IELTS (academic version)

- Measures English language proficiency needed for an academic, higher learning environment
- Tests four skills domains (reading, writing, listening and speaking)
- Score in each domain and overall score
- Not pass or fail
- Scores are on a 9-band scale from 1 (the lowest) to 9 (the highest)
- Available in the UK and overseas
- Currently the only test of English language ability that the GMC will accept as evidence of English language ability
<table>
<thead>
<tr>
<th>Why did we commission the CRELLA study?</th>
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<tbody>
<tr>
<td><strong>The European context</strong></td>
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<tr>
<td>Developing proposals for language checks</td>
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<tr>
<td>EC concern about flexibility of approach</td>
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<tr>
<td><strong>GMC language test?</strong></td>
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<tr>
<td>GMC concern that we had no internal expertise</td>
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<tr>
<td>GMC concern: time and cost of development and maintenance</td>
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<td><strong>The market place?</strong></td>
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<tr>
<td>What do others do?</td>
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<td>What other products on the market?</td>
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## CRELLA’s methodology – mixed methods

| **Review** | • Identified what language tests other healthcare regulators rely on  
|           | • Scanned the global marketplace |
| **Shortlist** | • Produced longlist of 45  
|             | • Shortlisted 9 (against criteria) for detailed consideration |
| **Analysis** | • Comparative analysis: skill domains  
|             | • Benchmark ‘equivalent’ scores against our current IELTS scores |
The tests most widely used

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Tests</th>
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<tbody>
<tr>
<td>UK</td>
<td>IELTS</td>
</tr>
<tr>
<td>USA</td>
<td>IELTS</td>
</tr>
<tr>
<td>South Africa</td>
<td>IELTS</td>
</tr>
<tr>
<td>Ireland</td>
<td>IELTS and Cambridge Advanced</td>
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<tr>
<td>Australia and New Zealand</td>
<td>IELTS and OET*</td>
</tr>
<tr>
<td>Canada</td>
<td>IELTS and TOEFL iBT</td>
</tr>
<tr>
<td>Singapore</td>
<td>IELTS, OET and TOEFL iBT</td>
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</tbody>
</table>

GMC’s IELTS requirements are at the higher, more demanding end of the scale when compared with others’
Bench marking

**Short term**
- Study identified scores in *some* tests that could ‘reasonably be considered for acceptance’. Extending the range of tests has longer term consequences …

**Longer term**
- GMC would need to commission further research to set the standards (as in the Roehampton study)
- An empirical study to equate candidate scores indifferent tests is rarely feasible and is unlikely to be realistic possibility
Note of caution (1): apples and pears

- The comparative analysis ‘highlights clearly the extent to which the tests differ in terms of their content and approach, often in significant ways’
- The tests are structured and delivered in different ways
- Different approaches to scoring and score reporting
- Complex and not just a simple question of notional equivalence
- Policy considerations for GMC (summarised at final paragraph of page 13 of the Final Report). Are we equipped to answer these technical questions?
Note of caution (2): wider impact?

- Not just about entry to the medical register
- What are the implications for our fitness to practise procedures?
- Other regulators will be quick to follow.
The landscape has changed...

- Risk? UKVI has reduced its list of secure English language tests to two (IELTS included) following security concerns.
- Risk? UKVI will now only accept IELTS results from specified centres following security concerns.
- EEA doctors - powers enacted and procedure embedded.
- European Commission - no concerns.
- GMC’s efficiency and effectiveness agenda.
Efficiency and effectiveness

Implement
- System development
- SAP release
- £££ - standard setting
- Time to implement

Subsequent increases
- Further system development/maintenance
- £££ - more standard setting
- Time to react

BAU
- £££ - fitness for purpose reviews
Does the Board agree these propositions?

- IELTS is widely relied on by healthcare regulators. Given the cost, we should not develop our own English language test.

- IELTS compares favourably with other tests that CRELLA scrutinised. We should retain IELTS as a test of English language for the purposes of entry to the register.

- Only two tests are on the list of secure English language tests for immigration and visa purposes. One of these is IELTS. Extending our list of acceptable tests might expose us to patient safety risks.
Does the Board also agree these propositions?

- The European context is no longer a driver for changing our English language arrangements.

- Accepting other English language tests would have significant cost implications and could hamper our regulatory agility in future. We should therefore continue to accept only IELTS.

- Accepting OET (as it is specific to doctors) would undermine confidence in IELTS as a means to demonstrate English language ability for the purposes of entry to the register.
We are asking the Board to

- Discuss whether we should extend the list of acceptable English language tests
- Agree next steps, including updating Council