Royal College of Nursing

RCN policy position on language testing and response to the NMC's new guidance

POLICY RESPONSE

Royal College of Nursing

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1. Introduction

The Royal College of Nursing (RCN) was pleased to be able to work with the Nursing & Midwifery Council (NMC) on improving the guidance on language testing requirements.

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, we are the voice of nursing across the UK and the largest professional union of nursing staff in the world. Our members work in a variety of hospital and community settings in the NHS, independent and third sector. We promote patient and nursing interests on a wide range of issues by working closely with the Governments of the UK and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

2. Context

The NMC has agreed three options for how internationally educated nurses can demonstrate appropriate English competency. Previously, international nurses were restricted in how they could do this, with many being required to complete an International English Language Test (IELTS).

Going forward, the three options are:

1. **An academic IELTS level 7 or an alternative test that matches its criteria including mapping to IELTS level 7.0; or**
2. **Completion of a recent pre-registration nursing or midwifery programme that has been taught and examined in English; or**
3. **Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language.**

This submission includes a comprehensive RCN position statement on language testing, our view on the present use of IELTS, and recommendations for future change. This is based on a comprehensive evidence-gathering exercise, including engagement with members of the nursing profession and an international evidence review. We had begun this work before the approach from the NMC on this issue and include the results of the work here.

We have also responded to the specific proposals and questions from the NMC.

3. Background and overview

The present system

All internationally educated nurses looking to work in the UK must provide evidence of English competency to the NMC. This requirement differs slightly depending on whether these nurses were trained inside or outside the European Economic Area (EEA).

In 2005 nurses from outside the EEA, including countries where English is the primary language (such as Canada and Australia), were required to take the academic version of the International English Language Test (IELTS). In 2007 the minimum score level was increased to 7.0 across the four test modules of reading, writing, speaking and listening.

In 2016 this requirement was partly extended to nurses coming from within the EEA. As part of registration with the NMC, these nurses are currently required to provide suitable evidence that they are able to communicate in English. If they are unable to, then they will also need to complete an IELTS test and to achieve the same minimum level of 7.0 across all four modules.

There have been widely publicised concerns from employers, providers and our members – usually Directors of Nursing – that this system may be preventing qualified nurses from being recruited into the UK's health and social care system, especially from the EEA. This concern has focused in particular on the contextual appropriateness and difficulty of IELTS.

Summary of our evidence findings

Language testing, and the use of IELTS in particular, has proven a challenging issue to address in large part because of a pervasive lack of data. We know of two key trends. The first is that fewer EEA nationals are joining the nursing workforce. Between 2016 and 2017 new EEA registrations to the NMC fell by 30%. However, we have no data to connect this drop to IELTS.

We also know that more EEA nationals are leaving the register. Analysis conducted by the NMC has shown that between 2013 and 2017 numbers of established EEA registrants leaving the profession altogether increased from 1,173 to 3,081 (a rise of 162%). When asked for the reasons why they were leaving, 58% said they had already made plans to leave but 32% said that Brexit was an important factor, while 32% said that working conditions (such as staffing levels and workload) were driving their decision. While this will inevitably put pressure on workforce shortages in the UK, it has nothing to do with IELTS.

In addition, our international comparisons evidence found no further evidence to suggest that the use of IELTS and its pegging at level 7.0 in other countries has caused delays to the admission of international nurses in those jurisdictions.

What this suggests is that the challenge facing international recruitment in the UK stems in part from a weakening of the overall EEA supply, which is being driven by complex factors including Brexit, worsening conditions for the UK nursing workforce as well as improved economic prospects in the EEA. While IELTS may not be helping this situation, it is unlikely to be the root cause.

Further evidence for this can be seen in the social care sector, which employs more unregulated health care support workers and where there are no language testing requirements. For example, a 2017 EU Workforce Survey conducted by NHS

Providers, NHS Employers and the Shelford Group found that of 81 providers (80 NHS trusts/ foundation trusts and one social enterprise) only 36% have a strategy in place to recruit from the EEA in 2017, down from 49% in 2016.

The weakening international supply is very likely to exacerbate the challenging situation in which nursing in the UK finds itself. Research conducted by the RCN has found that vacancy rates have increased across the UK but doubled in England in the last three years to over 40,000. Of the senior nurse leaders who participated in this research, 90% said they were concerned about recruiting new staff, whilst 84% were concerned about retaining current staff.

Based on this evidence, we are of the view that while the present language testing system could be improved, we do not believe it is primarily responsible for the present challenges in recruiting international nurses to the UK. To address this we repeat our call for the Governments of the four UK countries to work with us and other parts of the sector to develop a workforce model that invests in making careers in nursing and midwifery attractive and viable for UK nationals, as well as maintaining a reasonable and appropriate pipeline of nursing staff from outside the UK.

In terms of specific interventions that would help make this happen, we support the findings of the Migration Advisory Committee's (MAC's) 2016 Partial Review of the Shortage Occupations List (SOL). In that report, the MAC said that the present nursing shortage was mostly down to factors that could, and should, have been anticipated by the various departments of health and their related bodies, and that the restraint on incentives designed to attract and retain UK nationals into nursing careers – such as the pay cap – was a choice made by Government and not an immutable fact.

We agree with this view and believe that the current challenge facing international recruitment is a warning that these failings have yet to be meaningfully addressed.

4. Our position statement and recommendations

We welcome the NMC's proposed changes. We believe that effective communication and language proficiency are critical for providing safe and effective care for patients, and that getting this right is absolutely vital but also very difficult.

This is because English language goes beyond just understanding patient needs. It is also about ensuring that every nurse has confidence in the communicative ability of their colleagues to deliver instructions, understand and work effectively with other members of the wider integrated health care team, and act quickly to keep patients alive and well in highly pressurised environments.

Designing a system that gives assurance over these skills is extremely challenging and we do not believe that a 'perfect' model exists. We know that many of our members, employers and providers have expressed concerns about the present language testing system and the perceived impact that it is having on the ability of the sector to recruit internationally educated nurses. For that reason we believe this consultation is both timely and necessary.

The language testing requirement is a vitally important issue – not only for patient care, which is the clear remit of the NMC, but also for the image and reputation of nursing, which is the clear remit of the RCN. To reflect this we have engaged widely with our profession and key stakeholders while developing a robust international evidence base to underpin this position statement.

In August 2017 we sent out a survey to nurses across the UK – irrespective of whether they were members of the RCN. This survey sought to gauge their views and experiences of the current language testing system. We were interested to understand what they thought the advantages and drawbacks of this approach are and, based on this experience, whether or not they would recommend that the NMC change it. Alongside our international evidence review, these survey results form the foundation for our response to the NMC's draft guidance.

The results of this survey are reflected in the body of this response, and also available in Appendix 1.

In addition, our international evidence review looked at four alternative English language testing models for overseas nurses (New Zealand, Australia, Canada and the United States). We wanted to understand the variety of models available and to identify timely, relevant observations and insights for how the UK might improve its present approach.

As with the results of our survey, our international comparisons evidence underpins our position and our response to the NMC and a full report of this evidence is available in Appendix 2.

Based on this work:

1. **We recommend that the NMC continue to use IELTS as a means to evidence competency in English.**

We recognise that trusts/boards and other providers of health and social care are struggling to recruit overseas nurses. However, we believe that language testing is not, and should not be, used as a shortcut method to plug gaps in the workforce. Language testing is a matter of public protection and an integral part of ensuring that we have a skilled and competent profession. We oppose any effort to alter the language testing system in order to accommodate short-termism in workforce planning.

As stated earlier, we have noted that growing numbers of EEA staff are leaving the workforce while the wider EEA labour supply shows signs of contracting in the aftermath of the Brexit vote and improving economic conditions in the EEA. In light of this, we believe that while the present language testing system could be improved, it is not primarily responsible for the current recruitment challenges.

We would also point out that IELTS is not a new requirement for many internationally educated nurses. For example, those coming from outside the EEA have been required to take it and to score a minimum of 7.0 since 2007, while EEA nurses will only need to take IELTS if they can't provide any other form of evidence that they are able to speak English sufficiently.

However, we do recognise that more needs to be done to monitor the test outcomes for nurses in order to consider whether any changes should be made in the future.

2. We recommend that the NMC maintain its minimum IELTS score of 7.0 at least until there has been an open review of the writing module of the test, or unless robust evidence emerges that this score level does not assure public protection.

Any testing regime needs to be robust and command the confidence of the public. Besides the potential impact on patient safety, our research made us consider the risks posed to the image of nursing should IELTS scores be lowered or if an 'easier' test were to replace it.

Doing this, we believe, would reinforce the stereotype that nurses are less skilled and less competent compared with other health professionals (such as doctors). We believe it is vitally important that we consider this issue within our long-term mission to change public and political attitudes, which are struggling to keep pace with the rapid progression of our profession.

To illustrate this point, the General Medical Council (GMC) undertook an assessment of IELTS in 2013. It concluded that IELTS is an appropriate instrument for assessing the language ability of internationally educated doctors and that the score requirements should be revised upwards to an overall level of 8.0 compared to the present level of 7.5.

While the GMC's research did acknowledge the potential value of adapting profession-specific testing systems in other countries as a complementary requirement to English language testing, the move to push for higher IELTS scores should be an important consideration for us.

3. We recommend that the NMC should recognise other comparable English tests to give nurses a choice.

We recognise that there are issues and concerns with IELTS and these are likely to take time to resolve. One viable option to help ease this without compromising the robustness of existing standards would be for the NMC to recognise other comparable English tests alongside IELTS, and to set equivalent minimum score requirements for these.

We believe that this could include a mix of generic academic English tests similar to IELTS and possibly more nursing-specific options such as the Australian-designed Occupational English Test (OET) among others. However, the NMC will need to consider whether the unique health care context and different English style marries sufficiently with the UK, so as to provide sufficient public protection assurance.

We would also note the challenges that these sorts of tests pose. For example, our research has shown that compared with IELTS, the OET is much more restricted in terms of its availability and significantly more costly to take.

4. We recommend that the NMC work with other regulators and organisational users of IELTS to improve the experience of test-takers, especially around providing feedback.

This issue came through strongly in our survey results. We believe it is unreasonable for the operators of IELTS not to provide tailored feedback to those who do not pass the test. IELTS is a costly requirement and its owners should invest more in supporting test-takers to pass it.

5. We recommend that the NMC monitor how prospective registrants are faring with IELTS and publish data on marks achieved so that we can better identify future issues.

One of the most significant challenges in assessing concerns about IELTS this time around has been the pervasive lack of robust data on test-taker performance. This needs to change to ensure that we are addressing substantive challenges with well-informed solutions. We also recommend that future data collection and analysis identify scores at the modular level since many of our survey respondents told us that the writing module is unnecessarily difficult.

We do note that the NMC has indicated this will be a priority going forward, and we welcome this.

6. **We recommend that the NMC instate a two-year review period of its English language testing system to ensure that it is the best possible approach.**

This should allow the NMC, in partnership with ourselves and other stakeholders, to review and analyse test-taker data, to understand its impact on safe and effective care and to recommend future changes if necessary.

7. **In the medium term, we recommend that the NMC evaluate the potential for a nursing-specific English test.**

This could be a separate test (such as the Canadian CELBAN) or a specially designed module within existing testing frameworks (such as the Australian Occupational English Test). However, the development of any such option should be costed in such a way that registrant fees do not rise.

5. Our response to the NMC's proposed evidence standards

Evidence type 1: Academic IELTS level 7 or an alternative test that matches our criteria including mapping to IELTS level 7.0.

Should the NMC accept language assessments other than IELTS?

Yes. We recognise that there are issues and concerns with IELTS. One viable option to help ease this without compromising the robustness of existing standards would be for the NMC to recognise other comparable English tests alongside IELTS, and to set equivalent minimum score requirements for these.

What other tests should we consider?

Our international evidence review has highlighted the Australian Occupational English Test (OET), the Test of English as a Foreign Language internet-based test (TOEFL), the Pearson Test of English (PTE Academic) and the Canadian CELBAN as viable tests that have parity with IELTS level 7.0 and are used by other English-speaking countries to assess internationally educated nurses alongside IELTS.

However, an important consideration is that the OET, the PTE Academic and the CELBAN have been developed within the unique linguistic and health care contexts of Australia and Canada respectively. We would therefore advise that when looking at these tests the NMC objectively consider whether these differences could raise any public protection issues and/or impact on applicants with protected characteristics.

We would also advise that the NMC make clear to prospective overseas registrants the differences in cost and availability of these tests, so that they are able to make an informed decision about which option works best for them.

Do you agree with our criteria for accepting additional English language tests and do these criteria provide sufficient public protection?

Yes. The criteria set out appear reasonable and are consistent with current NMC policy with regards to IELTS. However, we would advise that the NMC be more explicit and specific on the criterion "the test must be recent and verifiable". Within the draft guidance the NMC mentions a two-year expiration for any English language tests. We agree with this but would advise that this requirement be consistently set out.

Evidence type 2: A recent pre-registration nursing or midwifery programme that has been taught and examined in English.

Should the language evidence requirements for those wishing to join the register from the EEA and overseas be aligned?

The RCN supports the streamlining of language requirements for EEA and non-EEA nurses. However, it needs to be clear what "recent" pre-registration programme means. We would argue that the NMC's existing definition should continue to apply on this issue - that submitted evidence should not be older than two years.

Does the following supporting criteria provide sufficient public protection? "that a non-UK nursing or midwifery course taught in English is composed of at least 50% clinical interaction and that 75% of this clinical interaction with patients, service users, their families and other healthcare professionals must have taken place in English."

The RCN supports the requirement that 75% of the clinical interaction part of the programme should take place in English.

However, we are not clear what the evidence base is for requiring that nursing programmes be composed of at least 50% clinical interaction overall, and have doubts about how this would be mapped internationally. We would advise that the NMC liaise with its partner regulators to gauge how viable this approach would be before committing to it firmly.

Evidence type 3: Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language.

Should the language evidence requirements for those wishing to join the register from the EEA and overseas be aligned in this respect?

The RCN supports the streamlining of language requirements for EEA and non-EEA nurses.

However, we would advise the NMC to stipulate that those seeking to pursue the 'registered practice in English' criteria must provide evidence that this has taken place within the last two years of their application. This will ensure parity with evidence type 1: that language tests submitted as evidence be no more than two years old, on the basis that language competency can deteriorate if not used regularly.

In terms of defining 'countries where English is the first and native language', we support the NMC's proposed use of the UK Border Agency list of countries.

Does this evidence type allow for sufficient public protection/what might the public protection risk be?

We believe that this evidence type does allow for sufficient public protection. However, to bolster this further we would advise that the NMC consider accepting other forms of supplementary evidence such as employer references.

Additional consultation questions:

Do you think our proposals for changing the English language requirements will have any negative impact on public protection?

We support the NMC's proposals since we are aware that numerous other English-speaking countries operate similar models to the one being described, including Australia, Canada, New Zealand and the United States.

However, we are concerned that the draft guidance as it currently stands is quite vague on the possible varieties of evidence that the NMC will/will not accept. We think the guidance needs to be tighter and more specific. For example, being clear throughout the guidance that submitted evidence should not be more than two years old, rather than using vague terms such as "should be recent".

Do you have any examples of other types of evidence we could consider which would satisfy our requirements for English language?

No. We have no other examples of types of evidence beyond what the NMC is proposing.

However, we would advise that the NMC maintain a degree of flexibility around the types of evidence it is willing to accept, since there will be nurses working in English-speaking settings in countries where English is not the primary language for example.

Will any of our proposals have a negative impact on any group with protected characteristics?

Based on what the NMC has proposed at this stage, we have not identified any significant risks. However, we know that in reality any negative impacts are often unforeseen and develop over time. We recommend therefore that the NMC ensure it has a robust monitoring system in place and that data on this area is published openly and transparently.

Outstanding matters to be addressed

We would invite the NMC to consider our recommendations (numbers 4, 5, 6 and 7) to ensure that it is being responsive to the specific concerns raised about IELTS, and to ensure that we develop a reliable evidence base from which we can address any future concerns.

We would also reinforce the importance of employers providing wider support and induction for nurses trained outside the UK into the local context and culture, including communication and dialect.

Appendix 1: Survey results

The survey was promoted on RCN social media channels. It opened on Friday 25 August and closed on Sunday 11 September.

We received 439 completed responses and 579 partially completed results. Recognising that familiarity with IELTS is likely to be restricted to a relatively small portion of the nursing profession, we disseminated the survey with an accompanying briefing though the RCN's regional communications channels since these have the strongest knowledge of local diaspora communities of international nurses.

This survey sought to gauge their views and experiences of IELTS. We were interested to understand what they thought the advantages and drawbacks of IELTS are and, based on this experience, whether or not they would recommend that the NMC replace it with an alternative model.

In response to the final question, for those respondents who selected 'other' there was a broad range of familiarity with IELTS, including:

- individuals planning to take IELTS in the future
- overseas nurses who had not achieved the required NMC score
- nurses who are supporting colleagues planning to take the test
- nurses who are concerned about English language standards in their workplace
- recruiters of international nurses into the UK.

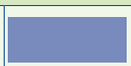
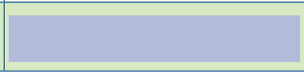
In the survey we gave respondents the opportunity to give detailed views on the effectiveness of IELTS. As might be expected, given the tabular results above, there was a broad mix of opinions but interestingly many of these were balanced – recognising both positive and negative issues. A typical example was that while many respondents felt that IELTS was as good a means of testing English as any other, the difficulty of achieving 7.0 across all four modules was a cause of significant frustration.

Another example was that while many respondents affirmed that good communication in English is an essential skill that has to be upheld and rigorously checked, they also questioned whether it would be better to have an English test that was more relevant to nursing practice and/or which was more clearly linked to other parts of the assessment process, such as the Objective Structured Clinical Examination (OSCE).

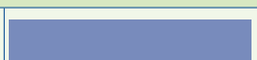
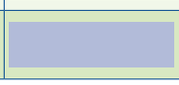
The concern about IELTS's relevance to nursing practice often focused around the writing module of the test which many respondents highlighted as being especially difficult. These concerns were couched in very similar terms, namely that nursing practice has no consistent approach in how it uses English writing skills and so the very technical, structured and grammatical focus of the IELTS written module, plus the very broad range of areas that applicants could be asked to write about, appeared to many respondents as unnecessary and flawed.

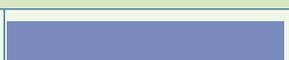
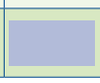
Other concerns around the cost of having to retake the test, and frustration that in spite of trying to improve many kept getting the same scores (typically 6.5), also came through strongly. The fact that IELTS provides no feedback to candidates who fail to get the scores they need, effectively preventing them from being able to hone in on improving specific weaknesses, provoked accusations that IELTS is profiteering at the expense of test-takers.

However, to repeat the earlier point, there were plenty of respondents who thought that IELTS was an effective test and/or who advocated for tweaks to its application, such as providing feedback to candidates on areas for improvement, rather than advocating for its complete removal or replacement.

Are you an RCN member?				
			Response %	Response total
1	Yes		29%	124
2	No		71%	310

Are you an EEA national or non-EEA national?				
			Response %	Response total
1	EEA national		16%	62
2	Non-EEA national		84%	320

Do you think that the NMC should stop using IELTS and use a different system?				
			Response %	Response total
1	Yes		59%	255
2	No		40%	175

Please select one option below that best describes your familiarity with IELTS. I am:				
			Response %	Response total
1	someone who has taken the test		67%	294
2	someone who manages staff who have taken the test		11%	47
3	someone who is involved in administering the test		1%	5
4	Other		21%	93

Appendix 2: International comparisons research

Our research looked at how a number of other English-speaking countries approach language testing and whether there was any evidence that the use of IELTS is blocking competent international nurses from working in the UK.

Country	How many tests are recognised?	Are any specific to nursing?	Is IELTS one of these tests?	Is there a minimum IELTS score?
UK (currently)	1	No	Yes	Yes – 7.0
New Zealand	**2**	Yes – the Occupational English Test (OET)	Yes	Yes – 7.0
Australia	4	Yes – OET	Yes	Yes – 7.0
Canada	2	Yes – the Canadian English Language Benchmark Assessment for Nurses (CELBAN)	Yes	Yes – 7.0
USA	2	No	Yes	Yes – 6.5 overall with a minimum of 7.0 in the speaking module

New Zealand

Brief description of system(s) used:

Nursing and midwifery is regulated in New Zealand by the Nursing Council of New Zealand (NCNZ).

Overseas nationals wanting to work in New Zealand either as a Registered Nurse or an Enrolled Nurse (similar to the UK Nursing Associate position), with the exception of Australian citizens, are required to sit an English Language assessment before submitting an application for registration. The score requirements for both Registered Nurses and Enrolled Nurses are the same.

Currently NCNZ accepts:

- an academic IELTS assessment with a minimum score of 7.0 for each band: reading, listening, writing and speaking, or
- an Occupational English Test (OET) with a B band in each section.

What is the OET?

The OET is a language test designed specifically for overseas health professionals. Originally from Australia, it is administered at selected test centres 12 times a year, in over 100 locations in 40 countries around the world. The test assesses English language proficiency, as it is used in medical and health professions.

The OET was originally developed at the request of the Australian Federal Government, and is supported by the University of Melbourne's Language Testing Research Centre.

How do the two systems compare?

The OET measures the language competency of health professionals who are seeking registration and the ability to practise in an English-speaking context. By contrast, the IELTS is a generic English language test which is occupation-neutral.

It is designed to ensure that language competency is assessed through a relevant professional lens. Currently, in addition to nursing, the OET provides specific tests for dentistry, pharmacy, dietetics, podiatry, medicine, physiotherapy, radiography, occupational therapy, speech pathology, optometry and veterinary science.

Importantly, Cambridge English Language Assessment, which holds a one-third stake in IELTS, also bought a 70% share of the OET in 2013. This means that there is a clear commercial incentive for the owners of IELTS to lobby the NMC for adoption of the OET, were they to decide to move away from IELTS.

New Zealand	IELTS	OET
Fees	NZ$295	NZ$775
Availability	Widely available	8 test centres
Policies on re-sitting	The required score of 7.0 must be gained within 12 months of first sitting the test. Applicants can retake it if they need to during this time frame	Can re-sit any of the four papers individually
Pass requirements (for both Registered and Enrolled Nurses)	Academic module with a minimum overall score of 7 and a minimum score of 7 in each of the four components	Minimum score of B in each of the four components

Observations for the UK:

- The OET's focus on English competency in the context of health professions might make it an attractive option. While the OET tests the same fundamental linguistic capabilities as IELTS (reading, writing, speaking and listening) it employs clinical vocabulary and practice-based examples to measure these skills.
- Importantly however, the OET is nearly three times the cost of IELTS – a cost borne by individual nurses. It is also important to note that policies around resitting the OET are less flexible compared with IELTS.
- The New Zealand Nurses Organisation (NZNO) opposes the use of IELTS as a language test for international nurses looking to work in New Zealand. NZNO's view is that an IELTS pass does not give a robust indication of the level of understanding or communication competence in a New Zealand health setting, that it is inconsistent, culturally inappropriate and, at times, unethically administered.
- In 2013 the Cambridge English Language Assessment group (CELA) bought a 70% share in the OET. CELA also own and operate IELTS, so it is possible that in the future the OET could be offered as an alternative to the IELTS.

Australia

Brief description of system(s) used:

Language requirements for international nurses and midwives looking to work in Australia are set and enforced by the Nursing & Midwifery Board of Australia (NMBA) and the Australian Nursing & Midwifery Accreditation Council (ANMAC).

This arrangement is different to the UK's approach, where language testing and standard-setting are part of the NMC's regulatory remit. In Australia, the NMBA is the closest equivalent to the NMC insofar as it operates the mandatory nursing register, sets standards for public safety and handles fitness to practise concerns. It also enforces language testing requirements.

However, unlike the NMC, the NMBA does not decide whether language testing systems are recognised or not. Neither does it decide what applicants need to score on each test. This is the responsibility of the ANMAC. It is quite difficult to ascertain for certain where the remit of the NMBA ends and that of the ANMAC begins. A simplistic assessment is that the ANMAC designs standards (including in education, training and assessment) which the NMBA then enforces.

Australia's language tests

Australia offers four routes for assessing language competency. Language testing requirements are the same for both Registered Nurses (equivalent to the UK Registered Nurse role) and Enrolled Nurses (similar to the UK Nursing Associate role).

Three of these routes are open to those who have undertaken their general education and a recognised pre-registration programme of nursing study in English from the following countries: the United States, Canada, New Zealand, the United Kingdom, the Republic of Ireland and South Africa.

Applicants who are able to satisfy the criteria for these routes do not have to undertake any additional English test.

Applicants who either a) did not undertake their primary education and training in English or b) are unable to satisfy all of the accompanying criteria will then need to undertake an English competency test.

The diagram on the opposite page shows how the four routes work and the criteria for each.

English language skills pathways

Nursing and midwifery

Nursing and Midwifery Board of Australia

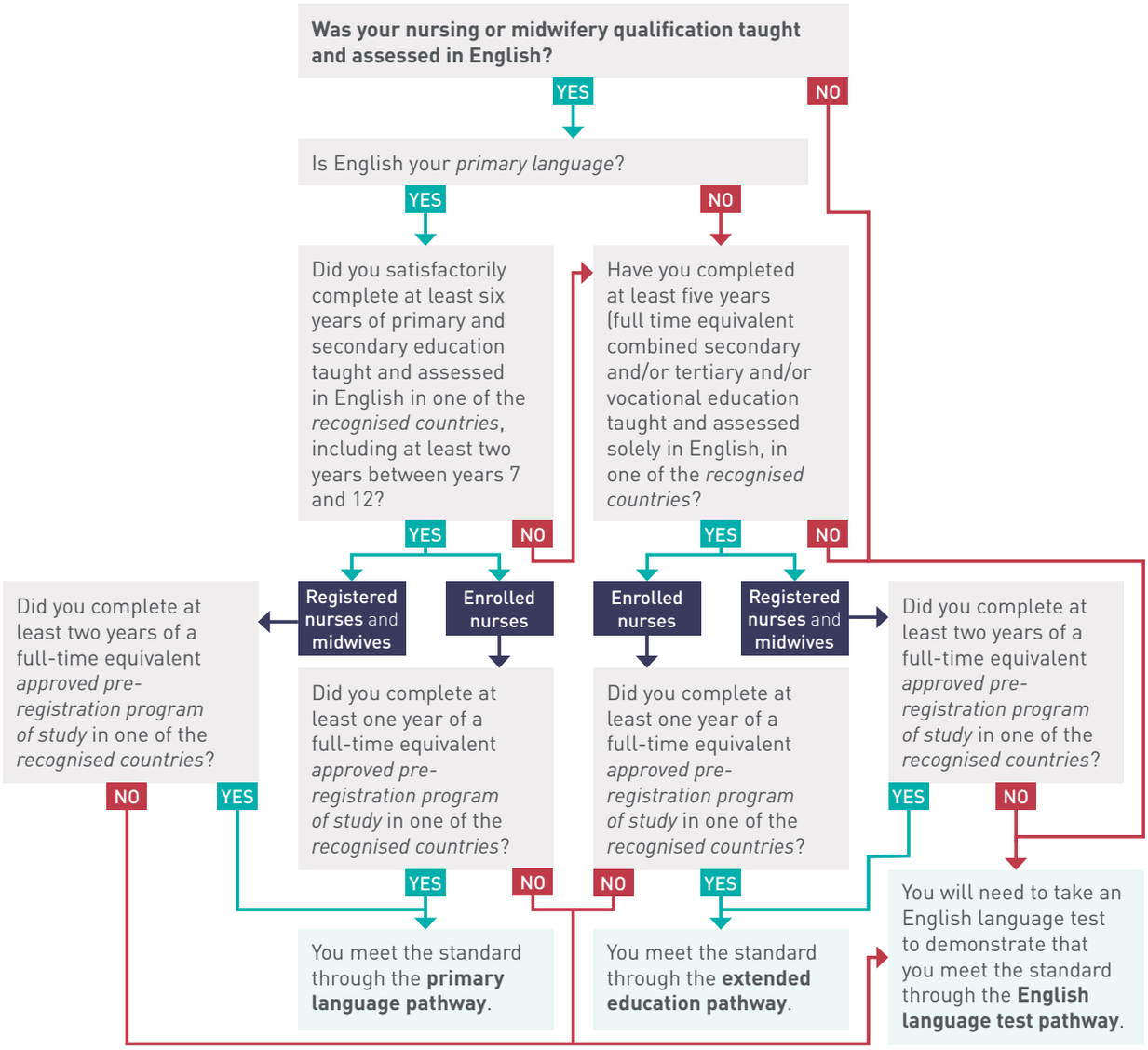
July 2015

The English Language Standard has four pathways that you can use to demonstrate English language competence. Use this diagram to determine which pathway is best for you.

Primary language means the language you primarily use and the language that you know best and are most comfortable with.

Recognised countries means the following countries: Australia, Canada, New Zealand, Republic of Ireland, South Africa, UK and USA.

Approved pre-registration program of study means a program of study approved by the recognised nursing and/or midwifery regulatory body in a *recognised country.*



For those applicants who need to take an English competency test, Australia offers nurses four options. Applicants may choose whichever one they prefer. These are:

- the IELTS
- the OET (see New Zealand case study above)
- the Test of English as a Foreign Language internet-based test (TOEFL)
- the Pearson Test of English – academic version (PTE Academic).

The TOEFL and PTE tests were only approved by the ANMAC in July 2016 following an announcement from the Department of Immigration and Border Protection that Australia would seek to recruit over 16,000 overseas nursing and midwives within a year. The decision to recognise these two additional tests was seen as an effort to help make this recruitment drive easier.

This paper has already explored the IELTS and the OET test in some detail, so the next section looks at how the TOEFL and PTE work and compare with IELTS.

What is TOEFL?

TOEFL measures ability to use and understand English at a university level. It is a generic test similar to IELTS insofar as it is not designed for specific work environments such as nursing. As with IELTS and the OET, the TOEFL tests listening, reading, speaking and writing skills – although there are structural differences in how these skills are measured.

How does TOEFL compare with IELTS?

TOEFL has a broad range of applications, but it is primarily used for students planning to study at university and for students/workers applying for visas. A notable difference is that while IELTS uses 'British' English, TOEFL uses 'American' English. Other significant differences are that:

- the IELTS is significantly shorter than the TOEFL exam, taking approximately 2 hours and 40 minutes versus 4 hours to complete
- TOEFL is primarily multiple choice and students will need to be able to think analytically to weigh up the differences between their options. IELTS on the other hand requires more use of memory, and draws on broader comprehension skills as students are faced with different question styles.

What is PTE?

PTE is the youngest member of the English-test family. It was developed in 2009 in the United States. Like TOEFL and IELTS, it focuses on preparing applicants to use English in academic, higher education settings and as with the other tests, it measures writing, reading, speaking and listening.

Questions often test two skills together, such as listening and reading or reading and speaking. The whole test is done in a single session, lasting 3 hours, and is taken sitting at a computer in a secure test environment.

Since its introduction in 2009, PTE has grown considerably. The test is presently used in 50 countries, primarily by universities and/or as part of immigration and visa requirements.

How does PTE compare with IELTS?

A significant difference between the PTE and IELTS is that when completing the speaking module, PTE applicants will talk into a microphone – the recording of which is then marked after the test is completed. IELTS applicants on the other hand will speak in real-time with an examiner.

The following table opposite gives a broad comparison of how each of the four English tests compare in the Australian context.

Australia	IELTS	TOEFL	OET	PTE
Fees	AUS$330	AUS$300	AUS$587	AUS$330
Availability	51 test centres	6 test centres	22 test centres	7 test centres
Policies on re-sitting	Maximum of two test sittings in a six-month period	Maximum of two test sittings in a six-month period	Maximum of two test sittings in a six-month period	Maximum of two test sittings in a six-month period
Pass requirements (for both Registered and Enrolled Nurses)	Academic module with a minimum overall score of 7 and a minimum score of 7 in each of the four components	24 for listening 24 for reading 27 for writing 23 for speaking	Minimum score of B in each of the four components	Minimum overall score of 65 and a minimum score of 65 in each of the four components

Observations for the UK:

- International nurses looking to work in Australia have a far greater range of routes available to them when it comes to evidencing proficiency in English. Given that everyone has a different learning style, this approach could allow more qualified candidates to enter the profession.
- Although Australia requires like-for-like scores across all four English competency tests, there is no clear link yet to suggest whether one or another test is more effective in preparing overseas nurses for clinical work in the Australian context.
- Australia's multiple options-led approach was only adopted in 2016 and appears to focus on supporting a strong international recruitment drive. It is estimated that Australia will have a shortage of over 85,000 nurses by 2025 unless significant action is taken.
- In Australia, the setting of language requirements is closely linked to national immigration policy objectives, whereas in the UK this competency forms part of the regulatory/public safety remit of the NMC. We believe that language testing should continue to sit with the NMC and not be used to encourage aggressive international recruitment.

Provinces of Canada

Brief description of system(s) used:

Assessing language competency in Canada is devolved to its 13 provinces and territories, each of which has its own nursing regulatory body. While each province is able to design its own testing system, in practice all of them (except Quebec where French is primarily spoken) appear to have agreed between themselves a standardised approach.

Some of Canada's provinces, such as Alberta, have separate regulatory bodies for Registered Nurses and for Licensed/Registered Practical Nurses, who are closer but not identical to UK Nursing Associates. However, as with New Zealand and Australia the English language requirements are exactly the same for both nursing levels – including which tests they can take and the scores they need to achieve.

As with New Zealand, Canada's provinces recognise two English competency tests. These are the IELTS test and the Canadian English Language Benchmark Assessment for Nurses (CELBAN). A few also recognise the Test d'évaluation de français, which measures competency in French.

What is the CELBAN?

CELBAN was developed in 2004 by the Centre for Canadian Language Benchmarks (CCLB), through a partnership of nursing regulators and language training specialists supported by government funding.

The background context was that Canada had a large pool of resident international nurses who had encountered obstacles to obtaining employment due to their language ability. This in turn was exacerbating a nation-wide shortage of nurses. The objective for CELBAN was to create an occupation-specific language assessment that would allow these nurses to demonstrate their proficiency in English within a familiar and relevant context.

CELBAN has been through an iterative process of improvement since its inception. In July 2015 the CELBAN Centre, which runs the test, surveyed approximately 45 international nurses from various provinces about their experiences of the test. While this was a small survey sample, the geographical distribution of responses reflected the regional demand for international nurses across Canada, with the vast majority of responses coming back from Alberta (40%), British Columbia (22%) and Saskatchewan (16%).

The survey also showed that Alberta and British Columbia account for over half of demand for increased testing capacity – thereby enabling CELBAN to focus its investment where the need for international nurses is most acute.

It also noted that the heavy focus of international recruitment from Canada's western provinces has influenced the origin of international nurses coming to Canada. As of 2014, the Philippines accounted for 60% of CELBAN test-takers, followed by India (24%) and China (3%).

How do the two systems compare?

In terms of comparability to IELTS, both tests are paper and pencil tests with four sections – listening, reading, writing and speaking. The speaking test includes a live, face-to-face interview with a certified professional. Unlike IELTS, CELBAN test-takers receive individual feedback on strengths and weaknesses to focus improvement.

Canada (excluding Quebec)	IELTS	CELBAN
Fees	CN$309 – CN$319	CN$375
Availability	30 test centres	7 test centres
Policies on re-sitting	Full re-sit required if any of the four papers are failed	Able to re-sit individual modules. Applicants can only sit the whole test three times within a two-year period
Pass requirements (for both Registered and Enrolled Nurses)	Academic module with a minimum overall score of 7 broken down accordingly: Writing: 7 Speaking: 7 Listening: 7.5 Reading: 6.5	Writing: 7 Speaking: 8 Listening: 10 Reading: 8

Observations for the UK

- Canada's development of a nursing-specific English language test provides an interesting model for the UK to consider. The key benefit of this approach is that it enables regulators to assess English competency within the unique cultural needs and health system requirements of Canada.
- CELBAN fees are not significantly more expensive than IELTS.
- A key advantage of CELBAN that could be replicated across other testing approaches is the giving of specific feedback to applicants on their strengths and weaknesses. This might help address concerns that IELTS and other tests are too difficult, or that test-takers lack support in knowing which areas they need to improve.

USA

Brief description of system(s) used:

Each state in the United States (US) is responsible for the registration and regulation of nurses within that state and as a consequence variations do exist. However, there is a common first step to this process for all internationally educated nurses to take before they reach state-level requirements. This section will focus on this initial stage.

The first step as advised by the RCN's sister organisation – the American Nurses Association (ANA) – is for any foreign-educated nurses wishing to practise in the US to contact the Commission on Graduates of Foreign Nursing Schools (CGFNS). CGFNS is one of several US companies that operate a pre-screening service for interested applicants. This involves a review of that nurse's education, licensure in their home country, English language proficiency testing and a predictor exam that provides an indicator of the nurse's ability to pass the US national licensure exam (NCLEX).

To be clear, NCLEX does not test English language competency and so it is not comparable to IELTS or any other testing system. It assesses the knowledge and skills deemed essential to the safe and effective practice of nursing at entry level.

CGFNS recognises two English competency tests. These are:

- IELTS Academic. With a minimum overall score of 6.5 for an RN and 6.0 for a Licensed Practical Nurse (LPN). Both RNs and LPNs must score no less than 7.0 in the speaking module
- TOEFL iBT. With a minimum overall score of 83 for an RN and 79 for an LPN. Both RNs and LPNs must score no less than 26 in the speaking module (see Australian profile for more information on the TOEFL iBT).

Once this is done the second step is to take the NCLEX if this is required by the specific State Board of Nursing for the particular state a nurse is looking to work in.

There are some state boards of nursing that will accept the Canadian Registered Nurses Examination (CRNE). There are also a few state boards of nursing that will directly endorse foreign-educated nurses who have never taken the NCLEX. Because this information can change, it is necessary to contact the state board of nursing to determine if they have a policy regarding direct endorsement for foreign-educated nurses.

Observations for the UK

- In comparison to the other approaches looked at in this report, the US is perhaps the most complicated because of the divergent federal and state-level requirements. It is also important to note that once an internationally educated nurse has secured registration at the federal level and within the state they wish to work, this will not carry over to another state should they wish to move.
- The US is also the only case study looked at in this report that has a lower overall IELTS score requirement, at 6.5 instead of 7.0. As was pointed out earlier in this report, we do not have a clear understanding of the substantive difference between a 7.0 and 6.5 score.
- The cost of the English language testing part of registering to practise in the US differs depending on which credential evaluation service a nurse chooses. CGFNS's fees, for example, are about $350 on top of the fee for taking either IELTS or TOEFL (between $300 and $350). This makes the US model one of the most expensive systems looked at.

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