

**Summary of findings from  
our consultation on English  
language requirements and  
process for registration  
with the NMC**

# Summary of findings from our consultation on English language requirements and process for registration with the NMC

## Background

From 1 June to 21 August 2015, the Nursing and Midwifery Council (NMC) ran a public consultation on proposals for ensuring that all registered nurses and midwives have the necessary knowledge of English to practise safely in the UK. We sought views on three main areas:

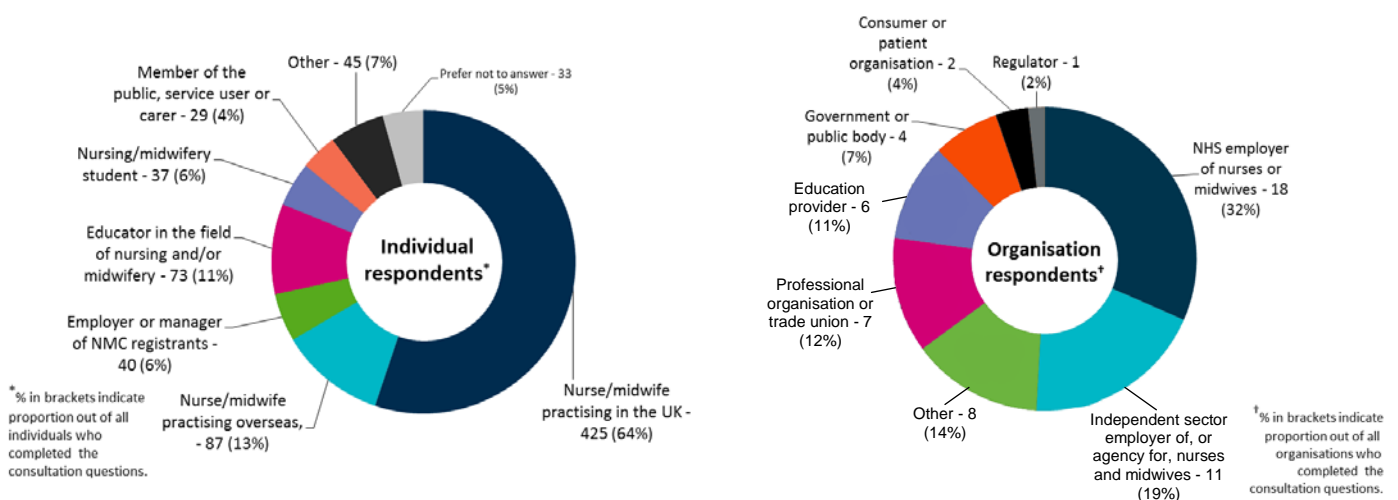
- the types of evidence that will satisfy us of the language competence of European Economic Area (EEA) trained nurses and midwives before granting entry to the register;
- our approach to considering language competence as a requirement for readmission to the register following a lapse in registration; and
- our approach to dealing with fitness to practise referrals where concerns are raised about the language competence of nurses and midwives on our register.

This document sets out a summary of the responses to our consultation and our position in response. We asked nine questions as part of the consultation – a breakdown of responses to each of the questions is shown below.

## Profile of respondents

A total of 723 completed survey responses were received (with two additional responses received by letter). We have carried out a quantitative and qualitative analysis to draw out the main themes emerging for each of the questions posed.

Of the total sample, 666 responses came from individuals and 59 responses were on behalf of an organisation (two of which were the additional letter responses).<sup>1</sup>



<sup>1</sup> In the above diagram with the breakdown of individual respondents, the total exceeds 100 percent as individual respondents were allowed the option of selecting multiple categories that applied to them.

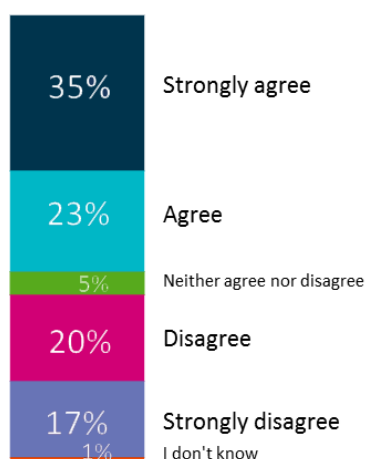
## Summary analysis of consultation responses

The overall response to the consultation was positive, with the majority of respondents supporting all but one of our proposals. The exception was that marginally more respondents did not support the proposal that in fitness to practise cases where concerns are raised about insufficient English language skills, a nurse or midwife's score on a signed International English Language Testing System (IELTS) certificate would provide conclusive proof of the result achieved (question 7).

### Breakdown of responses by question

#### English language requirements at the point of entry to the register for EEA trained nurses and midwives

**Question 1: To what extent do you agree or disagree that the types of evidence (we propose to accept to demonstrate English language competence) are fair and appropriate?**



**58 percent of respondents either agreed or strongly agreed** that the types of evidence we proposed that we would routinely accept to demonstrate English language competence are fair and appropriate, **compared to 37 percent who either disagreed or strongly disagreed.**

**Support** included general comments highlighting the importance of having the necessary knowledge of English as well as overall agreement that this proposal would enhance public protection. Another reason cited was around fairness as overseas trained nurses and midwives are already required to provide evidence of their English language ability before joining our register.

Those who favoured using the IELTS test highlighted that this was a reliable, robust and well-established form of assessment. While supportive in principle, some respondents raised the need for a more flexible approach and stated that we should consider accepting other non-IELTS tests.

The majority of the **opposition** related to the use of IELTS as our choice of test. This was questioned on grounds that IELTS only evaluates an individual's academic knowledge of English and does not necessarily give an indication of competence in a clinical context. A number of respondents made specific reference to alternative tests which may provide the assurance that we require – such as the Canadian English Language Benchmark Assessment for Nurses (CELBAN)<sup>2</sup> and the nursing version of the Occupational English Test (OET)<sup>3</sup>, among others. Several respondents went further to suggest that we should develop our own language assessment.

Another common view expressed by those who disagreed was that the requirement of minimum score of 7.0 for each domain of the test (reading, writing, listening and speaking) was too high. However, there were overall mixed views on what the appropriate threshold for IELTS should be – a number of respondents wanted to see higher minimum scores

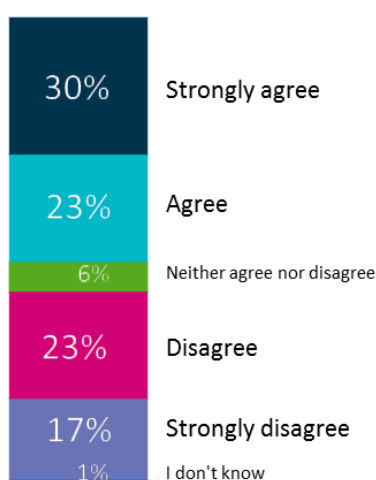
<sup>2</sup> <http://www.celbancentre.ca/>

<sup>3</sup> <https://www.occupationalenglishtest.org/>

(overall and/or for the various individual components) and also pointed to the need for consistency with the levels required for the medical profession (set at an overall score of 7.5 with no one domain falling below a score of 7).

We have developed guidance on the types of evidence that EEA trained nurses and midwives can provide which are likely to satisfy the Registrar. However, the Registrar has discretion to determine the acceptability of any evidence provided by an applicant. We will use the criteria outlined in the consultation – that evidence must be recent, objective, independent and readily verifiable – to assess other forms of evidence. We are committed to regularly reviewing our evidence requirements to ensure they remain suitable.

**Question 2: To what extent do you agree or disagree that the way in which we will request evidence (to demonstrate English language competence) is fair and appropriate?**

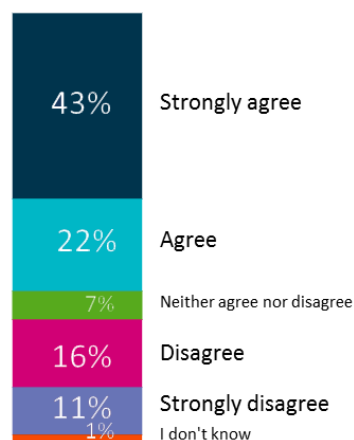


**53 percent either agreed or strongly agreed** that the way in which we will request evidence of English language competence is fair and appropriate, **compared to 40 percent who either disagreed or strongly disagreed.**

Many respondents, regardless of whether they agreed or disagreed, again mentioned issues covered in response to question 1.

Some additional points mentioned relate to the likely timescales for the proposed two-stage process. While there was acknowledgment that language controls can only be applied after the recognition of professional qualifications, some had concerns about impact on the length of the registration process where evidence of English language competence is not provided as part of the initial application.

**Question 3: To what extent do you agree or disagree that we should seek assurance of language competence through a compensation measure before EEA nurses and midwives have access to patients and service users?**



**65 percent either strongly agreed or agreed** that the NMC should seek assurance of English language competence before a compensation measure is undertaken, **compared to 27 percent who either disagreed or strongly disagreed.**

There was strong **support** for the approach outlined in the consultation for reasons of patient safety. It was also highlighted that this ensures fairness for applicants as they would not have to incur the costs of undertaking a compensation measure if they could not then register due to not meeting language requirements.

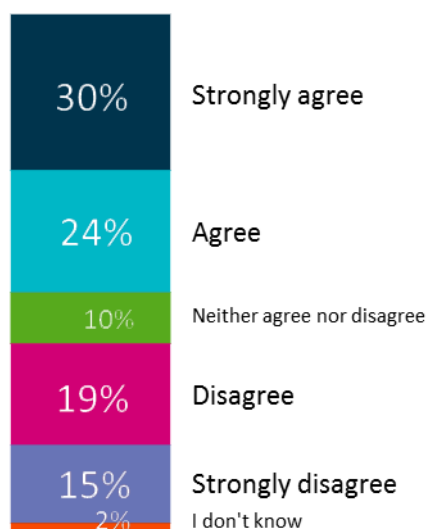
**Unsupportive** responses largely reiterated points made earlier, such as that IELTS was not an appropriate test as it was not specifically tailored to a nursing or midwifery context or that the threshold was not set at the right level.

Specific comments included whether patient safety would be sufficiently protected by the assessment of an individual's language competence that employers who provide the

adaptation period undertake before the start of the adaptation period. One respondent felt that language skills fall under the banner of 'communication', which current compensation measures already address.

### English language requirements at the point of readmission to the register

#### Question 4: To what extent do you agree or disagree with our approach concerning English language competence in relation to the readmission of a nurse or midwife to the register?



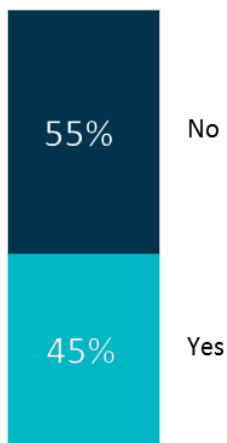
**54 percent either agreed or strongly agreed** with the proposed approach relating to readmission of a nurse or midwife to the register, **compared to 34 percent who either disagreed or strongly disagreed.**

Most respondents provided positive comments in **support** of the factors we outlined in the consultation for when further evidence of English language competence will be sought at the readmission stage.

**Opposition** was generally linked to circumstances in which respondents felt it would not be fair to seek additional evidence, such as when a nurse or midwife had already demonstrated English language competence at the point of entry to the register or had been practising without any concern. Some respondents were unsure about the detail of our proposals.

Among those who neither agreed nor disagreed, some concerns were raised about whether undertaking a return to practice programme would amount to sufficient evidence of English language competence. We do not anticipate that it will be necessary to collect significant amounts of additional evidence at the readmission stage. In the majority of cases, such as for those nurses and midwives needing to undertake a return to practice programme to be readmitted to the register, this will enable them to meet the evidence criteria. This will also be the case for all nurses and midwives who have completed their pre-registration training trained in the UK.

#### Question 5: Do you think that there are any other evidence sources that we should consider?

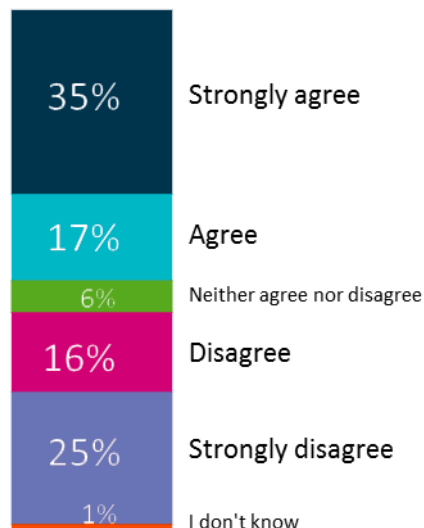


Respondents were asked to provide comments on additional sources of evidence that may provide assurance of a nurse or midwife's English language competence at the point of readmission.

**Among the 45 percent of respondents who took the opportunity to suggest additional sources of evidence**, the most often cited sources were face-to-face interviews. Employers were suggested as a useful means to seek assurance of English language competence. Other sources such as previous academic transcripts were also mentioned. Any evidence would need to be sufficiently robust and objective as well as demonstrate competence across the four domains.

## New ground of impairment relating to English language competence

**Question 6: To what extent do you agree or disagree that in cases where the Registrar directs a nurse or midwife to undergo a language assessment we should use the same test (IELTS) as required for initial registration?**



**52 percent either agreed or strongly agreed** that IELTS should be used in cases where a nurse or midwife is asked to undertake a language assessment as part of our fitness to practise process, **compared to 41 percent who either disagreed or strongly disagreed.**

Most respondents expressed **support** on grounds that this would ensure consistency with the approach proposed for initial registration and readmission. There was some discussion that concerns about a nurse or midwife's language skills must be sufficiently serious to warrant a language assessment.

Several respondents wanted reassurance about decision makers' ability to make judgments consistently about when

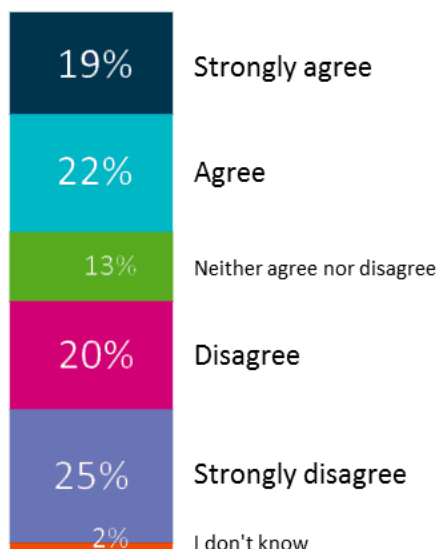
to direct a nurse or midwife to undergo an assessment of their English language knowledge. We will issue clear guidance for decision makers and fitness to practise panels to ensure all nurses and midwives are treated fairly.

**Opposition** was highest among those who objected to the use of IELTS in the first place. One additional issue raised was that where fitness to practise concerns are raised on language grounds – unlike other types of cases for which the burden of proof lies with the NMC or whoever makes the allegation – the onus would be on the individual nurse or midwife to organise and fund an IELTS test.

Closely related to this, several respondents commented on the financial impact if a test would have to be arranged at the nurse or midwife's own cost and the need for parity with our approach to other assessments (such as performance or health assessments). It is worth noting that costs of language assessment directed by the Registrar as part of a fitness to practise investigation will be met by the NMC.

Some respondents stressed that language skills do not equal good communication skills and that reliance on an IELTS test may not provide sufficient assurance as far as wider communication skills issues are concerned. We agree with the points raised about broader communication skills. The proposed new powers will allow consideration of issues specifically relating to language skills in the wider context of effective communication skills.

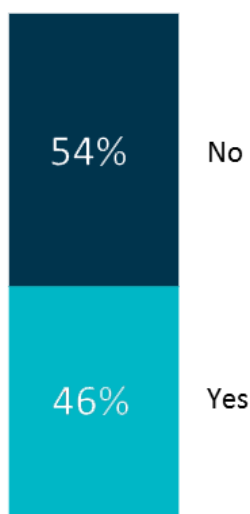
**Question 7: To what extent do you agree or disagree that the result stated in the signed IELTS certificate or other document would provide conclusive proof of the result achieved by the nurse or midwife?**



**Just 41 percent either agreed or strongly agreed** that a signed IELTS would be considered conclusive proof of achievement, compared to **45 percent who either disagreed or strongly disagreed**. This was the only question in the consultation for which negative responses slightly outweighed the level of support.

Some of the **opposition** expressed was based, we believe, on a misunderstanding. The proposal was referring to the extent to which either the NMC or the applicant should be allowed to appeal an IELTS result. Instead, some of objections raised related to the potential for IELTS certificates to be forged and for impersonation to occur during an examination. As a safeguard, we already use the electronic verification system on the IELTS website as part of our processes to make sure that any certificates submitted to us are legitimate.

**Question 8: Do you think that there are any groups who may be unfairly impacted by the changes that we outline in this document?**



**54 percent of respondents agreed** that the proposed changes would not lead to detrimental impacts. Several in this group welcomed what they perceived as positive impacts in terms of the greater consistency that the proposals would bring between overseas trained nurses and midwives and their EEA trained counterparts.

**46 percent** suggested instead there may be detrimental impacts on certain groups. A few respondents highlighted what they predicted would be negative impacts in terms of the new more stringent requirements around English language potentially discouraging EEA trained nurses and midwives from applying to work in the UK. It was also raised that nurses and midwives whose first language is not English will be at greater risk of concerns being raised regarding language competence. Further points made were that reasonable adjustments would need to be made for nurses and midwives with a disability.

**Question 9: Please use the box below if you have any additional comments about the language competence of registered nurses and midwives, that have not been addressed in this consultation.**

The majority of respondents used this opportunity to reiterate and summarise their previous responses.

## **Conclusions and next steps**

We are grateful for the feedback from all those who took part in the consultation. We will carefully consider the findings of the consultation and our Council will make a decision at its meeting in October 2015 on how we are proposing to implement these new powers. Our overriding objective is to enhance public protection and these changes will provide a higher level of assurance that all registered nurses and midwives have the necessary knowledge of English.