

To note

Evidence of English language skills: Guidance for European doctors

Issue

- 1 Our draft guidance, at Annex A, describes the powers we will have to seek evidence or information about the English language skills of European doctors¹. The guidance sets out the circumstances in which we may ask for evidence, the criteria we will use to assess that evidence, and examples of the types of evidence we routinely accept as meeting our language requirements.

Recommendation

- 2 Council is asked to note the guidance on evidence required for European applicants to demonstrate that they have the necessary knowledge of English, as set out at Annex A.

¹ In this paper, the term 'European doctor' refers to a doctor who is a national of a relevant European state (this means a national of a member state of the European Economic Area or Switzerland), or not a national of a relevant European state, but is entitled to be treated no less favourably for these purposes because he or she benefits under the Citizenship Directive from an enforceable Community right.

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- 3 All international medical graduates (IMGs)² must demonstrate that they have the necessary knowledge of English in order to gain registration with a licence to practise in the UK. However, the law currently prevents us from seeking evidence about the English language skills of European doctors.
- 4 In February 2013, the UK Government announced plans to give us new powers to ensure that all doctors working in the UK have the necessary knowledge of English to practise safely.
- 5 We have drafted guidance under S29G (2A) of the Medical Act 1983 to explain how we will apply our powers to seek evidence or information about a doctor's knowledge of English. The guidance sets out the factors we will take into account to determine whether a doctor has demonstrated the necessary knowledge of English to practise safely in the UK.
- 6 This guidance will apply to European applicants seeking a licence to practise in the UK.

Overview of the guidance

- 7 The evidence requirements in the guidance are modelled on our experience of assessing language evidence provided by IMGs. However, we have taken the opportunity to revise these requirements so that they are suitable and proportionate for all applicants. We are confident that our requirements will provide an additional layer of assurance that doctors granted a licence to practise can interact and communicate appropriately with patients, their relatives and other healthcare professionals.
- 8 We are likely to ask European doctors for evidence of English language skills if their registration application does not show they hold a recent Primary Medical Qualification (PMQ) that was taught and examined in English, or if they have no recent experience of practising in a country where English is the first and native language.
- 9 We will assess the evidence provided by applicants against the criteria set out in the guidance, at Annex A. These criteria reflect our overriding objective to protect patients and provide adequate assurance that all doctors can speak

² For the purposes of this document, an IMG is a doctor who is not a UK graduate or a European doctor.

English to an appropriate standard. We have also made clear the power we have to exercise discretion when considering types of evidence provided by applicants and the criteria that any such alternative evidence would need to meet.

Liaison with the Department of Health and European Commission

- 10** The Department of Health (England) and the European Commission are interested in our guidance and how it will be applied to European doctors. We have liaised with officials at the Department to explain the rationale behind our criteria and the types of evidence we will accept from applicants to demonstrate knowledge of English.
- 11** We have sought (and received) legal advice from a QC with EU expertise to ensure that our guidance and criteria are legally sound and do not impose unnecessary and disproportionate requirements on European doctors. Counsel reviewed our guidance in the context of relevant EU legislation and case law from the Court of Justice of the EU. He concluded that 'there is no reason to suggest that the approach and/or requirements set out in the draft Guidance are disproportionate *per se* or otherwise inconsistent with the requirements of EU law'.
- 12** On the basis of this advice, we are satisfied that the draft guidance is fully compliant with EU legislation in this area and we have confirmed this position to officials in the Department.

Timescales

- 13** The guidance will be published on our website at the same time as the Regulations come into force. We currently expect this to be 25 June 2014, although we are waiting for the Department to provide official confirmation of the final timetable.

Supporting information

How this issue relates to the corporate strategy and business plan

- 14 Strategic aim 1: to make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.
- 15 Strategic aim 2: to help raise standards in medical education and practice.
- 16 This guidance supports these aims. The requirements provide an additional level of assurance that doctors granted a licence to practise will have adequate evidence of the necessary knowledge of English to practise safely and communicate appropriately with patients, carers, and other healthcare professionals.

Other relevant background information

- 17 On 1 April 2014 the Strategy and Policy Board endorsed the guidance and evidence requirements.

How the issues support the principles of better regulation

- 18 Our guidance provides a proportionate and transparent approach to explaining how and when we will request evidence of knowledge of English and how this evidence will be assessed.

What equality and diversity considerations relate to this issue

- 19 We have undertaken a detailed Equality Analysis to support the introduction of our powers to require European doctors to demonstrate that they have necessary knowledge of English to practise in the UK.
- 20 This guidance further supports the principles of equality as we will apply the same criteria and power of discretion when assessing language evidence provided by IMG and European applicants.

If you have any questions about this paper please contact: Una Lane, Director - Registration and Revalidation, ulane@gmc-uk.org, 020 7189 5164.

Annex A

Evidence of English language skills: Guidance for European doctors

- 1 The [GMC \(Licence to Practise and Revalidation\) Regulations 2012](#) (the Regulations) gives the Registrar powers to seek evidence or information about a person's knowledge of English and to refuse to grant a licence to practise to a person where this is not provided.
- 2 This guidance is made under s29G (2A) of the Medical Act 1983. It describes the factors the Registrar will take into account to determine whether a doctor has demonstrated the necessary knowledge of English to practise safely in the UK.
- 3 Regulation 2(2A) of the Regulations state that the Registrar must take account of guidance published by the General Council when determining whether a person has demonstrated the necessary knowledge of English.
- 4 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

- 5 To practise safely in the UK doctors must have sufficient knowledge of English.
- 6 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'¹. GMP also highlights a number of key reasons why it is essential that doctors to 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

¹ *Good Medical Practice* Domain 1: Knowledge, skills and performance

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.

When we will request evidence of knowledge of language

- 7 This section describes how we will apply the powers we have been given to request further evidence or information from **European doctors**² to determine whether they have the necessary knowledge of English³. We will only require evidence should a concern arise during the registration process.
- 8 There are multiple opportunities for European doctors to demonstrate their proficiency in English:
 - a if we have confidence in a doctor's English proficiency on the basis of the standard application process⁴, **no further evidence or information regarding language proficiency will be requested**;
 - b if we have doubts as to a doctor's proficiency in English, further evidence or information will be requested and considered;
 - c if doubts remain after the provision of such further evidence or information, there is a further opportunity for doctors to provide additional or alternative language proficiency evidence which will be considered.
- 9 In addition, the Registrar has an overriding discretion to consider any credible evidence.

² For the purposes of this document, the term 'European doctor' refers to a doctor who is:

- A national of a relevant European state (this means a national of a member state of the European Economic Area or Switzerland), or
- Not a national of a relevant European state but is entitled to be treated no less favourably for these purposes because he or she benefits under the Citizenship Directive from an enforceable Community right

³ In drawing up this guidance we have had regard to the guidance provided by the EU Commission (e.g. in its Code of Conduct and its User Guide in relation to Directive 2005/36), and the Court of Justice of the European Union.

⁴ The Regulations apply to doctors applying for registration with a licence to practise, and registered doctors applying for a first time licence. Doctors are asked to provide a range of evidence, including: qualification details; registration with medical regulators over last five years; details of medical and non-medical work experience over last five years.

Factors we will take into account when requesting evidence of necessary knowledge of English

- 10** We will review the information provided by doctors as part of the standard application process, and based on that may in some cases ask for further information in relation to knowledge of English.
- 11** For example, if a doctor has a recent⁵ primary medical qualification (PMQ) that has been taught and examined in English⁶, or the PMQ is from a country where English is the first and native language⁷ (e.g. Republic of Ireland) or a doctor has recent experience of practising in a country where English is the first and native language, then we are unlikely to seek any further evidence.
- 12** However we are likely to ask for further evidence or information from doctors who do not hold recent PMQs that have been taught and examined in English, or do not have recent experience of practising in a country where English is the first and native language.
- 13** If during the registration process a situation arises where a doctor requires the services of a translator or another person in order to communicate in English with us, we will review any language evidence that has already been provided. In these cases we are likely to request further evidence of the doctor's knowledge of English before granting a licence to practise.

⁵ 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.

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. Our list 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.

Criteria for assessing language evidence

- 14** Where evidence or information is requested in relation to knowledge of English, our criteria for assessing that evidence and information are as set out below. 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.
- 15** Where evidence or information is requested we will consider language evidence provided by doctors against the following tests:
- a** is the evidence recent⁸, 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?⁹
- 16** In circumstances where doctors submit evidence or information regarding English language proficiency that does not meet our criteria, we will then seek and consider additional or alternative evidence.
- 17** 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

- 18** 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.
- 19** We review our English language evidence requirements on a regular basis to ensure they remain suitable and give full consideration to new sources of

⁸ See footnote 5

⁹ 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 paragraphs 21 onwards.

evidence that can provide the necessary assurance of a doctor's English language capability.

- 20** 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.

21 Evidence type 1

A recent¹⁰ 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.

- 22** 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 bodies¹¹.
- 23** 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 English¹², or evidence that they have subsequently worked in a country where English is the first and native language¹³.

Evidence type 2:

A recent¹⁴ primary medical qualification (PMQ) that has been taught and examined in English.

- 24** 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, a majority of the doctor's clinical interaction, including

¹⁰ See footnote 5

¹¹ 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.

¹² See footnote 6

¹³ See footnote 7

¹⁴ See footnote 5

personal contact with patients, relatives and other healthcare professionals must have been conducted in English¹⁵.

- 25** 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 years¹⁶ in a country where English is the first and native language¹⁷.
- 26** 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.
- 27** 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
 - 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.

¹⁵ See footnote 6

¹⁶ 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.

¹⁷ See footnote 7

Evidence type 3:

A recent¹⁸ pass in a language test for registration with a medical regulatory authority in a country where the first and native language is English¹⁹.

- 28** We will contact the medical regulatory authority to find out which language test was used and their requirements before accepting this evidence²⁰.
- 29** 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 years²¹ in a country where English is the first and native language²².
- 30** We will ask all employers over the preceding two years to provide original references detailing the applicant's practice in English²³.

¹⁸ See footnote 5

¹⁹ See footnote 7

²⁰ 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.

²¹ 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.

²² See footnote 7

²³ See paragraph 26 for examples of what we mean by of practice.