

Consultation report: draft guidance on evidence of English language skills

April 2016

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Consultation report on draft guidance on evidence of English language skills

1. About this report

- 1.1 This report provides a summary of the responses to the consultation on draft guidance on evidence of English language skills held between 24 September and 17 December 2015.
- 1.2 The report provides background to the consultation, a breakdown of the responses to our proposals and a commentary on the responses. An analysis of respondent data can be found in Appendix 1, while Appendix 2 provides a list of the organisations that responded to the consultation.

2. Summary

- 2.1 The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. The main pieces of legislation governing the GPhC are the Pharmacy Order 2010 and the Medicines Act 1968.
- 2.2 The Health Care and Associated Professions (Knowledge of English) Order (SI 2015/806) (The Knowledge of English Order) improves public protection by amending the Pharmacy Order to strengthen the GPhC's powers to introduce fair and proportionate language controls. In future, only pharmacy professionals who have a sufficient knowledge of the English language for safe and effective pharmacy practice will be eligible to register and work in Great Britain. This English language requirement will apply to all applicants and registrants, including those qualified in the European Economic Area (EEA) and Switzerland.
- 2.3 To comply with article 23A of the Pharmacy Order¹ we consulted on draft guidance about the evidence, information and documents that may be provided by an applicant or registrant for the purpose of satisfying the Registrar that they have the necessary knowledge of English and the process by which the Registrar will determine whether he is satisfied that the person has this knowledge.
- 2.4 This report provides a summary of the responses to the consultation and a commentary in relation to our proposals.

¹ Article 23A of the Pharmacy Order is introduced by the Health Care and Associated Professions (Knowledge of English) Order SI 2015/806

- 2.5 The responses we received were broadly supportive of the proposals, and we have decided to go ahead with the proposed guidance, with a number of minor clarifications.
- 2.6 We are grateful for the feedback we have received. We will continue to keep the content of our guidance under review.
- 2.7 Alongside the consultation on draft guidance on evidence of English language skills, we consulted on amendments to the following rules:
- The General Pharmaceutical Council (Registration) Rules 2010 (SI 2010/1617)
 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc.) Rules 2010 (SI 2010/1615)
 - The General Pharmaceutical Council (Statutory Committees and their Advisers) Rules 2010 (SI 2010/1616).
- 2.8 The main purpose of the rules proposals was to implement the statutory requirements for a registrant to have an appropriate indemnity arrangement in force and to have the knowledge of English necessary for safe and effective practice, as conditions of their registration with us. The changes would also introduce measures to avoid conflicts of interest arising from common membership of Appeals Committee and Fitness to Practise Committee panels. The report of that consultation can be found at www.pharmacyregulation.org/previous-consultations

3. Background

- 3.1 The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales.
- 3.2 We regulate pharmacists and pharmacy technicians in community and hospital settings. We also regulate practice within academia, research, public health, commissioning, management, industry and other settings where the public rely indirectly, but no less significantly, on the professionalism and competence of pharmacy professionals in a wide range of non-clinical roles. We also set standards for registered pharmacies.
- 3.3 Our core functions include:
- setting the standards of education and training which pharmacists and pharmacy technicians must meet in order to join our register and remain registered throughout their professional life
 - registering pharmacists and pharmacy technicians and setting the standards of conduct and performance which they must meet to stay on our register
 - setting standards for the safe and effective practice of pharmacy at registered pharmacies
 - registering pharmacies which meet those standards and inspecting them to check that they continue to do so
 - taking action when our standards are not met, typically through fitness to practise proceedings and enforcement action
- 3.4 Further information about the work of the GPhC can be found on our website www.pharmacyregulation.org
- 3.5 We aim to make sure that regulation is fair and proportionate – taking into account the risk posed to the health, safety and wellbeing of patients and other pharmacy service users – and not over-burdensome. We want it to be flexible enough to respond to the changing demands made of the profession by governments on behalf of the public, and allow for innovation, while at the same time maintaining high quality practice.
- 3.6 The main pieces of legislation governing the GPhC are the Pharmacy Order 2010 (SI 2010/231) and the Medicines Act 1968 (c. 67). More detailed provisions relating to our regulatory functions are set out in statutory instruments called ‘rules’.

- 3.7 It has been a long established requirement of professional ethics that healthcare professionals should have sufficient English language competence for safe and effective practice. The General Pharmaceutical Council's (GPhC's) [Standards of Conduct, Ethics and Performance](#)² require all registrants to communicate effectively with patients and pharmacy service users and to work in partnership with them and other healthcare professionals to manage their treatment and care. If a registrant does not have the necessary knowledge of English, there is a risk that they may not be able to act in the best interests of patients, which could compromise patient safety and lead to a fitness to practise investigation.
- 3.8 The Health Care and Associated Professions (Knowledge of English) Order 2015³ amends the Pharmacy Order and makes it a legal requirement for all registrants and applicants to have the necessary knowledge of English for safe and effective practice as a condition of registration with us. Previously, if a pharmacy professional was a national of the European Economic Area (EEA) or Switzerland, the Pharmacy Order prevented us from checking their English language skills before we registered them. We were only able to check the English language skills of non-EEA nationals, who qualified outside the EEA.
- 3.9 The Knowledge of English Order improves public protection. It enables us to introduce fair and proportionate language controls that would apply to all registrants and applicants for registration irrespective of nationality or country of qualification and gives the Registrar powers to request evidence or information about a pharmacy professional's knowledge of English in certain circumstances. It also creates a new category of impairment of fitness to practise, relating to English language competence. This will allow us to initiate fitness to practise proceedings in cases where a pharmacy professional's knowledge of the English language may pose a serious risk to patient safety.
- 3.10 The Knowledge of English Order also requires the GPhC to consult on and publish guidance setting out the evidence, information or documents that an applicant or registrant may provide to demonstrate that they have the necessary knowledge of English for safe and effective practice as a pharmacist or a pharmacy technician, and the process by which the Registrar will determine whether he is satisfied that the person has this knowledge.

²

www.pharmacyregulation.org/sites/default/files/standards_of_conduct_ethics_and_performance_july_2014.pdf

³ www.legislation.gov.uk/uksi/2015/806/pdfs/uksi_20150806_en.pdf

3.11 Alongside the consultation on draft guidance on evidence of English language skills, we consulted on amendments to the following rules:

- The General Pharmaceutical Council (Registration) Rules 2010 (SI 2010/1617)
- The General Pharmaceutical Council (Fitness to Practise and Disqualification etc.) Rules 2010 (SI 2010/1615)
- The General Pharmaceutical Council (Statutory Committees and their Advisers) Rules 2010 (SI 2010/1616).

3.12 The main purpose of the rules proposals was to implement the statutory requirements for a registrant to have an appropriate indemnity arrangement in force and to have the knowledge of English necessary for safe and effective practice, as conditions of their registration with us. The changes would also introduce measures to avoid conflicts of interest arising from common membership of Appeals Committee and Fitness to Practise Committee panels. The report of that consultation can be found at www.pharmacyregulation.org/previous-consultations

4. Who we heard from

- 4.1 We received a total of 116 responses to this consultation.
- 4.2 108 of these were submitted online. Eight responses were submitted by email. Four of the email responses addressed all or most of the consultation questions and were thus analysed alongside the online responses. The remaining four either provided general comments, duplicated an existing online response, or acknowledged the consultation but did not provide a comment.
- 4.3 We received a total of 17 responses from organisations and 74 responses from individuals over the course of the 12-week consultation. The remainder of the respondents did not indicate whether they were responding on behalf of an organisation or as an individual.
- 4.4 Six respondents identified their location to be outside of Great Britain.
- 4.5 62 of those responding “as an individual” identified themselves as pharmacy professionals, while five identified themselves as members of the public.
- 4.6 A detailed breakdown of respondents’ profile can be found in Appendix 1. A full list of the organisations that responded to the consultation can be found in Appendix 2.

5. What we heard and our response

- 5.1 This section sets out the number of responses we received for each question, a summary of the main points we heard and our response to these. The responses have helped to identify how the guidance can be clarified.
- 5.2 There was some repetition in the further comments we received, with many of the same issues appearing across different questions. Therefore, some of the comments made have been reported where they best fit.

Criteria for assessing language evidence – Question 1

- 5.3 In the draft guidance we proposed that for the evidence of language competence to be acceptable, an applicant must provide evidence of English language competence in the same four areas of reading, writing, listening and speaking in English as would be tested by the International English Language Testing System (IELTS) test. We also proposed that the evidence should:
- be recent, objective, independent and robust
 - clearly demonstrate that the applicant can read, write and communicate with patients, pharmacy service users, relatives and healthcare professionals in English, and
 - be readily verifiable by us

In Question 1 we asked

- 5.4 Do you agree that these proposed criteria will provide the Registrar with adequate assurance that an applicant or registrant has the necessary knowledge of English for the safe and effective practice of pharmacy?

Responses to Question 1	No. of respondents	% of respondents
Yes	82	74% ⁴
No	19	17%
Don't know	10	9%
Total number of responses	111	100%

- 5.5 Most respondents – around three-quarters (74%) – agreed with our proposed criteria. Less than a fifth of respondents (17%) disagreed.
- 5.6 One respondent requested clarity on the definition of ‘recent’ here.

⁴ Please note, all percentages in the report have been rounded to the nearest whole number.

Our response

- 5.7 We will clarify in the 'Criteria for assessing language evidence' section of our guidance that when we refer to the evidence being 'recent', we mean evidence relating to English language competence that is less than 2 years old at the point of making an application to the GPhC.

Types of evidence we will accept to demonstrate knowledge of English – UK qualified applicants

- 5.8 In our draft guidance we proposed that UK qualified pharmacy professionals who provided documentary evidence of having successfully completed the relevant approved qualifications, taught and examined in English, under the supervision of a registered pharmacist, in line with our registration criteria, would not normally be required to provide additional evidence of their English language competence.

In Question 2 we asked

- 5.9 Do you think that our proposals for UK qualified applicants are clear?

Responses to Question 2	No. of respondents	% of respondents
Yes	88	81%
No	10	9%
Don't know	10	9%
Total number of responses	108	100%

- 5.10 The large majority of respondents (81%) agreed with our proposals for UK qualified applicants. The remaining respondents either disagreed (9%) or did not have an opinion on the issue (9%).
- 5.11 Four respondents who provided further comments felt that UK qualified applicants should also be required to pass an IELTS test.
- 5.12 One respondent commented:
"It would be helpful to understand when UK qualified applicants would need to demonstrate additional evidence of their English language competence..."
- 5.13 Two respondents recommended that the level of English language competence required for entry onto a university pharmacy degree programme and pharmacy technician training courses be made explicit. A further respondent sought assurance that appropriate English language competence is covered by the GPhC as part of their accreditation/outcomes assessment process for schools of pharmacy.

Our response

- 5.14 In our view, it would not be proportionate to require UK qualified applicants to pass the IELTS test as a matter of course.
- 5.15 In our guidance we say that UK qualified pharmacy professionals will, in most cases, automatically satisfy the Registrar that they meet the English language requirements for registration. Examples of when we may require further evidence would be:
- if we received concerns about an individual's English language competence during their education and training, or
 - if a UK-qualified pharmacy professional applied to return to the register, having spent a significant period of time abroad in a country where English was not the first and native language
- 5.16 Requests for further evidence would be determined on a case by case basis, as relevant.
- 5.17 With regard to pharmacists, the GPhC's initial education and training standard 4.2 requires that the Higher Education Institution selection criteria must be explicit and must include English language requirements appropriate to an MPharm degree study. Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate.
- 5.18 With regard to pharmacy technicians, the GPhC's initial education and training standard 9 requires that the entry requirements for the recognised knowledge based qualification (National Diploma in pharmaceutical science in England and Wales/ National Certificate pharmacy services in Scotland) require entrants to demonstrate a standard of English literacy and numeracy supported by the general equivalent to 4 GCSEs at grade A*-C.
- 5.19 Both of these requirements are explicit for all applicants wishing to complete these qualifications.

Types of evidence we will accept to demonstrate knowledge of English – non-UK qualified applicants

- 5.20 In our draft guidance we proposed that non-UK qualified applicants would be required to provide one of three possible types of evidence:
- Evidence type 1: A recent pass of the academic version of the International English Language Testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test.

- Evidence type 2: A recent pharmacy qualification that has been taught and examined in English from a country (other than the UK) where English is the first and native language.
- Evidence type 3: Recent practice for at least two years as a pharmacy professional in a country where English is the first and native language.

In Question 3 we asked

5.21 Do you agree that all non-UK qualified applicants should be required to provide the same type of evidence as specified under type 1, 2 or 3 in the guidance to demonstrate their knowledge of the English language?

Responses to Question 3	No. of respondents	% of respondents
Yes	78	76%
No	18	17%
Don't know	7	7%
Total number of responses	103	100%

5.22 Over three-quarters of respondents (76%) agreed with our proposals for non-UK qualified applicants. Less than a fifth (17%) disagreed.

5.23 A number of respondents provided further comments to this question. These included:

- A suggestion that a lower score than an overall score of 7 in the academic IELTS test should be acceptable.
- On the other hand, others wondered why we would accept a lower score compared with the score used by the General Medical Council (GMC)⁵.
- A suggestion that all non-UK qualified applicants should be required to pass the IELTS test, irrespective of country of qualification.
- A suggestion that the IELTS scores required for safe practice may vary for each of the four skills - reading, writing, listening and speaking in English - and a recommendation that these be reviewed to ensure they continue to be appropriate.
- A suggestion that the GPhC consider accepting English language tests other than the IELTS, such as the Occupational English Test (OET) and the Cambridge Advanced English (CAE) Test.

⁵ The General Medical Council requires an overall score of at least 7.5 in the academic level IELTS test and minimum scores of at least 7 in each of the four areas of reading, writing, listening and speaking in English.

- Requests to specify how recently a primary qualification that had been taught and examined solely in English in a country where English is the first and native language must have been obtained in order to be acceptable.
- Concern about the adequacy of accepting documentary evidence of recent practice of at least 2 years in a country where English is the first and native language.
- A query about what would happen in cases where English was an equal official language, as in Wales, for example, or in Quebec, province in Canada, and whether we would follow the GMC and provide a list of accepted countries where English is the first and native language.
- A query as to whether an internally set exam or face to face interview would be viable.

Our response

- 5.24 In developing our draft guidance on evidence of English language skills, we worked with the General Dental Council (GDC) and the Nursing and Midwifery Council (NMC), building on the guidance developed by the GMC, and on what we each currently require from our internationally qualified applicants.
- 5.25 The predecessor of the GPhC, the Royal Pharmaceutical Society of Great Britain, introduced a requirement for all internationally qualified pharmacists (excluding European applicants) to provide evidence of their English language competence as part of their application for eligibility to start the Overseas Pharmacists' Assessment Programme (OSPAP). All such applicants were required to pass the academic version of IELTS test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test.
- 5.26 Based on our experience of assessing language evidence from OSPAP applicants, our view is that an overall score of at least 7 in the academic version of the IELTS test, with no score less than 7 in each of the four areas of reading, writing, listening and speaking, at one sitting of the test, is the minimum score we would accept for registration purposes. It is also the same level that the NMC and GDC have set for nurses and midwives, and for dentists applying to join their respective registers.
- 5.27 In relation to evidence of a recent pharmacy qualification that has been taught and examined in English, we will clarify that by a 'recent pharmacy qualification' we mean a pharmacy qualification that was completed no more than 2 years ago at the point of making an application to the GPhC.
- 5.28 In relation to the adequacy of accepting documentary evidence of recent practice of at least 2 years as a pharmacy professional in a country where English is the first and native language, we intend providing further guidance. Employer(s) will be required to provide detailed written evidence of how the applicant has demonstrated their ability in the English language in the four areas of reading, writing, listening and speaking.

- 5.29 We are conscious that Welsh has equal legal status to English in Wales. However, the relevant European Directive, implemented by the Knowledge of English Order, states that Member States may only introduce language controls on one language per Member State. English is most appropriate for Great Britain.
- 5.30 In relation to whether a face to face interview would be a viable option, our requirements concerning evidence of English language competence are not designed to replace the important role that employers must continue to play in checking that the pharmacy professionals they seek to employ have the necessary knowledge of English to practise safely and effectively in the role, as part of their interview and selection processes.
- 5.31 We are committed to review our English language evidence requirements on a regular basis to ensure they remain suitable. We will give full consideration to new sources of evidence that can provide the necessary assurance that applicants and registrants have the necessary knowledge of English for safe and effective practice.

In Question 4 we asked

- 5.32 Do you agree that non-EEA qualified pharmacists applying for the OSPAP should be able to demonstrate their knowledge of the English language by providing either type 2 or 3 evidence as specified in the guidance?

Responses to Question 4	No. of respondents	% of respondents
Yes	76	80%
No	16	17%
Don't know	3	3%
Total number of responses	95	100%

- 5.33 The large majority of respondents (80%) agreed with our proposal that non-EEA qualified pharmacists applying for the OSPAP should be able to provide either type 2 or 3 evidence. This would be instead of requiring all such applicants to provide evidence that they have passed the academic version of the IELTS test and achieved the required scores in one sitting. Less than a fifth of respondents (17%) disagreed.
- 5.34 Three respondents who provided further comments were of the opinion that all pharmacists applying for the OSPAP should be required to pass the IELTS test and achieve the requisite standard. One respondent commented that the requirement to pass the academic level IELTS test and achieve an overall score of at least 7 with no score below 7 in each of the four test parameters was too high.

Our response

5.35 The responses we received were broadly supportive and we intend to permit applicants for the OSPAP to provide any one of the three possible types of evidence instead of requiring all such applicants to provide evidence that they have passed the academic version of the IELTS test and achieved the required scores in one sitting of the test.

In Question 5 we asked

5.36 Do you agree that, where relevant, non-UK qualified pharmacy technicians will be required to achieve the same scores in the academic version of the IELTS test as non-UK qualified pharmacists?

Responses to question 5	No. of respondents	% of respondents
Yes	72	77%
No	12	13%
Don't know	9	10%
Total number of responses	93	100%

5.37 Most respondents (over three-quarters, 77%) agreed that, where relevant, non-UK qualified pharmacy technicians should be required to achieve the same IELTS test scores as non-UK qualified pharmacists. Thirteen percent (13%) disagreed with the proposal.

5.38 Eight of the respondents providing further comments were of the opinion that pharmacy technicians should be required to demonstrate the same level of English language proficiency as pharmacists.

Comments included:

- *'they [pharmacy technicians] have just as much, if not more contact with patients'*
- *'they also provide often complex and sensitive information to other healthcare professionals'*
- *'we would support an equitable and standard approach to assessing language competence for all those on the register'*

5.39 Other respondents felt that the language skills required of pharmacy technicians to perform their job safely and effectively might be different from those of pharmacists and suggested that a standard setting study and research be conducted to establish the appropriate level.

- 5.40 Some felt that it might be harder for non-UK qualified pharmacy technicians to achieve the required scores in the IELTS test and that this requirement may be a considerable change for non-UK qualified pharmacy technicians, more so than for non-UK qualified pharmacists.
- 5.41 One respondent suggested, for example, that pharmacy technicians should be required to achieve an IELTS test score of 6.
- 5.42 However, another respondent felt that the acceptable test score should be the same as that set by the GMC, which is a minimum score of 7 in each area of the test with an overall score of at least 7.5.

Our response

- 5.43 The responses received were broadly supportive of our proposal. Both pharmacists and pharmacy technicians work with patients, carers, their families and other healthcare professionals in a variety of settings. Both should be required to demonstrate the same level of English language competence.
- 5.44 We will monitor the impact of our guidance and will keep the content under review.

When to provide evidence of knowledge of English for first registration – Question 6

- 5.45 In our draft guidance we proposed that where an EEA qualified pharmacy professional is required to complete a compensation measure we will ask them to provide evidence of their English language competence that meets our requirements before they can start working in a supervised capacity with patients, carers, their families, and other healthcare professionals.

In Question 6 we asked

- 5.46 Do you agree that EEA qualified applicants, who are required to complete a compensation measure under the General System provisions⁶, should be required to provide evidence of their knowledge of English before they can start to work in a supervised capacity?

Responses to question 6	No. of respondents	% of respondents
Yes	77	84%
No	10	11%
Don't know	5	5%
Total number of responses	92	100%

⁶ Articles 10 to 14 of Directive 2005/36/EC on the recognition of professional qualifications.

- 5.47 A large majority of respondents (84%) agreed with this proposal. Around a tenth (11%) disagreed.
- 5.48 12 respondents who provided further comments supported this proposal, with one respondent suggesting that inadequate language capability will make it difficult to acquire the knowledge and skills required by the compensation measure.
- 5.49 Other comments received included:
- *'We agree that it is sensible to assess that the English language competence of the individual meets requirements before they start working in a supervised capacity with patients. Although providing evidence of English competence is the first step, the supervising pharmacist should then give assurance of appropriate consultation skills.'*
 - *'Whilst we agree with this approach in principle, we are not sure it is appropriate or fair – under European equivalence arrangements – that English language assessment takes place before entering practice, if the same requirement is not also imposed on anybody entering supervised practice prior to registration (in GB training)'*

Our response

- 5.50 In our opinion, requiring EEA qualified pharmacy professionals to provide evidence of English language competency before they start a period of supervised practice is equitable and proportionate and is equivalent to the requirements imposed on non-EEA qualified pharmacists. Non-EEA qualified pharmacists are required to provide evidence of their English language competence before starting the Overseas Pharmacists' Assessment Programme (OSPAP).
- 5.51 It is also important to note here that our requirements concerning evidence of English language competence are not designed to replace the important role that employers must continue to play in checking that the pharmacy professionals they seek to employ have the necessary knowledge of English to practise safely and effectively in the role, as part of their interview and selection processes.

Renewal of registration- Question 7

- 5.52 Our draft guidance proposes that, at renewal, registrants would be required to specify whether they have evidence, information or documents demonstrating that they have the necessary knowledge of English. We are also proposing that registrants would be required to provide this evidence, if requested to do so by the Registrar.

In Question 7 we asked

- 5.53 Do you agree with the proposal that, at renewal, registrants would be required to:

- specify whether they had evidence to demonstrate their knowledge of the English language and
- provide this if requested to do so by the Registrar?

Responses to question 7	No. of respondents	% of respondents
Yes	48	53%
No	30	33%
Don't know	12	13%
Total number of responses	90	100%

5.54 This consultation proposal received the lowest number of responses in support. Just over a half of respondents (53%) agreed with the proposal. A third disagreed (33%). The remaining 12 respondents (13%) were unsure.

5.55 From a number of the further comments received, it was apparent that the wording of the guidance was insufficiently clear as to what would be required at annual renewal.

5.56 Comments received included:

- *'We would urge this exercise to require minimal administration – for example a self-declaration question as part of the renewal form should suffice. It would be helpful to confirm which types of evidence the registrant to confirm they hold – we have understood these to be the same as for registration. For many registrants we would expect their current employment to meet the evidence requirement.'*
- *'The implication of this section of the guidance (and this question) is that on each annual renewal a registrant will be required to provide evidence. We do not believe that this is what is intended if the registrant is already on the register, has had their language skills assessed (or is UK –exempted) and is working in the UK.'*
- *'Only if concerns had been raised about the quality of their English language skills.'*

Our response

5.57 The wording in this section of the guidance will be clarified. It is our intention that a registrant would be required to make a self-declaration as part of their application for renewal that they have the necessary knowledge of English for safe and effective practice and that, if requested to do so, they can provide the evidence, information or documents to support this declaration. They would not as a matter of routine be required to provide this evidence as part of the renewal process. A request for a registrant to provide evidence

could, for example, be made if a concern was raised that the registrant had insufficient knowledge of the English language.

Returning to the register- Question 8

5.58 In our draft guidance we proposed a number of criteria we would consider when determining whether a pharmacy professional would need to provide further evidence of their knowledge of English before returning to the register. The criteria included:

- the length of time they practised in GB before leaving the register
- the length of time off the register
- whether they had provided evidence of their English language competency at initial registration
- whether concerns had been raised about their English language competence while previously registered

In Question 8 we asked

5.59 Do you agree with our approach to requesting further evidence of knowledge of English before we return an applicant to the register?

Responses to question 8	No. of respondents	% of respondents
Yes	65	72%
No	18	20%
Don't know	7	8%
Total number of responses	90	100%

5.60 Just under three-quarters of respondents (72%) agreed with this proposal. A fifth disagreed.

5.61 Ten respondents who provided further comments supported this proposal and most were of the opinion that the sort of criteria we proposed taking into account seemed reasonable and, used as guidance to consider applications for return to the register, appeared fair and sufficiently flexible.

5.62 Comments received in support included:

- *'The approach looks reasonable and flexible to meet the many reasons and circumstances in which an individual may have lapsed their registration. We did wonder whether the inclusion of an indicative time-scale would be helpful and clarity on the range of evidence the GPhC will accept as evidence of English language skills.'*

- *'We agree with the approach concerning knowledge of English in relation to those seeking readmission to the register. We agree that a range of criteria should be considered for demonstrating competence in English and would suggest that clear guidelines be developed in relation to these in order to protect the interests of registrants and of the public alike.'*
- *'Each case may be different but guidelines such as these seem a good way forward.'*

5.63 Other comments included:

- *'Unless they were struck off for not being able to speak any English at all, there is no reason at all to go through that lengthy process.'*
- *In relation to proportionality: 'Is it expected that this would apply to all returnees or only those who initially qualified outside the UK.'*

Our response

5.64 The proposed process will apply to all persons applying to return to the register. Some pharmacy professionals apply to return to the register soon after their registration has lapsed, while others do so after having been off the register for a more significant period of time - for example, after having spent time practising abroad, or when returning to practice after a career break. Our guidance will include a non-exhaustive list of criteria which will give an indication to persons applying to return to the register of the matters we will take into account in determining whether to request further evidence of their knowledge of English before granting their application.

Concerns about language competence- Question 9

In Question 9 we asked

5.65 Do you agree that where there is an allegation or concern about a registrant's knowledge of English the registrant can be required to undertake the academic version of the IELTS test and achieve the required scores in one sitting?

Responses to question 9	No. of respondents	% of respondents
Yes	66	74%
No	15	17%
Don't know	8	9%
Total number of responses	89	100%

5.66 Around three-quarters (74%) of respondents agreed with this proposal. Less than a fifth (17%) disagreed.

- 5.67 A number of respondents queried whether it would be the registrants' responsibility or the GPhC's responsibility to cover the cost of the IELTS test if the registrant was requested to take this test.

Our response

- 5.68 Where an individual is making an application for registration or return to the register and they are requested to take an IELTS test to demonstrate that they have the necessary knowledge of English for safe and effective practice, then it would be for the individual concerned to pay for the test.
- 5.69 Where the GPhC receives a concern or allegation that a registrant may be practising and may not have the necessary knowledge of English, then the concern or allegation would be triaged and investigated in the same way as any other concerns or allegations we receive.
- 5.70 Where, as part of that investigation, the Registrar, Investigating Committee, or Fitness to Practice Committee requires the pharmacy professional to take the IELTS test and provide the results of that test to the GPhC, then the cost of that test would be borne by the GPhC.
- 5.71 It is important to note that employers have always been responsible for ensuring that any individual they employ has the necessary competence, including language competence, to carry out the duties they will be required to undertake. The Knowledge of English Order and our guidance do not replace this important role that employers must continue to play.

Appendix 1: Profile of individual respondents

Responses received from pharmacy professionals and members of the public

The breakdown of pharmacy professionals and members of the public who responded to the consultation are detailed in the table below.

Pharmacist	55
Pharmacy Technician	6
Member of the public	5
Other	1 (pharmacist/doctoral researcher)
Total number of respondents	67⁷

Location of respondents

We received responses to the consultation from across England, Scotland and Wales.

We received 6 responses categorised as 'other'; 1 each from Australia, Germany, Italy and Spain, and 2 from Romania.

England	52
Scotland	2
Wales	3
Northern Ireland	0
Other	6
Total number of respondents	63

⁷ Please note that the total number of respondents differs from question to question, as not all respondents answered all questions.

Appendix 2: Organisations that responded to the consultation

Responses from organisations

We received responses on behalf of 17 organisations. These are listed in the table below.

1.	Area Pharmaceutical Professional Committee, University Hospital Ayrshire & Arran
2.	Association of Pharmacy Technicians UK (APTUK) (email)
3.	Aneurin Bevan Community Health Council (email)
4.	Boots UK
5.	Cambridge English Language Assessment
6.	Celesio UK
7.	Community Pharmacy Wales (email)
8.	Grossman Pharmacy
9.	Guild of Healthcare Pharmacists
10.	Manchester Pharmacy School, The University of Manchester
11.	NHS Education for Scotland
12.	NHS Employers
13.	North Wales Community Health Council
14.	OET - Occupational English Test
15.	Pharmacy Voice (email)
16.	Rowlands Pharmacy
17.	Royal Pharmaceutical Society

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