

General Medical Council's consultation on making sure all doctors have the necessary knowledge of English to practise safety in the UK

Nursing and Midwifery Council response - 1 November 2013

- 1 The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery in the UK. We exist to safeguard the health and wellbeing of the public. We set standards of education, training, conduct and performance for nurses and midwives, and hold a register of those who have qualified and meet those standards. We have clear and transparent processes to investigate and deal with nurses and midwives who fall short of our standards.
- 2 We believe that public protection should be at the core of any changes to Directive 2005/36/EC *on the Recognition of Professional Qualifications*, with patient safety taking priority over the free movement of labour. Effective language and communication skills are integral to the safe practice of all healthcare professionals, regardless of the post they take up. We, therefore, strongly believe that language testing of EU trained health professionals as part of the recognition procedure is clearly in the interests of patient safety.
- 3 Assessing an individual's language proficiency is often dismissed as being a matter for employers, not regulators. This ignores the fact that many health professionals are independent practitioners who practise outside of the NHS and formal management systems. We think it is important that regulators have the power to carry out language tests of health professionals as part of the recognition process.
- 4 Revisions to the Directive make it possible for regulators to test a health professional's knowledge of English after they have recognised their qualifications, but before they provide them with the authority to practice. This has made it possible for the GMC to propose the changes to its legislation that have been set out in this consultation. The NMC's legislation does not allow us to differentiate between the act of recognition and the award of registration and we are, therefore, currently prohibited from pursuing a similar strategy for language testing EU applicants to the nursing and midwifery professions. We are in discussion with the Department of Health regarding options to enable us to introduce language testing where we have concerns as part of the transposition of the amended Directive.

Do you think it is fair and proportionate to require the same evidence of English language proficiency from European doctors as IMGs?

- 5 Yes we do as it will ensure a fair and consistent approach to the regulation of international and European doctors. It is important that European doctors are tested against the same standard as IMGs as it will ensure that they can demonstrate that they possess the standard of English that is required in order to be able to function competently and expertly in a degree holding profession and as a registrant.

Do you agree that we should not grant a licence to practise to a European doctor when they have been unable or unwilling to show they have the necessary knowledge of English to practise safely in the UK?

- 6 Yes we agree. It is our duty as regulators to ensure that only health professionals who meet our standards are eligible to practise.
- 7 We believe that it is fair that doctors who have been unable or are unwilling to show they have the necessary knowledge of English will be able to remain on the GMC's register and to make a new application for a licence to practise only once they are able to demonstrate their knowledge of English. Furthermore allowing such applicants to remain on the register (although not holding a licence) would meet the requirements of the EU legislation on recognition of qualifications.

Do you agree that it is fair and proportionate to be able to ask doctors who have no responsible officer or suitable person to demonstrate they have the necessary knowledge of English where we have a concern, as part of their revalidation?

- 8 Yes we agree. The purpose of revalidation is to ensure that health professionals have the knowledge and skills to continue to practise safely. Effective language and communication skills are integral to the safe practice of all healthcare professionals and where there is a concern, demonstration of its proficiency is as important as the demonstration of other knowledge and skills. We would see this as a proportionate and evidenced approach.

Do you agree that if there is a serious concern about a registered doctor's knowledge of English, we should have the power to require a doctor to undergo a language assessment?

- 9 Yes we agree.

Do you agree that doctors should pay the cost of a language assessment where there is a relevant fitness to practice concern?

- 10 Yes we do. We think it is important that a consistent approach is taken to European doctors and international medical graduates (IMGs). We do not feel that it would be fair to expect UK registrants to shoulder this cost.

Do you agree that 90 days is a reasonable time period for doctors to comply with a direction to undertake a language assessment?

- 11 Yes we agree. As above, we believe that a consistent approach should be taken for doctors for European doctors and IMGs..

Do you agree that we should be able to indefinitely suspend doctors who fail over time to acquire the necessary knowledge of English to safely treat patients in the UK?

- 12 Yes we agree. Indefinite suspension would be the most serious outcome and will only be considered when other options have been exhausted. In cases where a doctor's English has not improved, this would be the only option to enable public protection to be maintained.

Do you agree that we should be able to ask doctors to undergo a language assessment when they apply to be restored to the register if there is a concern about their language skills?

13 Yes we agree.

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