Evidence of English language skills: Guidance for international medical graduates applying for registration and a licence to practise

1 Under s21B (1D) and s21C (2A) of the Medical Act 1983, IMGs are required to satisfy the Registrar they have necessary knowledge of English before they can be granted registration with a licence to practise in the UK.

2 The Registrar can appoint deputy and assistant registrars to act for him in any manner, and has delegated the functions outlined in this guidance to GMC staff to undertake on his behalf.

Background

3 To practise safely in the UK doctors must have sufficient knowledge of English.

4 Our core guidance Good medical practice (2013) states that doctors ‘must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK’. GMP also highlights a number of key reasons why it is essential that doctors have the necessary language skills to practise in the UK. At a minimum these include the need for doctors to be able to communicate effectively with patients and relatives; work in partnership with other healthcare colleagues; and clearly and accurately document their work. If a doctor does not have the necessary knowledge of English there is a risk that they may not be able to fulfil these requirements.

1 Good Medical Practice Domain 1: Knowledge, skills and performance
Criteria for assessing language evidence

5 Our criteria for assessing the language evidence provided by IMGs to demonstrate that they have the necessary knowledge of English to practise in the UK are set out below.

6 The criteria reflect our overriding objective of enhancing patient safety and provide us with adequate assurance that doctors practising in the UK can interact and communicate appropriately with patients, their relatives and other healthcare professionals.

7 We will consider language evidence provided by doctors against the following tests:

a) is the evidence recent\(^2\), objective, independent and robust?

b) does the evidence clearly demonstrate that a doctor can read, write and interact with patients, relatives and healthcare professionals in English?

c) is it reasonable to expect the GMC to be able to verify the evidence?\(^3\)

8 Based on our long experience of assessing evidence in relation to satisfactory language proficiency and detailed research conducted on our behalf, currently the most reliable evidence that doctors can provide to satisfy us of the appropriate level of knowledge of English is achieving the required scores in the academic version of the IELTS test.

Types of evidence we are likely to accept

9 We recognise that there are many different ways in which doctors may be able to demonstrate language proficiency. The Registrar has the power to exercise discretion and consider all types of credible evidence, which meet the parameters of the above criteria.

\(^2\) When we refer to ‘recent’ in this guidance, we mean evidence relating to English language proficiency that is less than two years old at the point of making an application to the GMC. The British Council advises that two years is the accepted period for an individual to remain proficient in English if the language is used regularly. Proficiency in English deteriorates after two years if it is not used on a regular basis.

\(^3\) The evidence provided may include reaching the requisite score in an academic test but should otherwise be relevant to medical practice and we should be able to verify it, for example through contact with recognised medical institutions, healthcare employers, regulators, relevant ministries or government departments. See the indicative examples of the types of evidence we are likely to accept, set out in paragraph 12 onwards.
We review our English language evidence requirements on a regular basis to ensure they remain suitable and give full consideration to new sources of evidence that can provide the necessary assurance of a doctor’s English language capability.

However, based on our long expertise in assessing language evidence from international medical graduates we have set out the types of evidence we routinely accept as demonstrating that a doctor has the necessary knowledge of English to practise in the UK.

Evidence type 1
A recent overall score of 7.5 in the academic version of the International English Language Testing System (IELTS). Doctors must achieve no less than 7 in each of the four areas of reading, writing, listening and speaking. The scores must be achieved in the same sitting of the test.

The majority of doctors who have to demonstrate their knowledge of English currently do so by achieving the required scores in the academic version of the IELTS test. IELTS is an objective method of demonstrating proficiency in English and is widely accepted by many employers, regulators and professional bodies.

We may accept IELTS test scores that are more than two years old if the doctor can provide evidence to demonstrate that their language skills have not deteriorated in that time, for example by having subsequently undertaken a postgraduate course of study which has been taught and examined in English, or evidence that they have subsequently worked in a country where English is the first and native language.

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4 See footnote 2
5 Currently the academic version of IELTS is the only test of language proficiency that we routinely accept as evidence of knowledge of English. However, we recognise that alternatives are becoming available and are exploring the reliability of these for our purposes. We will give full consideration to accepting any suitable alternatives to IELTS if we can be confident that these methods provide the necessary assurance of a doctor’s English language capability.
6 By this we mean that the entire course was taught and examined in English. We will be satisfied if at least 75% of any clinical interaction, including personal contact with patients, their families and other healthcare professionals, which took place as part of the course of study, was conducted in English. We may contact the awarding institution and/or relevant medical regulator and/or Ministry of Health to confirm this. If this criterion cannot be fully met we may ask doctors to provide additional evidence to demonstrate their knowledge of English. This may include achieving our required scores in the academic version of IELTS.
7 The countries we currently accept as having English as a first and native language can be found here: [http://www.gmc-uk.org/doctors/registration_applications/english_first_language.asp](http://www.gmc-uk.org/doctors/registration_applications/english_first_language.asp). Our list...
Evidence type 2: A recent primary medical qualification (PMQ) that has been taught and examined in English.

14 We require the PMQ to be taught and examined in English so we have sufficient assurance that the doctor has experience in an English speaking medical environment. Communication and interaction are key components of safe medical practice in the UK. To assure us that doctors have experience in these essential areas, at least 75% of the doctor’s clinical interaction, including personal contact with patients, relatives and other healthcare professionals must have been conducted in English.

15 Where a PMQ meets the above criteria but is not recent, we will ask for evidence that demonstrates the doctor’s experience of practising for the preceding two years in a country where English is the first and native language.

16 We will ask all employers over the preceding two years to provide original references detailing the doctor’s practice in English. This provides assurance that the doctor’s experience of practising in an English speaking medical environment is recent and their language skills are up to date.

17 The following are examples of what we mean by practice:

a) assessing, diagnosing, treating, reporting or giving advice in a medical capacity (for example as a member of a panel or committee, as an expert witness, or in the context of medical defence union work); and/or

b) public health medicine, teaching, research, medical or health management in hospitals, clinics, general practice and community and institutional contexts (for example in a university, Royal College or company) whether paid or voluntary; and/or

of countries is modelled on the UK Border Agency’s list of ‘majority English speaking’ countries. We maintain and update our list on a regular basis. When we are advised that a country’s first and native language is English, we contact the relevant Ministry of Health and the medical regulator to seek evidence of this.

8 See footnote 2
9 See footnote 6
10 When assessing the evidence provided we will take into account the nature of the practice and whether it has been continuous or periodic over the two years.
11 See footnote 7
c) signing any medical certificate required for statutory purposes, such as death and cremation certificates; and/or
d) prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners; and
e) in all cases, using the knowledge, skills, attitudes and competences initially obtained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education.

Evidence type 3:
A recent\textsuperscript{12} pass in a language test for registration with a medical regulatory authority in a country where the first and native language is English\textsuperscript{13}.

We will contact the medical regulatory authority to find out which language test was used and their requirements before accepting this evidence\textsuperscript{14}.

Where the pass in another regulator's language test is older than two years we may ask for evidence that demonstrates the doctor's experience of practising for the preceding two years\textsuperscript{15} in a country where English is the first and native language\textsuperscript{16}.

We will ask all employers over the preceding two years to provide original references detailing the applicant's practice in English\textsuperscript{17}.

Evidence type 4:
An offer of employment from a UK healthcare organisation.

We require written confirmation from the UK healthcare organisation that an offer of employment has been made.

The healthcare organisation must be a designated body\textsuperscript{18}.

\textsuperscript{12} See footnote 2
\textsuperscript{13} See footnote 7
\textsuperscript{14} In circumstances where the regulatory authority operates a different standard of language test than the GMC, or we are unable to verify the results, we may ask doctors to provide additional evidence to demonstrate their knowledge of English. This may include achieving our required scores in the academic version of IELTS.

\textsuperscript{15} When assessing the evidence provided we will take into account the nature of the practice and whether it has been continuous or periodic over the two years.
\textsuperscript{16} See footnote 7
\textsuperscript{17} See paragraph 17 for examples of what we mean by of practice.
23 We require the appointing clinician to complete a structured English language reference form detailing the applicant’s skills in all four language domains of reading, writing, listening and speaking, and how these were assessed during the recruitment process.

24 The appointing clinician will then seek confirmation from the Responsible Officer for the employing organisation that s/he endorses the recruitment processes the employer has in place to ensure that the applicant has the necessary knowledge of English to practise safely in the UK.

18 Information about designated bodies and a list of UK designated bodies can be found here: http://www.gmc-uk.org/help/list_of_designated_bodies.htm