

GMC response to the HCPC consultation on English language proficiency

We welcome the opportunity to comment on the Health and Care Professions Council (HCPC) consultation on English language proficiency (launched on 16 October 2023). As the General Medical Council (GMC), we work with doctors, patients, and other stakeholders to support good, safe patient care across the UK. We set the standards doctors and those who train them need to meet and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed.

We assess knowledge of English for our international applicants. We recognise as a multi-professional regulator, the HCPC is responsible for a range of very different professional groups and so our responses to the consultation provide an overview of our approach for doctors, which we hope is helpful in considering the proposals you are putting forward.

Overview of our English language requirements

Under the Medical Act 1983, international medical graduates* (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.

We recognise that there are different ways in which doctors may be able to demonstrate language proficiency†. Please find [here](#) a link to an overview of our English language requirements for IMGs. We allow applicants to demonstrate their knowledge of English in the following ways:

[Using your IELTS certificate](#)

[Using your OET certificate](#)

[Using your primary medical qualification](#)

[Providing a reference from your employer](#)

* An international medical graduate is an applicant who doesn't hold a UK primary medical qualification (PMQ).

† See [Making sure all licensed doctors have the necessary knowledge of English to practise safely in the UK](#) (GMC Council Paper, 25 February 2014)

[Using your UK job offer](#)

[Using other types of evidence](#)

Proposals

Proposal 1: removal and replacement of self-declaration of English as a first language

Q1: Do you agree with the proposal to remove self-declaration of English language proficiency as an option for international applicants to join the register? If you would like to, please explain your reasoning.

Yes, we agree that self-declaration of English as a first language presents a risk. The proposal to replace the self-declaration option with objective, robust evidence would make your international registration processes more robust and be in the interests of public protection. In our view self-declaration lacks objectivity, relies on the applicant to understand the standard of English language required in order to communicate effectively with patients and their colleagues in order to practise safely in the UK.

Proposal 2: Introduction of a ‘qualifying countries list’ based on majority English speaking populations

Q2: To what extent do you agree or disagree that this proposal would enable international applicants to: a) Show that they are proficient enough in English to practise safely and effectively? b) Feel confident in their own English proficiency? c) Easily join the register?

We agree that introducing a ‘qualifying countries list’ would enable international applicants to demonstrate English proficiency and adding this option would increase flexibility in terms of your acceptable English language evidence requirements. In terms of the questions we feel these are subjective issues that we are not able to provide a response to.

Q3: Would a 75% English speaking population be an appropriate test for qualifying countries to be on our list? Please explain your reasoning and/or suggest any preferred alternatives.

We agree that introducing a requirement for an applicant to hold a relevant qualification from a list of specified countries is a more robust and objective way to demonstrate language capability than a self-declaration. How such a list is developed and maintained will be important.

As indicated in the consultation document we maintain a list of countries where English is the first and native language, which is different to the official language. We will accept a completed employer reference form as evidence of English language if a registrant has worked in a medical capacity in one of these countries for over two years.

It is not clear from the proposals if there will be a time limit on the age of the primary qualification from a majority English speaking country, in the same way that those seeking to rely on their experience of having previously worked in a majority English speaking country will have to have done so in 12 out of the last 24 months.

We require the applicant's PMQ to be less than two years old in order to ensure there has been no degrading of their language skills. When accepting a primary qualification as acceptable evidence we also require that it was taught and examined solely in English, including the clinical activities. This is to provide assurance that the applicant has practical experience of using English in clinical settings.

Proposal 3: Accepting previous registration in a majority English speaking country or supervised work experience in the UK.

Q4: Separately to considering where qualifications are gained, should we accept evidence of work experience in a listed country where English is spoken by a majority as their first language? Please explain your answer.

See our answer above. There are specific policy elements underpinning each type of evidence we accept, for example time periods. Our approach is similar to that described in your consultation document. We don't rely on the fact that someone is from a country or territory where English is the first and native language* alone. Applicants also need to provide evidence of having worked there for a minimum of two years.

* Our list of countries and territories where English is the first and native language is based primarily on a list held by the UK Visa and Immigration office setting - [Prove your knowledge of English for citizenship and settling: Who does not need to prove their knowledge of English - GOV.UK \(www.gov.uk\)](#) and [our experience of assessing language evidence from doctors](#). Note, the first and native language is not the same as the official language.

Q5: Separately to considering where qualifications are gained, should we accept evidence of work experience in the UK if this has been supervised by a registered health and care professional? Please explain your answer.

We have reservations about this proposal and feel more detail is required in relation to the areas:

- Whether health and care professionals would be appropriately trained and confident in language capability across the four domains to provide such assurance.
- The duration of work experience the applicant would have to undertake.
- Any knock-on impacts on fitness to practise referrals if the HCPC registrant supervisor did not complete the forms honestly.
- Consideration of power dynamic between the HCPC registrant supervisor and the applicant.

We do allow IMGs to demonstrate their knowledge of English if they have a [job offer](#) from a UK healthcare organisation. However, there are specific constraints to how and when this option can be used. Under our policy, the organisation must be a [designated body](#), and we require the senior clinical supervisor and the organisation's Responsible Officer to confirm the applicant has demonstrated the necessary knowledge of English. .

The RO's confirmation is central to the process as individuals in those roles have a separate legal duty to ensure that medical practitioners can practise in a safe and competent manner*. If an RO is not satisfied that an applicant meets the language requirements([English language reference form](#)), they can advise them to take the academic version of IELTS or the OET (medicine version).

Please see section below for test scores.

Proposal 4: creating a revised and exhaustive list of approved test providers

Q6: Do you agree with our proposal to expand our list of approved test providers? Please explain your answer.

Q7: In addition to our current approved providers, which test providers should we consider accepting as evidence of English language proficiency?

* [The Medical Profession \(Responsible Officers\) Regulations 2010](#) established arrangements for the introduction of ROs under the Medical Act 1983. The RO Regulations place responsibility on those individuals to be assured that doctors in their employment have the necessary knowledge of English in line with our guidance.

Q8: Should our list of approved tests be exhaustive?

Whilst we don't have views on which test providers would be most suitable for the health and care professions, we currently accept two internationally recognised tests of English language proficiency: the [International English Language Testing System \(IELTS\)](#) and the [Occupational English Test \(OET\)](#).

For us to accept an IELTS certificate, it must demonstrate:

- that the applicant took the academic version of the test
- that they achieved a score of at least 7.0 in each testing area and an overall score of at least 7.5
- that they achieved these scores in the same test
- that they achieved these scores in their most recent sitting of the test
- the original stamp and test report form number
- that the test was taken in person, in an authorised test centre

For us to accept an OET certificate, it must show:

- that they took the medicine version of the test
- that they achieved at least a grade 'B' in each testing area (speaking, listening, reading and writing)
- that they achieved those grades in the same test.
- their candidate number
- that they obtained the grades in their most recent sitting of the test.

General

Q9: Which of these statements would you most agree with?

1) Overall, these proposals provide greater assurance that applicants' proficiency in English is sufficient for them to practise safely and effectively

2) Overall, these proposals provide the same assurance that applicants' proficiency in English is sufficient for them to practise safely and effectively

3) Overall, these proposals provide less assurance that applicants' proficiency in English is sufficient for them to practise safely and effectively

1 - We think that your proposal to remove the option of self-declaration of English as a first language and introducing a range of other types of acceptable evidence to demonstrate language proficiency will provide greater assurance that applicants can read, write, speak and listen to the required standard to practise safely and effectively in the UK.

Q10: In addition to the equality impacts set out in the Equalities Impact Assessment, can you identify any further impacts relating to protected characteristics that we should consider? Protected characteristics consist of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, sex, sexual orientation. You may also consider other ways people's background might mean an adverse impact, for example if applicants are refugees or forcibly displaced people, or how their socio-economic status might affect things. Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

No. We would welcome the opportunity to see your final impact assessment.

11: Do you have any further comments to make about the proposals and information in the consultation?

We do not have any additional comments relating to your proposals but are interested in hearing about the final approach that your organisation adopts and any learning from your experiences whilst undertaking this review.