

**Health Professions Council
Council meeting, 29th March 2007**

Fees consultation – key decisions

Executive Summary and Recommendations

Introduction

The Council consulted on its proposals on fees between 6th November 2006 and 16th February 2007. The attached document summarises the responses received to the consultation, gives our responses and outlines our decisions in relation to each question.

The document includes proposed key decisions in relation to each of the questions. In particular, option 3 is included as the key decision in relation to the level of renewal fees.

Decision

The Council is invited to agree the text of the key decisions, subject to any amendments necessary to reflect the decisions made about the fees at the meeting

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

None

Date of paper

16th March 2007

Our fees – key decisions



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Introduction

This document outlines the results of our consultation on the forthcoming fee rise.

We sent a copy of our consultation document, 'Our fees' to each registrant on our register and to over 300 organisations including employers, professional bodies, and education providers. The consultation document was also available to download from our website and we sent out copies of the document on request.

In this document the responses to our consultation have been structured around the questions we asked in the document. We firstly consider the comments received which relate more generally to our proposals. We then go on to consider responses to each individual consultation question. After the summary of responses for each question, we explain the decisions we have taken following your feedback, including where we have adapted our proposals and, when appropriate, explain our reasons for not adopting some of your suggestions.

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

You can download a copy of the consultation document from our website: www.hpc-uk.org/aboutus/consultation

Analysing your responses

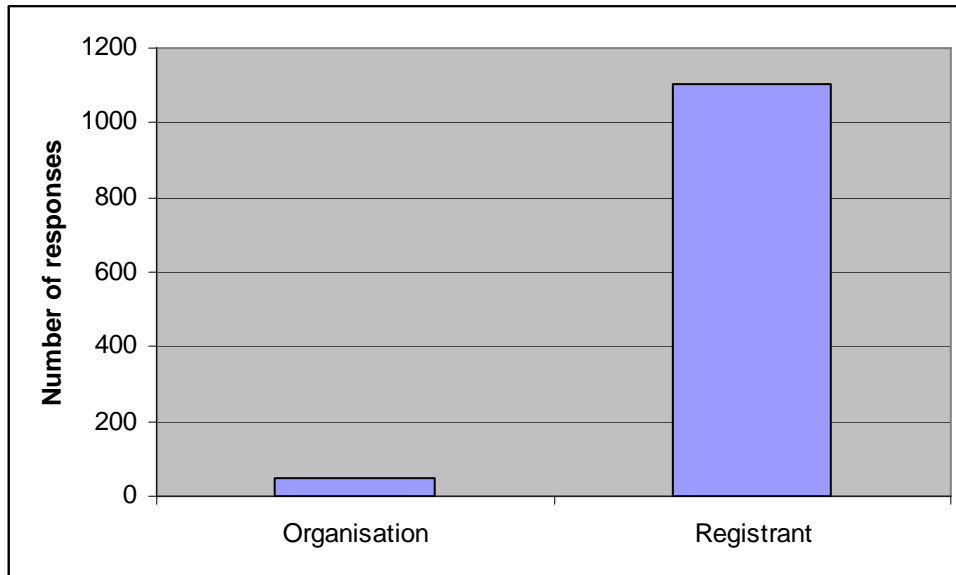
Now that the consultation has ended, we have analysed all the responses we received. We cannot include all of the responses in this document, but we do give a summary of them. Unfortunately, owing to the volume of responses we received, we could not normally reply to individual questions.

We used the following process in recording and analysing your comments:

- The first step was to make a record of each written response to the consultation (whether the response was a letter or an email). When we recorded each response, we also recorded the date it was received and whether the response was given on behalf of an organisation or by an individual.
- When we recorded each response, we recorded whether the person or organisation answered yes or no to each individual question. We also classified each response as to whether the respondent was broadly in favour of our proposals, based on their comments and the balance of their responses to the specific questions. (There were a small number of responses where this was unclear.)
- We read each response and kept a record of the comments we received, related to the questions we asked and the themes which became apparent through the consultation.
- Finally we analysed all the responses. When deciding what information to include in this document, we looked at the frequency and type of responses we received and assessed the strength of feeling of the responses.

Analysis of those who responded

We received 1,153 responses to the consultation document. As the graph below shows, 48 (4%) were made on behalf of organisations and 1,105 (96%) were made by individual registrants.



In some cases we received responses which were from groups of professionals working in a particular setting, such as a particular hospital, rather than an official response from an organisation. Where it was clear this was the case, we have classified these responses as being from organisations for the purpose of these statistics.

The table below shows the percentages of registrants who agreed and disagreed with each individual question, how many responded directly to each question and the indicative level of overall agreement and disagreement. We received more responses to the specific questions about the level of renewal fees than any other question.

Question	Yes	No	Response Rate
Overall	51%	49%	97%
Question 1	86%	14%	65%
Question 2	81%	19%	66%
Question 3	33%	67%	73%
Question 4	55%	45%	73%
Question 5	68%	32%	66%
Question 6	74%	26%	66%
Question 7	89%	11%	66%
Question 8	85%	15%	64%

Question 9	81%	19%	65%
Question 10	81%	19%	61%
Question 11	58%	42%	14%

Please see pages 15 to 33 for the questions we asked in the consultation.

We recognise that the nature of a consultation on fees is such that it could be argued that the vast majority of respondents disagreed with our proposals, particularly in relation to the level of renewal fees. Despite this, the statistics still give an indication of the strength of feeling in the responses we received. They also give an indication of the views of registrants about the future level and structure of our fees, even where there was strong disagreement with our proposals.

Summary of our key decisions

Following your comments we have made some 'key decisions' which are outlined below:

- Whenever we propose increases in fees which are broadly in line with inflation we will consult our stakeholders by:
 - writing to registrants with a summary of our proposals;
 - sending a copy of our consultation document to our consultation list; and
 - making copies of our consultation document available on our website and on request.

If we were to propose a significant increase or a substantial change to the overall structure of our fees, we will consult as we have done this time round.

- In setting our fees in the future, we will minimise cross-subsidisation between different services, wherever this is reasonable.
- We will review our fees every two years.
- Existing registrants will pay a renewal fee of £72 per year.
- Applicants who have completed an approved course will pay a non-refundable scrutiny fee of £50. The cost of registration for this group of applicants will be £36 per year for the first two years.
- We will not charge a scrutiny fee of £280 to applicants who become registered for the first time two or more years after they qualify. This group of applicants will instead pay the standard scrutiny fee of £50 and the full cost of registration.
- We will introduce a readmission fee of £182 which will include the first year of registration.
- We will not charge a readmission fee if we receive an application for readmission within one month of a registrant lapsing from the Register.
- We will charge a fee of £182, including the first year of registration, for applicants applying for restoration.
- The international scrutiny fee will be set at £400.
- The grandparenting scrutiny fee will be set at £400.

- We will amend our rules to reflect the decisions about our fees outlined in this document.

The changes to our fees will be effective from 1 June 2007. Existing registrants will pay the new renewal fee the next time they renew their registration.

General comments

In this section we provide a summary of the comments we received throughout the consultation which relate more generally to our proposals and our role as a regulator rather than to a specific consultation question.

Overall

As an indicative figure, we calculate that 49% of those who responded to the consultation expressed strong disagreement with our proposals (please see pages 4 to 5). Many of those who disagreed with our proposals said that our proposed fee increases were above the rate of inflation, and followed large increases in fees in 2003 when we were first set up. One registrant said: “I oppose any increase in fees above those of inflation.” Another registrant said that our proposed increase in renewal fees represented a 17% or 20% increase and reflected on previous increases in the level of fees: “In 2003 there was a rise in fees from £17 to £60 per annum, which I calculated at the time to be more than 350%. I understand that this partly reflected an increase in the remit of the HPC, although I still do not recognise that 350% was fully justified.” The Society of Chiropractors and Podiatrists queried the reasoning behind our proposals, quoting figures from our financial report which they said demonstrated an improvement in our financial position over recent years. They said: “Registrants ...will find it hard to understand why they should pay more when the HPC, despite a considerable increase in activity, has achieved a healthy surplus and reserves.”

Other respondents strongly made the point that salaries had failed to keep track with the rate of inflation. Unison reported that their members had expressed strong opposition to the proposals, of particular disappointment they said was our failure to offer a “three year proposal” for the level of fees, which would be consistent with the government’s three year planning cycle in the National Health Service (NHS). They reported that many salaries were currently restricted to a maximum 2% increase. These comments were echoed by others who said that we too needed to adapt to the current financial climate experienced by registrants working within the NHS by making difficult decisions to cut our costs. One registrant said: “I would look to see savings by your organisation which at least match those of my employer before I would agree to above inflation increases in any element of your fees.” Some other registrants urged us to save costs by moving our premises from London. In contrast, a small number of registrants said that our proposals were “reasonable and necessary”. One registrant said: “Any organisation has to monitor and review its work, and the costs associated. HPC registration is extremely important and as members we should recognise that the service has to be paid for.” The British Chiropractic and Podiatry Association also said that they were supportive of our proposals.

Consultation

A recurrent subject of comment was the consultation itself. A number of those who responded commented on the cost of the consultation document and expressed concern that our approach was indicative of a general failure to

“Save my money, don’t bother sending me your expensive communications.”
- Registrant

control our costs. One registrant said: “I was very impressed by the smartly presented document you sent me, but what an unnecessary waste of money! Could you not have reduced the size, if not the content? You could save yourselves a lot of money which makes me wonder just really where the fees I pay are actually going.” Another registrant said: “I think the HPC should try harder to control the costs and manage within the existing renewal fees. Most of the publications you send out are on very glossy expensive looking printing. Whilst I can understand the need to appear professional this can be achieved in cheaper ways.”

A small number of registrants suggested ways in which we might cut the costs of future consultations. Suggestions included making better use of online communication and e-mailing registrants about the consultation. One registrant said: “Can I suggest that you try to keep costs down by e-mailing things like this or by posting out a few copies to different NHS departments to be circulated.” Other registrants expressed concern that the format of the consultation did not encourage a high response rate. In particular, some said that owing to the lack of time and resources of busy professionals the response rate may be low and that responses could be encouraged in future by the addition of a questionnaire form.

The College of Occupational Therapists reported that they had been contacted by a number of members who were concerned about our proposals and said that feedback from their members suggested that the consultation was perceived as a tokenistic gesture by many. The Society and College of Radiographers expressed similar views, particularly in relation to how the proposals were represented in the consultation document. They said: “The fact that an above inflation increase is presented as a fait accompli and that the consultation focuses merely upon issues of detail regarding the arrangements for the increase is inevitably causing resentment and a questioning of the role of the HPC in relation to its registrants.” These comments were echoed by some registrants who responded. One said: “I think you will just increase the fee regardless how many people object.” In contrast, some registrants thanked us for seeking their views. One registrant said about the consultation document: “Thank you for the excellent document I have received in the post today, a very clear, well laid out, informative piece of work.”

“I fully approve of being consulted. It is essential that an organisation like HPC be as open and accountable as possible.”
- Registrant

The level of detail in the consultation document was also the subject of some comment. Whilst some commented that the document was “over detailed” and “elaborate”, others complained that the document contained insufficient detail. One registrant said: “There is a lack of clarity in the consultation document about how the fees for the different application routes are arrived at. Without this information, many

“We consider there to be a significant lack of transparency in determining how the increased fees have been calculated.”
- College of Occupational Therapists

of the fee levels seem quite arbitrary and this causes resentment amongst... registrants...” The College of Occupational Therapists and

Society of Chiropodists and Podiatrists similarly commented on a lack of transparency in the consultation document. The Society said that they were

particularly disappointed that the findings of our accountants and business advisors, PKF, who were engaged to look at our costs and forecasting, were not included in the consultation document. In response to the specific consultation questions, a number of registrants also commented that they were unable to reach a conclusion about our proposals in the absence of specific, detailed information about our costs and calculations.

Why should we pay? / Benefits of registration

A significant number of registrants said that it was inappropriate that registrants had to pay for the costs of regulation. A common theme was a belief that as HPC's primary role was protecting the public the costs ought to be funded by central government via general taxation or, alternatively, directly by employers. One registrant said: "The HPC exists to protect the public. It should therefore be funded by the public, from general taxation. I

"I consider your fees to be yet another form of compulsory taxation."
- Registrant

object strongly to having to pay the fee." Another asked: "I understand that you are there to protect the public, but why do we have to keep covering the costs of this?" The Chartered Society of Physiotherapy agreed and said: "The CSP can see no reason why the Government cannot meet some part of the increased costs, since the Health Professions Council is carrying out a service on behalf of the public." These views were supported by the response from Amicus, who said: "... we consider regulatory fees to be a tax of jobs; they should be the responsibility of the employer."

A number of other registrants disagreed with the benefits of registration outlined in the consultation document. Comments in this area focused on our role in making

"For self regulation to work, registrants need to see clearly identifiable benefits within it."
- Unison

decisions about fitness to practise cases and our role in increasing recognition and understanding of registration. A registrant said: "The most frustrating part of the registration is that it offers

the individual registrant nothing but the use of a protected title. We receive no support in our day-to-day decisions and treatments; only the opportunity to be disciplined or removed from the register in the event of a malpractice." Other registrants said that we had failed to increase public awareness and recognition of the professions on our register and needed to work harder in this area. This view was supported by Unison who also reported that registrants continued to have a lack of understanding about the role and function of HPC and therefore the benefits of regulation. In contrast, a registrant concluded: "...the registration fees will be of benefit for all of us and the prosperity of our health professions."

Fitness to practise

We received a number of comments about our fitness to practise process. Most of those who commented about this area were concerned about the increase in the numbers of cases we were handling. In particular, a small number of registrants were concerned that we were considering cases which were "frivolous" and "spurious". One registrant

"In general I am much happier with the current system, where the HPC is in charge of assessment of fitness to practise."
- Registrant

said we were "... pursuing complaints with little or no substance ... which may be more efficiently disposed of at initial panel examination". Another registrant said that this was a situation 'of our own making' in that we had actively sought to encourage unfounded complaints from members of the public. A number of registrants suggested that we were considering cases which were better dealt with by employers; one registrant expressed concern that this reflected that employers were referring cases to us as an alternative to their own disciplinary procedures. The fairness of our processes was questioned by one registrant who said that: "...a full independent unbiased investigation is not currently assured."

Many also commented directly on the costs involved in administering the fitness to practise process. A number of suggestions were made for how we might recoup our costs. It was suggested that we might charge registrants who were the subject of a complaint to cover the costs of our investigation, and that this might in turn be covered by professional indemnity insurance. The Royal College of Speech and Language Therapists reported that similar suggestions had been made by some of their members. Other registrants suggested that we should charge complainants to discourage poorly founded complaints or that in some circumstances we might be able to recoup costs from education providers who had decided to pass a student. The College of Occupational Therapists said that there was "...insufficient evidence that the increase in fees is linked to the growing number of investigations conducted". Unison expressed concern that fees paid to panellists were too high, arguing that the role should be considered a "public duty" and only expenses reimbursed.

Salaries of other health professionals

In the consultation document we provided a comparison of our proposed new renewal fees and those charged by other UK regulators of healthcare professionals and this prompted a number of comments. In particular, a number of those who responded said that it was inappropriate to compare the fees we charged to those of other regulatory bodies, because of differences in salary levels. One registrant commented: "It is unfair to use the comparison of fees with those of other regulatory bodies as an argument for raising your fees, most particularly with relation to such bodies as the GMC [General Medical Council] when there is a considerable difference in the level of salaries." Others pointed out that our proposed fees were higher than those currently charged by the Nursing and Midwifery Council (NMC). Some of those who responded said that rebanding under Agenda for Change had had a detrimental impact upon the salaries of allied health professionals generally. In contrast, one registrant said: "I am happy that our fees would be in line with those for dental nurses and technicians, as these professions are more similar to ours in terms of pay than dentists or doctors."

We also received a small number of comments from individuals and organisations who were concerned that our comparison to other regulator's fees was part of the rationale for our increase. One registrant expressed reservations about our reasoning,

"Regulatory fees pay no attention to earning levels... - i.e. salaries ranging from £19,166 for Band5 staff up to £73, 281 for anyone on Band 8. But you are asking them all to pay the same level of regulatory fees!"
- Amicus

and said: "Just because another organisation charges higher fees, this is not justification for the HPC to regularly raise fees." Another registrant said that the

fees of other regulators were irrelevant and that our fees should reflect the costs we incur. However, one registrant said that our fees were “value for money” compared to those of other regulatory bodies. Amicus expressed concern that our fees do not account for differences in the earning levels of registrants and the professions. They called for equity between all regulatory bodies to avoid wide variation in the level of fees.

The roles of the regulator and the professional body

We received a number of comments about our role compared to that of the professional bodies. Some were concerned at what they saw as a duplication of role and effort between HPC and the professional bodies. The area most frequently cited in these comments was the approval of courses, where some were concerned that we were unnecessarily repeating work undertaken by the professional bodies. A registrant said: “...it would appear there is much duplication between the role of the HPC and that of universities and professional bodies ...Would it not be possible to have dialogue with such organisations to prevent overlap of roles, such that the work carried out by each could be done within existing funding – and thereby meaning that fees do not increase?”

Throughout the consultation, registrants often made reference to the fees they also pay to their professional bodies. Many reported that our proposed fees increases followed increases in the fees they paid to their professional bodies; some said that they would consider ceasing their membership of the professional body if our fees were increased. One registrant was specifically concerned that we had failed to consider the impact of our proposals upon the income of professional bodies. This point was also made by the College of Occupational Therapists who said that they did not accept our reasoning for not including a full regulatory impact assessment. They said: “The impact of an increase in HPC fees on professional bodies’ income streams cannot be denied.” Some registrants suggested that their own professional bodies were better placed to regulate their profession and commented that they provided a better service. They questioned why it was necessary to belong, and pay fees, to two organisations.

“I think the regulation of physiotherapists should go back to the CSP.”
- Registrant

Our comments

In 2002 we consulted on the functions of the Health Professions Council, and proposed a registration fee of between £65 and £85. Following your feedback, we decided on a fee of £60 per year, and agreed a 50% discount for newly qualified registrants for the first two years. As we explained in the consultation document, the level of our renewal and scrutiny fees has remained the same since 2003. However, during this time we have seen an increase in our costs, particularly in the area of fitness to practise.

We recognise and understand your concerns about the level of our fees, and many of you urged us to pay close attention to our costs. We are committed to ensuring that we undertake our functions efficiently and effectively, including keeping close control of our costs and making best use of our available finances and resources.

In the consultation document we tried to strike a balance between providing sufficient information so that our proposals could be easily understood and providing detail which would help those who wanted to know more. Whilst some felt that we had provided too much detail, we recognise that many felt that we had provided insufficient detail which could help them make a more informed response to our proposals. A lot of information about our finances is publicly available. Our Finance and Resources Committee is involved in scrutinising our finances and in making recommendations to our Council. The papers considered by this committee and the minutes of their public meetings are all available on our website. We also publish an annual report which includes details of our finances which is also available on our website, and in hard copy. However, in light of the comments we received, we will review the level of detail we provide in future consultation documents, and how we signpost our stakeholders to other publicly available information.

Articles 3 (14) and 7 (3) of the Health Professions Order 2001 require that we must consult our stakeholders before we make any changes to our fees. We also believe that as an organisation it is vital that we consult our stakeholders so that we can take account of their views. This the first time since our register opened in July 2003 that we have proposed to change our fees. We are also proposing, for the first time, to introduce fees for readmission and restoration and to introduce a scrutiny fee for people becoming registered for the first time. Given the extent of our proposed changes, we felt that it was important to consult as widely as possible, so we sent a copy of the consultation document to each registrant on the register to invite their comments. In doing this, we kept our costs down as far as possible.

Your comments have been helpful in making our final decisions. We also believe that it is important to hear about the concerns of registrants as we move forward as an organisation. We need to strike the right balance between consulting widely on our proposals and recognising the understandable concerns of registrants about the cost of such exercises. In response to your comments about the cost of consultation, we have decided that were we to propose an increase in our fees which is broadly in line with inflation, we will not send a copy of the consultation document to each registrant. We will, however, send a letter to each registrant with an overview of our proposals inviting them to respond to the consultation, send a copy of the consultation document to the stakeholders on our consultation list, and make copies of the consultation document available on request and via our website.

We received a number of suggestions from registrants about our fitness to practise function, including suggestions that we should charge complainants or charge registrants who are asked to attend a hearing. We do not have any powers to do this. It is important that individuals and organisations feel able to complain to us when they have concerns about a health professional, and they may well be deterred if a cost was involved. Our role is not to punish individual health professionals - it is to take appropriate action to protect the public.

We provided the fees charged by other regulators in the document to provide an easy comparison of our proposals. However, the fees charged by other regulators have not formed part of the rationale behind our proposals. Since we consulted on our

proposals, the Nursing and Midwifery has agreed an increase in their renewal fee from £43 to £76 per year.

Some of the comments we received indicated some confusion about our role and the role of the professional bodies. Regulators and professional bodies have very different, but complementary, roles. Whilst HPC's primary role is to protect the public the public, professional bodies have a key role in promoting the professions and in providing services to their members such as advice, continuing professional development opportunities (CPD) and disseminating research and development via professional journals. We have an important role under our legislation in approving education and training programmes and this is a crucial way in which we protect the public by ensuring that those we register meet our standards. Professional bodies often play an important role in setting course curricula, promoting best practice and encouraging innovation. They are learned societies from which practitioners draw great strength and support.

Key decision

- Whenever we propose increases in fees which are broadly in line with inflation we will consult our stakeholders by:
 - writing to registrants with a summary of our proposals;
 - sending a copy of our consultation document to our consultation list; and
 - making copies of our consultation document available on our website and on request.

If we propose a significant increase or a substantial change to the overall structure of our fees, we will consult as we have done this time round.

Our questions

In this section we consider the comments made in relation to each question.

Q1. Do you agree that we should set our fees to minimise cross-subsidisation between different services?

- 86% agreed with our proposal; 14% disagreed.

The majority of those who responded to this question were in agreement with this proposal. The British Association of Art Therapists commented that this arrangement would be “fairer to existing registrants”. A registrant who responded also agreed and said: “These are sensible proposals which will mean each entrant will cover their own cost of being on the register.” The Chartered Society of Physiotherapy agreed with the

“We agree that one of the benefits of several professions being registered with the HPC allows for lower overall costs due to savings made.”

- Association of Pharmacy Technicians UK

proposal in principle but noted that, as the largest professional group on our register, fees from physiotherapists account for a significant proportion of our income and therefore some cross-subsidisation inevitably exists

between smaller and larger professions. A small number of registrants also made this comment, whilst others pointed to cross-subsidisation between registrants because of the costs involved in the fitness to practise process. The Chartered Society of Physiotherapy were additionally concerned about cross-subsidisation with fees of existing registrants going towards the cost of regulating new professional groups.

A number of respondents felt that it was inappropriate or unnecessary for us to try and eliminate or minimise cross-subsidisation. One registrant said: “It is a waste of resources to attempt to achieve the impossible and far better to accept that as a service provider, your main aim is to control costs and spread the load over the range of services you supply.” The Registration Council for Clinical Physiologists also disagreed saying that “as long as any cross-subsidisation is cost neutral across the registration groups then there should be no increase in fees”. Speech and Language Therapists at NHS Forth Valley asked: “This would seem to be a positive statement but it assumes that there is equitable efficiency in the processes for different services within HPC. How will extra fees be ring fenced?”

Many of those who responded to this question agreed to the principle of minimising cross subsidisation, but felt that some cross-subsidisation was appropriate in helping newly qualified registrants or those returning from a career break. The comments received in this area are looked at in more detail in the section on questions 3 and 4.

Our comments

We believe that it is important to structure our fees so that they are as fair as possible for the different groups involved, and we received broad support for this approach during the consultation. Notwithstanding our decisions in relation to the two options put forward for the level of renewal fees, we think that it is important that, wherever reasonable, we minimise cross subsidisation between different services.

We believe that existing registrants should not subsidise the cost of registering new professional groups.

Key decision

- In setting our fees in the future, we will minimise cross-subsidisation between different services, wherever this is reasonable.

Q2: Do you agree that we should review our fees every two years?

- 81% agreed with this proposal; 14% disagreed.

The majority of registrants and organisations who responded to this question were in agreement with our proposal, although some added the caveat that any future rises should not exceed the rate of inflation. The Department of Health in England said that they supported our “proactive approach” and that regular review would assure our stakeholders that our proposals were well thought out rather than reactionary. The Society and College of Radiographers also agreed with our proposal: “It is undoubtedly true that registrants would prefer not to face substantial and unexpected increases in fees. Regular review of fee levels should allow any necessary increases to be made incrementally.” In contrast, other respondents said that two years was too frequent a time period for reviewing the level of fees and suggested time periods of three and four years. One registrant said: “We feel that a longer gap between reviews will result in your reasons in funding being better considered by both board and members.”

“Two years? Ten years? Who cares? I'm still going to have to pay.”
- Registrant

“I feel that you should be able to plan further ahead than 2 years.”
- Registrant

Amongst those who disagreed with this proposal, some said that our question was predicated on an assumption that the fees would always be increased. Physiofirst felt that we needed to more fully consider our costs now: “The costs should be fully explored now and registrants should be able to expect no more than cost of living

risers once a robust structure has been introduced, and necessary fiscal controls should be in place to prevent overspend.” The Royal College of Speech and Language Therapists supported our proposal, but reported that speech and language therapists had questioned the cost implications of such a regular review, given the administration costs involved in consulting on changes.

Our comments

It is important that we regularly consider the level of our fees in order to ensure that we have sufficient income to perform our functions as a regulator. We proposed that we should review our fees every two years, in order to assess whether we needed to propose any changes. We think this is a reasonable period in which to reassess our finances and that, should we decide an increase in fees is necessary, we believe registrants would generally prefer smaller, incremental increases rather than large, unexpected increases after a number of years. This view is supported by some of those who responded to the consultation. We always keep our finances under review and our finance and resources committee considers regular information about our finances, including forecasts for our likely income and expenditure in the coming years.

Key decision

- We will review our fees every two years.

Q3: Do you agree with the proposals for our fees laid out in option 1?

Applicants who have successfully completed an approved course (applying within two years of completion) pay a £100 scrutiny fee on application, and £70 per year for the cost of registration. The renewal fee is increased to £70 per year.

Q4: Do you agree with the proposals for our fees laid out in option 2?

Applicants who have successfully completed an approved course (applying within two years of completion) pay a £30 scrutiny fee on application, and a discounted registration fee of £36 per year for the first two years of registration. The renewal fee is increased to £72 per year.

- 33% agreed with option 1; 67% disagreed.
- 55% agreed with option 2; 45% disagreed.

The majority of those who responded expressed a preference for option two over option one. Amongst those who supported option one, it was generally felt that any cross-subsidisation was inappropriate and that students should pay the full cost of becoming registered. One registrant said: “It is absolutely

“...the issue of new graduate unemployment is one of public policy, not one for HPC to address through its fees structure.”
- Registrant

essential that increases are fair to everyone. I think option 1 is the fairest method. This is an expensive time for a newly qualified registrant but registration for any profession is a costly business and should be taken on board. Why should they be subsidised?” Another registrant said: “I think it is reasonable to charge new Registrants a realistic fee since compared to many graduates they will have already received useful financial support in the form of an NHS Bursary in many cases.” The Institute of Chiropodists and Podiatrists said that they preferred option one. Option two was, they said, “unnecessarily complicated” and they urged us to “keep it simple”. They said that they were concerned that if option two was adopted it could give rise to claims of discrimination amongst other groups who may also be less able than others to pay registration fees, including those taking short breaks due to illness or because of caring responsibilities.

There was, however, strong opposition to the proposals outlined in option 1 from the majority of registrants and the majority of organisations who responded. Whilst the Department of Health in England reported that they had no preference between the two options, the majority of the professional bodies representing professions we

“...graduates have minimal spare cash, and it is disgraceful that you as a body are even considering this motion.”
- Registrant

register expressed strong disagreement with option one. The British Association of Dramatherapists said that the proposal would: “...place a huge financial burden on newly qualified practitioners who have funded their training and have loans to repay. Asking them to pay £100 may prevent

them from being able to afford membership of the professional body.” The Society of Chiropodists and Podiatrists were similarly concerned and said that they feared a “Catch 22” situation where students cannot begin earning without registering, but are unable to afford the cost of registration. These views were echoed by many registrants who similarly expressed concern at the potential impact of such an increase on students and future student numbers. Many worried that they would act as a disincentive to train or encourage newly qualified graduates to seek employment outside of their profession. The College of Occupational Therapists questioned how programme approval was of direct benefit to new graduates, a point raised by a small number of other respondents.

We received a small number of responses directly from students, all of whom urged

“Why, on top of this hardship, should I be burdened even more with these fees? Speak to the government if you need more funding instead of forcing higher fees on people who are on the brink of poverty.”

- Student

us not to adopt the proposals outlined in option one. One student said: “The increase in graduate fees is completely ridiculous.” A number of others described how personal circumstances and student debt would affect their ability to register if we adopted option one. One said: “I feel the imposed fees are high and the last thing I need when I already have a huge debt. My partner and I have

struggled to pay our mortgage for the last 2 years, despite him having a well paid job and with me working part time. In discussion with student colleagues, I am not alone in this financial position and we all feel that when starting out in a new profession we should be supported, not penalised for ‘being new’.” We also received responses from staff working in higher education institutions that supported this view. Dietitians at King’s College of London said: “With average student debt for final year students at £8,666 the current job shortage leaves new graduates as the most vulnerable group of potential registrants ...introducing a scrutiny fee will increase the burden on new registrants to an unacceptable level.”

Amongst registrants, many said that they would support the proposal to pay £2 extra on the renewal fee as proposed in option two in order to help newly qualified registrants. One registrant commented: “...new graduates need all the help they can get and I don’t think it’s too big a deal for more experienced health professionals to pay £2-£4 extra a year to cover this.” A small number of others disagreed with the proposal, but still felt that students should be helped. One said: “A combination of options 1 and 2 would be better. I also think £72 is too much for existing members.” A number of other suggestions were made for the structure of our fees. The Society of Chiropodists and Podiatrists said that they thought the proposals outlined in option two would be a more reasonable option. They said: “We believe that registrants would accept this element of cross subsidy to ensure continuing healthy rates of entry to their professions.” The Institute of Biomedical Science supported the proposal but sought clarification that the term ‘approved course’ also included those students who successfully achieved the Institute’s Certificate of Competence. A number of other organisations indicated that option two was their preferred option, but sought further clarification that this increase was justified. The Chartered Society of Physiotherapy concluded: “While the CSP finds this proposal less burdensome, we do not accept the proposal for higher renewal fee of £72.”

A frequent subject of comment in response to our proposals was around scrutiny of applicants who had followed a UK approved course. A number of those who responded questioned why it was necessary to scrutinise an application from someone

“...new registrants should have reduced fees.”
- Registrant

who had already successfully completed a course which we approved. One registrant said: “I feel I must protest at the proposal to introduce scrutiny fees payable by candidates who have undergone an approved degree course. If the course is approved surely such scrutiny is unnecessary.” The

Chartered Society of Physiotherapy similarly commented that “comparatively little work” was involved in processing applications from this group. The British Association for Counselling and Psychotherapy suggested that some of the costs of approving courses should be passed on to higher education institutions themselves, a view echoed by a number of others who responded. We also received a small number of comments about the health and character references we require when someone applies for registration. One registrant reported that a colleague had paid £45 for their GP to complete the health reference form and said that this represented “a hidden cost and yet another additional pressure for people applying for HPC registration”. Another registrant said: “I would like to know why health and character references are necessary when someone has recently qualified. If there were any concerns in this area, surely they would not have passed the course.”

A number of registrants who responded urged us to consider a discount in our proposed renewal fees for part time workers. One registrant said: “I work part time and I feel it is very unfair that a manager who may earn 5-6 times my salary pays the same HPC fee. As most part time HPC members are also carers who have no choice but to work part time, I feel most strongly that this is discrimination.” A similar point was made by Amicus who said: “In employment law there are regulations to protect the interests of part-time workers to ensure that they are not treated less favourably than full timers...we believe that the principles represented in this legislation should carry through into the statutory regulation process.” One registrant suggested that fees might be linked to salary bandings under Agenda for Change. Other suggestions made included reduced fees for those paying by direct debit and discounts for single-parents and those with caring responsibilities. In contrast, one registrant suggested a higher fee for those who pay in instalments and a discount for those who pay in a lump sum. A small number of registrants asked whether we might consider a separate register with a reduced fee for registrants who are not currently practising and noted that this would be in-line with the approach taken by some regulators and professional bodies.

“What about having a sliding scale of charges linked to Agenda for Change bandings, then the more highly paid practitioners would pay more than the newly qualified low earners?”
- Registrant

Our comments

There was not a huge differential between those respondents in support of option two rather than option one. We thought that it was important to put forward two options for the level of renewal fees, in recognition of concerns about the ability of newly qualified students to afford the cost of registration. A key factor in the two options put forward was the cost of visiting education providers to approve their courses against our standards. Once a course is approved, a student following that course is eligible to apply to us to for registration. We grant approval subject to continuing checks on the course's ability to continue to meet our standards via our annual monitoring process.

In option one, the majority of our costs in approving courses are met by students as part of the scrutiny fee. As the majority of our activity in approving courses relates to pre-registration programmes, and therefore how someone first becomes registered, this could be considered to be of direct benefit to students. In option two, existing registrants are subsidising the cost of approving courses. The Health Professions Order 2001 requires us to approve courses for registration but we do not have any powers to charge education providers.

Many of you expressed concern that the level of fees outlined in option one would be prohibitive and detrimentally affect both the ability of newly qualified students to register and begin to practise and also discourage those thinking about entering the professions. Having considered your comments, we have decided not to adopt the proposals outlined in option one. This will mean that part of the renewal fee paid by existing registrants will continue to pay for the costs of approving pre-registration education and training programmes.

In light of your responses to this question and the following question on the £280 scrutiny fee, we propose a compromise on option 2, to ensure that we cover our costs. We propose that the scrutiny fee should be set at a level of £50. The scrutiny fee would be payable on receipt of an application for registration and would be non-refundable. The renewal fee would be set at £72 per year and we would maintain the existing 50% discount for the first two years registration fees for applicants from approved courses. The Certificate of Competence issued by the Institute of Biomedical Science is an approved course for the purposes of becoming registered as a biomedical scientist.

A number of you questioned the scrutiny involved in looking at applications from applicants who have followed an approved course. The proposed scrutiny fee would cover some of the costs in approving education and training programmes. We also incur other costs. When someone applies for registration we ask to them to provide health and character references and to declare any criminal convictions or cautions. If an applicant declares any convictions or cautions or if their health or character reference causes concern, we presently ask a panel to consider this. They decide whether the person is of good health and character to be admitted to the register. Sometimes conduct or health concerns arise, after a student has started an approved

course or after they have completed their course, which give rise to concerns about the individual's fitness to be registered. It is an important part of our role in protecting members of the public that we are assured of the health and character of someone before we register them.

In common with some responses we received to our consultation in 2002, a small number of you asked about discounts to renewal fees for part time workers or for those who were not currently practising. We have considered your suggestions carefully but we have decided that it would not be appropriate for us to introduce a discount for part-time workers. This is because our costs in undertaking our role as a regulator are the same, regardless of how or where someone works. In addition, we believe that the costs in implementing a system whereby we would check whether a registrant was working part time would be prohibitive. Another suggestion was that our fees might be linked to salary bandings under NHS Agenda for Change. Registrants work in a variety of different settings and because of this it is important that our systems are not tied to one employer. For this reason, and for reasons of cost detailed above, we are unable to take forward this suggestion.

Some of you suggested whether we might set up a part of the Register for registrants who are no longer practising. We define 'practising' in broad terms and ultimately it is down to an individual professional to decide whether they are continuing to practise. However, we believe that anyone remaining on the Register should continue to meet our standards, including undertaking and recording evidence of their continuing professional development. We believe that professionals who feel loyal to the career that they first chose to train in may wish to remain members of their professional body. By doing so, they may, for example, receive any journals or newsletters, remain in touch with professional networks, maintain links with professional colleagues, and keep up-to-date with the latest research in their profession.

Key decisions

- Existing registrants will pay a renewal fee of £72 per year.
- Applicants who have completed an approved course will pay a non-refundable scrutiny fee of £50. The cost of registration for this group of applicants will be £36 per year for the first two years.

Q5: Do you agree that we should introduce a scrutiny fee of £280 for applicants who hold an approved course and are applying to become registered for the first time two or more years after completing their course – to cover our costs in processing their applications?

- 68% agreed with this proposal; 32% disagreed.

Although the majority of those who answered this specific question were in agreement, very few made specific comments about this proposal. Those who agreed with this proposal were largely in agreement because they said that it was reasonable

that we would have higher costs in considering applications from this group and that the fee would encourage students to register and start practising early. The British Association of Art Therapists said: “The higher rate for people who join for the first time after completing their course would provide an incentive for newly qualified practitioners to probably register as soon as possible after qualifying. It would ensure that new practitioners do stay connected with professional issues.” The Society and College of Radiographers (SCoR) added: “Given the reasonable requirement for all fees to be openly justifiable, SCoR agrees that this scrutiny fee should be higher than for applicants who seek first registration within the two year period.” A registrant commented that although the costs behind our proposals were unclear, they would be permissible as a form of cross-subsidisation: “...if you need it to balance the books, I feel that it is better to do this than take it from those who are practising year on year.” Another registrant agreed with our proposal, suggesting that we might consider charging more in order to encourage earlier registration at the lower rate. The Institute of Chiropodists and Podiatrists said that they were in agreement, but added that the phrase “two or more years” should be “defined and limited to make it clear”.

Amongst those who disagreed with this proposal, the objection was often strongly held and articulated. Many questioned why it cost more to register someone two years after they have completed an approved qualification. One registrant said: “...it shouldn't make any difference when they first apply to become registered from an approved

“The consultation document does not adequately explain why an application more than two years after qualifying costs more to process.”
- Registrant

course.” Another noted that we do not make additional requirements of someone who has not previously registered and not been in practice until five years have elapsed and queried therefore why we incurred more costs after just two years. These views were echoed by many of the organisations who responded. The way in which we had calculated the proposed fee also drew many comments. Occupational Therapists at Northern Devon Healthcare Trust spoke for many when they asked: “We would like to know, how did you arrive at this figure?” Some commented about the level of the proposed fee and we received comments from registrants that the fee was “excessive” and “outrageous”. The British Association of Counselling and Psychotherapy proposed a sliding scale of fees, with applicants paying £100 between two to five years, and £280 five years after having completed their course.

Concerns that the proposed fee would act as a deterrent to joining the professions were prevalent amongst those who disagreed. Amongst registrants, many pointed to high levels of graduate unemployment which have led to a longer time period between qualification and finding a job. One registrant said: “While I appreciate that there will be more work involved I am worried that this will really affect those physiotherapists unable to obtain a job upon qualifying and who will probably already be struggling financially working in an area unrelated to physiotherapy or on a much lower wage. This may be impossible for them to find the necessary money and we may lose even more physiotherapists from the profession.” Another said: “With the current job climate and newly qualified staff finding difficulty in gaining employment this would not be an appropriate time to introduce this fee.” The Institute of Biomedical Science pointed out that Biomedical Science students do not receive NHS

funding and because of this graduate debt levels tended to be higher. They said: “In the spirit of trying to encourage new entrants into the profession, we recommend that those applying for registration...are not charged a £280 scrutiny fee as this would constitute a major disincentive at a time when the profession needs to encourage new entrants.”

Our comments

We are sensitive to the concerns of those who were worried about the effect of our proposed fee on new graduates. Many of you said that the current financial climate meant that increasing numbers of graduates were unable to find employment until some time after completing their course and needed to work in areas unrelated to their profession to earn money whilst seeking permanent employment.

Having taken on board your comments, we have looked again at our costing model and forecasts. We have decided that we will not charge a higher scrutiny for this group of applicants who will instead pay the scrutiny fee we have agreed for new registrants. However, as at present, the 50% discount on the cost of registration for first two years will only be available for those who register within two years of qualification.

Key decision

- We will **not** charge a scrutiny fee of £280 to applicants who become registered for the first time two or more years after they qualify. This group of applicants will instead pay the standard scrutiny fee of £50 and the full cost of registration.

Q6: Do you agree that we should introduce a higher readmission fee, including the first year of registration, to cover our costs in processing these applications?

(We proposed a readmission fee of £180 (option 1) or £182 (option 2) including the first year of registration.)

Q7: Do you agree that we should not charge a higher readmission fee if we receive an application within one month of a registrant being lapsed from the Register?

- 74% agreed with question six; 26% disagreed.
- 89% agreed with question seven; 11% disagreed.

Whilst the majority of those who responded supported our proposals, there were a number of prevalent themes. A number of those who disagreed with our proposal to introduce a readmission fee, answered yes to our proposal to implement a one month grace period, should we introduce such a fee. Amongst registrants, a number said that they thought a readmission fee was appropriate and that the individual had a

professional obligation to ensure they renewed their registration on time. One registrant said: “Registrants have sufficient time to ensure they meet the deadlines. They receive adequate notice. I believe they have an obligation to be aware when their registration expires and to ensure that they re-register within the time required.” Another said that they thought it “unreasonable” for registrants to continue to absorb

“We agree that registrants who do renew their registration should not pay for the costs of processing applications from those that apply to rejoin after lapsing. A higher fee for those who lapse for more than a month is therefore reasonable.”

- Department of Health (England)

the cost of processing applications for readmission. The Association of Pharmacy Technicians UK said that they supported our proposals and reported that our approach was in line with that of the Royal Pharmaceutical Society of Great Britain. Many responded saying that they thought a one month

grace period for registrants who accidentally lapse was reasonable. However, we received a number of other suggestions from registrants and organisations suggesting periods from six weeks to six months. The British Association of Art Therapists and British Association of Dramatherapists both suggested that a three month period would be fairer. A small number said that there should be no grace period at all. Play Therapy UK said that a month’s grace period should only be granted if the failure to renew was caused by postal delays or some other factor not in the control of the registrant.

An area of concern amongst those who agreed and disagreed alike was the possible deterrent effect of our proposals on returners to practice. The Society and College of Radiographers expressed concern that our proposals would act to discourage radiographers wishing to return to practice. They said: “We are concerned that an increase in fees faced by these professionals...will act as disincentive to return... We feel that this is an area where cross-subsidisation would be acceptable in the interests of maintaining growth within the clinical workforce.” A number of registrants agreed, arguing

“...this fee could be a barrier to single parents and part-time workers returning to their professions.”

- Registrant

that the fee would run counter to government initiatives encouraging certain groups back into employment. One registrant commented on our returners to practise policy and said that our proposed readmission fee would add to this burden: “I am...having to spend more than 6 months working in a department only being paid as a helper in order to get my practice hours completed in the confines of school hours as I have two children... If on top of this I was faced with a readmission fee of £180 I doubt very much I would have pursued the application and would have thrown away my qualification and years of previous experience.” A number of others said that our proposals would disproportionately affect certain groups, including carers, single parents and those taking a break for other reasons such as long-term illness. Some said that our proposals would discriminate against women in particular, because they were more likely to take a break in order to care for children or other family members. Some of those in agreement with the proposals suggested that we might waive this fee for those who had taken an involuntary break due to illness or to care for children.

Amongst those who disagreed with our proposals, many cited their experience of the

“From personal experience and that of colleagues, I do not have confidence in the administrative processes of HPC.”

- Registrant

renewals process and said that we had made errors in lapsing registrants which we had failed to acknowledge or rectify. Some of those who agreed with our proposals added a caveat that this was on the condition that the reason for lapsing wasn't our error and that we improved our communication and registration processes. One registrant said: “The

increase in general is not excessive, but I feel you would be well advised to prove to us over at least two years that you won't be making mistakes with renewals before charging such a large amount for readmissions and restorations!” Others told us about problems they and their colleagues had experienced in renewing their registration and said that they felt our processes had not been sufficiently robust in the past. One respondent commented: “Several of our team had already experienced the readmission process and felt that the past HPC administration systems were partly responsible for the lapsing in the first place... I see you acknowledge that you have worked very hard to improve your processes but registrants need confidence that these systems actually work.” Others acknowledged that they had lapsed because they had failed to change their address with us, but added that the readmission process was unduly onerous and lacked any flexibility to take into account individual personal situations. One registrant said: “I found it very frustrating that I had to refresh all forms for a short period of relapse. In fact I would have willingly paid a charge to be sent a new renewal form to sign and return.”

Our comments

We are sensitive to the concerns expressed by some about the potential deterrent effect of our proposals upon returners to practice. However, we believe that it is reasonable that we charge a fee for readmission which covers our additional costs. This is in line with the approach taken by most of the other UK regulators of health professionals. We have therefore decided to introduce the readmission fee. However, we will keep the impact of this decision under regular review.

The process we must follow when someone applies for readmission is set down in our legislation and rules. We require an applicant to fill in a readmission form and to provide new health and character references. Whilst we understand the frustration of someone who has accidentally allowed their registration to lapse, the Health Professions Order 2001 says we need to be assured of the health and character of any person before admitting or readmitting them to the Register.

We received a number of comments which relate to our administrative processes in renewing registrants' registrations. Each profession must renew their registration every two years. We send each registrant a renewal form three months prior to the renewal date. Each registrant is asked to sign a declaration confirming that they have continued to practise their profession and continue to meet our standards, and to either pay the requisite fee or confirm they wish to continue to pay by direct debit. If we have not received a completed form we send a reminder to each registrant one month prior to their profession's renewal date. When we started operating under our new rules in 2003, we recognised that the new process of renewing registration was

different from the system used by our predecessor, the Council for Professions Supplementary to Medicine (CPSM). We have worked hard to improve the information we send out to registrants and regularly work with the professional bodies so that registrants are reminded to return their forms to us on time.

As table 6 on page 12 of the consultation document shows, registrants lapse their registration for a number of different reasons. On average, around 51% of registrants who lapse have not applied to be registered again within 150 days, compared to 25% who apply for readmission within 30 days. Given that most of those who accidentally lapse their registration apply to be registered again within one month, we think that it is reasonable to allow a one month grace period in which the readmission fee will not be payable. The most common reason for short lapses in registration is because we have not been informed of a change of address. It is very important that we are informed of a change of address at the earliest opportunity. We can accept changes of address in writing or by telephone to our Registration Department.

However, we do acknowledge that sometimes errors occur and we will always seek to rectify the problem if this is the case. We will not charge the higher readmission fee if the reason the registrant lapsed was because of our error. Recent statistics from registrants renewing their registration indicates both that our processes have improved and that registrants are now more familiar with the renewal process.

Key decisions

- We will introduce a readmission fee of £182 which will include the first year of registration.
- We will not charge a readmission fee if we receive an application for readmission within one month of a registrant lapsing from the Register.

Q8: Do you agree that we should introduce a higher restoration fee, including the cost of registration to cover our costs in processing these applications?

(We proposed that the restoration fee should be the same as the readmission fee, £180 (option 1) or £182 (option 2) including the first year of registration.)

- 85% agreed with this proposal; 15% disagreed.

The majority of those who responded to this question were supportive of our proposals and very few made specific comments. However, some respondents questioned why the restoration fee was set at the same level as the readmission fee. They said that the costs incurred in the consideration of applications for restoration by a panel meant that the restoration fee should be higher. One registrant suggested: "...if they are restored they should pay a huge readmission fee which could perhaps subsidise other fees." Others were concerned that we were sending out the wrong message in setting a restoration fee which was on a par with the readmission fee: "...it is wholly unacceptable that the restoration fee should be the same as for readmission. It is frankly an insult to applicants applying for readmission to have to pay the same as someone who was struck off." Amongst the professional bodies most were in agreement with this proposal. However, The Institute of Biomedical science agreed that the fee should be higher than for readmission. In their response Amicus asked: "Are you seeking to discourage such applications?" This was the main area of concern amongst the small numbers who disagreed with this proposal.

Our comments

Restoration is the process by which someone who was struck off can reapply to us to be registered. We can only consider applications five years after someone was struck off. A panel, which includes a chair, someone from that person's profession and a lay person, considers whether that person's fitness to practise continues to be impaired and whether it would be appropriate to allow them to be registered again.

If the panel decides to restore that person to the Register, they do so on condition that they fill in the correct application form and pay the relevant fee. This includes providing us with health and character references. We are not able to charge the applicant for the costs of the panel's consideration of their case, only the costs we incur in processing their application. We therefore propose that the restoration fee should be set at the same level as the readmission fee.

To date, we have received one application for restoration, made by someone who was struck off by our predecessor organisation, the Council for Professions Supplementary to Medicine (CPSM).

Key decision

- We will charge a fee of £182, including the first year of registration, for applicants applying for restoration.

Q9: Do you agree that the scrutiny fee for international and EEA applications should increase to £400 to cover the costs of processing these applications?

- 81% agreed with this proposal; 19% disagreed.

Although there was a clear majority in favour of this proposal, the comments we received indicated a number of different viewpoints. Some of the professional bodies did not feel that we had given adequate information about the costs involved in scrutinising these applications, and declined to make any comment. The Royal College of Speech and Language Therapists said: “There is a lack of transparency around the figure of £400 and why it is so much greater than the fee for processing national applications in terms of costs/ other costs. For this reason the RCSLT is unable to comment on this proposal.” The College of Occupational Therapists echoed this comment, the Chartered Society of Physiotherapy agreed to the change in principle and the Society and College of Radiographers agreed, but with the proviso that the level of the fee could be shown to be “representative and fair”. Similar comments were made in relation to the grandparenting scrutiny fee. Some of the registrants who responded questioned whether it really did cost us £400 to process these applications. In contrast, the North Thames Physiotherapy Managers and Educationalists Group were concerned that the consultation document gave the impression that the new fee would only go some way towards meeting the costs of scrutiny. They reported: “The group...strongly feel that the scrutiny rate charged to overseas applicants should cover all the costs associated with processing these applications.” We received a number of other suggestions for the level of the scrutiny fee which ranged from £100 to £500. One registrant suggested that the fee should also include the first year of registration.

“£400 sounds an awful lot. The cost should reflect the actual cost and not a figure plucked out of fresh air. Suggest £250 to £300.”

- Institute of Chiropractors and Podiatrists

Many of those who made specific comments about this proposal were concerned that the level of the new fee would be prohibitive and deter applications from overseas qualified professionals. One registrant said: “Many genuine and well-intentioned overseas applicants wishing to bring their skills to the UK may not have the financial resources available to meet this proposed new fee.” A number of others pointed out that a strong pound meant that the cost of applying for registration would be even more burdensome for applicants from certain countries. The Department of Health in England said they were sympathetic to our position, but expressed similar concern that applications could be “severely” affected. They asked us to provide a more

detailed breakdown of our costs and to consider whether we could stagger the increase to £300 this time, with a review in two years time. Others were similarly concerned with the how such a fee increase would affect recruitment. One registrant commented: “HPC has made it more difficult to recruit from abroad and should not make matters worse with a disproportionately high fee.” In contrast, some asked whether we might make the level of the fee flexible, in order that it might be adjusted to reflect changing workforce recruitments. In particular, some felt that given current levels of graduate unemployment, a higher fee which might discourage applications would not be inappropriate at this time. One registrant suggested that we might charge a higher fee because they said international registrants often only come to the UK for short periods of time to undertake locum work, and therefore they earn more than other registrants. Another registrant asked whether we might consider a scheme to help overseas professionals who are escaping persecution or torture.

We also received a number of comments about our process in scrutinising applications from international applicants. Many of these came from registrants who had qualified outside of the UK, who told us about their experience of our processes. One registrant said that our processes were too onerous on applicants: “I feel that the application process itself is far too difficult. In my case I have an undergraduate degree with B+ averages and the degree was internationally recognised. I feel that this should be considered and only a brief application should be necessary.” Others said that the amount of paperwork we required was “excessive” and that our practice of individually assessing each application resulted in unnecessary duplication. One

“The document provides no rationale for why EEA applicants should not be charged the same fee as for domestic applicants...from approved courses.”
- Registrant

registrant listed the names of ten individuals from the same degree course cohort, all of whom had been individually assessed and successfully registered. How we treated applications from applicants from the European Economic Area (EEA) also

drew a small number of comments, with registrants questioning why this group of applicants were required to pay the same fee. They argued that mutual recognition rights would surely make our role in assessing these applicants much easier. A number of individuals suggested that we needed to develop a system whereby we could recognise international education programmes, therefore negating the need for any additional scrutiny.

Our comments

Whilst the majority of those who answered this specific question were supportive, we acknowledge that others questioned the level of the proposed fee, some respondents complained about a lack of transparency around how the proposed fee was determined. The fee proposed was calculated by looking at the costs we incur in considering applications via our international route. These costs include recruiting and training registration assessors and paying them for their work, and the resources involved in processing applications. At present, existing registrants are effectively subsidising the costs of scrutinising applications via our international route. Given the decision we have already made in relation to question one, we feel that it is important that the fee we charge reflects the costs involved. We waive the scrutiny fee for

applicants who hold refugee status or who have humanitarian, discretionary or exceptional leave to remain.

When someone applies to us who is a citizen of a country in the European Economic Area (EEA) and has the right to practise in an EEA country, they are exercising ‘mutual recognition rights’ under European legislation. Each application is assessed against our standards of proficiency. If our assessors identify shortfalls where the applicant’s training and experience does not meet our standards, we invite them to undertake a period of adaptation in order to make up the shortfalls. A period of adaptation is a period of supervised practice and/or academic training. We are also unable to language test EEA applicants. As EEA applications are assessed by two registration assessors from the profession in the same way as applications from applicants from elsewhere, our costs are the same and we propose charging the same fee.

A number of you commented upon our process for assessing international applicants and questioned our approach of individually assessing each application, rather than recognising international qualifications. As the content of education and training programmes and models of healthcare delivery vary throughout the world, we believe that it is important that we assess each applicant against our standards of proficiency, which describe the threshold standards for safe and effective practice in each of the professions we register. We also think that this approach is fair to individual applicants because it allows us to take into account the combination of their education, training and experience in making our decision. However, we are grateful for the comments and suggestions we received and this is an area which we will keep under review.

Key decision

- The international scrutiny fee will be set at £400.

Question 10: Do you agree that the scrutiny fee for grandparenting applications should increase to £400 to cover the costs of processing these applications?

- 81% agreed with this proposal; 19% disagreed.

We received far fewer comments about our proposal for the grandparenting scrutiny fee. Unison reported anxiety amongst some of their members from professions who may be regulated in the future, who could not understand the reasons behind our “dramatic” increase in costs. They also commented that we had failed to make the

“I feel this increase is too high - £300 would be more reasonable.”
- Registrant

case for continuing to charge the same fee for international and grandparenting applicants. A small number of other organisations and individuals were concerned about the impact of our proposals on new professions. One registrant said that we should be

encouraging registration amongst newly regulated professions in order to protect the public and that our fee would serve to “alienate” many. This view was supported by the response of the British Association of Counselling and Psychotherapy. They told us that in the Counselling and Psychotherapy professions the majority of practitioners work part time or in a voluntary capacity and that there was no single entry route to the profession. They argued that as a result the majority of practitioners would need to use the grandparenting route to registration and that many would find the fee “prohibitive”, with some choosing to evade registration by choosing a different professional title. The same point was made by a registrant in relation to the possible regulation of support workers and assistant practitioners. One registrant suggested that we should cross-subsidise this group of applicants, whilst another suggested a higher fee which might subsidise lower fees in other areas. Another suggestion was that the fee should be set at a level of between £1,250 and £3,000.

Our comments

We are sensitive to the anxieties of those who said the level of our proposed scrutiny fee was too high. However, we strongly believe that it is important that our fees reflect the costs and work involved in scrutinising applications and it is important that existing registrants do not cross-subsidise registrants applying via the grandparenting route.

The grandparenting period has closed for all the professions we currently regulate. However, this fee would be payable by any new professions we regulate in the future. When we regulate a new profession, what would normally happen is that those practitioners whose names appear on a voluntary register maintained by a professional body or other organisation would transfer on to our Register. These practitioners would not need to apply via grandparenting or pay a scrutiny fee. As part of regulating a new profession, we also approve a number of courses which will lead directly to registration. The number of applications we receive via grandparenting inevitably varies depending on the history and development of each profession, in particular, the proportion of practitioners on the voluntary register. During the grandparenting process for operating department practitioners, which ended on 14 October 2006, we registered 36 practitioners, compared to approximately 9,000 registrants in this profession.

Key decision

- The grandparenting scrutiny fee will be set at £400.

Q11: What are your views on the proposed amendments to our rules?

- 58% agreed with the draft rules; 42% disagreed.

We are required to change our rules every time we decide to change our fees or vary their structure. Before this can happen we need to undertake a consultation, and we thought it was important to include our draft rules in the consultation document.

We received a small number of responses to this question and many of the comments made related to our overall proposals rather than the rules themselves. Many either did not answer the question, or commented that our rules would have to change in any event to reflect the decisions we made; only 14% of those who responded to the consultation responded to this question. A small number of respondents suggested that our fees needed to be amended to limit any future fee increases to the level of inflation. These comments on our proposals are largely considered in the general comments section.

Key decision

- We will amend our rules to reflect the decisions about our fees outlined in this document.

List of respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text. Where the response comes from an individual we have not.

We would like to thank all those who responded for their comments.

Amicus
Association of Clinical Cytogenetists
Association of Pharmacy Technicians UK
BAOT/UNISON Cymru/Wales Regional Forum
Barnsley Hospital NHS Foundation Trust - Dietitians
Board of Community Health Councils in Wales
Bolton Primary Care Trust – Dietetic Service
Brighton and Hove Housing Adaptations Occupational Therapy Team
British Association for Counselling and Psychotherapy
British Association of Art Therapists
British Association of Dramatherapists
British Blood Transfusion Society
British Chiropody and Podiatry Association
Ceredigion Local Health Board
Chartered Society of Physiotherapy
College of Occupational Therapists
Department of Health (England)
East Sussex Downs & Weald Primary Care Trust - Department of Nutrition & Dietetics
Electrophysiological Technologists Association
Heads of University Centres for Biomedical Science
Institute of Biomedical Science
Institute of Chiropodists and Podiatrists
Institute of Chiropodists and Podiatrists - West of Scotland branch
Kensington and Chelsea Primary Care Trust - Dietitians
King's College London - Dietitians
Kirklands Hospital – Physiotherapists
NHS Education for Scotland – AHP team
NHS Forth Valley - Speech and Language Therapists
North Thames Physiotherapy Managers and Educationalists Group
Northern Devon Healthcare Trust – Occupational Therapy department
Norfolk County Council Adult Social Services - Occupational Therapy team
Oxford Eye Hospital – all staff
Physio First
Play Therapy UK
Registration Council for Clinical Physiologists
Royal College of Speech and Language Therapists
Royal Devon & Exeter Foundation Trust - Breast Care Unit
Sheffield Molecular Genetics Service
Society and College of Radiographers

Society of Chiropractors and Podiatrists
Solihull Care Trust Speech and Language Therapy Department
South West London Area Physiotherapy Managers Group
Swansea NHS Trust - Orthoptists
The Health Team
Tower Hamlet's Primary Care Trust – Children's Occupational Therapy services
UK Voluntary Register for Public Health Specialists
Unison