Council

English Language Requirements

Action: For decision.

Issue: Proposes changes to our English language requirements for applicants from the EU/EEA and overseas.

Core regulatory function: Registrations and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the proposal to accept an overall score of 7 in the International English Language Test (IELTS), allowing a minimum of 6.5 in the writing element of the test for applicants from overseas and the EEA (paragraph 26).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Summary of stakeholder engagement and consultation.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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If you have questions about overseas registration process please contact 0207 7333 6600
In January 2018, we began a programme to review our overseas registration process to ensure it supports nurses and midwives (and in future Nursing Associate applicants) wishing to come and work in the UK whilst ensuring our high standards for UK registration are maintained. The Overseas Programme has included a review and consultation on our English language requirements for all nurses, midwives and Nursing Associates joining the register from outside of the UK; that is those from both the EU/EEA and overseas.

As part of the Overseas Programme we are introducing interim changes as we identify improvements and have already introduced improvements to the test of competence, including providing applicants and employers with more helpful support materials and amending the resit policy. We have also streamlined our registration evidence requirements. The Overseas Programme will continue into 2020 taking forward further work, including the introduction of a new streamlined end to end process and the introduction of an improved registration IT system, which will provide significantly greater support to the applicant and automate much of the current paper based process.

Whilst the Overseas Programme continues, we are now at a point to make recommendations to the Council in relation to our English language requirements.

The changes already introduced and the proposals in this paper, if agreed, will result in changes to our international policy and statutory guidance which we will summarise and agree with Council in correspondence following Council’s discussion of this paper and publish in December.

As part of the Overseas Programme we have consulted extensively with applicants, nurses, midwives and a wide range of stakeholders on all elements of the process including our English language requirements. Set out in at Annexe 1 is a summary of our engagement and consultation. We are very grateful to all of those who have given their time and input to help us improve the overseas process and inform our English language proposals.

This paper recommends changes to our English language guidance for all registrants trained outside the UK following the consultation and qualitative work we have undertaken.

This paper applies equally to all four countries.

The NMC is required to have appropriate and proportionate checks in place to allow us to obtain assurance from all applicants to the register that they are capable of safe and effective practice. This includes having the appropriate qualifications and good health and
character. All applicants must satisfy us that they have the necessary knowledge of English. This means ‘a knowledge of English which is necessary for the safe and effective practice of nursing or midwifery in the United Kingdom’.

9 The Council is required under Article 5A (1) of the Order to publish guidance setting out how we evaluate the necessary knowledge of English for all nurses, nursing associates and midwives trained outside the UK and seeking to practise here. It is necessary to keep the guidance under review to ensure it remains proportionate, consistent and fair and to make sure there is not a risk we are discriminating unfairly against applicants from outside the UK.

10 We last published changes to this guidance in November 2017 when we introduced alternative options for demonstrating language competence. These included the option of providing evidence of a successful score in the Occupational English Test (OET) or evidence of training or practice in English. At that time we said the next stages of our overseas programme would include continuing to explore our English language requirements.

Discussion:

11 Our consultation and engagement on the overseas review has included significant feedback that senior professionals and other key healthcare stakeholders encounter many nurses and midwives trained outside of the UK who can communicate to a high standard in English, but who are not able to join the UK register because they cannot demonstrate they meet our required standard in the IELTS test. The majority of those we have engaged with have given us a consistent view that from their day to day professional experience of working closely with overseas applicants, level 7 in writing in particular is an unnecessary barrier.

12 We currently require an overall score of 7 in the academic IELTS and a minimum score of 7 for each individual element of the academic test (reading, writing, speaking, and listening). Feedback from the majority of stakeholders has been that requiring a score of 7 for writing reflects a knowledge of English higher than the level necessary for the safe and effective practice of nursing or midwifery in the United Kingdom and may not be a proportionate or fair regulatory requirement.

13 There is evidence that the writing aspect of the IELTS academic test in particular does not reflect the needs of the modern working environment for nurses and midwives. The test requires essay writing and the expression of personal opinion whereas accurate writing for nurses and midwives in the modern working environment is often more about precise reporting of times and events.

14 This evidence may explain test data which shows many applicants are achieving a 7 or above in the three other elements (reading, speaking and listening) but just missing the standard in the writing
element – with large numbers achieving 6.5.

15 The input we have received during our extensive engagement and consultation provides evidence that we should vary our requirements. One option that has attracted widespread support during our engagement and consultation, is to vary our requirements slightly and accept a score of no lower than 6.5 on the writing element of the academic IELTS test, while still maintaining our requirement for an overall score of 7.

16 The requirements for the other elements of the test (reading, speaking and listening) would remain at 7 or above. This approach is consistent with other professional regulators in the UK. The GMC, GDC, HCPC and GOC all have an overall/minimum score requirement but more flexibility in relation to the minimum scores which make up the overall score.

17 While many stakeholders do urge us to reduce the overall standard, we do not believe at this stage that the evidence is strong enough to support a change in the overall score.

18 A score of 7 in IELTS means the person is a ‘good user’ of English. A score of 6 means the person is a ‘competent user’ with an effective command of English, able to use complex language in familiar situations. A score of 6.5 means the individual has elements of both 6 and 7 scores, so would have demonstrated a mix of skills between ‘competent’ and ‘good.’ On this basis it would seem reasonable to conclude that if we accepted an overall score of 7 we can be assured that the applicant would be overall a ‘good user’ of English, who had demonstrated an effective command of the language.

19 At this time we are not proposing the same approach for the Occupational English Test (OET) as this is a different test and tests language skills in a healthcare specific context. We are working closely with OET to look at whether the same approach needs to be taken to the written part of the OET test.

20 Data from our Fitness to Practise directorate indicates that the number of concerns relating to registrants not having the level of English language to practise safely and effectively are very low. Between 1 October 2017 and 30 September 2018, we received 25 cases that included an allegation of poor English language competence. Further analysis of this data shows that in the majority of these cases, the registrant was registered prior to the introduction of our English language requirements.

21 It is important to note that language controls are only one part of our wider registration requirements and the overseas review will result in a refreshed and more robust process with assurance at many different points. This includes assessing the comparability of
qualifications and tests of competence where appropriate.

22 We are required to set our standards at the minimum level for safe practice on entry to the UK register. We recognise that all registrants will progress their career in different directions and it will be an employer’s responsibility to ensure that if they are placed in a role where enhanced language skills are necessary, that the nurse or midwife meets that required level. We must ensure our standards are at the minimum level for safe and effective practice of nursing or midwifery in the United Kingdom.

23 Employers also invest in developing their own staff into more senior roles, for example through apprenticeships. This involves supporting future registrants to develop numeracy and literacy skills as they acquire professional proficiency. We have begun discussing with employers how we might work together going forward to develop enhanced acclimatisation support to recruits from overseas.

24 Taking into consideration all these factors we think varying our requirements on the writing element of the academic IELTS only, while maintaining a requirement for overall language skills at their current level, will enable us to achieve the right balance between maintaining public safety and having a fair and proportionate process for all applicants.

25 In advance of the November 2017 changes, we contacted a wide range of English language test providers and outlined the criteria we would be looking for in an English language test (such as the ability to test reading, writing, speaking and listening). We invited test providers to submit proposals for tests that could meet our criteria. We will continue to engage with a range of test providers as the overseas review continues to explore other possible English language tests that we may also introduce. Specifically we will:

25.1 review our criteria for how test providers should test English ability to take into account of the latest developments in testing methodology.

25.2 discuss with test providers additional tests they wish to propose that would ensure the right level of English.

25.3 explore whether we can carry out more collaborative research into standard setting with test providers, professional bodies and other professional regulators, seeking a joint regulatory approach where possible.

26 Recommendation: The Council is recommended to approve the proposal to continue to accept an overall score of 7 in the International English Language Test (IELTS), allowing a minimum of 6.5 in the writing element.
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<tr>
<th>Public protection implications:</th>
<th>27</th>
<th>At present, we are not aware of any evidence that would suggest this change would introduce a risk to public protection. We will monitor the impacts on public protection alongside the impact of the other changes we introduced in November 2017.</th>
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<tr>
<td>Resource implications:</td>
<td>28</td>
<td>There will be resource implications associated with the language changes all of which can be accommodated within existing resource in the Registration and Revalidation directorate. There will be some costs associated with communicating and implementing the change and these will be funded from the overseas programme budget.</td>
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<td>Equality and diversity implications:</td>
<td>29</td>
<td>These changes, alongside the streamlining of the registration, evidence requirements would increase fairness by allowing more competent overseas nurses to meet our requirements.</td>
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<td>Stakeholder engagement:</td>
<td>30</td>
<td>Annexe 1 provides more details on the stakeholders we have consulted and engaged with. Consultation is ongoing at the time of writing and a verbal update will be provided at the meeting.</td>
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<td>Risk implications:</td>
<td>31</td>
<td>There is a risk this change could be interpreted as a lowering of our overall standard. We have developed a communications plan that will enable us to explain that we are maintaining our high overall standards for those joining the register and we are ensuring that our requirements are fair, consistent and proportionate, and at the level necessary to ensure safe and effective practice.</td>
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<td>Legal implications:</td>
<td>32</td>
<td>As this involves a change to the current statutory language guidance, we are legally required to consult on these proposals and are required to publish our revised guidance. Council will be given a verbal update on the results of this consultation at the meeting.</td>
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Overseas Programme: Consultation and engagement summary

1 In November 2017, we published a revised version of our English language guidance following a consultation with key stakeholders in September 2017. The consultation participants included representatives from patient groups, NHS organisations, professional bodies including the Royal College of Nurses (RCN) and Royal College of Midwives (RCM), trade unions, language testing organisations, recruitment agencies for nurses and midwives, government departments, directors of nursing from NHS trusts, and the Chief Nursing Officers from the four UK countries.

2 As a result of that consultation we accepted the OET as a suitable alternative to IELTS and made the following additional options available for applications to demonstrate their language competence:

2.1 A recent pre-registration nursing or midwifery programme that has been taught and examined in English; or

2.2 Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language.

3 We also said that we would go on to review the evidence base for the writing level of IELTS.

4 During 2018, we carried out a comprehensive programme of engagement and consultation to inform the overseas programme and our review of our English language requirements. This involved a significant programme of meetings, calls, emails, webinars and face-to-face events.

5 Our webinars attracted 275 people and a total of 166 people attended our face-to-face events in Belfast, Cardiff, Glasgow, London and Manchester.

6 In addition, we spoke to a range of stakeholders, NHS and independent employers, applicants, nurses and midwives, patient organisations, charities, unions and representative bodies. Other attendees included representatives from equalities groups, recruitment agencies, government and non-departmental public bodies, specialist nursing associations representing nurses and midwives who have trained outside the UK, and universities.

7 We have looked at the standards set by other regulators both here in the UK and in other English-speaking countries and the evidence they have used to support those standards. We looked at all the professional regulators here in the UK, reviewing their consultation documents and any research that they used to support their standard setting. We also looked at the approach Nursing and Midwifery regulators adopted in Ireland, Australia, New Zealand, Canada, South Africa and the US. Finally we reviewed 20 of the most recent available research papers on language proficiency and professional regulation.
All stakeholder groups represented at the engagement events and webinars had strong views on our current English language requirements, and whilst there was strong support for proficiency in English as a key part in keeping people safe, there was not unanimous support for our current requirements, particularly our requirement for an IELTS score of 7 in each element of reading, writing, listening and speaking.

The majority view was that, in particular, the writing element of IELTS is too high. The most common suggestion was to keep the existing level of 7 but change to an overall score; meaning that an individual could score lower than 7 in an individual element as long as their average score remained at 7. Where this view was expressed many participants suggested that this lower score should be allowed in the writing element and some suggested we should allow a lower score in any of the elements.

We have carried out a further targeted consultation with the same stakeholders on a specific proposal to move to an overall score of 7 on the IELTS, with a minimum score of 6.5 in the writing element only and we have been asking the following questions:

10.1 Do you think our proposals will ensure that nurses and midwives will continue to have the right skills and knowledge to care safely for patients?

10.2 Will they continue to ensure public trust in the profession?

10.3 Will any of our proposals have a negative impact on any group with protected characteristics?

Initial responses have been very positive and a full update will be provided at the Council meeting.