

Consultation on changes to fees – consultation analysis and decisions

April 2023

Table of Contents

| | |
|--|----|
| Executive Summary | 4 |
| Introduction | 6 |
| The HCPC | 6 |
| About the consultation | 6 |
| About this document | 7 |
| Section 1 – Analysis of responses | 8 |
| Method of recording and analysis | 8 |
| Overview | 8 |
| Location | 8 |
| EDI breakdown | 9 |
| Summary of online consultation results | 9 |
| Submissions by email and letter | 9 |
| Service improvements and mitigations | 10 |
| Stakeholder engagement | 10 |
| Webinars and meetings | 11 |
| Public focus groups | 11 |
| Responses to individual questions | 12 |
| Survey Question 1: Rationale | 12 |
| Question 2: Fee Proposal | 14 |
| Question 3: UK Graduate Discount | 15 |
| Question 4a: Tax Relief | 16 |
| Question 4c: Other Mitigations | 18 |
| Question 5a: Protected CPD Time | 21 |
| Question 5c: Compassionate approach to regulation | 23 |
| Question 5d: Other Service Improvements | 24 |
| Question 8: Further comments | 33 |
| Section 2 - Our decision | 36 |
| Fee rise proposal | 36 |
| Financial sustainability | 36 |
| Service improvements and mitigation proposals | 38 |
| Promoting availability of tax relief | 38 |
| Extending direct debits | 38 |
| Protected CPD time | 38 |
| Improving communications and compassionate approach to regulation | 39 |
| Ongoing improvements | 39 |

| | |
|--|----|
| Impact on low-income registrants | 40 |
| Timing of proposed fee increase by individual profession | 41 |
| Equalities Impact Assessment..... | 41 |
| Section 3 - Respondent Data | 43 |
| Individual respondents | 43 |
| Organisations | 47 |
| Section 4 - Appendices | 49 |
| Appendix 1 – Updates to Equalities Impact Assessment and Action Plan..... | 49 |
| Appendix 2 - Renewal Cycles from July 2021 to June 2025..... | 52 |
| Appendix 3 - The ‘value of regulation’ focus groups: a report to the HCPC... | 53 |

Executive Summary

The HCPC's work, regulating 15 health and care professions across the UK, is funded by registrants' fees. This income enables the HCPC to fulfil its statutory obligations to protect patients and service users. We set standards for professionals' education and practice, approve programmes which professionals must complete to register with us, maintain a register of professionals who meet our standards, and take action if those professionals do not meet our standards.

The HCPC's current financial position is not sustainable

At present, to cover the shortfall in its income, the HCPC has been using its reserves to fund its activities and its programme of essential service improvements to help us meet the standards set by our regulator, the Professional Standards Authority. After five years of doing this, and with inflation rising further over this time, this fee rise is essential to secure the financial viability of the HCPC in the medium term.

Without an increase in fees, the HCPC risks having no reserves left by 2026. That would put at risk the sustainability of the organisation and would have serious implications for patient and public safety.

In February 2023, the HCPC's governing Council approved proposals to increase registrant fees to ensure the HCPC's financial sustainability. This fee rise will ensure the HCPC can continue to invest in maintaining and further enhancing patient safety, as well as in improving the experience of registrants interacting with our systems and processes. We also need appropriate financial reserves which this fee increase will achieve over time. It will not cause us to accumulate excess reserves: our reserves are currently projected to be £1.3m at the end of this financial year, which is well below the level of around £9m set by our reserves policy in line with normal prudential standards.

Even after this increase, the HCPC will still have the lowest fees of all the professional health and care regulators in the UK

At £117.74, the HCPC's fee will remain below the General Chiropractic Council (£750), General Dental Council (£680) and the General Medical Council (£406) and the Nursing and Midwifery Council (£120).

Subject to parliamentary approval, we do not plan to begin introducing the increase until later this year. Additionally, because of the nature of our registrant renewal cycles, the majority of our registrants will not start paying it until 2024 or 2025.

We are acutely conscious of the financial pressures all households face at the moment; this is why we intend to introduce mitigation measures to support our registrants, including the option to pay by more frequent direct debits to spread the cost over more instalments (at no extra cost to the registrant, as our fees are the same regardless of whether an individual pays their fee up front or by direct debit), support in claiming tax relief on our fees (which for many registrants would amount to more than the value of the fee increase), and maintaining a 50% graduate discount rate on our fees.

Efficiencies and performance improvement

We have done everything we can to implement costs savings and efficiencies. Using our reserves first we have delivered major improvements across the organisation, but there is more to do. Our improvement programme cannot be maintained without the financial sustainability that a fee increase would bring.

Before proposing the fee increase, we introduced a range of efficiency measures including terminating the lease on a substantial part of our London estate and relocating our tribunals service. This is saving around £1 million per year. Further savings have been achieved including through moving to hybrid working, from effective management of our contracts with IT and other suppliers, and the introduction of an online registration system which is quicker and easier for registrants, and less expensive for us to administer.

We have also worked hard to improve our fitness to practise services, and we will soon be introducing a free, independent and confidential care line to provide support the wellbeing of registrants going through the fitness to practise process.

The next phase in our improvement journey

While our investment has delivered improvements, we recognise there is more to do. With the proposed fee increase, further improvements will include the next phase in implementing a modern online application process for registrants, with less manual intervention; improving user experience for registrants using mobile devices to access our systems; continuing to improve how we investigate concerns about the practice of our registrants; and making better use of data to meet our regulatory and customer services objectives and supporting wider healthcare workforce policy.

Our public consultation on the proposed fee increase

We conducted an open, 12-week public consultation and engaged extensively with stakeholders, including with trade unions, professional bodies and individual registrants. This took the form of an online survey, a series of webinars and various in-person meetings across the UK. Most respondents to our online survey were HCPC registrants. We received a total of 9,503 responses to the survey, of which 9,343 were from registrants to the online consultation. This is approximately 3% of our registrant base.

We also conducted a series of focus groups with members of the public. The public's view, expressed in those focus groups, was strongly in favour of us increasing our fees in order to maintain high levels of public protection. The findings from these focus groups are available on our website.

We had to balance carefully the views of our registrants and members of the public, as well as our future financial position. We have carefully considered all the views expressed and were particularly mindful of the support shown for mitigation measures, which we have committed to introducing.

Introduction

The 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 over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- taking action if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles

The professions that we regulate are as follows:

- 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 the consultation

Between 21 October 2022 and 15 December 2022, we consulted on a proposal to increase our main registration fee by £19.62 per year (to £117.74 per year). This proposal was supported by questions about service improvements and mitigations.

For those responding via the online platform we asked respondents about their locations and for individual respondents we also asked a series of questions about selected protected characteristics.

We engaged with a range of stakeholders about the consultation including professional bodies, employers and education and training providers. We also promoted the consultation on our website and on social media and issued a press release. Lastly, we commissioned five patient/public focus groups.

We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of the responses document from our website: <https://www.hcpc-uk.org/news-and-events/news>

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 details about the responses we received to the consultation.
- **Section 2** details our responses to the feedback and the decisions we have taken.
- **Section 3** provides demographic and protected characteristic data given by respondents
- **Section 4** contains the following appendices:
 1. An Equalities Impact Assessment
 2. Our registration renewal cycles - July 2021 to June 2025
 3. The 'value of regulation' patient/public focus groups: a report to the HCPC

Section 1 – Analysis of responses

We received 9509 responses to the consultation. The following section explains how we handled and analysed the responses we received, providing some overall statistics from the responses.

Method of recording and analysis

Our survey was conducted using an online survey platform. Respondents self-selected whether they were responding as an individual or an organisation, and, where answered, selected their response to each question (e.g., 'fully agree', 'partially agree', 'neutral', 'do not agree', 'strongly disagree').

In this analysis, we have produced statistics for quantifiable data (such as the number of preference responses) and identified themes in the qualitative comments made by respondents.

Overview

9,343 (98%) of the responses were from HCPC registrants, which is equivalent to just under 3% of our register.

34 organisations responded, 28 via the online survey platform and 8 via email (2 of which were able to be added to the survey platform). The organisations included professional and representative bodies, employers, and trade unions. We have highlighted responses provided by professional bodies and trade unions throughout this document and acknowledge that their responses carry the weight of their memberships.

We also received responses from 132 individuals who were not HCPC registrants: mainly students or people in the process of applying for HCPC registration.

HCPC's Education and Training Committee also responded to the consultation, as a statutory consultee, in support of the proposed fee rise.

Location

Most respondents (across all three categories) identified themselves as being based (operating/working/living) in England. For registrant respondents responses for Scotland, Wales and Northern Ireland were in line with population sizes, albeit at much smaller numbers. For organisations, UK-wide was the second largest operating location given.

The breakdown of registrant respondents by profession is closely aligned to their numbers on the register, albeit at slightly lower percentage rates. The highest representation was from Physiotherapists, Radiographers, and Speech and language therapists. Hearing aid dispensers, Chiropodists/podiatrists, Operating department practitioners, Biomedical scientists, Practitioner psychologists and Paramedics all had lower responses rates compared to their register numbers.

EDI breakdown

Registrants and individual respondents were invited to provide information against six protected characteristics: age, ethnicity, sex, gender, disability, and pregnancy and maternity. These were selected based on any change to our fees being most likely to affect registrants with one or more of these characteristics.

Most registrant and individual survey respondents identified as:

- Aged between 30-39, with 40-49 close behind.
- White (by a sizeable margin), with Asian or Asian British the next category (prefer not to say was the next largest choice).
- Female.
- Not meeting the Equality Act definition of being disabled.
- Not meeting the Equality Act definitions 'pregnancy' or 'maternity'.

Summary of online consultation results

The majority of respondents (registrants, individuals, and organisations) to the online survey (88%) were opposed to the £19.62 increase on which we consulted. Of the eight organisations that submitted a response via email, seven rejected the increase, one agreed but with caveats.

However, 45% of survey respondents said they understood or were neutral about the rationale for the requested increase. 72% of survey respondents supported retaining the 50% graduate discount.

The preference selection responses indicated general support for the mitigation measures on which we also consulted, including support for working with employers to protect Continuing Professional Development (CPD) time. However, these were at odds with some of the text responses provided to other survey questions, which questioned our ability to deliver any or all the mitigations, and in some cases (which may indicate a misunderstanding of the questions) suggested that we should not do them if doing so was the reason for proposing the increase.

Submissions by email and letter

Six organisations sent responses via email which could not be added to the survey platform:

- **The British Association of Art Therapists (BAAT)** noted recent data from a survey of their registrants which did not reflect favourably on the HCPC. They supported retention of the 50% graduate discount, and welcomed the proposed mitigations, including offering to collaborate on promoting tax relief.
- **The British Dietetic Association (BDA)** - opposed the increase, supported retention of the 50% graduate discount, and argued that the mitigations proposed should be delivered as part of the existing fee. They also proposed a reduced fee for those working part-time and to remove any charges for students from disadvantaged backgrounds.

- **The Chartered Society of Physiotherapy** opposed the increase and did not specifically address any of the other questions in their response.
- **The Royal College of Podiatry** opposed the increase and supported retention of the 50% graduate fee, stating that it should be extended to non-UK applicants to the register. They were unconvinced by the mitigations proposed and asked for work to reduce work pressures currently facing registrants. They further proposed a reduced rate for registrants working part-time or on a low wage.
- **Unison** opposed the increase and supported retention of the 50% graduate discount and proposed that both mitigations should be implemented but without any increase in fees. They further supported the introduction of a reduced rate for registrants working part-time or on lower incomes.
- **Unite** opposed the increase but supported retention of the 50% graduate discount and encouraged HCPC to make good on its 2018 proposal to charge education providers. They challenged the mitigation proposals, expressing concerns that extending direct debits may make larger increases more likely in the future and noting that both are identified as being at an exploratory stage, and that no rise should take place until further work has been undertaken on them.

Lastly, shortly after the consultation began, we received a letter opposing the proposed fees rise, jointly signed by 15 organisations representing HCPC registrants¹.

Service improvements and mitigations

All of the mitigation measures on which we consulted received a high level of support, with the percentage of respondents who fully or partially supported the measure shown in brackets:

- Increase our promotion of tax relief (62.5%).
- Increase the spread of direct debit payments (57%).
- Work with employers to secure better protected CPD time (76%).
- Improve communications and engagement with registrants and stakeholders (62%).
- Develop further a compassionate approach to regulation (64%).

Stakeholder engagement

Prior to publishing the consultation, we met a number of professional bodies, trade unions and government officials to explain why we would be seeking a fee rise and

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

seek initial feedback. This programme was led by our then CEO, John Barwick and our Chair, Christine Elliot. The feedback received was positive about our open and honest approach.

Webinars and meetings

To support the consultation, we engaged directly with registrants and the public via ten open webinars and five focus groups. The webinars were delivered by ELT members, and times and dates were selected to maximise the opportunity for people to attend. The average registration rate per webinar was 30, although actual attendance was lower than this.

Alongside the webinars we kept in regular contact with professional bodies, officials, unions, and service user groups. A dedicated fee briefing was set up for professional bodies on the day the consultation was published, and we met professional bodies routinely throughout the consultation period and after it ended. Of the 40 professional bodies with which the HCPC works we received formal responses from twelve; we received two formal responses from trade unions.

During the consultation period we met the Allied Health Professions Federation (AHPF) and the Allied Health Professions Federation Scotland (AHPFS) to discuss the proposals, as well as AHP Directors, Chief Healthcare Science Officers, and Chief Allied Health Professions Officers from across the four UK nations.

After the consultation closed, we met with government decision makers in Scotland and in the Department of Health and Social Care (DHSC).

We also held a series of calls with professional bodies' CEOs and other senior stakeholders after the Council meeting to inform them of the outcome, and a short, factual statement was posted on our website about Council's decision.

Public focus groups

Five online focus groups were held in December 2022 with 30 participants in total drawn from all four UK nations. The focus groups were conducted in line with industry good practice. The purpose of the focus groups was to hear the opinions of patients and service users about the value of professional regulation and HCPC's proposed fee change.

Overall, the focus group participants were supportive of the proposed fee increase and expressed the view that given inflation, an increase of this order was to be expected. They suggested that as registration was a prerequisite of being a health and care professional, the fee should not be viewed as unfair. Participants also believed that the HCPC had to ensure its finances were in good order. They felt that the reasons behind the increase should be explained clearly and compassionately to registrants.

A report of the focus group discussions is in Section 4 of this report (appendix 3).

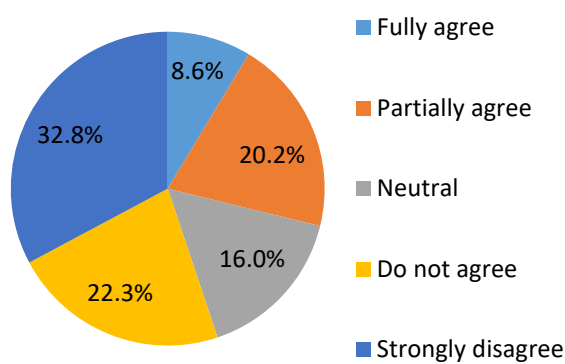
Responses to individual questions

The consultation document set out eight questions, laid out across 13 response options on the online survey platform.

The graphs are based upon responses we received to the online survey (directly and those sent via email that could be uploaded). We have highlighted responses from Professional Bodies and Trade Unions.

Survey Question 1: Rationale

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



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

Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

- **Allied Health Professions Federation (AHPF)** partially agreed with the rationale but felt that it did not adequately reference the economic situation currently facing registrants.
- **Association of Educational Psychologists (AEP)** partially agreed but questioned some of the data and underlying assumptions.
- **British and Irish Orthoptic Society (BIOS)** did not agree and questioned the need for an increase above the rate of inflation.
- **British Association for Music Therapy (BAMT)** strongly disagreed, on the basis that it did not articulate why the rise was needed.
- **British Psychological Society (BPS)** were neutral but referenced being a signatory to the joint letter sent during the consultation period opposing the rise.

- **Institute of Biomedical Science (IBMS)** were neutral but stated that the rise was not justified.
- **National Community Heating Association (NCHA)** partially agreed stating that they would like to see greater detail on FTP efficiencies.
- **Royal College of Occupational Therapists (RCOT)** were neutral,

stating that they understood the rationale.

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

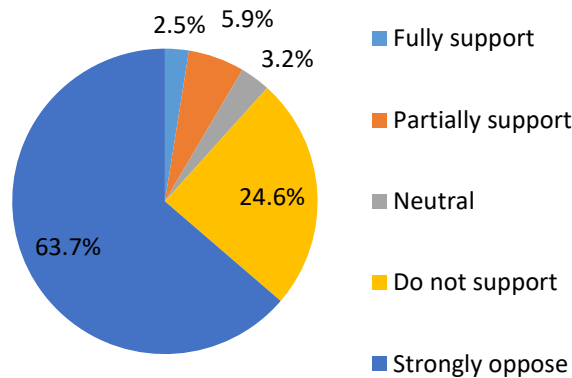
Outside the survey platform:

- **BAAT** agreed with the rationale but noted that the proposals did not explore any options for reducing operating costs.
- **BDA** agreed with the rationale but felt that it did not reflect the economic situation facing their members.
- **The Chartered Society of Physiotherapy (CSP)** did not cover this question in their response.

- **The Royal College of Podiatry** did not directly answer this question but raised concerns about the prevailing economic situation.
- **Unison** did not directly answer this question but raised concerns about HCPC's situation in comparison with other regulators.
- **Unite** agreed with the rationale but felt it was a leading question.

Question 2: Fee Proposal

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



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

Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

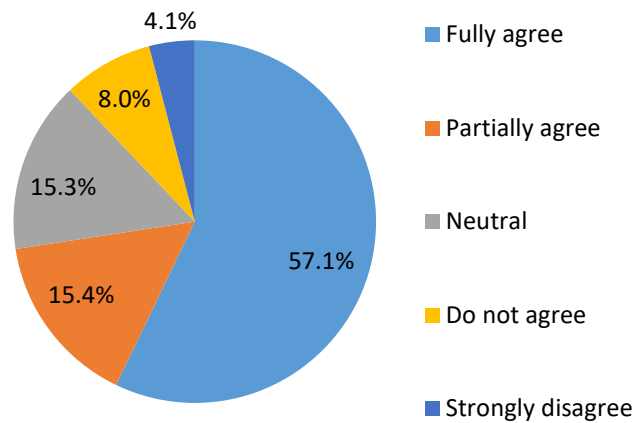
- **AHPF** did support the fee increase.
- **AEP** did not support the fee increase.
- **BIOS** strongly opposed the fee increase.
- **BAMT** strongly opposed the fee increase.
- **BPS** strongly opposed the fee increase.
- **IBMS** did not support the fee increase.
- **NCHA** partially supported the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

Outside the survey platform:

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

Question 3: UK Graduate Discount

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



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

Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

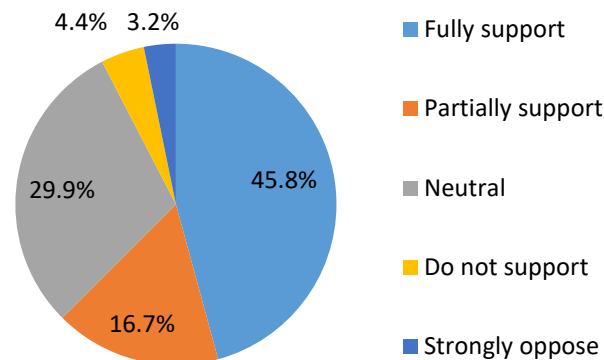
Outside the survey platform:

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

Question 4a: Tax Relief

Question: Please tell us the extent to which you support our proposal to increase our promotion of tax relief.

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



Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

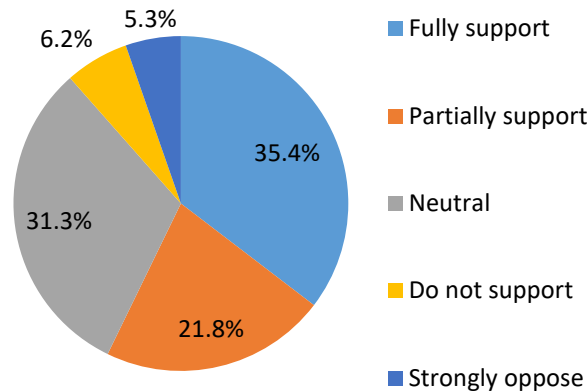
Outside the survey platform:

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

Question 4b: Direct Debits

Question: Please tell us the extent to which you support our proposal to increase the spread of direct debit payments

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



Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

Outside the survey platform:

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

Question 4c: Other Mitigations

Question: Please tell us about any other mitigations you think we should explore

2,470 respondents provided responses to this question. Although the question was intended to surface further mitigations for us to consider, many respondents used the question to provide general comments (about the consultation or the HCPC itself) or to reference matters outwith the consultation.

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

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

| Proposed Mitigation | Number of comments received | Key recommendations or rationales given ² |
|---|-----------------------------|---|
| Change business operations | 435 | Reduce operating costs (107); Reduce activities in general; (89); Reduce staffing or salaries (86); Move offices out of London (82) |
| Find funding elsewhere | 196 | Employers (42); Government (95); Public Funding (23) |
| Reduce fees for part-time workers | 176 | Many part-time workers are women; Part-time workers earn less; Introducing will help with workforce retention; Introducing will help bank workers |
| Monthly direct debits | 142 | Support for moving to monthly direct debit option |
| Taper fees based on salary/sanding | 93 | Make HCPC fees based upon salary level of registrants, or where applicable national pay bands |
| Reduce fees for low paid workers - including disabled registrants | 90 | Would aid registrants with caring responsibilities; nearing retirement; unemployed. |

² The subtotals quoted in some cases in the third column, in this table and the subsequent tables, highlight specific recommendations made and rationales advanced out of the total responses received for each theme; for that reason, the subtotals in the third column may not sum to the total number of responses for each theme, which is shown in the second column.

| | | |
|---|----|---|
| Reduce fees for registrants on maternity or career break | 58 | Lack of any reduction is inequitable; It could cover paternity as well as maternity breaks |
| Make claiming tax relief easier | 46 | Create easier routes to claim; HCPC to apply on registrant's behalf; Promote the option more regularly. |
| Work more closely with professional bodies | 34 | Create a single fee (17); provide discounts for registrants with membership of a professional body; Allow professional bodies to co-regulate; |
| Offer a fee 'Payment Holiday' or pause in fees for a fixed period. | 26 | For registrants on maternity leave (18); For older registrants returning for a fixed time; For people with long-term health issues |
| Offer fee payment support for registrants facing financial hardship | 22 | Create an HCPC Hardship Fund |

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

- 230 comments critical of the mitigation proposals in general, referencing the cost-of-living crisis, HCPC poor organisational or operational performance, the difference between the proposed rise and registrant pay rises, and raising the issue of the 2015 Christmas party (referencing the FOI and published information).
- 717 comments voicing opposition to the proposals, referencing the cost-of-living crisis, current pay levels for registrants, and identifying the mitigation being insufficient to justify the increase.

Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

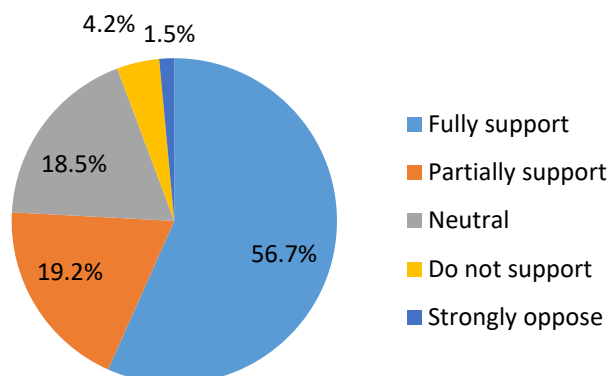
Outside the survey platform:

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

Question 5a: Protected CPD Time

Question: Please tell us the extent to which you support our proposals on working with employers to secure better protected CPD time.

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



Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

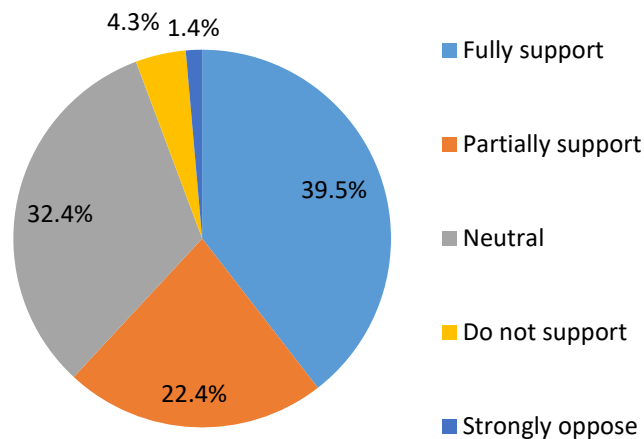
Outside the survey platform:

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

Question 5b: Better Communications

Question: Please tell us the extent to which you support our proposals on improving communications and engagement with registrants and stakeholders.

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



Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

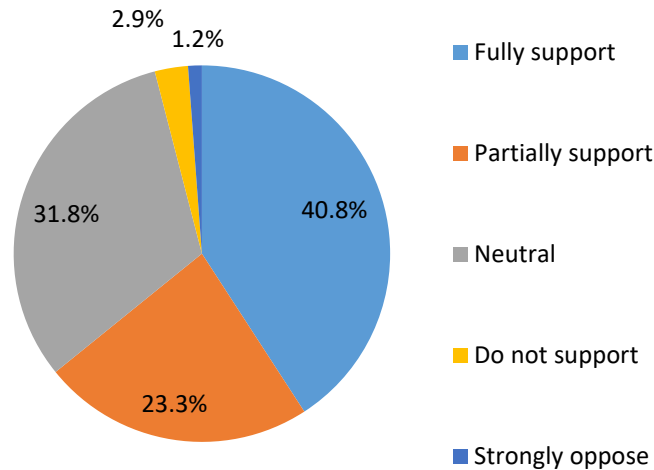
Outside the survey platform:

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

Question 5c: Compassionate approach to regulation

Question: Please tell us the extent to which you support our proposals on developing further a compassionate approach to regulation.

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



Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

Outside the survey platform:

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

Question 5d: Other Service Improvements

Question: Please tell us about any other areas you think we should prioritise.

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

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

The suggestion given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments

| Proposed Priorities | Number of comments received | Specific priority or rationale given |
|---------------------------------------|-----------------------------|---|
| Improve communications and engagement | 138 | Improve communications with registrants (92); provide more details on expenditure (18); Provide CPD/Learning opportunity communications (13); More registration Information; Promote regulated professions in public communications |
| Provide registrant benefits | 107 | CPD/Education events (47); Health & Well-being support; ID cards; HCPC in-service champions; indemnity insurance |
| Improve registration processes | 107 | Takes too long to register (10), Too many problems with re-registration (physiotherapists are given as an example); Concerns over international recruits' competence on registration |
| Change business operations | 106 | Reduce HCPC's operating costs, including staffing - the 2015 FOI was referenced in this context (74); do less and focus on core activities (15); Relocate out of London; Bring in sustainability measures |
| Improve FTP processes | 99 | Investigations take too long (11), and are not compassionate for registrants |

| | | |
|--|----|---|
| | | (17); there is a lack of reasonable adjustments for registrants |
| Reduce fees | 83 | Request to lower all current HCPC fees |
| Protected CPD time | 59 | Re-emphasising support for securing protected CPD time |
| Support pay increases for registrants | 50 | Calls for HCPC to support / campaign for pay rises for registrants |
| Improve CPD audit processes | 44 | Change the system e.g., more like NMC revalidation (29); Provide more feedback after an audit; provide more support during an audit; audit fewer people/more people |
| Improve responsiveness | 43 | It is difficult to contact HCPC staff, there are too lengthy waits for responses; the website has poor functionality |
| Support workforce campaigns | 42 | Work with employers to improve working conditions for registrants; support action to address the NHS staffing crisis; Support preceptorship for registrants |
| Registrant health and well-being | 35 | As a priority, but not as an actual benefit |
| Improve Protection of Title work | 29 | Titles referenced: Physiotherapists; Psychologists. |
| Work more closely with professional bodies | 22 | Work with professional bodies, Royal Colleges, and trade unions to support registrants better and to meet HCPC standards, including CPD requirements |

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

- 491 comments critical of the mitigation proposals on the basis that the CPD proposals were unworkable, that the HCPC will be unable to deliver them, that the mitigations should already be in place, and that they did not understand the compassionate regulation proposals. There were also criticisms of the consultation itself (the document and/or the process), of the HCPC as a regulator, and raising the matter of the 2015 Christmas party.

- 305 comments voicing opposition to the proposals, referencing the mitigations proposed being unnecessary (it may be that some respondents felt the fee rise is being proposed expressly to deliver these), that the proposals did not fit with the argument of HCPC being a compassionate regulator, and the organisation should prioritise ways of reducing cost to prevent the rise being necessary.
- 35 comments requesting further information about the proposals, including greater financial details, or requesting that our consultation response provide full details of the comments received.

Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

Outside the survey platform:

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

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

Question 6: Equalities Impacts - Identification

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

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

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

The suggestions given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments

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

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

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

Key Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

Outside the survey platform:

- **BAAT** noted that the two mitigations would be beneficial to people on low incomes, something shared by many people with protected characteristics.
- **BDA** noted the difficulties facing people from disadvantaged backgrounds and preventing them accessing higher education, and into the profession.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** asked for the HCPC to support their work to address the lack of full bursaries for healthcare students from poorer households.
- **Unison** felt that that there would be no positive impacts for people sharing any of the protected characteristics from the proposals. They felt that the lack of any tailored adjustment would negatively impact on women, and on people with lower incomes, as stated in the EIA.
- **Unite** felt that the EIA was not reflective of the fact that the fee as proposed will be applied equally to all registrants. On that basis they argued it would disproportionately affect low paid and part-time workers, including women, single parents, and those with health concerns.

Question 7: Equalities Impacts - Mitigations

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

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

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

The suggestion given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments

| Mitigations Suggested | Number of comments received | Further details given |
|--|-----------------------------|---|
| Offer reduced fees for part-time workers | 60 | |
| Offer tapered fees based on salary or banding | 53 | |
| Offer reduced fees for maternity / career break | 48 | |
| Change HCPC business operations | 40 | Undertake more research and analysis to identify trends; provide HCPC staff with training to improve their awareness; reduce business costs (to reduce fees which will impact more on people with protected characteristics). |
| Offer reduced fees for low paid registrants – including disabled registrants | 26 | |
| Provide registrants benefits | 21 | Provide tailored support for registrants with protected characteristics; HCPC to publicly support anti-racisms measures in workplaces. |
| Offer fee 'payment holidays' | 12 | For registrants not practising for a fixed period of time, e.g., for those on long-term sick-leave. |

In addition to these responses more general feedback:

- Comments challenging use of Protected Characteristics in the consultation, arguing that everyone should be treated equally and that HCPC should not be focusing on any one group of registrants (23).
- Comments that reiterated opposition to the proposed rise (107), to reduce fees (24) or for a lower increase (7) or for it to be brought in over a longer timeframe (4).
- Comments that are about issues outside HCPC's power or areas of competence (25).

Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

Outside the survey platform:

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

for part-time workers or low paid workers.

- **Unite** proposed not raising the rise or delaying it until more work had been undertaken on the proposed mitigations.

Question 8: Further comments

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

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

The suggestion given below are ordered in quantity of responses, and where given indicate sub-themes that were referenced within the comments

| Issues raised | Number of comments received | Further details provided |
|---|-----------------------------|--|
| Do not increase the fees NB: These comments explicitly state they are opposed to the rise/proposals | 648 | Cost of living crisis (139); rise not in keeping with pay (183); Inflation (44); 2015 Christmas Party (12) |
| Comment – Opposition NB: <i>These are comments that do not explicitly state no to the rise, but where the intention is identified as being opposed to the fee rise / proposals</i> | 574 | Cost of Living Crises (308); Not in line with pay levels/increases (112); HCPC not delivering what is expected of them (65); Will reduce workforce / deter new entrants (59); Current fees sufficient/ rise not justified (47); General opposition (36); Impact on well-being (13); Cost of Professional Body fees (14); reference to the 2015 Christmas Party (8) |
| Critical comments | 229 | Criticism of: consultation document or process (106); HCPC as an organisation (66); reference to the 2015 Christmas Party (46); of the mitigations and service improvements detailed in the HCPC's proposals (23) |
| Change business operations | 66 | Suggestion that the HCPC moves out of London (14); Reduce overheads including salaries/ Increase business efficiencies and effectiveness (45); Reduce activities undertaken (10); |
| Lower the amount of the proposed fee increase | 57 | Sub-themes: Amounts given are between 2.54% and 10%; also, in line with NHS pay increases |
| Comments requesting further information be provided, separately or in the consultation response | 55 | Sub-themes: Need to provide more: financial information, including staffing costs (36); information about HCPC business activities (10); detailed |

| | | |
|--------------------------------------|----|--|
| | | consultation analysis report; information about compassionate regulation; more information about tax rebates |
| Comments supportive of the proposals | 44 | Generally welcoming the consultation; understand rationale |
| Finding funding elsewhere | 37 | From: Government (24); Employers; Education Providers; Others |
| Provide Registrant Benefits | 34 | General request for benefits from the HCPC (30); CPD resources; payment statements; indemnity cover; profession specific resources; ID cards |
| Reduce Fees | 33 | Requests to lower all current HCPC fees |

Professional / Representative Bodies and Trade Union Responses

The following organisations responded via the survey platform:

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

- **SOR** request information about what the HCPC is doing to secure income from other sources.

Outside the survey platform:

- **BAAT** thanked the HCPC for the opportunity to respond to the consultation and offered to work with the organisation to deliver service improvements for their members and the general public.
- **BDA** proposed the HCPC looking to raise funding from other sources instead of registrants, doing more to drive service efficiencies, and providing more profession specific data relating to FTP caseloads to better understand trends and address any inappropriate referrals.
- **CSP** did not cover this question in their response.
- **The Royal College of Podiatry** asked whether the HCPC had any analysis of its Fitness to Practice costs following the departure of social workers from HCPC registration, and whether this has created any savings.
- **Unison** offered no further comments.
- **Unite** raised concerns about the possibility of more frequent fee increases in the future, connected to the direct debit proposals. They further referenced a letter opposing the proposals that was sent to the Chief Executive in October, and a petition run during the consultation period.

Section 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, the majority of respondents (registrants, individuals, and organisations) were opposed to the proposed increase. Notably, 45% of survey respondents said they understood or were neutral about the rationale for the requested increase. 72% of survey respondents supported retaining the 50% graduate discount. In considering the consultation response Council members also had to consider the current and predicted financial situation facing the HCPC, and its impact on our ability to deliver our statutory functions. Allied to that they also were also able to consider feedback from a focus group comprising members of the general public, both about the proposals and our wider responsibilities, to our registrants and to the public they serve.

Financial sustainability

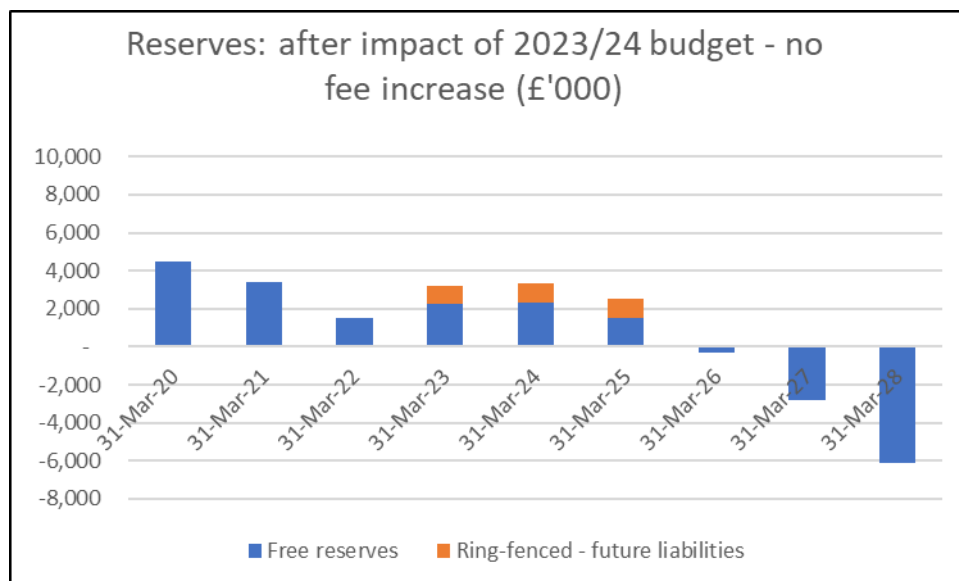
A further theme from both stakeholder engagement and the analysis of respondents' free text comments is the suggestion that, if there is to be a fee rise at all, it should be lower than the proposed amount.

Our underlying financial position continues to be strongly adverse: we have an underlying deficit of around £1m after adjusting for the short-term increase in international income and slippage in the timing of some Fitness to Practise (FtP) cases. We have been obliged to run operating deficits for at least the past five years, which has led to our reserves declining steadily to a level below what is sustainable. In addition, we have significant unfunded financial risks.

We have been tough in setting priorities within our means for 2023/24 and are delivering significant efficiencies to help address the underlying deficit, including reducing the size of our estate by 50%, which is saving us around £1m a year. However, even after this prioritisation and efficiency programme which has enabled us to set a balanced budget for the first time in five years³, without a fee rise our underlying financial position would remain highly adverse and we would be unable to fund essential further improvements and continue to face negative reserves, meaning we would be unable to continue operating and meeting our regulatory responsibilities (see Table 1 below).

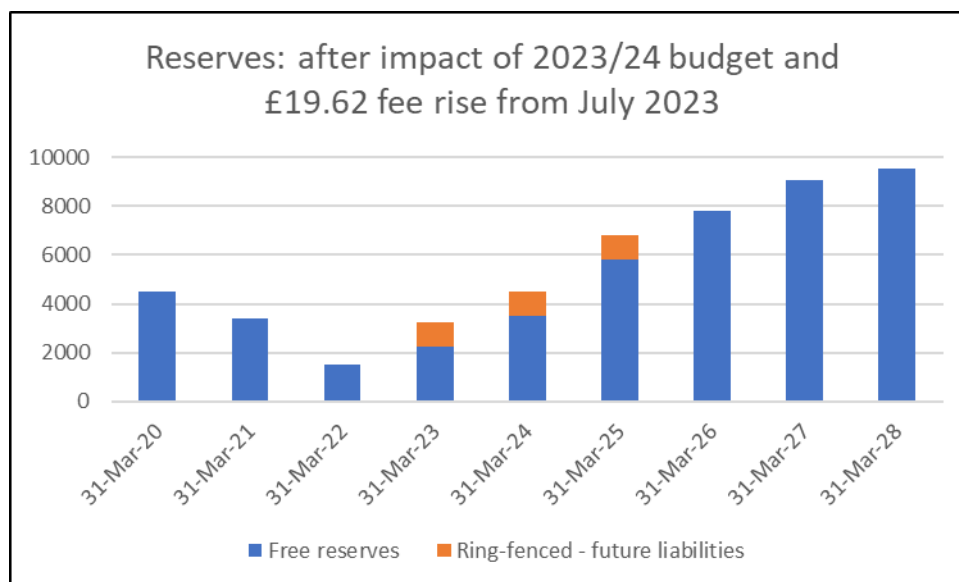
³ HCPC's budget for 2023/4 has been set at a level that means that planned expenditure will be fully covered by income received during the year, without the need to draw further on reserves.

Table 1: Impact on reserves – with no fee increase



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

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



Our decision

Taking all factors into consideration, the Council unanimously agreed to pursue the parliamentary process needed to increase the main registration fee by £19.62 per year. The Council also agreed that subject to the fee increase being implemented, the HCPC would take forward the proposed service improvements and mitigations outlined in the consultation, more detail of which is provided below.

Service improvements and mitigation proposals

All of the mitigation measures on which we consulted received a high level of support and we want to make progress on all of them.

Promoting availability of tax relief

We have identified a number of opportunities to promote the availability of tax relief for UK taxpayers on their HCPC fees as an allowable expense, although we cannot of course directly administer the process (as some registrants suggested in the consultation) or set HMRC's rules.

Specifically, we will more actively promote the availability of tax relief on HCPC fees, including through updates to our website guidance, adding a link to the HMRC guidance and website on our online registration portal and additional signposting in our renewal communication and social media activity.

Extending direct debits

On direct debits, there are some challenges in extending the current facility for four direct debit payments over the two-year renewal cycle. The current process is labour intensive owing to the need for manual inputs and checks to ensure accuracy, as well as interdependencies between the Finance and Registrations Teams and third-party vendors.

Increasing the frequency of direct debits could create some risk to credit control and accuracy of payment collection. There are also implications for our cash flow position: at present 73% of registrants pay their fees by direct debit; the remainder pay two years' worth of the full fee in advance, which helps ensure we have sufficient cash to meet our day-to-day working capital requirements. An increase in the frequency of direct debits, and potentially an increase in the percentage of registrants paying by direct debit, would reduce our cash balance.

Extending the frequency of direct debits must therefore be dependent on our securing a fee increase, so that we are less reliant on pre-payment of fees for working capital. There is also a dependency on our current project to implement the Business Central finance system, which will reduce some of the process and system challenges and resource implications of administering direct debits.

We commit to extending the frequency of direct debits to quarterly (i.e., eight over the two-year period), subject to us receiving the proposed fee increase.

Implementation would be as soon as practicable after successful implementation of the new finance system, which should mean we can offer the extended direct debit facility from October 2023. There would be no additional fee (or discount) for those paying by direct debit.

Protected CPD time

There was strongest support for promoting CPD time. Although any mandating of this is not directly within our power, the HCPC has continued to engage with employers and registrants directly to learn more about registrant needs, and we have increased the availability of HCPC provided content that can be used for CPD. Using the consultation feedback, we are also working across the organisation to assess what more the HCPC can do to encourage protected dedicated CPD time. This

ongoing activity is evidence of our commitment to make real progress on protected CPD time across all of our regulated professions in their various professional settings.

While not directly related, our work on preceptorship, undertaken in collaboration with Health Education England (HEE) and linking with AHP workforce leads across the devolved nations, will be a further visible means by which we will provide support for registrants in the workplace. The preceptorship principles will be published this spring, accompanied by an implementation framework developed and promoted by HEE. Work with the devolved nations' AHP leads will continue during 2023.

Improving communications and compassionate approach to regulation

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

Ongoing improvements

These actions will sit alongside existing work that we have undertaken to improve our operations and services.

Using current reserves, we have been investing to improve efficiency and performance, and this has led to major improvements across the organisation, as recognised by the Professional Standards Authority (PSA).

This improvement programme is not complete and cannot be maintained without the financial sustainability that a fee increase would bring. Improvements so far include:

- **Contact centre:** Email response times have been within our five working-day KPI since June 2022, and our call response rate rose to 96% at the end of 2022 and 98-99% in 2023 to date.
- **Registration:** Our UK and international application process is now online – the efficiencies mean we have been within our service standard for UK applications throughout the year (including the peak summer period). Despite seeing continued high volumes of international applications⁴ we have been within our service standard of making a first decision on applications within 60 working days since June 2022. Since November this has been under 20 working days.
- **Fitness to practise (within the constraints of our current legislation):**
 - *Proportionality* - The Investigating Committee Panel (ICP) case to answer rate has reduced from c50% to c35% as a result of improvements we have made such as frontloading investigations and introducing legally qualified ICP Chairs. This means fewer cases going to a final hearing.

⁴ Over 12,000 applications received between 1 April 2022 and 31st January 2023 (a c145% increase compared to the same period of the previous year).

- *Timeliness* in responding to Fitness to Practise concerns has also improved, a fact noted by the PSA in their most recent report.⁵
- *Support* for those involved in cases, including a lay advocacy service to support members of the public and witness participants in the FtP process. In April 2023 the HCPC will introduce a free, independent and confidential care line to provide support to registrants going through the FtP process.

In tandem with this we have done everything we can to implement costs savings and efficiencies with the income level we currently have. These savings and efficiencies include:

- Terminating the lease on our current London headquarters to save around £1million and relocating our tribunals service;
- Further savings to premises costs through moving to hybrid working;
- The introduction of an online registration system which is quicker and easier for registrants, and less expensive for us to administer.

This work will continue over the coming year, and will include the next phase in implementing a modern online application process for registrants, with less manual intervention:

- improving user experience for registrants using mobile devices to access our systems;
- continuing to improve how we investigate concerns about the practice of our registrants;
- and making better use of data to meet our regulatory and customer services objectives and supporting wider healthcare workforce policy.

Impact on low-income registrants

A theme that emerged from free text responses in the online consultation was support for some form of discount or other fees differentiation for registrants on low incomes.⁶ We considered carefully whether we could and should do so by, for example, introducing a discount for those on low incomes. We also considered the possibility of a discount for registrants on a parental career break, which would also partially address that issue in a more targeted way.

Our decision was that we could not introduce such discounts, on the grounds of complexity, cost, and risk in relation to:

- Definition and thresholds: where to draw the line without creating a new sense of unfairness (for example, is a single person earning £25,000 a year living rent-free

⁵ https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-hcpc-2021-22.pdf?sfvrsn=c3ac4b20_5

⁶ 491 relevant free text comments out of 2470 received on question 4(c): “Please tell us about any other mitigations you think we should explore.”

with their family better or worse off than a single parent with a mortgage earning £30,000 a year?).

- Enforcement and fairness: would we rely on self-declaration and how we would we monitor compliance; if not, there could be a considerable administrative overhead and enforcement difficulties.
- Cost: our analysis showed that a 50% parental leave discount could cost around £700k per year, which would potentially require us to increase fees for other registrants beyond the increase of £19.62. A more general low-income discount would be likely to cost considerably more, depending on where the threshold was set.

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

While we have considerable sympathy for registrants on low incomes who face financial pressures in the current climate, there would be significant challenges in defining and implementing a discount that would be accepted as fair and could be administered and enforced cost-effectively. For these reasons we decided not to pursue this approach but to focus on the mitigations, increasing the number of direct debits and promoting tax relief, which – though not targeted – are likely to be of particular value to those on lower incomes.

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 July 2023, the first professions to pay the new fee, between July and September 2023, would be clinical scientists, prosthetists and orthotists, speech and language therapists, occupational therapists, and biomedical scientists. Radiographers would pay the new fee from December 2023 and Physiotherapists from February 2024. The full renewal cycle is set out in Section 4 (Appendix 2)

Equalities Impact Assessment

A revised version of the Equalities Impact Assessment (EIA) can be found in Section 4 (Appendix 1). It has been drawn from the EIA prepared for the consultation, and now takes account of the fee rise decision and the actions we will undertake to realise the service improvements and mitigations.

A key overarching point is that securing the proposed fee will enable us to continue delivering and improving our regulatory functions, which will positively impact all registrants and the public in general.

Next Steps

Following Council's agreement, we will seek parliamentary approval for an increase of £19.62 in HCPC's renewal fee and equivalent increase to the other fees that we charge, from July 2023.

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), we do not envisage this increase taking effect for the majority of registrants until 2024 or 2025. Over 50% of all registrants would not start paying the fee rise until 2024. A further 20% would not start paying it until 2025.

Section 3 - Respondent Data

Individual respondents

Registrants

9343 respondents identified themselves as HCPC registrants.

By Profession

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

Location

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

Other Individual Respondents

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

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

Note: Percentage figures have been rounded up and therefore may not total 100%

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

Note: Percentage figures have been rounded up and therefore may not total 100%

Equality, Diversity, and Inclusion Data

Those responding to the survey as registrants or individuals were invited to provide information on six protected characteristics: 1) age, 2) ethnicity, 3) sex, 4) gender, 5) disability, 6) pregnancy and maternity.

These questions were not mandatory, and so not everyone provided responses to them or to every question.

1. Age

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

Total answered 9410

Note: Percentage figures have been rounded up and therefore may not total 100%

2. Ethnicity

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

Total answered 9386

Note: Percentage figures have been rounded up and therefore may not total 100%

3. Sex

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

Total answered 9397

Note: Percentage figures have been rounded up and therefore may not total 100%

4. Gender Identity

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

Total answered 9362

Note: Percentage figures have been rounded up and therefore may not total 100%

5. Disability

| Would you describe yourself as being disabled? | Response Percent | Response Total |
|---|-------------------------|-----------------------|
| Yes | 6.9% | 651 |
| No | 86.3% | 8105 |
| Prefer not to say | 6.8% | 634 |

Total answered 9390

Note: Percentage figures have been rounded up and therefore may not total 100%

6. Pregnancy or maternity

Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity'?

| | Response Percent | Response Total |
|-------------------|------------------|----------------|
| Yes | 3.6% | 335 |
| No | 91% | 8535 |
| Prefer not to say | 5.5%% | 514 |

Total answered 9384

Note: Percentage figures have been rounded up and therefore may not total 100%

Organisations

Organisation's responding

34 organisations responded to the consultation:

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

Location

NB: Provided by the 28 organisations whose entries were made via the survey platform or were added to it after submission.

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

Note: Percentage figures have been rounded up and therefore may not total 100%

Section 4 - Appendices

Appendix 1 – Updates to Equalities Impact Assessment and Action Plan

| Update Equalities Impact Assessment and Action Plan | |
|---|--|
| Pre-consultation EIA | <p>Our initial EIA identified potential negative impacts across six equality groups:</p> <ol style="list-style-type: none">1. Age<ul style="list-style-type: none">• Registrants: younger and older workers• General public: older adults, young people, and children, and most especially those with complex health and care needs2. Disability<ul style="list-style-type: none">• Registrants: disabled workers• General public: disabled people needing health and care services, especially those with complex health and care needs3. Gender Reassignment<ul style="list-style-type: none">• Registrants: workers transitioning• General public: people transitioning and in need of specialist health and care services4. Pregnancy and maternity<ul style="list-style-type: none">• Registrants: workers who are pregnant or who have childcare responsibilities• General public: pregnant women and those who have recently given birth6. Race<ul style="list-style-type: none">• Registrants: workers from BME communities, people applying to join the register from outside the UK• General public: people from BME communities needing specific services, such as language support or culturally sensitive care |

| | |
|--|---|
| | <p>7. Sex</p> <ul style="list-style-type: none"> • Registrants: female workers, pregnant workers or those who have caring responsibilities • General public: women needing services related to fertility and maternity care, such as diagnostic, physiotherapy and psychological services |
| <p>Consultation Feedback</p> | <p>In addition to those identified in the EIA, respondents to the consultation also identified the following groups of registrants who may be impacted by the proposals, or who may need support:</p> <ul style="list-style-type: none"> • Low paid workers – although no clear indication of how low pay could be determined, i.e., below what level of income • Part-time workers – although no clear indication was given of what would constitute part-time, i.e., below what number of hours • Workers who are menopausal women • Workers needing to take a career break – e.g., to provide care for family members • Workers with [on-going] children or caring responsibilities • Workers with long-term health conditions, as distinct from disabled people • Workers from lower socio-economic backgrounds • Workers who are single <p>Most of these groups were identified because of potential financial challenges they may face in having to pay an increased fee.</p> |
| <p>Actions To Be Taken (over the next two years)</p> | <p>Alongside Council’s decision to increase the fees charged from July 2023, HCPC also committed to the following actions in response to consultation feedback:</p> <ul style="list-style-type: none"> • <i>Increase our promotion of tax relief</i> <p>We will improve the information provided to registrants in our communications, especially during the renewal process, about how to claim tax relief on their registration fees. We will resurvey registrants at the end of the next registration cycle (2023 to 2025) to ascertain the impact of this work, and to see if there are any further actions needed.</p> |

- *Increase the spread of direct debit payments*

We will undertake work to increase the number of direct debit payment points available to registrants, from the current four per cycle to no less than eight per cycle. We anticipate these changes will take effect by the end of the next full registration period (2023-2025) and will monitor the uptake of the new payment options.

- *Work with employers to secure better protected CPD time*

We will use our relationships with employers, professional bodies, and trade unions, to increase and improve the amount of paid working hours that registrants are able to access for undertaking CPD.

- *Improve communications and engagement with registrants and stakeholders*

We will work to tailor our communications with registrants to ensure they meet needs identified in the consultation, including highlighting CPD and learning opportunities.

We will continue to develop our engagement with stakeholders, especially the professional bodies and trade unions that represent our registrants, to ensure we are updating them in a timely manner on actions that will impact their members and on opportunities for their members to contribute to the HCPC's regulatory activities.

- *Develop further a compassionate approach to regulation*

We will use the feedback received from the consultation in our work to improve how we communicate with registrants on matters relating to registration and Fitness to Practise (FtP).

Appendix 2 - Renewal Cycles from July 2021 to June 2025

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



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

Content

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

Introduction

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

Methodology

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

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

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

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

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

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

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

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

Executive Summary

Findings

The value of regulation

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

Fee increase

- Overall, the public were supportive of the proposed fee increase from the HCPC.
- Participants felt that the figure of £19.62 per year was not seen as a significant amount.
- Participants also expressed the view that given inflation and the cost-of-living means prices are increasing universally, this increase was to be expected.
- They also suggested that it was a prerequisite of being a health and care professional and so should not be viewed as unfair.
- Participants believed that the HCPC had to ensure its finances were in good order so that it could carry out its role effectively. Some expressed concern that the HCPC was using reserves to fund its day-to-day business activities.
- They felt that the reasons behind the increase should be explained clearly and compassionately to registrants.

- Some felt that health and care professionals working in the NHS should be paying lower registration fees than those in private practice.

Detailed findings grouped by theme

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

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

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

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

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

The perceived value of professional regulation in healthcare

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

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

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

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

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

Continuous Professional Development

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

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

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

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

Raising concerns about a registered healthcare professional

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

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

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

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

The Register / protected titles

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

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

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

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

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

Opinions on the HCPC fee increase proposal

- Participants were generally supportive of the fee increase proposal.
- Most participants expressed the sentiment that since the price of everything has gone up with inflation, it was understandable for the HCPC fees to also increase.
- There was generally a strong consensus that the overall increase of <£20 was a small figure and should be manageable for most people.
- It was suggested by several people that private practitioners should be paying more than NHS workers and passing the extra cost onto their clients.
- There were some questions around why the HCPC needed to raise its fees and how it had reached a place where it was running at a loss. This was seen by participants as unsustainable.
- Participants also suggested the HCPC needed to make clear the reasons behind the fee rise to its registrants.

- The view was expressed by multiple participants that paying a registrant fee is part and parcel of the job and so was to be expected. They drew parallels with other professions who have to pay an annual fee e.g., accountants and lawyers.
- Some expressed the view that given the narrative in the media around NHS pay, the increase could be seen as unfair.

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

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

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

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

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

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

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

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

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

Recommendations

The value of regulation

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

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

Fee increase

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

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

Questions

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

Participant diversity data

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

| Gender | |
|--------|-----|
| Male | 48% |
| Female | 52% |

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

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

| Where in the UK are you currently based? | |
|--|-----|
| England | 32% |
| Northern Ireland | 20% |
| Scotland | 20% |
| Wales | 28% |