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Unite the union response to the Health & Care Professions Council (HCPC) Consultation on HCPC registration fees (2026)

Introduction

This consultation response is submitted by Unite the union - Britain and Ireland's largest trade union. Unite's members work in a range of industries including manufacturing, transport, financial services, print, media, construction, not-for-profit sectors and public services.

Unite is the third largest trade union in the NHS and represents 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, social work, building trades, estates, craft and maintenance, administration, information and communications technology (ICT), support services and ambulance services.

Unite also has 80,000 members in local authorities and 50,000 in the voluntary and community sector many of whom work in services directly involved with or linked to health and social care.

The following response was submitted via email to consultation@hcpc-uk.org on Friday 17 July 2026.

Consultation response

Individual or Organisation

Are you responding to this consultation on behalf of an organisation?
Yes ✅
No

Organisation Respondents Details

Please tell us the full name of your organisation?
Unite the union

Please select the category below that best describes your organisation.
Professional Body

Public Body
Employer
Education Provider
Lawyer / Legal Provider
Other (please specify): ✅ - Trade union

Where is your organisation active?
England
Northern Ireland
Scotland
Wales
UK-wide ✅
International
Other

Please tell us the contact email for your organisation
dave.munday@unitetheunion.org

Proposed changes to our fees: We are now going to ask you for your views on the proposals contained in the consultation document.
In this section you will be asked to consider our proposal to raise our fees by the minimum necessary amount. It may be helpful to have the consultation document on hand to help you check the details of individual proposals.

Consultation questions

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 below.
Strongly agree
Agree
Neither agree nor disagree
Disagree ✅
Strongly disagree
Don't know
Comment:
In general, we are opposed to the situation where public servants are required to pay to subsidise the government in what should be its role of protecting the public, and in effect have to pay a specific tax laid on them to be able to work in a role which is providing a

significant public good. For this fee to increase at a time where our members have faced a cost-of-living crisis with repeated below inflation pay rises/real terms pay cuts, and refusal of the UK governments to enact restorative pay rises, is significantly unfair. Our members repeatedly point out this unfairness and believe that other systems should be considered whereby cost for protecting the public is borne by the public collectively.

In considering our response to this consultation we have compared the information shared in the current consultation document (HCPC, 2026[1]) with that of the last consultation document (HCPC, 2024[2]). In both documents, a pie chart was provided that detailed the annual expenditure ('Breakdown of expenditure'). We have copied this information to the table below.

	Breakdown of expenditure	**2024-2025**	**2025-2026**	**% change in 1 year**
A	Fitness to practise	£19.2 million	£24.1 million	+26%
B	Corporate functions	£9.6 million	£16.1 million	+68%
C	Registrations	£3.9 million	£3.5 million	-10%
D	Education and upstream regulation (& other regulation*)	£2.0 million	£1.6 million	-20%
E	PSA fees	///	£1.0 million	
F	Total expenditure reported in consultation	£34.7 million	£46.3 million	+33%
G	Number of registrants at time of data collection	320,438	352,104	+10%
H	Expenditure per registrant (n=F/G)	£108	£131	+21%

**In the 2024 consultation document the pie chart highlighted this category as 'Education and upstream regulation' whilst in the 2026 consultation document it had changed this category title to 'Education, upstream and other regulation'.*

According to the data provided by the HCPC to the public in these two most recent consultation documents it shows that of the 4 seemingly comparable areas, 2 have increased in expenditure (fitness to practise by +26% and corporate functions by +68%) whilst 2 have decreased (registrations by -10% and education and upstream regulation by -

[1] https://www.hcpc-uk.org/globalassets/consultations/2026/hcpc-fees/consultation-on-hcpc-fees-2026---consultation-document.pdf
[2] https://www.hcpc-uk.org/globalassets/consultations/2024/hcpc-registration-fees/consultation-on-hcpc-fees-2024---consultation-document.pdf

20%). It is unclear where the new reporting of the PSA fee (in the 2026 consultation document) was recorded in the expenditure in the 2024 consultation document.

Overall, the documents show that in 2024/25 total expenditure was approximately £34.7 million compared with approximately £46.3 million in 2025/25. This is an increase of 33%. At a time when the HCPC register has 'only' increased by 10% (320,438 to 352,104 registrants) this seems to be a worrying, unsustainable increase to the expenditure of the HCPC. Again, using the supplied data, it suggests that the expenditure per registrant increased by £23 or 31%. Whilst the 2026 consultation argues that HCPC is committed to 'remaining an efficient regulator, with tight cost control and lean budgets', it is unclear how this position can be defended when faced with the data it has provided.

Whilst we recognise the consultation does make some comments in an attempt to reassure that current HCPC registrants will not have to fund the proposals to regulate NHS managers, which you report will be 'financed separately from our existing fee structure', we are unsure as to whether this includes separating out the costs for what will become shared services and departments? For example, will HCPC registrants face a commensurate reduction in the proportion of the fee that they have to pay towards the running of the chief executive's office and the HCPC's IT department? We understand from previous conversations that this will not be the case therefore we are concerned that the HCPC has somewhat misled consulates on this issue.

Members also raised further areas of concern where they felt the consultation document was lacking. Questions were raised as to why the document did not make more explicit mention of the significant delays that registrants face during fitness to practise processes. Concerns were also raised where members felt the HCPC demonstrated a lack of registrant care when it came to accidental registration lapses where they felt the regulator did not go far enough to ensure people that had apparently lapsed were properly communicated with. We request the HCPC carry out a cost benefit analysis as to how much they must expend on fitness to practise processes related to re-admission to the register versus the money saved by only communicating via email.

Question 2: Given the rationale, to what extent do you support the fee increase proposal?

If you would like to give reasons for your answer, or suggest alternative options or mitigations, you may do so below.
Strongly agree
Agree
Neither agree nor disagree
Disagree ✅
Strongly disagree
Don't know

Comments:
In previous consultation documents the HCPC highlighted some of the intended benefits of its planned fee rise and efforts it would make to mitigate the rise at the time of its implementation. It is unfortunate that efforts were not made in this current consultation process to describe any success, or otherwise, that these efforts have made in the run up to this current consultation. Areas where we feel this information is lacking include:

- In its 2022 consultation the HCPC argued that one mitigation would be to offer more regular direct debit payment points, increasing the earlier number of four per cycle to eight. In 2024 it reported that this mitigation was implemented late due to the delay of the fee rise. There is however no information in this current consultation as to the impact of this approach, for example how many registrants had taken up the option, rather just an acknowledgement that they have implemented it.
- The HCPC stated that it would increase its promotion of the ability for registrants to receive tax relief on their fees[3] however it appears no auditing has been done as to investigate the success of these efforts.

In 2024 the HCPC argued that it had 'been investing to improve performance and efficiency' with an argument that 'these improvements have been recognised by the Professional Standards Authority (PSA)' with them having met 16 of the PSA's 18 Standards of Good Regulation. Whilst reporting remaining 'focused on retaining these standards and making further improvements' despite an increase to meeting 17 standards in in the PSAs Monitoring Report in 2024/25 (PSA, 2025[4]) it has returned to meeting 16 standards in 2025/26[5]. Despite apparently spending 26% more on its fitness to practise function, the PSA had this to say in its periodic review:

> *'The HCPC did not meet Standard 15[6] again this year, because it is still taking too long to process FTP cases and its open caseload has increased. During our audit of the HCPC's FTP process, we identified avoidable and/or unexplained significant delays in approximately 40% of cases. Stakeholders also continue to tell us about delays in the HCPC's FTP process and the impact these can have on the wellbeing of registrants.'*

[3] https://www.hcpc-uk.org/registration/your-registration/fees-and-tax/claiming-back-tax/
[4] https://www.professionalstandards.org.uk/publications/monitoring-report-health-and-care-professions-council-202425
[5] https://www.professionalstandards.org.uk/publications/periodic-review-health-and-care-professions-council-202526
[6] The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision makers to reach a fair decision that protects the public at each stage of the process.

The feedback we receive from our members going through the fitness to practise processes echo these continuing significant concerns. They also highlight their concerns that the rate of fitness to practise complaints are likely to further accelerate over the next few years.

Our members have reported a rise in complaints submitted against them that appear to have been formulated using artificial intelligence large language models. Whilst it should be welcomed that people who have a genuine complaint could have easier access to investigation and resolution, as we see a large number of complaints do not progress to fitness to practise hearings, and even less to eventual sanctions, we are concerned the impact that an increase in inappropriate or vexatious complaints will have on future budgets (in relation to future fee rises) and on our members health and wellbeing. Our members are keen to be involved in the debate with the HCPC as to how this risk can be managed going forward and have put forward some constructive suggestions as part of our discussion with them on this consultation response.

On a similar point, in our response to the last HCPC fee rise consultation, we stated[7]: 'Unite continues to be of the view that it is unacceptable that the majority of the HCPC's budget is spent on fitness to practise. Unite recognises the improvements the HCPC have made to improve processes and appreciates that there is more to do. However, it remains unacceptable that a substantial number of cases that continue in the process, are unfounded. Registrants should not have to pick up the cost of this.' Whilst we recognise the percentage spent of fitness to practise has reduced from 55% to 52% of the HCPC's expenditure, it still represents a majority of its outgoings.

In its most recent Council paper on finances[8] the HCPC highlighted that it saved a staggering £111k, as of May 2026, due to bringing just 22 cases in-house rather than sending the cases to external providers. It should be a matter of priority that the HCPC speed up and increase this insourcing and widen it out to more areas of its practice.

Our members have expressed concern that the HCPC has only recently increased their fees. We have highlighted that this is because of a previous decision taken to implement 2-yearly fee reviews with the hope that any increases would be of a smaller amount and that any fee rise has a lead in time before it impacts some registrants. Whilst we recognise the efforts of the HCPC to include a narrative about this in its consultation document and in its communication plan, we wonder whether more effort is required.

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[7] https://www.politicshome.com/ugc-1/1/4/0/Unite%20response%20to%20HCPC%20consultation.pdf
[8] https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2026/5-july/item-05-finance-report-and-capital-expenditure-capex-policy.pdf

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 identity, 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.

We encourage you to read our Equalities Impact Assessment, which is available on our website- opens in a new tab. Please identify any protected characteristics that we should consider.

Age ✅
Disability ✅
Ethnicity ✅
Sex ✅
Gender Identity ✅
Sexual Orientation ✅
Marriage and Civil Partnership ✅
Pregnancy and Maternity ✅
Religion or Belief ✅

Comment:
In your equality impact assessment, you highlight the real risk that your new fee structure will likely have a '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'. Later you argue that there will be a likely positive impact to people receiving healthcare who are disproportionately likely to have a protected characteristic. As we agree both statements are likely true, it should be recognised that registrants with a protected characteristic are likely being discriminated against to reduce the risk of members of the public being discriminated against. This should be a situation that everyone recognises as intolerable and should be addressed rather than just acceptance that it is, how it is.

Members also expressed concern about the structural inequality that is present in the managerial workforce, especially by ethnicity, reported in your Annual Report and

Accounts 2024–25[9] (page 92). It was questioned whether this may have impacted on your inability to address the inequality issue that the organisation itself recognises.

Members questioned why the organisation had not at least explore different registration fees for different registrants to try to at least address this issue.

17/07/2026

This consultation response was submitted on behalf of Unite the union by:
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[9] https://www.hcpc-uk.org/globalassets/resources/reports/hcpc-annual-report/hcpc-annual-report-and-accounts-2024-25.pdf