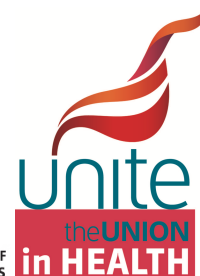




CHCC COLLEGE OF HEALTH CARE CHAPLAINS



Unite the Union Response to:

Health & Care Professions Council (HCPC) Consultation on changes to fees

This response is submitted by Unite in Health. Unite is the UK's largest trade union with 1.5 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.

Unite represents more than 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Doctors in Unite (formerly MPU), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Mental Health Nurses Association (MHNA), Society of Sexual Health Advisors (SSHA).

Unite also represents members in occupations such as nursing, allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

1. Introduction

- 1.1. Unite welcomes the opportunity to respond to the HCPC's Consultation on changes to fees.
- 1.2. As part of this response Unite has used its ongoing routes throughout the organisation to hear back the views of its members. These have been used to formulate this response.

2. Executive summary

- 2.1. The proposed 20% fee rise is inappropriate, will cause increased financial hardship to already struggling, hard working professionals, is opposed by our HCPC registered members and our wider membership who recognise the significant contribution that the HCPC registered workforce makes both in the National Health Service and outwith in several different organisations.
- 2.2. At a time when members are so anxious about what is happening within their services, that they are taking industrial action over pay, the suggested increase in fees will add to their serious concerns.
- 2.3. Recruitment and retention concerns, the fuel and cost of living crises are leading to more and more professionals leaving the NHS and in many cases health and social care altogether. The proposed above inflation fee increase, when HCPC registrants have seen their wages fall in real terms, will do nothing to stem this flow.

3. Consultation questions

- 3.1. ***To what extent do you agree or disagree that the rationale for our proposed fee increase is clear?***
 - 3.1.1. The rationale is clear in how it is set out but once again Unite is concerned that the question is written to provide positive responses.
- 3.2. ***Given the rationale set out, to what extent do you support the fee increase proposals?***
 - 3.2.1. The rationale details the importance of reviewing and assessing the 820 education programmes. The HCPC's analysis of the 2018 fee consultation highlighted that nearly 50% of respondents considered the HCPC should consider additional charging models for educational programmes. Unite

questions why this was not actioned and considers the funding model should be reviewed as soon as possible.

3.2.2. As HCPC registrants begin their careers with significant debt, because of paying university fees, it seems inappropriate that they should also have to pay for those programmes to be approved.

3.2.3. 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 fitness to practise processes and appreciates that more needs to be done. However, it is unacceptable that 40% of cases that go to a hearing, the most expensive part of the process, are unfounded. Registrants should not have to bear the cost of this. It is possible long planned regulatory reform could improve this statistic and lead to greater efficiency, but again registrants should not, in the meantime, have to absorb the cost arising from government delays.

3.2.4. As detailed in Unite's evidence to the National Health Service Pay Review Body (NHSPRB) 2022-23, NHS workers in England have suffered real terms pay cuts and pay freezes for the past 12 years and have seen, in many cases, pay drop by around a fifth in real terms. This is further compounded by changes to tax and pension contributions. Indeed, as an example, one of Unite paramedic members has described how with the 2021 3% pay award, her pay fell, in cash terms, by 3%. In real terms, this fall was even larger.

3.2.5. Furthermore, 99% of respondents to a recent Unite survey reported staff shortages in their workplace over the last year, with 75% experiencing staff shortages frequently. The profession most affected by these shortages were paramedics, a HCPC registered profession.

3.2.6. With the fuel crisis, increase in inflation and stagnation of pay, Unite is aware of health members increasingly having to use food banks, of NHS Trusts that are having to provide staff with breakfast, so they do not start work hungry and NHS trusts themselves setting up food banks to feed their own staff. Consequently, Unite cannot support an above inflation increase that would exacerbate the financial burden for already struggling staff. The degree of financial hardship for HCPC registrants must not be underestimated.

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

3.3.1. For those working in the NHS it needs to be remembered that as graduates they do not enter the pay scale at the full rate for the job. This takes several years to achieve. Similarly, members working outside of the NHS highlight that at the start of their professional careers they are likely to receive significantly less pay than at later years in their role. Therefore, Unite agrees that a

reduction in registration fees supports them financially at a time when they are establishing themselves in their career.

3.3.2. Following the previous consultation 70% disagreed with the HCPC's proposal to remove the graduate discount. Unite questions why this view would have changed.

3.4. In the consultation we set out two areas we would like to explore to mitigate the impact of the proposed fee rise. Please let us know the extent to which you support these. Please also tell us about any other mitigations you think we should explore.

The mitigations are:

a: Increasing our promotion of tax relief

b: Increasing the spread of direct debits payments

3.4.1. The HCPC last consulted on fee rises in 2018. In that consultation it was recognised that the fee rise proposed at that time could be mitigated by the tax relief that registrants could claim, if they were not already. Whilst we agree that the HCPC should make efforts to encourage eligible registrants to claim tax relief on HCPC fees we are concerned that you are again suggesting that claiming will mitigate the fee rise.

3.4.2. Whilst offering an increase in frequency of direct debit payments for fees may benefit individuals, as they may be better able to manage their budget with smaller payments, our members are concerned that this may make future larger fee rises more likely as the HCPC may be keen to suggest that a 'small' monthly fee rise is more palatable. As we have highlighted above, the pressure on members finances is extreme and even 'smaller' more frequent payments may push registrants into financial hardship.

3.4.3. The consultation highlights how the HCPC already promotes the ability to claim tax relief. We are not clear on how the HCPC will achieve an improvement of the figures of only 10% currently claiming and 60% being unaware of the potential of doing so.

3.4.4. We are concerned that at this stage the two suggested mitigations are just at an exploration stage¹. If they are true mitigations to the proposed, and significant, 20% fee rise, then surely they should be brought in at the same time as the 20% increase. Therefore, if you feel time is needed to explore whether they are possible we would expect and ask that the 20% rise is delayed at least until a point when both mitigations have been implemented and the first is

¹ <https://www.hcpc-uk.org/globalassets/consultations/2022/hcpc-fees/consultation-on-changes-to-fees-consultation-document.pdf>

shown to have had a positive impact on the numbers of registrants that both report are claiming tax relief or are at least aware of the opportunity to do so.

3.5. In the consultation we set out how the proposed fee rise will enable us to improve our core regulatory activities, including customer service and fitness to practise, developing our data analytics and improving our efficiency through legislative reform. We also set out additional areas that we would like to prioritise, based on stakeholder feedback. Please let us know the extent to which you agree with these.

Please also tell us about any other areas you think we should prioritise. The additional areas are: a. Working with employers to secure better protected CPD time b. Improving communications and engagement with registrants and stakeholders c. Developing further a compassionate approach to regulation

3.5.1. Whilst each of the outcomes highlighted are laudable, it should be better defined how these will be achieved, what costs each input will have and how outputs will be measured. Without doing this preparatory work it is easy to imagine that the increased revenue generated by the large fee rise will be 'swallowed' by other 'more pressing' areas. If the HCPC decided to not make improvements in the three areas, how much of the 20% fee rise could be reduced? If each of the above can be done without cost, why are they not being done at the present time?

3.6. In addition to those equality impacts set out in the consultation document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics? Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

3.6.1. We do not believe the equality impact assessment makes a strong enough reference to the fact that as the HCPC fee rises would be applied equally to all registrants. It could be accurately perceived as a regressive tax on registrants. The incomes and ability to work full time will be widely variable across the people on the HCPC register.

3.6.2. Whilst the consultation recognises that tax relief could mitigate the fee rise, if the registrant previously did not claim the relief, any registrant that is unable to claim tax relief, for example an individual that earns below their personal tax threshold, would be unable to claim. This would disproportionately impact the lowest paid, including those working part-time, which is likely to include women, single parents and those with poor mental and physical health.

3.6.3. There is a clear link that works both ways between poor mental health and money worries. People in problem debt are nearly 2.5 times more likely to experience mental health problems² and three times as likely to have

² Rogers C, Poll H and Isaksen M. The mental health premium. Citizens Advice. 2019; OECD

considered suicide³. People with mental health problems are nearly two times as likely to be living in poverty⁴ and nearly 3.5 times as likely to be in problem debt⁵. None of this is recognised in your equality impact assessment. Both our and NHS Employers staff surveys regularly highlight the issues with poor mental health in health staff. It is likely that the 20% fee rise will further exacerbate this and will have a much greater impact on people both with a mental and physical health disability.

3.7. Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

3.7.1. Whilst the Government should take responsibility for the delays in regulatory reform and the impact of their policies on pay that affect those HCPC registrants working in the NHS and social care. The HCPC could mitigate the impacts by ruling out a fee rise that is near double the current rate of inflation.

3.7.2. We refer you back to 3.4.4. where we requested that you delay any fee rise until at least the mitigations proposed have been implemented. To introduce the fee rise before both have been realised would likely further intrench the inequality impacts of your decision.

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

3.8.1. In the 2018 consultation⁶ there was discussion (Q8) about whether the HCPC fee should be more regularly reviewed to 'avoid infrequent but larger increases in the future'. Whilst it is less than 5 years since the last review and consultation, we are now faced with a proposed 20% fee increase. It appears that we now have the worst of both worlds. A regularly reviewed fee increase but still set at a significantly higher level of fee. Our members have expressed dismay that they have found themselves in this situation.

3.8.2. Unite, and a number of our national committees affected by the HCPC fee rise consultation joined with several other organisations to write to the HCPC chief executive John Barwick on 27 October 2022 to raise our concerns regarding the planned fee rise. We have attached a copy of this correspondence to this consultation response.

3.8.3. Unite encouraged individuals to sign a petition against the HCPC plans to increase the fee rise by 20%. On 8 December, this petition had over 8,400 signatures. An up to date petition count can be seen via:

<https://www.change.org/p/no-to-the-health-and-care-professions-council-hcpc-20-fee-rise>.

³ Holkar M and Bond B. A silent killer. Money and Mental Health Policy Institute. 2018

⁴ Fit Mind, Fit Job: From evidence to practice in mental health and work. OECD Publishing. 2015

⁵ Holkar M. Debt and mental health: a statistical update. Money and Mental Health Policy Institute. 2019

⁶ <https://www.hcpc-uk.org/globalassets/consultations/2018/registration-fees/consultation-on-hcpc-registration-fees.pdf>

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