

Guidance for decision makers on directing doctors to undertake a language assessment

Introduction

- 1 A doctor's fitness to practise may be found to be impaired by reason of not having the necessary knowledge of English to practise medicine safely. Where concerns arise about a doctor's knowledge of English, decision makers may direct the doctor to undertake a language assessment to help them decide how to dispose of the matter.
- 2 The language assessments we use for this purpose are the academic version of the International English Testing System (IELTS) and the Occupational English Test (OET). Doctors can access the IELTS by making arrangements with test centres authorised by the British Council in the UK or overseas. The OET can be accessed by booking a test centre authorised by the OET commissioning body in the UK or overseas. The cost of one language assessment undertaken as a requirement of a fitness to practise process is met by the GMC and doctors are expected to comply within a maximum of 90 days.¹
- 3 This guidance aims to help decision makers determine whether or not directing a doctor to undertake an English language assessment is an appropriate course of action given the issues that have been raised. It is intended to support consistent and fair decision making in relevant cases.

Factors for consideration

- 4 This document provides guidance on the factors which may be taken into consideration when determining whether or not to direct a language assessment. Decision makers should consider the seriousness of the concerns, the evidence available to them about the doctor's knowledge of English, and any health concerns which may be the underlying cause of communication difficulties.

¹ Schedule 3 to the Fitness to Practise Rules 2004 (as amended) provides that a doctor may be required to comply with a direction to undertake a language assessment within a specified period, which is no less than 30 days and up to a maximum of 90 days.

Seriousness of concerns

- 5 The primary factor which should normally be taken into consideration when deciding if a language assessment is appropriate is the seriousness of concerns and potential or actual risk to patients.

Low level concerns

- 6 Where there are low level concerns which do not pose a significant risk to patient safety, the threshold for directing a language assessment is unlikely to be met. For example, if issues solely relate to minor poor spelling or grammar, sole or occasional instances of minor poor record keeping or difficulty understanding regional slang or English colloquialisms, a language assessment is unlikely to be indicated.

More serious concerns

- 7 Where there are serious concerns that a doctor's lack of knowledge of English may present a risk to public safety, a language assessment is likely to be indicated. Matters to be considered under this category could legitimately include the following factors:
 - a a complaint or series of complaints from a patient, health professional or another party regarding their perception that a doctor's lack of knowledge of English presents a risk to patients
 - b a decision or finding by an overseas medical regulatory authority that a doctor does not have sufficient knowledge of English to safely treat patients in an English speaking context
 - c a failure to achieve the minimum scores to demonstrate sufficient language skills, including as part of the process for joining a medical performers list
 - d serious performance concerns which appear to be linked to the doctor's difficulty communicating in English
 - e prescribing error(s) causing harm or risk of harm to patients where the underlying cause appears to be poor knowledge of English
 - f a serious instance or a persistent pattern of poor record keeping linked to a lack of knowledge of English (eg patient safety concerns as other health professionals are unable to understand treatment plans).
- 8 Decision makers should exercise their judgement to consider the individual features of the case and the actual harm or risk of harm to patients. A question may arise about whether a doctor has sufficient language skills to be on the register even where they are not currently working as a doctor or are working only with non-English speaking patients.

Other evidence of a doctor's knowledge of English

Information provided by the doctor

- 9** Decision makers should also take into account any other available evidence of a doctor's knowledge of English. This may include a doctor's previous IELTS test results or OET results, primary medical qualifications, applications to other medical authorities and experience working in an English speaking environment. In evaluating the relevance of any alternative evidence of a doctor's knowledge of English decision makers should also consider how recent and how robust the evidence is, and balance this against the seriousness and timing of the index cause for concern.
- 10** Where a doctor has recently completed an IELTS test or OET, and achieved the minimum scores we require, within the last two years², careful consideration should be given to whether it is necessary to direct the doctor to complete a language assessment. In addition, where a doctor has recently completed a primary medical qualification (PMQ) that has been taught and examined in English, depending on the circumstances, this may be a strong indication that a language assessment is unnecessary. It may be appropriate to seek advice from registration staff in assessing a doctor's PMQ.
- 11** Decision makers should also weigh up the relevance of any language assessments the doctor may have undertaken as part of the registration process for another medical regulatory authority in a country where the first and native language is English. Consideration should be given to which language assessment was used and the requirements for satisfactory completion applied by the medical authority. It may also be relevant to consider the doctor's experience of practising medicine and clinical interactions in an English speaking context and any other concerns raised.

Issues arising during our investigation or adjudication process

- 12** There may be situations where concerns about a doctor's knowledge of English arise during direct interaction with a doctor. Matters which are likely to give cause for concern about a doctor's knowledge of English include a doctor requesting or using an interpreter during a meeting or telephone conversation with us, a self-declaration by a doctor that suggests their knowledge may be limited, or where there is other good reason to believe the doctor has serious difficulty in communicating with or understanding others. Decision makers may wish to take these factors into account when deciding if it is necessary to direct a doctor to complete a language assessment.

² The British Council advises that proficiency in English deteriorates after two years if it is not used on a regular basis.

Health concerns

- 13** When assessing information which relates to concerns about a doctor's knowledge of English, decision makers should consider whether or not there is any evidence to suggest an underlying health concern. A perceived deterioration in, or lack of knowledge of, English language may be symptomatic of an undiagnosed health condition or the deterioration of a diagnosed health condition. Health concerns which may impact on a doctor's communication skills include neurodegenerative disorders and acquired brain injuries from either a traumatic or non-traumatic event.
- 14** Where decision makers have good reason based on specific evidence to indicate that health may be an underlying cause of concern about a doctor's knowledge of English they should consider whether a health assessment may be appropriate. If a health assessment is directed in these circumstances the examiners should be asked to comment on whether any medical condition is likely to impact on the doctor's communication skills. In such cases, careful thought should be given to delaying a decision on whether it is necessary to direct a language assessment until further information is available about the doctor's health.

Compliance period

- 15** If more than 90 days³ have elapsed since a doctor was directed to undertake a language assessment during an investigation and they have not provided evidence of having completed the test, they should usually be referred to a medical practitioners tribunal of the Medical Practitioners Tribunal Service for failure to comply. However, decision makers may exercise their discretion if there is good reason for the failure. Any decision to refer for a non-compliance hearing should be made in accordance with the relevant decision-making [guidance](#).
- 16** Factors which may indicate it is appropriate to apply discretion in assessing a doctor's failure to complete a language assessment are set out below, however this is not an exhaustive list and decision makers should use their own judgment, giving careful consideration to the individual features of the case.
- a** the doctor has provided evidence they were unable to access either an IELTS test or an OET within the required period due to a lack of availability at suitable test centres or delay in making necessary reasonable adjustments for disability. Failure to access their preferred test if the other type of test was available would be unlikely to be a good reason.

³ In certain circumstances, the Registrar may wish to refer the case to the MPTS for failure to comply within a shorter timeframe where a shorter compliance period has been specified in the direction.

- b** the doctor is recently bereaved or has caring responsibilities which have made it difficult to study or access test centres.
- c** the doctor or a close relative is very unwell.

17 When deciding whether or not it is appropriate to extend the time period in which a doctor is required to complete a language assessment, decision makers should consider the need to protect the public from risk of harm, the nature of the concerns raised and any extenuating circumstances. Consideration should also be given to the likelihood of a doctor's compliance within a clear alternative timeframe. Any extension to the deadline for a doctor to complete the language assessment will be dependent on the individual circumstances of the case.