

Britain**thinks**

— Insight & Strategy —

August 2022

English Language Standards Consultation

A report by BritainThinks on behalf of The Nursing and
Midwifery Council

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1. Introduction

1.1 About this consultation

As a legal requirement for the safety of patients using health and care services, it is essential that everyone on the Nursing and Midwifery Council's (NMC) register is able to communicate effectively in English. For those taught and examined in the UK and in majority English-speaking countries, the fact of their training is accepted as demonstrating the necessary language skills. In contrast, most applicants trained outside the UK in a country that is not majority English-speaking demonstrate their proficiency by achieving the necessary score in one of two language tests accepted by the NMC. These two tests are the International English Language Testing System (IELTS) and the Occupational English Test (OET).

The NMC last reviewed its English language guidance in 2019. Following challenges to its current approach, the NMC has reviewed the evidence base for its guidance and developed proposals for change. The NMC is proposing changes in three areas:

- Changes to how applicants can combine scores across test sittings.
- Whether the NMC can accept evidence of non-registered practice in English in a health and care setting supported by an employer reference or other evidence.
- Whether the NMC can accept post-graduate qualifications taught and examined in English.

1.2 Aims and objectives

BritainThinks were commissioned by the NMC to conduct a consultation to understand perceptions of the proposed changes amongst an array of the public and professionals and other stakeholders across the health and social care sector. The objectives of the research were to:

- Understand perceptions of current English language requirements.
- Gauge favourability towards the proposed changes to the process of demonstrating English language proficiency.
- Understand requirements for the provision of information to the public about proposed changes.

The feedback from this consultation will be combined with other evidence and used as the basis for recommendations for change put forward to Council¹.

1.3 Methodology and sample

The main fieldwork period for this consultation ran from Friday 17th June – Friday 12th August 2022.

A mixed method approach was utilised to gather both a view from across a large sample of participants, as well as detailed and nuanced feedback from a breadth of audience groups.

¹ The Council is the governing body of the NMC, It sets out the strategic direction and holds the Executive to account. Council members are also the charity trustees. For a further detail on the Council, including its members please follow this link: <https://www.nmc.org.uk/about-us/governance/the-council/>

The NMC led on the quantitative research design, survey hosting and distribution, with BritainThinks taking responsibility for the analysis. BritainThinks led on the qualitative component of the research, with the NMC supporting in the recruitment of midwives, nurses, employers, and patient representative organisations (PROs).

A full sample breakdown can be found in the Appendix. Below is an overview of the research elements conducted:

Quantitative survey:

	Name	Count³	Percentage
Online survey with 34,064 responses², live from Friday 17th June – Friday 12th August.	Registered NMC professionals	20,757	63%
	Applicants to the NMC	8,800	27%
	Other health and care professionals	883	3%
	Members of the public	534	2%
	Employers of nurses, midwives and / or nursing associates	396	1%
	Educators	335	1%
	Student nurses, midwives or nursing associates	212	1%
	Retired nurses, midwives or nursing associates	92	0%
	Researchers	64	0%
	Representatives of an advocacy group / organisation	13	0%

Alongside the main survey, an easy read version was completed by 275 participants. This version of the survey consisted of mainly open-end questions. Responses are therefore not included within the main quantitative findings and have been treated as qualitative responses instead. The easy read survey did not collect demographics. The main survey was also completed by six participants in Welsh.

² Please note some responded on behalf of an organisation and some people skipped questions, which means they are not reflected in the charts in this report.

³ Note small base sizes for retirees, researchers and representatives of an advocacy group / organisation.

Public:

<p>3 x 90 minute focus groups with 19 members of the public in total.</p> <p>Focus groups took place via Zoom on Tuesday 26th and Wednesday 27th July.</p>	<p>All participants were socio-economic grade (SEG) C2D.⁴</p>
	<p>Groups were split by age: 18 – 30, 31 – 50 and 51+.</p>
	<p>The sample also included:</p> <ul style="list-style-type: none"> • 2 x participants who had attended an appointment with midwifery services in the last 6 months. • 8 x with a long term health conditions / disability.
	<p>Participants were from across the four devolved nations of the UK, with a spread of ages, ethnicities, gender, and level of interaction with health and care services.</p>
	<p>Participants were recruited by BritainThinks and were paid an incentive for their time.</p>

Health and Care Stakeholders:

<p>1 x 90 minute workshop with 31 EAG members.</p> <p>The workshop took place via Zoom on Friday 22nd July.</p>	<ul style="list-style-type: none"> • Stakeholders were all members of the NMC’s External Advisory Group (EAG). • Attendees were mixed in terms of organisation type that they represent, and their roles within organisations. • The workshop was scheduled by the NMC as part of their ongoing meetings with the EAG and was facilitated by BritainThinks.
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Nursing and midwifery professionals and applicants:

<p>8 x 40 minute depth interviews with nurses and midwives.</p> <p>Interviews took place via Zoom between Thursday 21st July and Tuesday 9th August.</p>	<p>8 x midwives and nurses including:</p> <ul style="list-style-type: none"> • 5 x unregistered nurses who were trained overseas and are either currently waiting to take an IELTS or OET English language test or have previously failed the IELTS or OET English language test. • 1 x registered nurse who was trained overseas and has gone through the process of demonstrating their English language proficiency. • 2 x registered midwives who were trained overseas and have gone through the process of demonstrating their English language proficiency
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⁴ Socio-Economic Grade (SEG) is based on the Market Research Society definition, and is a commonly used social classification method. Further information can be found here: <https://www.mrs.org.uk/resources/social-grade>

	Participants were mixed in terms of areas of work, nationality, ethnicity, gender, age, location within the UK and interactions with health and care services.
	Participants were recruited via a call out through the quantitative survey and were paid an incentive for their time.

Employers and PROs:

<p>8 x 40 minute depth interviews with employers and PROs.</p> <p>Interviews took place via Zoom between Wednesday 27th July and Friday 12th August⁵.</p>	7 x employers of nurses, midwives and nursing associates across a range of settings.
	1 x representative of patient representative organisations (PROs).
	Whilst no specific quotas were set, participants were as mixed as possible in terms of job titles, areas of work, location and demographics.
	Participants were invited directly by the NMC to take part in the research.

Throughout this report, those who took part in the research are referred to as **‘participants’**. Where relevant, it has been specified if the participants being referred to are those who took part in the **qualitative research** or **quantitative survey**. Differences between participant groups have also been pulled out throughout the report.

⁵ A final interview was conducted outside the main fieldwork period, on Wednesday 17th August due to scheduling conflicts.

2. Executive summary

2.1 Challenges within the health and care sector, and the role of English language requirements within this

The current challenges within the health and care sector, and the specific role that staff shortages play in these issues, are well established and understood across all participants. Those working directly in the sector are also well versed in the role that English language requirements for nurses, midwives and nursing associates play in these discussions. However, there is lower awareness of the role of English language requirements amongst the general public.

Amongst those working in the sector, there are mixed perceptions of the current requirements, ranging from those who want to maintain the current status quo to those calling for a significant change. Where a change is deemed necessary, individuals are likely to cite a number of perceived issues with the current requirements, including: the relevance and difficulty of tests; the impact on applicants of failing to meet requirements; the length of time allowed between taking English language tests; and current definitions of a 'majority English-speaking country'.

Despite this, there is strong alignment across participants on the importance of high English language proficiency for all nurses, midwives and nursing associates. Participants see this as key to ensuring patient safety and quality of care, as well as enabling clear communication between colleagues. However, there is acknowledgement that staff shortages also pose a threat to safety and quality of care. The need to balance these two necessities is the core lens through which the proposed changes are viewed and assessed.

2.2 Overarching views on proposed changes to the English language requirements

Overall, participants are supportive of the proposed changes. In particular, the suggestion of 'Extending the period someone can combine test scores from 6 to 12 months' garners the most support. However, there are some key differences between participants. Most notably, applicants, (who, in our quantitative sample, are mostly currently based outside the UK, trained outside the UK, and are younger), non-White and non-British participants, and those without a disability demonstrate stronger support than their counterparts across all proposed changes.

However, many participants note a need for the NMC to provide additional evidence and information to fully assess the proposed changes. This information includes detail on the number of applicants who will be impacted by the changes, to give a sense of how far the proposals would improve the accessibility of the NMC register (and therefore alleviate staff shortages). Participants also want information on the significance of minimum pass grades for the IELTS and OET, to understand the level of language proficiency that is reflected by these 'baseline' pass scores.

Furthermore, participants believe that, regardless of any changes, testing should remain the central focus of English language requirements. They therefore place emphasis on getting this component 'right' ahead of other changes. There is also consensus that other proposed

changes (such as the use of employer references and/or post-graduate qualifications), should only ever be used as supporting evidence, alongside a language test score.

2.3 Views on the role of employer references as evidence for English language proficiency

Overall, participants are positive about the use of employer references in the different scenarios described below.

63% agree with accepting employer references as supporting evidence for those 'missing scores by 0.5 or half a grade as relevant'. 62% agree with accepting employer references as supporting evidence for those 'trained in English but in a non-majority English-speaking country'.

However, there is concern about how this change would work in practice. Participants voice concerns about subjectivity or bias from referees, and the impact this will have on the standardisation of applicants. There is therefore a strong desire for the NMC to provide guidance and support to employers in order to standardise and regulate the process. For example, this support must provide clarity on how to interpret and assess proficiency, in line with a national standard.

2.4 Views on the role of post-graduate qualifications taught and examined in English as evidence for English language proficiency

There is also support for the use of post-graduate qualifications taught and examined in English in the different scenarios described below.

63% agree with accepting post-graduate qualifications as supporting evidence for those 'missing scores by 0.5 or half a grade as relevant' whilst 61% agree with accepting post-graduate qualifications as supporting evidence for those 'trained in English but in a non-majority English-speaking country'.

However, participants do note several concerns about this proposed change. A primary concern, particularly amongst professionals, health and care employers and stakeholders, is how relevant this change would be to the majority of applicants. There is an expectation that only a minority would have the relevant qualifications to be able to benefit from this change. Furthermore, participants cite concerns relating to the relevance of non-clinical qualifications taught in English to language requirements within a clinical context. Given this, participants emphasise that they must be used as supporting evidence only.

2.5 Views on the proposal to change how test scores can be combined

This is the proposal that receives the strongest support, with 74% agreeing with 'extending the period for combining test scores across the two tests (IELTS and OET) from 6 to 12 months'. Support is particularly strong amongst professionals, health and care employers and stakeholders, many of whom spontaneously mention a need to change the time periods. These individuals feel confident that this change will not negatively impact current standards of English language but will have a positive impact on the testing process for applicants.

Support for this proposal is less strong amongst the public and patient representation organisations (PROs). These groups are more likely to indicate some nervousness about how this could impact overall language proficiency, although this is mainly driven by a lack of understanding of the scoring systems and is a relatively low-level concern.

2.6 Views on the proposal to standardise the minimum score set for tests

Participants are also in favour of this change, with two thirds agreeing with 'standardising the minimum score accepted across sittings to no more than half a grade / 0.5 below the required score on the IELTS and the OET'.

However, there is less positivity amongst professionals who are trained in the UK and those currently on the NMC register. These groups consistently respond less positively to proposed changes to testing, compared with overseas applicants. Qualitatively, this is often due to the fact that they themselves have been able to pass the tests in line with current requirements, and do not see a need to add flexibility to the standards.

The public are also slightly less supportive of this proposal, with many feeling nervous about the perceived prospect of 'lowering standards'. However, support is higher across professionals, health and care employers and stakeholders. These participants often have personal experience or knowledge of individuals who have failed the tests by a small margin, despite exhibiting a high level of English language proficiency in 'reality'.

2.7 Views on the proposal to maintain current pass scores

Just 38% agree with maintaining an overall pass score of 'B' on the OET and of 7 on the IELTS when combining test results, indicating strong support for change. This supports findings that most participants are in favour of making changes to scores.

However, there is a substantial minority who are in favour of maintaining current scores, which includes registered NMC professionals and educators as well as those who trained in the UK, older participants and those with a disability amongst others. This is driven by a view that current scores are as they should be, and that any perceived difficulty in passing them simply reinforces the high level of proficiency that is required. These groups will therefore require additional reassurances on any changes that are made.

3. Challenges within the health and care sector, and the role of English language requirements within this

3.1 Core challenges within the health and care sector

All participants taking part in the qualitative research recognise that there is significant pressure on the health and care sector. The issue of staff shortages is very top of mind, with adjacent issues of patient backlogs, staff burnout, cuts to bursaries and pay disputes also frequently discussed. Whilst professionals, health and care stakeholders and employers experience these problems more directly through their everyday work, the public and PROs are also acutely aware of challenges either through the media or via their own interactions with the health services as service users.

These issues are felt to have been exacerbated by the continued impact of Covid-19 and the UK's departure from the EU, leaving prominent concerns about the impact on patient care and safety as the current workforce struggles to meet the demands placed on it. There is therefore a strong desire from all to see improvements both in terms of recruitment and retention of staff to ensure that health services can run effectively, and that high standards of patient care are upheld.

The role that overseas staff already play in mitigating staff shortages in the UK, and the further role that they could play in the future, is frequently discussed by professionals, health and care stakeholders, employers, PROs and the public. The public are more likely to assume that the immigration process (namely, visas) is the biggest barrier to overseas recruitment. However, those working in the sector are more aware of the role that the English language requirements can play as well. This means they are more primed than the public for conversations about the proposed changes to English language requirements.

"I know there is a shortage of nurses and midwives. It's very difficult to get the appropriate staff. My experience is that when I had treatment, I had nurses rotated."

Public, 51+

"I assume the reason the NMC is proposing this is to increase the pool of people available [for staff roles]. Which I do understand. We are very, very short staffed."

Nurse, Registered

3.2 Views of the current English language requirements

At present, the NMC accepts three types of evidence without further consideration:

1. Recent achievement⁶ of the required score in one of the two accepted English language tests. Applicants can combine two test scores as long as they are taken within six months of each other and none of the scores falls below a defined minimum.

⁶ Within the last two years prior to the applicant process being considered.

2. Completion of a pre-registration nurse, midwife or nursing associate programme that was taught and examined in English and included a defined minimum level of clinical interaction in English.
3. Recent registered practice⁷ for one year in a majority English-speaking nation where an English language assessment has already been passed as part of the registration process.

Awareness and views of the current English language requirements differ across participants:

Members of the public and PROs

Across the public and PROs, there is little or no awareness of what the current English language requirements look like. In the absence of any direct experience, there is an assumption that the current requirements are doing a good job of ensuring people have sufficient English language proficiency to practice healthcare. This can lead some to question why any changes to requirements are necessary. However, many also note that whilst they do not personally recognise a need to change requirements, they trust that the changes are being proposed for good reason.

Professionals, health and care stakeholders and employers

Amongst professionals, health and care stakeholders and employers, there is high awareness of perceived challenges in relation to current English language requirements. This understanding is derived from experience – either their own (if they themselves are a nurse, nursing associate or midwife), or experiences of people they know personally. Across these individuals the qualitative research revealed a broad spectrum of views relating to these tests and the requirements more generally.

The majority held view:

- **Those who have some concerns about current requirements and believe some change is required:** The majority held view (in particular, amongst health and care employers and other stakeholders) is that current requirements are difficult to pass and therefore there is a need to re-examine them, albeit cautiously, to address staff shortages.

The minority held views, which appear to be roughly the same in size:

- **Those strongly opposed to current requirements and who believe significant change is required:** On one end of the spectrum, a minority (mainly stakeholders and current applicants) are active and vocal about the need for re-examination of current requirements. They are most likely to be against current definitions of 'majority English-speaking' countries, and most likely to be opposed to current pass requirements for the tests. As such, they are looking for significant changes to the current process.
- **Those who are strongly in favour of current requirements and opposed to change:** On the other end of the spectrum, there is another minority group who feel

⁷ Within the past two years prior to the application being considered.

strongly that current requirements should be maintained, and that the difficulty faced in passing tests is necessary to ensure continued high standards. While not evidenced in quantitative data, in many qualitative interviews this was seen amongst nurses and midwives who have themselves passed the IELTS or OET. They are less open to any changes to the current process due a perception that the requirements and tests are passable.

3.3 Percieved challenges with the current English language requirements

Concerns about the current requirements cluster around five key issues:

- The **lack of relevance of the test content**, primarily of the IELTS. Some participants feel that not only does this test have gaps in terms of English skills that would be helpful (i.e., healthcare language and / cultural aspects of the English language) but it also includes content that is deemed unnecessary (i.e. an emphasis on grammar). Some also note that both the IELTS and the OET tests do not cover 'cultural' aspects of English, including ways of talking and / or framing certain things in English.
 - It is important to note in this context that the OET is perceived as covering more relevant subjects and is felt to have a higher pass rate. However, the OET is a more expensive test than the IELTS, which presents a barrier to applicants.
- The **difficulty of the tests**, with many feeling that the pass grades are too high, particularly given the lack of relevance of some of the content. This is felt to be particularly true for the IELTS test. Many professionals, health and care stakeholders and employers argue that even those with a high standard of English may struggle to pass the test due to its complexity. They therefore feel it is not an effective measure of proficiency.

“Do they want people who know how to write in a grammatically correct way, or people who are proficient enough to work as safe practitioners?”

Health and care stakeholder

“I was actually talking to somebody the other day who was a registered nurse in the Philippines and has never been able to pass the IELTS. She is perfectly capable of speaking the English language and writing in English. But there’s just something about the IELTS that she finds quite challenging.”

Health and care employer

- The **impact on nurses, midwives and nursing associates who have moved to the UK but then failed to meet language requirements**. Whilst not the case for all applicants, some only find they have not passed the English language test, and do not meet the other requirements, and therefore have not been accepted on to the NMC register *after* their relocation. The result of this is that many nurses, midwives and nursing associates may be forced to take another position in health and care services or with another employer (at a less senior position), to work outside health and social care, or to leave the UK altogether. This is felt to be particularly unfair given:

- The **cost** of the tests themselves, including associated costs (travel, taking time off work).
- The **time** required to study for and take the tests, often alongside working and for some, planning and settling into their new life in the UK.
- The **emotional distress / stress** of failing and retaking tests, which may also threaten how well an individual is able to perform when they take the test.

“I have done IELTS many times to give the evidence that I am able to do it. I panic and stress when I had to do a test. I had lots of other pressures at the time.”

Nurse, Unregistered

“More support is needed for nurses that are already in the country as well as newly recruited nurses”

Health and care stakeholder

- The **time allowed between tests if test scores are being combined**, which is spontaneously mentioned by some as being too short. This is particularly key given the cost, time and stress of the tests, highlighted above.
- The **definition of a ‘majority English-speaking’ country**, which is disputed by some, given that many countries do demonstrate high levels of English language even if it is not classified as their primary language. This leads some to argue that current requirements are potentially discriminatory or even racist.

“The NMC are a bit extreme when it comes to foreign registered nurses. I’m from Ghana, which happens to be a former British colony, where we use English as our medium of instruction, to the highest level, and in workplaces. So, in that sense, it’s our official language. But if I want to get hired as a registered nurse in the UK, I would have to clear three difficult exams first.”

Nurse, Unregistered

3.4 The importance of high English language standards

Despite recognition of the perceived challenges associated with current English language requirements, there is strong agreement across all participants that maintaining high levels of English language standards is essential across health and social care settings. Speaking, listening, reading and writing are all felt to be critical.

Whilst those working in the sector have more detailed views on the importance of high language standards than the public, all participants feel that language is important to ensure:

- **Patient safety:** This is the foremost priority mentioned, with most seeing English proficiency as critical to delivering good quality care. The tasks of understanding patients’ needs, communicating care plans / outcomes, administering care and documenting patient records are frequently cited as examples where strong English skills are required. Here, there is emphasis on being able to both understand technical language, and also to communicate it to patients and users. Reading and writing are felt to be particularly key.

- **Compassionate care:** Whilst secondary to safety this is nonetheless considered essential. Many highlight patients' vulnerability and the consequential strong need to ensure that they feel comfortable and supported. Responsibility for ensuring this is felt to fall to nurses, midwives and nursing associates ahead of other healthcare professionals such as consultants. Here there is emphasis on the 'soft skills' associated with these roles, for example, a positive bed side manner. Speaking and listening are seen as particularly important.
- **Effective communication between colleagues and other professionals:** Whilst this is felt to be a key component of ensuring patient safety and quality of care, it is highlighted as a separate consideration given it often requires a different type of communication (i.e., more technical). There is a strong need to ensure that all nurses, midwives and nursing associates are able to communicate effectively with all colleagues that they come into contact with in their working lives.

"It is safety-critical that nurses coming to the UK have a safe ability to speak and understand English. I have worked with people in the past who have appeared to understand my English but have actually misunderstood."

Health and care employer

"I personally think it needs to be a really high level of English. They're working with vulnerable people and have people's lives in their hands. I wouldn't feel safe if I was in labour and I had a midwife who couldn't speak my language. You're in a vulnerable situation already and the last thing you want to do is have to try and explain what's happening."

Public, 18 - 30

Participants also note several practical challenges that can make communication more difficult, further emphasising the need for high standards:

- **The high likelihood of emergency situations:** In health and social care settings, emergency situations can be commonplace and therefore there is a strong need for all members of staff to be able to communicate clearly even when under pressure.
- **Accents, dialects and slang:** A specific challenge of working in the UK is the wide variety of accents and dialects in relatively small geographic area, as well as high usage of colloquialisms and slang. As well as having a baseline understanding of English language, nurses, midwives and nursing associates must be able to navigate and adapt to these different styles of communication and pronunciation.
- **Communicating with other non-native English speakers:** It is also noted that within the UK, nurses, midwives and nursing associates will often interact with others who also do not speak English as their first language. There is a need for professionals to be able bridge any gaps in communication to ensure no information is lost or misunderstood.

"It's also important to think about culture differences within the English-speaking language - the accents and the local slang."

Health and care stakeholder

"I think for some of us we are worried that those with lower proficiency in English might not be able to manage with a healthcare emergency."

Midwife, Registered

This clear understanding of the importance of English language standards drives nervousness amongst the public and PROs in particular, when considering changes to requirements. There is fear that changes could impact their own safety and quality of care should they have contact with nurses, midwives or nursing associates. This nervousness is compounded by a lack of understanding as to why changes are being proposed to begin with, given their lack of background knowledge regarding the perceived challenges of current requirements.

However, there is acknowledgement that staff shortages also pose a threat to patient safety and quality of care. This point is made strongly by those working in the health and care sector, and by some members of the public and PROs. As such, the need to balance these two needs is the core lens through which the proposed changes are viewed and assessed.

“It’s all about balancing safety and standards with workforce challenges.”

Health and care stakeholder

4 Overarching views on proposed changes to the English language requirements

4.1 Overarching responses to the proposed changes

In principle, the majority of participants are broadly supportive of the proposed changes. An overview of support for each of the proposed changes can be seen in Table 1, which shows that 'Extending the period someone can combine test scores from 6 to 12 months' garners the most support, whilst the other areas are largely comparable.

Table 1: Levels of agreement of the proposed changes amongst all survey participants⁸.

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response to the statement.

Proposed change	All participants	
	Agree	Disagree
<i>Role of employer references</i>		
Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant	63%	20%
Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country	62%	20%
<i>Role of qualifications</i>		
Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant	63%	17%

⁸ Table 1:

Q19a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant/ for those trained in English but in a non-majority English-speaking country Base: all participants who opted to give feedback on this proposed change (n= 19,632)

Q24a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 17,349)

Q28a: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Extending the period someone can combine test scores from 6 to 12 months Base: all participants who opted to give feedback on this proposed change (n=19, 239)

Q28b: Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6). Base size: all participants who opted to give feedback on this proposed change (n=19,239)

Q28c: Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C). Base size: all participants who opted to give feedback on this proposed change (n=19,239)

Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country	61%	18%
<i>Changing standardising the minimum score for language tests</i>		
Extending the period someone can combine test scores from 6 to 12 months	74%	14%
Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6)	66%	17%
Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C)	65%	17%

It should also be noted that 81% of all survey participants feel that the standards set for English language proficiency should be the same across nursing, midwifery and nursing associate roles⁹. This means that these scores can be applied to all areas of work.

Certain survey participants consistently respond more or less positively to the proposed changes. This is shown in Table 2 below. Please note that these groups are not necessarily all distinct, and there is some overlap between groups. For example, applicants to the NMC tend to be younger, based overseas and of non-White ethnicities and non-British nationalities whilst those registered with the NMC are more likely to be older, based in the UK, and have a higher proportion of White ethnicity and British nationality. Qualitative findings suggest that positivity towards proposed changes is often influenced by an individual’s own experience of the application process. This offers some context which may explain differences in responses between participants.

Table 2: Overarching and consistent differences in responses across survey participants.

Demographic differences (<i>Survey participants typically responding differently when compared with the overall response</i>)	
Age	Younger participants are typically more positive towards the proposed changes. This is likely due to this cohort being

⁹ Q31. Should the standards we set for English language proficiency be the same across roles? Base: all participants (n= 33,644)

	more international and including a greater proportion of students and applicants.
Ethnicity and nationality	Participants originating from countries outside the UK are typically more positive towards the proposed changes. These individuals are likely to have more personal interaction with English language requirements throughout their education and careers.
Disability	Participants with a disability consistently respond less positively to the proposed changes. These individuals are more likely to personally interact with health and social care services, and express concern about the impact of changes on patient wellbeing.
Participants consistently responding <u>more</u> positively to the proposed changes	
Applicants seeking to join the NMC register	Applicants are more likely to be currently facing challenges relating to the English language requirements. They are more positive about improving accessibility through the proposed changes based on their own experiences. This is also likely to be true for those living, or who have trained, outside the UK. While NMC registered professionals are overall more negative about the proposed changes, the subset of registered professionals who trained outside the UK are more positive.
Those currently living outside the UK (both outside and within the European Economic Area (EEA) / European Union (EU))	
Those NMC registered professionals who trained outside the UK ¹⁰	
Participants consistently responding <u>less</u> positively to the proposed changes	
Participants living in the UK, and nurses, midwives and nursing associates who trained in the UK.	Those living, and who trained in the UK are less likely to have experience of the challenges associated with evidencing English language proficiency. Amongst these participants, those living in Scotland are even less positive about the proposed changes compared to those in England, Wales and Northern Ireland. This is likely due to demographic reasons. For example, Scotland has the lowest proportion of participants who describe their nationality as 'Other' (i.e., non-British): 15% in Scotland compared with 37% in England ¹¹ . This aligns with the fact that British participants demonstrate less support for the changes overall compared to non-British participants.

¹⁰ Although true across the quantitative data, qualitatively many NMC registrants who had themselves passed the English language requirements are resistant to change given that they perceived requirements as feasible to pass.

¹¹ Q43. Nationality. Base= all participants (n= 33,187)

NMC registered professionals who trained in the UK	Those currently on the NMC register, and who trained in the UK, will not have had to evidence their English language proficiency. As such, their responses reflect broader demographic and geographic trends, where those with less international training, experience and perspective respond less positively overall to the proposed changes.
Educators	Educators are more likely to have direct experience of testing as part of their roles. They often respond less positively towards proposals that introduce flexibility into the minimum pass requirements for the IELTS and OET.
Retired professionals, researchers, representatives of advocacy groups / organisations	Note that these groups have small sample sizes, and results can differentiate more compared with the norm.

On the whole, the views of employers taking part in the qualitative research largely align with the responses of employers and organisational representatives taking part in the quantitative survey. Therefore, references to ‘employers’ encompass the views of both individuals and organisations taking part in the qualitative and quantitative research, with no notable differences observed, unless explicitly stated.

Beyond this, it should be noted that in many instances, public quantitative data differs from the public qualitative data. Given that the quantitative survey was shared and distributed through the NMC’s own channels, it is likely that those who responded to the survey have higher engagement than usual with the NMC and their work. As such, they may not be fully representative of wider public views.

4.2 The need for contextual evidence

Despite overall positive responses to the proposed changes, qualitative participants note feeling they need further evidence about the impact of current English language requirements to give their full support. This is particularly true for members of the public and PROs, who have lower awareness of the NMC registration process in general, and of the current English language requirements in particular.

As mentioned in Section 3.2, professionals, health and care stakeholders, and employers are more aware of the perceived challenges associated with the current requirements, based on personal or anecdotal experiences. However, even these participants feel they lack the evidence needed to fully assess the impact of proposed changes on improving access to the NMC register.

The desire for further evidence to support understanding of impact focuses on two key areas:

- **The number of applicants that will be impacted by the changes**, to give a sense of how far the proposals would improve the accessibility of the NMC register (and therefore alleviate staff shortages). Types of evidence suggested by participants to clarify this include:
 - Number of applicants failing the IELTS by 0.5 marks, and the OET by half a grade.

- Number of applicants who trained in English but in a non-majority English-speaking country.
- Number of applicants who have a post graduate qualification taught in English in a majority English-speaking country.
- **The significance of minimum pass grades for the IELTS and OET**, to understand the level of language proficiency that is reflected by these ‘baseline’ pass scores (e.g., how this level of proficiency might compare to a score gained by those speaking English as a first language).

Without such evidence to clarify the likely impact or benefit of the proposed changes, many qualitative participants feel unable to make a full assessment of the proposals. This leads individuals to default to their starting positions. That is to say that those who feel the current standards are working well are more likely to view the proposals as ‘lowering standards’ whilst those who feel the current standards are *not* working well are more likely to express concern that the proposals are not going ‘far enough’.

“The key thing is to have an evidence base, what’s the most severe impact that could happen when bringing the changes in? They may feel that the standards are too high but what are the facts?”

Health and care stakeholder

“I agree with the direction of the changes, but the proposals need clarifying and ironing out. They have to be watertight.”

Health and care stakeholder

4.3 The role of testing

Participants generally feel that testing is the most effective measure of evidencing English language proficiency. Testing is perceived as a consistent and objective method of measuring language proficiency across all applicants. For health and care employers specifically, this is felt to be critical in understanding the capabilities of individuals they are hiring.

Participants therefore consider further forms of evidence (such as employer references or post-graduate qualifications) as playing an accompanying, rather than standalone, role within applications.

- Less than half (46%) of all survey participants are comfortable with accepting employer references as standalone proof of English language proficiency¹².
- Similarly, only 49% of all survey participants are comfortable with accepting post-graduate qualifications as standalone proof¹³.

¹² Q22. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as standalone proof. Base: all participants who opted to give feedback on this proposed change (n= 18,283)

¹³ Q26. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-grad as standalone proof. Base: all participants who opted to give feedback on this proposed change (n= 16,373)

- By contrast, applicants and those **living outside the UK** are more positive about accepting employer references (60% and 68%, respectively¹⁴) and post-graduate qualifications (64% and 69%, respectively¹⁵) as standalone proof.

Many therefore place emphasis on the need for the NMC to ‘get testing right’ as a priority ahead of other proposed changes. This means:

- Providing an evidence base on current test scores and the number of professionals who are just missing out on the minimum pass requirements.
- Conducting an evaluation of the content of the IELTS and OET to ensure that they are fit for purpose for the roles of nurses, midwives and nursing associates.

“I think there needs to be a set criteria to measure against benchmark as it is quite subjective, as what I think is sufficient English language someone else might have a different opinion about.”

Health and care employer

¹⁴ Q22. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as standalone proof. Base: Those living outside the UK (n= 4265), Applicants to the NMC (n=3435)

¹⁵ Q26. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-grad as standalone proof. Base: Those living outside the UK (n= 4101), Applicants to the NMC (n=4663)

5 Views on the role of employer references as evidence for English language proficiency

The following proposed change was shown to participants:

Currently, applicants will have **'failed'** the entry requirements, if they:

- Miss the required IELTS and OET **scores** in one of the four skills (reading, writing, speaking and listening)
- Trained for the profession (nursing or midwifery) in English but in a **non-majority English-speaking** country

The NMC propose accepting an **employer reference** as supporting evidence of English language proficiency for these applicants, as long as they have worked for at least **one year** within the last two years in non-registered practice in a health and social care setting in the UK.

The reference would need to show:

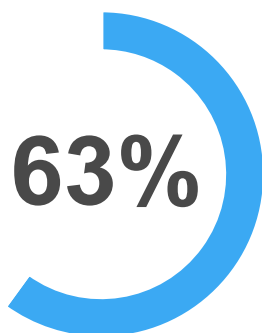
- That the applicant has **sufficient English language proficiency** across the reading, writing, listening and speaking skills
- That the applicant can **interact in English** with people who use services, patients, their families and other healthcare professionals

The employer providing the reference must be:

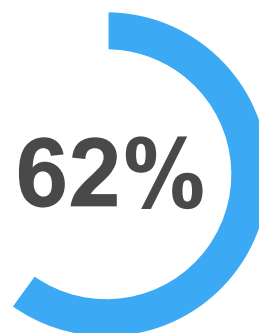
- An employee in the **same organisation** as the applicant so they have direct experience of the applicant's English language competence
- Someone in a **leadership role**, who is a **registrant** of the NMC (and therefore understands nursing and midwifery practices and codes)

A **countersignature** must be provided by another senior registrant to support the reference's objectivity.

5.1 Summary



Agree with 'accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant'



Agree with 'accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country'

- Overall, the majority across all participants are positive about employer references being used in the different scenarios described. They are felt to play a useful, and relevant, supporting role in these cases where a (perceived) acceptable standard of proficiency is likely to exist.
- However, concerns do exist about how specific elements of the proposal will work in practice. In particular, there is concern about the impact of subjectivity or bias from referees, and the impact this will have on the standardisation of applicants.
- There is a need to support employers to act as referees, in order to standardise and regulate this process. Employers need to be provided with clarity on how to interpret and assess proficiency, in line with a national standard.

5.2 Overall response

Overall, there is broad positivity towards accepting employer references as supporting evidence in the two scenarios. As shown in Fig. 1 and Fig. 2, almost two thirds of all participants agree or strongly agree with accepting employer references in these scenarios and only 20% disagree.

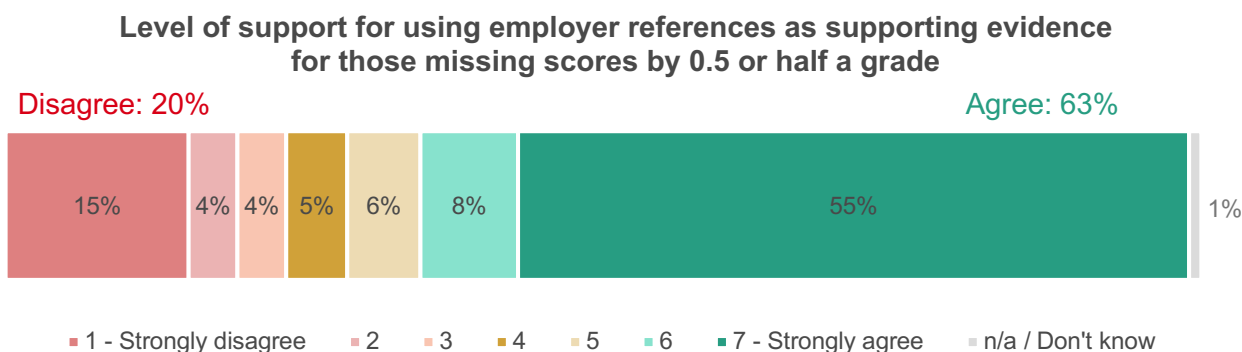


Figure 1: Q19a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant. Base: all participants who opted to give feedback on this proposed change (n= 19,632)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

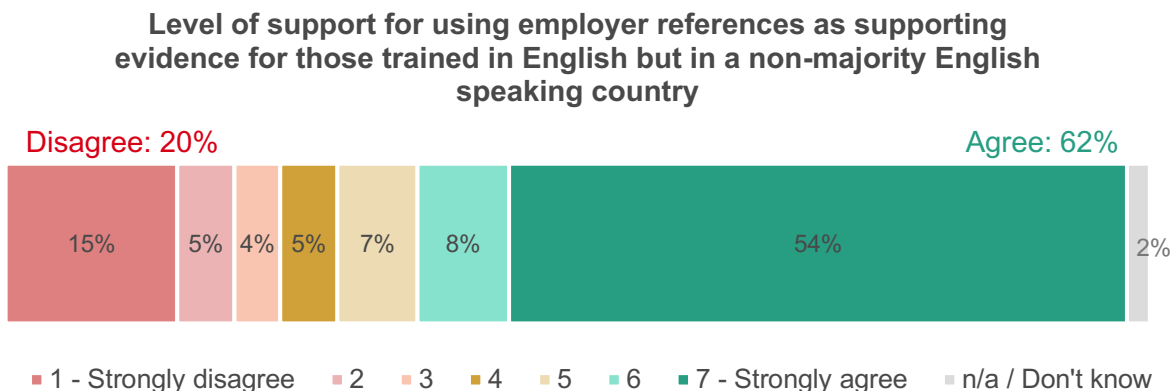


Figure 2: Q19b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 19,632)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

5.3 Participant differences

Across the feedback for this proposed change a series of different viewpoints emerge. These include:

Differences based on professional job roles

In line with broader trends, there is much less positivity towards this proposal amongst registered NMC professionals, educators and those trained in the UK (Fig. 3).

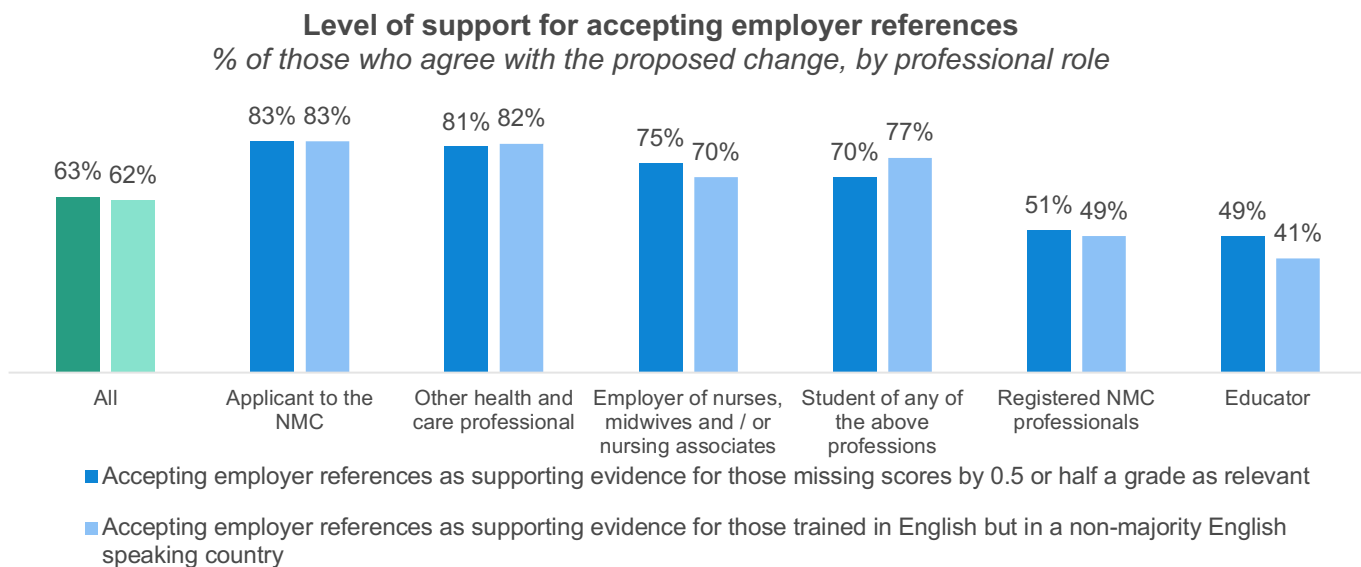


Figure 3: Q19a/b. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: All participants who answered question on this proposed change (n=19632), Applicant to the NMC (n=5653), Other health and care professional (n= 604), Employer of nurses, midwives and / or nursing associates (n= 230), Student of any of the above professions (n=139), Registered NMC Professional (n=11137), Educator (n=230)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are several roles which are particularly supportive of this change:

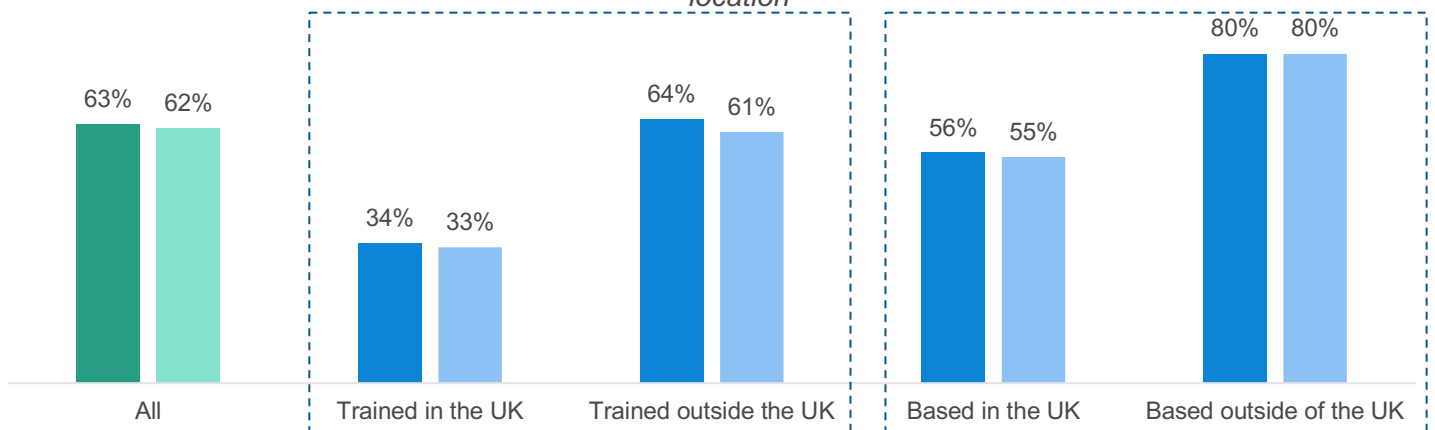
- **Applicants** to the NMC score the highest, with 83% agreeing with the change in both scenarios.
- **Other health and care professionals** are also very positive with 81% and 82% agreeing with the change as supporting evidence for those missing scores by 0.5 / half a grade and for those that trained in English but in a non-majority English-speaking country respectively.
- **Employers of nurses, midwives and / or nursing associates** are closely behind, with 75% agreeing with the change as supporting evidence for those who fail by 0.5 / half a grade, and 70% agreeing for those who trained in English but in a non-majority English-speaking country.

Beyond this, other professional roles rate the proposed change less positively compared to the total average:

- 51% of **registered NMC professionals** agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 49% agree for those who trained in English but in a non-majority English-speaking country.
 - However, in line with broader demographic and geographic trends, those NMC registered professionals who trained overseas are more positive about the proposal (64% of those **trained overseas** are positive about the proposal compared with 34% of those **trained within the UK**¹⁶).
- 49% of **educators** agree with the change as supporting evidence for those who fail by 0.5 / half a grade. This support decreases to 41% in the case of those who trained in English but in a non-majority English-speaking country

Differences based on place of nursing or midwifery training and current location (registered and non-registered professionals)

Level of support for accepting employer references
 % of those who agree with the proposed change, by place of training and current location



- Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant
- Accepting employer references as supporting evidence for those trained in English but in a non-majority English speaking country

Figure 4: Q19a/b. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: All participants who opted to give feedback on this proposed change (n=19632), Trained in the UK (n=4814), Trained outside the UK (n=6177), Based in the UK (n=13596), Based outside the UK (n=4844).

‘Agree’ = those who select ‘7 – Strongly agree’ or ‘6’ in response to the statement. ‘

As Fig. 4 above shows, there are distinct differences between professionals **living, and who trained, in the UK** compared with those living or trained overseas:

- Those that **trained in the UK** are less supportive, with only one third agreeing with the proposed changes in each scenario, compared to just under double this for those

¹⁶ Q19a/b. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: NMC registered professionals who trained outside the UK (n=6177), NMC registered professionals who trained in the UK (n=4814)

that **trained outside the UK**. One third felt negative towards these proposals, with another third feeling more neutral.

- Similarly, 56% of those who are **based in the UK** agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 55% agree for those who trained in English but in a non-majority English-speaking country. This is much lower than the 80% **based outside the UK** for both scenarios.

Differences based on demographics

In line with overarching demographic trends outlined in Section 4.1, differences in responses are observed according to survey participants' age, ethnicity, and disability. This is shown in Fig. 5.

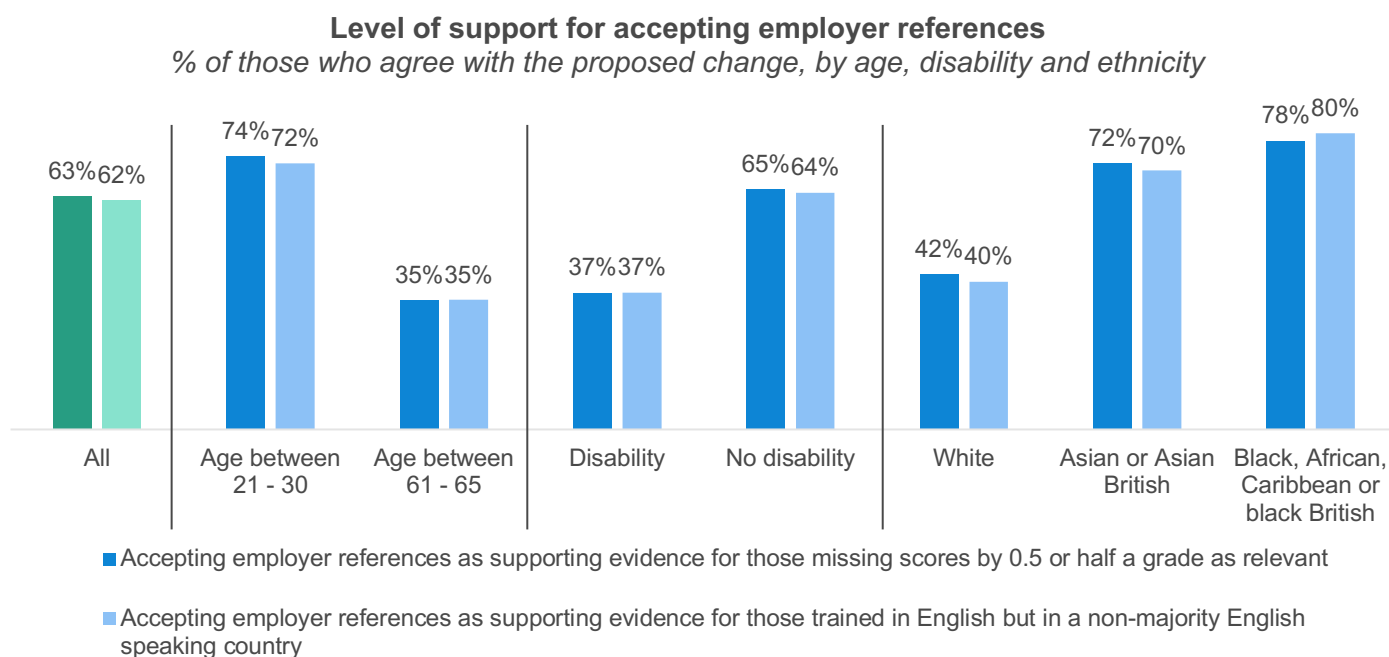


Figure 5. Q19a/b. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base size: Base size: all participants who opted to give feedback on this proposed change (n=19632), Age between 21-30 (n=4205), Age between 61-65 (n=662), Disability (n=729), No disability (n=17933), White (n= 5568), Asian or Asian British (n=7720), Black, African, Caribbean or Black British (n=3290)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Here there are several differences:

- **Younger participants** tend to be more supportive of the change than **older participants**, with 74% and 72% of those **aged 21 – 30** agreeing with the proposal in each scenario.
- **Those with a disability** are also less favourable, with just over one third (37% and 37%) agreeing with the proposal in each scenario, compared with those with no disability (65% and 64%). Those with a disability were more likely to be actively negative towards the proposal (34% and 31% respectively).
- Fewer **White participants** (42% and 40%) agree with the proposal in each scenario, compared with **Asian or Asian British participants** (72% and 70%) and **Black, African, Caribbean or Black British participants** (78% and 80%).

5.4 Role of employer references in different scenarios

While responses to employer references being used in each scenario are broadly similar, certain participants differentiate between them being used for those who have missed scores compared with those trained in English in a non-majority English-speaking country.

Use of employer references for those who have missed scores by 0.5 or half a grade

Qualitatively, the proposed role of employer references in this scenario is seen most positively by **professionals and applicants** who have themselves taken (or plan to take) the language tests. As mentioned in the previous section, this is due to the:

- **Difficulty of passing the tests.** Those with personal experience of taking the IELTS or OET feel that the minimum pass requirements are high, and do not always reflect the adequacy of an applicant's proficiency.
- **Time and cost of repeating tests.** Employer references are seen as helping these 'borderline' applicants to overcome the significant burden of re-taking tests multiple times.

"Somebody that has taken the exam and failed the score by 0.5, it's not bad...For instance in my hospital I've seen a lot of pre-registered nurses, where the only thing they're waiting for is to get the IELTS requirements, but that doesn't mean they don't interact with patients or other staff well. Even one of them had an award for staying in contact with patients, and listening and talking to them, so I don't think English is their problem."

Nurse, Unregistered

"The cost implication would be lowered because of these processes – at the moment it's too expensive."

Health and care stakeholder

"Some nurses are underpaid, and it can take them months to save the needed amount for the preparation and the test"

Easy read survey response

There is less positivity about employer references being used in this scenario amongst two groups of participants:

- **Members of the public.** With less understanding of the difficulty of passing the tests, members of the public are more reluctant to introduce flexibility to the minimum pass requirement.
- **Professionals who have passed the tests.** Nurses, midwives and nursing associates who have themselves successfully passed the IELTS or OET often feel that the current minimum pass requirements are achievable, and not necessary to adjust.

Across all participants, there is little difference in views on the role of employer references for those taking the IELTS compared with the OET. However, in line with broader views of the two tests, it is felt that the IELTS can be more difficult to pass, and that there may be more of a role for employer references in supporting borderline fail cases for this test.

“I can see how that might take a bit of pressure off. But I think that reducing the standard feels like cutting corners. I wouldn’t be comfortable with lowering that even further. There are already quite a lot of nurses whose English language skills are not good enough”

Public, 31 - 50

“In my experience with colleagues I have been working with, I think the standards set for tests need to be kept as they are, because we need as high a standard as possible. The employer references, I am not sure how useful those are.”

Midwife, Registered

Use of employer references for those trained in English but in a non-majority English-speaking country

Qualitatively, employer references are broadly perceived as playing a useful role for applicants in this scenario.

- **Professionals** who themselves trained in non-majority English-speaking countries (e.g. India, Philippines, Nigeria) are particularly supportive of this, as they feel that these applicants would have an adequate level of English proficiency. Furthermore, many of these professionals, and stakeholders who represent their communities, feel that it is discriminatory to disregard overseas training from these countries as evidence of English proficiency.
- **Students** are also more positive about employer references being used in this scenario. This is likely due to the majority of students surveyed having a non-British nationality (59% selecting ‘Other’¹⁷).

“Trained for the profession in English but in a non-majority English-speaking country’ – yes that’s me, unfortunately that’s how they classify us.”

Nurse, Registered

By contrast, **employers and educators** are less positive about employer references being used for those trained in English but in a non-majority English-speaking country. This is likely due to a preference for testing as a standardised method of assessing proficiency (as detailed in Section 4.3).

“How can an employer confirm what the test has failed to confirm? I do have major concerns. I would say that they should stick with pass / fail. Like a driving test.”

Health and care employer

¹⁷ Q43. How would you describe your national identity? Base: all participants (n= 33,187)

5.5 Concerns to be addressed

While overall responses to the proposed role of employer references are positive, there is less positivity towards the practical elements and eligibility requirements. As shown in Fig. 6 below, levels of positivity drop in relation to specific requirements for referees and applicants.

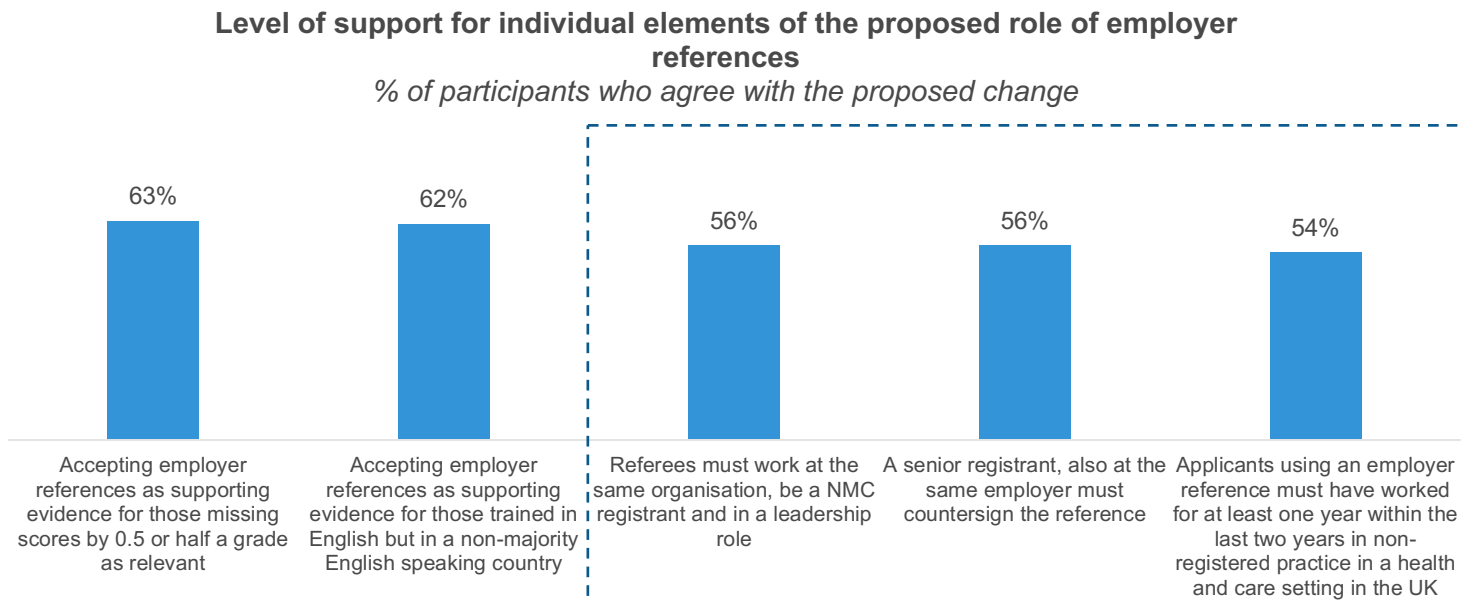


Figure 6: Q19: Please tell us the extent to which you agree or disagree with the following elements of our proposals. All participants who opted to give feedback on this proposed change (n=19632)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

This reflects the specific concerns that are raised qualitatively. Across all participants, there are five main areas of concern about how the proposed role of employer references will work in practice:

- **Subjectivity and bias.** There are concerns that employer interpretations and assessments of proficiency will be varied and difficult to standardise.
 - It is considered essential to provide employers with clear and measurable criteria with which to assess applicants' English proficiency.
 - Health and care employers and stakeholders are particularly concerned about the burden this will place on employers, and the need for training and support to enable them to fulfil this role.

"[Language] sufficiency is subjective – what does it mean? It depends on who's doing the employer reference because it's all subjective. It needs to be standardised. They could use a template with key questions."

Health and care stakeholder

- **Potential for abuse.** Many (across all participant groups) are worried that, without standardisation and regulatory procedures (e.g. NMC monitoring), this proposal may result in discrimination against applicants. For example, employers may withhold references for certain members of staff due to prejudiced views, personal relationships, or a reluctance to allow staff members to leave their department.

- Health and care employers and stakeholders representing professionals are particularly concerned that applicants will be vulnerable to favouritism or discrimination.

“There could be an issue perhaps with prejudices, unconscious biases. Not everybody is as honest as they could be for whatever reason.”

Public, 51+

- **Relationship with eligible referees.** There are concerns across all participants that applicants may not always have regular and relevant interaction with senior leaders who are NMC registered.
 - These concerns are also apparent in the quantitative findings, where 56% of all participants respond positively to the proposal that ‘referees must work at the same organisation, be a NMC registrant and in a leadership role’¹⁸. This is significantly lower than the overall levels of positivity to employer references being used in each scenario¹⁹.
 - There are particular concerns about this in the context of social care, where few (if any) senior colleagues are NMC registered. It is suggested that eligible referees should extend to roles such as Care Home Managers.

“In some of the care homes, most of the managers aren’t nurses. Who would be able to sign and countersign in this instance? For those that are working in the NHS that wouldn’t be a problem, but in social care you’ll run into trouble.”

Nurse, Unregistered

- **Role of countersignatures.** While these are understood as aiming to reduce subjectivity and mismanagement, most participants feel they are not a ‘foolproof’ solution.
 - Quantitatively, 56% of all participants are positive about the proposal that ‘a senior registrant, also at the same employer must countersign the reference’²⁰.
 - Qualitatively, many are sceptical about the relevance of a countersignature if that individual has little direct contact with the applicant day-to-day.
 - Concerns exist about the potential for abuse in the absence of regulatory processes (e.g., ‘forging’ countersignatures).

¹⁸ Q29a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Referees must work at the same organisation, be a NMC registrant and in a leadership role. Base: all participants who opted to give feedback on this proposed change (n= 19,239)

¹⁹ 63% respond positively to: Q19a. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant. Base: all participants who opted to give feedback on this proposed change (n= 19,632)

62% respond positively to: Q19b. Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting employer references as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 19,632)

²⁰ Q29a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: A senior registrant, also at the same employer must countersign the reference. Base: all participants who opted to give feedback on this proposed change (n= 19,239)

“What’s the countersignature worth? I’d expect that person to have almost equal experience of the applicant’s English language competence. Otherwise, it’s easy to think, in a very busy pressured healthcare setting, there might just be quick conversation to sign it.”

Patient Representative Organisation

- **Eligibility of applicants themselves.** Some are concerned about the need for applicants to have worked for at least one year within the last two years in a non-registered practice, with 54% of all participants feeling positive about this element²¹.
 - A minority of members of the public, health and care employers and stakeholders are concerned that one year is not sufficient time to demonstrate English language proficiency.

“I still think that they need to have been in the role for 3-5 years.”

Public, 31-50

²¹ Q29a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Applicants using an employer reference must have worked for at least one year within the last two years in non-registered practice in a health and care setting in the UK. Base: all participants who opted to give feedback on this proposed change (n= 19,239)

6 Views on the role of post-graduate qualifications taught and examined in English as evidence for English language proficiency

The following proposed change was shown to participants:

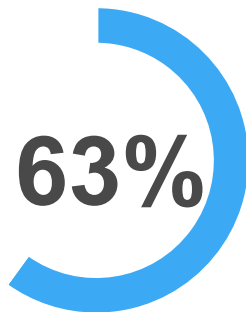
Currently, applicants will have **'failed'** the entry requirements, if they:

- Miss the required IELTS and OET **scores** in one of the four skills (reading, writing, speaking and listening)
- Trained for the profession (nursing or midwifery) in English but in a **non-majority English-speaking** country

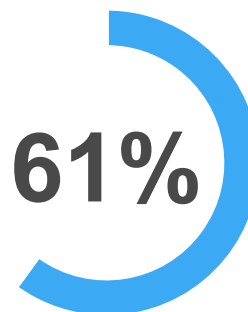
The NMC could consider accepting **post-graduate qualifications** outside the disciplines of nursing and midwifery that are **taught and examined in English** in either the UK or another majority English-speaking country as evidence of English language proficiency.

This would be as supporting evidence of English language proficiency for applicants who may need additional evidence of competence. The situations where this would apply are: if they did not achieve the minimum IELTS and OET scores, or if they trained for the profession in English but in a non-majority English-speaking country (as these applicants are less likely to have evidence that a clinical component of their course was carried out in English).

6.1 Summary



Agree with 'accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant'



Agree with 'accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country'

- Overall, views of this proposal are broadly positive, with almost two thirds of participants feeling positive about post-graduate qualifications taught and examined in English being used as supporting evidence across both scenarios.
- However, qualitative findings indicate more mixed levels of positivity across all participants. A primary concern, particularly amongst professionals, health and care employers and stakeholders, is that this proposal would have limited impact for most

applicants. This is because these participants are sceptical about the number of applicants in possession of eligible post-graduate qualifications.

- There are also concerns about the relevance of non-clinical qualifications taught in English to language requirements in a clinical context. As these qualifications may not evidence important clinical language skills, it is particularly important that they are used as supporting evidence only.

6.2 Overall response

Overall, there is broad positivity towards accepting post-graduate qualifications taught and examined in English as supporting evidence in the two different scenarios. As shown in Fig. 7 and Fig. 8, almost two thirds of all participants agree or strongly agree with such qualifications being used in these scenarios. Just 17% disagree with accepting as supporting evidence for those missing scores by 0.5 / half a grade, and 18% disagree with accepting as supporting evidence for those who trained in English but in a non-majority English-speaking country.

Level of support for accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant

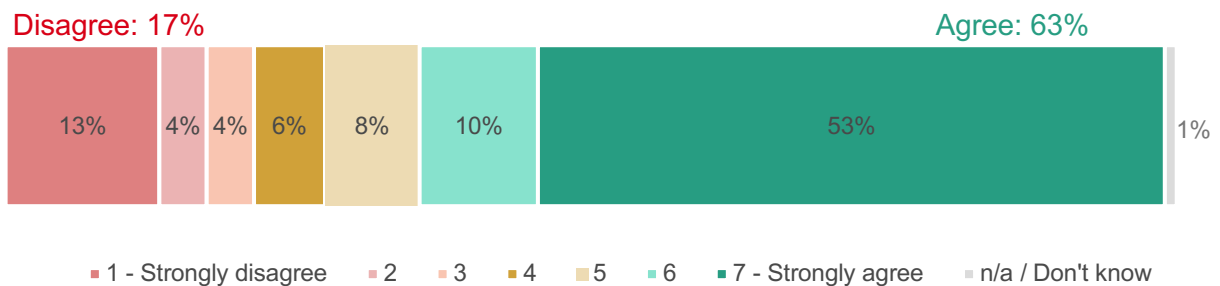


Figure 7: Q24a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant. Base: all participants who opted to give feedback on this proposed change (n= 17,349)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

Level of support for accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English speaking country

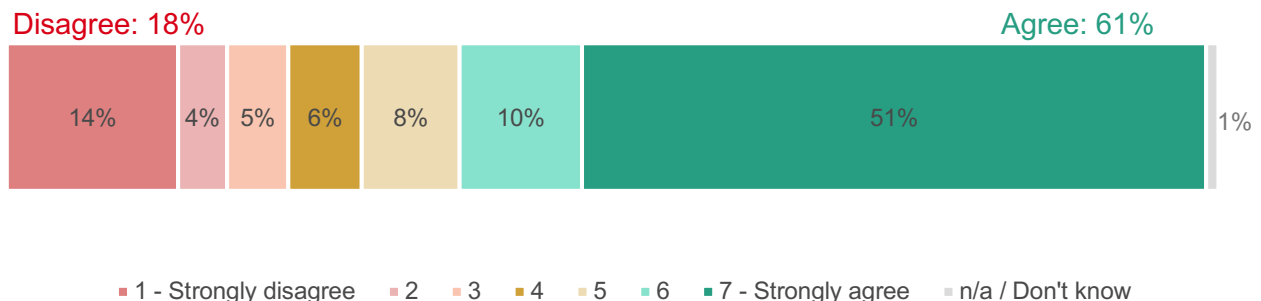


Figure 8: Q24b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 17,349).

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

6.3 Participant differences

Across the feedback for this proposed change, a series of different viewpoints from participants emerge. These include:

Differences based on professional job roles

There are clear differences in level of support for the proposed change across professional job roles, as shown in Fig. 9 below.

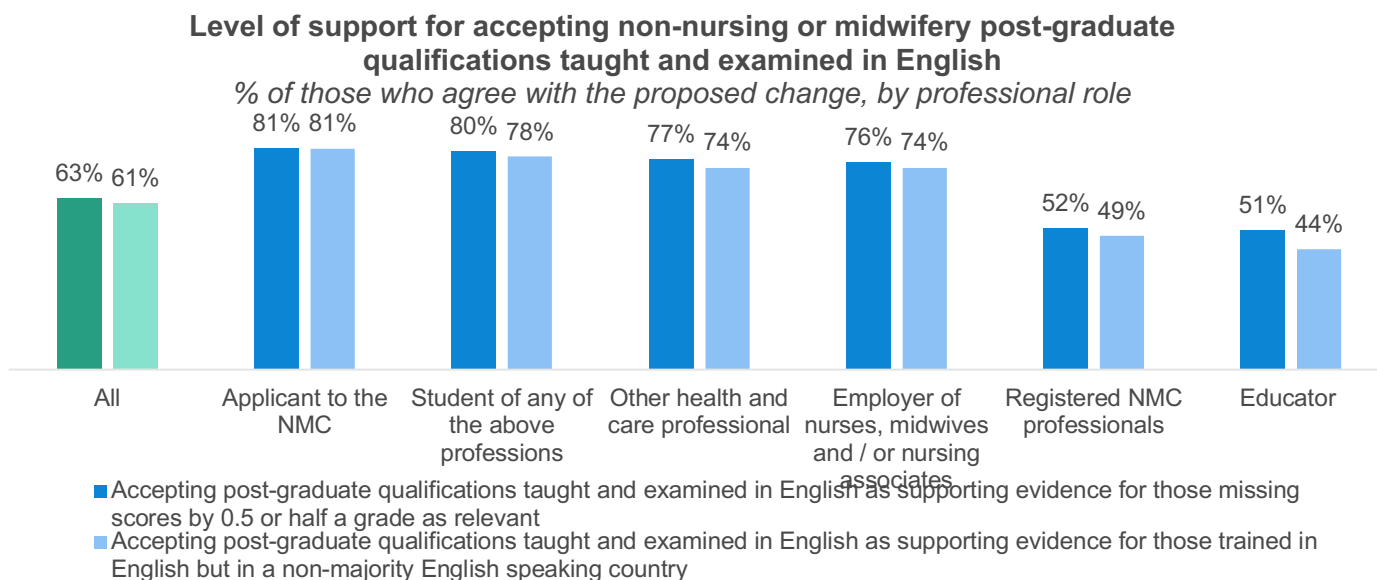


Figure 9: Q24a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 17,349), Applicant to the NMC (n=5045), Other health and care professional (n= 490), Employer of nurses, midwives and / or nursing associates (n= 209), Student of any of the above professions (n=128), Registered NMC Professional (n=9810), Educator (n=224)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are several roles which are particularly supportive of this change:

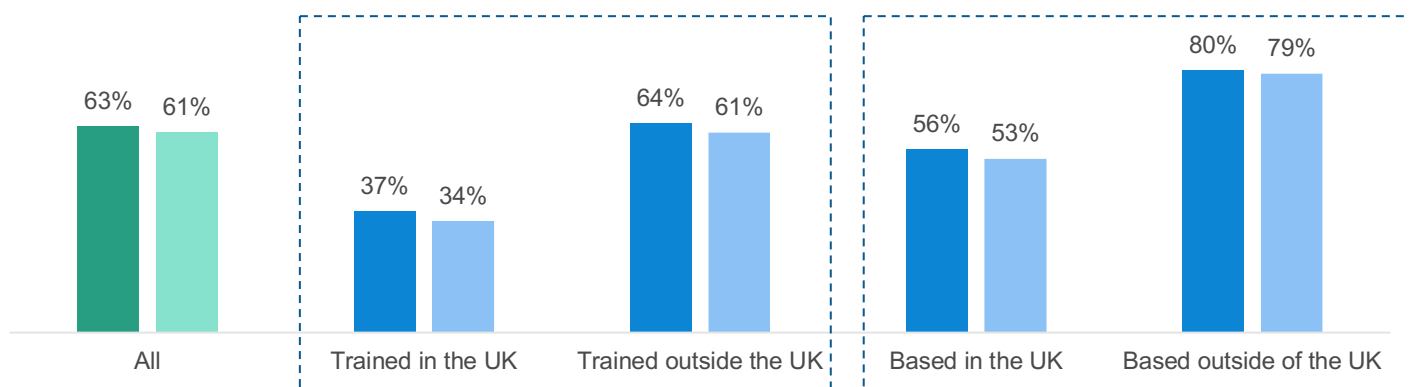
- **Applicants** to the NMC score the highest, with 81% agreeing with the change in both scenarios.
- **Students** are also very supportive, with 80% and 78% agreeing with the change as supporting evidence for those missing scores by 0.5 / half a grade and for those that trained in English but in a non-majority English-speaking country respectively.
- **Other health and care professionals and employers** of nurses, midwives and / or nursing associates are not far behind.
 - 77% of other health and care professionals agree with the change as supporting evidence for those missing scores by 0.5 / half a grade and 74% for those that trained in English but in a non-majority English-speaking country respectively.
 - 76% of employers of nurses, midwives and / or nursing associates agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 74% agreeing for those who trained in English but in a non-majority English-speaking country.

Beyond this, other professional roles rate the proposed change less positively compared with the total average:

- 52% of **registered NMC professionals** agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 49% agree in the case of those who trained in English but in a non-majority English-speaking country.
 - However, in line with broader demographic and geographic trends, those NMC registered professionals who trained overseas are more positive about the proposal to accept post graduate qualifications as supporting evidence for those missing the passing scores by 0.5 or half a grade (64% of those **trained overseas** are positive about the proposal compared with 37% of those **trained within the UK**²²).
- 51% of **educators** agree with the change as supporting evidence for those who fail by 0.5 / half a grade. 44% agree in the case of those who trained in English but in a non-majority English-speaking country.

Differences based on place of nursing or midwifery training and current location (registered and non-registered professionals)

Level of support for accepting non-nursing or midwifery post-graduate qualifications taught and examined in English
 % of those who agree with the proposed change, by place of training and current location



- Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant
- Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English speaking country

Figure 10: Q24a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: all participants who opted to give feedback on this proposed change (n= 17349) Trained in the UK (n=4243), Trained outside the UK (n=5435), Based in the UK (n=11757), Based outside the UK (n=4468)

²² Q24a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base: NMC registered professionals who trained outside the UK (n=5435), NMC registered professionals who trained in the UK (n=4243)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Along with differences between roles, there are differences between those **living, and who trained in the UK** (registered and non-registered professionals) compared with those **living or trained overseas**, as shown in Fig. 10 above:

- Those who **trained in the UK** are less supportive, with only one third agreeing with the proposed changes in each scenario. Those who **trained outside the UK** are more supportive. 64% agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 61% agree for those who trained in English but in a non-majority English-speaking country.
- Similarly, 56% of those who are **based in the UK** agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 53% agree for those who trained in English but in a non-majority English-speaking country. This is much lower compared with those **based outside the UK**, where 80% agree with the change as supporting evidence for those who fail by 0.5 / half a grade, and 79% agree for those who trained in English but in a non-majority English-speaking country.

Differences based on demographics

In line with overarching demographic trends outlined in Section 4.1, differences in responses are observed according to survey participants' age, ethnicity and disability. This is shown in Fig. 11.

Level of support for accepting non-nursing or midwifery post-graduate qualifications taught and examined in English
 % of those who agree with the proposed change, by age, disability and ethnicity

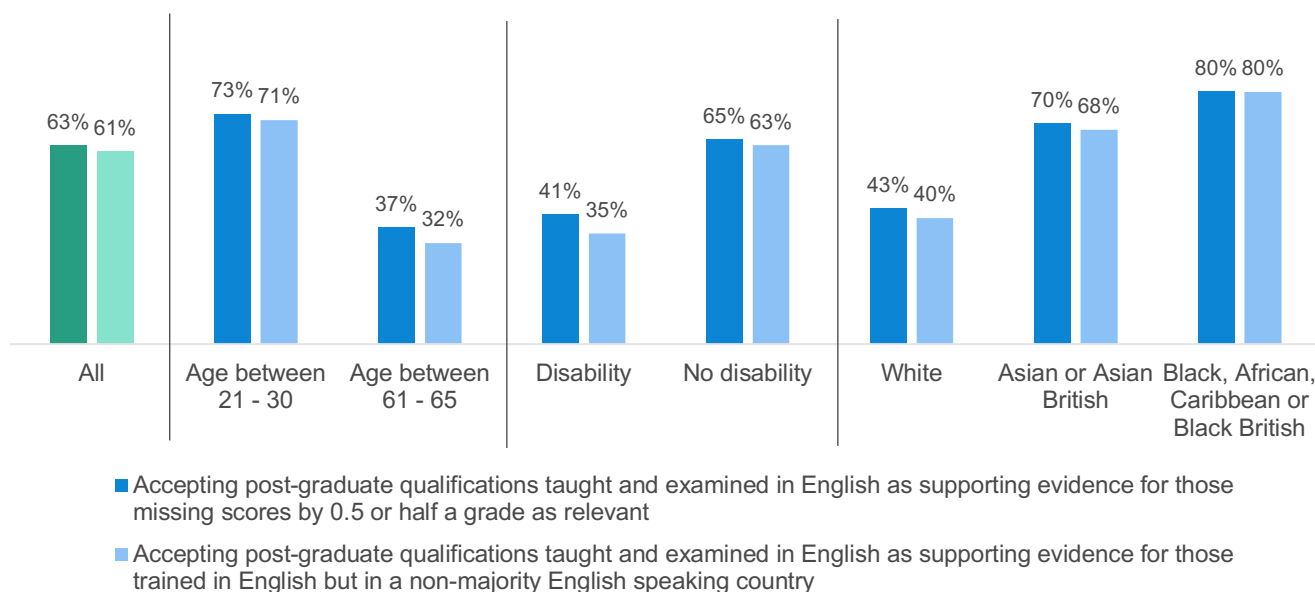


Figure 11. Q24a/b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant / Accepting post-graduate qualifications taught and examined in English as supporting evidence for those trained in English but in a non-majority English-speaking country. Base size: all participants who opted to give feedback on this

proposed change. Base size: all participants who opted to give feedback on this proposed change (n=17349), Age between 21-30 (n=3745), Age between 61-65 (n=614), Disability (n=664), No disability (n=15825), White (n= 4836), Asian or Asian British (n=6578), Black, African, Caribbean or Black British (n=3138)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Here there are several distinct differences:

- **Younger participants** tend to be more supportive of the change, with 73% and 71% of those **aged 21 – 30** agreeing with the proposal in each scenario.
- **Those with a disability** are also less favourable, with only approximately one third (37% and 32%) agreeing with the proposal in each scenario.
- Fewer **White participants** (43% and 40%) agree with the proposal in each scenario, compared to **Asian or Asian British participants** (70% and 68%) and **Black, African, Caribbean or Black British participants** (80% agreeing in both scenarios).

6.4 Role of post-graduate qualifications in different scenarios

As found in responses to the use of employer references in each scenario, there are certain differences in views across participants.

Use of midwifery post-graduate qualifications for those who have missed scores by 0.5 or half a grade

- **Professionals and applicants** who have experiences of taking the tests respond more favourably to this proposal.
- **Members of the public and some professionals** who have already passed the tests are more reluctant to introduce flexibility to the minimum pass requirement.

As mentioned previously, there is little difference in views across all participants on the role of post-graduate qualifications for those taking the IELTS compared with the OET.

“I think that could be a positive change. I am sure they had to go through some sort of English test to get into the post-grad course from the beginning. I think that is fair enough.”

Nurse, Registered

Use of post-graduate qualifications for those trained in English but in a non-majority English-speaking country

Quantitatively, there is slightly less positivity about post-graduate qualifications being used for those trained in English but in a non-majority English-speaking country.

- 61% of all responses are positive in relation to this scenario, compared with 63% positive in relation to those who have missed test scores by 0.5 or half a grade (Figs. 7 and 8).

Qualitative findings suggest that this may be due to an emphasis on testing as a necessary first point of evidence. There is therefore more hesitance about using other forms of supporting evidence (such as employer references and post-graduate qualifications) in lieu of testing for those trained in English but in a non-Majority English-speaking country.

“I think that should be fine, but there needs to be testing of their spoken skills.”

Public, 31-50

6.5 Concerns to be addressed

Concerns about this proposal focus on the extent to which post-graduate qualifications will evidence the necessary standards of English language proficiency. This relates to three specific areas:

- **Evidencing relevant language skills.** A majority across all qualitative participants are concerned that post-graduate qualifications taught in English will not necessarily provide applicants with the clinical language skills they need.
 - For example, professionals and applicants who have experience of the current language tests (particularly the OET) cite that medical and clinical terminology are currently incorporated into the exam.

“Let’s say I’m a nurse from the Philippines and I’ve got a Master’s degree in interior design, yes, I’m still speaking the same language but how is that going to be useful in my field?”

Health and care stakeholder

- **Coverage of all language skills.** There are concerns about the extent to which qualifications will cover all domains of English language, with speaking and listening being of particular concern.
 - The majority of qualitative participants expect academic qualifications to include writing and reading as part of assessments. However, there is concern that speaking and listening would not always be assessed, for example in a degree with limited interpersonal engagement.
 - As previously mentioned in Section 3.4, speaking and listening skills are considered to be crucial to the roles of nursing and midwifery.
 - Several participants suggest that a ‘probationary’ period should be implemented for applicants using such qualifications as supporting evidence. This would be used to monitor and validate their level of proficiency across all language skills whilst they are working in registered roles.

“It sounds as though these qualifications will focus on reading and writing...but speaking and listening are more important for the role of midwives, providing relationship-based care.”

Patient Representative Organisation

- **Time passed since obtaining the qualification.** Many participants highlight that language skills may diminish over time, and affirm that only relatively recent post-graduate qualifications should be accepted (in line with the NMC’s proposal) .
 - Participants struggle to identify an amount of time deemed ‘recent’ enough to ensure proficiency has been maintained. However, the majority across qualitative participants feel that qualifications received in the last five years should be appropriate.

“I think that teaching in the UK will have been quite a high level. I would need to know how long ago the course was though. If it was a long time ago that would be different.”

Public, 51+

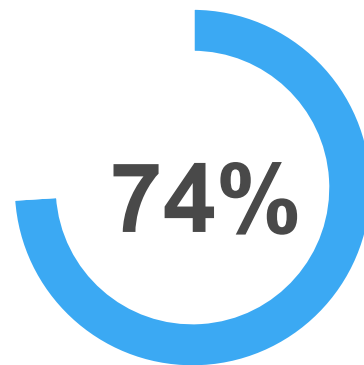
7 Views on the proposal to change how test scores can be combined

The following proposed change was shown to participants:

Extending the period for combining test scores across the two tests (IELTS and OET) from **6 to 12 months**.

7.1 Summary

- Overall, there is a positive reaction to this proposed change, with 74% of participants overall agreeing with it. This is the highest score of all proposed changes.
- Professionals, health and care employers and stakeholders feel confident that it will still work to maintain high standards of English language, whilst also improving the testing process for applicants. The public and PROs have some nervousness, but this is mainly driven by a lack of understanding of the scoring systems and is relatively low level.
- However, some participants do raise concerns about whether the language skills of applicants will diminish over the extended time period if they are not using them in a professional setting in the time between tests



Agree with 'extending the period someone can combine test scores from 6 to 12 months'.

7.2 Overall response

Overall, there is a positive response to the proposed change of increasing the period someone can combine test scores from 6 to 12 months. As shown in Fig. 12 below, 74% of all participants agree with this proposed change, with only 14% disagreeing.

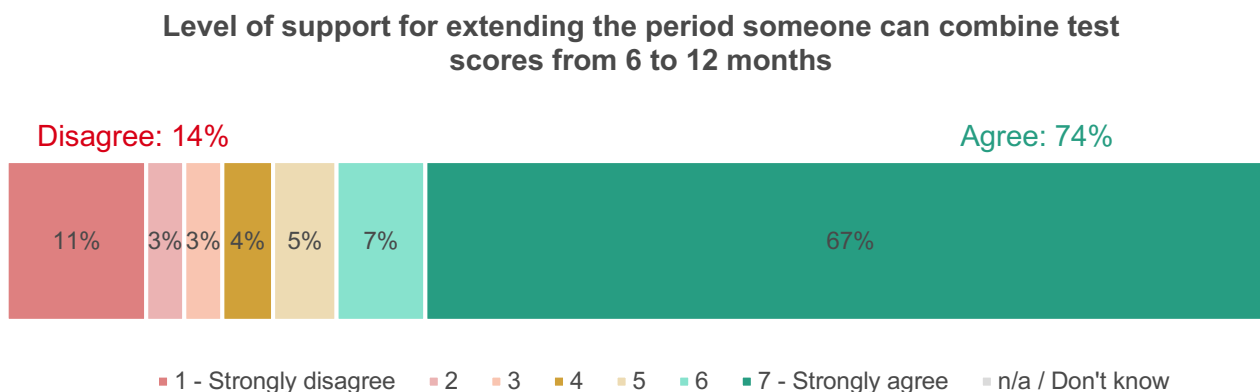


Figure 12: Q28a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Extending the period someone can combine test scores from 6 to 12 months. Base: all participants who opted to give feedback on this proposed change (n=19239)

'Agree' = those who select '7 - Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 - Strongly disagree' or '2' in response of the statement.

This positive sentiment is also visible qualitatively amongst professionals, health and care employers and stakeholders, many of which spontaneously highlight this as an element of the current requirements that should be reconsidered. There are several factors that feed into this support:

- Impact (or perceived lack of) on standards:** Crucially, most working in the health and care sector do not think this change will mean that 'overall standards' in terms of the assessment of test scores, will decrease. In fact, in comparison to the idea of changing pass requirements, increasing the time period feels more 'comfortable' given that it still requires applicants to achieve certain standards.

"I would support the time period being extended. I think as long as the time threshold is achieved, it's fine. People might just need that little bit longer. The time period is not really the problem."

Health and care employer

- The relatively modest nature of the change:** Whilst some (mainly stakeholders) argue that the timeframe could be increased even further, for most 12 months feels like a 'happy medium' between current requirements and more significant changes. As such, there is an appreciation of the NMC not pushing changes past their comfort levels.

"I think it is good as it makes it easier for more people to do it and less pressure for failed test, so people do it when they are ready. 12 months is not a massive time - I think it's reasonable."

Health and care employer

- **Alignment with other processes:** Some (mainly stakeholders) also note that test scores remain valid for two years, which means increasing the time between tests from six months is seen as a 'logical' step that better aligns with this.
- **Impact on pass scores:** However, all of those working in the health and care sector also feel that this change – whilst only small – will help a good proportion of individuals in terms of making it easier to get the required grades.

“Being able to combine the score for 12 months is very, very helpful. It gives people time to prepare in the area where they are lacking. That will be such a relief.”

Nurse, Unregistered

- **Impact on associated concerns:** As part of this, many professionals, health and care employers and stakeholders also note this proposed change would work to directly address the perceived challenges associated with taking / re-taking tests outlined in section 3.3. This includes:
 - Spreading out the cost of taking the test, to lessen the financial hit and give applicants more time to save.
 - Giving applicants more time to revise for the test, and again, spreading out the time spent taking the test itself.
 - Reducing the pressure and stress associated with re-taking tests within a relatively short time frame.

“It is valid to extend time - some people just don't have the money or the time. They're not going to completely forget everything they learn.”

Health and care stakeholder

“Having the time extended is very useful – it recognises that life can affect people's ability to take the test. There's also a cost involved for the test, and it would end up costing more trying to redo the tests when they expire.”

Health and care stakeholder

7.3 Participant differences

Despite this overall positive sentiment, there are some participants who are less favourable towards this change than others.

Differences based on professional job roles

There are clear differences in level of support for the proposed change across professional job roles, as shown in Fig. 13 below.

Support for extending the period someone can combine test scores from 6 to 12 months

% of those who agree with the proposed change, by professional role

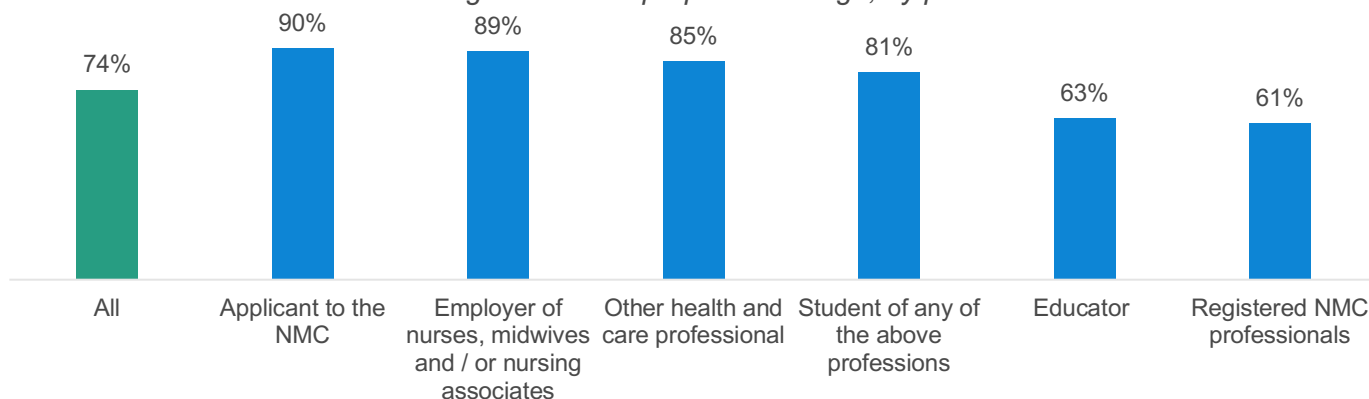


Figure 13. Q28a: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Extending the period someone can combine test scores from 6 to 12 months Base: all participants who opted to give feedback on this proposed change (n=19, 239), Applicant to the NMC (n=6555), Other health and care professional (n= 587), Employer of nurses, midwives and / or nursing associates (n= 282), Student of any of the above professions (n=136), Registered NMC Professional (n=9759), Educator (n=197)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are several **professional roles** which are particularly positive about this proposed change:

- **Applicants to the NMC** score extremely highly, with 90% saying they agree with the change.
- **Employers of nurses, midwives and / or nursing associates** closely behind, with 89% agreeing with the change.
- **Other health and care professionals** are also above the average, with 85% agreeing with the change.

Beyond this, other **professional roles** rate the proposed change less positively compared to the total average:

- **Educators** are the least positive, with around half (63%²³) agreeing with the proposed change.
- In line with broader demographic and geographic trends, **registered NMC professionals who trained in the UK** are less positive about this proposal than those **trained overseas** (39% and 75%, respectively²⁴).

Differences based on place of nursing or midwifery training and current location (registered and non-registered professionals)

²³ Small base size

²⁴ Q28a: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Extending the period someone can combine test scores from 6 to 12 months. Base: NMC registered professionals who trained outside the UK (n=5801), NMC registered professionals who trained in the UK (n=3816)

The second of these differences comes in terms of training and location, as shown in Fig. 14 below.

Support for extending the period someone can combine test scores from 6 to 12 months

% of those who agree with the proposed change, by place of training and current location

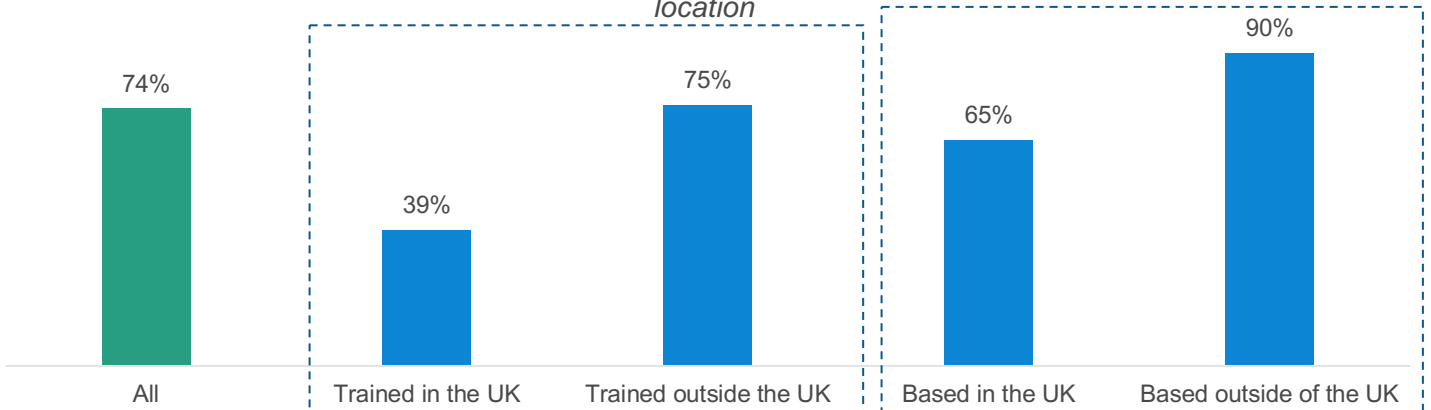


Figure 14. Q28a: Please tell us the extent to which you agree or disagree with the following elements of our proposals. Base size: all participants who opted to give feedback on this proposed change (n=19239), Based in the UK (n=11770), Based outside of the UK (n=5995), Trained in the UK (n=3816), Trained outside the UK (n=5801)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Here there are distinct differences between those **living, and who trained, in the UK** compared with those living or trained overseas:

- Those that **trained in the UK** are less supportive, with only 39% agreeing with the proposed change compared to 75% of those who **trained outside the UK**.
- Similarly, 65% of those **based in the UK** agree with the proposed change, lower than the 90% **based outside the UK**.

Differences based on demographics

There are also differences between participants in terms of **demographics**, with age, ethnicity and whether or not an individual has a disability being the most noteworthy.

Support for extending the period someone can combine test scores from 6 to 12 months

% of those who agree with the proposed change, by age, disability and ethnicity

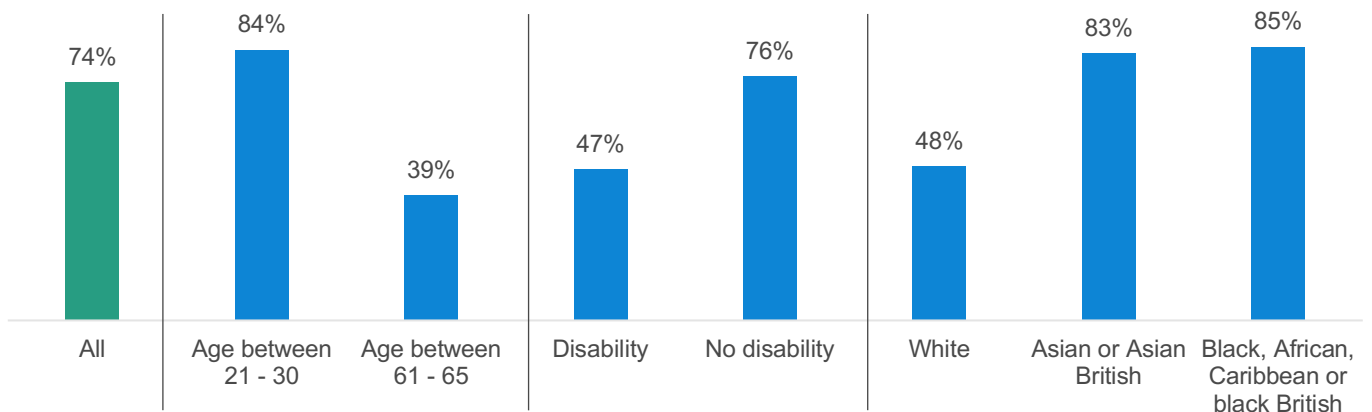


Figure 15. Q28a: Please tell us the extent to which you agree or disagree with the following elements of our proposals. Base size: all participants who opted to give feedback on this proposed change (n=19239), Age between 21-30 (n=4643), Age between

61-65 (n=558), Disability (n=617), No disability (n=17692), White (n= 4532), Asian or Asian British (n=8182), Black, African, Caribbean or Black British (n=3376)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Here there are several distinct differences:

- **Younger participants** tend to be more supportive of the change than **older participants**, with the starkest difference being between those who are **aged 21 – 30** (with 84% agreeing the proposal) and those who are between **61 – 65** (with 39% agreeing).
- **Those with a disability** are also less favourable, with less than half (47%) agreeing with the proposal compared to over three quarters (76%) of **those without a disability** agreeing.
- Fewer **White participants** (48%) agree with the proposed change compared to **Asian or Asian British participants** (83%) and **Black, African, Caribbean or Black British participants** (85%). Furthermore, **British participants** are less in favour of the change than **non-British participants** (55% vs 85% respectively).

The view of the public

Many members of the public note being reassured by this change, feeling that it does not feel like too much of a significant departure from current standards.

Despite this, there are clear signs of concern that emerge within the qualitative research, although not evident in the quantitative findings (where 71% agree with the proposed change). The public are more nervous about this change than professionals, health and care employers and stakeholders, and are less able to identify any specific 'positives' of this change, beyond its potential to impact staff shortages.

However, this nervousness generally stems from their concerns regarding safety (which make them more hesitant to accept any changes to current requirements) as opposed to anything specific within *this* proposed change.

"Before I'd seen the changes, I was expecting it to be a lot more drastic than what it is. An extra 6 months - it doesn't come across as bad as what it was going to be."

Public, 18 – 30

7.4 Concerns to be addressed

Despite most being in favour of this proposed change, there are two key areas of concern which should be addressed by the NMC:

- **The extent to which applicants could 'lose' skills in 12 months:** Some raise the question of whether or not applicants will be practising and honing their language skills in a professional setting between tests. If they are, then there is an expectation that their capabilities will improve, making them more prepared not only for the test but for an English-speaking role more generally. However, if they are not, there is an assumption that their skills will decline over time. As such, some raise questions regarding the extent to which their initial test results are still valid and representative

of their level of English one year later, and whether the NMC should also monitor this as part of the proposed change.

- To address this concern, the NMC should consider ways that potential employers can support applicants during the period between tests, for example mentorship to help them continue to practise their English.

“One of the things that could be negative is that if you’re giving them 12 months to understand, read, write the English language, then is that a longer period when they aren’t communicating, so therefore that could affect their NMC conduct because they’re not able to communicate. And communication is key to nursing practice. So, I think it’s about us ensuring that there’s the support for them as an organisation in that period and how they get mentored.”

Health and care employer

“When I was preparing for my exam, I was speaking all the time. So, I would say my English was getting better, but if people aren’t working on it continuously, then it might not be improving.”

Nurse, Registered

- **The extent to which this could negatively impact overall ‘standards’:** Whilst not a majority view, there are some individuals (particularly amongst the public) who fear that this proposed change represents a fundamental change to the testing standards and could lead to reduced levels of language proficiency. Clear communication on the specific changes being proposed, and reassurances that overall scores will be maintained, must be given to address this.

“I assume the reason they are proposing this is to increase the pool of people available. Which I do understand, we are very, very short staffed, but slightly worrying for the patient. We need to be careful we don’t reduce the standards for patients and our sector.”

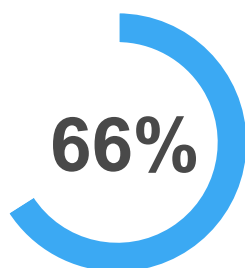
Health and care employer

8 Views on the proposal to change standards set for tests

The following proposed change was shown to participants:

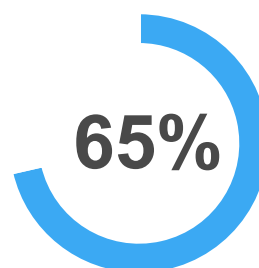
- Standardising scoring when combining tests, so that results in all language skills (speaking, listening, reading and writing) are permitted to fall half a grade below the minimum pass requirement – previously, this was not permitted for writing.

8.1 Summary



Agree with 'Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6)'.

- Overall, there is a positive response to the proposed changes of standardising the minimum score accepted across sittings to no more than 0.5 / half a grade below the required score on the IELTS and the OET, with around two thirds agreeing with both.
- Amongst the public, there is difficulty in understanding the nuances of this change, leaving many to reject it outright for fear about the basic idea of 'lowering standards'.
- Across professionals, health and care employers and stakeholders there is more support.



Agree with 'Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C)'.

8.2 Overall response

Overall, there is a positive response to the proposed changes of standardising the minimum score accepted across sittings to no more than half a grade / 0.5 below the required score on either the IELTS or the OET. As shown in Figs. 16 and 17:

- 66% agree with standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6). Just 17% disagree with this proposed change.

- 65% agree with standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C). Again, just 17% disagree with this proposed change.

This indicates overall favourability for changing the pass requirements for both tests, with minimal differences between the two.

Support for standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS

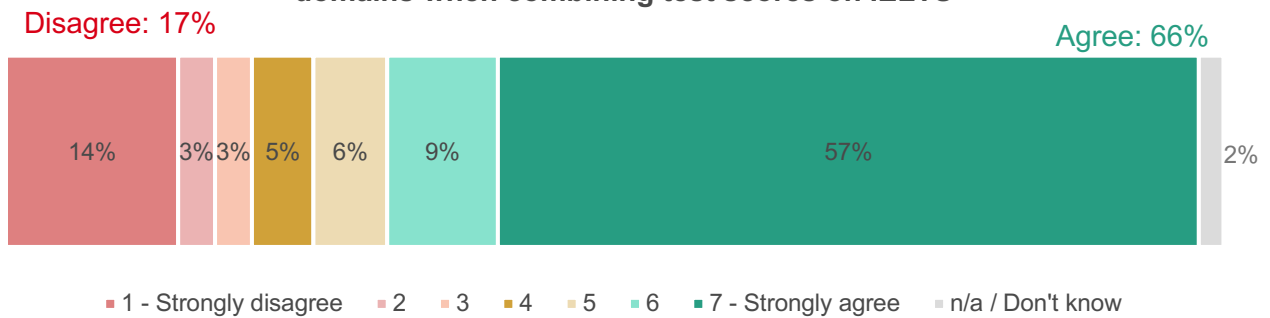
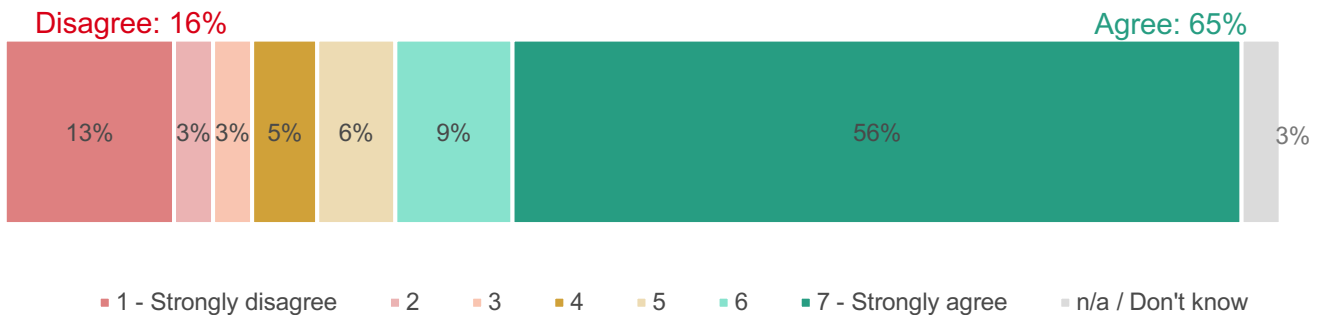


Figure 16: Q28b. Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6). Base size: all participants who opted to give feedback on this proposed change (n=19,239)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response to the statement.

Support for standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET



'Disagree' = those who select '1 – Strongly disagree' or '2' in response to the statement.

Figure 17: Q28c: Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C). Base size: all participants who opted to give feedback on this proposed change (n=19,239)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response to the statement.

“I think that even the combining the score, is great because it is hard to do more than one test. I also think reducing the score is fair.”

Nurse, Unregistered

For most participants, this agreement is driven by a perception that 7 and B are too high for a pass score and should be lowered. As previously noted, there is consistency (particularly amongst stakeholders, employers and applicants) that the OET and the IELTS are difficult tests to take, and the pass score could be lowered whilst still maintaining high levels of English language proficiency. This would:

- Enable more qualified and competent nurses, midwives and nursing associates to pass the English language requirements and work in the health and social care sector.
 - For those in favour of the change, this would be done without any negative impact on patient safety and quality of care and could therefore make a positive contribution to current staff shortages.
- Decrease the issues associated with the challenges of missing out on current pass scores, including cost, time and stress.

“I think that these current requirements are quite absurd. It is not like the people who fail them are not competent. They just don’t really match up to what you need. It makes people who are fluent stupid. Just missing out on something by a small amount, it doesn’t feel fair.”

Nurse, Unregistered

8.3 Participant differences

Whilst overall quantitative scores for the proposed change of pass grades are positive, there are some key participant differences which must be considered.

Differences based on professional job roles

The first of these differences comes in terms of roles within the health and social care sector. Fig. 18 below shows responses to the proposed change of standardising the minimum score accepted across sittings, for both the IELTS and OET.

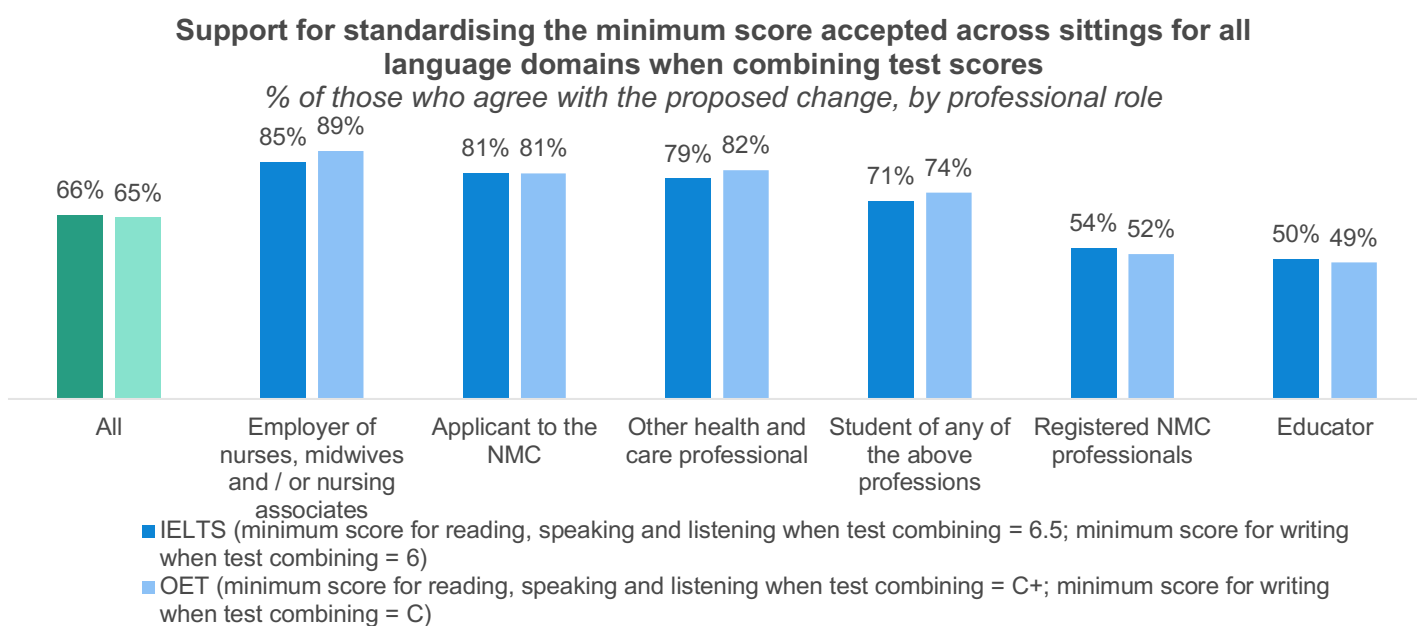


Figure 18. Q28b/c: Please tell us the extent to which you agree or disagree with the following elements of our proposals. Base size: all participants who opted to give feedback on this proposed change (n=19239), Applicant to the NMC (n=6555), Other health and care professional (n= 1307), Employer of nurses, midwives and / or nursing associates (n= 282), Student of any of the above professions (n=136), Registered NMC Professional (n=9759), Educator (n=197)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are several **professional roles** which are more in favour standardising the minimum scores:

- **Employers of nurses, midwives and / or nursing associates** are strongly in favour of this changes. 85% agreeing with the change for the IELTS, and 89% for the OET.
- **Applicants** are also favourable to change: 81% agree with changes to both tests.
- **Other health and care professionals** are also above the total average, with 79% agreeing with the change for IELTS and 82% for OET.
- Similarly, **students** are above the total average in terms of supporting change (71% agree with the change to the IELTS, 74% agree with the change to the OET).

Beyond this, other professional roles rate the proposed change less positively compared to the total average:

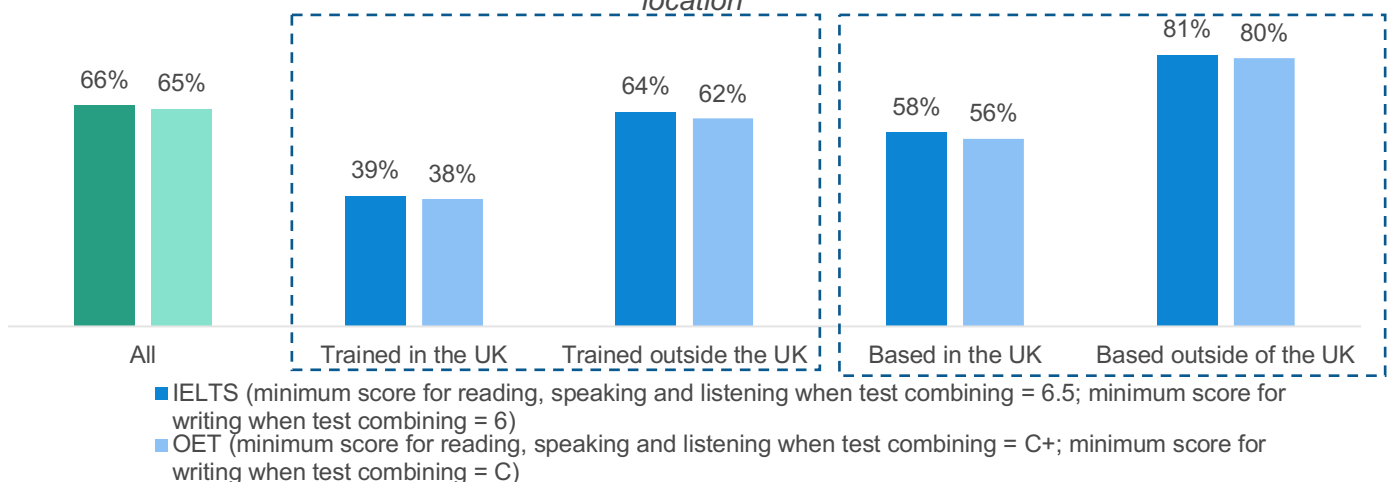
- Just above half (54%) of **registered NMC professionals** agree with the changes to the IELTS, with 52% agreeing with the change to the OET.
 - However, in line with broader demographic and geographic trends, those registered **NMC professionals who trained overseas** are more positive about this proposal in relation to the IELTS and OET (64% and 62%, respectively²⁵).
- **Educators** are the least positive about a change, with around half agreeing with changes to each test.

Differences based on place of nursing or midwifery training and current location (registered and non-registered professionals)

The second of these differences comes in terms of training and location, as shown in Fig. 19.

Support for standardising the minimum score accepted across sittings for all language domains when combining test scores

% of those who agree with the proposed change, by place of training and current location



²⁵ Q28c: Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C). Base: NMC registered professionals who trained outside the UK (n=5801)

Figure 19. Q28b/c: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Base size: all participants who opted to give feedback on this proposed change (n=19239), Based in the UK (n=11770), Based outside of the UK (n=5995), Trained in the UK (n=3816), Trained outside the UK (n=5801)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

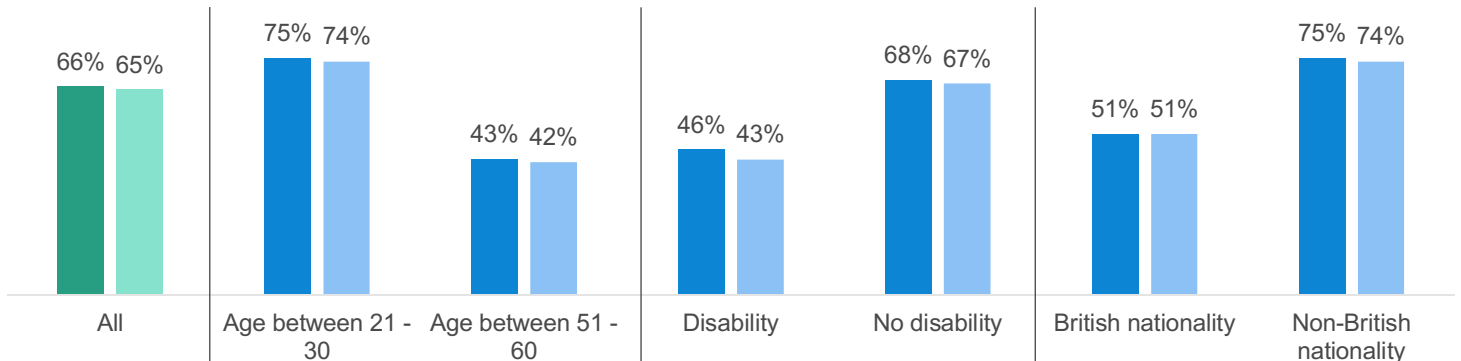
Here there are distinct differences between those trained in the UK vs outside the UK:

- **Those that trained in the UK** are less supportive of changes to current scoring, with only 39% and 38% agreeing with the proposed change to the IELTS and the OET respectively.
 - Conversely, those who **trained outside the UK** are more in favour of change. Around two thirds agree (64% and 62% for changes to the IELTS and OET respectively) with making the changes to test scores.
- 58% and 56% of those **based in the UK** agree with the proposed changes to the IELTS and the OET respectively.
 - Those **based outside the UK** are more supportive of change. 81% and 80% agree with the proposed changes to the IELTS and the OET respectively.

Differences based on demographics

There are also differences between participants in terms of demographics, with age, nationality and whether or not an individual has a disability being some of the most noteworthy. This can be seen in Fig. 20.

Support for standardising the minimum score accepted across sittings for all language domains when combining test scores
 % of those who agree with the proposed change, by age, disability and nationality



- IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6)
- OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C)

Figure 20. Q28b/c: Please tell us the extent to which you agree or disagree with the following elements of our proposals. Base size: all participants who opted to give feedback on this proposed change (n=19239), Age between 21-30 (n=4643), Age 51 - 60 (n=2124), Disability (n=617), No disability (n=17692), British nationality (n= 4257), non-British nationality (n=10809)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

- **Younger participants** tend to be more supportive of changing current requirements than older participants.
 - Three quarters of those **aged 21 – 30** agree with the proposed changes for IELTS and OET (75% and 74% respectively). **Older participants** are less

supportive: just 43% of **51 – 60 year olds** agree with the proposed change to the IELTS and 42% with the OET.

- Those with a **disability** are also less favourable towards the idea of changing test scores.
 - Less than half of those **with a disability**, 46% and 43%, agree with the proposed changes to the IELTS and the OET respectively. This is compared to **those without a disability**, where 68% agreed with the proposed change to IELTS and 67% agree with the proposed change to the OET.
- In terms of **nationality**, **British participants** are less in favour of the change than **non-British participants**, with just over half of **British participants** (51% across both tests) agreeing with each change vs three quarters of **non-British participants** (75% for IELTS and 74% for OET).
- There are also differences between **ethnicity**:
 - Fewer **White participants** (45% for IELTS and 43% for OET) agree with the proposed change, compared with **Asian or Asian British participants** (75% for each) and **Black, African, Caribbean or Black British participants** (73% for IELTS and 70% for OET).

The view of the public

Finally, whilst once again not evident in the quantitative findings, qualitatively a small but vocal sub-section of the **public** demonstrate real nervousness about the change to current test scoring standards. In the absence of any background knowledge on the perceived difficulty of the test (which is a consensus view amongst many applicants, employers and stakeholder) and a difficulty in understanding what the change means in real terms, they assume any kind of 'lowering standards' could impact patient safety.

"It's concerning, it's terrifying, now that they're going to drop the grade, it's awful."

Public, 51+

8.4 Concerns to be addressed

Whilst participants are mainly positive about this change, this is not universal. There is a substantial number of participants who are opposed to the change, or at least nervous about it. Given participants' overall emphasis on testing as the primary tool to determine language proficiency, responding to these concerns is key:

- **For the public specifically, what the change means in real terms:** The relative complexity of how test scores can be combined is not something most members of the public have awareness and experience of. This means that for any communication on the change in the public realm, there is a need to clearly explain in simple, real terms what this means.
- **The overall impact on standards:** As well as communicating what the change means, reassuring on the maintenance of overall standards is also key. This is most important for the public should they be made aware of the change, but working within the sector, most noteworthy registered NMC professionals but also some employers.

These individuals dislike the perceived emphasis on getting the 'minimum' possible scores to pass.

"I was always taught that the minimum is the standard that you never fall below. No one should be anywhere near the minimum; people should be far above the minimum."

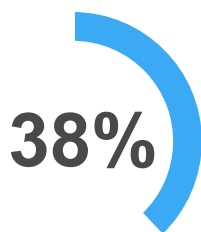
Health and care employer

9 Views on the proposal to maintain current pass scores

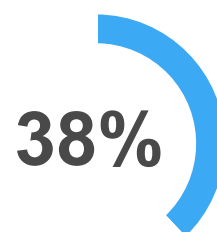
The quantitative survey included questions focused on measuring support for maintaining the current pass scores for the IELTS and OET. These were presented as:

- Maintaining an overall pass score of 7 on IELTS.
- Maintaining an overall pass score of 'B' on OET

9.1 Summary



Agree with 'Maintaining an overall pass score of 7 on IELTS'.



Agree with 'Maintaining an overall pass score of 'B' on OET'.

- Just 38% agree with maintaining an overall pass score of 7 on the IELTS and 'B' on the OET. These are the areas that receive the lowest level of support across all ideas tested. Most feel that these scores are too high.
- This further supports the positive response towards the proposed changes of standardising the minimum scores accepted across sittings.
- However, there is a substantial minority who are in favour of maintaining current standards, which includes **registered NMC professionals** and **educators** as well as those who **trained in the UK**, **older participants** and **those with a disability** amongst others. These groups will therefore require additional reassurances on any changes that are made.

9.2 Overall response

Quantitatively participants are less favourable towards the idea of maintaining current overall test scores compared to other proposed ideas (Fig. 21 and Fig. 22):

- 38% agree with maintaining an overall pass score of 7 on the IELTS, with 43% disagreeing with this.
- Likewise, 38% agree both with maintaining an overall pass score of 'B' on the OET, with 42% disagreeing with this.

This indicates significantly less favourability in comparison to other tested elements within the consultation. This therefore confirms that a small majority are looking for the NMC to make changes to current test requirements.

For those that do want to see overall pass scores maintained, this is driven by a perception that current standards are suitable, and any perceived difficulty in passing them is not an inherent issue – these individuals feel the tests *should* be difficult to pass. This is in turn driven by concerns around public safety and quality of care.

Support for maintaining an overall pass score of 7 on IELTS

Disagree: 43%

Agree: 38%

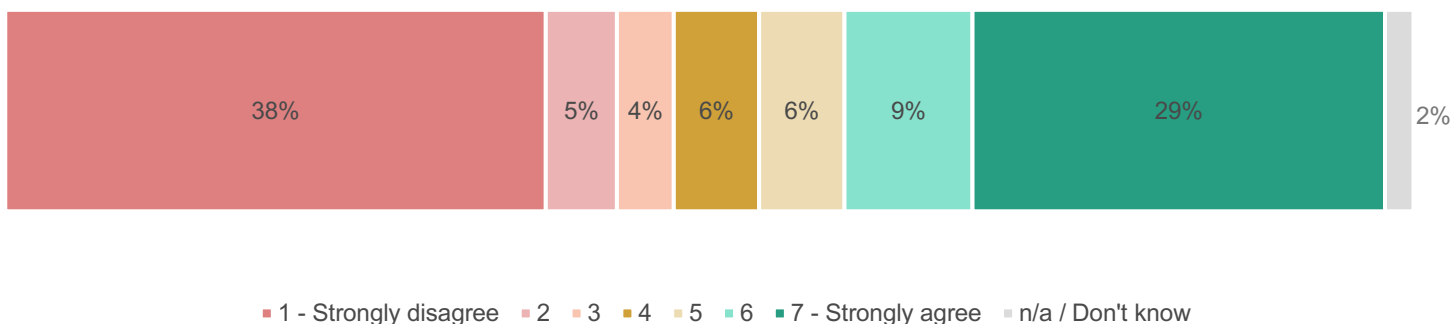


Figure 21: Q29a: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Maintaining an overall pass score of 7 on IELTS. Base size: all participants who opted to give feedback on this proposed change (n=19,239)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

Support for maintaining an overall pass score of 'B' on OET

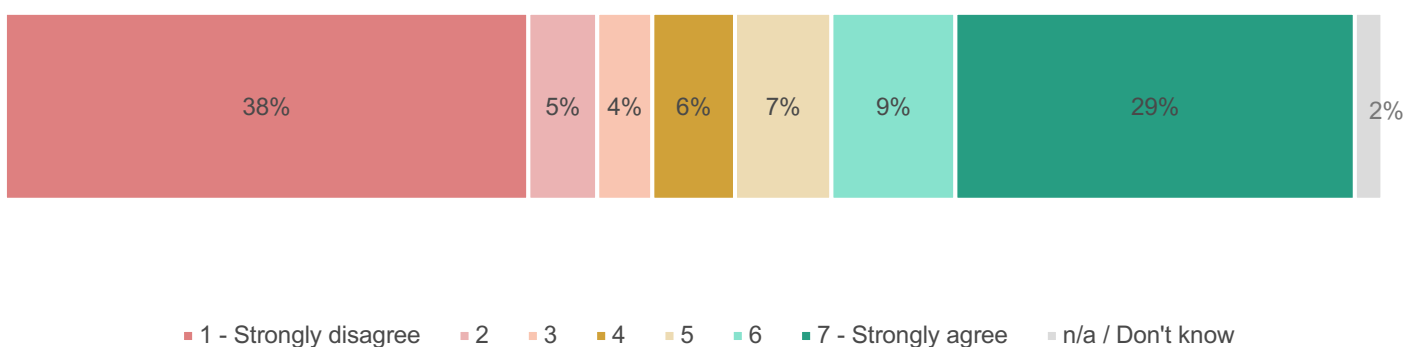


Figure 22: Q29b: Please tell us the extent to which you agree or disagree with the following elements of the proposal: Maintaining an overall pass score of 'B' on OET. Base size: all participants who opted to give feedback on this proposed change (n=19,239)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement. 'Disagree' = those who select '1 – Strongly disagree' or '2' in response of the statement.

9.3 Participant differences

Differences based on professional job roles

There are some key participant differences in responses to maintaining current pass scores, as shown in Fig. 23.

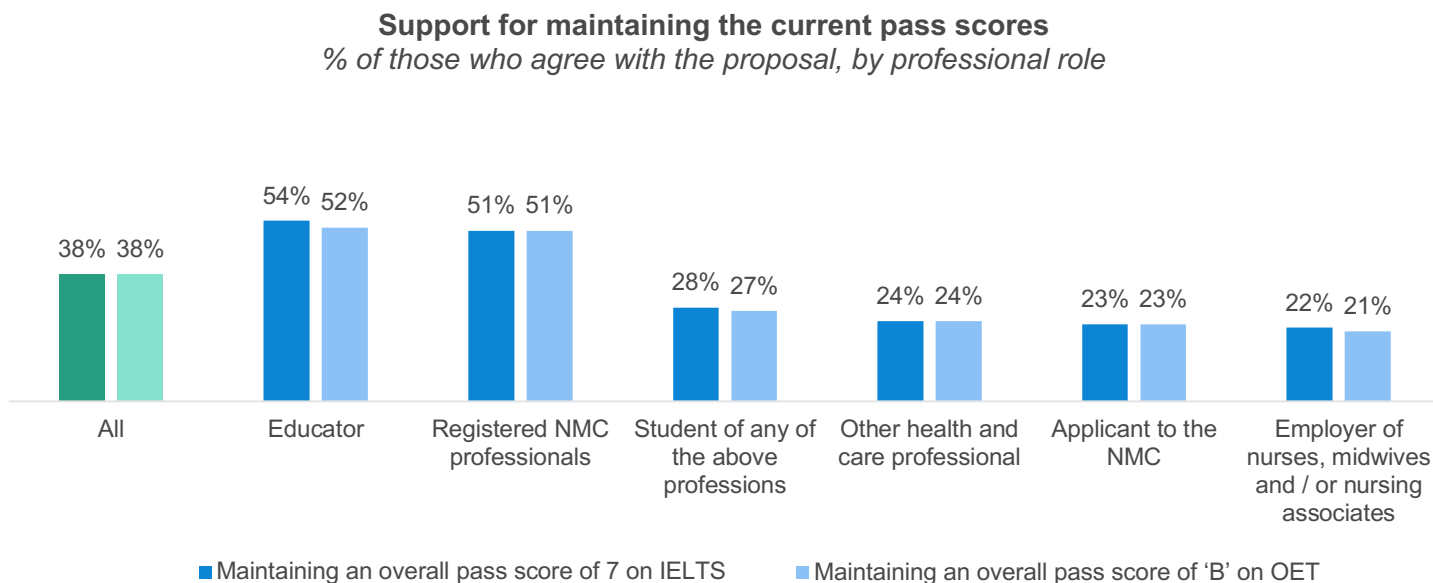


Figure 23. Q29a/b: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Maintaining an overall pass score of 7 on IELTS / Maintaining an overall pass score of 'B' on OET. Base size: all participants who opted to give feedback on this proposed change (n=19239), Applicant to the NMC (n=6555), Other health and care professional (n= 1307), Employer of nurses, midwives and / or nursing associates (n= 282), Student of any of the above professions (n=136), Registered NMC Professional (n=9759), Educator (n=197)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are some professional roles who show a preference for maintaining current test scores:

- Over half (51%) of **registered NMC professionals** agree with maintaining current test scores.
 - However, in line with broader demographic and geographic trends, those registered **NMC professionals trained overseas** are less supportive of maintaining current test scores for the IELTS and OET, with 42% agreeing with this for both tests²⁶.
- **Educators** are also more in favour of the current standards. Over half (54% and 52% respectively) of educators agree with maintaining the pass score for the IELTS test, and the OET test.

However, there are also several **professional roles** which are less in favour of maintaining current test scores:

- Only 22% of **employers of nurses, midwives and / or nursing associates** agree with maintaining an overall pass score of 7 on the IELTS and 21% agree with maintaining a B on the OET.
- Only 23% of **applicants** agree with maintaining current pass scores for each.
- **Other health and care professionals** are also below the total average. Less than a quarter (24%) agree with maintaining current test scores.

²⁶ Q29a/b: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Maintaining an overall pass score of 7 on IELTS / Maintaining an overall pass score of 'B' on OET. Base: NMC registered professionals who trained outside the UK (n=5801), NMC registered professionals who trained in the UK (n=3816)

- Similarly, **students** are below the total average. Less than 30% agree with maintaining current test scores.

Differences based on place of nursing or midwifery training and current location (registered and non-registered professionals)

Differences in responses according to where participants trained are also observed (Fig. 24).

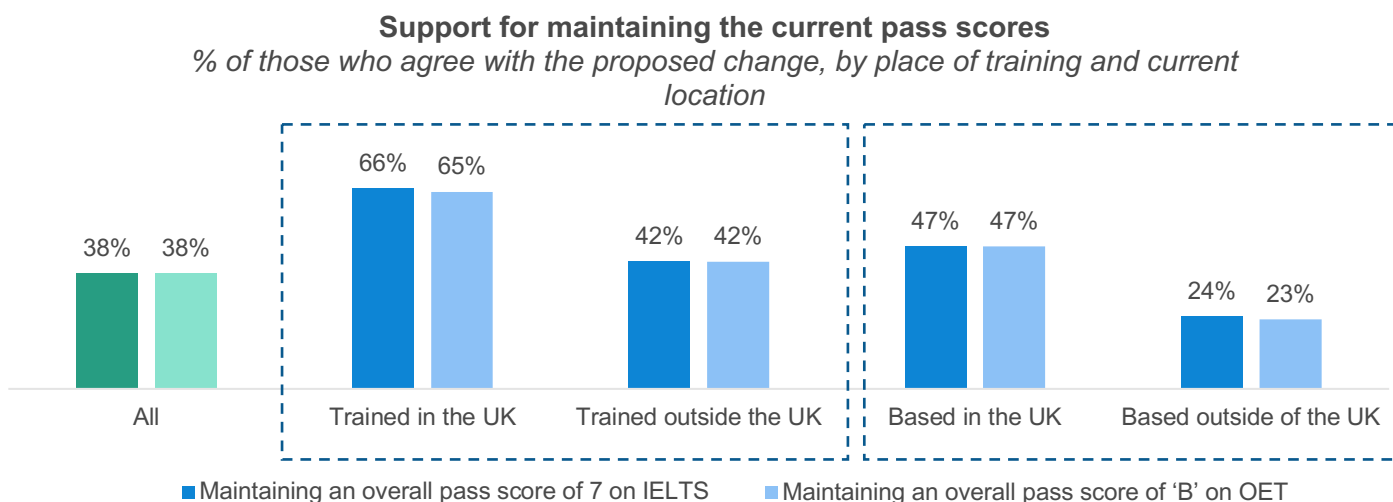


Figure 24. Q29a/b: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Maintaining an overall pass score of 7 on IELTS / Maintaining an overall pass score of 'B' on OET. All participants (n=19239), Trained in the UK (n=3816), Trained outside the UK (n=5801), Based in the UK (n=11770), Based outside of the UK (n=5995).

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

Here there are distinct differences between those trained in the UK vs outside the UK:

- **Those that trained in the UK** are more in favour of current test scores. Over two thirds agree with maintaining the current test scores for each test.
 - Conversely, only just over 40% that **trained outside the UK** agree with maintaining current test scores.
- 47% of those who are **based in the UK** agree with maintaining current test scoring.
 - Those **based outside the UK** are less in favour, with under a quarter (24%) agree with maintaining current test scoring.

Differences based on demographics

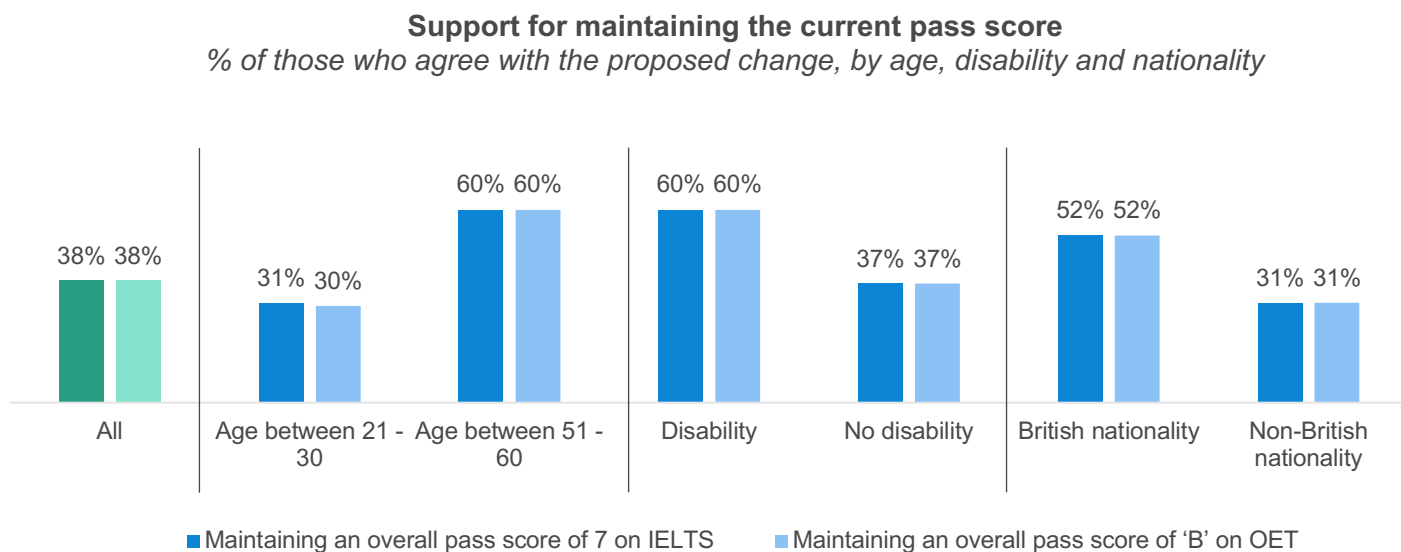


Figure 25. Q28a/b: Please tell us the extent to which you agree or disagree with the following elements of our proposals: Maintaining an overall pass score of 7 on IELTS / Maintaining an overall pass score of 'B' on OET. Base size: All participants who opted to give feedback on this proposed change (n=19239), Age between 21-30 (n=4643), Age 51 - 60 (n=4,651), Disability (n=617), No disability (n=17692), British nationality (n= 4257), non-British nationality (n=10809)

'Agree' = those who select '7 – Strongly agree' or '6' in response to the statement.

There are several distinct differences across demographics (Fig. 25), reflecting similar patterns seen in relation to the other proposed changes:

- **Younger participants** are less in favour of maintaining current test scores than older participants. Less than a third of **21 – 30 year olds** agree with maintaining current test scores (31% and 30% for IELTS and OET respectively) compared to just under three in five of those **aged 51 – 60** (60% across both tests).
- Those with a **disability** are more favourable than those without. 60% of **those with a disability** agree with maintaining current test scores vs 37% of **those without a disability**.
- In terms of **nationality**, whilst over half of **British participants** agree with maintaining current test scores (52% for both the IELTS and OET), less than two thirds of **non-British participants** agree (31% for both the IELTS and OET).
- There are also differences between **ethnicity**: more **White participants** agree with maintaining current test scores (58% for the IELTS and 58% for the OET). Conversely, only 35% of **Asian or Asian British participants** and 24% of **Black, African, Caribbean or Black British participants** agree with maintaining test scores for each.

9.4 Concerns to be addressed

Overall, participants are largely negative about the prospect of maintaining current test scores. These statements were only tested quantitatively, and the response recorded is in line with a

generally higher level of support (both quantitatively and qualitatively) for proposals to change the standards set for tests.

However, there are certain audiences who feel that the current scores should be maintained, such as **those trained in the UK** and **educators**. This is likely due to the same concerns that these participants express in relation to the proposed changes to standards set for tests, including those around 'lowering standards'.

10 Conclusions

- **Overall, there is support for changes to the current requirements in general, and support for the proposed changes in particular. However, participants are also clear that testing should remain the primary focus of English language requirements.**
 - There is also consensus that, if other proposed changes are approved (such as the use of employer references and/or post-graduate qualifications), they should only ever be used as supporting evidence.

- **Despite overall support, there are clear differences between participant groups in terms of their response to the proposed changes.**
 - Support is strongest amongst applicants currently looking to join the NMC register, those living outside the UK, those who trained outside the UK, younger participants, non-British and non-White participants and those without a disability.
 - Conversely, support is weaker amongst NMC registered professionals and educators, as well as those living in the UK, those who trained within the UK, older participants, White and British participants and those with a disability.

- **Furthermore, whilst most participants are positive about the proposed changes, they cite a strong need for the NMC to provide more information before they can fully support the change,**
 - Participants would firstly like to see the NMC begin to build an evidence base which includes information on:
 - The impact of the change (i.e., how many nurses, midwives and nursing associates would be able to access the register should the change be approved).
 - The significance of minimum pass grades for the IELTS and OET (i.e. how this level of proficiency might compare to a score gained by those speaking English as a first language).
 - They also require the NMC to provide clarification on how certain processes would work (i.e. what evidence employer references need to include).

- **Should these changes be approved, the NMC should carefully consider how best to communicate them, particularly to the public.**
 - Although there is general support for the changes, many members of the public indicate strong concern about the potential impact on patient quality of care and safety. Communications would therefore need to reassure on these areas.
 - There is also a need to consider those working within the health and social care sector:
 - The NMC should engage with employers to make sure they are comfortable with the proposed changes.
 - The NMC should also address the concerns of nurses, midwives and nursing associates who have passed current requirements, and are therefore often less in favour of the change,

- **Beyond communications, the NMC should consider ways in which it can better support applicants taking English language tests more generally.**
 - Firstly, the NMC should re-assess the relevance of the current English language tests (in particular, the IELTS) to ensure they are fit for purpose for the roles of nurses, midwives and nursing associates.
 - The NMC should also consider a re-examination of the current definition of 'non-majority English-speaking countries' and seek to build better relationships with those who feel discriminated against by these definitions.
 - Finally, there is a need for the NMC to do more to reiterate the importance of employers and employment agency recruiters being clear with applicants about the English language requirements to avoid them facing issues when they arrive in the UK. This could also include encouraging them to do more to support applicants in terms of stress and financial pressures that may emerge from needing to re-take tests.

11 Appendix

11.1 Quantitative survey: sample breakdown

The following tables provide a full breakdown of the quantitative sample demographics. Please note that some questions were only asked to individuals or organisations, and of that some participants skipped questions, detracting from overall sample sizes.

Figure 26: Organisation vs Individual

Type	Count
Organisation	33456
Individual	372
Total	33828

Figure 26. Individual or organisation. Q1: Are you responding as an individual or on behalf of an organization?

Figure 27. Individuals: Ethnicity

Ethnicity	Count
White	11947
Asian or Asian British	11760
Black, African, Caribbean or Black British	5059
Mixed or multiple ethnic groups	924
Other ethnic group	753
Prefer not to say	2029
Total	32472

Figure 27. Ethnicity. Q44: What is your ethnic group?

Figure 28. Individuals: Sexual Orientation

Sexual Orientation	Count
Heterosexual or straight	24651
Bisexual	1805
Gay or lesbian	734
Other	455
Prefer not to say	4311
Total	31956

Figure 28. Individuals:Sexual Orientation. Q47: Which of the following options best describes your sexual orientation?

Figure 29. Individuals: Age

Age	Count
Age under 20	23
Age between 21 - 30	6859
Age between 31 - 40	12050
Age between 41 - 50	5370
Age between 51 - 55	2881
Age between 56 - 60	2867

Age between 61 - 65	1784
Age between 66 - 70	468
Age between 71 - 75	109
Age above 75	33
Prefer not to say	693
Total	33137

Figure 29. Individuals: Age. Q38: What is your age?

Figure 30. Individuals: Gender

Gender	Count
A man	7055
A woman	25177
Other	69
Prefer not to say	912
Total	33213

Figure 30. Individuals: Gender. Q39: What is your gender?

Figure 31. Individuals: Geographical location

Geographical location	Count
England	20497
Northern Ireland	806
Scotland	1502
Wales	897
Outside the European Economic Area (EEA) / European Union (EU)	7602
Within the European Economic Area (EEA) / European Union (EU) but not in the UK	401
Prefer not to say	1646
Total	33351

Figure 31. Individuals: Geographic location. Q2: Where do you live?

Figure 32. Individuals: Nationality

Nationality	Count
British	10356
English	3690
Irish	411
Northern Irish	211
Scottish	956
Welsh	382
Other	15579

Prefer not to say	2661
Total	33187

Figure 32. Individuals: Nationality. Q43: How would you describe your national identity?

Figure 33. Individuals: Disability

Disability	Count
Disabled	1335
Not disabled	30924
Prefer not to say	933
Total	33192

Figure 33. Individuals: Disability. Q41: Do you have a disability?

Figure 34. Individuals: Role

Role	Count
A UK applicant looking to join the NMC register	1646
An international applicant looking to join the NMC register	7154
Educator	335
Employer of nurses, midwives and / or nursing associates	396
Member of the public	534
Midwife registered with the NMC (including midwife SCPHN)	717
Nurse and midwife registered with the NMC (including nurse and midwife SCPHN)	1264
Nurse registered with the NMC (including nurse SCPHN)	18291
Nursing associate registered with the NMC	485
Other health and care professional	883
Representative of an advocacy group / organisation	13
Researcher	64
Retired from any of the above professions	92
Student of any of the above professions	212
Other	334
Prefer not to say	531
Total	32951

Figure 34. Individuals: Role. Q3 Which of the following best describes you?

Figure 35. Individuals: Location of training

Location of training	Count
Outside the UK	9669

Within the UK	10810
Prefer not to say	101
Total	20580

Figure 35. Individuals: Training in the UK. Q5: Did you train to become a nurse, midwife and/or nursing associate outside of the UK?

Figure 36. Organisations: Geographical location

Geographical location	Count
England	67
Northern Ireland	3
Scotland	6
Wales	3
Across the UK	8
Within the European Economic Area (EEA) / European Union (EU) but not in the UK	7
Outside the European Economic Area (EEA) / European (EU)	219
Prefer not to say	77
Total	390

Figure 36. Organisations: Geographical location. Q12 Where is your organisation based?

Figure 37. Individuals & Organisations: Sector

Sector	Individual	Organisation
NHS	15536	102
Healthcare (non-NHS)	3314	244
Social care	751	32
Other	865	69
Total	19792	394

Figure 37. Individuals: Sector. Q7 Please tell us which sector/s you are currently working in? Organisations: Sector. Q10 Please tell us which sectors your organisation is working in?

Figure 38. NMC professionals by role and age

NMC registered	Under 20	21 – 30	31 – 40	41 – 50	51 – 60	61+
Nurse	2	2387	5333	3332	4685	1947
Nurse & Midwife	2	234	426	167	267	116
Midwife	0	114	174	135	197	81
Nursing Associate	0	121	155	96	74	26
Total	4	2856	6088	3730	5223	2170

Figure 38. NMC professionals by role and age. Q3: Which of the following best describes you? Q38: What is your age?

Figure 39. NMC professionals by role and gender

NMC registered	A man	A woman	Other	Prefer not to say
Nurse	3416	14123	53	587
Nurse & Midwife	189	1024	2	36
Midwife	15	680	0	15
Nursing Associate	87	382	2	11
Total	3707	16209	57	649

Figure 39. NMC professionals by role and gender. Q3: Which of the following best describes you? Q39: What is your gender?

Figure 40: NMC professionals by role and geographic location

NMC registered	England	N Ireland	Scotland	Wales	Outside UK	Prefer not to say
Nurse	14942	588	1177	667	684	193
Nurse & Midwife	840	50	66	45	185	73
Midwife	529	21	59	17	65	22
Nursing Associate	327	12	11	12	85	35
Total	16638	671	1313	741	1019	323

Figure 40. NMC professionals by role and geographic location. Q3: Which of the following best describes you? Q2: Where do you live?

Figure 41: NMC professionals by role and nationality

NMC registered	British	English	Irish	N Irish	Scottish	Welsh	Other
Nurse	8006	2208	323	159	801	306	5980
Nurse & Midwife	389	175	24	12	52	19	532
Midwife	367	119	19	13	44	17	139
Nursing Associate	186	96	5	0	7	6	183
Total	8948	2598	371	184	904	348	6834

Figure 41. NMC professionals by role and nationality. Q3: Which of the following best describes you? Q.43: How would you describe your national identity?

Figure 42: NMC professionals by role and ethnicity

NMC registered	White	Mixed or multiple ethnic groups	Asian or Asian British	Black, African, Caribbean or Black British	Other ethnic group	Prefer not to say
Nurse	9626	383	5038	1735	168	843
Nurse & Midwife	412	51	460	185	35	73
Midwife	544	16	31	53	17	34
Nursing Associate	199	23	131	83	9	27
Total	10781	437	5660	2056	229	977

Figure 42: NMC professionals by role and ethnicity. Q3: Which of the following best describes you? Q44: What is your ethnic group?

Figure 43: NMC professionals by role who had to sit an English language test to join the register

NMC registered	Yes	No	Don't know
Nurse	6005	2403	86
Nurse & Midwife	563	148	22
Midwife	87	84	7
Nursing Associate	154	65	15
Total	6809	2700	130

Figure 43. NMC professionals by role who had to sit an English language test. Q3: Which of the following best describes you? Q6: Were you required to sit an English language test as part of joining the register?

Figure 44: NMC professionals by role and sector

NMC registered	NHS	Healthcare (non-NHS)	Social care	Other
Nurse	13815	2877	703	724
Nurse & Midwife	863	262	29	63
Midwife	568	58	1	45
Nursing Associate	290	117	18	33
Total	15536	3314	751	865

Figure 44. NMC professionals by role and sector. Q3: Which of the following best describes you? Q7: Please tell us which sector/s you are currently working in.