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## Consultation on changes to English language proficiency for international applicants

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### Executive Summary

In October 2022, ELT agreed to a proposal put forward by the Policy and Standards Team for a review of our approach to English language, including a public consultation.

The purpose of the review was to consider the evidence we will accept from international applicants to join the register in support of their proficiency in English.

Since that time the Policy and Standards team have carried out pre-consultation engagement with internal and external stakeholders. Feedback has been used to inform the proposals in our planned consultation and guide our plans for communicating them. This paper comprises of the following:

- Main paper: an overview of the policy proposals, plans for communication and engagement relating to the consultation period, and next steps
- A draft consultation document (Annexe 1)
- A full draft version of the Equalities Impact Assessment (EIA) (Annexe 2)
- Example qualifying countries list (Annexe 3)

Council is invited to review the attached summary paper and Annexes and approve the launch of the consultation on English language to run for 13 weeks, from 16 October 2023 to 19 January 2024.

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Previous consideration	Council explored issues relevant to the development of the EIA at its seminar in June 2023.
	The Education and Training Committee discussed the proposals for consultation at a workshop on 2 August 2023.
Decision	The Council is asked to approve the launch of the consultation on our approach to English language.
Next steps	Subject to Council's approval, we will launch the consultation on 16 October 2023 to run for 13 weeks until 19 January 2024.

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Strategic priority	<p>Strategic priority 1: Continuously improve and innovate.</p> <p>Strategic priority 2: Promote high quality professional practice.</p>
Financial and resource implications	<p>Financial costs incurred in encouraging public and service user engagement during the consultation is included in the 2023-24 Policy and Standards Budget.</p> <p>A resource cost is like to arise from the development of new resources and information, which will need to be borne by the Policy and Standards and International Registrations Teams. No additional funding would be required for this work.</p> <p>There will also be resource costs incurred in training the International Registration Team on the new system and potentially systems costs should some of our proposals be adopted. System costs will be considered as part of the business planning process for 2024-25.</p>
EDI impact	<p>International applicants from some countries will be impact as they are currently able to self-declare and may need to take a test under the new arrangements.</p> <p>This is addressed in the proposals and is an important element in how the proposals will support patient safety.</p> <p>A completed draft EIA is provided at Annexe 2.</p>
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## Consultation on changes to HCPC English language proficiency requirements for international applicants

### **1. Background**

- 1.1 In October 2022 the Executive and Leadership Team (ELT) authorised a review of our policy on the evidence that we accept for applicants to demonstrate their English language proficiency when applying via our international route, and to use that review as the basis for a public consultation on proposals to change the process.
- 1.2 We have since conducted a full review of our current approach and have explored potential alternatives through extensive engagement with internal and external stakeholders.
- 1.3 This engagement included information sessions, discussion meetings and an informal survey, and was aimed at professional bodies, employers, academic institutions, and English language test providers. We have also surveyed the English language requirements of peer regulators and met with them to discuss their approaches.
- 1.4 The feedback we have received as part of this review has informed the proposals set out in our consultation document. These were presented to ELT in September 2023, and have now been brought to Council incorporating input from ELT. We have included these alongside a proposed consultation document (Annexe 1) for discussion and revision if necessary, with a view to opening a public consultation on the proposals in the week of 16 October 2023.

### **2. Summary**

- 2.1 The proposals for change are based on evidence obtained following a review of the current pathway used for applicants seeking to join the register via our international route. The consultation questions ask for views on the elements of our new proposed approach and test some of the assumptions on which our proposals are based.
- 2.2 Our current English language proficiency standards have not been reviewed for some time. In light of an increasing number of international applications to join our register and external developments (such as the increased reliance on international recruitment in health and social care services), it is clear that now is an appropriate time to carry out a review. We are also aware that other health and care regulators have recently updated their English language proficiency requirements. We recognise the opportunity that this provides to learn from peer organisations, seek areas of regulatory alignment and build consistent expectations among professionals as they enter practice.

- 2.3 We have not identified systemic failings in the way the current system tests proficiency, but we believe that the proposals presented in this paper would make our processes more robust and consistent.
- 2.4 The case for reviewing our processes is supported by anecdotal evidence received from employers about registrants whose English proficiency is found to be poor and who have joined the register having made a self-declaration of English being their first language. As the numbers of applicants applying via the international route increases to meet the demands of the UK's health and care services, this presents an area of risk. Addressing this issue is therefore important for public protection and to maintain clinical safety and effectiveness.
- 2.5 Changing our process in line with the consultation proposals would support clear decision-making based on objective criteria. The proposals are aimed at ensuring a system which is robust, but also fair and clear for applicants, providing mitigations to identified equality impacts, and widening the routes available to evidencing English proficiency.
- 2.6 As an ancillary benefit, our proposals would also help to streamline and standardise decision making for International Registrations colleagues, allowing us to provide clear guidance on decision-making and reduce the level of verification checks needed into individual applications.

### **3. Existing arrangements: present options for international applicants**

- 3.1 Under our legislation, we require proof of English language proficiency from applicants using our international route<sup>1</sup> to join the register. Our Standards of proficiency also require registrants to be able to communicate in English to the required standard for their profession.<sup>2</sup>
- 3.2 In the first instance, we ask applicants to declare whether English is their first language (i.e., the main or only language that they use on a day-to-day basis). We note that having studied in English does not necessarily mean that English is their first language. If they make a self-declaration on this basis, we consider that they have met our English language requirements.
- 3.3 If they are unable to declare English as a first language, we ask applicants to demonstrate their proficiency by completing a test. HCPC currently approves two tests that applicants can use to evidence their proficiency if they have not used self-declaration. These are:
- International English Language Testing System (IELTS), and:
  - Test of English as a Foreign Language (TOEFL).

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<sup>1</sup> This means applicants who trained outside the UK, except those applying through the Swiss Mutual Recognition Route (unless they are speech and language therapists) or people with refugee status.

<sup>2</sup> A standard equivalent to level 7 of the International English Language Testing System (IELTS) test, with no element below 6.5 for all professions except for Speech and Language Therapists, which requires one grade higher.

3.4 We also allow applicants to provide evidence that they have completed a comparable test to one of our approved tests. They demonstrate this by providing a certificate of comparability issued by their test provider.

#### **4. Comparison with other regulators**

4.1 Neither the Nursing and Midwifery Council (NMC) nor the General Medical Council (GMC) use a self-declaration model. The GMC and NMC assess English proficiency for all applicants. For UK applicants this is demonstrated by their completion of an approved programme in the UK; this is the same approach as ours.

4.2 For international applicants, both regulators allow applicants to evidence their proficiency in English by applying from a country where the majority of the population speak English. Both organisations maintain lists of countries which they deem to be majority English-speaking. Their lists overlap significantly with a similar list of countries maintained by the Home Office.

4.3 The NMC list includes countries where 75% of the population speaks English as a first language. They make this determination via a third-party research tool called 'Ethnolog'.

4.4 It is unclear how the GMC compiles their list, but it includes many more countries and territories than the Home Office or NMC lists. For example, it includes South Africa and the Philippines, neither of which countries would pass the threshold set by the NMC.

4.5 Both regulators accept qualifications which were taught in English to evidence English proficiency, as long as the course was delivered and examined in English and that 75% of patient interaction took place in English.

4.6 Where an applicant is not from a listed country or cannot provide evidence through their qualification or registered work experience, both regulators require applicants to pass a test from a provider on an approved list.

#### **5. Aims of the consultation**

5.1 The consultation will seek feedback on an amended English language policy and how we can develop a policy which:

- Sets out the level of English proficiency required for safe and effective practice.
- Ensures that every registrant demonstrates their proficiency at the point of registration.
- Provides confidence to the public, employers and other stakeholders in the HCPC's processes.
- Establishes clear criteria for the evidence we can accept to demonstrate proficiency in English.

- Is easy for international applicants to understand and for the registration team to apply.
- Does not add any unnecessary additional burdens to our international application route or lead to undue delays in processing international applications.

## **6. Overview of proposals**

6.1 The proposals we plan to consult upon include:

- Removal of the current self-declaration option and its replacement with a qualifying countries list, based on countries having strong majority English speaking populations and qualifications being able to be taken in English.
- Creation of an exhaustive list of approved English Language tests, but with the option to expand this beyond our current approved providers based on further research and responses to our consultation.
- Consideration of supervised work experience in the UK or registered work experience in the UK or overseas when this is primarily delivered in English.

## **7. Consultation, communications and engagement**

### *Consultation*

- 7.1 We have included the draft consultation document at Annexe 1. The consultation will primarily be carried out online using the SmartSurvey platform.
- 7.2 We are seeking approval to begin the consultation exercise on 16 October 2023, to run over thirteen weeks in order to accommodate the festive break.

### *Communications and engagement*

- 7.3 We have developed a communications and engagement plan which incorporates learning from our recent experiences of the Standards of conduct, performance and ethics and Fees consultations, with a view towards maximising engagement from stakeholders and the public, and a particular emphasis on service user engagement.
- 7.4 We have already carried out a programme of pre-consultation engagement, which has included:
- Explanatory information sessions for professional bodies and academic institutions.
  - An initial survey on our proposals aimed at the groups above, alongside larger employers of our professions.
  - Appearances at the Professional Bodies Forum and EDI Forum.

- Engagement with individual professional bodies such as the Royal College of Speech and Language Therapists (RCSLT).
- Meetings with test providers such as IELTS and the Occupational English Test (OET).
- A 90-minute workshops session with the Education and Training Committee (ETC).
- An introductory session with ELT.

7.5 Our communications outputs to promote the consultation will include:

- A website overview of the changes.
- A news item for the consultation launch.
- Online publication of the consultation documents.
- Social media promotion of the consultation.
- Emails to professional bodies and educational institutions, NHS employers, test providers.
- Links in HCPC emails including professional body newsletter, employer insights, InFocus.

7.6 Our engagement activity plans include:

- Appearance at Professional Bodies and EDI forums.
- Briefings for partners and Professional Liaison Service.
- Meetings with individual professional bodies on request.
- Six open online events for registrants and members of the public.
- Events carried out in partnership with the Patients Association.
- Joining webinars and any other events alongside the Professional Liaison Service in order to reach registrants directly. This will include attendance and consultation promotion at 'joining the UK workforce' sessions with recent international registrants.

### *Post-consultation governance and timetable*

7.7 We aim for the project to begin its implementation phase in Spring 2024 subject to final approval from Council, but we are mindful that should we receive a particularly high number of responses to the consultation, we may need to

adjust these timelines (for reference, the recent NMC consultation on English language received a record number of responses – 34,000). Operational planning for any changes will be incorporated into the corporate planning process and this will dictate the timing of the introduction of any new approach.

- 7.8 We will also complete a final version of the EIA, again reflecting any changes that arise from consultation and engagement and develop further plans for implementation and future monitoring based on the revised EIA action plan.



DRAFT Consultation document

# Consultation on English language proficiency

16 October 2023 – 19 January 2024

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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. <sup>1</sup>

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.
4. Are comparable with those of other regulators where possible.

The proposals set out in the document would apply to future applications via the international route. Should our proposals be accepted, they would not affect professionals who have satisfied our current requirements and 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, and for the valuable insights they have provided into the current approach, the options for change and the potential impacts on applicants. Our pre-consultation workshops and online survey have 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 respond formally 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.

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<sup>1</sup> Excluding the Swiss Mutual Recognition (SMR) route.

# Introduction

## About the HCPC

The 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;
- 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 legislation<sup>2</sup> 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 keep in step 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

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<sup>2</sup> 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 the health and care regulators in allowing this mode of evidence to demonstrate proficiency.

As well as creating alignment in approach with other regulators, we believe that the changes we are proposing will ensure that we continue to maintain strong public protection, and that 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 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 is 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 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.
- 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 change in approach 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 who 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 the 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 methodology [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 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 an 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 an 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 the 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 social 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 Analysis (EIA) for the proposals as a separate document [\[link\]](#).

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 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 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

The 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?

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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?

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## 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 2023.

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](mailto: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 [link]**

**Annexe 2: Example qualifying country lists [link]**

## 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](#).



## Draft Equality Impact Assessment (Level 2)

### Section 1: Project overview

**Project title: English language proficiency review**

**Name of assessor: Madeleine Connor**

**Version: V2**

#### **What are the intended outcomes of this work?**

This work is intended to strengthen our approach to ensuring international applicants are able to speak English proficiently, supporting our statutory objective of public protection and maintaining public confidence in the ability of those professionals on our register to practise safely and effectively.

We anticipate the proposals will improve our processes for evidencing the English language proficiency of international applicants and ensure our processes continue to be robust, consistent and proportionate. They will also align us with the approach taken by other professional regulators, including the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).

#### *Background*

The ability to communicate in English is a key requirement to providing safe and effective practice for professionals working with service users in the UK. Our English language [requirements](#) set out how applicants applying via the international route can demonstrate their ability to meet this requirement.

Our current process allows applicants to make a self-declaration that English is their first language and the language they use predominantly on a day-to-day basis. We also accept test scores from recognised English language test providers such as IELTS and TOEFL, as well as other tests that are comparable and in line with our Standards of proficiency.

Other regulators in health and social care have recently updated their English language proficiency requirements. The GMC made a minor update to its policy in 2021 to allow applicants to sit an online test before taking its Professional and Linguistic Assessments Board (PLAB1) test. The NMC has made comprehensive changes to its requirements to offer mitigations to applicants who narrowly miss the required test results, and allow 'Supporting Information From Employers' (SIFE) as a form of evidence.

Whilst the General Dental Council (GDC) does allow evidenced self-declaration from those whose qualifications come from the European Economic Area (EEA), our research into the policies or guidance of other regulators shows that HCPC's requirements are unique in allowing self-declaration of English proficiency on the basis of it being a first language, and also unique in respect of applying self-declaration to all international applicants.

#### *Proposals*

We propose removing the option for applicants to self-declare that English is their first language and replace it with a list of countries (maintained by HCPC) where English is used as a main language. Applicants who have earned their primary qualification in a country on this

list will be able to use this as evidence of their proficiency in English, regardless of whether it is their first language, or the language they use day to day.

One of the ways in which we would seek to mitigate negative impacts from the removal of self-declaration would be through allowing applicants who have previously been registered in a listed country, and so will have already had to demonstrate their proficiency in English, to use this as evidence for HCPC registration. We are also proposing to accept evidence of work in an unregulated role in the UK, where this has been supervised by a registered healthcare professional.

Further to this, applicants who have studied in countries that are not included on the list will be able to submit a test score from a published list of examination bodies that HCPC would maintain. Our test score requirements would remain the same<sup>1</sup>.

We will not be changing our requirements for the level of English that an applicant must have but will look to change the ways this can be evidenced.

We have sought wide stakeholder input into the development of these proposals and will be holding a public consultation to gather further views.

### *Consideration of key impacts*

We are aware of the potential impact of our changes in respect of the accessibility of English language courses, differences in learning and cultural context, and in creating disproportionate impacts based upon an applicant's nationality.

A key consideration underpinning implementation of the proposals will be ensuring that we work to reduce the negative impacts for those applicants with one or more protected characteristics. This will include ensuring that the requirements are proportionate, sufficient to ensure registrants can deliver safe and effective practice, and that any additional requirements placed on international applicants are in line with our powers and obligations and managed appropriately. The following sections have more information on this work.

### **Who will be affected?**

Should our proposals be approved, once any changes to the English language proficiency process are implemented:

- International applicants will be required to evidence their proficiency in English by showing qualifications or appropriate work experience from a qualifying country, passing an approved test, or providing mitigating evidence in the case of narrowly missing a passing grade. Those who would previously have self-declared will now need to use one of these routes to evidence their proficiency.
- HCPC employees and partners will need to be aware of the changes in order to follow the process consistently and ensure international applicants are meeting the threshold to gain entry onto the register.
- HCPC registrants or registrants from other statutory regulators in the health and care sector may be asked to sign off on applicants' relevant UK work experience.
- Employers: a small number of employers have raised concerns about some international registrants' ability to speak English to the required level. The proposed changes would

<sup>1</sup> For all professions except Speech and Language Therapists, at or equal to IELTS level 7.0 with no element below 6.5. For Speech and language therapists at or equivalent to IELTS level 8.0 with no element below 7.5.

provide additional assurance to employers that overseas applicants have met the minimum standards for registration in working safely and effectively in English.

- Service users and patients receiving services from our registrants will have greater confidence in HCPC registrants' ability to communicate in English, and to practise safely and effectively.

## Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

### What evidence have you considered towards this impact assessment?

- We have reviewed Equality, Diversity and Inclusion (EDI) data provided by our registration team and have compared the protected characteristics of registrants across the register as a whole with a subset of international applicants who were registered as of February 2023.
- We have conducted desk-based research into the approach taken by other regulators.
- We have looked at [data](#) from the NMC's review of their English language policy.
- We have obtained example qualifying country lists from GMC, NMC and the Home Office.
- We have carried out pre-consultation engagement activities with a range of stakeholders, outlined in more detail in the next section.
- We have requested further information from test providers (IELTS and OET) which we are still awaiting. Once received we will use in our post-consultation work.

### How have you engaged stakeholders in gathering or analysing this evidence?

#### *Preparatory work*

- We held a workshop at the EDI forum on 22 February 2023 to explain to a group of external stakeholders about the changes to the English proficiency process and invite them to share their thoughts on any EDI impacts.
- We held information sessions on the changes to the process (on 19 and 20 April 2023) for contacts from professional bodies, education providers and employers. The changes to the process were explained and initial informal feedback sought to shape our proposals.
- We directly sought feedback from professional bodies, education providers and employers in our pre-consultation survey.
- We presented on the proposals at our Professional Bodies Quarterly Meeting in June 2023
- We discussed proposals with our Education and Training Committee on 2 August and sought their feedback.
- We have established an internal advisory group, comprising operational and communication colleagues, to gather feedback from them and through them their external contacts.

#### *Planned work*

- We will continue to seek feedback from external stakeholders including professional bodies, overseas applicants, and employers, through our standing meetings and on an ad-hoc basis where necessary.
- We will carry out a public consultation which will include our proposals for the changes to the process and ask the respondents to reflect on the impact of those proposals. Following

the consultation period, we will analyse the responses and reshape our proposals where necessary.

### Section 3: Analysis by equality group

#### Age (includes children, young people and older people)

The following table provides a breakdown of the age cohorts for our international applicants and registrants.

Age group	Percentage of Int applicants	Percentage of the register
20-29	23.8%	19.15%
30-39	40.5%	30.1%
40-49	26.5%	24.46%
50-59	8.11%	18.91%
60-69	1.8%	7.17%
70+	0.18%	0.89%

The largest age cohort applying via the international registration route is currently the 30-39 age band. However, this age band makes up a smaller part of the total register, which is more skewed towards older age groups.

Professionals at the start of their careers (most likely to be in the 20-29 age group and the third largest age group in terms of international applicants) and students are more likely to be on a low wage, no wage at all, or in receipt of a student loan. We believe they would more likely to be negatively impacted by our proposals, which may result in more applicants being required to take a standardised test. Additionally, some applicants may need to repeat a test to achieve scores at sufficient level, increasing their costs.

Evidence suggests that older people, including applicants at the higher end of the age brackets, may be less likely to be able to pass a standardised test.<sup>2</sup> Removing self-declaration and expecting more applicants to submit test scores may negatively impact older applicants.

#### *Mitigations*

For both reasons we have sought to minimise the number of people who would now have to sit a test, by proposing a list of qualifying countries. We are also proposing that people who narrowly miss a test result can use evidence from work experience in the UK where this has been supervised by a registrant.

Our consultation will ask respondents to make recommendations to mitigate these concerns and identify any other age-related impacts.

#### Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

Below we have laid out some statistics about international applicants declaring themselves to have a disability, and how their numbers compare the register as a whole.

Disability status	Percentage of international applicants	Percentage of the register
International applicants who have declared themselves to have a disability	1.23%	5.41%

<sup>2</sup> [Assessment of Age-related Changes in Cognitive Functions Using EmoCogMeter, a Novel Tablet-computer Based Approach - PMC \(nih.gov\)](#)

International applicants who have not declared a disability	96.55%	91.56%
International applicants who preferred not to say	1.42%	2.88%
No information	0.8%	0.14%

Based on the above data, international applicants appear to be less likely than people on the register generally to declare having a disability. This could be due to their age profile, as international applicants are generally younger and so less like to have developed an age-related health condition.

There may also be cultural issues for some international registrants that mitigate against making such declarations. Likewise, it is possible that there are factors which restrict disabled people entering professions in some other countries. International applicants may also be less familiar with the definitions of disability or health conditions used in the UK and so less likely to regard themselves as meeting the definition. Lastly, they may also be less willing to trust a regulator with this information, fearing that it may disadvantage their application to join the register.

We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

### *Mitigations*

One challenge identified in developing our proposals is that we need to ensure that applicants with disabilities are not disproportionately disadvantaged.

We will need to make sure that any English language tests delivered by test providers on our maintained list are accessible and that any specific support arrangements are not prohibitively priced or do not create further obstacles for applicants with disabilities.

We have researched reasonable adjustments offered by one of the most popular tests that we accept, IELTS.

- To ensure that applicants' English language proficiency is fairly assessed IELTS provide a range of options including: braille papers, lip reading versions of the listening tests, and special arrangements for those with dyslexia, some medical conditions and specific learning disabilities.<sup>3</sup> Candidates can request these special arrangements up to six weeks' prior to taking their test.
- They also offer an online version of the test, 'IELTS Online'<sup>4</sup>, allowing candidates a choice between doing it in person or online. While the option of an online test is realistically only suitable for candidates with suitable IT equipment and stable internet, it does offer support for those unable to travel to a test centre for health or disability reasons; it can also reduce their costs. It is not available in every country where IELTSs operate, however many of the countries where it is available are ones where English is not the majority spoken language and so it could aid applicants from those countries in the future.

One of the criteria that we propose considering when compiling the list of acceptable tests will be the reasonable adjustments provided for applicants who need them. We recognise that our proposals will mean in principle that more applicants will be required to take a proficiency test and so it will be important to ensure that the route is as accessible as possible.

<sup>3</sup> [Special requirements \(ielts.org\)](https://ielts.org)

<sup>4</sup> [IELTS Online](https://ielts.org)

## Gender reassignment

We have included statistics on gender and gender identity below.

Gender orientation	Percentage of international applicants	Percentage of the register
International applicants whose gender identity matches the one they were assigned at birth	97.2%	97.12%
International applicants whose gender identity does not match that which they were assigned at birth	0.31%	0.22%
Prefer not to say	1.51%	2.32%
Prefer to self-describe	0.05%	0.09%

On each of the headings we monitor for this protected characteristic, the proportions of international applicants are fairly aligned to those on the register as a whole. Existing registrants are around twice as likely to select 'prefer not to say' or to self-describe their gender, but the percentages of people selecting these options is so low, that it is difficult to draw conclusions from these comparisons.

Registrants transitioning may be negatively impacted by the changes in the English proficiency process if strengthening the need for a test and consequently increasing their application costs reduces the funds they have available during the application process, for instance if they need to work fewer hours during their transitioning and so receive less income.

### *Mitigations*

Our main mitigation against additional cost would be the introduction of a qualifying countries list, which will minimise the number of applicants who will need to sit a test. In respect of those applicants who will need to sit a test, we have asked test providers to share information on any arrangements they have to support applicants in this situation. Once we have this information, we will see how best to work with the providers in promote their use to potential applicants.

We have also investigated whether the proposal will make the application process harder for those who have transitioned and changed their name and gender since they completed an English test. Currently when an applicant presents with a different name to their supporting documentation, we require them to provide a certified document which confirms the change.

We believe this approach would be sufficient for the new process and would ensure that we can effectively verify their identity while minimising as far as practicable the burdens on these applicants.

## Marriage and civil partnerships (includes same-sex unions)

Information on marriage and civil partnerships is included in the table below:

Marriage status	Percentage of international applicants	Percentage of the register
Married	51.15%	48.33%
Never married or entered a civil partnership	37.81%	36.13%
Divorced	2.28%	5.31%
Separated but still legally married	0.68%	1.09%
In a civil partnership	1.27%	1.07%
Prefer not to say	5.61%	7.16%

The marital status declared by most international applicants is broadly in line with that declared by those on our registrants.

### *Mitigations*

No differential impacts have been identified specifically relating to registrants who are married or in civil partnerships and so no mitigations have been proposed. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

## **Pregnancy and maternity**

From our sample review

- 85.82% of international applicants declare themselves as not falling within the protected characteristic category of pregnancy and maternity, compared with 89.3% of the register as a whole.
- 6.38% of international applicants declare being in this category, compared to 5.09% for those on the register.
- 6.95% of international applicants selected 'prefer not to say' for this category compared to 5.34% for those on the register.

Therefore, the makeup of international applicants is broadly in line with the professionals already on our register for this protected characteristic.

Registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the changes to the process if, for instance they need to work fewer hours as a result of their pregnancy or responsibility and so receive less income and consequently have less funding available to take a language test.

They may also face challenges with securing childcare arrangements and finding time to study for the test, especially if they are required to retake them. They may also have difficulty securing childcare arrangements whilst taking the test, especially if the test centre is far away from where they are living.

The mitigations outlined within our wider proposals (i.e., making up for missing score points with work experience) may also be harder for someone who has childcare commitments, is pregnant or breast feeding or is currently on maternity leave, as they may not have experience gained within the timeframe, as they are more likely to have been out of work for a period of time.

### *Mitigations*

As time pressures are likely to be a key issue for this group, there may be a specific need for extending the periods of time to apply for accepting evidence of work experience where someone has been pregnant or has recently had children.

We will need to ensure that tests on our maintained list are accessible for applicants who are pregnant or have childcare responsibilities, and that any specific support arrangements are not prohibitively priced or create further obstacles for these applicants.

We have researched the support offered by one of the most popular tests that we accept, IELTS:

- To ensure that applicants' proficiency is fairly assessed IELTS provide a range of options for those who are infant feeding.<sup>5</sup> Candidates can request these special arrangements up to six weeks' prior to taking their test.
- They also offer an online version of the test, 'IELTS Online', allowing candidates a choice between doing it in person or online, which allows some flexibility for those with childcare arrangements.<sup>6</sup> While realistically it is only suitable for candidates with IT equipment and stable internet, it does offer support for those unable to travel to a test centre; it can also reduce their costs. It is not available in every country where IELTS operate, however many of the countries where it is available are ones where English is not the majority spoken language and so it could aid applicants from those countries in the future.

**Race** (includes nationality, citizenship, ethnic or national origins)

We have provided comparative information on race (and its associated legal subcategories) below:

Racial identification	International Applicants	Register as a whole
Asian or British Asian	38.02%	11.46%
White	35.49%	76.04%
Black, African, Caribbean or black British	17.06%	5.57%
Other ethnic group	3%	1.42%
Mixed or multiple ethnic groups	1.99%	2.12%
Prefer not to say	3.66%	3.27%

International applicants are significantly more likely to be classified as being BME (using standard UK data recording categories) than people on the register as a whole, owing to the countries from which most international applicants apply (most prominently India and Nigeria).

As the proposed changes will only affect international applicants, they are more likely to affect applicants who do not identify as white under our EDI categories. Currently just over a third of international registrants select 'white' to describe their ethnicity.

We would therefore expect any change to our English language requirements to be more likely to negatively affect people that would be categorised as BME through our application process, as they would no longer be able to self-declare and would have to use other means to evidence their English proficiency.

However, our view is that our legislation requires us to prescribe requirements for English language proficiency for international applicants, and that any means we use to achieve this will adversely affect some people based on their nationality, which also brings into scope considerations around ethnicity.

We feel that our proposals are proportionate and in line with our obligations to ensure that professionals on our register are capable of safe and effective practise in the UK. However, we will also seek as far as practicable to mitigate any negative impacts.

We should also note that several of the countries we are proposing to be on the 'qualifying countries list' have majority populations that would be classified as BME in the UK, and so ethnicity alone will not be a determining factor when the proposals are considered in the round.

**Mitigations**

<sup>5</sup> [Special requirements \(ielts.org\)](https://ielts.org)

<sup>6</sup> [IELTS Online](https://ielts.org)



Our proposals would see the creation of a list of countries where English is the majority spoken language (i.e., where 75% of the population speak English as a first language). Applicants who have obtained their primary qualification in one of these countries or who have practised in a regulated role within one of these countries or have worked in a supervised role within the UK would be able to use this as evidence of their English language proficiency. Adopting this approach would mean our process would consider applicants based on the country in which they have obtained their primary qualification or experience.

Using this approach would also mean applicants' individual background or nationality would not be directly considered; rather the approach would be based on the percentage of English speakers in the country where they have studied or worked and not where they were born or brought up.

This change is likely to have a positive impact on those who live in a majority English speaking country but speak a different language as their 'first language' and therefore would be unable to rely on the self-declaration method in our current arrangements.

We are confident that the mitigations proposed, such as not asking applicants to resubmit evidence of their English proficiency if they have already done so in another majority English speaking country, will reduce financial and administrative burdens now placed on international applicants.

We have also spoken to the main test providers about the support they offer to applicants taking tests. This includes access to practice papers and mock exams and accessible options in where the test is taken.

We believe that removing self-declaration and relying more on approved English tests is a proportionate means to balancing the demands placed upon applicants against meeting our statutory objective of protecting the public and ensuring safe and effective practice.

**Religion or belief** (includes religious and philosophical beliefs, including lack of belief)

We have provided information on religion of belief as below:

Religious or philosophical belief	Percentage of international applicants	Register as a whole
Christian	52.04%	40.95%
No religion / strong belief	15.37%	39.6%
Hindu	12.49%	2.92%
Muslim	8.56%	4.22%
Spiritual	1.43%	2.2%
Buddhist	1.13%	0.75%
Jewish	0.63%	0.59%
Sikh	0.32%	0.48%
Prefer not to say/not recorded/other religion or belief	8.04%	8.29%

From the available data international applicants are considerably more likely to have religious or strong philosophical beliefs than people already on the register.

As such, those with religious beliefs are likely to be affected by the proposals, albeit indirectly, i.e., if they did not train in a country on the list and are required to take a test.

*Mitigations.*

We have not identified any specific mitigations for this category.

We will review access considerations made by test providers for people needing to observe religious requirements, such as ensuring that tests do not take place on religious holidays days, as part of the next stage of this work.

### **Sex** (includes men and women)

On our register, 72% of registrants are female and 26% are male. Those who prefer not to say make up 2% of our register.

This compares with 58% female and 41% male of international applicants. Those who prefer not to say made up 1% of international applicants.

Female applicants are paid less on average (via both national and international routes)<sup>7</sup> with the gender pay gap currently assessed at 7.9% between genders. Female applicants are therefore more likely to be negatively impacted by the proposals, as they need to pay for tests rather than making a self-declaration if their primary qualification or work experience is from a country not on our list. Available evidence also indicates<sup>8</sup> that women are more likely to be carers (of children, partners or relatives with ill-health or disabilities) which can impact on their available funds.

As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the change in process if they need to work fewer hours and so receive less income. Women are also more likely to have been out of work for large periods of time due to these commitments, and so some of the mitigations we have suggested in accepting relevant work experience may not be applicable to them.

It should also be recognised that the figures show that men make up a disproportionate number of international applicants in comparison with the figures on our register and so our proposals would disproportionately affect them. Again, this is also true of existing policy, would be true of any potential change, and is in line with our legislative obligations and standards requirements.

### *Mitigations*

We have not identified any specific mitigations for this category.

### **Sexual orientation** (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

Sexual orientation	Percentage of international applicants	Register as a whole
Heterosexual/straight	88.51%	87.83%
Bisexual	1.53%	1.96%
Gay men	1.3%	1.32%
Gay women	0.64%	1.43%

Applicants with qualifications from countries where homosexuality is criminalised may be affected by this change. They may not earn as much as their heterosexual counterparts and have specific emotional or mental health needs.

<sup>7</sup> [Gender pay gap in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/earnings-and-payments/articles/gender-pay-gap-in-the-uk/2021)

<sup>8</sup> [Full story: The gender gap in unpaid care provision: is there an impact on health and economic position? - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/earnings-and-payments/articles/full-story-the-gender-gap-in-unpaid-care-provision-is-there-an-impact-on-health-and-economic-position-2021)

Applicants in this category not from a majority English speaking country may find it harder to get onto the register if they can no longer rely on self-declaration and are required to take a test.

### *Mitigations*

We have not identified any specific mitigations for this category.

## **Other identified groups**

### *Socio-economic background*

Applicants from lower income backgrounds are a key group to consider. Some applicants from this background may be negatively impacted if they are less able to afford the cost of taking a test or are unable to afford the cost of a retake if they do not achieve a required score.

This group overlaps with most protected characteristics, although women, people from black and minority ethnic communities, disabled people, younger workers, and those working part-time or irregular hours (for example due to having caring responsibilities) are those groups that are also in this category most likely to be negatively impacted by the proposed changes if it they are required to use the testing route to join the register.

However, despite the potential narrowing of options that our proposals would introduce, we also anticipate that some of our mitigating options may help some applicants in this group. Those who have already registered in an English-speaking majority country would not be asked to provide further proof of their proficiency in English, and any applicant who had completed the relevant work experience in the UK would be able to use this to evidence their ability to practice safely and effectively in English.

### *Refugees and asylum seekers*

People with refugee status can make a refugee application to join our register. Recognising the particular circumstances of refugees, we ask these applicants to submit as much supporting evidence as possible and a letter explaining why any other documents cannot be supplied. Refugees do not need to pay a scrutiny fee with their application.<sup>9</sup> We currently allow refugees to make a self-declaration of their English language proficiency, and so if we removed self-declaration for all applicants this would also affect refugees. We will continue to consider the impacts of our proposal for this group.

## **Four countries diversity**

We will be engaging stakeholders across the UK nations to seek their feedback on our proposals. Any issues identified through our consultation and engagement process that are specific to any of the UK nations will be carefully considered and responded to.

## **Section 4: Welsh Language Scheme**

### **How might this project engage our commitments under the Welsh Language Scheme?**

We have found no evidence to suggest that our proposed changes would be affected by our Welsh language obligations.

Those training within the UK would use the UK registration route and would not be subject to English language requirements to join the register, even if their first language is Welsh. This is because the legislation that underpins our Rules only states that applicants who have trained

<sup>9</sup> [Eligibility to apply for registration | \(hcpc-uk.org\)](https://www.hcpc-uk.org/eligibility-to-apply-for-registration)

outside the UK must meet the prescribed levels of English in order to practise safely and effectively and gain entry to the HCPC register.<sup>10</sup>

The HCPC is a UK-wide regulator and so must prescribe levels of language competency to be able to practice across the whole of the UK.

## Section 5: Summary of Analysis

### What is the overall impact of this work?

We expect the proposed changes to have overall positive impacts, providing clarity and consistency for international applicants by removing *ad hoc* challenges to self-declaration and improving clarity about which tests we would accept.

The proposals place the emphasis on objective criteria, such as academic achievement and professional experiences, insofar as they overlap with residency rather than on family background.

They will also benefit those who speak English with the proficiency required in majority English speaking societies, even if English is not their first language.

We acknowledge that there are likely to be negative impacts for some applicants. Nationality and therefore race are inextricably linked to English proficiency requirements, and those seeking to join the register through the international route who do not meet the new criteria will be disproportionately impacted.

However, we believe that the changes are necessary to ensure we can continue to meet our public protection obligations. We believe the proposals to be proportionate and have proposed several mitigating measures to reduce or minimise the negative impacts.

#### Specific considerations

We have recognised in developing this EIA that the proposed changes may negatively impact applicants with one or more protected characteristics, particular those who are earning less due to childcare commitments, on lower earnings due to socio-economic factors, undergoing gender transition, working part time, or living with a disability or long-term health condition that reduces their earning capacity.

A key negative impact across all the protected categories will be the extra costs placed on international applicants who will no longer be able to make a cost-free self-declaration.

A key positive impact of these proposals, including in relation to equalities and protected characteristics, is that they will secure the integrity of the register, which performs a vital function supporting the delivery of safe, effective and high-quality health and care services across the UK.

It is vital to remember that policy concerning who can join our register affects the public and service users as well as applicants and registrants. The register is relied upon as a record for professionals who meet our standards and can provide safe and effective practice, and so these proposals will contribute to ensuring the public is assured professionals can meet the required standard of English proficiency.

The fifteen professions we regulate provide a range of health and care services to the UK population, and importantly to people at greater need of care because of their protected characteristics, such as disabled people relying on physiotherapy services, pregnant women, or older people relying on audiology services.

<sup>10</sup> [The Health Professions Order 2001 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Our proposals will include some mitigation measures, such as allowing applicants who have narrowly missed the required grade to supplement their application with relevant work experience in the UK, gained while under the supervision of an HCPC registrant.

### Next Steps

We are committed to exploring these issues further and to adding suitable mitigations into any final policy materials and guidance. For this reason, it is important that we hear from as many stakeholders, both individuals and organisations, as possible during the consultation period, as we consider further revisions to this document and the policies we are proposing.

We encourage any person or organisation with an interest in our English language requirements to respond to the online consultation. We will also hold engagement events during the consultation period for anyone who would like more detail on the proposals, and to ensure we obtain as wider a range of views as possible. We hope these efforts will ensure that our proposals are not just robust, but also that they are clear and fair.

## Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

### Summary of action plan

We are seeking views on our proposals to make changes to what evidence we ask for when we assess the English language proficiency of international applicants. In pursuing alignment with other regulators in health and social care, our proposals aim to create a balanced system which is robust, clear and fair. In addition, we will seek to minimise and mitigate any adverse impacts.

We will undertake the following actions to review and improve our proposals where necessary and monitor EDI impacts:

- We will carry out a full public consultation on our proposals, supported by further stakeholder engagement. The consultation will ask respondents a series of questions to obtain feedback on our proposals.
- We will seek input from people who have one or more protected characteristics and organisations that represent them about the impacts of the proposals in respect of their protected characteristics as well as seeking general feedback on these issues from employers, professional bodies, and service users.
- As part of our action plan, we have created an Action Log to assess and record issues that arise during the development of this consultation. The log will include issues or suggestions for change, identifying their origin and status and risk rating for the proposals.
- We will consider this content alongside consultation responses and redraft our policy with any appropriate changes to make sure that all practical mitigations are pursued, on the basis that they guarantee proficiency levels that support safe and effective practice on behalf of service users.

- If our proposals are accepted, we will continue to monitor the protected characteristics of people who apply to join our register using the international route, and will review these on a regular basis to identify any emerging trends and take appropriate action to redress any negative effects.
- We will seek experiences from individuals affected by any changes through the work of our professional liaison team, including meeting with impacted registrants.
- If the proposal to create a list of qualifying countries is accepted, we will research and create this with outside expertise. The list will be maintained, including adding or removing countries, via our existing Governance structures.
- If the proposal to create an exhaustive list of approved test providers is accepted, we will work with those we have approved to ensure they have appropriate adaptations or mitigations in place for people with protected characteristics, and carry out regular oversight of pass rates of approved providers in order to spot any emerging disparities and deal with them appropriately.
- We will also continue to take feedback from our EDI forum and external informal feedback from any interested parties, with a view to informing any future policy development in this area.

Below, explain how the action plan you have formed meets our public sector equality duty.

### **How will the project eliminate discrimination, harassment and victimisation?**

Maintaining the HCPC's ability to be an effective regulator is key to ensuring that registrants and members of the public needing and receiving healthcare are not subject to discrimination, harassment and victimisation, either by prevention or by addressing through our work registering and supporting our registrants or our Fitness to Practise powers.

We recognise that some of our proposals may have differential impacts on specific population groups but believe that these are justified in ensuring that we continue to meet our statutory obligations to protect the public.

In developing our proposals, we have focused on objective ways that applicants can evidence their English language proficiency, providing fairness and clarity to international applicants. We are also seeking, where possible, to provide balanced mitigations for applicants applying in differing circumstances, for example those who have already practised in a majority English speaking country.

### **How will the project advance equality of opportunity?**

This project will ensure that the HCPC is able to continue to effectively manage the Register such that we can be sure all registrants are able to practise safely and effectively in English to provide high quality healthcare.

Our proposals focus on using objective measures to evidence English language proficiency. Ensuring that applicants' ability to speak and practise in English to our required levels will meet our legal obligations in order to protect the public and ensure service users can access high quality and safe care from our registrants.

We recognise that our proposals may negatively impact applicants from some groups with one or more protected characteristics applying via our international application route, but we are

have to balance our public protection obligation with our legal obligation to ensure that our processes for joining the register are fair and transparent for all applicants.

**How will the project promote good relations between groups?**

In seeking to set more objective requirements for English language proficiency we have aimed to minimise any impacts related to an applicant's background, as far as possible, for example an applicant's place of birth or their first language.

Throughout the consultation and the pre-planning stages, different stakeholder groups will be asked to come together to share their views on the proposals and collaborate on specific issues.

Securing these changes will support equality by maintaining public protection and ensuring positive service outcomes are delivered for the public irrespective of their background, including their protected characteristics.

**Reflection completed by: Madeleine Connor, Senior Policy Officer**

**Date: 19 September 2023**

**Reflection approved by: Tom Miller, Policy Manager**

**Date: 19 September 2023**

**Example lists of qualifying countries (external sources)**

<b>GMC</b>	<b>NMC</b>	<b>UK Government</b>
Anguilla	Antigua and Barbuda	Antigua and Barbuda
Antigua and Barbuda	Anguilla	Australia
Ascension	Australia	The Bahamas
Australia	The Bahamas	Barbados
Bahamas	Barbados	Belize
Barbados	Belize	Canada
Bermuda	Bermuda	Dominica
British Antarctic Territory (BAT)	British Indian Ocean Territory	Grenada
British Indian Ocean Territory	Canada	Guyana
British Virgin Islands	Cayman Islands	Jamaica
Canada	Dominica	New Zealand
Cayman Islands	Falkland Islands	St Kitts and Nevis
Dominica	Gibraltar	St Lucia
Falkland Islands	Grenada	Trinidad and Tobago
Gibraltar	Guernsey	St Vincent and the Grenadines
Grenada	Guyana	United States of America
Grenadines	Ireland	
Guernsey	Isle of Man	
Guyana (formerly British Guiana)	Jamaica	
Ireland	Jersey	
Isle of Man	Malta	
Jamaica	New Zealand	



Jersey	Saint Helena, Ascension and Tristan da Cunha	
Montserrat	St Kitts and Nevis	
New Zealand	St Lucia	
Pitcairn	St Vincent and the Grenadines	
Singapore	Trinidad and Tobago	
South Africa	United Kingdom	
South Georgia and the South Sandwich Islands	United States of America	
Sovereign Base Areas of Akrotiri and Dhekelia on Cyprus (CBA's)	US Virgin Islands	
St Helena		
St Kitts and Nevis		
St Lucia		
St Vincent		
Trinidad and Tobago		
Tristan da Cunha		
Turks and Caicos Islands		
United Kingdom		
United States of America		
US Virgin Islands		