Language standards for medical practice in the UK: issues of fairness and quality for all

Vivien Berry
and
Barry O’Sullivan
The story.....

• The problem
• What we did
• What we found
• What we recommended
• What they did
The Problem...
**IMG* Entry for Medical Practice in the UK**

Professional and Linguistic Assessments Board (PLAB)

### Pre-PLAB Requirements

- ✓ Have a primary medical qualification awarded outside the UK that is acceptable for registration

- ✓ Have achieved scores currently required by the GMC** on the IELTS (academic) test; or,

- ✓ Other evidence of knowledge of the English language which has been accepted by the GMC

### Passing the PLAB test

**PART 1**

- A 200-item written paper that tests clinical knowledge

**PART 2**

- 14 objective structured clinical examination (OSCE) stations

Source: [http://www.gmc-uk.org/doctors/plab.asp](http://www.gmc-uk.org/doctors/plab.asp)

* *International Medical Graduates (IMGs)*

** *General Medical Council (GMC)*
Background

External Pressure

- Doctor Daniel Ubani unlawfully killed overdose patient.
  - Inquest finds German locum GP was incompetent.
  - Death of David Gray was gross negligence and manslaughter.

Internal Pressure

PLAB Review

“... we believe that there is a significant task in ... exploring the relationship between IELTS scores and performance on PLAB Parts 1 and 2.

Recommendation: We recommend the GMC statistically analyse the relationship between score performance in PLAB Part 1 and 2 and IELTS score performance.”

(McLachlan et al., 2013: 69)

- Some concern expressed by medical professionals with the robustness of the research supporting the current IELTS level (Banerjee & Taylor, 2005)
What we Did...
Aims of the Study

- To address concerns regarding the language competence of all non-English native speaker medical practitioners in the UK, this research investigates the current required IELTS levels to determine if they are adequate in light of issues of patient safety.

- To investigate the issue of requiring evidence of English language ability from all non-English native speaker medical practitioners seeking admission to the GMC register.
Objectives

1. To determine if the current overall IELTS score of Band 7, with no separate skill score lower than Band 7, is adequate as a preliminary language screening device for International Medical Graduates (IMGs).

2. To determine if European Economic Areas graduates (EEAs) should provide the same evidence as IMGs if evidence of English language competence should ever be required in order for them to be admitted to the GMC register.

3. To determine if the IELTS test, by and of itself, provides an adequate measure of English language ability for overseas medical practitioners seeking admission to the GMC register.
Two approaches:

1. Test centred
2. Examinee centred

Decisions:

- The approach must reflect the format of the test papers
- Judgments should be
  - large enough in quantity to ensure meaningful decision
  - organised in such a way as to limit group dynamics effect
  - representative of the stakeholder population
Define the minimally competent candidate (MCC) in terms of each skill area

Discuss IMG/EEA situation in terms of:
 Minimum IELTS level
 Sustainability of the current system

Identify language policies of other UK regulators and overseas medical regulators

Key stakeholder focus groups (SFGs) identify minimum IELTS level required

Expert focus group (EFG) validates the recommendations of the SFGs with regard to IMGs and EEAs

Final authoritative recommendations to the GMC
Approach - Panels

- **Doctors**: 15
- **Nurses**: 15
- **Allied Health Professionals**: 5
- **Responsible Officers & Medical Directors**: 7
- **Patients / Public**: 20
## Approach - Participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Various Regions</th>
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<tr>
<td>• 30 males and 32 females</td>
<td></td>
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<tr>
<td>• 53 white and 9 ethnic minorities</td>
<td></td>
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<tr>
<td>• Early 20s to late 60s</td>
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Approach – Typical Panel

- Introduction [lead moderator]
- Research consent etc.
- Define minimum competence
- IMG/EEA distinction explained
- Judgments
  - 2 reading papers
  - 2 listening papers
  - 8 writing scripts
  - 12 speech samples
- Reflection
- Judgment confirmation
- Discussion and final decision
Approach – Analyses

Productive Skills

5 = very good writing/speaking, better than acceptable
4 = acceptable writing/speaking for a doctor
3 = borderline acceptable
2 = borderline not acceptable
1 = not acceptable writing/speaking for a doctor

Receptive Skills

• Define minimally competent reader/listener
• Probability of this person answering each item correctly
• Discuss and re-judge if necessary
• Estimate cut-scores (MFR analysis)

All Panels recorded, transcribed and analysed qualitatively
What we Found...
Summary of Findings

• Some variation between the individual panels, though the judgment of overall band score required was quite consistent across groups

• Nurses tended to be the most demanding

• Little difference between the qualitative and quantitative data overall

• Patients, doctors and AHPs have higher band score equivalents for their quantitative judgments than their subjective judgments whereas the reverse is true for nurses and ROs/MDs

• IELTS seen as acceptable language measure; level demanded could increase
### IMG – EEA Distinction

| What Doctors Thought | “I think anyone whose first language is not the language they are going to be conducting their job in should have to exhibit a proficiency in that second language.”
|                      | “Everybody should provide the same evidence of language ability, it’s absurd not to.” |
| What Nurses Thought  | “We should ask EEA doctors for the same evidence of language ability that we ask of IMG doctors.”
|                      | “Just because you’re from a European country, as opposed to elsewhere, doesn’t necessarily make your language skills adequate.” |
| What Patients Thought| “Everybody should provide the same evidence, it’s ridiculous not to.”
|                      | “It’s only fair if they come to work in this country that people should be able to communicate in the language of the country.” |
“Our first duty has to be to the patients.”

“Consequences are much greater than going to the supermarket and ending up with the wrong vegetables.”

“If reception of what the patients are saying is misinterpreted it can go in all sorts of directions that aren’t’ appropriate.”

“I think everybody should be made to provide evidence. I don’t see how you can differentiate in any way.”

“If you have a test for everyone to prove that they can speak English, that test should be for anyone for whom English is a second language.”

* Allied Health Professionals (AHPs)
** Medical Directors (MDs) / Responsible Officers (ROs)
Further assorted comments about UK undergraduates

“You can come in as a member of your family and become an undergraduate and not have the language skills. That is an entry to your undergraduate career. We should start out with that base. I think it is important that the issue about UK graduates is also considered.”

“We all agree that there is a minimum standard of English that’s needed to be a doctor.”

“If there is a principle of fairness then the argument to test everyone is the right one to take.”

“There should be no difference between a graduate from the UK or an IMG or an EEA doctor.”
“The GMC is responsible for fitness to practise and licence to practise and if you can make it a requirement of registration that there is a demonstration of competence in English ...... , by making it a fitness to practise issue you can get round EU law, but only if it’s applied to everyone.”

“They should decide to put English language testing into medical school curricula; that would mean you couldn’t graduate without achieving a standard of communication.”

“This is fundamentally about patient safety so despite the extra cost it might incur, really everyone should undergo a test and they should go through the same rigorous test.”
What we Recommended...
Final Panel’s Recommendations

1. The band score level requirements for IELTS should be revised and the GMC should consider adopting a profile which reflects the importance of oral skills, with listening being of paramount importance, but allowing for some flexibility in assessing written skills.

2. The GMC should attempt to find a way of requiring all non-native speakers of English to provide evidence of English language competence before being allowed to practise medicine in the UK and that if ever it becomes possible to require evidence of language ability from EEA graduates, they should provide the same evidence as IMGs.

3. The IELTS test should be retained as an appropriate test of the English language competence of overseas-trained doctors.
Additional suggestions

• To establish greater cooperation between medical professionals and applied linguists in the assessment of doctors' communication skills, the GMC should consider developing a UK language standard and standard assessment procedures for demonstrating the language proficiency required for medical practice in the UK.

• To determine whether or not there is a strong relationship between performance on the IELTS test and success in each part of the PLAB test, the GMC considers statistically analysing the relationship between score performance on IELTS and score performance on PLAB Parts 1 and 2.

• The GMC consider commissioning a study to look at the communications skills aspect of PLAB, Part 2 – OSCE, with a brief to redesigning some of the stations to take into account the specific communication skills requirements identified for medical practitioners.
What they Did...
GMC’s Decisions

Recommendations:

1. Raised IELTS band score level requirement to Band 7.5 overall and each individual skill to Band 7.5

2. From Summer 2014, ALL overseas applicant to GMC register required to provide evidence of English language proficiency

3. IELTS retained......... for now

Additional Suggestions:

• All ignored
Thank You
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