

# English language requirements

A public consultation

2022

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# 1. About us

We are the UK's independent regulator of more than 758,000 nursing and midwifery professionals. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions.

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. Our core role is to **regulate**. To regulate well, we **support** our professionals and the public. Regulating and supporting our professionals allows us to **influence** health and social care.

We value the commitment and dedication of international professionals on our register who make a crucial contribution to nursing and midwifery in health and social care settings across the UK. We are committed to supporting international applicants who have the right knowledge and skills to achieve their ambition to join our register safely and thrive once registered.

## 2. Why are we consulting?

Of all health and care professionals, nurses, midwives and nursing associates spend the most time with people who use health and care services. They must be able to communicate effectively in English to provide safe, high quality, person-centred care.

Internationally trained professionals on our register make a crucial contribution to nursing and midwifery in health and social care settings across the UK. From 1 April 2021 to 31 March 2022 we registered 23,408 professionals trained outside the UK, representing 48 percent of all new joiners. In **our strategy** we commit to continuing to improve the support we provide to our international applicants and those supporting them. This includes how these applicants can demonstrate their English language competence.

This consultation is about ensuring our English language requirements remain fair and proportionate. It is an essential part of our public protection role that we assure ourselves that everyone joining our register can communicate effectively in English, and that we uphold our legal duty to ensure registrants are competent in English language as outlined in our Order.<sup>1</sup>

We also intend to ensure that there are no unnecessary barriers to allowing applicants who are capable of safe and effective practice as a nurse, midwife or nursing associate to join our register, no matter where they trained or how they became competent in English.

Throughout the first half of 2022 we reflected on our current English language requirements, collected evidence and reviewed stakeholder feedback. We would now like to seek your views on whether we should make three specific changes to our English language requirements:

- test scores
- employer references
- post-graduate qualifications.

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<sup>1</sup> Article 9(2)(ba) of the **Order** requires all applicants for registration to satisfy the Registrar they have the necessary knowledge of English. Article 5A requires the NMC to publish guidance about the process for applicants and “the evidence, information or documents” needed to demonstrate they have the necessary knowledge of English. Schedule 4 of the Order defines this as “knowledge of English which is necessary for safe and effective practice of nursing, midwifery in the United Kingdom or as a nursing associate in England”. Article 3(14) of the Order requires us to consult on any changes we make to our guidance.

More information about our proposals is below.

Our consultation will run from 17 June 2022 until 12 August 2022. This will provide an opportunity for the public, professionals, applicants, employers, unions, education institutions, and other stakeholders and representative groups to comment and provide feedback on our proposed changes. We are particularly keen to hear from people who have experience of our international recruitment processes, especially international registrants and applicants.

Our English language requirements are a key part of our broader set of **international registration** requirements that international applicants must meet. This consultation will not look at these wider requirements. However, we are keen to understand what further support we can provide international applicants to our register.

## 3. Our current requirements

Our current English language requirements ensure that the public can expect nurses, midwives and nursing associates on our register to have the knowledge of English that is necessary for safe and effective practice. They set out how all applicants have the same three ways to demonstrate their language competence, through either training in English, regulated practice in English or a language test.

Our current English language guidance has two elements: the criteria we will use to assess evidence, and the types of evidence that meet these criteria.

Applicants must be able to demonstrate English language competence across four domains:

- reading
- writing
- listening, and
- speaking.

We will only accept evidence of English language competence if it meets the following criteria:

- It must be recent, objective and independent.
- It must clearly demonstrate that an applicant can read, write, communicate and interact with people who use services, patients, their families and healthcare professionals effectively in English as a nurse, midwife or in a role comparable to that of a nursing associate.
- We must readily be able to verify it.

At present, three types of evidence meet these criteria:

- A pre-registration nurse, midwife or nursing associate programme that was taught and examined in English. This programme must have included at least 50 percent clinical interaction, and at least 75 percent of the clinical interaction must have been with people who use services, patients, their families and other healthcare professionals took place in English.
- Recent practice for one year in a majority English-speaking country.<sup>2</sup>
- Recent achievement of the required score in the International English Language Testing System (IELTS) or in **one of the other English language tests accepted by the NMC** (currently the Occupational English Test (OET)). Applicants must achieve the required score in reading, writing, listening and speaking.

<sup>2</sup> See our list of accepted English speaking countries: <https://www.nmc.org.uk/globalassets/sitedocuments/registration/accepted-english-speaking-countries.pdf>. We maintain and update our list on a regular basis.

Applicants trained in the UK are able to demonstrate their competence via having been taught and examined in English, as are applicants trained in a **majority English-speaking country**. Most applicants trained outside the UK demonstrate their competence by achieving the necessary score in one of the two language tests we accept.

Where the evidence applicants submit is not clear we refer them to an Assistant Registrar (AR) who has discretion to accept evidence not specifically listed as long as it meets the criteria set out above. If the AR is not able to accept this evidence the applicant is asked to take one of our approved language tests. Applicants have the right of appeal to a registration appeal panel (RAP) who can accept any evidence presented as long as it meets the criteria set out in the guidance.

## 4. The current review

We have reviewed our English language requirements several times since 2003, with our last review taking place in 2019. Since the 2019 review we have seen an increase in the number of international registrants on our register. We have also received feedback from stakeholders that we could provide more flexibility for international applicants to join our register while continuing to ensure public protection. Given the rise in the number international registrants and this feedback, the time is now right to consider if our current requirements need to be updated.

The aims of the current review are to:

- understand the reasons why some applicants struggle to meet the language requirements we set and ensure we have requirements that are fair and proportionate
- develop a clear evidence base so we have confidence that any changes we make will not put the public at risk
- explore the contribution that employers' support can make.

This review is an opportunity to further our aims and objectives under the Public Sector Equality Duty (PSED) and deliver a fair, flexible and objective process. The PSED names the NMC as one of the regulators that must:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups.

### Consultation timeline

Since January 2022 we have established the evidence base for this review (see next page) and developed our policy options. Internally, we have reviewed and refreshed our existing literature review and developed our new Equality Impact Assessment (EQIA). We have also brought in others' expertise. We have established an External Advisory Group (EAG), commissioned OET to carry out a standards setting exercise and commissioned research from the Centre for Research in English Language Learning and Assessment (CRELLA) on our language testing criteria.

This work informed the options we have considered, and we have commissioned an external partner **Britain Thinks** to carry out this consultation on our behalf. After the consultation we will make final proposals to our Council at its September meeting so we can begin to implement any changes from October 2022.

We plan to engage with as many people as possible during this eight-week consultation, which will run from 17 June 2022 until 12 August 2022. We will be holding webinars and engagement events moderated by our consultation partner Britain Thinks to collect views and comments on our proposals from as wide an audience as possible.

## The evidence base

### Language tests

We accept two language tests as evidence of someone's ability to communicate effectively in English: the International English Language Test System (IELTS) Academic and the Occupational English Test (OET). In the last year alone, 94 percent of the 23,408 internationally trained professionals we registered have successfully passed an approved English test to demonstrate they meet our language requirements.

We currently accept an overall score of 7 in the academic version of IELTS. IELTS tests reading, writing, listening and speaking. Applicants must achieve a score of no less than 7 in reading, listening and speaking, and no less than 6.5 in writing. They may provide two IELTS test certificates to meet the above requirements, but must not have scored below 6.5 in any categories in either of the test sittings and must take the two test sittings within six months of each other.

We also accept an overall score of B in the OET exam. OET tests reading, writing, listening and speaking. Applicants must achieve a score of no less than B in reading, listening and speaking, and no less than C+ in writing. They may provide two OET test certificates to meet the above requirements, but must not have scored below C+ in any categories in either of the test sittings and must take the two test sittings within six months of each other.

Both these standards map to Common European Framework of Reference (CEFR) scale C1 – a 'proficient' user (CEFR is a set of widely used benchmarks for language ability).

Our research team has carried out a **literature review** looking at how other regulators set standards for language tests and what tests they accept. This has shown us that our approach to setting the acceptable standard for our language tests broadly aligns with practice both in the UK and internationally.

We also asked OET to conduct a **standard setting review** on the domains of reading, listening and speaking (a similar exercise was carried out on writing in 2019). They worked with a diverse panel of people with relevant knowledge and experience of professional practice in the UK, including international recruitment leads, clinical educators and UK and internationally trained professionals.

In the panel's judgement the current standards for reading and listening are set at the minimum acceptable level. However, for speaking the panel arrived at a recommendation of an OET scaled score of 320 (C+), which for IELTS is between 6.5 and 7.0. The report suggests that we consider further evidence with regard to this skill in order to ascertain what the appropriate level might be.

Our literature review also found that there are tests that other regulators accept that we do not currently accept. We commissioned the Centre for Research in English Language Learning and Assessment (CRELLA) at the University of Bedfordshire to help advise how we might expand the range of tests we accept fairly. Their initial view is that our criteria for assessing the tests we accept are appropriate but that we could provide greater clarity on how they can be achieved. We will take this feedback on board and review the supporting material for our criteria, but we do not propose to consult on any changes to these criteria.

## Stakeholder feedback

We know that some people have concerns about our current approach, and we are grateful to everyone who has taken the time to engage constructively with us on this issue to date. We held a listening event in November 2021 to hear the personal experiences of people with direct experience of applying to join our register and their suggestions for change. This was a powerful start to the review.

We presented to our Public Voice Forum in March 2022 to build our understanding of the importance the public and people who use services place on English language competency. The Forum overwhelmingly agreed that proficiency in English was vital for our registrants and that we should continue to assess the four language domains. They flagged the limited time available for patient-professional interactions, exacerbated by the pandemic and move to remote consultations, which makes good communication skills essential.

Feedback from the Forum suggests that we should be cautious before changing our current standards for any of the language domains as attendees gave numerous examples of how they are all vital for safe and effective care.

## External Advisory Group

We have established an External Advisory Group (EAG) to help inform our consultation approach. The EAG is made up of a wide range of stakeholders to ensure we hear directly from those most affected by our English language requirements. This includes groups representing international professionals, employers, unions, and representatives from the four nations. We held the first meeting of the EAG in April 2022. Overall, from discussions it is clear there is an appetite for change but there are mixed views and no clear consensus at this stage. An important point that was made repeatedly is the need for us to consider multiple sources of assurance for each evidence type we accept.

# Consultation proposals

We know that some people can struggle to pass our language tests, despite re-sitting them several times and having spent time working in a non-registered role in health and care in the UK (Evidence Type 1 in our guidance). We also know that people who were taught in English in a non-majority English language speaking country can struggle to verify that their clinical interaction during training was in English (Evidence Type 2). We set out below our proposals to try and address some of these issues, and the associated consultation questions.

## Employer references

Some other UK healthcare professional regulators accept employer references to support evidence of English language proficiency. For example, doctors applying for registration with the General Medical Council can provide the following types of employer references:<sup>3</sup>

- A doctor who has been practising in a country where English is the first and native language can provide a reference completed by their supervising consultant over a two year period immediately preceding the date of application.
- A doctor who has an offer of employment from a UK healthcare provider can provide a reference completed by the appointing clinician and endorsed by a responsible officer for the organisation, confirming their English language proficiency.

We propose accepting an employer reference as supporting evidence of English language proficiency for two evidence types:

- Qualification (Evidence Type 2): we are proposing to allow applicants who trained in English but in a non-majority English speaking country to use an employer reference as evidence of their clinical interaction skills. They will still need to provide evidence that their training and assessment was in English (for example via verification from their education provider).
- Language tests (Evidence type 1): we are proposing to allow applicants who do not achieve the required score by 0.5 of an IELTS score on one of the four domains, or by half a grade of an OET score on one of the four domains, to support their test scores with an employer reference.

The applicant would need to have worked for at least one year within the last two years in non-registered practice in a health and social care setting in the UK. This mirrors our existing requirements for applicants who have practised overseas (Evidence Type 3). The reference would need to show that the applicant has sufficient English language proficiency across the reading, writing, listening and speaking domains and that the applicant can interact in English with people who use services, patients, their families and other healthcare professionals.

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<sup>3</sup> <https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english/using-confirmation-from-your-employer>

Some stakeholders have expressed concerns about whether an employer reference meets our criteria that evidence must be objective and independent. To ensure accountability we are proposing that the employer referee must be:

- an employee in the same organisation as the applicant so they have direct experience of the applicant's English language competence
- a registrant so they understand nursing and midwifery, practice in accordance with our Code and are accountable to the NMC
- in a leadership role.

A senior registrant, also at the same employer, would need to countersign the reference to support its objectivity.

We are keen to seek views on how an employer reference could work for primary and social care settings where applicants to our register may not be working regularly with professionals on our register, and for smaller organisations that may have different governance structures from larger employers.

We are also keen to hear how we can ensure that the reference provides appropriate evidence that an applicant is capable of safe and effective clinical interaction in English.

Here are some topics that respondents might like to consider when answering our consultation questions:

- Should applicants be working at a particular level (for example NHS Agenda for Change Band 4 or equivalent)?
- What level should the referee and co-signatory be in the organisation?
- Are there any external organisations that can give us assurance as to the systems for signing off references?

### Consultation questions:

Please tell us the extent to which you agree or disagree with the following elements of our proposals:

- Accepting employer references as supporting evidence for those missing scores by 0.5 or half a grade as relevant.
- Accepting employer references as supporting evidence for those trained in English but in a non-majority English speaking country.
- Applicants using an employer reference must have worked for at least one year within the last two years in non-registered practice in a health and care setting in the UK.
- Referees must work at the same organisation, be a NMC registrant and in a leadership role.
- A senior registrant, also at the same employer, must countersign the reference.

If we were to accept employer references, how could we ensure that they consistently provided appropriate evidence of an applicant's ability for safe clinical interaction in English?

Do you have any other thoughts that you would like to share about the proposals on the role of employer references as evidence for English language proficiency?

The current proposal is based on using employer references as supporting evidence for candidates alongside other factors (for example, training in a non-majority English speaking country). How comfortable would you feel if employer references (as detailed earlier in this section) were used alone as proof of English language competence?

## Post-graduate qualifications

We know that people go on to develop their skills and knowledge through further training in English. We propose accepting post-graduate qualifications taught and examined in English in a majority English speaking country as evidence of English language proficiency, provided it is clear that the qualification meets our **criteria**.

We are also interested in views on whether we can accept qualifications outside the disciplines of nursing and midwifery and whether doing so is sufficient to ensure public protection. We are also interested in whether a post-graduate qualification can be a standalone piece of evidence or whether it should only be supplementary, for example if an applicant just fails to meet the required scores for a language test.

### Consultation questions:

Please tell us the extent to which you agree or disagree with the following elements of our proposals:

- Accepting post-graduate qualifications taught and examined in English as supporting evidence for those missing scores by 0.5 or half a grade as relevant.
- Accepting post-graduate qualifications taught/examined in English as supporting evidence for those trained in English but in a non-majority English speaking country.

Do you have any other thoughts that you would like to share about the proposals on the role of post-graduate qualifications as evidence for English language proficiency?

The current proposal is based on using post-graduate qualifications as supporting evidence for candidates alongside other factors (for example, training in a non-majority English speaking country). How comfortable would you feel if post-graduate qualifications outside the disciplines of nursing and midwifery that are taught and examined in English were used alone as proof of English language competence?

## Test combining and scores

One type of evidence we currently accept is recent achievement of the required score in one of the English language tests we accept. Applicants can combine two test scores as long as they are taken within six months of each other. To support international applicants to achieve all the elements of the international application process, we are considering extending the period within which the two tests have to be taken to one year. We feel that this extension should increase flexibility without compromising safety.

The OET standards setting exercise indicated a potential reduction in the score we accept for the speaking domain in language tests, but recommended that we take into account other evidence. No other sources of evidence support this change, and the feedback from the Public Voice Forum highlighted the importance of the speaking domain. We therefore do not propose consulting on this option.

### Consultation questions:

Please tell us the extent to which you agree or disagree with the following elements of the proposal:

- Extending the period someone can combine test scores from 6 to 12 months.
- Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6).
- Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C).

We don't propose changing the overall score we require for language tests. Can you please tell us the extent to which you agree or disagree with the following:

- Maintaining an **overall** pass score of 7 on IELTS.
- Maintaining an **overall** pass score of 'B' on OET.

Do you have any other thoughts that you would like to share about the proposals on IELTS and OET English language proficiency test score acceptance thresholds?

## Equality impact

It is essential that everyone who applies to join our register demonstrates their English language competence. Our requirements must be a necessary, proportionate, and lawful way for us to achieve our statutory duty to protect the public. However, this can be less straightforward for people who trained outside the UK and people who trained in countries where English is not a majority language.

As part of our review we have developed a new EQIA to understand the impact of our current English language requirements and potential future policy developments on different groups. We are working with stakeholders from a wide range of communities to co-create these proposals and reflect the lived experiences of registrants and applicants. This consultation will be another opportunity for us to engage with diverse voices and audiences to enable us to better understand the equalities impacts of our English language requirements.

Having analysed the feedback and evidence we have received to date, we think there is more we can do to be flexible in the types of evidence that we accept while maintaining confidence that everyone on our register has the necessary English language competence to provide safe, effective and kind care.

**Consultation questions:**

Considering what you have read today, would you like to share any thoughts about how these proposals could impact individuals based on their protected characteristics?

**Other areas to consider**

We are also interested to understand if there are any other evidence types we should accept for English language proficiency and if we should consider different requirements for each profession we regulate.

**Consultation questions:**

Should the standards we set for English Language proficiency be the same across the three professions the NMC regulates?

Is there anything else that you would like to share about English language proficiency and the proposals shared by the NMC that you have not been able to so far?

## 5. How to respond to our consultation

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You can respond via the following link:

[www.nmc.org.uk/registration/joining-the-register/english-language-consultation/](http://www.nmc.org.uk/registration/joining-the-register/english-language-consultation/)

We recommend you read our full **English language guidance**, which sets out our requirements in more detail, before responding to the questions.

If you can't submit your response using the online survey, please contact us at [consultations@nmc-uk.org](mailto:consultations@nmc-uk.org) for an alternative format. You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. These show us if we have engaged with a diverse and broad range of people. We will analyse responses on behalf of organisations separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name, which means you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

Our consultation will run from 17 June 2022 until 12 August 2022. We won't include any responses we receive after this time in the analysis of the consultation responses.

## 6. What we will do next

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Our consultation will close on 12 August 2022. We are working with an external delivery partner who will analyse the findings from this consultation alongside qualitative engagement work with stakeholders. They will produce a consultation report outlining the themes raised and key learnings. We will also use the information provided in the consultation to input into our EQIA and data protection impact assessment (DPIA). Based on all of our engagement and evidence we will then ask our Council to consider recommendations on our future English language requirements.

Our plan is for our Council to consider the outcome of this consultation alongside other relevant information at its meeting on 28 September 2022. We intend to begin implementing any changes to our requirements from October 2022. We will also update our English language requirements guidance.

We will continue to work with our External Advisory Group (EAG) to consider the evidence we receive through this consultation and post-consultation to develop new requirements.