

General  
Pharmaceutical  
Council

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# Consultation on English language guidance

September 2020



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# Contents

About the GPhC .....	4
Foreword.....	5
The consultation process .....	6
Our proposals on evidence of English language skills.....	8
Overview of the Occupational English Language Test (OET) .....	10
Revision to our guidance on evidence of English language skills.....	13
Consultation questions .....	14
Annex 1 - Details of the OET sub-tests .....	15
Annex 2- proposed guidance text.....	17

**The deadline for responding to this consultation is Thursday 6 November 2020**

# About the GPhC

## Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

## What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

# Foreword

One of the key ways in which we protect the public is by making sure that only pharmacists and pharmacy technicians with the knowledge and skills to practise safely and effectively can register and work in Great Britain.

This includes making sure that pharmacists and pharmacy technicians can communicate effectively in English. Patients and the public rightly expect that healthcare professionals involved in their care can clearly communicate with them. Allowing healthcare professionals without the necessary knowledge of English to practise in Great Britain could also put patient safety at risk.

We require everyone applying to register as a pharmacist or pharmacy technician to provide evidence, information or documents to show they have the necessary knowledge of English for the safe and effective practice of pharmacy before they can register.

The evidence provided by the applicant must be recent, objective, independent and robust. We also need to be able to easily check the evidence. We currently accept several different forms of evidence and keep under review any other forms of evidence that might meet our criteria.

In this consultation we are proposing to revise our Guidance on evidence of English language skills to include a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence, as an alternative to the International English Language Testing System (IELTS). This would give applicants for registration another option

for how they can demonstrate their competence in English, through a test that uses scenarios based on pharmacy practice.

We want to hear your feedback on our proposals, including whether you think these changes would enable us to continue to make sure that pharmacy professionals have the English language skills they need to practise effectively and keep patients safe. We look forward to hearing your views.



**Duncan Rudkin**  
Chief Executive and Registrar

# The consultation process

The consultation will run for 6 weeks and will close on Thursday 6 November 2020. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including:

- OSPAP providers
- organisations representing pharmacy owners and other employers (such as CCA, NPA, AIMP, and the NHS in three countries)
- organisations representing pharmacy professionals (such as the RPS, APTUK, and the PDA)
- patient representative groups, and others with an interest in this area

After the consultation, we will publish a report summarising what we heard.

## Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis and will consider the responses when approving the revised guidance on evidence of English language skills.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website [www.pharmacyregulation.org](http://www.pharmacyregulation.org).

## Why we consult

We are required to consult before we set any standards or requirements under the Pharmacy Order 2010. We will also consult where necessary to make sure we exercise our statutory functions effectively and proportionately to meet our overarching objective of protecting the public.

## Responding to the consultation

### How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

### How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's



name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it but we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

### Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you, and you may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

### How to respond

You can respond to this consultation by going to [pharmacyregulation.org/English-language-skills-consultation](https://pharmacyregulation.org/English-language-skills-consultation) and filling in the online questionnaire there.

We encourage respondents to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at [consultations@pharmacyregulation.org](mailto:consultations@pharmacyregulation.org).

### Other formats

Please contact us at [communications@pharmacyregulation.org](mailto:communications@pharmacyregulation.org) if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

### Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to: [feedback@pharmacyregulation.org](mailto:feedback@pharmacyregulation.org), or post them to us at:

**Governance Team**  
**General Pharmaceutical Council**  
**25 Canada Square**  
**London E14 5LQ**

Please do not send consultation responses to this address.

# Our proposals on evidence of English language skills

We have required evidence of English language ability from applicants to join the register as a pharmacist or pharmacy technician since the introduction of The Health Care and Associated Professions (Knowledge of English) Order 2015 (the 'knowledge of English order'). The knowledge of English order made changes to the Pharmacy Order 2010, by:

- introducing 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
- introducing a new ground for fitness to practise proceedings of not having the necessary knowledge of English, and
- placing a statutory duty on us to consult and publish guidance on the evidence, information or documents to be provided by an applicant to show that they have the necessary knowledge of English. We are also required to consult if we wish to make any changes to the published guidance

We first consulted on guidance on evidence of English language skills in September 2015. This guidance was approved by our governing Council at its meeting in September 2016, in preparation for a new law coming into force on

21 November 2016. We have applied this guidance to all new applicants joining or returning to the register from 21 November 2016 onwards.

## The evidence we currently accept

The evidence we currently accept must:

- be recent<sup>1</sup>, objective, independent and robust
- clearly demonstrate that the applicant can read write and communicate with patients, pharmacy services users, relatives and healthcare professionals in English, and
- be readily verifiable by us

We currently accept three types of evidence.


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.
2. A recent pharmacy qualification that has been taught and examined in English from a majority English speaking country<sup>2</sup> such as Ireland, United States of

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<sup>1</sup> When we refer to 'recent', we mean evidence relating to English language competence that is less than two years old at the point of making an application to the GPhC.

<sup>2</sup> The countries we accept as being 'a majority English speaking country' are based on the Home Office list of majority English speaking countries, plus Ireland, as set out in the Home





America, Australia and New Zealand. The entire course must have been taught and examined in English and at least 75% of any in-service training including clinical interaction, contact with patients, carers and other healthcare professionals as part of that course must have been conducted in English.

3. Recent practice for at least two years as a pharmacy professional in a majority English speaking country. The applicant is required to provide a detailed written reference from their employer with evidence to demonstrate their ability in the four areas of reading, writing, listening and speaking in English.

Therefore, at present where an applicant can only provide evidence of their English language skills by passing an English language test, they are required to pass the academic version of the IELTS test. This is the only English language test we currently accept.

## Concerns about language competence

Our current guidance sets out that if we receive an allegation or have concerns that a registrant

may not have the necessary knowledge of English, the registrar, Investigating Committee or Fitness to Practise Committee can require the registrant to sit the academic level IELTS test and achieve the required score of at least 7 with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test.

## An alternative English language test to the IELTS

In this consultation we are proposing to revise our guidance on evidence of English language skills to include a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence. Where an individual takes the Pharmacy OET, they would be required to score at least a B in each of the four areas of reading, writing, listening and speaking in English at one sitting of the test. This is equivalent to our current requirement for a recent pass of the academic version of IELTS 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. We would continue to accept a recent pass of the International English Language Testing System (IELTS) as evidence.

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Office's guidance document ***English language requirements: skilled workers***

# Overview of the Occupational English Language Test (OET)

The OET is the only English language test specifically for healthcare professionals. There are 12 different versions of the OET, to test health practitioners from the 12 professions of nursing, medicine, dentistry, occupational therapy, optometry, physiotherapy, pharmacy, radiotherapy, speech pathology, podiatry, dietetics and veterinary science. The NMC and GMC already accept the OET as evidence of an applicant's English language competence as an alternative test to the IELTS test.

The OET, like IELTS, is part-owned by Cambridge Assessment English. The OET for Pharmacy is applicable to both pharmacists and pharmacy technicians and is accepted by pharmacy regulators such as the Pharmacy Board of Australia and the Pharmaceutical Society of Ireland.

The OET differs from IELTS in that it assesses language skills using real healthcare communication scenarios that candidates are likely to meet in the workplace.

The OET meets our criteria in that the test:

- **is objective, independent and robust**

The test materials are developed by expert test writers in collaboration with subject matter experts, including practising pharmacy professionals and academics from pharmacy schools and training programs. The OET is delivered at more

than 145 test venues in 44 countries using secure test facilities and trained staff. Additional features include robust candidate identity and malpractice checks and tests assessed centrally.

- **tests candidates' ability to read, write, listen and speak in English**

The writing and speaking sub-tests are specific to pharmacy, while the reading and listening tests cover general health-related subjects.

- **is readily verifiable by us**

The OET programme provides a secure results verification portal for recognising organisations to check the authenticity of an applicant's OET results online in a quick, secure and reliable way.

## The structure and content of the OET

OET was developed with a focus on the ability to communicate in the workplace.

For example, a candidate taking the pharmacy speaking test might be required to reassure an anxious patient or explain a technical process in lay person's terms.

There is a separate sub-test for each skill area assessed by OET: listening, reading, writing and speaking.



**Table 1: Test format overview**

Sub-test	Duration	Content	Shows candidates can:
Listening	40 minutes	3 parts Common to all 12 professions	Follow and understand a range of health-related spoken materials, such as patient consultations and workplace communication.
Reading	60 minutes	3 parts Common to all 12 professions	Read and understand different types of text on health-related subjects.
Writing	45 minutes: (40 writing, 5 reading)	1 task Specific to each profession	Write a letter in a clear and accurate way which is relevant to the reader.
Speaking	20 minutes	2 tasks Specific to each profession	Effectively communicate in a real-life context using role-plays.

For further details of the structure of the OET please see Annex 1.

### **How the OET results compare to the IELTS scores we accept**

For an IELTS test certificate to be acceptable as evidence of an applicant's English language competence, it must show a recent pass of the academic version of the 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.

There is no overall grade for OET. In the OET candidates receive a separate grade for each sub skill of language proficiency – listening, reading, writing and speaking. Grades are scored on a numerical scale 0 – 500 alongside an alphabetic score range from A (highest) to E (lowest).


Below are the OET scores compared to IELTS scores and level descriptors for each grade<sup>3</sup>.

<sup>3</sup> Lim, G. *The OET and IELTS: A Benchmarking Report*: Cambridge Assessment English, UK 2016 (2016, updated October 2017).

**Table 2: Comparison of OET scores and IELTS scores**

IELTS	Numerical score	Alphabetical score	Band descriptor
8.0 - 9.0	450 - 500	A	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.
7.0 - 7.5	350 - 440	B	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.
6.5	300 - 340	C+	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/ her field of specialisation.
5.5 - 6.0	200- 290	C	
Less than 5.5	100 - 190	D	Can maintain some interaction and understand straightforward factual information in his/ her field of specialisation but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.
	0 - 90	E	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/ she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdown in communication.

A score of at least a B in each of the four areas of reading, writing, listening and speaking in the Pharmacy OET equates to a score of at least 7.0 in the IELTS.



# Revision to our guidance on evidence of English language skills

In this consultation we are proposing to revise our guidance on evidence of English language skills to include a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence, as an alternative to a recent pass of the International English Language Testing System (IELTS).

This would mean that the Pharmacy OET would be accepted as an alternative to IELTS for eligibility to start the Overseas Pharmacists' Assessment Programme and for registration.

In all cases, we are proposing that applicants must score at least a B in each of the four areas of reading, writing, listening and speaking at one sitting of the test to meet the level of English language ability required.

Where we receive an allegation or have concerns that a registrant may not have the necessary knowledge of English, the registrar, Investigating Committee or Fitness to Practise Committee can require the registrant to pass either the academic version of the IELTS or the Pharmacy OET and provide evidence of having achieved the accepted pass scores at one sitting of the test.

See Annex 2 for a draft of the revised section guidance on evidence of English language skills.

## Consultation questions

We welcome your views on the following consultation questions. Please go to [pharmacyregulation.org/English-language-skills-consultation](https://pharmacyregulation.org/English-language-skills-consultation) to fill in the online survey.

We are proposing to accept a pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence. This would mean that the Pharmacy OET can be used as evidence for registration purposes and where we receive an allegation or have concerns that a registrant may not have the necessary knowledge of English. We are proposing that the Pharmacy OET would be an alternative test to the International English Language Testing System (IELTS) which we would continue to accept.

- 1. Do you agree or disagree that the GPhC should accept the Pharmacy OET as evidence of English language competence?**
- 2. What is the reason for your answer?**
- 3. Do you agree or disagree that the GPhC should define an acceptable pass of the Pharmacy OET as a score of at least a B in all four areas of reading, writing, listening and speaking in one sitting of the test?**
- 4. What is the reason for your answer?**

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race/ethnicity
- religion or belief
- sex
- sexual orientation

- 5. What type of impact do you think our proposals will have on individuals or groups who share any of the protected characteristics?**

We also want to know if our proposals will have any other impact on any other individuals or groups (not related to protected characteristics), including patients, pharmacy employers, pharmacy staff and potential applicants to the GPhC register.

- 6. Do you think our proposals will have a positive or negative impact on these individuals or groups?**
- 7. Please give comments explaining your answers to questions 5 and 6 above, or comments on any other individuals or groups you think may be impacted. Please describe the individuals or groups concerned and the impact you think our proposals would have.**

# Annex 1 - Details of the OET sub-tests

## Listening sub-test

The listening sub-test consists of three parts:

### Part A: consultations

Part A consists of an audio-recorded, simulated professional-to-patient consultation with gap-fill (short answer) questions, covering a partial case history.

### Part B: workplace communication

Part B consists of an audio-recorded professional-to-professional interaction with multiple-choice questions.

### Part C: short talk or interview:

Part C consists of an audio-recorded short talk or interview on a healthcare topic with multiple-choice questions.

The audio recordings include a wide range of English-speaking accents, including Australian, New Zealand, British, Irish and North American voices.

## Reading sub-test

The reading sub-test consists of three parts:

### Part A: workplace text

This is a summary reading task on workplace text. Candidates are required to skim and scan four short texts (a total of about 650 words) related to a single health-related topic and to answer matching, gap-fill and short answer question types. Candidates are required to write responses for 25-35 gaps in total, within a strictly monitored time limit of 15 minutes. This reading task is designed to test the candidate's ability to source information from multiple texts, to synthesise information in a meaningful way and to assess skimming and scanning ability under a time limit.

### Parts B and C: workplace texts

Candidates are required to read two passages of 600-800 words each on general health topics and answer multiple choice questions for each text, a total of 16-20 questions within a time limit of 45 minutes. Parts B and C are designed to assess candidates' ability to read, in greater detail, general and specific information for comprehension.

### Writing sub-test

The writing sub-test involves a task in which candidates, via interaction with a set of clinical case notes, produce a letter (usually of referral) to another professional. The letter must record the treatment offered to date and the issues to be addressed by the other professional, following instructions given within the test. The letter must take account of the stimulus material presented in the case notes.

The body of the letter must consist of approximately 180-200 words and be set out in an appropriate format. The test has a time limit of 45 minutes.

### Speaking sub-test

The speaking sub-test is a test of the candidate's oral use of English language to communicate in a simulated health-related consultation.

The simulated consultation is between a patient and a health practitioner, with the candidate taking the role of the pharmacist or pharmacy technician and the interlocutor taking the role of the patient or patient's relative or carer. The candidate and the interlocutor interact face-to-face. It consists of two simulated consultations in the form of two role-plays.



# Annex 2- proposed guidance text

This annex shows the amendments we propose to make to the text relevant to English language testing, in the *Guidance on evidence of English language skills* document.

## Introduction

One of the key ways in which we protect the public is by making sure that only pharmacists and pharmacy technicians with the knowledge and skills to practise safely and effectively can register and work in Great Britain.

This includes making sure that pharmacists and pharmacy technicians can communicate effectively in English. Patients and the public rightly expect that healthcare professionals involved in their care can clearly communicate with them. Allowing healthcare professionals without the necessary knowledge of English to practise in Great Britain could also put patient safety at significant risk.

We require everyone applying to register as a pharmacist or pharmacy technician to provide evidence, information or documents to show they have the necessary knowledge of English for the safe and effective practice of pharmacy before they can register.

We publish guidance setting out the evidence, information or documents applicants for registration must provide to show they have the necessary knowledge of English to practise safely in Great Britain and the processes we must follow to check this.

## How this affects you

This guidance setting out the evidence, information or documents you must provide to show you have the necessary knowledge of English to practise safely in Great Britain applies to registrants and to all applicants seeking registration. It therefore applies:

- irrespective of whether you are applying to register as a pharmacist or pharmacy technician and
- irrespective of whether you qualified as a pharmacy professional:
- in the United Kingdom (UK),
- in another European Economic Area (EEA) member state or Switzerland, or
- in a country outside of the UK, EEA or Switzerland.

We must refer to this guidance when you apply to register or restore your entry to the register to check whether you have the necessary knowledge of English for the safe and effective practice of pharmacy. We can refuse to register you if you do not provide evidence of your knowledge of English, or where the evidence you provide does not meet the criteria set out in this guidance.

Please be aware that our requirements concerning evidence of English language skills do not replace the very important role that employers will continue to play in checking that you have the necessary knowledge of English to practise safely and effectively in the role you are

applying for, as part of their interview and selection process.

### Criteria for assessing language evidence

Our criteria for assessing evidence and information in relation to knowledge of English are set out below. The criteria reflect our objective of ensuring patient safety and provide us with adequate assurance that you have the necessary knowledge of English for the safe and effective practice as a pharmacy professional in Great Britain before we can register you.

The evidence you provide must demonstrate your competence in the four areas of:

- reading
- writing
- listening, and
- speaking in English

and must:

- be recent\*, objective, independent and robust;
- clearly demonstrate that you can, read, write and communicate with patients, pharmacy service users, relatives and healthcare professionals in English; and
- be readily verifiable by us

\*When we refer to 'recent' throughout this guidance, we mean evidence relating to English language skills that is less than two years old, qualifications which were awarded less than two years ago, or practice which was completed less than two years ago at the point of making an application to the GPhC.

### Types of evidence we will accept to demonstrate your knowledge of English

#### UK qualified applicants

If you are a UK qualified applicant wanting to register as a pharmacist having completed:

- a GPhC accredited Master of Pharmacy degree from a university within the UK and
- pre-registration training and the registration assessment within the UK

you will in most cases automatically satisfy the registrar that you meet the English language requirements for registration.

If you are a UK qualified applicant wishing to register as a pharmacy technician having completed an approved knowledge and competency qualification in the UK while working under the supervision, direction or guidance of a registered pharmacist or pharmacy technician in Great Britain (GB), Northern Ireland, the Channel Islands or the Isle of Man, you will in most cases automatically satisfy the registrar that you meet the English language requirements for registration.

#### Non-UK qualified applicants

There are different ways in which you may be able to demonstrate that you have the necessary knowledge of English to practise in Great Britain and this is reflected in the types of evidence we will accept.

We will 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 us with the assurance that you have the necessary knowledge of English. Where we are satisfied



that new evidence can meet our criteria we will consult on changing our guidance to include it.

We have set out below the types of evidence we will accept as demonstrating that you have the necessary knowledge of English to practise as a pharmacy professional in GB.

### **Evidence type 1a:**

A recent pass (from a test taken less than two years ago at the point of making an application to the GPhC) of the **academic version of 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.

We may accept IELTS test scores that are more than two years old if you can provide evidence to demonstrate that you have maintained your English language proficiency during that time. This can be for example if you have subsequently worked as a pharmacy professional in a majority English speaking country and at least 75 per cent of your day to day interaction with patients, carers, their families and other healthcare professionals has been in English.

### **Evidence type 1b**

A recent pass (from a test taken less than two years ago at the point of making an application to the GPhC) of the **Pharmacy Occupational English Language Test (OET)** test with a score of at least a B in each of the four areas of reading, writing, listening and speaking at one sitting of the test.

We may accept Pharmacy OET scores that are more than two years old if you can provide evidence to demonstrate that you have

maintained your English language proficiency during that time. This can be for example if you have subsequently worked as a pharmacy professional in a majority English speaking country and at least 75 per cent of your day to day interaction with patients, carers, their families and other healthcare professionals has been in English.

### **Evidence type 2:**

A recent pharmacy qualification (which was awarded less than two years ago) that has been taught and examined in English in a majority English speaking country other than the UK. The countries we accept as being 'a majority English speaking country' are based on the Home Office list of majority English speaking countries, as set out in the Home Office's guidance document **English language requirements: skilled workers**, plus Ireland.

The entire course must have been taught and examined in English and at least 75 per cent of any in-service training including clinical interaction, contact with patients, their carers and other healthcare professionals as part of that course of study must have been conducted in English.

You will need to be able to show that your training provided you with the opportunity to demonstrate your ability in reading, writing, listening and speaking in English.

### **Evidence type 3:**

Recent practice (completed less than two years ago at the point of making an application to the GPhC) for at least two years as a pharmacy professional in a majority English speaking country.

You will be required to provide a detailed written reference from your employer(s) as to your knowledge of English. As part of this reference an employer will be required to provide evidence of how you have demonstrated your ability in the four areas of reading, writing, listening and speaking in English.

If you were required to pass an English language test before being permitted to register and practise as a pharmacy professional in another majority English speaking country, then you can provide evidence of having passed such an English language assessment.

### **If a concern about language competence is raised while you are on the register**

Under the law<sup>4</sup>, your fitness to practise may be considered to be impaired on the basis that you do not have the necessary knowledge of English. If we receive an allegation or have concerns ourselves that you do not have the necessary knowledge of English and as a result your fitness to practise may be impaired then this will be treated as an allegation that will be dealt with via the fitness to practise process.

Such cases will be dealt with in a similar way to any other allegation of impaired fitness to practise. If you are subject to such an allegation or concern the registrar, Investigating Committee or Fitness to Practise Committee can require you to be assessed as to your knowledge of English. If this happens you will be required to sit either:

- the academic version of the IELTS test and achieve an overall score of at least 7

with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test;

or

- the Pharmacy OET and achieve a score of at least a B in each of the four areas of reading, writing, listening and speaking at one sitting of the test.

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<sup>4</sup> Article 51(1)(ca) of the Pharmacy Order 2010





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