Evidence of English language skills: Guidance for European doctors applying for a licence to practise

Background

1 To practise safely in the UK doctors must have sufficient knowledge of English. This guidance will explain how European doctors can demonstrate their English language skills when applying for a licence to practice in the UK. It explains that any evidence submitted by an applicant will be considered and describes the factors the GMC will take into account when considering the evidence. It also details the types of evidence most likely to demonstrate that a doctor has the necessary knowledge of English to practise safely in the UK.

2 Our core guidance Good medical practice (GMP) states that doctors ‘must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK’\(^1\).

3 GMP also highlights a number of key reasons why it is essential that doctors have the necessary English 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 those close to the patient
- work collaboratively with other colleagues, and
- clearly and accurately record their work.

4 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 (published 2013, updated 2014) paragraph 14.1
Criteria for assessing English language evidence

5 An applicant can submit any evidence of their knowledge of English, however the Registrar has discretion as to whether to accept it as credible evidence. 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.

6 Where English language evidence or information is submitted we will consider it against the following tests. The registrar is more likely to accept the evidence if:
   a It is recent\(^2\), objective, independent and robust.
   b The evidence clearly demonstrates that the doctor can read, write and interact with patients, relatives and healthcare professionals in English.
   c The evidence can be verified by the GMC by way of reasonable steps\(^3\).

7 In circumstances where doctors submit evidence or information regarding English language proficiency that does not satisfy the Registrar, we will then seek and consider additional or alternative evidence.

When we will request evidence of knowledge of language

8 We set out below how we will apply the powers we have been given to request further evidence or information from European doctors\(^4\) to determine whether they

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\(^2\) 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. Research indicates that language proficiency deteriorates after two years if it is not used on a regular basis. An applicant can provide evidence that is older than two years, and this will be considered. Evidence older than two years old is more likely to be accepted if it is supported by additional evidence showing that the applicant has kept their English language skills up to date.

\(^3\) The evidence provided may include achieving the required 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 15 onwards.

\(^4\) 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.
have the necessary knowledge of English\textsuperscript{5}. Our legal powers are set out in Annex A below.

\textbf{9} Any evidence submitted by an applicant will be considered but the Registrar has a discretion whether to accept it as credible evidence.

\textbf{a} If we have confidence in a doctor's English proficiency based on the standard application process\textsuperscript{6} we are unlikely to seek further evidence. For example, if a doctor has a recent\textsuperscript{7} primary medical qualification (PMQ) that has been taught and examined in English\textsuperscript{8}, or the PMQ is from a country where English is the first and native language\textsuperscript{9} (e.g. Republic of Ireland) or a doctor has recent experience of practising in a country where English is the first and native language.

\textbf{b} If we have doubts as to a doctor's proficiency in English, further evidence or information will be requested and any evidence submitted will be considered.

\footnotetext{5}{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.}

\footnotetext{6}{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 the last five years, and details of medical and non-medical work experience over the last five years.}

\footnotetext{7}{See footnote 2}

\footnotetext{8}{By this we mean that the entire course was taught and examined in English. The Registrar is more likely to 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 or the medicine version of OET.}

\footnotetext{9}{The countries we currently accept as having English as a first and native language can be found here. Our list of countries is modelled on the UK Visas and Immigration department'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.}
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.

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 ask for further information in relation to knowledge of English.

11 We know that language skills start to deteriorate if they are not used regularly, so (subject to paragraph 9a) 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. However, these doctors can submit evidence to show they’ve kept their English language skills up to date.

12 If during the registration process a situation arises where a doctor requires the services of a translator or another person 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.

Types of evidence most likely to satisfy the Registrar

13 The Registrar will consider all types of evidence but retains discretion as to the evidence he/she accepts as credible evidence.

14 We review our English language evidence requirements on a regular basis to ensure they remain suitable and we give full consideration to new sources of evidence that can provide the necessary assurance of a doctor’s English language capability.

15 We have set out below the types of evidence most likely to satisfy the Registrar 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) with no less than 7 in each domain (speaking, listening, reading and writing). Or a recent overall grade of ‘B’ in the medicine version of the
Occupational English Test (OET) with at least a grade of ‘B’ in each domain. The scores must be achieved in one sitting of the test.

16 IELTS or OET are objective methods of demonstrating proficiency in English and are widely accepted by many employers, regulators and professional bodies.

17 We are aware that proficiency in English deteriorates after two years if it is not used on a regular basis. An applicant can submit IELTS or OET test scores that are more than two years old however the Registrar may exercise discretion and not accept it.

18 Evidence older than two years old is more likely to be accepted if it is supported by additional evidence showing that the applicant has kept their knowledge and skills up to date for example by having subsequently undertaken a postgraduate course of study which has been taught and examined in English, or evidence that they have been practicing medicine for at least the preceding two years in a country where English is the first and native language.

Evidence type 2:
A recent primary medical qualification (PMQ) that has been taught and examined in English.

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

20 An applicant may submit a PMQ meeting the above criteria which is not recent. The Registrar will consider this however the applicant is likely to need to submit additional evidence to demonstrate that they have kept their knowledge of English up to date.

12 Although an applicant can submit any evidence of their knowledge of English, the academic version of IELTS and the medicine version of OET are routinely accepted by the Registrar as acceptable evidence. We recognise that alternative language tests are becoming available and the Registrar will give full consideration to accepting suitable alternatives to IELTS or OET if he/she can be confident that these methods provide the necessary assurance of a doctor’s English language capability.

13 See footnote 8

14 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

15 See footnote 9

16 See footnote 2

17 See footnote 8

18 See footnote 8
such as: having subsequently undertaken a postgraduate course of study which has been taught and examined in English\textsuperscript{19} or evidence that they have been practising medicine for at least the preceding two years\textsuperscript{20} in a country where English is the first and native language\textsuperscript{21}.

\textbf{21} This evidence is more likely to be accepted if it is supported by references from all employers over the preceding two years detailing the doctor’s practice in English. This is more likely to provide the Registrar with assurance that the doctor’s experience of practising in an English-speaking medical environment is recent, and their language skills are up to date.

\textbf{22} The following are examples of what we mean by practice.

\begin{itemize}
  \item[\textit{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
  \item[\textit{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
  \item[\textit{c}] Signing any medical certificate required for statutory purposes, such as death and cremation certificates; and/or
  \item[\textit{d}] Prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners; and
  \item[\textit{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.
\end{itemize}

\textbf{Evidence type 3:}

A recent\textsuperscript{22} pass in a language test for registration with a medical regulatory authority in a country where the first and native language is English\textsuperscript{23}.

\begin{flushleft}
\textsuperscript{19} See footnote 8
\textsuperscript{20} See footnote 14
\textsuperscript{21} See footnote 9
\textsuperscript{22} See footnote 2
\textsuperscript{23} See footnote 9
\end{flushleft}
23 We will contact the medical regulatory authority to find out which language test was used and their requirements before accepting this evidence\textsuperscript{24}.

24 We will consider a pass in another regulator’s language test where it is older than two years but the applicant is likely to need to submit additional evidence to demonstrate that they have kept their knowledge of English up to date such as: having subsequently undertaken a postgraduate course of study which has been taught and examined in English\textsuperscript{25} or evidence that they have been practising medicine for at least the preceding two years\textsuperscript{26} in a country where English is the first and native language\textsuperscript{27}.

25 We will ask all employers over the preceding two years to provide original references detailing the applicant’s practice in English\textsuperscript{28}.

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

26 We will be more likely to accept this evidence if it is supported by:

- Written confirmation from the UK healthcare organisation that an offer of employment has been made.

- Confirmation that the healthcare organisation is a designated body\textsuperscript{29}.

- A structured English language reference completed by the appointing clinician 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.

- Evidence that the appointing clinician has sought confirmation from the Responsible Officer (RO) for the employing organisation that the RO endorses the recruitment processes the employer has in place to ensure that the applicant has the necessary knowledge of English to practise in the UK.

\textsuperscript{24} 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 or the medicine version of OET.

\textsuperscript{25} See footnote 8

\textsuperscript{26} See footnote 14

\textsuperscript{27} See footnote 9

\textsuperscript{28} See paragraph 22 for examples of what we mean by practice

\textsuperscript{29} Information about designated bodies and a list of UK designated bodies can be found here: \url{https://www.gmc-uk.org/help/list_of_designated_bodies.htm}
Annex A

What does the law say about English language requirements?

27 This guidance is made under s29G(2A) of the Medical Act 1983.

28 The GMC (Licence to Practise and Revalidation) Regulations Order of Council 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.

29 Regulation 3(1B) states that the Registrar must take account of guidance published by the General Council when determining whether a doctor has demonstrated the necessary knowledge of English.

30 The Registrar can appoint deputy and assistant registrars to act for him in any manner and as such, has delegated the functions outlined in this guidance.