

Consultation on revised guidance on evidence of English language skills

December 2020



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Executive summary

Background

This report presents an analysis of the views we heard in response to our recent consultation on revised guidance on evidence of English language skills. In the consultation we proposed 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. We currently accept a recent pass of the International English Language Testing System (IELTS) as evidence and we will continue to do so.

We also proposed that individuals who take the Pharmacy OET 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 the IELTS. For the IELTS we require 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.

The consultation consisted of an online survey, which was open for six weeks from 24th September 2020 until 6th November 2020. Respondents were asked for their views on our proposals, as well as the impacts that they felt our proposals may have on different individuals or groups.

In total, we heard from **456** respondents. **446** of these respondents identified themselves as individuals and **10** responded on behalf of an organisation.

Key findings from our analysis of the respondents views are presented below.

Key findings

General views

Almost all respondents agreed with our proposal to introduce the Pharmacy OET as evidence of English language competence. Similarly, four out of five respondents agreed with our proposed definition of an acceptable pass being a score of at least a B in each of the four areas of reading, writing, listening and speaking in English at one sitting of the test.

The pharmacy OET assesses language relevant for pharmacy practice

The main reason why respondents agreed with our proposal to accept the Pharmacy OET as evidence of English language competency is because they felt that it tests language which is highly relevant for pharmacy practice. Many respondents highlighted that the Pharmacy OET is an occupational test specifically designed for pharmacy professionals and it assesses language that registrants will use and encounter in their daily working lives.

The IELTS is not an appropriate test

Although we did not directly seek views on the IELTS test, a key theme raised by many respondents was that the IELTS is less appropriate for assessing the language competency of healthcare workers compared with the Pharmacy OET. The main rationale put forward for this position was that they felt the IELTS is a general test of the English language and that it does not test language specific to pharmacy.

Versions of the OET are accepted by others

Many respondents supported the introduction of the Pharmacy OET because they knew that other healthcare regulators and organisations accept versions of the OET, both in the UK and abroad. For example, the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) were often cited as being healthcare regulators that accept the OET - these respondents argued that if it is available and appropriate for doctors and nurses then it should also be available for pharmacy professionals.

Disagreement with introducing the Pharmacy OET

A small number of respondents left comments expressing disagreement with our proposal to accept the Pharmacy OET as evidence. These respondents felt that our existing systems already worked well, and they did not see any point in making changes to them.

Requiring B for all four areas is the right level

Generally, respondents felt that requiring B for all four areas of reading, writing, listening and speaking was the right level, with most of these respondents commenting that this was an acceptable, fair or reasonable standard to set. It was felt that this score was realistic and attainable for them, whilst still requiring a high standard.

Lower grades are needed, particularly for writing

A number of respondents disagreed with requiring four Bs, stating this level was too high. In particular, many of these respondents argued that requiring a B for writing was too difficult.

Grades across more than one sitting should be allowed

A number of respondents also disagreed with our proposal to only accept scores from one sitting of the test. While some of these respondents felt that requiring Bs for each area was fair, they argued that candidates should be able to combine their scores across multiple attempts, often within a specific timeframe such as one year or several months.

Impact of the proposed changes

Impact on potential applicants to the GPhC register

Respondents commonly voiced that our proposals would have a large positive impact on potential applicants to the GPhC register. For many respondents, introducing the Pharmacy OET meant more candidates would have the opportunity to demonstrate their competency in English, and therefore be able to register and practise as pharmacy professionals in the UK. This was a tremendous relief for some respondents, especially those who have failed the IELTS exam and been unable to practise as a result.

Impact on the pharmacy sector

Most respondents agreed that our proposals would have a positive impact on pharmacy employers and pharmacy staff. Furthermore, some respondents asserted that accepting the Pharmacy OET as evidence would mean that more people would be able to register with us, which would alleviate pressure on the existing workforce and pharmacy teams, which they mentioned as being currently overstretched.

Impact on patients

Some respondents felt that our proposals would positively impact patients. A number of respondents felt that professionals with better communication skills, and pharmacy teams under less strain, would deliver better services. In turn, this would improve healthcare outcomes for patients.

Impact on people sharing particular protected characteristics

Most respondents felt that our proposals would have a positive impact on all nine of protected characteristics as defined in the Equalities Act 2010, with the top three characteristics that would benefit being age, disability and race.

The consultation: what we did

1. Policy background¹

- 1.1. 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.
- 1.2. We have required evidence of English language ability from all applicants joining 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’). Prior to that, overseas applicants were required to provide evidence of having passed the academic version of the IELTS as part of their application for the Overseas Pharmacists’ Assessment Programme (OSPAP).
- 1.3. At the moment, 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.
- 1.4. 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. To achieve a pass, they must score 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.
- 1.5. **In the consultation we proposed:**
 - 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. We would continue to accept a recent pass of the International English Language Testing System (IELTS) as evidence.
 - that individuals who take the Pharmacy OET 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.

¹ See [Appendix 1: Summary of our proposals](#) for more detail

Analysis of consultation responses: what we heard

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes. In each column, the number of respondents ('N') and their percentage (%) is shown. The last column in each table captures the views of all survey respondents combined ('Total N and %'). The responses of individuals and organisations are also shown separately to enable any trends to be identified.

NB. See [Appendix 2: About the consultation](#) for details of the consultation survey and the number of responses we received, and [Appendix 3: Our approach to analysis and reporting](#) for full details of the methods used.

2. Views on accepting the Pharmacy OET as evidence of English language competency

All respondents were asked whether they agreed or disagreed with our proposal to accept the Pharmacy OET as evidence of English language competence. There was space to leave a comment to explain their response.

Table 1: Views on accepting the Pharmacy OET as evidence of English language competence

Do you agree or disagree that the GPhC should accept the Pharmacy OET as evidence of English language competence?	N and % individuals	N and % organisations	N and % Total
Agree	430 (96%)	8 (80%)	438 (96%)
Disagree	11 (2%)	0 (0%)	11 (2%)
Don't know	5 (1%)	2 (20%)	7 (2%)
Total N of responses	446 (100%)	10 (100%)	456 (100%)

2.1. Summary of table 1

Overall, a very large majority of respondents agreed with our proposal to accept the Pharmacy OET as evidence of English language competence (96%). Agreement among individuals (96%) was higher than organisations (80%; NB. only 10 organisations responded). However, whilst 2% of individuals disagreed, and 1% selected 'don't know', no organisations disagreed – instead the remaining 20% selected 'don't know'.

Around two-thirds of respondents left comments explaining their response to this question. An analysis of the themes found in their responses is presented below.

2.2. Summary of themes

Most of the responses to this question agreed with our proposal to introduce the Pharmacy OET as evidence of English language competency. The most common themes found, in order of prevalence, were:

- The Pharmacy OET assesses language relevant for pharmacy practice
- The IELTS is not an appropriate test
- Versions of the OET are accepted by other healthcare regulators and organisations
- The Pharmacy OET is a more suitable test than the IELTS
- Other agreement with introducing the Pharmacy OET
- Disagreement with introducing the Pharmacy OET

These themes are explored in more detail in the sections that follow.

2.3. The pharmacy OET assesses language relevant for pharmacy practice

Almost half of individuals, and most organisations, who left comments agreed with our proposal to introduce the Pharmacy OET because they felt this test is highly relevant for pharmacy practice. Many of these respondents highlighted that the Pharmacy OET is an occupational test specifically designed for pharmacy professionals and assesses language that they will regularly use and encounter at work.

Given the Pharmacy OET assesses pharmacy and healthcare specific content, these respondents felt it will provide a better measure of how well an individual can communicate with patients and colleagues. In a real sense, considering how vital communication is for effective healthcare provision, some respondents felt that introducing the Pharmacy OET would help to drive improvements in patient safety.

Some respondents voiced that the test aligns with medical terms they learnt throughout their pharmacy training, often having studied in English, meaning studying for the Pharmacy OET will serve to reinforce and solidify their existing knowledge. In this way, studying for the Pharmacy OET was seen as beneficial for preparing for practice in the UK.

2.4. The IELTS is not an appropriate test

About a quarter of respondents who commented felt that the IELTS is an inappropriate test of English language competency for pharmacy professionals. Citing the fact that the academic version of IELTS is a general test of English language, these respondents see the IELTS as being an unfair barrier to practice, given it does not assess the language they require for their roles.

Many of these respondents explained that they, or people they knew, had failed the IELTS on multiple occasions. These respondents claimed that the IELTS is too hard, with the marks being set too high. In particular, the writing section was highlighted as being too difficult, and often the only section where the required mark of 7 was not achieved. On top of being expensive, repeatedly failing the IELTS means they cannot practise in the UK despite, they felt, being competent and qualified to do so. Some of these respondents reported feeling disheartened and that they were on the verge of giving up on practising in the UK.

2.5. Versions of the OET are accepted by others

Many respondents supported the introduction of the Pharmacy OET because they knew other healthcare regulators and organisations accept versions of the OET, both in the UK and abroad. For example, the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) were often

cited as being healthcare regulators that accept the OET - these respondents argue that if it is available and appropriate for doctors and nurses then it should also be available for pharmacy professionals.

Other organisations were also named as accepting the OET. A few respondents mentioned that Health Education England (HEE) recognises the OET as a suitable test for healthcare professionals. Finally, a few respondents highlight that healthcare regulators in other English-speaking countries, such as Ireland, Australia and New Zealand, accept the OET as evidence of English language competence. As such, these respondents felt that the Pharmacy OET is a well-established and reputable test of English and should therefore be accepted by the GPhC.

2.6. The Pharmacy OET is a more suitable test than the IELTS

In addition to testing content relevant for pharmacy practice, discussed in section 2.3, a large number of respondents felt that the Pharmacy OET is more suitable for a range of other reasons as well. For instance, respondents claimed the Pharmacy OET is easier to pass than the IELTS, more flexible and accessible for overseas applicants, or a very reliable English language test, which is at least as good as the IELTS if not more so. They felt that introducing the Pharmacy OET was absolutely necessary and would increase their chance of being able to register with us and practise in their chosen field.

2.7. Other agreement with introducing the Pharmacy OET

The following reasons were also provided by respondents who agreed with introducing the Pharmacy OET:

- A few respondents felt it was important that we accept more than one test, so that individuals can choose for themselves which option is most suitable for them.
- A few respondents felt that the UK needs more pharmacists, and that the Pharmacy OET would speed up registration for overseas candidates.
- Very few respondents stated that medical and healthcare professionals should use one standardised test for English language competency, tailored for each profession, which the OET provides.

2.8. Disagreement with introducing the Pharmacy OET

A small number of respondents left comments expressing disagreement with our proposal to accept the Pharmacy OET as evidence. A number of these respondents felt that the existing system already works and did not see any point in changing it.

Additionally, it was mentioned that overseas candidates who have recently attained an MPharm degree, or another degree, in English, should not be required to pass an English language test of any kind, including the Pharmacy OET. In this case, requiring candidates to pass an English language test was seen by these respondents as a money-making exercise by the GPhC², and as unnecessary.

A few argued that the Pharmacy OET focused too much on technical medical language, whereas general knowledge of English was needed for communicating with the public. Other respondents thought that the OET was too basic, or easy, and cautioned against lowering the standard which could in turn impact patient care. Finally, a very small number said that they had already studied for an upcoming IELTS test, and felt it was unfair to introduce the Pharmacy OET now.

² NB. The GPhC does not receive any fees from candidates sitting English language tests.

3. Views on the definition of an acceptable pass on the Pharmacy OET

Next, respondents were asked whether they agreed or disagreed 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. They could also leave a comment to explain their response.

Table 2: Views on the test scores required for an acceptable pass of the Pharmacy OET

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?	N and % individuals	N and % organisations	N and % Total
Agree	351 (79%)	8 (80%)	359 (79%)
Disagree	64 (14%)	0 (0%)	64 (14%)
Don't know	31 (7%)	2 (20%)	33 (7%)
Total N of responses	446 (100%)	10 (100%)	456 (100%)

3.1. Summary of table 2

Most respondents (79%) agreed with an acceptable pass of the pharmacy OET being defined as a score of at least a B in all four areas (reading, writing, listening and speaking) in one sitting of the test. Agreement was similar across individuals (79%) and organisations (80%; NB. only 10 organisations responded). However, organisations and individuals differed in their opposition to this proposal. Whilst no organisations disagreed, and 20% didn't know, 14% of individuals disagreed with our proposed pass scores and 7% didn't know.

Around half of respondents left comments explaining their response to this question. An analysis of the themes found in their responses is presented below.

3.2. Summary of themes

Most of the responses to this question expressed agreement with our proposal to 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. The analysis below presents the themes found, with those in agreement presented first, followed by disagreement, then neutral, as listed here:

- Requiring B for all four areas is the right level
- General support
- Other agreements with requiring B for all four areas
- Lower grades are needed, particularly for writing
- Grades across more than one sitting should be allowed
- Neutral view on B grade minimum

These themes are explored in more detail in the sections that follow.

3.3. Requiring B for all four areas is the right level

Many respondents agreed that requiring B for all four areas of reading, writing, listening and speaking was the right level, with most of these respondents commenting that this was an acceptable, fair or reasonable standard to set. It was felt that this score was realistic and attainable, whilst still requiring a high standard.

Some respondents made the point that these are the equivalent scores required for the IELTS test, and it made sense to align them given we are proposing to accept both tests. A small number of these respondents also commented that, given the IELTS is scored numerically, we needed to robustly show how we have determined these are equivalent scores across the two tests.

Again, some respondents welcomed the alignment of our proposals with other regulators. They highlighted that this is the standard required by the GMC for doctors, so it should be the same for pharmacy professionals. Lastly, a few respondents deemed grades of B for all areas as necessary to prove that the professional could communicate effectively with colleagues and patients, ensuring a high standard of patient care.

3.4. General support

Some respondents expressed their support with this proposal more generally, but without going into much detail. These respondents stated that it was necessary to maintain a high standard of care and ensure pharmacy professionals were competent in communicating in English and that they were satisfied with the proposal.

3.5. Other agreements with requiring B for all four areas

A small number of respondents left other reasons for why they felt the requirement of four Bs was appropriate, including that:

- these scores align with band 1 on the Common European Framework of Reference for Languages (CEFR) English language test, which has been shown as the right level for healthcare workers
- the GPhC has shown these grades are equivalent to those needed for the IELTS test
- if you attain these scores, it shows you are fluent in English
- other institutions have also set this as an acceptable pass

3.6. Lower grades are needed, particularly for writing

A number of respondents, generally individuals rather than organisations, disagreed with requiring four Bs, stating this level was too high. In particular, many of these respondents argued that requiring a B for writing was too difficult. These respondents often cited personal experience, or the experience of others they knew, who performed at or above the required standard for all other areas on the IELTS, but only reached 6.5 for writing, even after multiple tries. This was viewed as an unfair barrier to practice, given they felt they had demonstrated their English language competency sufficiently in other areas. Others claimed that the writing section was graded too harshly compared with the other sections. Many of these respondents felt that a C for the writing component should be accepted, rather than B³. A small number of respondents noted that the NMC allowed a score of C+ on the writing component of the OET, and we should do the same.

³ NB. Research undertaken by the providers of the Pharmacy OET found that B grades are equivalent to a score of 7 in the IELTS test

Some respondents had more general suggestions about lowering the scores. For instance, they felt we should accept C grades for some, or all, areas rather than four Bs. This approach would ensure that the test wasn't too hard, enabling individuals to register and start practising more quickly. It was claimed that their English would only improve further as they interacted with patients and colleagues on the job.

3.7. Grades across more than one sitting should be allowed

A number of respondents, again individuals rather than organisations, also disagreed with our proposal to only accept scores from one sitting of the test. While a number of these respondents felt that requiring Bs for each area was fair, they argued that candidates should be able to combine their scores across multiple attempts, often within a specific timeframe such as one year or several months. The rationale for this view was that if a candidate could achieve a B in all four areas across two tests, within a period of several months, then it demonstrated they had the required competency and it was unlikely that their skills will have changed significantly during that period.

Another suggestion put forward was that candidates should only need to repeat the areas that they did not achieve the required grade. These respondents argued that requiring candidates to repeat areas where they previously demonstrated competency was unfair and a waste of time.

3.8. Neutral view on B grade minimum

A small number of respondents felt neutral about our proposed definition of an acceptable pass. These respondents commonly said that they did not have a clear understanding of what the grades meant in practice, or that they were not familiar with the grading system, so couldn't judge.

Some of these respondents stated that it was our job to set the right level, and the important thing is that we ensure registrants demonstrate they can competently communicate with patients, the public and their colleagues. A few respondents suggested that we initially monitor the pass rates of the Pharmacy OET after we introduce it, to check that they are set at the right level.

4. The impact of the proposals on specific groups

We asked respondents whether they felt our proposals would have a positive or negative impact on patients, pharmacy employers, pharmacy staff and potential applicants to the GPhC register. Respondents could leave a comment to explain their responses.

Table 3: Views on the impact of our proposals on patients

Do you think our proposals will have a positive or negative impact on...?	N and % individuals	N and % organisations	N and % Total
Patients			
Yes – positive impact	377 (85%)	5 (50%)	382 (84%)
Yes – positive and negative impact	9 (2%)	3 (30%)	12 (3%)
Yes – negative impact	8 (2%)	0 (0%)	8 (2%)
No impact	35 (8%)	2 (20%)	37 (8%)
Don't know	17 (4%)	0 (0%)	17 (4%)
Pharmacy employers			
Yes – positive impact	403 (90%)	5 (50%)	408 (89%)
Yes – positive and negative impact	7 (2%)	1 (10%)	8 (2%)
Yes – negative impact	7 (2%)	1 (10%)	8 (2%)
No impact	17 (4%)	3 (30%)	20 (4%)
Don't know	12 (3%)	0 (0%)	12 (3%)
Pharmacy staff			
Yes – positive impact	393 (88%)	5 (50%)	398 (87%)
Yes – positive and negative impact	11 (2%)	2 (2%)	13 (3%)
Yes – negative impact	8 (2%)	0 (0%)	8 (2%)
No impact	21 (5%)	3 (30%)	24 (5%)
Don't know	13 (3%)	0 (0%)	13 (3%)
Potential applicants to the GPhC register			
Yes – positive impact	404 (91%)	7 (70%)	411 (90%)
Yes – positive and negative impact	9 (2%)	3 (30%)	12 (3%)
Yes – negative impact	9 (2%)	0 (0%)	9 (2%)
No impact	10 (2%)	0 (0%)	10 (2%)
Don't know	14 (3%)	0 (0%)	14 (3%)
Total	446 (100%)	10 (100%)	456 (100%)

4.1. Summary of tables 3

Overall, most respondents said that our proposals would have a positive impact on all groups, which was notably the highest for potential applicants to the GPhC register (90%), and pharmacy employers (89%), but also for pharmacy staff (87%) and patients (84%).

Differences between individuals and organisations were detected, with proportionately more individuals (ranging from 85% to 91%) reporting our proposals would lead to positive impacts compared with organisations (50 to 70%; NB. only 10 organisations responded).

Small numbers of respondents indicated that our proposals would lead to positive and negative impacts (2 to 3% for all groups), negative impacts (2% for all groups), or no impact (2 to 8% for all groups).

4.2. Summary of themes

Around one-third of respondents left comments explaining the impacts they felt our proposals would have. The themes relating to impacts on the specific groups mentioned were:

- Impact on potential applicants to the GPhC register
- Impact on the pharmacy sector
- Impact on patients
- Other impacts

These themes are explored in more detail in the sections that follow.

4.3. Impact on potential applicants to the GPhC register

The most common theme that emerged from responses to this question was that our proposals would have a large positive impact on potential applicants to the GPhC register. For many respondents, introducing the Pharmacy OET meant potential candidates would have the opportunity to demonstrate their competency in English, and therefore be able to register and practise as pharmacy professionals.

This was a tremendous relief to a large number of respondents, especially those who have failed the IELTS exam and been unable to practise as a result. For those whose pharmacy careers have been on hold, or who wish to relocate to the UK to improve their quality of life for themselves and their families, the positive impact cannot be overstated. The option of sitting the Pharmacy OET is therefore seen as hugely promising and is a welcomed prospect for these respondents.

In addition, some felt having to prepare and sit the Pharmacy OET, rather than the IELTS, would lead to significantly lower stress for potential applicants. A few argued that applicants may even feel more motivated at the prospect of sitting the Pharmacy OET, because they will find the topics much more interesting to study for, leading to improved performance, better English competency, and higher well-being.

A small number of respondents identified negative impacts on potential applicants. For example, stress on applicants, and their close family members, was raised as a concern – it was felt that the requirement to attain the required grades in a single sitting led to undue pressure. Lastly, very few mentioned that the time required to prepare for the test, and its cost, were a burden on candidates.

4.4. Impact on the pharmacy sector

Some respondents felt that our proposals would help to lift the reputation of the pharmacy sector as a whole by improving the services offered by pharmacy professionals. More specifically, commonly cited

beneficiaries included pharmacy employers, pharmacy staff, the pharmaceutical industry, and the wider NHS.

Frequently, respondents asserted that accepting the Pharmacy OET as evidence meant that more people would be able to register with us, which would alleviate pressure on the existing workforce and pharmacy teams which they believed are currently overstretched. This would mean that employers would have an easier job locating suitable employees, and pharmacy staff would be reassured that their colleagues had the right skills to competently communicate with them and their patients. Several respondents highlighted the importance of communication in the execution of good teamwork, which is hugely important when delivering pharmacy services.

At the same time, this proposal was seen as a positive way of increasing diversity within the pharmacy workforce because it would encourage and help more people from overseas to register.

A very small number of respondents identified negative impacts on the pharmacy sector stemming from our proposals. For example, it was mentioned that the rising number of pharmacists on the register may lead to increased competition for existing pharmacy professionals to find work.

4.5. Impact on patients

Some respondents felt that our proposals would positively impact patients. A number of respondents felt that professionals with better communication skills, and pharmacy teams under less strain, would deliver better services. In turn, this would improve healthcare outcomes for patients. Additionally, a greater number of multi-cultural and multi-lingual members of pharmacy teams would mean they are better able to communicate with the diverse public which they serve.

Some of these respondents felt that registrants who passed the Pharmacy OET would have superior knowledge and recall of medical terms in English. This means they would be better placed to accurately explain complex details about treatments and medicines, ultimately leading to better understanding and self-management of their care among patients.

Finally, a small number of respondents cautioned that if our proposals served to widen and dilute the language requirements for potential applicants, then it was possible patient care could be compromised.

4.6. Other impacts

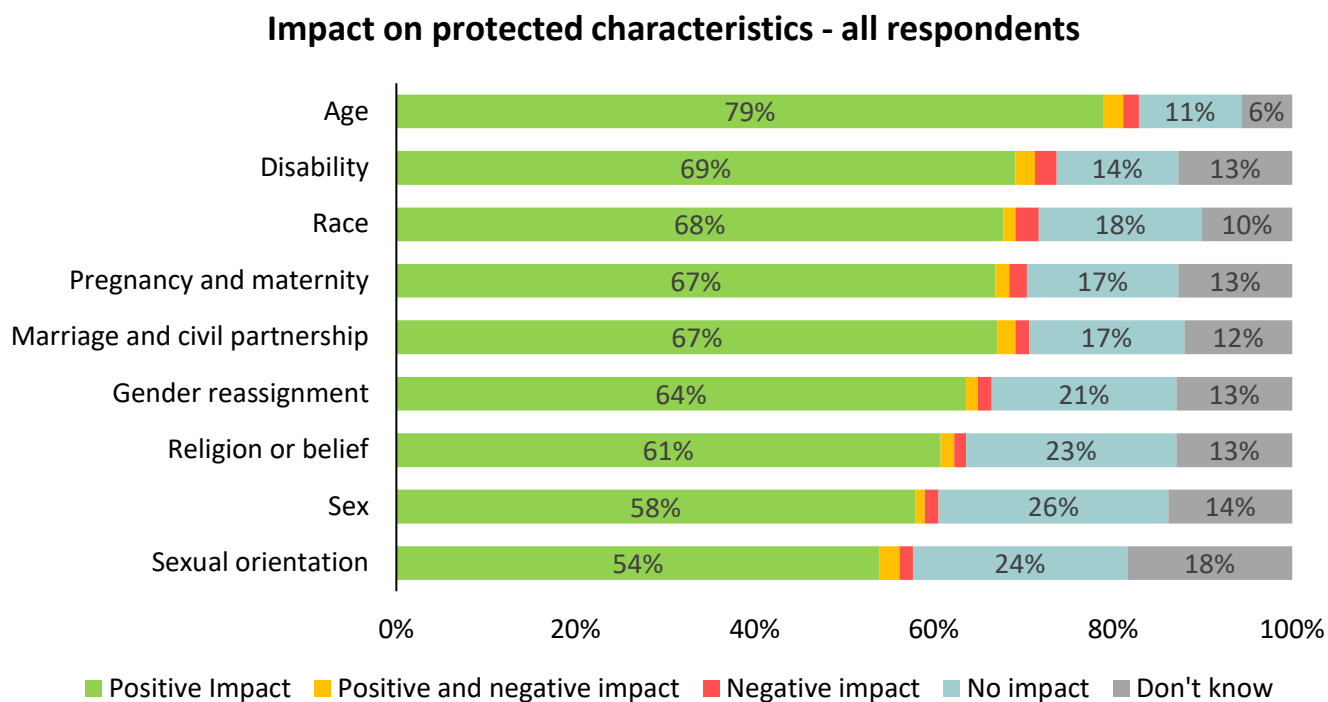
A small number of other impacts were identified by a few respondents, summarised below:

- More registered pharmacy professionals will mean less pressure on GPs, which is especially important given the pressure they are under in the current COVID-19 pandemic.
- General English among these registrants may be poorer in the short term.

5. The impact of the proposals on people sharing particular protected characteristics

Lastly, respondents were asked whether they felt our proposals would have a positive or negative impact on any individuals or groups sharing any of the protected characteristics as defined in the Equalities Act 2010.

Figure 1: Views of all respondents (N = 456) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



5.1. Summary of figure 1

Figure 1 shows that, for all protected characteristics, most respondents felt that our proposals would have a positive impact (ranging from 54% to 79%). The top three characteristics that respondents felt our proposals would positively impact were age (79%), disability (69%) and race (68%). The bottom three were sexual orientation (54%), sex (58%) and religion or belief (61%).

Very few respondents (fewer than 4% for all) felt that our proposals would have a negative impact, or both a positive and a negative impact, on any of the protected characteristics. (NB. these bars do not have the percentages displayed on the figure due to lack of space).

To see the breakdown in responses by individuals and organisations, see '[Appendix 5: The impact of our proposals on people sharing particular protected characteristics](#)'

5.2. Summary of themes

Around one-third of respondents left comments explaining the impacts they felt our proposals would have. Themes relating to the impacts on protected characteristics were grouped into the following:

- Equal impact on all protected characteristics
- Impact on age
- Impact on disability
- Other impacts on protected characteristics

5.3. Equal impact on all protected characteristics

The most common view among respondents who left comments relating to protected characteristics was that our proposals would positively benefit all groups. These respondents reasoned that our proposals would increase choice and reduce stress for potential applicants, improve communication (both with patients and between practitioners), and lead to general positive impacts for all involved in receiving and providing pharmacy services, regardless of the characteristics they share.

5.4. Impact on age

A very small number of respondents felt that our proposals would positively benefit different age groups. For example, some argued that older patients require greater clarity in communication so they would benefit from registrants who had superior English language skills. Others felt that potential applicants would benefit from not having to spend so much time on passing the language test requirements for registration, so presumably they would be able to register at a younger age than previously.

5.5. Impact on disability

A small number of respondents noted that the Pharmacy OET can be taken at home, and that this will benefit disabled candidates. However, when the test is sat in a testing centre, a few respondents wanted greater assurance around the adjustments that are available for disabled candidates. Specifically, assurance was sought that the same special arrangements allowed with the IELTS are also available at the OET testing centres. However, it was noted by a few that extra time on the exam is allowed for disabled students, as in case with the IELTS.

Similar to age, some patients with disabilities were identified by a very small number of respondents as benefiting from clearer communication, which was presumed to stem from introducing the Pharmacy OET.

5.6. Other impact on protected characteristics

Very few respondents highlighted the following other impacts on individuals or groups sharing protected characteristics:

- The use of voice recordings, but not video, in the Pharmacy OET was seen as a positive way to reduce prejudice (based on gender, race or otherwise) when the speaking section is graded.
- Pregnant patients, who are often very eager to correctly follow all clinical advice, may benefit from clearer communication.
- Females were occasionally mentioned as benefiting from our proposals, but no further details were provided.

Appendix 1: Summary of our proposals

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 recent⁴, 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 country⁵ such as Ireland, United States of 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.

⁴ 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.

⁵ 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 Office's guidance document ***English language requirements: skilled workers***

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 and pass the academic level IELTS test. To achieve a pass, they must score 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 propose 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.

Appendix 2: About the consultation

5.7. Overview

The consultation was open for six weeks, beginning on 24th September 2020 and ending on 6th October 2020. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses, although we received no responses through these channels.
- we sent out a launch email to key stakeholders to notify them about the consultation – OSPAP providers, pharmacy owners and employers, trade and professional bodies, patient representative groups. All were asked to share the consultation through their networks.
- we also promoted the consultation via social media by tweeting throughout the consultation period.

5.8. Survey respondents

In total, we heard from **456** respondents. **446** of these respondents identified themselves as individuals and **10** responded on behalf of an organisation.

Full details of the profile of respondents to the online survey is given in '[Appendix 4: Respondent profile: who we heard from](#)'. For transparency, '[Appendix 6: Organisations](#)' provides a list of the organisations that have engaged in the consultation through the online survey. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

Appendix 3: Our approach to analysis and reporting

5.9. Overview

Every response received during the consultation period has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations. Where the views of organisations and individuals differed from one another, these have been highlighted in the analysis.

The consultation questions are provided in ‘[Appendix 7: Consultation questions](#)’.

5.10. Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been aggregated for each question.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A small number (fewer than 5) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one percentage point when combining two or more response categories. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting ‘don’t know’. Routing was used where appropriate to enable respondents to skip questions that weren’t relevant. Skipped responses are not included in the tables for those questions.

5.11. Qualitative analysis

This analysis report includes a qualitative analysis of all online responses to the consultation from individuals and organisations.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the thematic analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of the written responses using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

5.12. The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed/categorical question on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the survey questions. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the quantitative results contained in the tables.

Appendix 4: Respondent profile: who we heard from

The survey began with a series of introductory questions seeking information from the respondents. For example, individuals were asked whether they were pharmacy professionals, or potential applicants to the GPhC register, and in what setting they usually worked in. Organisational respondents were asked about the type of organisations they represented. These data are presented in the tables below.

Category of respondents

Table 4: Responding as an individual or on behalf of an organisation

Are you responding: <i>(Base: all respondents)</i>	Total N	Total %
As an individual	446	98%
On behalf of an organisation	10	2%
Total N of responses	456	100%

Profile of individual respondents

Table 5: Countries

Where do you live? <i>(Base: all individuals)</i>	Total N	Total %
England	272	61%
Scotland	25	6%
Wales	10	2%
Northern Ireland	5	1%
Other	134	30%
Total N of responses	446	100%

Table 6: Respondent type

Are you responding as: <i>(Base: all individuals)</i>	Total N	Total %
a non-UK qualified pharmacist or pharmacy technician wishing to register with the GPhC	298	67%
a member of the public	55	12%
a pharmacist practising in the UK	46	10%
other	39	9%
a pharmacy technician practising in the UK?	8	2%
Total N of responses	446	100%

Table 7: Sector of work

Please choose the option below which best describes the area you mainly work in (<i>Base: all individuals</i>)	Total N	Total %
Community pharmacy (including online)	163	42%
Hospital pharmacy	115	29%
Other	49	13%
Research, education or training	26	7%
Pharmaceutical industry	22	6%
GP practice	9	2%
Primary care organisation	5	1%
Care home	1	0%
Prison pharmacy	1	0%
Total N of responses	391	100%

Table 8: Size of community pharmacy

Which of the following best describes the community pharmacy you work in (or own)? (<i>Base: individuals working in community pharmacy</i>)	Total N	Total %
Large multiple pharmacy chain (Over 100 pharmacies)	58	35%
Independent pharmacy (1 pharmacy)	45	27%
Independent pharmacy chain (2-5 pharmacies)	38	23%
Small multiple pharmacy chain (6-25 pharmacies)	12	7%
Medium multiple pharmacy chain (26-100 pharmacies)	9	5%
Online only pharmacy	2	1%
Total N of responses	164	100%

Profile of organisational respondents

Table 9: Type of organisation

Please choose the option below which best describes your organisation (<i>Base: all organisations</i>)	Total N	Total %
Organisation representing pharmacy professionals or the pharmacy sector	4	40%
Research, education or training organisation	4	40%
Organisation representing patients or the public	2	20%
Total N of responses	10	100%

Equality monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise.

Appendix 5: The impact of our proposals on people sharing particular protected characteristics

Figure 2: Views of individual respondents (N = 446) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

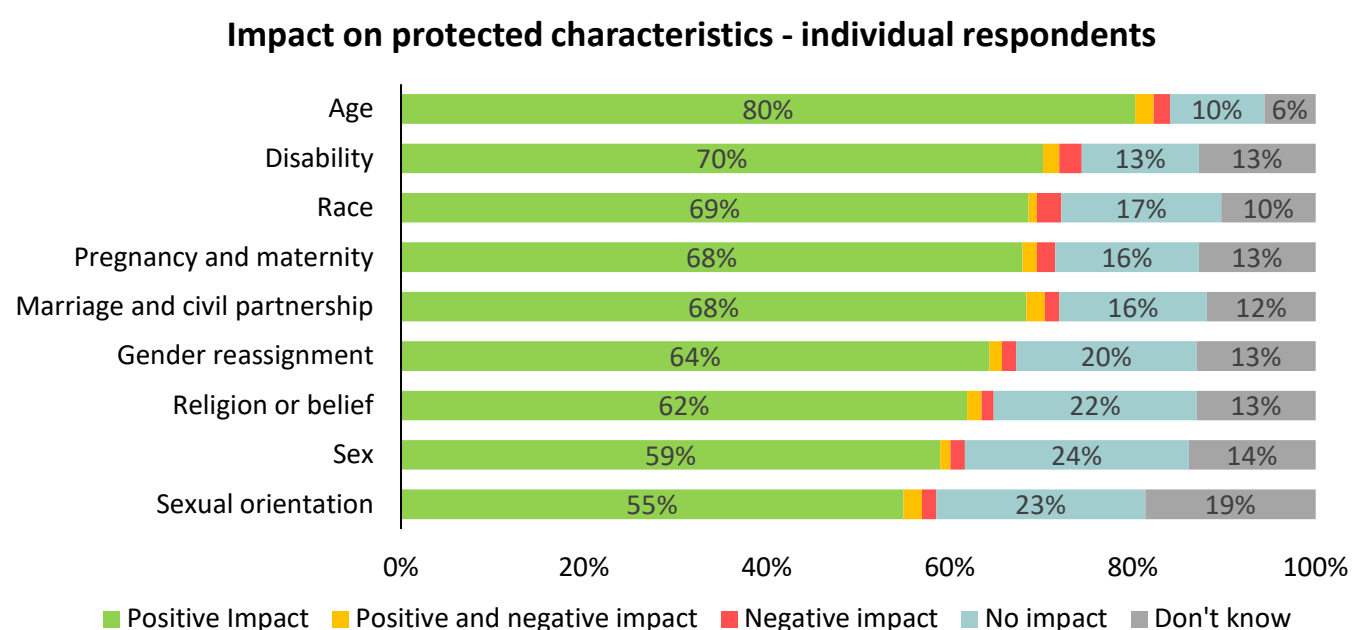
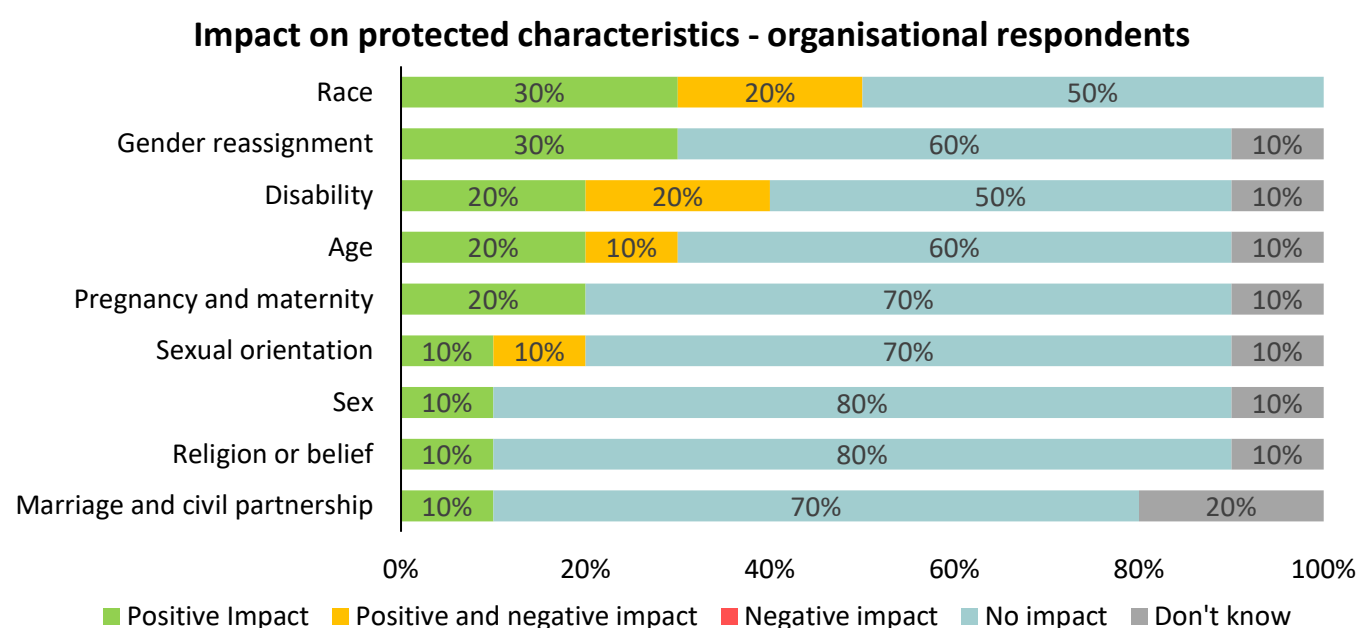


Figure 3: Views of organisations (N = 10) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



Appendix 6: Organisations

The following organisations engaged in the consultation by responding to the online survey⁶:

Acumen

Centre for English Language Teaching (Cardiff)

Community Health Voice

Community Pharmacy Scotland

Egyption

Community Pharmacy Workforce Development Group

NHS Health Education England

The National Pharmacy Association

Skills Recognition Scotland

⁶ One organisation requested that their response remained confidential so their name is not listed.

Appendix 7: Consultation questions

Consultation questions

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?

Equality impact

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.

