



Health and Care Professions Council (HCPC) - Consultation on HCPC registration fees

Consultation response – December 2018

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents the 84 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Questions

Q10. Do agree that we should investigate additional charging models for services including charging for the approval of education programmes?

Strongly disagree.

Education as a core regulatory function

The regulation of education and training is a key professional healthcare regulatory function¹, including for the HCPC. Healthcare students undertake accredited programmes, which lead on to qualification and the ability to register as a professional in a chosen field. Regulated education provides the assurance that an individual meets minimum entry requirements, is fit to practise, and enables them to join a professional family and embark on a career for the benefit of patients and service users. This is something that the professions, system and the public can have confidence in.

The Council believes that education is not supplementary to the regulatory function of the HCPC, but at its core and a crucial first part in the fitness to practise function of a healthcare regulator. It is critically important to the HCPC's prevention agenda. The HCPC would become one of only two healthcare professional regulators to charge for educational quality assurance if it were to adopt this change. Education should not be utilised as an additional extra to be charged to fund HCPC activities. Instead the Council recommends that the settled current status with regards to non-charging for educational quality assurance be maintained.

The cost of healthcare higher education

Healthcare courses are known to be high-cost and highly resource-intensive subjects for universities to run, but they so far remain committed to continuing provision. In 2017, the Higher Education Funding

¹ Professional Standards Authority, 2016, [The standards of good regulation](#)

Council for England (HEFCE) commissioned KPMG to undertake a costing study of pre-registration nursing, midwifery and allied health education. The mean unit cost for education for the professions regulated by the HCPC is £10,636.² This cost is not covered by existing tuition fees.

Healthcare faculties across the country are constantly investing in and modernising the way healthcare education is delivered, for instance via state of the art simulation facilities, blending different teaching and learning methods, and expanding online and distance learning. They are also investing heavily in apprenticeship delivery, including the legal costs of creating new contracts with healthcare providers. Charging for regulatory quality assurance activity would have a detrimental effect on university budgets and take money away from investment in student resources. These are not costs that can or should be passed onto students.

Existing regulatory costs

Universities are already subject to charges for quality assurance across their provision, including for healthcare courses. The Quality Assurance Agency charges universities as much as £45,000 per annum for quality assurance functions. The Office of the Independent Adjudicator, another regulator, charges institutions as much as £107,000 per annum. HEIs are already having to pay quality assurance charges, including for accommodation and expenses, for some professional bodies in the fields regulated by the HCPC. This has led some to move away from professional body accreditation.

Fees for higher education regulation in England via the Office for Students (OfS) will be introduced in 2019.³ These fees will be part of the registration requirements for institutions. Costs will vary, including based on institutional size. Indicative fee costs suggest that fees could be as high as £158,200 per annum. Final charges will be decided before legislation is put before Parliament and likely made in April 2019. It is intended that fees will increase year-on-year. The OfS can also charge for other activities.

Furthermore, end point assessments (EPAs) will be undertaken by apprentices moving into a HCPC regulated profession. These will be quality assured and the body undertaking this will likely impose additional costs to universities.

The addition of extra charges to HEIs by another regulator in the form of the HCPC would be unduly duplicative and burdensome. It would add a further layer of system complexity, which would not benefit students.

Fitness to practise (FtP)

FtP costs are clearly the largest expenditure item for the HCPC, taking up 73% of the regulatory costs of the organisation (54% of entire costs). Education expenditure is just 6% of the cost of the HCPC's core

² Higher Education Funding Council for England, 2017, [Costing study of pre-registration nursing, midwifery and allied health disciplines](#), p5. The mean unit cost is calculated for diagnostic radiography, dietetics, occupational therapy, operating department practice, physiotherapy, podiatry, speech and language therapy, and therapeutic radiography.

³ Department for Education, 2018, [Office for Students: Registration fees \(stage 2\) - Government consultation response](#), p4

regulatory function.⁴ Regulatory costs are 74% of total spend at the HCPC⁵, therefore education costs are only 4.44% of expenditure at the HCPC. Charging education institutions in the context of the cost of education compared to other budgets at the HCPC would not be appropriate or effective for rebalancing the finances of the HCPC.

The Council welcomes the HCPC's intention to employ data driven approaches to fitness to practise and educational quality assurance. This could reduce the regulatory burden and costs for the HCPC and education providers, deal with fitness to practise issues upstream, and be a far more effective solution to ensuring the financial sustainability of the organisation.

Unintended consequences

Charging educational institutions for quality assurance activities may have profound unintended consequences. Institutions understandably look very closely at programme costs. This would therefore disincentivise the provision of new healthcare programmes and threaten the viability of some existing courses. As some disciplines have only a very small number of providers and students, further risking the viability of the provision of vulnerable subjects could have significant negative effects on workforce growth. This would be particularly problematic at a time of great system need and increasing patient and service user demand. Introducing charging for education could therefore also lead to a false economy with fewer future registrants and reduced income from individual registrant fees, which would negatively impact on the entire financial sustainability of the HCPC.

Depending on the type of fees model used to charge institutions, this could act as a de facto cap on places for certain healthcare programmes. If HEIs were charged per student, then some would likely be forced to reduce the number of available places. In these circumstances this may have a negative impact on social mobility. It is well known that socio-economic background plays a key role in educational outcomes and influencing participation in higher education.⁶ Despite the best efforts of the higher education sector and its work to widen participation, this could mean that the diversity of the healthcare student population decreases.

There is also a possible contradiction with charging for educational quality assurance and the Professional Standards Authority's (PSA's) model of right touch regulation. Charging may incentivise a move away from the current open-ended approval process to undertaking greater monitoring by the HCPC. This could unnecessarily increase regulatory burden due to financial imperative and not because of risk, student benefit, or public protection. Further the financial gain that the HCPC understands it may generate through charging may in fact be eaten up by increasing costs needed to service the needs of educational institutions which will expect an improved service from the regulator as a result of a transition to becoming customers.

⁴ Health and Care Professions Council, 2018, [Consultation on HCPC registration fees](#), p6

⁵ Ibid.,

⁶ The Sutton Trust, 2017, [The state of social mobility in the UK](#), p13

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