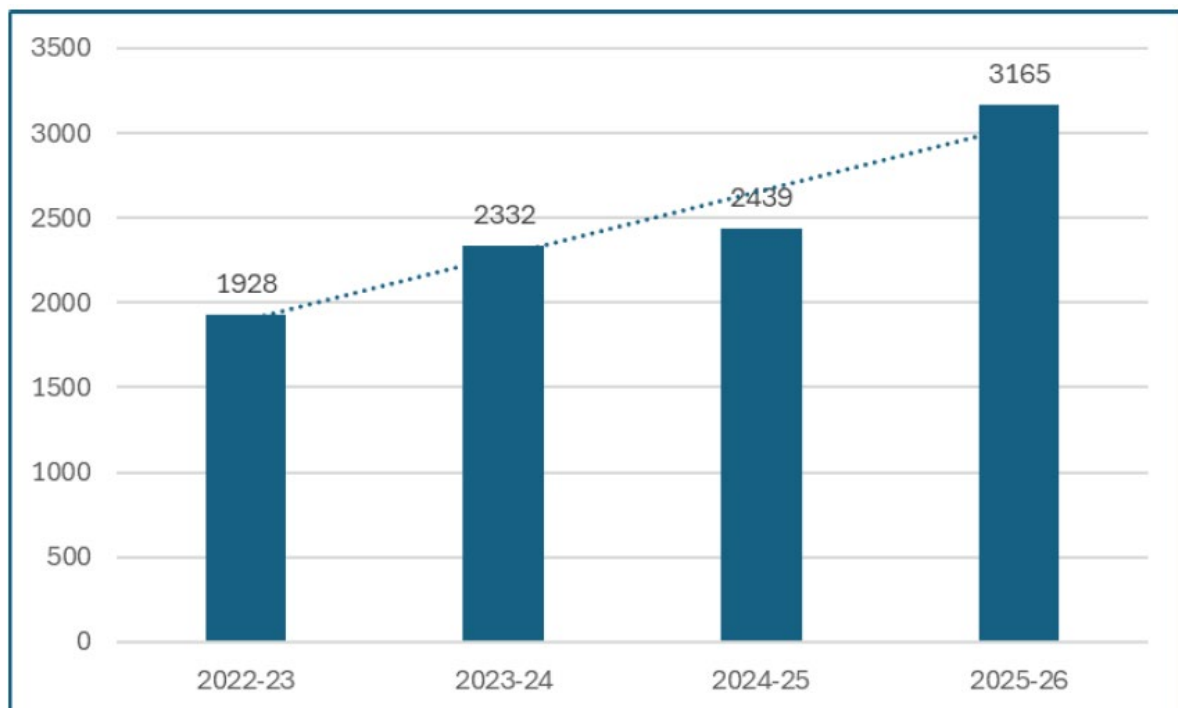


Figure 4: projected increase in FTP demand (new concerns)



Note: 2025-26 figure is based on forecast at the time of writing

Proposed revised fees

We have kept the proposed increase to the minimum level necessary to enable us to continue meeting our statutory public protection duties and fund the programme of critical investments summarised in the rationale given above. The HCPC Council considered alternative, higher increases, but decided on the recommended amount taking account of the impact on registrants including in relation to protected characteristics, and wider equity, diversity and inclusion (EDI) considerations.

The proposed new fees would come into effect from 2027 subject to the necessary parliamentary approvals. Most registrants will first pay the revised fee in 2028 or 2029, depending on their profession's renewal window. The existing graduate discount (50% for the first two full professional years) would be retained.

Figure 5: Existing scrutiny fees and proposed revised scrutiny fees (£)

| Fee type | Existing fee | Proposed new fee |
|--------------------------------------|--------------|------------------|
| Registration / Renewal (per year) | £123.34 | £128.40 |
| New graduates (per year) | £61.67 | £64.20 |
| Approved programme (UK) scrutiny fee | £86.34 | £89.88 |
| Readmission / Restoration | £185.01 | £192.60 |
| International scrutiny fee | £678.38 | £706.19 |
| Grandparenting | £678.38 | £706.19 |

Figure 6: Existing annual registration fees and proposed revised fees (£)

| Fee type | Existing fee | Proposed new fee |
|------------------------------|--------------|------------------|
| Approved programme (reduced) | £61.67 | £64.20 |
| Approved programme (full) | £123.34 | £128.40 |
| Renewal | £123.34 | £128.40 |
| Readmission | £123.34 | £128.40 |
| Restoration | £123.34 | £128.40 |

| | | |
|----------------|---------|---------|
| International | £123.34 | £128.40 |
| Grandparenting | £123.34 | £128.40 |

Note:

- *'Approved programme' means a UK programme of education and training that the HCPC approves so that someone successfully completing that programme is eligible to apply to us for registration.*
- *Graduate applicants receive a 50% discount on their registration fees for the first two professional years of registration, as long as they apply within two years of completing their approved programme.*
- *Grandparenting' is a route of entry to our Register. If the HCPC undertakes the regulation of a new profession, we open a time-limited grandparenting period during which individuals who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet certain criteria, can be registered.*

Legislative process

Our proposals require an amendment to the Health and Care Professions Council (Registration and Fees) Rules 2003³. Under the Health Professions Order 2001, any amendment to the Rules must be made by the HCPC's Council and then approved by an order of the Privy Council.

Equality Impact Assessment

We have kept the proposed increase to the minimum necessary. The revised fees would enable us to continue meeting our statutory public protection duties and fund the programme of critical investments necessary to safeguard public protection, make sure that the HCPC is efficient and sustainable, and carry out our new corporate strategy.

As part of preparing this proposal we also considered alternative, higher increases, but decided to propose the minimum necessary amount, taking account of the overall financial impact on all registrants, including considerations regarding impacts on protected characteristics and other potential barriers such as income.

The HCPC will publish an updated Equality Impact Assessment (EIA) alongside the consultation outcome. Previous assessments found that while fee increases can

³ [Health and Care Professions Council \(Registration and Fees\) Rules 2003](#)

have distributional impacts, reductions to regulatory activity would also negatively impact patients and service users, including people with protected characteristics.

Mitigations progressed since the last review include more frequent Direct Debit options and greater promotion of tax relief on fees. The 50% graduate discount is retained, and no new discounts are proposed unless the EIA identifies significant new impacts not addressed in previous reviews.

Consultation questions

- 1) To what extent do you agree or disagree with the rationale we have set out for increasing our fees by the minimum necessary amount?**

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

If you would like to give reasons for your answer, or suggest alternative options or mitigations, you may do so here.

- 2) Given the rationale, to what extent do you support the fee increase proposal?**

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

If you would like to give reasons for your answer, or suggest alternative options or mitigations, you may do so here.

- 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.

How to respond to the consultation

To respond to this consultation, complete our [online survey](#).

If you would like a paper version of this document, a version in Welsh or in an alternative format, or would like to respond in an alternative way, please email **consultation@hcpc-uk.org** or write to:

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

This consultation is open from 28 April 2026 to 23:59 on 17 July 2026. After it closes, we will consider all responses and publish a document summarising the comments we received and explaining our decisions.

Equality Impact Assessment (Level 2)

Section 1: Project overview

| | |
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| Project title: HCPC fees Consultation: 2026 | |
| Name of assessor: Adrian Barrowdale | Version: 1 |

What are the intended outcomes of this work?

- To ensure adequate funding for the effective regulation of 15 healthcare professions¹ 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.

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.²
2. NHS pay scale information³.
3. Pay gap information from ONS covering: sex/gender⁴, disability⁵, ethnicity⁶ and low pay⁷.

¹ 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.

² <https://www.hcpc-uk.org/data/>

³ <https://www.nhsemployers.org/articles/pay-scales-202526>

⁴ [Gender pay gap in the UK - Office for National Statistics](#)

⁵ [Disability pay gaps in the UK: 2014 to 2023 - Office for National Statistics](#)

⁶ [Ethnicity pay gaps, UK - Office for National Statistics](#)

⁷ [Low and high pay in the UK - Office for National Statistics](#)

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4. The result of the 2022-23 equality impact analysis on our fee structure⁸
5. The results of the 2024 consultation exercise, which ran from 10 April to 14 June⁹.

These proposals will also be informed by internal discussions, including but not limited to members of the HCPC's Council.

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

1. The HCPC registrant database is held within the 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 equality impact assessment (EIA) will be updated following public consultation. The consultation will ask 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 will 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 groups who share protected characteristics.
5. We will seek feedback on these proposals from the 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 encourage feedback through the consultation from patients and service users.
6. Further stakeholder engagement will take place as part of the consultation exercise for the proposal; the plan for this is currently in development, but it is expected to include 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 EIA 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 student joiners to the Register, for one

⁸ [consultation-on-changes-to-fees-analysis-and-decisions.pdf \(hcpc-uk.org\)](#)

⁹ [Fee consultation | \(hcpc-uk.org\)](#)

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registration cycle (two 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 come into effect later than originally planned: subject to approval of the fee increase proposed in this document we aim for them to take effect in time for the next full registration period (2025-27).

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 the 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 student joiners to the Register, for one registration cycle (two 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 the 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.
- We plan to gain focussed feedback on our rationale and the fee rise proposal as part of the consultation process. This document will be further updated to reflect any relevant findings arising from this work.

Disability

Registrants

- The national disability pay gap was last estimated to be 13%¹⁰. 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 the 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.

¹⁰ [Disability pay gaps in the UK: 2014 to 2023 - Office for National Statistics](#)

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

- 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 increased 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.

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.¹¹
- 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.
- 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.

¹¹ [Ethnicity pay gaps, UK - Office for National Statistics](#)

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 gender¹² 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 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.
- 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.

¹² "Gender" here is taken from the terminology used in reporting.

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.

Direct measures to mitigate the impact (such as discounts) have been considered, however these present technical challenges which we consider to render them disproportionate. These includes 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.

Instead, 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 consultation¹³ 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.

¹³ 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.

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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 (two 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.

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 EIA 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 (two 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 2024 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. For example, recently bereaved/widowed registrants were identified as a group who perhaps would be more likely to be impacted by a fee rise, but this was in common with other groups already identified more broadly as 'potentially low income'.

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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).

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 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 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 the 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.

Salary benchmarking analysis

At the December Council discussion of fees it was suggested that to inform the understanding of cost of living pressures on registrants, salary benchmarking data for HCPC registrants and comparators should be considered.

The executive have 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). The benchmarking data for the HCPC professions excludes registrants working in the NHS, who are within the AfC pay band structure. Details are included below.

The benchmark starting salary for radiographers and physiotherapists outside the NHS is significantly higher than for those at approximately equivalent points in the NHS pay bands. The benchmarks for paramedics, psychologists, occupational therapists and dietitians are somewhat lower than NHS equivalent pay band positions.

After five years the position is partially reversed, with all of the professions covered by the data, other than radiographers, enjoying a pay advantage compared to NHS equivalent pay band positions, suggesting that as registrants advance in their careers some are able to command a market premium commensurate with their experience.

No very clear picture emerges from the analysis, 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, that tends to support the argument for holding the size of the recommended fee increase to the minimum necessary.

Comparison of salary benchmarking data for HCPC professions to NHS pay bands

Comparison of Cendex profession salary data against NHS Agenda for Change (AfC) pay bands, focusing on:

- Starting salaries (Cendex lower decile vs NHS band minimum)
- More than five years' experience (Cendex upper quartile/upper decile vs NHS band top)
- Percentage differences

| Profession | Typical NHS Band | Starting Salary vs NHS | >5 Years Salary vs NHS | |
|------------------------|------------------|------------------------|------------------------|---|
| Radiographer | 5 → 6 | +11.4% | -12.8% | Cendex data shows radiographers start notably higher than NHS Band 5, but NHS overtakes at experienced Band 6 level. |
| Paramedic | 5 → 6 | -2.0% | +2.2% | Starting salaries are broadly aligned, with NHS marginally higher. However, experienced paramedics in the Cendex data slightly exceed NHS Band 6. |
| Physiotherapist | 5 → 6 | +23.2% | +3.2% | Cendex salaries are significantly higher at entry level and remain above NHS pay beyond five years. |
| Psychologist | 7 | -6.7% | +11.1% | Early-career psychologists are paid less than NHS Band 7, but experienced professionals earn more in the wider market. |
| Occupational Therapist | 7 | -6.7% | +11.1% | NHS is more competitive at entry, but Cendex shows a clear market premium for experienced practitioners. |
| Dietitian | 7 | -6.7% | +11.1% | NHS pay is stronger at entry, but the external market significantly outpaces NHS Band 7 at experienced levels. |