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BRIEFING PAPER

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Language testing for healthcare professionals

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Summary

In May 2010, the Coalition Agreement set out that the Government would "seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests" in order to assure patient safety and quality of care in the UK.

EU legislation does not allow the healthcare regulatory bodies to require evidence of a European applicant's knowledge of English prior to registration, even when the regulatory body has cause for concern. The application of the *Mutual Recognition of Professional Qualifications Directive* entitles EEA and Swiss applicants to recognition of their qualifications in the UK, without testing whether an applicant has the necessary language skills to work in the UK. The regulatory bodies may however impose language controls to professionals from outside the EEA.

Following a 2013 consultation, in 2014 amendments were made to the *Medical Act 1983* related to language controls for doctors. These changes:

- Gave the General Medical Council (GMC) the power to refuse a licence to practise in circumstances where the medical practitioner is unable to demonstrate the necessary knowledge of English; and
- Created a new fitness to practise impairment, relating to having the necessary knowledge of English.

In terms of language testing, this separated out the registration of doctors and the licensing of doctors.

In 2016, similar changes were introduced related to EEA nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians. In order to be compliant with EU law, the Order introduced a two-stage registration process, consisting of firstly the recognition of qualifications and secondly the granting of registration. This allowed the relevant regulatory bodies to request evidence of the EEA applicant's English language capability after recognising their qualification, but before admission onto the register.

These changes also amended the regulators' fitness to practise powers, to introduce a new 'impairment of fitness to practise' for not having the necessary knowledge of English, and introduced powers to allow an individual to undergo an English language test as part of fitness to practise proceedings.

Some regulatory bodies have argued that the changes to language controls for EEA professionals may have led to a reduction in applications to work in the NHS from EEA doctors and nurses.

Following the EU referendum, the Government has stated its intention to consider further regulatory changes on language controls for healthcare professionals, once the UK has left the European Union.

1. Language controls for doctors

1.1 Language controls for EEA doctors

In 2014, changes were introduced to strengthen the law around language controls for doctors, by introducing language controls for European Economic Area (EEA) doctors wishing to practise in the UK.

The Government focused initially on arrangements for doctors because – compared to other healthcare professionals - this is where it believed the risks were most acute.[1]

For EEA doctors, the General Medical Council (GMC) are not able to require evidence of English language capability as a condition of their registration. This is because of the application of European law, and in particular the *Mutual Recognition of Professional Qualifications (MRPQ) Directive*[2], under which EEA doctors seeking employment in the UK are entitled to have their medical qualifications automatically recognised. The Directive clarifies that language controls can be used for professionals with patient safety implications, but only following the recognition of the professional's qualification and subject to the controls being proportionate to the activity pursued. The GMC therefore cannot require evidence of an EEA doctor's language capability prior to registration, even where there are concerns about their English language capability.[3]

The changes introduced allowed the GMC to request evidence of English language competence, where concerns arose during the registration process, and could refuse to issue a licence to practise where this evidence was not provided. Doctors can be registered with the GMC without a licence to practise (for example, when retired to continue to show they are in good standing with the GMC), but they cannot practise medicine in the UK without a licence.

For doctors required to show evidence of English competence, the GMC can consider a range of evidence and exercise discretion in what evidence to accept. Its guidance for European doctors sets out the evidence that it will routinely accept:

- An International English Language Testing System (IELTS) score of at least 7.5, with at least 7.0 in reading, writing, listening and speaking, within the past two years;
- An Occupational English Test (OET) grade of at least 'B' in reading, writing, listening and speaking, within the past two years;
- A primary medical qualification that has been taught and examined in English, awarded within the past two years;

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1 Department of Health, *Language Controls for Doctors – Proposed Changes to the Medical Act 1983: Consultation Report*, January 2014, p6

2 Switzerland is also a signatory to the professional qualifications directive. References to the EEA in this briefing should also be taken to refer to Switzerland

3 Department of Health, *Language Controls for Doctors – Proposed Changes to the Medical Act 1983: Consultation Report*, January 2014, p6

- An offer of employment from a UK healthcare provider, alongside a reference from the appointing clinician.[4]

Changes to language controls for EEA doctors

Proposals were developed in 2013 in response to concerns that some EEA doctors working in the UK did not have the necessary English language capability to practise in a safe and competent manner, and may therefore compromise patient safety.

The proposals were in response to the death of David Gray in 2008, who received medical treatment by Dr Daniel Ubani, a German national. Dr Ubani administered to Mr Gray an overdose of 10 times the recommended maximum dose of diamorphine, which resulted in Mr Gray's death.

Following this, the 2010 Coalition Government agreement included a commitment to "seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests."[5]

In addition, Robert Francis QC, in his 2013 report of the Mid Staffordshire NHS Foundation Trust Public Inquiry included a recommendation, that:

> The Government should consider urgently the introduction of a common requirement of competence in communication in the English language with patients and other persons providing healthcare to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.[6]

The Government worked with the GMC to develop proposals to ensure patient safety and reduce the risk of doctors who do not have adequate English language skills, whilst remaining compliant with European law.

The Department of Health and the GMC developed the following proposals:

(i) To place an explicit statutory duty on Responsible Officers[7] to ensure English language competence as part of the recruitment process at a local level; and

(ii) To make amendments to the *Medical Act 1983* to strengthen the GMC's powers around language controls at a national level, through the licence to practise and the fitness to practise processes.[8]

The first proposal was introduced on 1 April 2013. Under the *Medical Profession (Responsible Officer) Regulations 2010*, Responsible Officers had a duty to ensure that medical practitioners had the qualifications and experience applicable to their role. These regulations were amended in

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4 GMC, *Knowledge of English – European Doctors* (last accessed 7 March 2018)

5 HM Government, *The Coalition: Our Programme for Government*, May 2010, p25

6 The Mid Staffordshire NHS Foundation Trust Public Inquiry, *Volume 3: Present and future Annexes*, February 2013, recommendation 172

7 Responsible Officers at healthcare providers are required to regularly appraise doctors to ensure continuing fitness to practise.

8 Department of Health, *Language Controls for Doctors - Proposed Changes to the Medical Act 1983: A paper for consultation*, September 2013

2013 to include an explicit duty to "ensure that medical practitioners have sufficient knowledge of the English language necessary for the work to be performed in a safe and competent manner." This requirement applies to England only.[9]

The second proposal – to strengthen the GMC's powers on language controls for EEA doctors – was introduced through the *Medical Act 1983 (Amendment) (Knowledge of English) Order 2014*. Further detail is provided below.

Amendments to the *Medical Act 1983*

On 7 September 2013 the Government published a consultation document, *Language controls for doctors: proposed changes to the Medical Act 1983*, which sought views on proposals to give the GMC more power to take action where there are concerns about a doctor's English language competence. The Department of Health consulted on the following changes:

> a. To give the GMC the power to require evidence of English language capability as part of the licencing process where concerns about language have been identified during the registration process; this will enable the GMC to apply language controls (where there are concerns) on applicants following registration, but before issuing of the licence, and;
>
> b. To create a new category of impairment relating to the necessary knowledge of English which will strengthen the GMC's ability to take fitness to practise action where concerns about language competence are identified.[10]

In relation to the first proposal, the amendment would not have required every single EEA applicant to undertake a language test. Had it done so, the Government argued that this would be subject to legal challenge by the European Commission for being systematic and in breach of the principle of proportionality. Therefore, only those EEA doctors who raise a cause for concern regarding language capability would berequired to provide additional evidence. This may include being required to undertake a language test if they were unable to demonstrate their language competence by other methods.[11]

The Department of Health published its report on the consultation in January 2014. It highlighted that 93% of respondents agreed that strengthening language checks as proposed would improve quality of care and patient safety.[12] Respondents also provided anecdotal evidence of incidents which demonstrated a risk of harm when doctors working in the UK did not have the necessary knowledge of English. Examples included incidents such as:

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9 *The Medical Profession (Responsible Officers) (Amendment) Regulations 2013*, SI 2013/391, Explanatory note

10 Department of Health, *Language Controls for Doctors – Proposed Changes to the Medical Act 1983: Consultation Report*, January 2014, pp6-7

11 *Ibid.*, p20

12 *Ibid.*, p12

- a medical secretary having to correct audio dictations around drug doses
- patients feeling vulnerable and uncomfortable when being treated by doctors who they were not able to understand
- consultants not understanding an EU consultant's report which posed a clinical risk to patients.[13]

The consultation report also discussed concerns raised by respondents that the proposals would increase the GMC's annual registration fee for doctors. The Department of Health said that it had been assured by the GMC that any costs it incurred in setting up and running the language testing would be "absorbed within the current budget."[14]

In the report, the Department of Health stated its belief that the proposed legislative changes would be an effective way of enabling the GMC to ensure the language competence of applicants from the EEA, whilst still remaining within European law, and therefore planned to continue with the changes as set out in the consultation document.[15] Following the consultation, the *Medical Act 1983 (Amendment) (Knowledge of English) Order 2014* was made and came into force on 29 April 2014.

1.2 Language controls for non-EEA doctors

The GMC can apply language controls to non-EEA doctors as a condition of their registration. Non-EEA doctors who wish to register with the GMC must demonstrate that they have the necessary English language competence before they can be registered.

The GMC use the International English Language Test System (IELTS) to assess language competency. Applicants must have achieved a score of at least 7.0 in each testing area (speaking, listening, reading and writing), and an overall score of 7.5 on the IELTS, within the past two years.[16]

As of February 2018, the GMC announced it would also be accepting the Occupational English Test (OET) as proof of language competency.[17] OET focuses more specifically on healthcare scenarios than the IELTS test. Applicants taking the medical OET test must have achieved a grade of at least 'B' in each testing area (speaking, listening, reading and writing), within the past two years.

Some doctors may also be able to demonstrate the necessary knowledge of English if their primary medical qualification (PMQ) had been taught and examined in English, and awarded within the past two years.[18]

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13 *Ibid.*, p18
14 *Ibid.*, p12
15 *Ibid.*, p5
16 GMC, *English language tests we accept* (last accessed 7 March 2018)
17 GMC 'GMC to accept new English language qualification for non-UK doctors', 8 February 2018
18 There are a number of universities from which the GMC will not accept English language evidence. See the GMC page, *Knowledge of English*, for more information.

2. Language controls for other healthcare professionals

2.1 Language controls for EEA nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians

In 2016, changes were introduced to strengthen the law around language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians, by introducing language controls for EEA professionals wishing to practise in the UK.

EU legislation does not allow the Nursing and Midwifery Council (NMC), the General Dental Council (GDC), the General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland (PSNI) to require evidence of a European applicant's knowledge of the English language prior to the registration process, even when the regulatory body has cause for concern. As described in the previous section, the application of the *Mutual Recognition of Professional Qualifications Directive* entitles EEA applicants to recognition of their qualifications in the UK.

Additionally, not having the necessary knowledge of English was not previously a ground in its own right on which regulatory bodies could carry out fitness to practise investigations, until that lack of knowledge resulted in deficient professional performance in practice, which could pose a risk to patient safety.

In 2014, the four UK Health Departments published a joint four-country wide consultation paper. This set out proposals to amend UK legislation to enable the NMC, the GDC, the GPhC and the PSNI to apply language controls, where appropriate, for EEA nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians.

The consultation paper proposed to separate the recognition of qualifications from the granting of registration into a two-stage process. To be proportionate and to comply with EU requirements, the regulatory bodies would not apply language controls until after the recognition of qualifications stage. This would create a 'two-stage' registration process: recognition of qualifications (which would not be subject to language controls), followed by registration (which could be subject to language controls).

The paper made clear that making *all* European applicants subject to a language test would be disproportionate and contrary to European law. It would therefore only apply where the regulatory bodies were not satisfied with the standard of English shown as part of the application.

It also proposed amendments to fitness to practise powers, to introduce a new, impairment of fitness to practise, for not having the necessary knowledge of English. The proposals would also give powers to the regulators to require an individual to undergo an English language test as

part of fitness to practise proceedings – something they were previously unable to do.

These proposals were subject to a six week consultation between November and December 2014[19]. The Department of Health stated that the general principles of the policy were supported by the NMC, the GDC, the GPhC and the PSNI.[20] The draft *Health Care and Associated Professions (Knowledge of English) Order 2015* was also published alongside the consultation document.

The Government's response to the consultation was published in January 2015. This explained that the vast majority of respondents (99%) either agreed or strongly agreed that strengthening language controls as proposed will improve quality of care and patient safety. 94% of respondents also agreed with the proposed additional powers to take fitness to practise action where there are concerns that a nurse, midwife, dentist, dental care professional, pharmacist or pharmacy technician has insufficient knowledge of the English language.[21] Following the positive responses to the consultation, the Department of Health said it planned to proceed with its proposals.

The Health Care and Associated Professions (Knowledge of English) Order 2015, SI 2015/806 was published in March 2015. An Explanatory Note to the Order set out the following changes that were introduced:

> This Order:-
>
> (a) Removes current restrictions on a relevant regulator imposing language controls on exempt persons, and introduces a new registration requirement for all applicants, including those who are UK nationals, of having the necessary knowledge of English
>
> (b) Regulates the language controls that a relevant regulator can impose on such applicants
>
> (c) Requires a relevant regulator to issue a letter recognising the qualifications of exempt persons in cases where registration cannot proceed because the language skills of an applicant who is an exempt person need to be investigated further
>
> (d) Adds a new ground for fitness to practise proceedings of not having the necessary knowledge of English

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19 Department of Health, *Language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians - proposed changes to the Dentists Act 1984, the Nursing and Midwifery Order 2001, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order: 1976: A joint four-country wide paper for consultation*, November 2014

20 Explanatory Memorandum to *The Health Care and Associated Professions (Knowledge of English) Order 2015*, SI 2015/806

21 Department of Health, Language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians – proposed changes to the Dentists Act 1984, the Nursing and Midwifery Order 2001, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976. A four country consultation report, January 2015

(e) Provides for knowledge of English assessments in connection with fitness to practise proceedings, and certain restoration cases which are being considered by a fitness to practise panel or committee

(f) Amends certain time limits in relation to giving a decision on an application for registration so that it is clear as to how the time limits will operate when further investigations as to language knowledge need to be carried out

(g) Amends appeal rights to ensure that there is a right of appeal where appropriate against certain decisions that can be made in respect of applicants as regards language controls[22]

The Order also placed a statutory duty on the regulatory bodies to publish guidance on the evidence, information or documents to be provided by an applicant for the purpose of satisfying the registrar that they have the necessary knowledge of English.

The provisions relating to the NMC came into force on 18 January 2016, the provisions relating to the GDC came into force on 1 April 2016, and those relating to the GPhC and the PSNI came into force on 1 June 2016.[23]

Nurses and midwives

The NMC's *Guidance on registration language requirements* sets out the evidence it will accept to demonstrate English language competence from EEA professionals:

- An IELTS score of at least 7.0 overall and at least 7.0 in each of listening, reading, writing and speaking, within the past two years;
- An OET grade of at least 'B' in each of listening, reading, writing and speaking, within the past two years (the IELTS and OET scores can in some instances be achieved across two test sittings);
- A pre-registration nursing or midwifery programme that has been taught and examined in English, awarded within the past two years;
- Registration and one year's practice with a nursing or midwifery regulator in a country where English is the first and native language and a language assessment was required for registration.[24]

The guidance states that, in order to adhere to EU regulations, EEA professionals will be able to submit other evidence as alternatives to the types set out above.

Dentists and dental care professionals

The GDC's *Guidance on English Language Controls* sets out the types of evidence it is likely to accept to demonstrate English language competency:

- An IELTS score of at least 7.0 overall and at least 6.5 in each of reading, writing, listening and speaking, within the past two years;

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22 The Health Care and Associated Professions (Knowledge of English) Order 2015, SI 2015/806

23 *The Health Care and Associated Professions (Knowledge of English) Order 2015 (Commencement No.1) Order of Council 2015*, SI 2015/1451

24 NMC, Guidance on registration language requirements, October 2017

- A primary dental qualification that has been taught and examined in English, awarded within the past two years;
- A pass in a language test for registration with a regulatory authority in a country where the first language is English, within the past two years;
- Experience of practising in a country where the first language is English, within the past two years.

The guidance also states that other evidence will be considered.[25]

Prior to April 2016, dental nurses and dental technicians required a lower IELTS score than dentists and other dental care professionals. However, following feedback to its consultation on language controls, the GDC raised the levels of all professionals to 7.0 overall and 6.5 across all four areas.

Pharmacists and pharmacy technicians

The GPhC's Guidance on evidence of English language skills sets out the type of evidence it is likely to accept to demonstrate English language competence:

- An IELTS score of at least 7.0 overall and at least 7.0 in each of reading, writing, listening and speaking, within the past two years;
- A pharmacy qualification that has been taught and examined in English in a majority English speaking country, awarded within the past two years;
- Practice for at least two years as a pharmacy professional in a majority English speaking country, completed within the past two years.[26]

Expansion of language controls to other health and care professionals

In the 2014 consultation document, the Government said that at the next available legislative opportunity, and subject to Parliamentary approval, it planned to give similar powers for language controls to the Health and Care Professions Council (HCPC), the General Optical Council (GOC), the General Osteopathic Council (GOsC) and the General Chiropractic Council (GCC).

It argued that it would not have been possible to introduce legislative change for all the health and care regulatory bodies in the 2010 Parliament, and said that in choosing the professional regulators it did, it considered a range of factors such as the complexity of the legislative changes involved and the type and number of registrants affected.[27]

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25 GDC, *Evidence of English language competence: Guidance for applicants*, July 2017

26 GPhC, Guidance on evidence of English language skills, September 2016

27 Department of Health, *Language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians – proposed changes to the Dentists Act 1984, the Nursing and Midwifery Order 2001, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976: A four country consultation report*, January 2015, p4

2.2 Language controls for non-EEA professionals

Nurses and midwives

All applications to join the NMC register from individuals who trained outside the UK and EEA must include evidence of English language competence. This can be demonstrated by one of the following:

- An IELTS score of at least 7.0 overall and at least 7.0 in each of listening, reading, writing and speaking, within the past two years;
- An OET grade of at least 'B' in each of listening, reading, writing and speaking, within the past two years (the IELTS and OET scores can in some instances be met across two test sittings);
- A pre-registration nursing or midwifery programme that has been taught and examined in English, awarded within the past two years;
- Registration and one year's practice with a nursing or midwifery regulator in a country where English is the first and native language and a language assessment was required for registration.[28]

Dentists and dental care professionals

Dentists who gained their primary dental qualification from a university that is not in either the EEA or Switzerland will usually be required to pass the Overseas Registration Exam before being able to register with the General Dental Council.

For the purpose of the Overseas Registration Exam, candidates must demonstrate English language competence. This can be demonstrated by one of the following:

- An IELTS score of at least 7.0 overall and at least 6.5 in each of reading, writing, listening and speaking, within the past two years;
- A primary dental qualification that has been taught and examined in English, awarded within the past two years;
- A pass in a language test for registration with a regulatory authority in a country where the first language is English, within the past two years;
- Experience of practising in a country where the first language is English, within the past two years.

The guidance also states that other evidence will be considered.[29]

Pharmacists and pharmacy technicians

Pharmacists who qualified outside of the EEA and non-EEA nationals with an EEA pharmacist qualification (other than a UK-recognised pharmacist qualification) must take the Overseas Pharmacists Assessment Programme. In order to be accepted onto the programme, candidates must demonstrate English language competence. This can be demonstrated by one of the following:

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28 NMC, *Trained outside the EU/EEA* (last accessed 7 March 2018)

29 General Dental Council, *Overseas registration exam Q & As* (last accessed 7 March 2018)

- An IELTS score of at least 7.0 overall and at least 7.0 in each of reading, writing, listening and speaking, within the past two years;
- A pharmacy qualification that has been taught and examined in English in a majority English speaking country, awarded within the past two years;
- Practice for at least two years as a pharmacy professional in a majority English speaking country, completed within the past two years.[30]

[30] GPhC, Guidance on evidence of English language skills, September 2016

3. Impact of the changes to language controls

According to a July 2016 PQ, since 2014, when the GMC gained the power to carry out language controls on EEA professionals prior to awarding a licence to practise, a total of 1,659 doctors from the EEA have been unable to demonstrate to the GMC that they have sufficient language skills to practise safely in the UK. 564 of those doctors have subsequently gone on to reach the standard required by the GMC and have been issued with a licence to practise.[31]

A March 2016 PQ set out the impact of the GMC's new power to assess English language skills as part of fitness to practise (FtP) assessments:

> The GMC reports that four European Economic Area (EEA) doctors and no non-EEA doctors have appeared at a FtP tribunal due wholly or partly to lack of English language skills, since its legislation changed in June 2014 to introduce inadequate English language skills as a grounds for finding a doctor's fitness to practise is impaired. Of the four, two were suspended and two had conditions imposed on their registration. Conditions restrict a doctor's practice or require them to take remedial action. In these cases, the purpose of conditions is to help protect patients while allowing the doctor to remedy any deficiencies in their practice or knowledge of English.[32]

3.1 Impact on NHS recruitment

The Health Committee's 2017 report, *Brexit and health and social care – people & process*, examined the extent to which new language controls may have impacted upon the number of medical and nursing applicants to the NHS.

In evidence to the committee, Jackie Smith, Chief Executive and Registrar of the NMC, suggested that language testing could have had an impact on recruitment:

> **Luciana Berger:** Jackie, can I ask some follow-up questions specifically about the number of EU nurses joining the register for the first time? Looking at the data that was sent by the NMC to the Department of Health in January, there is an 85% reduction this year compared with last year—204 in the period September to December 2016 compared with 820 in the same period last year. Could we perhaps explore the reasons for that a little further and how accurate that data may or may not be?
>
> **Jackie Smith:** The data is pretty accurate. We are monitoring the movement on the register coming in and going off practically on a daily basis. I am speculating now, but certainly for July of last year—the point at which we introduced the language test—from the data, we saw a hike in applicants from Europe beforehand,

31 PQ HL1281 [Doctors: Migrant Workers], 26 July 2016
32 PQ 25540 [Health Professions: Migrant Workers], 2 February 2016

> understandably, and now we have seen a reduction in the number applying to join and a small number seeking to leave. We can speculate as to what that is about; it could be the language test, it could be Brexit or it could be all sorts of things. At the moment we do not know, but it is important that we keep it under close review.[33]

The Committee report also referenced a 2017 GMC working paper, *Our data about doctors with a European primary medical qualification*, which explored the issue of the new English language requirements:

> **Impact of new English language requirements and changing economic conditions on the number of licensed EEA graduates**
>
> From 2011 to 2014, the number of doctors who graduated from Southern Europe increased faster than those from other regions, possibly as a result of the particularly challenging economic conditions many countries in this region faced over the period.
>
> In 2015, the number of Southern European EEA licensed graduates decreased particularly sharply from the 2014 peak (by 10.9%), but the number from other EEA regions also fell (by 6.4%). These falls followed the introduction in June 2014 of a requirement that EEA graduates who don't practise in an English language speaking country must demonstrate their English language capabilities to obtain a licence to practise in the UK. That requirement may be part of the reason why the number EEA graduates joining the register with a licence to practise has almost halved between 2014 and 2015 (48% decrease).
>
> Over the same period, the number of IMG (International Medical Graduate) doctors joining with a licence to practise increased by 8%. IMGs have been required to demonstrate English language capabilities under the Medical Act 1983 to gain registration with a licence to practise.[34]

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33 Health Committee, *Oral evidence: Brexit and health and social care*, 28 February 2017, HC 640 2016-17, Q295

34 GMC, *Our data about doctors with a European primary medical qualification*, February 2017, p15

4. Impact of Brexit on language controls

As set out in sections 1 and 2, doctors, nurses and healthcare professionals from the EEA are entitled to have their qualifications recognised under the *Mutual Recognition of Professional Qualifications (MRPQ) Directive*, which also limits the language controls that can be put on applicants.

The Government has indicated that after Britain's exit from the European Union, it may look again at additional language controls, as set out in a September 2016 PQ response by then Health Minister Philip Dunne:

> The people of the UK have voted to leave the European Union, however until exit negotiations are concluded the UK remains a full member of the EU and all the rights and obligations of EU membership remain in force. This includes implementation of the MRPQ Directive.
>
> A number of concerns have been raised about the constraints that the Directive places on the ability of UK regulators of health professionals to carry out robust checks of both the clinical and language skills of medical professionals from the EEA seeking to practice in the UK. The Government shares these concerns and will review the checks that UK regulators are able to apply in light of the EU exit negotiations.[35]

This was explored further by the Health and Social Care Secretary, Jeremy Hunt, in oral evidence to the Health Committee's inquiry on Brexit:

> In terms of professional qualifications, we are about to negotiate a deal in trade and services with the EU following the triggering of article 50. Professional qualifications and their recognition may be an area of discussion in those negotiations. I cannot prejudge the negotiations, but, subject to that, the GMC and the NMC make a case about the inadequacies of the current system. For example, in 2014 we introduced proper language tests, but under EU law we can test only people's basic English, not their clinical English. Things like that do not seem logical and would be a natural priority for reform in a post-Brexit world.[36]

The Committee's final recommendations called for a balance to be struck between patient safety served by any new regulatory rules, and patient safety served by having a workforce to meet the country's needs. It also recommended that any regulatory changes to the MRPQ should be done through primary legislation, not through delegated legislation under provisions granted by the *EU Withdrawal Bill*.[37]

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35 PQ 44672 [Health Professions: Migrant Workers], 12 September 2016

36 Health Committee, Oral evidence: Brexit and health and social care, 24 January 2017, HC 640 2016-17, Q17

37 Health Committee, Brexit and health and social care— people & process, 28 April 2017, HC 630 2016-17, p46

The Government's response confirmed that the UK is seeking to agree a continued system for mutual recognition of qualifications. It also noted the Committee's recommendation on primary legislation, but did not commit to enacting it:

> We note the Committee's recommendation. The Government will adopt the appropriate legislative vehicle to ensure that any changes to UK professional regulation legislation can be made in a timely way while ensuring appropriate Parliamentary scrutiny.[38]

[38] Department of Health, *Government response to the House of Commons Health Committee report Brexit and health and social care – people & process*, Cm 9469, December 2017, p7

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