

# Consultation on changes to fees – consultation analysis and decisions

September 2024

# Contents

Contents	2
Executive Summary	3
Introduction	4
About the consultation	4
The consultation and stakeholder engagement	4
About us	5
About this document	6
<b>Section 1 - Analysing your responses</b>	<b>7</b>
Method of recording and analysis	7
Statistical analysis	7
<b>Section 1A – Data on respondents</b>	<b>7</b>
Organisational responses	7
Registrants	8
Other Individual Respondents	10
Equality, Diversity and Inclusion Data	11
<b>Section 1B– Summary of Results</b>	<b>14</b>
<b>Section 2 – Our decision</b>	<b>18</b>
Fee rise proposal	18
Financial sustainability	18
Making efficiencies	19
Service improvements	20
<b>Mitigations</b>	<b>21</b>
Our decision	21
Equalities Impact Assessment	22
Next Steps	22
<b>Section 3 – Appendix - Equalities Impact Assessment</b>	<b>23</b>

## Executive Summary

Between April and June 2024 HCPC consulted on a proposal to increase the fees we charge for registration, which would see the annual renewal fee increasing by £6.98 to £123.34 a year. We published an Equalities Impact Assessment alongside the consultation document and undertook extensive stakeholder engagement as part of the consultation.

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

We received 1040 responses to the consultation: 98% of individuals who responded to the consultation were HCPC registrants. We are grateful to all those who shared their views and have carefully considered the responses. We acknowledge that the majority of respondents were not in favour of our proposals and we recognise that many of our registrants continue to face significant pressures. However Council's carefully considered decision is that the analysis underpinning the proposal remains valid and that the increase is the minimum necessary for HCPC to continue meeting its statutory responsibilities and making essential improvements. HCPC is also committed to tight cost control and securing efficiency from registrants' fees. We will continue to pursue the measures described in the consultation document to mitigate some of the impacts of the increase on registrants.

Subject to the necessary parliamentary approvals the fee rise would come into effect from April 2025, with most registrants not paying the revised fees until 2026 or 2027.

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

# Introduction

## About the consultation

We consulted between 10 April 2024 and 14 June 2024 on proposals to increase the fees we charge for registration.

We proposed a £6.98 increase to the annual renewal fee. This would increase the fee to £123.34 a year.

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

## The consultation and stakeholder engagement

A ten-week consultation and accompanying Equalities Impact Assessment (EIA) was launched on 10 April 2024 at a Professional Body Forum meeting. The consultation closed on Friday 14 June.

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

We received 1040 responses to the consultation document. 1016 responses (98%) were made by individuals, of which 996 (98%) were HCPC registered professionals. 24 responses (2%) were made on behalf of organisations.

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

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

- a. The consultation document was shared in advance with the Department of Health and Social Care (DHSC), Scottish Government, Welsh Government and Northern Ireland Executive including direct communications from the Chair and Chief Executive to the UK Secretary of State, Scottish Cabinet Secretary, UK and Scottish opposition party health spokespeople and the Chair and Convenor of the UK and Scottish Parliaments' Health Select Committees.
- b. We continued to have regular meetings with DHSC and Scottish Government officials over the course of the consultation period to update them on progress.
- c. The Chief Allied Health Professions Officers/Advisors (CAHPOs) across the UK were all informed in advance in writing. The Chair and Chief Executive have also met the UK CAHPOs during the consultation period.

- d. A pre-consultation meeting was held, with all professional bodies invited, to give them advance notice of the consultation.
- e. Information on the consultation, and how to respond, went to stakeholders in our Stakeholder Update and directly to all registrants via our newsletter In Focus, in April.
- f. The HCPC discussed the consultation with professional bodies in person when the consultation was launched at a Professional Body Forum meeting in April. All professional bodies representing HCPC regulated professionals in the UK were informed, and were given advance notice of the consultation document. HCPC met a number of them throughout the consultation period.
- g. The consultation was shared with all relevant trade unions - UNISON, Unite, and GMB. HCPC met all the unions, information continued to be shared with trade union representatives throughout the consultation period and a reminder was also sent to all trade unions one month before the consultation was due to close. Communications and engagement has included four nation representatives for each of these trade unions.
- h. HCPC shared all the consultation information with the Allied Health Professions Federation in the UK and Scotland.
- i. All registrants and representative bodies were invited to a webinar in May where we explained more about the proposals and answered questions.
- j. The consultation was promoted on the HCPC's website and across social media channels. This included further updates and reminders of the consultation being shared with registrants via the HCPC's social media channels.

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

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

We would like to thank all those who took the time to respond to the consultation.

The original consultation was published on our website in April 2023, alongside an EIA.<sup>1 2</sup>

## About us

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

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<sup>1</sup> [consultation-on-changes-to-fees-analysis-and-decisions.pdf \(hcpc-uk.org\)](https://www.hcpc-uk.org/consultation-on-changes-to-fees-analysis-and-decisions.pdf)

<sup>2</sup> [consultation-on-changes-to-fees---equality-impact-assessment.pdf \(hcpc-uk.org\)](https://www.hcpc-uk.org/consultation-on-changes-to-fees---equality-impact-assessment.pdf)

We currently regulate 15 health and care professions:

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

### About this document

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

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

# Section 1 - Analysing your responses

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

## Method of recording and analysis

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

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

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

## Statistical analysis

We received 1040 responses to the consultation document. 1016 responses (98%) were made by individuals, of which 996 (98%) were HCPC registered professionals. 24 responses (2%) were made on behalf of organisations.<sup>3</sup>

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

Most responses were given via the online survey platform, 'SmartSurvey', and three organisations submitted a response via email. In total there were 1040 responses to the consultation.

## Section 1A - Data on respondents

### Organisational responses

24 responses were received from organisations; this included three into the consultation inbox.

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<sup>3</sup> Whilst 24 responses indicated they were on behalf of an organisation, the content of a number of these responses seemed to indicate they were individual responses. As they declared themselves as an organisation, we have counted them as such for the purposes of this data.

## Type of organisation<sup>4</sup>

Please select the category below that best describes your organisation.		
Answer Choice	Response Percent	Response Total
1 Professional Body	58.3%	14
2 Public Body	8.3%	2
3 Employer	4.2%	1
4 Education Provider	0.0%	0
5 Lawyer / Legal Provider	0.0%	0
6 Other:	29.2%	7
<b>answered</b>		<b>24</b>

## By Location<sup>5</sup>

Where is your organisation active?		
Answer Choice	Response Percent	Response Total
1 England	42.9%	9
2 Northern Ireland	0.0%	0
3 Scotland	4.8%	1
4 Wales	0.0%	0
5 UK-wide	52.4%	11
6 International	0.0%	0
7 Other (please specify):	0.0%	0
<b>answered</b>		<b>21</b>

## Registrants

996 respondents identified themselves as HCPC registrants, which was 96% of the total responses<sup>6</sup> and 98% of individual responses.

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<sup>4</sup>This table includes information from the 3 responses received to our consultation inbox.

<sup>5</sup> The 3 responses received into the consultation inbox did not provide this information and so they have not been included in this table.

<sup>6</sup> 21 respondents skipped this question



## By Profession

What is your registered profession?			
Answer Choice		Response Percent	Response Total
1	Arts therapists (Art therapists, Dramatherapists, Music therapists)	1.1%	11
2	Biomedical scientists	7.2%	72
3	Chiropodists / podiatrists	5.7%	57
4	Clinical scientists	0.9%	9
5	Dietitians	2.8%	28
6	Hearing aid dispensers	0.0%	0
7	Occupational therapists	13.7%	136
8	Operating department practitioners	2.6%	26
9	Orthoptists	0.3%	3
10	Paramedics	11.4%	114
11	Physiotherapists	35.9%	358
12	Practitioner psychologists	2.6%	26
13	Prosthetists / orthotists	1.1%	11
14	Radiographers (Diagnostic/Therapeutic)	10.3%	103
15	Speech and language therapists	3.9%	39
16	If you are dual registered please tell us here	0.3%	3
		<b>answered</b>	<b>996</b>
		<b>skipped</b>	<b>41</b>

## By Location

Where is your regular place of work or activity?			
Answer Choice		Response Percent	Response Total
1	England	79.3%	790
2	Northern Ireland	3.1%	31
3	Scotland	10.8%	108
4	Wales	3.8%	38
5	I work across the UK	0.7%	7
6	I work outside the UK	1.4%	14
7	Other (please specify):	0.8%	8
		<b>answered</b>	<b>996</b>
		<b>skipped</b>	<b>41</b>

## Other Individual Respondents

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

How would you describe yourself?			
Answer Choice		Response Percent	Response Total
1	I am a student on an HCPC approved course	25.0%	5
2	I am applying to join the HCPC register	30.0%	6
3	I am a relative of someone registered with HCPC	20.0%	4
4	I am currently using or receiving health or care services	5.0%	1
5	I am currently caring for someone using or receiving health or care services	0.0%	0
6	I am a member of the public interested in this issue	10.0%	2
7	Other (please specify):	10.0%	2
		<b>answered</b>	<b>20</b>
		<b>skipped</b>	<b>1017</b>

## Location

Where do you normally live?			
Answer Choice		Response Percent	Response Total
1	England	40.0%	8
2	Northern Ireland	5.0%	1
3	Scotland	35.0%	7
4	Wales	0.0%	0
5	I live outside the UK	15.0%	3
6	Other (please specify):	5.0%	1
		<b>answered</b>	<b>20</b>
		<b>skipped</b>	<b>1017</b>

## Equality, Diversity and Inclusion Data

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

Analysis showed that women were slightly more likely to be happy with our proposals than men (women who answered that they strongly agreed, agreed, or neither agreed nor disagreed with our proposals made up 71% of those respondents rather than 63.4% on the survey as a whole). This was also the same for those who identified as heterosexual/straight. These respondents made up 86.1% of those who answered that they strongly agreed, agreed, or neither agreed nor disagreed with our proposals in comparison with 78.7% on the survey as a whole.

The data for respondents is included in tables below, but we are confident that the response to the monitoring questions provide us with assurance that the consultation exercise allowed us to hear from a diverse range of voices, broadly in line with the makeup of the register.

### 1. Age

Answer Choice		Response Percent	Response Total
1	Under 20	0.0%	0
2	20-29	16.4%	166
3	30-39	33.8%	342
4	40-49	24.7%	250
5	50-59	16.4%	166
6	60-69	4.5%	45
7	70 or older	0.4%	4
8	Prefer not to say	3.8%	38
<b><i>answered</i></b>			<b>1011</b>

## 2. Ethnicity

Answer Choice		Response Percent	Response Total
1	White	81.3%	818
2	Mixed or multiple ethnic groups	2.4%	24
3	Asian or Asian British	5.5%	55
4	Black, African, Caribbean or Black British	4.0%	40
5	Prefer not to say	5.7%	57
6	Other ethnic group	1.2%	12
		<b><i>answered</i></b>	<b>1006</b>

## 3. Sex

Answer Choice		Response Percent	Response Total
1	Female	63.4%	639
2	Male	31.4%	317
3	Intersex	0.1%	1
4	Prefer not to say	5.1%	51
		<b><i>answered</i></b>	<b>1008</b>

### 3a. Gender

Answer Choice		Response Percent	Response Total
1	Yes	90.0%	904
2	No	3.4%	34
3	Prefer not to say	6.2%	62
4	Prefer to self-describe	0.4%	4
<b><i>answered</i></b>			<b>1004</b>

### 4. Disability

Answer Choice		Response Percent	Response Total
1	Yes	10.7%	108
2	No	81.1%	817
3	Prefer not to say	8.1%	82
<b><i>answered</i></b>			<b>1007</b>

### 5. Pregnancy and Maternity

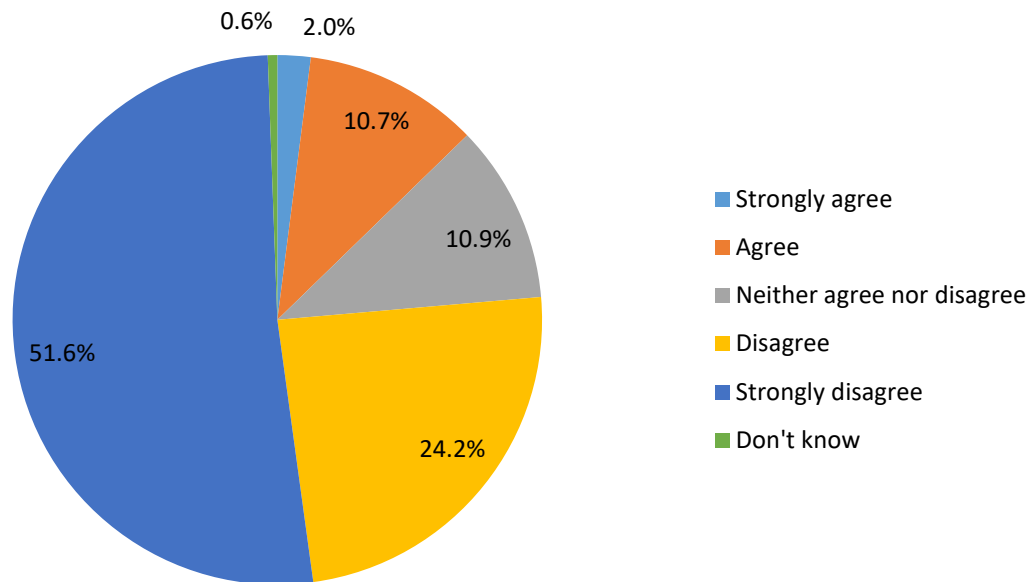
Answer Choice		Response Percent	Response Total
1	Yes	2.0%	20
2	No	91.8%	924
3	Prefer not to say	6.3%	63
<b><i>answered</i></b>			<b>1007</b>

## Section 1B– Summary of Results

### Question 1:

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

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



For question 1, 51.6% strongly disagreed, 24.2% disagreed. 10.9% neither agreed nor disagreed, 10.7% agreed, 2% strongly agreed, with 0.6% who were unsure or didn't know.

1040 consultation responses answered this question, with respondents providing 369 comments in support of their response to this question. Sentiment analysis identified most comments as being negative (316).

### Themes highlighted in the comments

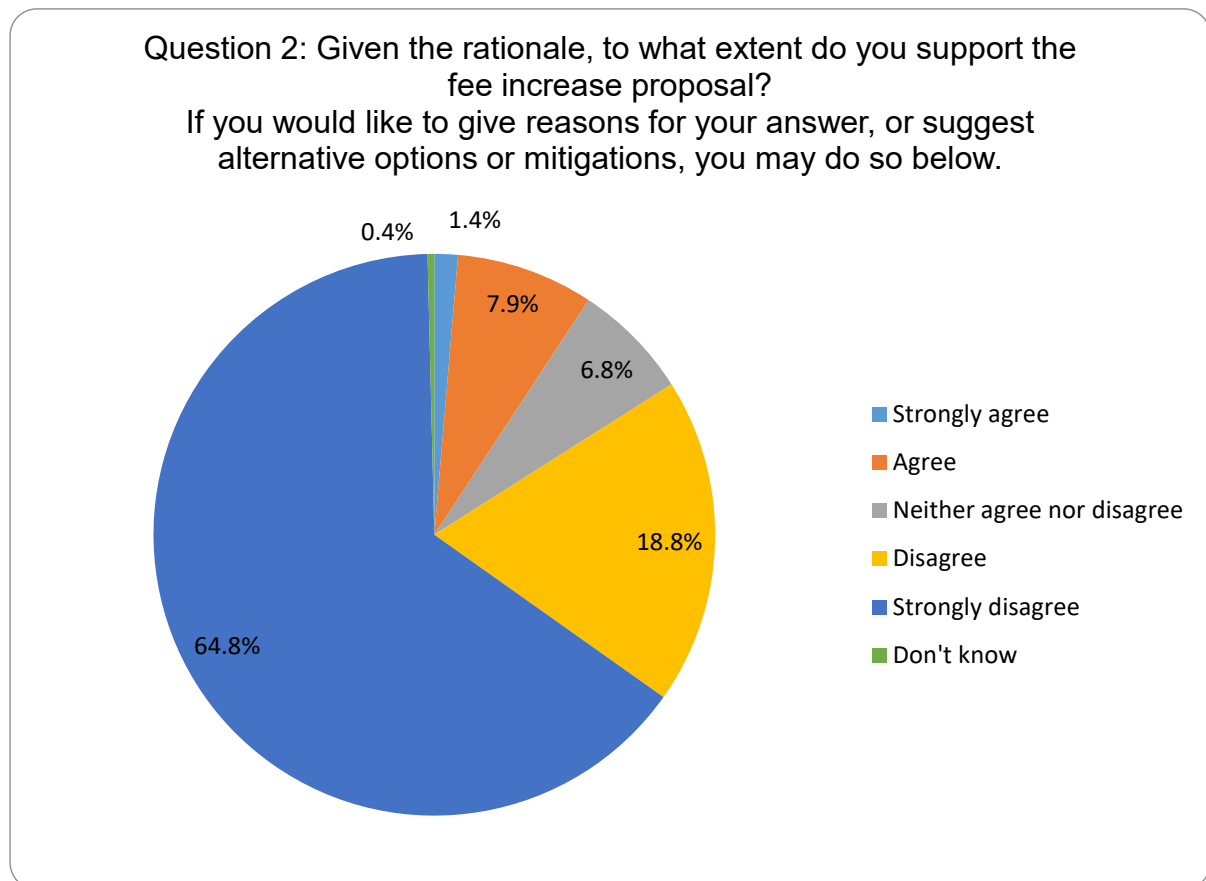
The main theme highlighted in the comments was in reference to the cost of living crisis and inflation rising, with 86 of the 369 comments making some mention of this. Comments included mention of bills rising, and that a rise in fees would add an extra burden onto registrants. Many of these comments included concerns about wages not rising for many professionals, with 58 comments making mention of this.

The second most common theme was to do with value for money, and wanting transparency as to where the fees were going with 75 of the 366 comments making mention of this. Comments included wanting to have more information about where the money would be going. In line with this, many comments included also made

suggestions and mention of HCPC cutting their costs, with 53 comments including a reference to this.

Other themes mentioned throughout the comments included not agreeing with having to pay fees to a regulator/seeing the value in having one (33 mentions), not agreeing with a rise in fees so soon after the initial rise (23 mentions), concerns that the rise will affect staff retention (15 mentions), fees being too high (14 mentions) and having other fees to pay (14 mentions).

### Question 2:



For question 2, 64.8% strongly disagreed, 18.8% disagreed, 6.8% neither agreed or disagreed, 7.9% agreed, and 1.4% strongly agreed, with 0.4% who didn't know or were unsure.

1040 consultation responses answered this question, with respondents providing 331 comments in support of their response to this question. Sentiment analysis identified most comments as being negative (322).

### Themes highlighted in the comments

Similar themes as were mentioned in the responses to question 1 arose in responses to question 2. The most common theme throughout the comments was to do with the cost of living, with 86 of the 331 comments making mention of this or rising inflation. Many of these comments were also concerned with the lack of wage increases, with 53 comments making mention of this.

As with question 1, many comments were concerned with having value for money from the regulator and having transparency with where the money was being spent, with 48 comments making mention of this. Again, in a similar vein to question 1 many of these comments also suggested that the HCPC should cut costs, with 40 comments mentioning this.

Other key themes mentioned throughout the comments included questioning the role of the regulator and having to pay to work (27 mentions), concerns that the rise will affect staff retention into the profession (18 mentions), concerns about FTP processes (14 mentions), and the fee increase being too much too soon (13 mentions).

### **Question 3:**

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

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

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

197 consultation responses answered this question, with respondents leaving 89 comments that were viable for analysis.<sup>7</sup>

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

### **Themes highlighted in the comments**

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

The next most common theme was the suggestion that those who are not working, because of maternity leave for example, should be offered some kind of refund or discount. There were 16 comments that made mention of this theme, with suggestions that this would lessen any negative impacts upon those registrants falling under the protected characteristic of pregnancy/maternity.

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<sup>7</sup> 108 comments either commented "N/A", "no" or similar, or left the space blank



Nine responses made mention of the fact that some people may be negatively impacted by the increase for reasons beyond, or associated with, the legally protected characteristics. The suggestions of other groups that may be affected included single people households, those going through IVF, women going through menopause, registrants who have been widowed, military spouses, those with a neurodivergent condition, and registrants from lower socioeconomic backgrounds.

Eight responses made mention of the fact that those with disabilities could be more negatively impacted, in line with our EQIA. Eight responses also made mention of how women may be more impacted by the proposals, as they may undertake lower paid or lower valued roles and are more likely to work part time. Seven more responses mentioned that younger applicants may be more negatively impacted by the proposals as they may not have had access to university grants and may be paid less.

Two responses suggested that having different payment plans may be useful to registrants, for example with the ability to pay monthly and spread the payments. One response suggested that registrants from certain backgrounds may be overlooked for promotion and pay opportunities so would be more negatively impacted; one response suggested a discount for registrants with protected characteristics; one response encouraged further monitoring of gender and diversity pay gaps across professions; and one response stated that intersectionality should be further considered.

### **Welsh Language Standards**

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

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

## Section 2 – Our decision

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

### Fee rise proposal

As set out in Section 1, we received 1,040 responses to the consultation document. 1,016 responses (98%) were made by individuals, of which 996 (98%) were HCPC registered professionals. 24 responses (2%) were made on behalf of organisations.<sup>8</sup>

The majority of respondents were opposed to the proposed increase. More respondents were supportive of or took a neutral position when it came to the rationale behind the proposal (23.6%) than the proposal itself (16.1%). The main theme highlighted in the comments was in reference to cost of living and inflationary pressures. Comments included concerns about wages not rising for many professionals. Comments also included suggestions of the HCPC cutting its costs.

Of the total responses, 996 respondents identified themselves as HCPC registrants, which was 96% of the total responses.

We understand the continuing financial pressures that registrants face, which is why we are making efficiencies and have restricted the proposed increase to the minimum necessary.

### Financial sustainability

We set our fees on the principle of cost recovery, allocated fairly across registrants and applicants. We aim to review our fees at least every two years. Following these reviews, we expect to require regular incremental increases in our fees to take account of unavoidable cost pressures, plus what is required for essential further improvements and to meet unavoidable financial liabilities.

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

We do not budget for large surpluses or hold large financial reserves. Our projected reserves (defined as net realisable assets<sup>9</sup>) as of April 2024, to cover financial liabilities and ensure the HCPC can continue meeting its day to day running costs if unplanned pressures arise, were equivalent to the cost of running the HCPC for five days. That level of reserves is significantly lower than standard benchmarks.

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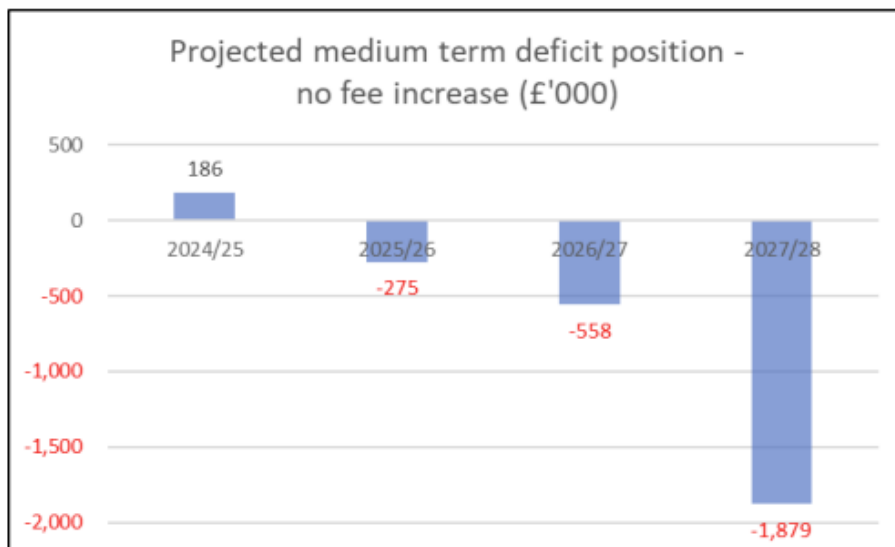
<sup>8</sup> Whilst 24 responses indicated they were on behalf of an organisation, the content of a number of these responses seemed to indicate they were individual responses. As they declared themselves as an organisation, we have counted them as such for the purposes of this data.

<sup>9</sup> Total assets less the value of software.

Without this proposed fee increase our medium-term financial projections show that we would quickly face the risk of moving into deficit budgets, which would put public protection and services to registrants at risk. Our projected reserves after the fee rise would remain at broadly the same level up to 2027, after taking account of projected expenditure commitments.

These projections are consistent with the analysis underpinning our previous fees consultation in 2022, which assumed that the HCPC would have regular, incremental fee rises in future, to maintain the financial stability achieved by the 2023 increase. The five-month delay from July to November in the implementation of the 2023 increase has also had an impact on our financial projections.

### Projected deficits – no fee increase



*Note: the above graph takes the HCPC 2024/25 budget as the starting point for the medium term projections.*

### Making efficiencies

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

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

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

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

*Note: Expenditure figures are based on data in most recent published annual reports and comprise the following equivalent functions: CEO and Chair, IT, HR, Finance, Procurement, Facilities and Governance.*

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

Examples of efficiencies delivered during the period of our current corporate strategy include:

- Reduction in our projected overall average cost to serve per registrant in 2024-25 by 3% in real terms; this progress is despite our non-discretionary costs increasing as a result of inflationary and Fitness to Practise (FTP) demand pressures.
- Total average costs per FTP case are projected to reduce by 11% in real terms between 2023-24 and 2024-25, as a result of improved efficiency from contractual arrangements with external legal suppliers and tight cost control in other areas.
- 50% reduction in the size of our estate since 2022, delivering over £1m annual savings.
- We have substantially reduced annual overtime costs and introduced tightened controls on the use of agency staff.

Further planned efficiencies that will be enabled by the proposed fee increase include to the resourcing of our registrations operating model, a move to automated processing of invoices and changing how we manage FTP caseloads, to reduce external legal costs.

## Service improvements

As set out in the consultation document, the proposed fee rise will enable HCPC to maintain delivery of our statutory registration, fitness to practise, education and other regulatory responsibilities within existing performance standards, taking account of cost pressures. The fee rise will also enable further essential improvements including to deliver a joined-up approach to the ways in which registrants can contact us to improve further our levels of

customer service; updating our registration and education system portals; and improving the quality of our data to contribute to sector-wide workforce planning.

## Mitigations

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

We have continued to progress these mitigation measures:

- **Work with employers to secure better protected continuing professional development (CPD):** The HCPC has created new content on CPD for registrants and employers.
- **Promoting availability of tax relief:** The HCPC has more actively promoted the availability of tax relief on HCPC fees, through renewal communications together with social media signposting.
- **Direct debit payments:** The latest consultation has highlighted the desire from some registrants to be able to spread their registration and renewal payments across multiple direct debit payments. The HCPC will increase the number of direct debit payment points available to registrants, from the current four per cycle to eight per cycle. The HCPC plan to make the increased spread of direct debit payments available by April 2025.

## Our decision

While recognising that most respondents to the consultation disagreed with the proposed fee increase, after careful consideration Council was satisfied that the case for the fee rise remained as set out the consultation document, as the minimum necessary to maintain HCPC's financial sustainability. Council therefor unanimously agreed to pursue the parliamentary process needed to increase the main registration fee by £6.98 per year.

The rationale for the proposed increase includes the assumption that the HCPC will review its fees regularly in future, with incremental increases expected to be needed to maintain our financial sustainability, so that we can continue to deliver improvements and plan for the future.

### Timing of proposed fee increase by individual profession

We will continue to renew registration fees on two-year cycle, sequenced across each profession we regulate. If the new fees come into effect in April 2025, the first professions to pay the new fee, between June and September 2025, would be Orthoptists, Paramedics, Clinical scientists, Prosthetists/Orthotists, Speech and Language Therapists, Occupational Therapists and Biomedical scientists.

Radiographers would pay the new fee from December 2025 and Physiotherapists from February 2026. Arts therapists, Dietitians, Chiropodists, Hearing aid dispensers and Operating Department Practitioners would pay the new fee between May and September 2026. Practitioner psychologists would pay the new fee in March 2027. The full renewal cycle is set out in Figure 6 of the consultation document.<sup>10</sup>

## Equalities Impact Assessment

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

In terms of the consultation responses, analysis showed that women were slightly more likely to be happy with our proposals than men (women who answered that they strongly agreed, agreed, or neither agreed nor disagreed with our proposals made up 71% of those respondents rather than 63% on the survey as a whole). This was also the same for those who identified as heterosexual/straight. These respondents made up 86% of those who answered that they strongly agreed, agreed, or neither agreed nor disagreed with our proposals in comparison with 78% on the survey as a whole.

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 £6.98 in HCPC's renewal fee and equivalent increases in the other fees that we charge, from April 2025.

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 2026, as 60% of HCPC registrants will not pay the new fee until 2026 or 2027.

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<sup>10</sup> [consultation-on-hcpc-fees-2024---consultation-document.pdf \(hcpc-uk.org\)](https://www.hcpc-uk.org/consultation-on-hcpc-fees-2024---consultation-document.pdf)

## Section 3

### Appendix 1 – Equality Impact Assessment

#### Section 1: Project overview

<b>Project title:</b> Fees Consultation 2024	
<b>Name of assessor:</b> Adrian Barrowdale	<b>Version:</b> 3

<p>What are the intended outcomes of this work?</p> <ul style="list-style-type: none"><li>• To ensure adequate funding for the effective regulation of 15 healthcare professions<sup>11</sup> to maintain public safety in professional healthcare practice by increasing fees levied.</li><li>• We are proposing to increase the annual registration renewal fee our registrants pay by £6.98 per year, to be phased in over two years from 2025. The increase is equivalent to just over 13p per week and the new registration fee would be £123.34 a year. There would be equivalent increases in our other fees. We would maintain the 50% discount that graduate applicants receive for the first two professional years of registration.</li><li>• The HCPC Council considered alternative, higher increases, but decided to propose the minimum necessary amount, taking account of the impact on registrants including how that impact varied across groups with different protected characteristics.</li></ul>
<p>Who will be affected?</p> <ul style="list-style-type: none"><li>• registrants and potential registrants, including students or trainees</li><li>• the public, including service users and colleagues in health and care</li><li>• education and training providers</li><li>• health and care providers, professional bodies and consumer groups; and</li><li>• HCPC employees and partners.</li></ul>

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<sup>11</sup> HCPC Regulates 15 professions: Arts therapists, Biomedical scientists, Chiropodists / podiatrists, Clinical scientists, Dietitians, Hearing aid dispensers, Occupational therapists, Operating department practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner psychologists, Prosthetists / orthotists, Radiographers, Speech and language therapists.

## Section 2: Evidence and Engagement

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

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

1. HCPC registrant database which provides information on the breakdown of protected characteristics across our current registrant population.<sup>12</sup>
2. NHS pay scale information<sup>13</sup>.
3. Pay gap information from ONS covering: sex/gender<sup>14</sup>, disability<sup>15</sup>, ethnicity<sup>16</sup> and low pay<sup>17</sup>.
4. Registrant survey on use of tax relief carried out between 15 and 23 August 2022.
5. The result of the 2022/23 equality impact analysis on our fee structure<sup>18</sup>
6. The results of the 2024 consultation exercise, which ran from 10<sup>th</sup> April to 14<sup>th</sup> June<sup>19</sup>.

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

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

1. The HCPC registrant database is held within HCPC, populated by information provided by registrants.
2. Pay data has been sourced from the NHS using publicly available information.
3. We have conducted a public consultation. The consultation asked respondents to help provide additional evidence about their sense of the likely impacts from the fee rise; on themselves, those they work with, or those to whom they provide services. The consultation specifically asked for additional information about the potential negative or positive equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on groups who share protected characteristics.
4. We sought feedback on these proposals from HCPC's Equality, Diversity and Inclusion (EDI) Forum. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations. We also encouraged feedback through the consultation from patients and service users.
5. Proposals have been discussed with HCPC's Council, which includes both registrant and lay members.
6. We have also reviewed the information provided during the 2022/23 exercise to increase registrant fees, which included significant stakeholder engagement.

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<sup>12</sup> <https://www.hcpc-uk.org/resources/reports/2021/diversity-data-report-2021/>

<sup>13</sup> <https://www.nhsemployers.org/articles/pay-scales-202223>

<sup>14</sup> [Gender pay gap in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/pay-and-earnings/gender-pay-gap)

<sup>15</sup> [Disability pay gaps in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/pay-and-earnings/disability-pay-gap)

<sup>16</sup> [Ethnicity pay gaps: 2019 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/pay-and-earnings/ethnicity-pay-gap)

<sup>17</sup> [Low and high pay in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/pay-and-earnings/low-and-high-pay)

<sup>18</sup> [consultation-on-changes-to-fees-analysis-and-decisions.pdf \(hcpc-uk.org\)](#)

<sup>19</sup> [Fee consultation | \(hcpc-uk.org\)](#)



## Section 3: Analysis by equality group

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

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

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

### Summary

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

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

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

We also aim to increase the number of direct debit payment points available to registrants, from the current four per cycle to eight per cycle. As a result of the 2023 fee increase coming into effect five months later than proposed in our 2022 consultation document, those changes are now expected to come into effect later than originally planned: subject to approval of the fee increase proposed in this document we aim for them to take effect in time for the next full registration period (2025-27).

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

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

### Age

#### *Registrants*

- Younger registrants are generally more likely to be at the start of their careers so on lower incomes than other registrants; any proposal to increase our fee is likely to have greater negative impact on registrants who are lower paid. A proposal to increase fees may contribute to younger registrants, or older registrants who may be nearing retirement, deciding to leave the regulated health and care workforce. Biomedical scientists, hearing aid dispensers, orthoptists, paramedics and radiographers are amongst the professions with a greater proportion of registrants under 40.
- The impact on younger workers is mitigated by a 50% graduate discount, which we are proposing to retain. This discount reduces the cost to first-time student joiners to the Register, for one registration cycle (2 years). If a new graduate joins the Register less than six months before the start of the next professional year, they also receive the remainder of the period free of charge (the 'free period').
- Conversely, all registrants are likely to be negatively impacted if their regulator is not adequately funded to carry out its functions effectively. As well as their practice and public confidence in their profession being negatively impacted by reductions in patient safety, registrants engaging with their regulator are likely to see diminishing service levels. This could disproportionately negatively impact older or younger registrants who may require more support to engage with HCPC, for example in relation to access to online processes for older registrants or a lack of familiarity with processes for younger registrants.

#### **General public**

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

#### **Disability**

##### **Registrants**

- The national disability pay gap is estimated to be 13%<sup>20</sup>. Registrants with disabilities or health conditions may be more negatively impacted by the fee rise than others, for example, if it reduces the funds they have available to use for managing and living with their conditions in order to be able to maintain their employment. Arts therapists and occupational therapists have a greater proportion of disabled registrants compared with other professions.
- Conversely, registrants with disabilities may be more likely to be negatively impacted if their regulator is not adequately funded to carry out its functions effectively. For example, registrants with some disabilities may require more support to engage with HCPC or to access our processes so reductions in HCPC's ability to provide good service levels could disproportionately negatively impact these registrants.

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<sup>20</sup> [Disability pay gaps in the UK: 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-in-work/disability-and-health/inequalities-in-pay-and-benefits)

**General public**

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

**Gender reassignment****Registrants**

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

**General public**

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

**Marriage and civil partnerships****Registrants**

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

**General public**

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

## **Pregnancy and maternity**

### ***Registrants***

- Registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the fee rise if, for instance if they need to work fewer hours and so receive less income. Such registrants may decide to leave the regulated workforce for childcare purposes and stop paying their registration fees. We are mindful that, if they decide to return, they would need to pay the readmission fee so an increase in this may be more likely to impact on them. Nearly every one of our professions has a female majority. Only paramedics have a male majority of registrants. Our register as a whole is more than 2/3rds female.
- Conversely, registrants who are pregnant or who have childcare responsibilities, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### ***General public***

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

## **Race**

### ***Registrants***

- Available evidence indicates that people from some ethnic minority groups are more likely to be on low incomes and so likely to be more negatively impacted by any fee rise.<sup>21</sup>
- Applicants joining the register from overseas may well be joining from countries with significantly lower average pay than the UK. These groups already pay a greater set of fixed costs to begin working in the UK (e.g., International English Language Testing System (IELTS) costs, relocation costs, etc) and an increase in fee levels, including application fees, may disproportionately impact this group of registrants. Biomedical scientists, hearing aid dispensers and radiographers have the most ethnically diverse range of registrants, whilst approximately 75% of our register have identified as white.
- Conversely, international applicants, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

### ***General public***

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<sup>21</sup> [Ethnicity pay gaps - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/ethnicity/articles/ethnicity-pay-gaps)

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

**Religion or belief**

**Registrants**

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

**General public**

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

**Sex**

**Registrants**

- The national gender pay gap is 7.8%, suggesting that female registrants are likely to be lower paid, therefore more negatively impacted by the fee rise. Available evidence also indicates that women are more likely to be carers (children, relatives, partners with ill-health or disabilities) so a reduction in income may also have greater impact.
- As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the fee rise if, for instance if they need to work fewer hours and so receive less income. Such registrants may decide to leave the regulated workforce for childcare purposes and stop paying their registration fees. We are mindful that, if they decide to return, they would need to pay the readmission fee so an increase in this may be more likely to impact on them. Nearly every one of our professions has a female majority. Only paramedics have a male majority of registrants. Our register as a whole is more than 2/3rds female.
- 
- Conversely, registrants who are pregnant or who have childcare responsibilities, who may need additional advice or support from their regulator, may be negatively impacted by any diminished service levels which may be caused by inadequate funding.

**General public**

- As previously noted, should the fee rise reduce the numbers of HCPC registrants in the health and care workforce, this may impact on services available to specifically support women, including those related to fertility and maternity care, such as diagnostic, physiotherapy and psychological services.

- Conversely, the general public, including patients and service users, are likely to be positively impacted by the proposals which are designed to ensure strong regulation which safeguards public safety. Patients and service users are likely to be significantly negatively impacted if their regulator is not adequately funded to carry out its functions effectively which could lead to an increase in patient harms. Any such negative consequences could disproportionately impact specialist women’s health services.

**Sexual orientation**

***Registrants***

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

***General public***

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

**Other identified groups**

***Registrants***

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

This group contains registrants from all the groups above, although women, people from ethnic communities, disabled people, younger workers and those working part-time or irregular hours (e.g., due to having caring responsibilities) are most likely to be negatively impacted by a fee rise.

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

**Four countries diversity**

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

## Section 4: Welsh Language Standards

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

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

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

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

## Section 5: Summary of Analysis

### Summary

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

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

The consultation provided further evidence of the concerns people have about the fee rise impacting on specific groups, but did not uncover any new areas for consideration. For example, recently bereaved/widowed registrants were identified as a group who perhaps would be more likely to be impacted by a fee rise, but this was in common with other groups already identified more broadly as 'potentially low income'.

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

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

Reductions in the HCPC's regulatory activity would negatively impact across both the population as a whole and specifically these and many other groups and those who have more than one protected characteristic, such as pregnant women from some ethnic communities or older people living with a disability or long-term health condition. Without adequate funding, the HCPC could not, for example, take effective and timely action where fitness to practice issues arose. If the HCPC is not able to effectively perform its functions, patient safety is likely

to be compromised. This would have a likely negative impact on registrants, as well as on patients and the general public. A lack of adequate funding could also negatively impact on HCPC's ability to consider the needs of people with protected characteristics and promote and drive equality more widely.



## Section 6: Action plan

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

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

### Summary of action plan

As set out above, we are proposing the following:

1. retain the two-year 50% graduate discount
2. increase the spread of direct debits from the current four per cycle to eight per cycle and, subject to approval of the fee increase proposed in this document, we aim for them to take effect in time for the next full registration period (2025-27)

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

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

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

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

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

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