



**Patient and carer focus group: Proposed  
changes to the Health and Care Professions'  
English language proficiency policy for  
international applicants**

**Focus Group Report**

**January 2024**

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## 1. Executive summary

The ability to communicate in English is a key requirement for providing safe and effective practice for professionals working with patients in the UK. The Health and Care Professions Council (HCPC) and the Patients Association are working together to understand the potential impact on patient experience of HCPC's proposed changes to its policy on English language proficiency for international applicants. This work runs alongside the public consultation on the proposed changes which include removing and replacing the option to self-declare English as a first language and introducing a list of qualifying countries based on clear majority English speaking populations.

A diverse group of patients and carers were invited to share their views and insights on the policy and the proposed changes. They were asked to review a summary of the proposed changes and participate in an online focus group facilitated by the Patients Association.

The Patients Association asked patients and carers to discuss their views on the policy and the role of health and care professional's English language proficiency in their personal experiences of receiving treatment and care. They were asked to share their views on the proposed changes and the potential impact these could have on patients and carers. Participants also shared ideas of how HCPC could continue to partner with patients and carers when changes to their policies were put into practice.

Participants shared that it was important to review and update the policy to support effective communication and safety. The ability to communicate in English is important for positive patient experience, patient partnership and shared decision making.

Overall participants supported the proposed changes and felt that this would create a more robust and clear system that would instil greater confidence in the process for the registering professionals, and patients and carers. However, participants emphasised the importance of not disadvantaging or deterring international applicants who did not come from a majority English speaking country from working and registering in the UK, given the shortages facing some disciplines and long waiting lists and delays in accessing treatment and care. It was noted that if health and care professionals are disadvantaged, in turn the patients are disadvantaged. They also stressed that professional competence, and the ability to communicate effectively to patients and carers, are not determined by having a "perfect" or native level of language.

Participants discussed the importance of gathering and listening to patient and carer's experiences as the policy was implemented and regularly monitoring and reviewing the policy to understand if the changes are having a positive impact on patient experience and the safety of patients, carers and health and care professionals.

The findings suggest that the proposed changes will enhance the policy but stress the need for the equality impact assessment and partnering with patients and carers in the ongoing monitoring and review of the changes.

Addressing the key themes and findings from the focus group should be prioritised as part of HCPC's wider consultation and work to gather views on the proposed changes to the policy. The report includes recommendations for the review of the policy and HCPC's wider work:

1. HCPC to review the proposed changes to the English language proficiency policy based on the findings from the focus group discussion
2. HCPC to review the proposed Equality Impact Assessment for the English language proficiency policy based on the findings from the focus group discussion
3. HCPC to establish timelines and patient and carer engagement mechanisms to ensure patient and carer insights are captured in further reviews and updates to their policy. HCPC's to communicate this widely across established patient networks to ensure diverse participation
4. HCPC to publish and distribute communications materials for patients and carers to inform them about its policies, how it partners with patients and carers, and opportunities for patients and carers to be involved in its work.

## 2. Introduction

The Health and Care Professions Council (HCPC) is a UK-wide regulator for health and care professionals working in the NHS and private sector. Regulators exist to ensure that health and care professionals deliver safe and high-quality care to patients and the public. HCPC regulate 15 professions including paramedics, chiropodists/podiatrists, occupational therapists, practitioner psychologists, dietitians and radiographers.

The Patients Association is supporting the HCPC with the review and consultation of its English language proficiency policy for applicants who use the international route to join its register. The policy exists to ensure a standard of

English to allow the professionals on their register to work safely and effectively in the UK. HCPC are consulting on the following proposed changes to the policy:

- Remove and replace the option to self-declare English as a first language
- Introduce a list of qualifying countries based on majority English speaking populations
- Accept previous registration in a majority English speaking country or supervised work experience in the UK
- Create an exhaustive list of approved English language test providers

We facilitated an online focus group of patients and carers with experience of attending appointments and interacting with health and care professionals from the 15 professions regulated by HCPC. The participants were asked questions to gather their insights and views on the proposed changes to the policy for international applicants and the potential impact on patient experience.

This report summarises the focus group process and outlines the findings and key themes from the focus group discussion. Recommendations are provided to inform HCPC's review and update.

The project was funded by HCPC.

### **3. Aims and objectives**

The aim of the focus group was to understand patients' and carers' views on the proposed changes to the HCPC English Language Proficiency Policy for international registrants, and their potential impact on patient experience.

The Patients Association recruited patients and carers for the focus group via Weekly News, our online e-newsletter. We also asked six stakeholder organisations including Maternal Mental Health Alliance, Eat Well Age Well, and Digital Health and Care Wales to promote the opportunity among patient and carer groups who were identified as being potentially impacted by the proposed changes to the policy.

A diverse group of participants were recruited. The participants were vetted to ensure they had relevant experience of attending appointments and/or interacting with health and care professionals from the professions regulated by HCPC in the last three years (see Appendix I).

Phone calls were held with potential participants to confirm suitability. Ten people were invited by email to take part following the vetting calls; they gave

written consent for their anonymous views to be shared. Participants were emailed the focus group briefing pack, which contained the agenda, focus group questions and an illustrated guide to the consultation.

Participants were asked to discuss their experiences and views about the role of English language proficiency in patient experience, their views on the proposed changes to the policy and the potential impact on patient experience. They were also asked to consider potential opportunities for continued engagement between HCPC and patients and carers.

Discussions were facilitated between the full group and in smaller breakout groups to encourage exchange and sharing of perspectives and experience (see Appendix II)

#### 4. Findings and key themes

The findings and key themes from the focus group discussion are summarised below:

1. The importance of reviewing the policy
2. The impact of English language proficiency on patient experience and patient safety
3. The importance of effective communication in patient partnership and shared decision-making
4. Views on the proposed changes
5. Potential risks and benefits to health and care professionals from the proposed changes
6. Potential risks and benefits to patients and carers from the proposed changes
7. Ongoing opportunities for HCPC to partner with patients and carers regarding changes to their policies

**1. The importance of reviewing the policy:** The participants agreed it was a good idea for HCPC to review the policy. Reasons given to support the need for review included:

- Necessity for health and care professionals to be able to communicate clearly to patients
- Ensuring patient safety
- Ensuring health and care professionals' safety

- The increasing number of international health and care professionals working in the UK.

Participants commented on the ongoing need to recruit international health and care professionals to address the shortages of professionals in particular health and care disciplines which further underlined the need to have a robust English language in place.

Participants said the UK's multicultural society meant it was also important to have bilingual health and care professionals who could communicate effectively with patients and carers who may not have English as a first language. One participant raised that the bilingual abilities of health and care professionals should also be reviewed.

"I agree with the review because the major language spoken [in the UK] is English, so it is important to reduce language as a barrier between professionals and their patients."

"We must have a framework of confidence that we all understand."

"It's very necessary [to review the policy] due to the lack of medical professionals in the UK and the need for these professionals to be able to speak good English for everyone's safety."

Participants said strong local dialects can sometimes make it difficult to understand English speakers and that the emphasis should be placed on ensuring effective communication for all national and international registrants.

**2. The impact of English language proficiency on patient experience and patient safety:** Participants shared both positive and challenging experiences of the role that the English language proficiency of professionals has played when receiving treatment and care.

Where participants had experienced challenges because professionals weren't proficient in English, they reported feeling frustrated and unable to get the benefit out of the appointment because they could not understand what was being communicated. Two of the three participants who had challenging experiences said they either did not go back to see the health and care professional or sought another appointment with a different professional because of the impact English proficiency had on communication.

"I kept on having to say pardon because I didn't understand. And it wasn't just the technical terms that were being used to convey to me the

treatment. I found it so frustrating.... I didn't get the best out of the session, although quite clearly, he was extremely competent”

“I had a challenging experience where I had to be referred to a [second] health care practitioner because I couldn't understand in clear terms what the previous person was saying”

**3. The importance of effective communication in patient partnership and shared decision-making:** Throughout the discussion, participants emphasised the importance of being able to access health and care professionals that were competent and could communicate effectively with patients and carers. Participants agreed it was not necessary for health and care professionals to have a “perfect” or “Queen’s English” level of English language. It was also noted that the ability to speak English proficiently alone does not determine the ability to communicate effectively. Participants commented that there can be individual and cultural differences in how things are expressed, interpreted and understood that can impact the relationship between patients and carers and health and care professionals.

Participants again said interpreters and bilingual health and care professionals are important as the English language proficiency of the patient and carers can present further challenges when communicating in English.

“Communication difficulties can be a challenge, especially when patients have limited English proficiency. It can lead to misunderstandings and a lack of understanding of health conditions and treatment options.”

“If the [health and care] professional doesn’t have a good command of the English language then they are unable to translate the medical jargon into lay person’s language to explain what the issue is. Patients will suffer without this.”

**4. Views on the proposed changes:** There was agreement among the participants that overall, the proposed changes were a good idea to help effective communication between patients and carers and health and care professionals, and the safety of all parties. Participants raised examples of how this could positively impact patient experience, including patients feeling more comfortable and confident communicating with their health and care professionals.

Support was given to removing the option to self-declare English language proficiency in favour of a more robust system. It was noted that a self-



declaration process relies on subjectivity and has the potential for abuse so removing this added an extra “safety protector”.

However, participants stressed the importance of the equality impact assessment to ensure international health and care professionals were not put at a disadvantage by the proposed changes. They also emphasised the importance of ongoing monitoring, reviews and updates of the policy in response to its impact in real-world context.

**5. Potential risks and benefits to health and care professionals from the proposed changes:** Participants stressed that international health and care professionals should not be disadvantaged or deterred from working in the UK and registering with HCPC or other regulators. Emphasis was placed on the importance of providing a system of support for international applicants to demonstrate their English language proficiency, respecting that this was not determinate of their competence in their profession. Suggestions were given of how to address this:

- Removing disadvantaging factors such as cost and accessibility of tests
- Providing online English language centres so travel/location to test centre was not a barrier
- Child-care support for single parents to attend/participate in the test
- Providing feedback and the option to retake the test after a failed result.

Single parents, people with a disability and people on a low income were identified as applicants that could potentially face disadvantage by having to take a test if they could no longer self-declare and weren't from a majority English speaking country.

“I think [the proposed changes] add that extra sort of nut and bolt...that the level of English is to set a standard, as long as the [potential] disadvantage and equality impact elements are addressed.”

**6. Potential risks and benefits to patients and carers from the proposed changes:** Overall, the participants agreed the policy would improve the patient experience. They said the equality impact assessment was important to ensure groups of patients and carers did not experience unintended disadvantages from the proposed changes. Patient and carer groups they suggested would be more likely to be impacted by the policy and its proposed changes included:

- Deaf people
- People from minority groups such as travellers
- People with limited proficiency of English language.

It was noted that increased use of telephone and virtual appointments could increase the issues of language barriers and understanding of strong accents and dialects for patients and carers.

Participants also raised the challenges patients and carers face accessing appointments in some parts of the UK, with some professions experiencing more shortages than others. The participants stressed the importance of a clear standard of English language proficiency that is established and upheld. However, it was agreed that this needs to be considered alongside the need to address access to care and waiting lists by ensuring sufficient staffing levels and international recruitment.

“[By improving the process] the patient will then be able to develop the confidence that there is a robust system, and that all applicants are going to be treated equally, and none going to be disadvantaged.”

“The system needs to be open, transparent and fair. If the health professionals are disadvantaged, in turn the patient is disadvantaged.”

“There needs to be a standard but at the same time there are such shortages, and we need to think about patients being able to access care.”

**7. Ongoing opportunities for HCPC to partner with patients and carers regarding changes to their policies:** Participants agreed that policies are reviewed regularly within clear established timelines. Mechanisms to engage patients and carers to understand their views and experiences should be put in place to inform policy changes. The participants suggested engaging patients and carers in the following ways:

- Patient and carer representatives on policy review panels
- Surveys (online and paper)
- Focus groups facilitated by independent organisations eg Patients Association, Healthwatch
- Feedback systems to report good/bad experiences (ongoing, not just at the time of policy reviews).

Participants agreed that engagement opportunities needed to be communicated clearly to patients and carers to ensure participation. They suggested:

- Promotion of opportunities
- Direct engagement with minority groups and groups at risk of health inequalities
- Engagement with patient partnership groups, Patient, Advice and Liaison service, and primary care networks.

It was also noted that baselines, for example of patient experience, should be established to be able to effectively assess the impact of changes to a policy once implemented.

## 5. Conclusion

The focus group discussion demonstrated the importance to patients and carers that a robust policy and process exists to determine the English language proficiency of health and care professionals.

Patient safety, patient experience, patient partnership and shared decision making, and health and care professionals' safety may all be impacted by the ability of the professionals to communicate effectively in English.

While the proposed changes to the policy were welcomed by the focus group participants, it is important that any changes are managed and monitored to ensure that they don't disadvantage or deter international health and care professionals from working and registering in the UK. The emphasis throughout the discussions was the importance of patients' and carers' access to competent, skilled health and care professionals who can communicate effectively. Participants felt competence is not determined by "exceptional" or native level of English language.

The impact of the proposed changes on patients and carers should be subject to ongoing monitoring and review by engaging with and learning from the real-life experiences of patients and carers across the UK, including those at risk of health inequalities.

## 6. Recommendations

1. HCPC to review the proposed changes to the English language proficiency policy based on the findings from the focus group discussion
2. HCPC to review the proposed Equality Impact Assessment for the English language proficiency policy based on the findings from the focus group discussion
3. HCPC to establish timelines and patient and carer engagement mechanisms to ensure patient and carer insights are captured in further reviews and updates to their policy. HCPC to communicate this widely across established patient networks to ensure diverse participation

4. HCPC to publish and distribute communications materials for patients and carers to inform them about its policies, how it partners with patients and carers, and opportunities for patients and carers to be involved in its work.

## 7. Appendices

### i. Participant demographics

Gender identity:	<ul style="list-style-type: none"><li>• 6 women</li><li>• 4 men</li><li>• 1 participant's gender identity is not the same as the sex they were assigned at birth</li></ul>
Age:	<ul style="list-style-type: none"><li>• 2 participants age 18-24</li><li>• 3 participants age 25-49</li><li>• 2 participant age 50-64 years</li><li>• 2 participant age 65-79 years</li><li>• 1 participant age 80+</li></ul>
Sexuality:	<ul style="list-style-type: none"><li>• 1 participant is a lesbian/gay woman</li><li>• 1 participant is bisexual</li><li>• 8 participants are heterosexual</li></ul>
Ethnicity:	<ul style="list-style-type: none"><li>• 2 participants are Black African</li><li>• 3 participants are white - English/Welsh/Scottish/Northern Irish/British</li><li>• 1 participant is mixed/multiple - white and black Caribbean</li><li>• 2 participant are mixed/multiple - white and black African</li><li>• 1 participant is Asian/British Asian - Indian</li><li>• 1 participant is Asian/British Asian - Bangladeshi</li></ul>
Religion	<ul style="list-style-type: none"><li>• 1 participant is Hindu</li><li>• 1 participant is Muslim</li><li>• 4 participants are Christian</li><li>• 4 participants have no religion</li></ul>
Patient/carer:	<ul style="list-style-type: none"><li>• 7 participants are patients</li><li>• 1 participant is a carer</li><li>• 2 participants are patients and carers</li></ul>
Geographic location:	<ul style="list-style-type: none"><li>• 5 participants live in London</li><li>• 1 participant lives in the Northeast of England</li><li>• 1 participant lives in the East of England</li><li>• 1 participant lives in the South West of England</li><li>• 1 participant lives in Scotland</li><li>• 1 participant lives in Northern Ireland</li></ul>

	A Welsh participant was recruited but did not participate in the group.
Disability:	<ul style="list-style-type: none"> <li>• 7 participants have a disability</li> <li>• 3 participants do not have a disability</li> </ul>
Experience of pregnancy:	<ul style="list-style-type: none"> <li>• 3 participants have been pregnant in the last 3 years</li> </ul>
Experience of interactions with health and care professions regulated by HCPC in the last 3 years:	<ul style="list-style-type: none"> <li>• 1 person has attended appointments with a Chiropodist/podiatrist</li> <li>• 4 people have attended an appointment with a Dietitian</li> <li>• 2 people have attended an appointment with a Hearing Aid Dispenser</li> <li>• 2 people have attended an appointment with an Occupational Therapist</li> <li>• 4 people have attended an appointment with a Physiotherapist</li> <li>• 1 person has attended an appointment with a Speech and Language Therapist</li> <li>• 1 person has attended an appointment with another allied health professional such as radiographer, biomedical scientist, clinical scientist</li> <li>• 8 of the participants had seen the health and care professionals on the NHS</li> <li>• 2 of the participants had seen the health and care professionals in both NHS and private settings</li> </ul>

## ii. Focus group discussion questions

### 1. Your views on the consultation:

- i. Do you think it is important for HCPC to review their policy for English language proficiency of international applicants?
- ii. How has the English language proficiency of health and care professionals played a role in positive or challenging experiences you have had when receiving treatment and care?

### 2. How do you think the proposed changes to the policy might impact the overall experience of patients and carers when receiving care from health and care professionals?

You may want to consider:

- Patient safety

- Communication between patients, carers and health and care professionals at in person/online/telephone appointments
  - Communication between health and care professionals and your GP
3. Do you think there any specific groups of patients and carers who may be more likely to be impacted by the proposed changes to the policy?
  4. How can HCPC continue to ensure that patient and carer interests are well-represented when changes to their policies are put into practice? For example, when evaluating the impact of changes they make to a policy.

### iii. Additional participant quotes

The importance of the review:

“The review is an excellent idea... It is very important for the safety of patients, carers, and indeed for the safety of the doctors that they can understand what their patients are saying, what the carers are saying. Equally, vice versa we need to ensure that we understand the medics.”

“The movement of staff internationally is much more frequent, and professionals are much more willing to travel. So, I think it's good to review [the policy] to make sure that it is fair, complete, comprehensive, consistent and that it does not disadvantage from the patient's point of view on the carer's point of view.”

The impact of English language proficiency on patient experience and patient safety:

“It's important for healthcare professionals to be able to communicate clearly and effectively with patients. so, having a certain level of English proficiency, could be seen as important. However, English is not the only spoken language in the UK. And many people have limited English proficiency for a variety of reasons.”

“Language difference is a big barrier. So, being comfortable with somebody who speaks and understands you well will surely increase the comfort to patients.”

Monitoring the impact of the policy:

“I think it is really important to have this policy and to review this policy. But not just the policy on its own. Actually, we want to think about practice. How this is being applied practically? And both the experiences of patients and carers, and the health professionals, that are engaging in these interactions and communications.”

Examples of the impact of English language proficiency on patient experience and patient safety in other health and care professions:

“I had an experience with a very competent Indian bowel surgeon and I wasn't able to understand part of the instructions, and I came away from the appointment slightly frustrated, but probably frustrated at myself that I didn't feel comfortable enough actually stopping and saying, I don't understand. I'm not sure how he felt afterwards he certainly was very confident, very professional and a very good surgeon.”

“I have an Indian GP. Whose wife is also a GP, and German. I can't stress enough that my treatment couldn't be better. They speak better than me”