



Language Controls for nurses, midwives, dentists, dental care practitioners, 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 consultation

A paper for consultation

Q1 Do you agree that strengthening language controls as proposed will improve quality of care and patient safety?

Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree
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The Faculty of Dental Surgery at the Royal College of Surgeons strongly supports the proposals to strengthen language controls for healthcare professionals from the EEA who wish to practise in the UK. Our key concern has always been to ensure that general dentists and specialists provide the highest quality and standards of patient care, and for individuals to have the relevant language skills appropriate to the clinical setting. Almost a third of the dentists that were added to the GDC register in 2013 qualified in the EEA so expanding language testing will give much stronger protection to patients.

Q2 Do you agree with the proposed changes for applicants in relation to registration and entry onto the Register in terms of knowledge of the English language?

Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree
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Although we agree with the proposed changes for applicants in relation to registration and entry onto the Register in terms of knowledge of the English language, we note there is no detail in the consultation as to how the language competency of healthcare professionals will be assessed. Many of the existing language tests (for example TOEFL or IELTS) whilst assessing the four components of communication; reading, writing, listening and speaking, base questions around scenarios pertaining to everyday living (for example travelling by train, going to the shops, etc). We urge the Government to recommend that assessment should include dentally orientated language skills to ensure effective communication with patients, including the ability to describe the workings of the NHS in relation to dentistry. This will ensure that communication with patients and their carers is delivered with compassion, is clear and in language they can understand in order that they are aware of the options available to them, can make an informed choice and give informed consent. Nationally agreed benchmarks/criteria will also need to be developed for assessing language competence, in order to ensure consistency.

Q3 Do you agree 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?

Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree
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Q4 Do you think that the powers that are already in legislation are sufficient to secure that healthcare professionals have the necessary knowledge of the English language?

Yes	No
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Currently if a European dentist applies to register with the GDC, even if concerns are raised, the regulator does not have the power to request evidence of their English language skills. Therefore we strongly support proposals to change this situation.

Q5 Do you agree that the proposed changes to the relevant legislation, as set out in the draft Order, will strengthen the knowledge of the English language of nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians in the UK?

Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree
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Looking to the future, we believe the proposed changes will strengthen the knowledge of English language within the professions. However there may be dentists currently working with poor English language so it will take time for them to be filtered out. We also agree that the legislation should apply to those who trained both within and outside the UK.

Q6 Do you think that there is there an alternative to these proposals that does not require a change to legislation?

Yes	No
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Q7 Do you have views or evidence as to the likely effect on costs or the administrative burden of the proposed changes?

Yes	No
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It is our view that any cost implications of the proposed changes are far outweighed by patient safety considerations.

We would also like to highlight the potential for the Faculty of Dental Surgery to provide English language testing at a reasonable cost and with relatively little administrative burden as many of the assessments currently provided in our portfolio include a test of competence in clinically related communications skills.. The large majority of specialty training programmes in dentistry assess the ability to use effective and appropriate communication skills in the healthcare setting, including when speaking to patients with particular communication needs, e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a stroke, etc. Moreover the Faculty's Special Care Dentistry curriculum is a world leader in training dentists on how to communicate with people who have a variety of special needs. This programme has been publically applauded by Patient Liaison Groups with the request that it be adopted as part of medical training.

Q8 Do you think there are any benefits that are not already discussed relating to the proposed changes?

Yes	No

Q9 Do you have any evidence of harm caused to patients due to the lack of English language proficiency of a nurse, midwife, dentist, dental care professional, pharmacist or pharmacy technician?

Yes	No
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We do not have any hard evidence of harm caused to patients due to the lack of English language proficiency of healthcare professionals. However, we have anecdotal evidence of referrals into secondary care for either second opinions or treatment that are directly related to poor English language communication by dental practitioners. In the last five years, approximately 1 in 4 fitness to practise cases before the GDC were related to poor communication, of which more than 50 per cent of cases were against EEA dentists.¹

Q10 Do you agree with the Department's assessment that these proposals will address the current disparity between the existing controls in terms of language competence of European healthcare professionals and those from outside of the EEA?

Yes	No
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Whilst we agree that these proposals will address the current disparity between the existing controls in terms of language competence of European healthcare professionals and those from outside of the EEA, we would argue that the assessment of English language competence for those from outside the EEA is inappropriate as it currently stands. A stronger emphasis on clinically related terminology at a level understood by patients and

carers is required for all healthcare professionals whose first language is not English.

Q11 Are you aware of any particular groups who will be affected by this legislation, other than European nurses, midwives, dentists, dental care professional, pharmacists and pharmacy technicians?

Yes

No

Please return your completed questionnaire to:

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

Professional Standards
Room 2N09
Department of Health
Quarry House
Quarry Hill
Leeds
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Completed questionnaires can also be sent electronically by e-mail to:
HRDlistening@dh.gsi.gov.uk

Thank you

¹ Tong K, Gill D, Hunt N, MCLinDent study in preparation for September 2015