IELTS and declining nursing recruitment: don’t blame Brexit

Parts 1 & 2
IELTS and declining nursing recruitment

On 21st March 2017, HCL’s international recruitment team met with IELTS experts, as well as senior leaders from several NHS trusts. The purpose of this meeting was to discuss how IELTS affects the recruitment of overseas nurses from within and outside the EEA.

This report combines insights and opinions provided at that meeting with the latest data and evidence available on this issue.

The attendees were:

- Steve Brent, CEO, International House
- Chris Moore, Managing Director, Specialist Language Courses
- Eve Truszkowska, Head of Examination Centres, International House
- Charlotte Fisher, Director Permanent Recruitment, HCL
- Teresa Wilson, Operations Manager International Recruitment, HCL

Representatives from NHS Trusts in the following regions:
- South West England
- South East England
- London

Our report at a glance

IELTS Academic level 7 banding in each component for nurses is unjustified

An overall IELTS score of 6 allows an international student to take a BSc in Nursing at Gloucester University; a 6.5 secures a health-related postgraduate course. And a 7 in IELTS allows you to take an MBA at Warwick University.

Meanwhile, UK nurses only need a C in GCSE English, and the average IELTS score for native English speakers is 6.9 – lower than the level required to pass as an overseas nurse.

There is no clear evidence of why the current IELTS banding was chosen

No clear evidence exists to support the chosen banding. The most relevant information was an NMC consultation in 2015, but only 18 of the 723 respondents were NHS employers.

General Training would be more appropriate than the Academic Module

Steve Brent, CEO of International House and IELTS expert, who facilitated 46,000 tests last year, says that General Training would be ‘a better fit for recruiting nurses than the Academic Module’.

The ‘unfairness’ of IELTS Academic level 7.0 is already making headlines

In some parts of the UK, international recruitment has decreased so much that it’s made front-page news. Royal Wolverhampton NHS Trust had just 8 of its 220 overseas candidates pass IELTS to the required level 7 in each component; Barrow Hospital had just 2 out of 104 pass.

Less than 20% of our overseas nurses have passed the IELTS test

Our own stats reveal that 694 of 848 candidates have failed to achieve IELTS Academic level 7. A similar percentage of EEA candidates failed too.

Trusts ‘will have to revise staffing forecasts because of IELTS’

A South West England trust has a growing vacancy list, but they have 105 overseas nurses with conditional offers who’ve failed to pass IELTS level 7.0. One of the South East England trusts will struggle to reduce their nurse vacancy rate as a direct result of IELTS delays. And another South East England trust saw annual recruitment of EEA nurses plummet from 61 to 15 following the introduction of IELTS Academic level 7.

A small change would make a big difference

340 of 694 HCL candidates that failed their IELTS test would have passed if an average score of 7 was accepted.

IELTS failures have a provable financial impact on NHS trusts

An overseas nurse is at least £33,000 less expensive over a 3-year period than a locum nurse. Meanwhile, one of the trusts who helped compile this report is likely to have invested £250,000 on failed IELTS candidates – and that only accounts for their latest batch.

Viable alternatives exist

From changing the requirement to an average score or switching from Academic to General IELTS testing, to offering the option of a more vocationally positioned test like CELBAN, viable alternatives exist – and must be considered.
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Part 1

Introduction

Academic IELTS 7.0 isn’t working for the NHS

NHS trusts are under pressure to find and recruit more nurses, and to do so cost-efficiently. And that pressure is coming from a variety of places: from the rhetoric of press and politicians, to ambitious reform campaigns like the Carter Review or Sustainability and Transformation Plans (STPs).

Elsewhere, it’s abundantly clear that we have an ageing population, and an ageing NHS workforce. All of this points to the same dilemma: NHS trusts have to somehow do more, with less.

Meanwhile, 60% of the NHS budget is spent on staff, and agency spending continues to be scrutinised. So, given the relative cost-effectiveness of recruiting nurses from overseas, trusts continue to look outside of the UK to plug a gap that keeps getting bigger. But our evidence, and the information provided by senior trust leaders, suggests that since the implementation of Academic IELTS level 7 into the NMC registration process, far fewer nurses have been successfully recruited from the rest of the world.

Recently, a popular misunderstanding of this problem has been presented in the press: namely, that we’re getting less nurses from overseas because of Brexit. All of the delegates at our meeting agreed that this was simply untrue – in fact, at HCL, applications from European nurses have gone up since the EU referendum.

It isn’t Brexit, and it isn’t a problem that will go away. While we have no doubt that language testing is an essential step in the recruitment of overseas nurses, we believe that the way in which Academic IELTS is currently used isn’t working. We believe its composition and scoring for the purpose of testing overseas nurses isn’t appropriate.

This report therefore examines topics including:

- The extent of the recruitment pressure currently faced by NHS trusts
- Why IELTS level 7, and the Academic Module for reading and writing, were chosen – and some context around what a level 7 IELTS test actually demands
- The impact of the changes in IELTS testing in 2014 and 2016 on EEA and non-EEA nursing recruitment
- Alternatives or alterations that the group believe could alleviate the problem while maintaining a robust language testing process

Context

An impossible juggling act for NHS trusts

In 2014, Simon Stevens announced a Five Year Forward View for the NHS that was bold and ambitious. In it, he stated that the NHS needed to make efficiency savings of 10-15% by 2021, and presented 15 recommendations to achieve them. The Carter Review2 and the announcement of STPs³ across the UK presented a similarly impossible task for trusts: we know demand for care is higher than ever, but you need to spend less. And a consistent theme in spending less is reducing agency spend on locum staff.

However, Simon Stevens also stated that the NHS had a funding gap of £30 billion. Meanwhile, NHS funding is forecast to increase by 0.9% over the next few years, compared to a historic average of 4% a year⁴. And yet, for NHS trusts, the problem gets even worse.

We have an ageing population: the median age in 1985 was 35, today it’s 40. Over the next two decades, the number of people over 85 – an age group that uses substantially more healthcare services than any other – will double¹. We also have an ageing NHS workforce: 29% of nurses are now over the age of 50. Furthermore, there has been a sizeable increase in the number of nurses taking early retirement at the age of 55⁵.

As a result, 1 in 10 nursing posts are currently unfilled, and current nursing vacancies stand at a massive 24,000. But UK recruitment isn’t picking up the slack. Bursaries being replaced by student loans is making nursing a less attractive career, and early indications suggest applications for nursing degrees in 2017 are down by 20%⁶.

In short, the NHS badly needs overseas nurses in large numbers. Currently, 13% of our nurses come from overseas, but this percentage is widely agreed needs to increase – not only because of demand, but because recruiting overseas nurses to UK posts is more cost-efficient than recruiting a UK-based locum nurse. In fact, our own research illustrates that an overseas nurse would be a minimum of £33,000 cheaper over a 3-year period than a locum nurse. However, as we will see, numbers are actually going down – and there is a clear and undeniable link to IELTS test failures.

Academic IELTS level 7

Why was it chosen, and is it fair?

At the meeting, Steve Brent, CEO of International House, said ‘as an international student, an Academic IELTS level 7 could secure you an MBA position at Warwick University’. Steve worked with the British Council to facilitate more than 46,000 IELTS exams last year, so to our knowledge is one of the leading experts on the subject.

Delegates at the meeting were understandably concerned about this example. Why were overseas nurses having to achieve the same level of English as someone applying for an academic, essay-writing degree at a top 10 university?

It highlights the two key problems with IELTS testing for overseas nurses: the banding, and the choice of Academic Modules over General Training modules.

Level 6 to study nursing; level 7 to continue to nurse

A UK-based nurse has to achieve a C in GCSE English in order to train and practice. Though little comparative study has been made into how this compares to an Academic IELTS level 7, anecdotally it seems this is a mismatch. Indeed, the British Council’s own research confirms that the average overall IELTS score for native English speakers is 6.9⁷ – remarkably, it’s lower than what is being demanded of overseas nurses.

But along with Warwick University above, a more compelling argument can be made when you consider what certain universities ask for from international students wanting to take a BSc in Nursing.

4. http://www.jppro.org/blog/stps-kill-or-cure
Gloucester University is one such example. It requires an overall Academic IELTS score of 6 to take a BSc in Nursing, and a 6.5 to study a health-related postgraduate degree. Is it fair that an overseas nurse who’s already working professionally faces such a stiffer test?

So, why was Level 7 chosen?

Steve Brent agreed with all delegates at the meeting that it was extremely hard to discover a clear rationale for why the NMC had chosen Academic IELTS level 7. Indeed, the only research that seemed to directly address this rationale was an NMC consultation in 2015. This consultation was made before IELTS requirements for EEA applicants were brought in line with non-EEA applicants. And several points made in the consultation make for interesting reading in the context of this report.

- A ‘number of respondents’ thought a level 7 ‘was too high’ – but while the report concludes that IELTS is ‘an appropriate method’, the concerns about level 7 are not further addressed or explained.
- The consultation states that the NMC is ‘committed to continually reviewing our evidence requirements’ relating to the suitability of the IELTS test in its current form.
- On page 125, the possibility that the IELTS changes could cause ‘a significant negative effect on the number of EEA trained nurses’ who manage to register is raised as a potential risk. However, no further mention is made of how this risk might be monitored, or what action might be taken should this risk be realised.

It was the opinion of all delegates at the meeting that this consultation did not offer a clear and convincing enough argument for why Academic level 7 was chosen. This just doesn’t feel like a suitably comprehensive case for the NMC’s IELTS decisions – especially when considering the huge implications such a decision has had for NHS trusts.

As Chris Moore, Managing Director of Specialist Language Courses, put it: ‘IELTS level 7 with the Academic Module is an extremely tough examination of English language skill. I would expect a benchmark that high to be supported with a conclusive rationale of what that benchmark means in the context of everyday nursing in the UK. The link between this academic assessment and vocational requirements is missing, and any evidence was incredibly hard to find – the 2015 consultation was hidden in the depths of the internet.’

Chris Moore’s research also concluded that participation in the consultation by NHS trusts was minimal. The majority of respondents were UK-based nurses or midwives, and out of 723 respondents, just 18 were NHS employers. This seems low given that NHS employers are pivotal to the discussion.

Why have Academic Modules been chosen instead of General Training?

According to Steve Brent, the Academic Module of IELTS was designed for people wishing to study degree programmes at university. Meanwhile, the General Training module was designed for work-related or vocational training.

Failure in the Academic Modules is the key reason for the majority of overall IELTS failures by EEA and non-EEA nurses. In other words, an academic test is preventing the successful recruitment of non-academic, professionally trained nurses.

At the meeting, we looked at some sample questions from the writing test that overseas nurses currently sit. And these examples perfectly illustrated the problem. The questions were based around irrelevant and often highly esoteric subjects – one, for example, related to changes in the number of Japanese tourists in various regions over the last decade. The applicant was reminded that their own irrelevant and often highly esoteric subjects – one, for example, related to changes in the number of Japanese tourists in various regions over the last decade. The applicant was reminded that their own

Impact

Less overseas nurses, but that’s only half of the story

We believe the impact of the Academic IELTS banding for the recruitment of non-EEA and EEA nurses in recent years has been severe. It’s limiting the UK’s ability to recruit good, competent nurses – but actually, the consequences are even more far-reaching.

IELTS failures mean the patient could be impacted

In the mainstream media, there have been numerous reports of recruitment levels of overseas nurses plummeting in NHS trusts since IELTS was introduced. Royal Wolverhampton, for example, made front-page news when it was reported that just 8 out of 220 of its overseas applicants passed the IELTS test, prompting a major review. Meanwhile Jackie Daniels, Chief Executive of the University Hospitals of Morecambe Bay NHS Trust, made headlines when she announced that one of her hospitals had lost 102 of 104 competent overseas nurses due to IELTS failures.

At our meeting, the consensus was emphatic: since the introduction of IELTS testing, recruitment levels have dropped significantly. Additionally, the number of overseas nurses the delegates required to meet vacancy forecasts will almost certainly not be met, because of IELTS failures.

Here’s a snapshot of how this issue is playing out.

HCL

Our own IELTS stats give a good insight into the situation. Of 848 non-EEA candidates we’ve supported, 694 have failed their test – meaning less than 20% have successfully begun nursing in the UK. And only 22 of 101 EEA candidates have passed theirs – a similar percentage.

A South West England trust

According to the Associate Director of Nursing Workforce, this trust has approximately 119 band 5 vacancies this year, and with workforce retiree projections, this could potentially increase to 144 next year. They have forecasted that approximately 60% of these will be filled by UK recruits thus still requiring the need for international recruitment and the use of agency temporary staffing.

Meanwhile, out of the 105 overseas nurses with conditional offers, 20 have pulled out, and only 20 have passed the IELTS test, meaning that 65 nurses are still in the process. For this trust, even a subtle change to IELTS testing could have a transformative effect on their workforce.

One of the three trusts from South East England

The Head of Recruitment at this trust says the nurse vacancy rate has grown steadily by 2.2% between October 2016 and March 2017. They see this as the direct result of IELTS delays.

19 NMC Consultation notes, 8th October 2015, pp. 117-150
20 The impact of IELTS 7.0 on the Recruitment of EEA-trained nurses, Chris Moore, Specialist Language Courses

http://www.wmmail.co.uk/news/barrow/English-language-tests-for-overseas-nurses-are-too-tough-Barrow-hospital-boss-claims-12240220-8493456191-4d5cbe8ced8598-ds

HCL Workforce Solutions
For 2017-2018, the Head of Recruitment initially targeted a recruitment requirement of 369 FTE trained nurses, of which, based on historical data, 40% to 50% would come from overseas. And based on current trends, they admit that these forecasts will be revised. As a result, it will impact morale, motivation, workloads...and therefore, the patient.

Another South East England based trust

In 2014/2015, this trust successfully recruited 61 EEA nurses. But in 2015/2016 - following the introduction of IELTS testing for EEA nurses – this number plummeted to just 15. As of March 2017, their Recruitment and Retention Lead says that there are 199 vacancies, compared to 176 in March 2016. As with every other delegate, their message was clear – they do not expect to get enough overseas nurses to keep pace with demand.

Not all IELTS failures are the same

None of the delegates at our meeting expressed any doubt that IELTS is an important means of testing the English language skill of overseas nurses. But there was definite uncertainty about the banding. We just hadn’t seen clear enough evidence of why, for example, an average of 7 hadn’t been chosen – or why the Academic Module had been chosen over General Training.

We’ve recently conducted some research of 694 failed IELTS exams that we supported and facilitated. And two things were especially notable.

Firstly, 340 of the 694 failed exams would have passed if an average of 7 was accepted. Based on this relatively small data-set, this change would remove the dilemma of recruiting overseas nurses immediately; it would double success rates.

Secondly, 209 candidates failed only because they failed to get a score of 7 on the academic writing test. The writing test was by far the biggest cause of failed exams, and it’s fair to assume that in these instances, a General Training version – deemed to be more relevant – would have led to more passes without compromising on quality.

Chris Moore was very clear about where the problem lied for those failing the IELTS exam. ‘The vast majority of candidates are failing because of the writing test. We focus our training on overcoming that obstacle, but it’s tricky. The advice and tutoring we offer has no real relevance or use on a ward – we’re teaching them how to structure an academic essay on an abstract subject.’

Other impacts: psychological, financial, reputational

Perhaps the most pertinent way of examining the psychological impact of IELTS failures is looking at specific examples.

Jorja, a candidate from Australia, recently wrote to us. She’d been a nurse for 3 years in Australia but had always dreamed of travelling to and working in the UK. So, she began applying, inevitably attracting our attention, and went on to take the IELTS test.

She failed twice, despite achieving between 7.5 and 9 on both occasions for listening and speaking – arguably the most valuable assets for a practicing nurse. However, narrow fails on reading and writing brought her down, despite having an average on both occasions well above 7. In total, she’d spent $660, but was ‘disheartened’ to learn that there was no way of finding out where she’d made mistakes in order to improve. She decided to stop trying, and a skilled, passionate candidate was lost. Jorja’s beautifully written letter is attached to this report as an appendix.

We have dozens of stories just like this from all over the world, as do the trusts we work with – and we’ve collected some of them as appendices at the back of this report. The emotional impact is huge – and that affects the reputation of the NHS as an employer.

The Head of Recruitment of a South East England trust says that their IELTS–trained English tutors have noticed a number of EU staff (without a Pin) discuss moving from England to Ireland where a lower overall IELTS score is accepted.

This reputational problem is exacerbated in key recruiting countries like the Philippines. They have first-hand experience of supporting IELTS-taking nurses in the Philippines, and their financial circumstances make IELTS failure a life-changing risk. The pressure of passing is causing real psychological damage, and undoubtedly creating a feeling of frustration toward the UK as an employer.

But failed IELTS exams costs the NHS money, too. One of the trusts that contributed to this report put the total cost of one failed IELTS candidate at £5,000. When taking into account accommodation, placement fees and IELTS training costs, if, as is the trend, only a small percentage are actually passing, this figure multiplies rapidly; in one particular trust, £250,000 will be invested on the latest batch of overseas hopefuls. It’s an extremely inefficient use of budget.

And so, the impact of IELTS failures is complex and damaging. It costs money, it harms reputations, and it causes individuals to suffer – perhaps unnecessarily.

Is there another way?

Alternatives

Change the banding, or change the test

We think it’s now essential that a meaningful discussion begins around possible alternatives to the current situation. And the following alternatives could be a good place to start:

Change to an average score of 7

If conclusive, evidence-based arguments were available to support the theory that a minimum score of 7 on all modules in the IELTS test was absolutely justified, we would not suggest a change. But those arguments just don’t exist.

It’s the opinions of IELTS experts Steve Brent and Chris Moore that an average score of 7, with minimum scores of either 6 or 6.5 for reading and writing, would be a more appropriate banding for overseas nurses.

Based on the arguments presented, we think this is a fair and reasonable alternative.

Change the Academic Module to a General Training Module

As explained, the reading and writing modules – the only modules that are ‘academic’ – are largely responsible for those IELTS failures that are marginal. What we also know is that the General Training Module is better suited for vocational purposes; the Academic Module is, as its name suggests, for academic purposes.

And with no clear explanation of why the Academic Module was chosen in the first place, we think changing the IELTS to General Training for all modules is a logical suggestion.

Offer alternative tests like the OET or CELBAN – perhaps even GCSE?

We don’t think it necessary to replace the IELTS test – it has extensive coverage globally. But we do think, given the arguments presented, that the option of other tests would be a positive step. And excellent alternatives exist.
Summary

IELTS is meant to ensure patient safety, not threaten it

Anyone involved with supporting NHS trusts needs to do more to support them. That’s our simple view on the current situation they face. They don’t just need to do more with less; they need to perform miracles.

Language testing of overseas nurses through Academic IELTS has been put in place to ensure patient safety – that’s the perfectly worthy view of the NMC and the NHS. But we also have to consider how the huge numbers of Academic IELTS failures are affecting staff shortages on wards across the UK. Does that not impact patient safety too?

This report, and the meeting it is based on, really is just a snapshot of a dilemma faced in every corner of the UK. Vacancy numbers are growing, but overseas numbers are not meeting demand. Huge numbers of suitable nurses are in limbo, waiting for costly re-tests. And all evidence suggests that small changes – changes that are fully endorsed by IELTS experts – would make a substantial difference.

Which brings us back to why level 7, and the Academic Module, were chosen. The justification isn’t there – and certainly not in clear enough terms given the gravity of the consequences. And the numerous examples of how IELTS is used to qualify for different degrees or universities – not forgetting that a 6 can get you onto a nursing degree at a UK university – adds fuel to the fire. It doesn’t add up, and it’s easy to understand why those failing, like Jorja in Australia, don’t want to come to the UK anymore.

We might be doing far more long-term damage than we realise in this increasingly global world.

Brexit has blurred this issue, as it has blurred many others. But we are yet to speak to anyone actively involved in recruiting for the NHS who believes Brexit is the reason for the current recruitment challenges. As far as their opinion, and the evidence available, suggests, Brexit has nothing to do with it. In fact, it’s a dangerous distraction from a far more fixable problem.

Alternatives exist, and they aren’t fanciful, unpractical concepts; they’re all ideas that are either already in use or simple to implement. They’re also supported by language testing experts who know more about IELTS banding than anyone.

Something has to change, and it can.

Nursing recruitment in numbers

How it was then and how it is now

As explained throughout this report, the current expectation of obtaining the academic IELTS score is majorly affecting the numbers of international nurses coming into the UK. However, if we were to look at the number of NMC registrations from the Philippines in 2017, for example, the number of registrations could look fairly healthy. This is because it has taken until now to see those nurses that have gone through the cycle of repeated IELTS examinations. The average time needed to obtain the mandated level currently stands at a minimum of eight months, resulting in an average 12 month turnaround time from hire to deployment.

The data provided shows the number of nurses that have been given conditional offers of employment since November 2014 through HCL NHS clients from non-EEA countries. Over 49% have either left the process voluntarily due to struggling to raise the funds required to obtain the qualification, or have had their offers retracted by the NHS due to the length of time it has taken for them to attain academic IELTS 7.

Currently, we have 141 nurses that have reached the required level of qualification and can begin the process of completing the NMC registration for non-EEA nurses. These candidates should be deployed within the next four months.

HCL is currently running high above the Filipino average on first time pass rates. This is due to the investment and management of training centres within the area but this is still a very low proportion of those that entered into the recruitment process.

One trust in South East England is a classic example of how the IELTS affects the time to hire. IELTS testing for EEA nurses has now been running for 15 months. And for this trust, it’s been a challenging period. Only 17 EEA nurses (11% of applicants) of 150 who were offered positions have been successfully deployed, while 54 candidates have now dropped out of the process due to IELTS failures. And currently, 11 candidates are continuing to study, but are seeking assurances from the training provider that they can pass first time, to avoid more financial difficulties as a result of failing.

The 17 that have passed are completing their CBT and the rest of the process, and should arrive into the UK from May onwards. But those who have not yet passed and remain in the process provide a complex problem for this trust: how can they plan their workforce around them? Forecasting and target planning is impossible, and recruitment and budgetary pressure is greatly increased.
Data for a group of 14 trusts

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<td>Number of nurses dropped out of process</td>
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Data for a South East England trust

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Current nurses with IELTS pass: 141

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Current nurses with IELTS pass: 18

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Current nurses who have failed: 562

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Current nurses who have failed: 68

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Dear Nina,

I am writing this letter to help outline the difficulties I have recently faced on attempting to gain my nursing registration in the United Kingdom for 2017 travels.

My name is Jorja, I was born and raised in Australia. I completed primary, secondary and tertiary studies in English based schooling with my tertiary education gaining a Bachelor of Nursing. On completing my University degree, I gained a graduate Surgical Nursing position and have had a permanent nursing position for the past 3 years.

When I decided to travel and live in the UK, it was also my desire to work in my profession as a registered nurse and further my clinical experience. However I did not foresee the difficulties I would face in order to gain my nursing registration.

As per the NMC Booklet on gaining registration in the UK, my first step was to complete the International English Language Testing System (IELTS) and achieve a minimum score of 7 in all areas. I was initially shocked that I would have to prove my ability to communicate in English as I have been doing this my whole life, especially as the exam cost $330.00. However I accepted this and began preparing for my exam.

In preparing for the exam, I completed all practice samples on the IELTS website plus my own study notes. When completing the exam in the reading section, I had not accounted for the short timing expected for reading the three articles in detail and answering the provided questions. As a result, I did not gain the required marks to pass, attaining 8.0 in Listening, 6.5 in Reading, 6.5 in Writing and 8.5 in speaking.

I was very disappointed with this result as it was not the required marks needed as per the NMC standards. I was determined to retake the test and improve on my previous results though was confused and dishearten to learn you are unable to view your markings and see/learn where I had gone wrong. Without visualising the marking of my exam results, it was very difficult to determine where I had gone wrong and work out how to improve.

I again completed all study samples provided by the IELTS website especially in the reading and writing samples. However, I again did not obtain the required marks with 7.5 in Listening, 7.0 in Reading, 6.0 in Writing and 9.0 in Speaking. It was very hard to accept that my chances of becoming a nurse in the UK was blocked by one mark.

Therefore I called the QUT IELTS to ask for a possible remark on my last exam, upon which I was told it would cost approximately $170. I did not pursue this course as I felt the whole process had turned into a money making exercise. At this stage I had already invested $660.00 into the process and was further expected to pay for theory exams, practical exams and the registration. Due to these obstacles I decided to cease my efforts in gaining my UK nursing registration.

Jorja McDonald
16 xxxx Road
Springfield
jorjaxxx@hotmail.com
In my opinion the process of IELTS exam needs to change, particularly the ability to view your markings in order to improve and learn from any mistakes. In comparison completing university assessment, students are always able to receive a copy of their work with relevant markings, allowing them to visualise and learn how to improve. If this was changed, I believe the passing success rate would significantly improve. I hope this letter has helped outlined the need for change.

Thank you for your consideration.

Kind regards,

Jorja McDonald

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Testimony 2
From: Bob and Kathy Green
Sent: 21 July 2016 13:50
To: Overseas Enquiries
Subject: IELTS criteria

Dear Sir or Madam

I wonder if you could answer my query, please. I am a British citizen, having been born in the UK and having lived here from my birth in 1960 to 2011. I then moved to Australia to undertake a nursing degree. I graduated from Flinders University in South Australia with a Batchelor of Nursing degree in December 2013 and a Master of Nursing, specialising in Palliative Care and dementia, in June 2015. I have been registered with the Australian Health Practitioner Regulation Agency (AHPRA) as an RN since December 2013. I have now returned to the UK for family reasons and I wish to transfer my nursing registration to the UK. However, I discovered that, as I qualified overseas, I have to go through the “overseas pathway”.

Both my Bachelor of Nursing degree (conferred December 2013) and my Master of Nursing degree, taught in English, we are not likely to request further evidence from you. “If you have a pre-registration primary nursing or midwifery qualification that was taught and examined in English, we are not likely to request further evidence from you. ”

In respect of EU nationals, the NMC’s document entitled ‘Providing evidence of English language competence: Guidance for EEA trained nurses and midwives’ states in paragraph 13:

"If you have a pre-registration primary nursing or midwifery qualification that was taught and examined in English, we are not likely to request further evidence from you."

Both my Bachelor of Nursing degree (conferred December 2013) and my Master of Nursing degree
conferred September 2015) were taught and examined exclusively in English, and I can provide documentary evidence to that effect. If necessary, I can also provide evidence of my ‘O’ and ‘A’ levels and my BA (Honours) degree, all of which were taught and examined in English in England.

Consequently, I feel I am being discriminated against by the NMC because I qualified as a nurse overseas rather than in the EU.

Furthermore, paragraph 19 of the aforementioned document states:

“We will review our English language evidence requirements on a regular basis to ensure they remain suitable. We will give full consideration to new sources of evidence that can provide the required assurance that you have the necessary knowledge of English” and paragraph 28 states that “The Registrar may accept other forms of evidence at their discretion” and the ‘International English Language Testing’ document further states that the NMC “may consider other evidence on a case-by-case basis”.

I totally agree that the NMC has an absolute duty to ensure that nurses registered to work in the UK are able to communicate effectively in English. Nevertheless, I am a native of England and English is my first language. All I ask is that I be allowed to provide documentary evidence to that effect. I accept that my individual circumstances may be unique, being a UK citizen who qualified overseas and, as such, I do not “fit neatly into a box”. However, I do not understand why I cannot be afforded the same courtesy as EU nationals, and that my unique circumstances cannot be considered on an individual basis.

Would you kindly give me an explanation for the NMC’s stance on this matter please.

I look forward to a favourable response

With kind regards

Kathleen Broadhurst RN
BA(Hons), BNSc, MNSc

From: Overseas Enquiries [mailto:Overseas.Enquiries@nmc-uk.org]
Sent: 15 August 2016 10:01
To: ‘Bob and Kathy Green’
Subject: RE: IELTS criteria

Dear Mr and Mrs Green

Thank you for your email.

In regards to the language requirements for EU applicants, please be advised that the NMC is bound by EU legislation and is therefore unable to set the same requirements as we do for overseas applicants. Our policies for overseas applicants have been put in place to protect the UK public. We must abide by the rule that states that all overseas trained nurses must be able to provide proof of English language skills, as this cannot always be determined based solely on nationality. Furthermore, we have put the language requirements in place in order to secure a standardised process that is fair and transparent and are therefore unable to assess this on a case to case basis.

If you wish to make a formal complaint in regards to our language requirements, please read more about the process and submit the complaint here.

Kind regards,

Caroline Edwards
International Registrations Officer

Nursing and Midwifery Council
23 Portland Place
London, W1B 1PZ
www.nmc.uk.org

From: Nina Boogers [Nina.Boogers@hclpermanent.com]
Sent: 27 September 2016 14:32
To: ‘broa0077’
Subject: NMC update

Hi Kathy,

So sorry for the delayed response. I have just returned from annual leave and a stint in the London office.

Can you update me on your NMC and whether you have completed the IELTS or CBT component yet?

Have Colchester continued with their support and are you still on the Stroke Ward?

Let me know when you are free next for a call. As I am back in Australia it will need to be in the morning for UK time.

Look forward to hearing from you soon.

Kindest regards,

Nina Boogers
Senior International Nursing Recruitment Consultant

From: Bob and Kathy Green
Sent: 28 September 2016 13:13
To: Nina Boogers
Subject: NMC update

Hi Nina

Many thanks for your e-mail. It is lovely to hear from you. I hope your enjoyed your time in the London office.

While I remember, my Flinders University e-mail address is due to expire shortly, so could you please contact me on this new e-mail address please : xxx

As for my progress with the NMC.... I have been in dispute with the NMC about me needing to do the IELTS test. I personally find it insulting that any English-speaking person, including those from Australia, Canada, USA and South Africa, should have to sit the IELTS test. I was even exempt form it in Australia as I could provide evidence of my competence in English. The rules for EU applicants for registration with the NMC changed in July. Now EU applicants have to either pass the IELTS test or provide proof of their competence in English. However, “Overseas applicants” have no option but to sit the IELTS test. I have asked that I be allowed to provide evidence of my ‘O’ and ‘A’ levels in English, my BA (Honours) degree in English, as well as both my nursing degrees, both of which were taught and examined in English.

However, they have refused. I am now taking up the matter with my MP and have an appointment to see him on 6th October. My colleagues in the Stroke Ward are very supportive and understanding and they consider the whole situation farcical. When I tell them that I have to sit the IELTS test, they burst out laughing!
In the meantime I have been making enquiries to check my eligibility. I have contacted Flinders University to confirm I have done at least 500 hours Clinical Practice, and I have recently e-mailed the NMC again to ask if the year and a half study I undertook for my Master of Nursing counts as one year post-registration experience. I await their reply!

So I am not much further forward at the moment. Therefore, I wonder if it would be better to postpone our telephone conversation until I am in a better position to actually begin the NMC process?

With very best wishes

Kathy

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From: Nina Boogers  
Sent: 29 September 2016 01:23  
To: ‘Bob and Kathy Green’  
Subject: RE: NMC update

Hi Kathy,

Thank you for your email and I would agree that it is best to postpone our conversation. You are working very hard with the NMC and I do wish you all the best with your meetings with the MP and hope that you make some progress. It is an extremely frustrating and unfair system and change needs to be made for the progression of the NHS.

Once you have further information surrounding your training and you are ready to submit an application to the NMC please do get in contact with me.

All the best.

Kind regards,

Nina Boogers  
Senior International Nursing Recruitment Consultant HCL Permanent - Projects Team - Australia

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Sent: 30 September 2016 13:23  
To: Nina Boogers  
Subject: RE: NMC update

Hi Nina

Thank you for your kind response. I agree totally that the NMC system is unfair and I believe it discriminates against “overseas” applicants. The NMC is so intransigent and unwilling to listen to reason. For your information, please find below the e-mail correspondence between myself and the NMC. They do not seem to grasp that I have no problem with the need for language requirements, but I do object to the way they are assessed. I will keep you informed anyway.

Thank you again for all your kindness and support

Kathy

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Testimony 3

Communication from a Senior Sister to the Recruitment & Rentention Lead within a trust in South East England

Hi,

I have two band 4’s on the ward. They are both exceptional in their work and communication and work confidently on the ward. They communicate well with the patients and from a clinical aspect they have good knowledge/experience of practice from their own countries. They passed their drug exams first time, and have been on all the courses that are available and have passed them too.

Both nurses have been extended twice now so they can complete their IELTS. They are both struggling with the written examination, where they are reaching a score of 6-6.5.

It would be a great shame if we lost them because the IELTS pass level is too high. I find their spoken English standard is good and in a lot of cases, better than the other EU nurses that came to us already with a PIN number.

I think if we allow our own nurses in the UK a level of English as 6 then why can we not offer the same to the EU nurses. They would be a great loss to the ward if they didn’t get level 7 required at present and were not extended on their employment.

Kind regards,

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Testimony 4

Hey Nina,

I’m sorry I wasn’t able to get back to you until just now - it’s been a busy week with work and some personal things.

I think it’s great that you guys are putting forward these concerns. I know the whole registration process and the uncertainty of it all has caused a great deal of stress, financial strains and has also made me reconsider/think twice about a nursing career in the UK.

I hope the presentation goes well.

Regards,

Jon Corke,  
(HCL Candidate)