
Consultation document

Consultation on English language proficiency

October 2023

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Foreword

This consultation document sets out proposals for changing our policy on the types of evidence of English language proficiency that we accept from people applying to join our register through our international registration route.¹

The purpose of this consultation is to ensure our approach is robust, clear and fair. In consulting we are seeking to ensure any new requirements:

1. support registrants to meet our Standards and do not compromise on safety and high-quality care for service users;
2. continue to support internationally trained professionals to bring their talent, skills and experience to the UK;
3. consider applicants fairly and based on objective criteria, preventing discrimination in respect of their backgrounds or protected characteristics; and
4. Are comparable with those of other regulators where possible.

The proposals in this document would apply to future applications we receive via the international route. If our proposals are accepted, they would not affect professionals who have satisfied our current requirements and already entered the register, or those who meet our [readmission requirements](#). The proposals will not change our Standards of proficiency or the level of English language proficiency we require.

We are grateful to everyone who has helped to shape the proposals via our engagement work. It has provided valuable insights into the current approach, the options for change and the potential impacts on applicants. Our pre-consultation work has been integral to our understanding of the needs and views of professional bodies, employers and educational institutions.

We encourage all interested stakeholders and individuals to formally respond to this consultation, and to take part in the engagement events we are planning. Following the consultation period, finalised proposals will be presented to Council for their consideration.

The consultation will run for 13 weeks from 16 October 2023 to 19 January 2024, and is available to answer [here](#).

¹ Excluding the Swiss Mutual Recognition (SMR) route.

Introduction

About the Health and Care Professions Council (HCPC)

HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- acting if professionals on our Register do not meet our standards; and
- acting to stop unregistered practitioners from using protected professional titles.

As part of our regulatory function we are responsible for maintaining the integrity of our register and making sure that people who join it can practise safely and effectively, as set out in our [Standards of proficiency](#) and [Standards of conduct, performance and ethics](#).

Why we are consulting

Our legislation² sets out our legal powers and duties regarding English language proficiency for international applicants. Our [Standards of proficiency](#) also require that all those on our register must be able to communicate in English to the required standard for their profession.

It has been some time since we reviewed our English language proficiency requirements and we think that it is appropriate to do this now, particularly in light of an increasing number of international applications to join our register, and to stay in alignment with contemporary circumstances, such as changes to examination providers or processes. We are also aware that other health and care regulators have recently updated their English language proficiency requirements. We think it is important that we learn from peer organisations and that we ensure consistency between regulators wherever this is practical and helps to protect the public.

A key element of our current international application route is that we allow applicants to make a self-declaration of English being their first language and as

² See the Health and Care Professions Order 2001 and The Health and Care Professions Council (Registration and Fees) Rules 2003: consolidated legislation available [here](#).

evidence of their proficiency. Research undertaken to develop these proposals has identified that we are unique among health and care regulators in allowing this mode of evidence to demonstrate proficiency.

As well as aligning our approach with other regulators, we believe that the changes we are proposing will ensure we continue to maintain strong public protection, and the application route is administered in a clear and fair manner.

The proposals put forward in this consultation aim to emphasise the role of objective standards of evidence in our international registration process, but also to widen the choices available to applicants for evidencing their English language proficiency. We are also aiming to reduce unnecessary administrative burdens for applications as far as reasonably practicable.

Our current approach to English language proficiency

The [standards of proficiency](#) for all but one of the professions we regulate require registrants to be proficient to level 7 (or equivalent) of the International English Language Testing System (IELTS), with no element below 6.5. The requirement is higher for Speech and Language Therapists, who need to have an IELTS level 8 (or equivalent) with no element below 7.5. For the Test of English as a Foreign Language (TOEFL), the minimum scores are 100/120 and 118/120 respectively.

We ask all international applicants to confirm their English language proficiency. However, those applying through the [Swiss mutual recognition \(SMR\)](#) route do not need to provide proof of their English language proficiency unless they are applying for registration as a speech and language therapist.

In the first instance our online process for international applicants using the non-SMR route asks them to declare whether English is their first language. Applicants are advised they must only answer 'Yes' if it is the main or only language that they use on a day-to-day basis. Having studied English or undertaken higher education that was taught in English is not sufficient for an applicant to claim that English is their first language.

When English is not an applicant's first language, they are required to provide certified evidence of a completed English language proficiency test which demonstrates they meet the minimum required levels for the profession they are applying to practise in, in the UK. An applicant will not be accepted for registration with us until they can meet this requirement.

At present we approve two tests, the IELTS test (either the academic or general test), and TOEFL (an internet-based test which cannot be undertaken in the UK).

Applicants may choose to undertake a different test from these two. However, if they choose this option, the alternative test certificate must be accompanied by a statement from the test provider which confirms that the result achieved is comparable to the required IELTS level set for the relevant profession. More information on our requirements is available [here](#).

Our proposals

Our proposals have been developed in collaboration with HCPC's International Registration team and have been subject to extensive pre-consultation engagement with stakeholder groups, including professional bodies, employers and educational institutions, for whom we conducted informal information sessions and survey activity around some draft proposals.

We also carried out internal engagement with our Education and Training Committee, Professional Bodies Forum, and Equality, Diversity and Inclusion (EDI) Forum, and used their feedback to shape the proposals.

Our aims in drafting these proposals have been to:

- address any areas of potential risk in our current approach;
- ensure that we continue to maintain public confidence in our processes;
- make sure that any proposals we put forward include clear and fair criteria for the evidence we can accept to demonstrate English language proficiency; and
- where possible, limit additional burdens on our international applicants and consider impacts on application processing times.

We have outlined the proposals in detail below:

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

We propose that the option for international route applicants to declare that they speak English as their first language is removed, to be replaced with a list of qualifying countries (see Proposal 2).

In making this proposal, we believe that replacing the self-declaration option would make international registration more robust, especially in respect of the increased availability of more objective assessments that focus on an applicant's language capabilities.

We have not identified high numbers of registrants in Fitness to Practise proceedings who have been referred due to English language related complaints. However, the use of self-declaration in this area presents a risk that we think our proposals would address.

As part of our work, we have carried out an [Equality Impact Assessment \(EIA\)](#) on our proposals. We recognise that our proposed changes may negatively impact those applicants who would previously have been able to self-declare but must now use other routes. It could mean that more people would need to sit tests, and we appreciate that the cost of sitting a test could have impacts for people with one or more protected characteristics. Despite this, we feel that moving away from a self-declaration model for assessing English language proficiency is a necessary part of making sure our system is robust and continues to ensure public protection.

We anticipate, however, that our proposal to remove self-declaration will also lead to positive benefits for applicants, including for the following reasons:

- Self-declaration based on first language excludes applicants who may be able to practise safely and effectively in English, but whose first language is not English. For example, applicants who apply from Ireland have undertaken a degree in English and live in a country where the vast majority of people speak English but would not be able to rely on this fact if they spoke Irish (or any other language) as a first language.
- Similarly, for applicants from majority English speaking countries such as New Zealand and Australia, self-declaration may disadvantage second generation immigrants who do not speak English at home, but have studied in English and live in a country where the vast majority of people speak English in daily life.

In consideration of the potential negative impacts on applicants we are proposing new arrangements that aim to mitigate these impacts as far as practicable. This includes measures outlined in the proposals below which aim to provide a range of options in addition to taking a test of English language proficiency. We have also considered other possible mitigations for how we might implement changes, which we will consider in line with our EIA and in response to consultation feedback.

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.

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

Instead of self-declaration, we propose that one way we allow applicants to demonstrate their English language proficiency will be by providing proof of a primary qualification (i.e., the main academic or vocational qualification required to enter the professional role in question) taken in a country where 75% or more of people speak English. Using third-party evidence, we would maintain a list of qualifying countries where 75% of the population use English as their main language.

If an applicant meets this criterion, there would then be no requirement for them to submit a test score or provide further evidence. Applicants who earned their primary qualification in a listed country could use this as evidence of their proficiency in English, regardless of whether it is their first language.

It is important to note that the applicant's country of citizenship, residence or birth, would be irrelevant in assessing their English proficiency. Where an applicant has completed a primary qualification in a listed country, this would serve as evidence of their proficiency, regardless of the country where they were born or live at the time of their application.

This would offer a route to joining the register that is evidentially robust as it rests on demonstrable proficiency, i.e., an applicant's ability to complete study in English. They will also have trained in health and care systems where English is the predominant language used. We believe that any impacts from reducing the numbers of applicants being able to self-declare would be offset by the numbers of people who would be encouraged to apply under this new arrangement. In addition, this would align HCPC's English language proficiency requirements with those used by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), which both maintain a list of this kind.

We are proposing 75% as the metric to align with the list used by the [NMC](#) in their recent changes. However, we are aware of other methodologies and lists, for example those used by the [UK government](#) or the [GMC](#). We would therefore welcome any views on whether we should opt for a different methodology in light of the different professional groups that we regulate.

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?

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.

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

We understand that if we remove the ability to self-declare, we will be requiring some applicants to take tests who are not currently required to do so. We also recognise that taking tests can be expensive and time consuming.

We therefore want to ensure we offer as many routes as possible for international applicants. To achieve this, we are proposing that where an applicant does not have a qualification from a listed country, they could:

- a) provide evidence that they have worked in a regulated health or care profession in a listed majority English speaking country, or;
- b) provide evidence of work experience in the UK. This evidence would be supported by a certificate of supervision provided by a HCPC registrant or a registrant with another statutory regulator in the health and care sector.

Outside of the UK, this experience would have to be in a regulated role in the listed country, and proof of their registration would be required, including that proficiency in English was a requirement to join that register. Membership of a professional body would not count as proof of registration.

The applicant would have to have been registered to work in the listed country for at least 12 of the previous 24 months and have spent this time period working in a role that required them to draw on their professional knowledge, skills and experience.

This proposal would also allow a route to registration for international registrants who have not passed a test, whilst maintaining a requirement for them to show that they have achieved an acceptable level of English proficiency in line with our Standards of proficiency.

Inside the UK, applicants would be able to use their work experience in an unregulated role as long as:

- The role draws on the knowledge, skills and experience of the profession they are intending to apply for, including interaction with service users.
- The role is supervised by a HCPC registrant who is registered on the same part of the register as the applicant is applying for.

The applicant would need to provide evidence from their supervisor of their proficiency in English, using the template provided by HCPC for this purpose.

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.

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.

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

Under this proposal we would continue to accept internationally recognised tests of English language proficiency but would expand our list of approved test providers. This would increase the options available to applicants wishing to take an approved test.

Currently we accept two tests, the International English Language Testing System (IELTS) and the Test of English as a Foreign Language (TOEFL), but under the proposal, we would consider adding more tests to our 'approved' list, for example the Occupational English Test (OET).

We are seeking views on this proposal and would also welcome recommendations for additional testing systems that could be included in an 'approved list'. Any new tests added must be evidentially robust in how they are administered and authenticated, and should be widely available and accessible.

We are also asking for views on whether we should make this list exhaustive, so that only tests on the list of approved providers would be acceptable to demonstrate proficiency. This would mean that we remove the option for applicants to submit a test from a provider other than IELTS or TOEFL when accompanied by a certificate of equivalence from that provider. However, it would also minimise the burden that people currently face when they need to provide us with evidence that their non-approved test is equivalent to our pass requirements.

We believe that widening the range of tests we accept should help mitigate any impact resulting from removing the option for self-declaration, as well as increasing choice and creating clarity about our requirements for international applicants. Our initial research has shown several viable test providers that could be added to a list, so there is a clear opportunity to make an improvement. However, any changes to our approach will be contingent upon the quality, availability and accessibility of a new test.

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?

Q8: Should our list of approved tests be exhaustive?

General views on our proposals

We are also seeking views on the combined effect of our proposals.

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.

Equality Impact Analysis

We have provided a draft [Equality Impact Assessment \(EIA\)](#) for the proposals as a separate document.

We strongly encourage respondents to read both documents before submitting a response. We will issue a revised EIA following analysis of responses to this consultation.

Q10: In addition to the equality impacts set out in the Equality 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 in which people's background might mean lead to 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?

List of consultation questions

HCPC currently allows applicants to the register using our international route to self-declare that they speak English as a first language. We are proposing that self-declaration of English as a first language is removed and replaced.

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.

As the replacement to self-declaration of English as a first language, we propose an option to evidence proficiency which is based on studying and gaining professional qualifications from a list of majority English-speaking “qualifying countries”.

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?

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 would like to know about your views on the value of registration and work in the proposed listed countries in supporting applicants’ proficiency in English.

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.

We are also proposing that we accept supervised work experience in the UK as an option to evidence proficiency:

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 social care professional? Please explain your answer.

We are considering changes to our list of approved test providers, for example including the Occupational English Test (OET) and potentially other providers. This would mean adding tests from additional providers to our list of approved tests.

We would maintain the current levels of proficiency we require from applicants joining the register, so there would be no change to the level of English required. After expanding the list, we would no longer accept tests from outside the list.

Q6: Do you agree or disagree 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?

Q8: Should our list of approved tests be exhaustive?

We would value your view on the combined effect of our proposals.

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

Please give us your thoughts on our Equalities Impact Assessment and any other impacts you anticipate, if any.

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?

Do you have any general comments on our proposals? Are there any other options, issues or obstacles we should consider?

Q11: Do you have any further comments to make about the proposals and information in the consultation?

How to respond

Please respond using our online platform

Whether you are a registrant, service user or are responding on behalf of an organisation such as a professional body, employer or trade union, we welcome your views on our proposals for English language proficiency requirements for international applicants. Your feedback will be used to develop the proposals before their final publication.

To [respond to this consultation](#) and find out more information please [visit our website](#). We encourage responses from all interested parties.

This consultation will close at 23:59 on Friday 19 January 2024.

If you are unable to respond using the online platform, or would like a version in Welsh or in an alternative format, please email consultation@hcpc-uk.org or write to:

Consultations
Health and Care Professions Council,
Park House, 184-186 Kennington Park Road
London, SE11 4BU

Next steps

Following the consultation, we will analyse all responses and make any necessary changes to the proposals. Our Council will then discuss the revised proposals.

We will publish feedback on key themes from the consultation and outline any changes we have made along with the revised proposals. We will publish this report and any plans for change in Spring 2024.

Annexes

Annexe 1: [Draft Equalities Impact Assessment](#)

Data protection policy and privacy notice

Any information included in your response will be treated in accordance with our data protection policy and privacy notice, which is available in full [here](#).