

# Not having the necessary knowledge of English

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## Knowledge of English and patient risk

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When first assessing the seriousness of concerns about whether a nurse, midwife or nursing associate has the necessary knowledge of English, the first question will be whether patients are placed at potential or actual risk of harm.

Examples of language concerns that could place the public at risk of harm include:

- poor handover of essential information about patient treatment or care to other health professionals because of an inability to speak English
- serious record keeping errors or patterns of poor record keeping because of an inability to write English
- serious failure(s) to give appropriate care to patients because of an inability to understand verbal or written communications from other health professionals (or patients themselves).
- drug error(s) caused by a failure to understand or inability to read prescriptions.

Not every language concern raised will trigger the need for us to carry out an investigation. If decision makers are considering regulatory concerns that are only about spelling, difficulty in understanding regional slang or English colloquialisms without any suggestion of clinical impact, the case is unlikely to involve possible impairment of fitness to practise.

## English language testing and fitness to practise decisions

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In cases about a nurse, midwife or nursing associate's knowledge of English, decision makers will consider language testing results as the primary measure of whether the nurse, midwife or nursing associate has the necessary knowledge of English to practise safely. Both case examiners deciding whether a nurse, midwife or nursing associate has a case to answer, and panel members of the Fitness to Practise Committee, deciding whether the facts at a final hearing are proved, will base their decision on test results. A properly signed certificate from the test provider will be conclusive evidence of the test result the nurse, midwife or nursing associate achieved.<sup>1</sup>

If the nurse, midwife or nursing associate has not achieved the minimum scores we specify in each of the four language skills (reading, writing, listening and speaking), then decision makers are likely to find that the nurse, midwife or nursing associate does not have the necessary knowledge of English to practise safely. We explain our minimum scores and the kinds of language tests we will accept to demonstrate them in our [guidance on accepted language tests](#).

If the nurse, midwife or nursing associate fails to comply with a direction to take a language test, decision makers can take this into account in assessing possible impairment of the nurse, midwife or nursing associate's fitness to practise through their knowledge of English.

In addition to language testing results, decision makers are also able to consider other evidence when assessing cases based on a nurse, midwife or nursing associate's knowledge of English. Such evidence will be particularly relevant if the nurse, midwife or nursing associate has averaged just below the minimum scores we require, because the Fitness to Practise Committee may be less likely to make a final finding of current impairment. Other evidence that can be taken into account includes:

- any written responses or evidence the nurse, midwife, nursing associate or employer has submitted which seems to demonstrate they have the necessary knowledge of English to practise safely
- any evidence that the nurse, midwife or nursing associate has trained or practised in an English speaking environment for a period of time
- any evidence that the nurse, midwife or nursing associate had previously completed a language assessment to the required standard (for example, as part of a previous application to the our register)
- any evidence that the nurse, midwife or nursing associate has recently obtained a qualification that has been taught and examined in English.

In all cases, decision makers should exercise their judgement and balance the individual features of the case and any actual harm or risk of harm to patients.

1 Rule 31(4A) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004