Education and Training Committee

Meeting Date	09 September 2026
Title	English language proficiency: implementation report
Author(s)	Tom Miller and Elona Skinderskyte
Executive Sponsor	Andrew Smith, Executive Director of Education, Registration & Regulatory Standards

Executive Summary

Following a consultation which closed in January 2024, several changes were made to the English language requirements HCPC sets for applicants joining the register using our international route.

These changes made were to the evidence the HCPC would accept from applicants as evidence of the English language proficiency:

- The removal of “self-declaration” that English was the applicant’s first language.
- The adoption of a “qualifying countries list”; applicants can now show that their primary qualification is earned in a country on the list in order to evidence English language proficiency. Applicants with primary qualifications taken in countries outside this list now need evidence that they meet our test requirements.
- The introduction of a list of “recognised” English language tests, with the possibility of introducing new tests should the Education and Training Committee (ETC) be satisfied that they meet our needs and criteria[1].

The changes were formally adopted by the ETC in October 2024. It was agreed that we would report back to ETC after the new requirements had been in operation for a full calendar year.

The changes came into effect in January 2025 and data on the year up to January 2026 has now been collected and analysed, with particular reference to the overall effect on international registrations, and the impact on protected and other characteristics.

Key findings

1. There is strong evidence that the changes have had a positive effect on the robustness of our requirements.

[1] The Occupational English Test (OET) was subsequently recognised by ETC in November 2024.

2. Impacts have been proportional and in line with our previous expectations. There is minimal evidence for strong differential impacts based on background and characteristics, rather than English language proficiency levels. 3. There has been a significant drop in the numbers of international applicants. However, there is no evidence that the change in the English language requirements are the single or predominant cause of this. 4. Implementation of the changes has been technically smooth and the impacts have been as expected. The ETC is invited to reflect upon the paper and provide any feedback.	
Action required	The Committee is asked to review the information provided and seek clarification on any areas.
Previous consideration	An overview of the contents of the paper was presented verbally to the ETC in June 2026.
Next steps	We will continue operational monitoring relating to the impacts of our changed requirements and maintain an open approach to outside contact from governments around qualifying countries. We will return to ETC if any substantial issues arise from this.
Financial and resource implications	Not applicable.
Associated strategic priority/priorities	Putting patients at the centre of smarter, preventative regulation Supporting healthcare workforce development through proportionate, agile regulation
Associated strategic risk(s)	SR01 - Delivery of Regulatory Requirements SR03 - Appropriate Action from Equality, Diversity and Inclusion (EDI) Data
Risk appetite	Regulation - measured
Communication and engagement	This paper is intended for an internal audience. As such there is no communications or engagement work planned, but feedback in this area is welcome.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	The paper assesses the impact of our policy changes across the protected (and other) characteristics where risks of differential impacts were identified in our Equalities Impact Assessment (EIA) (see **Annexe 1**). The paper concludes that the impacts of the changes to our requirement are reflective of what was identified in our EIA to support the changes made. As such, impacts were as expected and proportional to our policy objectives, themselves justified in ensuring robust

	levels of public protection when we decide which evidence to accept from applicants. We have not identified opportunities for people to use the Welsh language, or any positive or negative impacts on usage of the Welsh language, or no less favourable treatment than English. Again, this is in line with our previous assessments, contained in the EIA document.
Other impact assessments	There are no identified impacts for data protection, sustainability, or other areas beyond those contained in the EIA.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Changes to our English language proficiency requirements

1. Background

1.1 This report presents the findings of the post-implementation monitoring of changes to the English language evidence requirements for international applicants to the HCPC Register. The monitoring covers the first full year following the introduction of the changes on 29 January 2025.

1.2 The changes removed self-declaration of English as a first language and introduced a list of qualifying countries (where primary qualification was completed) alongside a requirement for recognised English language test evidence for all other international applicants.

1.3 The changes addressed concerns about the reliability and objectivity of how English language proficiency was evidenced under the previous system. Prior to 2025, the majority of international applicants could self-declare that English was their first language, with limited scope for the HCPC to verify this claim in most cases. This approach was subjective, difficult to audit consistently, and created potential risks to public protection if applicants overstated their language ability.

1.4 The changes sought to:

- Establish a more objective and verifiable standard of English proficiency
- Reduce subjectivity and discretionary decision-making in the registration process
- Increase public and stakeholder confidence in HCPC's role in the wider system of ensuring levels of English language proficiency for professionals
- Better align HCPC requirements with those of other UK health and care regulators (including the GMC and NMC).

1.5 The overall aim is to ensure that every international registrant demonstrates, through credible evidence, the English language skills necessary to practise safely and competently with service users in the United Kingdom.

1.6 This paper examines whether the changes:

- Created unintended barriers to registration for applicants with sufficient English proficiency (by analysing registration data on cases where applicants were incorrectly required to submit a test, complaints about additional costs, delays, or other emerging patterns), or;
- Had disproportionate impacts on protected characteristics or other vulnerable groups where risks of this were identified in our Equalities Impact Assessment (EIA) which was developed alongside the changes, or have become apparent elsewhere.

2. Risk appetite

2.1 The changes to our requirements were in line with our stated risk appetite, and there are no new risks arising. However, along with **Annexe 2** (analysis of international route application outcomes by EDI characteristics), the report includes opportunities for organisational and operational learning for purposes of future improvement.

3. Summary of findings

3.1 Our analysis highlights the following notable outcomes:

- The removal of self-declaration as an acceptable form of evidence has led to non-qualifying applicants providing recognised test evidence

- We found no statistically significant or disproportionate drops in application numbers or shares that would indicate barriers which do not correlate with measurably English language proficiency. Relative reductions appear driven by the intended deterrence of previously unverifiable self-declarations, though it is more difficult to attribute causes to the overall drop in applicant numbers.

- Potential registration access-related challenges (such as the cost of tests, travel to test centres, logistics, or childcare responsibilities) were explicitly monitored via income proxies (World Bank country classifications), demographic characteristics (sex, marital status, caring responsibilities, religion, ethnicity), and qualitative channels (complaints and communications).

  No evidence emerged of these access factors acting as permanent or structural barriers preventing otherwise proficient applicants from completing applications. EDI impacts and the impacts of other barriers were within the terms set by the EIA and without major areas of concern. The only impact which had not been previously accounted for was on married applicants, but we have identified no causal link between the new requirements and this result.

  The percentage of successful female applicants share increased, religious percentages remained stable. While a small number of complaint/feedback themes raised cost as an issue, the number of complaints/feedback submissions along these lines did not indicate broad cost or logistics-related issues.

- We identified no evidence of significant disproportionate adverse impacts on demographic characteristics in general. There is sustained participation from non-qualifying countries — high ongoing volumes from key non-qualifying regions demonstrate that proficient applicants continue to apply; where there are relative declines for some countries, our analysis indicates that this is proportionate to the intended robustness effect of removing self-declaration.

- Feedback and complaints related to testing requirements is relatively low (37 recorded post-change), primarily transitional in nature (test costs, retrospective application, qualifying list confusion, awareness gaps). For context, HCPC's latest registration performance data shows 2684 international route applications received between May 2025 and April 2026[2].

[2] https://www.hcpc-uk.org/globalassets/meetings-attachments3/education-and-training-committee/2026/02.-3-june-2026/item-07-registration-performance-report.pdf (retrieved 22 Jun 2026).

- There has been a decrease in applicants applying to join the HCPC register via the international registration route. Part of this can be attributed to the spike before the changes came into effect. In addition, factors in the wider policy environment are likely to have heavily contributed to the numbers of international applicants we are receiving.

  By way of example, new UK government immigration and visa requirements (also introduced in January 2026) and NHS workforce planning (as announced in July 2025) are likely to have contributed. A similar drop has been observed by peer regulators who have not recently changed their requirements.

3.2 Interpretation of the monitoring evidence suggests that the changes are working as intended. The shift to objective evidence has significantly reduced reliance on unverifiable self-declarations with strong compliance, and no major deterrence for qualifying-country applicants, both in line with our policy intentions.

3.3 There was no evidence of widespread unintended barriers to proficient applicants detected, but continued monitoring (particularly full-year completion rates and fraud patterns) is recommended, alongside targeted improvements to verification recording, guidance clarity, and fraud detection.

4. Methodology

4.1 This report compares international route applications submitted during the post-implementation period (29 January 2025 to 9 February 2026 - hereafter referred to as the Test Groups) with equivalent periods in the previous years (2023 and 2024 – hereafter referred to as Control Groups).

4.2 To enable meaningful before and after comparisons, applications are grouped according to the evidence type that would apply under the new rules introduced on 29 January 2025 (even when analysing pre-change data retrospectively). The decisive factor under new rules is the country where the primary professional qualification was completed:

- Control Group 1: If completed in a qualifying country, the applicant is now exempt from providing an English language test.

- Control Group 2: If completed outside a qualifying country, English language test evidence is now mandatory.

4.3 Group definitions (for post- 29 January 2025):

- Test Group 1: applications where the primary professional qualification was completed in a qualifying country and no English language test is required.

- Test Group 2: applications where the primary professional qualification was completed outside a qualifying country and English language is required.

4.4 In the pre-change period, applicants could self-declare English as their first/main language or they had to provided test evidence if they declared English was not their first/main language.

4.5 For the pre-change period (“control groups”) there were two types of applicants impacted by the change (1B and 2A). They can be compared to 1A and 2B, who were not impacted. Whilst all control group applicants were pre-change, they are also split into sub-groups to reflect country of primary qualification and self-declaration status.

4.6 These registrant characteristics mean that the four subgroups within the control groups show opposite effects when the new rules are applied retrospectively.

4.7 In turn, they provide the criteria for applicant data gathered after the policy changes (“test groups”):

- Subgroups that would now be exempt (Control Group 1B) provide the baseline for Test Group 1.
- Subgroups that would now require a test (Control Group 2A) provide the baseline for Test Group 2.

4.8 Separating these groups allows clearer identification of the policy’s impact:

- The main change affects those who previously self-declared English as a first/main language, but whose primary qualification is not in a qualifying country – these applicants now require a mandatory test (previously avoided due to self-declaration, see Control Group 2A).
- Applicants from qualifying countries who previously provided a test (despite being able to self-declare, see Control Group 1B) would now be exempt.

Test groupings explained

English First Language?	Qualifying country?	Grouping	Interpretation in relation to taking the English language test
Yes	Yes	Control 1A (pre-Jan 2025)	Then – would be exempt Now – would be exempt too
No	Yes	Control 1B (pre-Jan 2025)	Then – test required Now - would be exempt **Group impacted by changes**
Yes	No	Control 2A (pre-Jan 2025)	Then – would be exempt Now – test required **Group impacted by changes**
No	No	Control 2B (pre-Jan 2025)	Then – test required Now – test required
Yes	Yes	Test 1 (post-Jan 2025)	Exempt from test
Yes	No	Test 2 (post-Jan 2025)	Test required
No	No	Test 2 (post-Jan 2025)	Test required
No	Yes	Test 1 (post-Jan 2025)	Exempt from test

4.9 Our analysis focuses on the following key metrics to assess the impact of the changes introduced:

- Total number of international applications received in the test period (post-29 January 2025) compared with the average equivalent periods in the years 2023, 2024 and January 2025.
- Breakdown of applications by country of primary qualification.
- Number of applicants in Test Group 1 (applications from qualifying countries, no test required) compared with the Control Group 1 (pre-change applicants, all of whom would now be exempt). Stability here supports the hypothesis that the change did not broadly deter capable applicants from qualifying countries.
- Number of applicants in Test Group 2 (applications requiring test evidence, non-qualifying country primary qualification) compared with the combined Control Group 2 (pre-change cohort for whom tests would now be required). A decline here may indicate successful deterrence of inaccurate self-declarations, or unintended barriers (further explored via characteristics and complaints).
- Retrospective application of the new rules to pre-2025 control data (2023–January 2025) to estimate how many applicants would have been exempt (qualifying country) or required to submit a test (non-qualifying country) had the changes been in place earlier.

4.10 To identify any patterns or differential impacts arising from change, all primary metrics are broken down by applicant characteristics:

Mandatory:

- Age, nationality, country where the applicant completed their primary qualification.

Voluntary:

- Sex, gender identity, religion, sexual orientation, disability status, race/ethnicity, caring responsibilities, pregnancy and maternity

4.11 Additional proxies are also used in our analysis:

- Country of residence classified by World Bank income group (low, lower-middle, upper-middle or high). This proxy reflects average economic conditions in the country of qualification and is not individual-level data; it should be interpreted cautiously to avoid over-generalisation of applicants from certain countries. Further, country of residence does not map perfectly to country of primary qualification, but functions as a viable proxy for the purpose of our analysis.
- Type of test submitted (IELTS Academic, OET, TOEFL iBT or other).

4.12 Application volume data is supplemented by contextual information in the form of Complaints and feedback contacts received via email, including the volume and main themes.

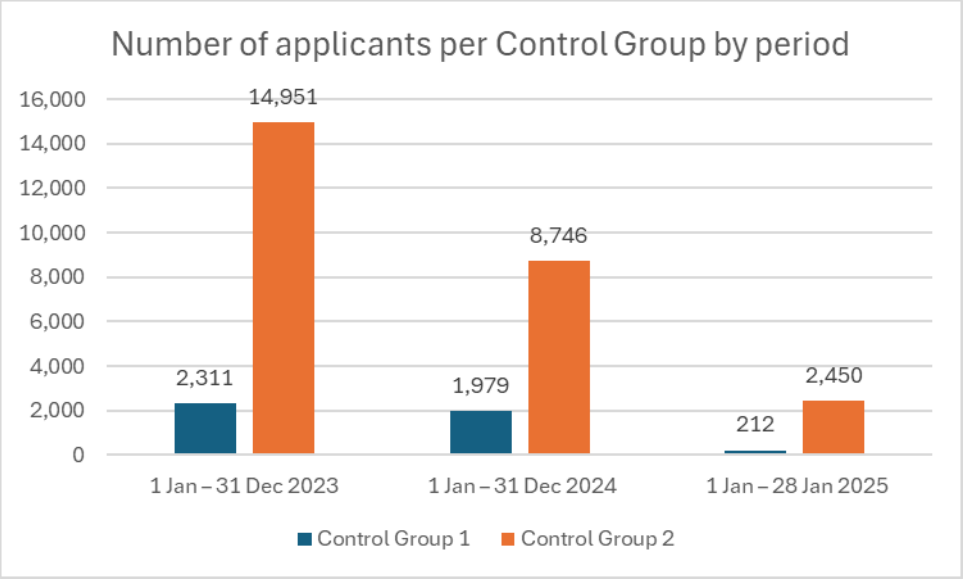
4.13 The data we have accessed is subject to the following limitations:

- The report does not cover barriers to achieving English language test provider accessibility
- When considering potential effects on those with lower incomes we have used the World Bank income proxy[3]. This is a country-level measure which we have applied to the applicant's country of current residence. It serves only as an indicative proxy for potential lower-income effects and cannot be treated as precise individual-level data, and addresses a different but overlapping data point to that used in our processes (country of primary qualification).
- FTP limitations - the FTP system does not directly link concerns to a registrant's registration date, so complainants may raise issues about professionals registered at any time (pre- or post-implemented changes).
- Additionally, language-related concerns are inherently qualitative (embedded within broader concern categorisation as "communication concerns" as opposed to concerns related to the language proficiency concerns).

4.14 Registration-related correspondence, applicant feedback and complaints are systematically logged, but the only way to search these for specific relevance to English language proficiency is to search them manually.

5. Key findings

Total applications



5.1 The total number of applications in the year following the introduction of the changes (29 January 2025-Jan 2026) was 3,278. Pre-change total applicants numbered:

- 2023: 17,262
- 2024: 10,725
- 2025 (January): 2,662.

[3] https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

5.2 This shows a steep overall change in applicant numbers, with a reduction of 69-81% in total international applications following the introduction of the qualifying countries list and mandatory test requirement for non-qualifying primary qualifications.

- Qualifying country applications (exempt from test): post-change Test Group 1 total: 1,128. The pre-change Control Group 1 annual average was 2,145.

  Change: 52% reduction post-change.

- Non-qualifying country applications (now requiring test): post-change Test Group 2 applications: 2,150. The pre-change Control Group 2 annual average was around 10,000-15,000 per year.

  Change: largest absolute and relative reduction, concentrated in the group newly required to provide objective test evidence; consistent with intended increase in robustness compared to previous reliance on self-declaration.

5.3 This suggests that the new requirements were effective in increasing the robustness of our requirements, however a range of extraneous / contextual changes taking place at the same time mean that caution is required about reaching firm conclusions. We have outlined some of these below.

5.4 If the current rules (qualifying countries exempt; non-qualifying require recognised test) were applied retroactively to the available pre-change periods:

- 2023: 11,871 applicants would be required to provide a test (Control Group 2 A);
- 2024: 6,239 applicants would have required a test (Control Group 2 A);
- January 2025: 2,172 applicants would have required a test (Control Group 2 A).

5.5 The total who would have required test evidence before the changes (i.e. between January 2023 - January 2025) is 20,282. Applicants who would have been exempt from test numbered 449.

5.6 The most visible distinction following the introduction of the new English language proficiency requirements is the substantial reduction in applications from non-qualifying countries.

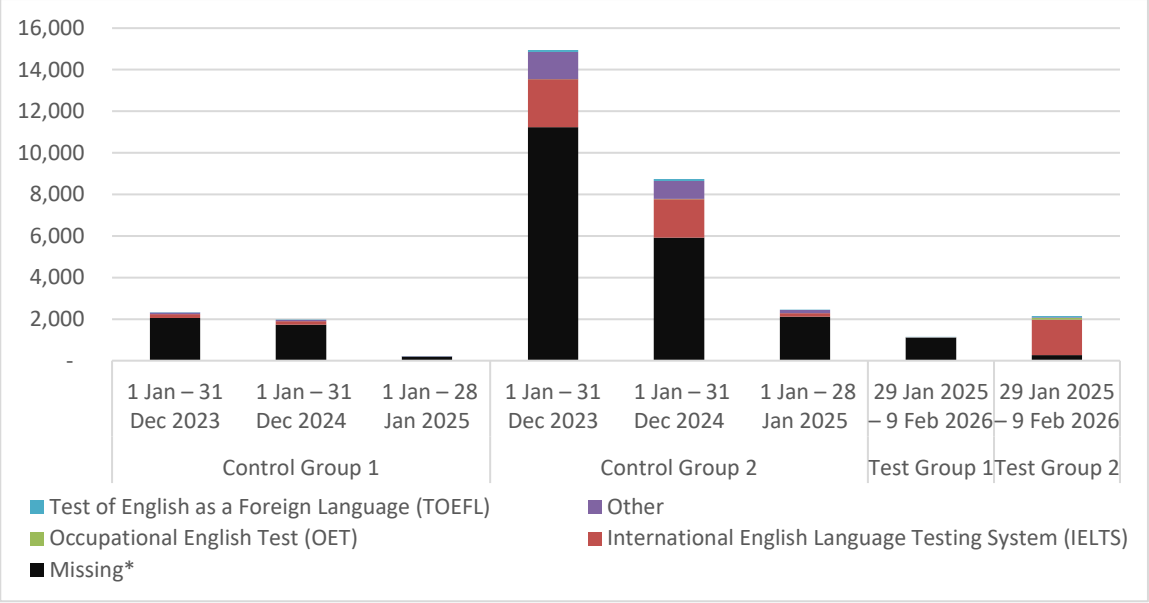
5.7 Compared with the approximately 19,265 applicants in Control Group 2 across 2023, 2024 and early 2025 (many of whom relied on self-declaration), volumes in the equivalent post-change period fell sharply (by 80–90%). This reduction correlates closely with the policy change. However, it is important to note that we cannot necessarily attribute the entire reduction solely to the English language requirements.

5.8 Other contemporaneous factors are likely to have contributed, including the UK Government's broader efforts to reduce reliance on international recruitment (as set out in the NHS Long Term Workforce Plan and the 10 Year Health Plan for England, which aims to bring international recruitment down significantly by 2035), changes to immigration rules and visa routes (such as adjustments to the Skilled Worker and Health and Care Worker visas), and wider geopolitical and economic influences on global mobility.

5.9 Recent Home Office[4] data indicates a significant reduction in health and care worker visa applications, falling to approximately 61,000 last year, compared with 123,300 in 2024 (down 51%) and 382,700 in 2023 (down 84%). This broader decline in international health migration aligns with the downward trend in our own international application volumes.

5.10 Policy changes introduced in summer 2025, including tighter controls on inward migration and an increase in the skilled worker minimum salary threshold[5] from £38,700 to £41,700, are likely to have reduced the attractiveness and viability of overseas recruitment for UK health employers.

Tests taken



** "Missing" tests describes a situation where no test is present on the registration system. Under the old system, this was because the applicant planned to self-declare (or had done so), or had not yet supplied evidence that we required (ie. where a test result was needed). In the present system, it is usually because the person's primary qualification is from a qualifying country, so there is no need to provide test evidence.*

5.11 Among submitted tests in Test Group 2:

- IELTS dominates (at around 91%)
- OET currently makes up around 3.5%
- Other tests including TOEFL made up 1.8%. After the change on January 29 2026, TOEFL would be the only one of this category that applicants could still use.

Complaints and communications

5.12 This data comes solely from the formal contacts and complaints handled by the HCPC feedback/complaints department.

[4] Why do people come to the UK - Work? - GOV.UK

[5] Sharp decline in healthcare worker visa applications

5.13 In the period following the policy change we received 37 complaints relating to the English language proficiency requirements that revealed several recurring themes:

- Financial and logistical burden. Concerns raised about the cost of recognised tests (IELTS, OET, TOEFL) described as “significant financial challenges” or “costly”, “additional burden” and causing “distress”.

- Complaints highlight difficulties for applicants who qualified in lower-income countries backgrounds or those already invested in the UK education.

- Fairness questions regarding pre-change applicants who did not have to sit the test.

- Qualifying countries list confusion. There were queries and challenges about why certain countries (India or Nigeria) are not included in the qualifying countries list due to widespread English language use. Some argued that English is a primary language of instruction / residency in countries that are excluded.

- Communication and awareness. A proportion of complains focused on unclear or inconsistent advice (for example, initial acceptance of self-declaration, later reversal).

- Test-related issues. There were challenges to accept other tests not included in HCPC-approved list. Some concerns related to people with learning disabilities (dyslexia) not being able to achieve required test score.

5.14 For context, there were five references to areas relating to English language in data feedback and complaints data for the 2024-25 financial year. Three of these outlined concerns about a perceived lack of robustness in self-declaration, and two were from registrants seeking flexibility in applying our requirements because their test results were not adequate for registration.

5.15 Queries and complaints to the policy inbox tended not to be policy related, and were instead largely about test eligibility, or from individuals asking if we would make exceptions to allow “balancing” of results for different elements.

6. Impacts by applicant characteristics

6.1 The impacts we have identified in our analysis have been largely in line with those identified in the Equalities Impact Assessment undertaken before the changes came into effect.

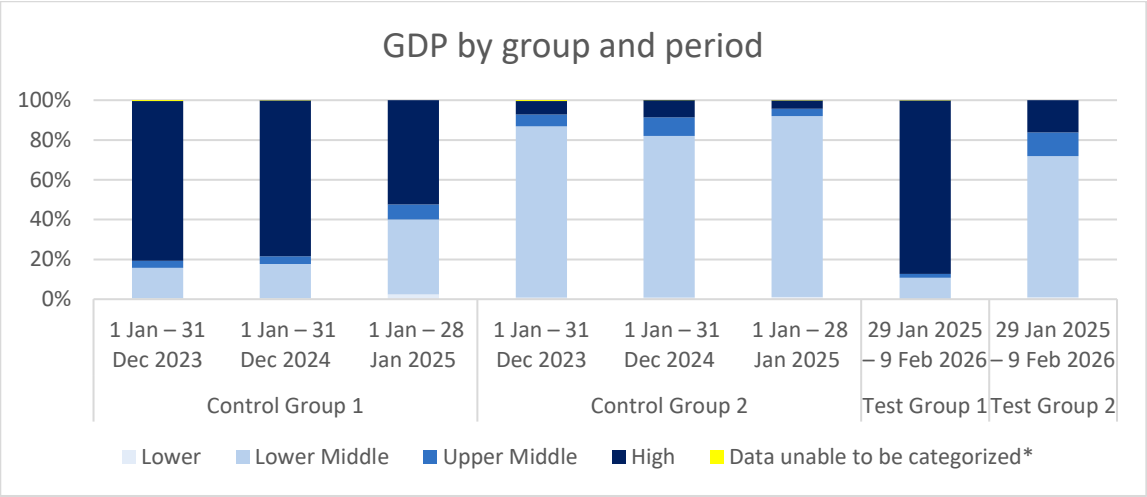
6.2 There were minor exceptions to this, where there was an unpredicted impact relating to marital status, for which there is further commentary below, and a minor variance correlating with religion. Notably these may also correlate with other factors such as age and national origin.

6.3 In our EIA we identified a cross-cutting impacts from additional costs to applicants who would previously have self-declared their proficiency but would now have to sit a test. Our changed requirements have resulted in a clear change to the profile of international applicants as a whole when the country of qualification is considered.

6.4 However, the changes are therefore in line with the work we have undertaken to shape the qualifying countries list (QCL) and therefore meet our policy objective of robustly assessing English language proficiency – an objective which is statutory in origin.

6.5 As we anticipated in our EIA, there was a differential impact on applicants identifying with the pregnancy and maternity protected characteristic. This may also correlate with issues relating to income, and the wider changes to the policy landscape.

7. Countries and GDP



Pre-change

7.1 The most common countries of primary qualification in Control Group 2 (test now required; 26,147 total applications) were dominated by non-qualifying, often lower-middle or lower-income countries:

- India (very high volume, approaching 10,000 across periods, annually around 3,400-6,000 applicants)
- Pakistan (significantly high: around 1,400-2,400 annually pre-change)
- Nigeria (significantly high: around 1,800-1,000 annually)
- Philippines (around 400-1,500 applicants annually)
- Sri Lanka (around 180-400 annually).

7.2 These applicants had a high self-declaration reliance (primarily falling within Control Group A) where applicants from non-majority English speaking countries declared English as first/main language without submitting test evidence.

Post-change

7.3 Test Group 2 (test required): high volumes remain from many of the same lower-middle/lower-income countries — India (790), Pakistan (800), Philippines (529), with Nigeria notably lower (121). This indicates continued strong interest and application from these regions, with applicants complying with new requirements by providing tests.

7.4 Test Group 1 (test not required): dominated by high/upper-middle income countries on the qualifying list (majority English-speaking) — Australia (143), New Zealand (109), South Africa (32). Very low numbers from lower-income countries, as expected given the list's composition, which includes the USA, Canada, Ireland, Australia, New Zealand.

Interpretation

7.5 The observed reduction in applications from certain nationalities (India, Pakistan, Nigeria) that previously relied heavily on self-declaration results from the policy's intended effect (to ensure that applicants must take a test unless their primary qualification is from a predominantly English-speaking country). This is supported by the high volume of pre-change Control Group 2A (previously exempt but test now required) applicants.

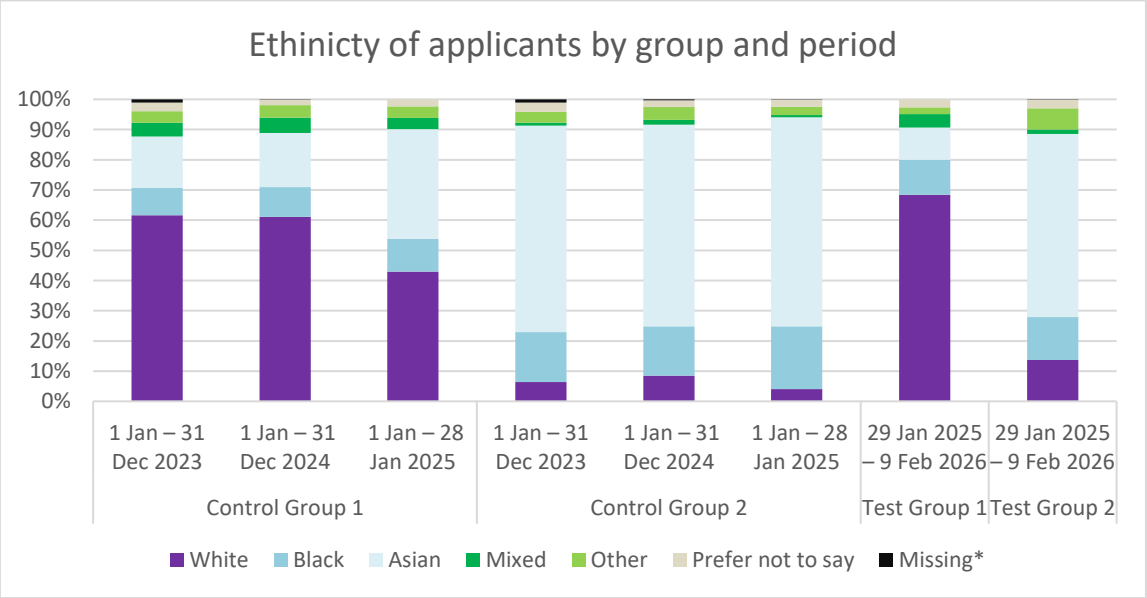
7.6 High volumes from India, Pakistan, and Philippines in Test Group 2 (test required) (relative to the size of the group as a whole) demonstrate that many applicants from these countries remain motivated to apply and meet the new objective standard via testing.

7.7 Test Group 1 (test not required) results aligns closely with the qualifying countries list (majority English-speaking nations), confirming the exemption operates as intended.

7.8 The GDP World Bank income proxy does not reveal unintended barriers for lower-income country applicants. The observed drop in Test Group 2 is consistent with intended deterrence of unverifiable self-declarations, rather than exclusion due to test access or cost.

7.9 Proficient applicants qualified in lower to middle income countries continue to apply in high numbers suggesting the changes did not create disproportionate financial hurdles beyond the expected adjustment, addressing one of the key risks identified in our EIA.

Race and ethnicity



Pre-change

7.10 Control Group 2: Asian-origin ethnicities dominate heavily (around 68% of aggregated Control Group 2, with common countries India, Pakistan, Philippines and Sri Lanka; non-qualifying countries and often lower middle income)

7.11 Compared to pre-change Control Group 2:

- Asian ethnicity proportion is slightly lower;
- White ethnicity proportion is slightly higher;
- Black ethnicity proportion is similar;
- Low “other” or “prefer not to” say share.

Post change

7.12 Test Group 2 (test required):

- Asian ethnicities share slightly lower than pre-change Control Group 2: 60%.
- White 13.7%
- Black 14.3%
- Mixed: 1.5%
- Other: 7%
- Prefer not to say: 2.8%

7.13 Test Group 1 (test not required):

- White: 68.4%
- Asian: 11.5%
- Black: 4.5%
- Mixed/other: negligible percentage

Interpretation

7.14 Post-change Test Group 1 (test not required) has a higher white proportion (68.4%) than the pre-change Control Group 1 average (60.5%). Qualifying countries list (majority English-speaking) includes many historically white-majority countries (UK, USA, Canada, Australia, Ireland, New Zealand, plus territories).

7.15 The increase in white ethnicity share in Test Group 1 aligns with this — applicants qualifying in these countries are more likely to be white, and the exemption has not deterred them. The change in Test Group 1 is consistent with the list's composition and supports that the exemption works as intended by ensuring that applicants with qualifications from listed countries are able to register without further barriers.

7.16 In contrast, Test Group 2 (non-qualifying, test-required) shows lower white ethnicity share (at 13.7%), reflecting that non-qualifying countries often have lower white representation among applicants (India, Pakistan, Nigeria).

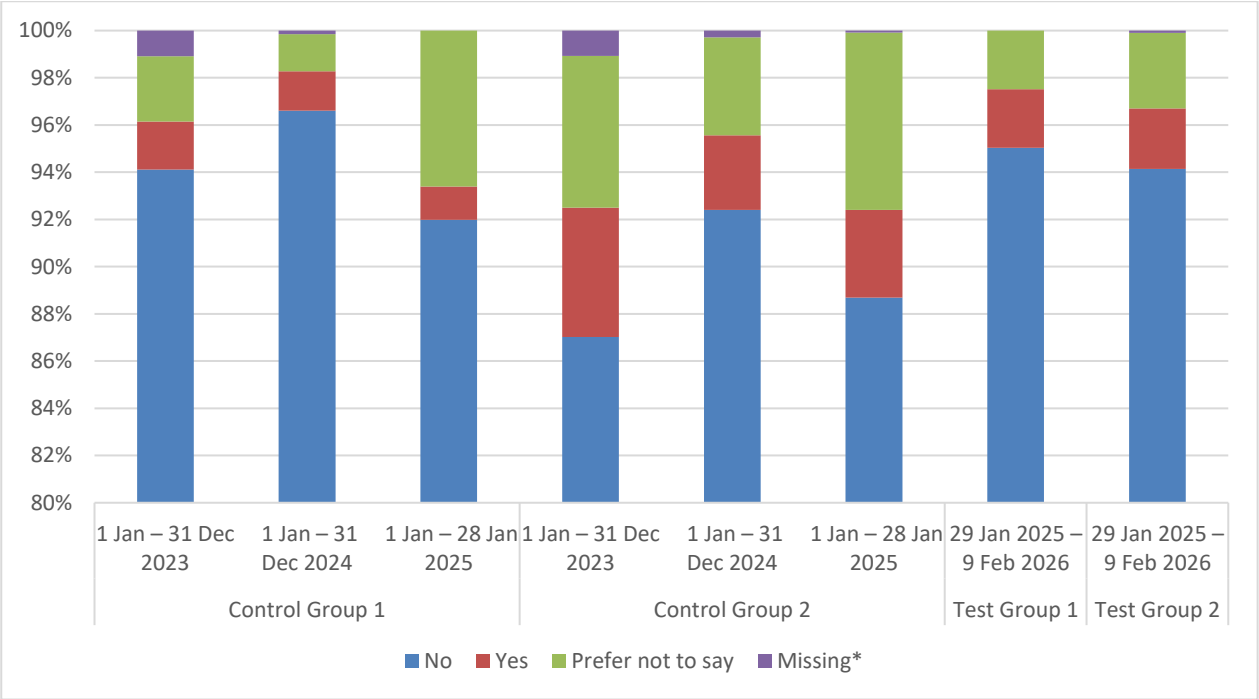
7.17 In Test Group 2, applications from people with Asian ethnicity decreased slightly (from 68% to 61%, post-change) while black and white proportions remained stable or saw small increases.

7.18 The overall volume drop in the Test Group 2 correlates to the removal of potentially overstated self-declarations, and is therefore unlikely to indicate the exclusion of

proficient applicants from specific ethnic groups. Ethnicity distribution changes significantly after we introduced the new requirements, with adverse patterns for black, Asian and other ethnic groups.

However, the statistical correlation reflects the relationship between country of primary qualification and English language proficiency. No further relative disadvantages are evident through the test data. This impact was outlined in our EIA and was deemed at the time to be proportionate to our public protection duties.

Pregnancy and Maternity



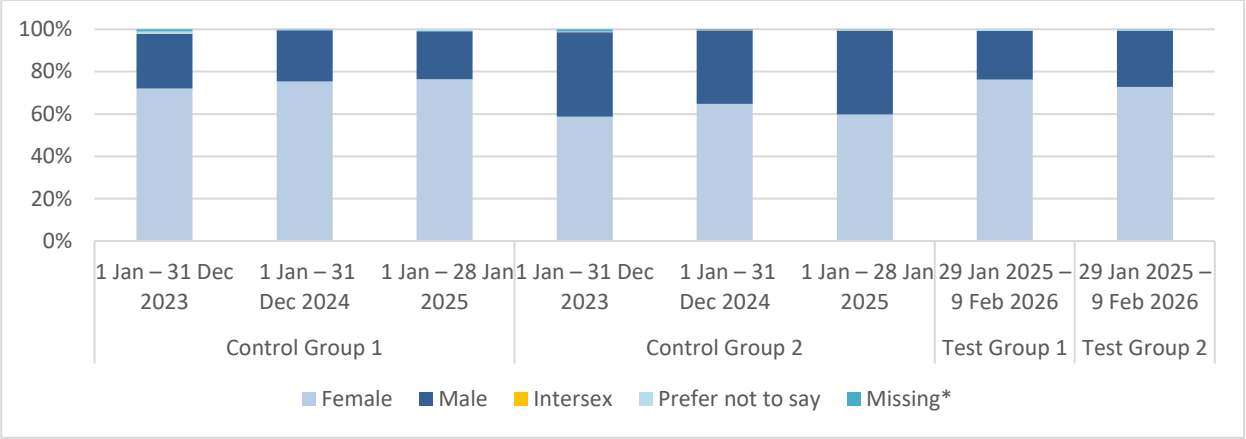
Observation

7.19 In our Equality Impact Assessment, we identified pregnancy and maternity as a potential area of differential impact. Applicants from Control Group 2 (pre-change applicants from non-qualifying countries) were more likely than any other group to associate their status with pregnancy and maternity (4.5% of applicants). Test groups averaged at 2.5% of applicants.

Interpretation

7.20 Low percentages of applicants identified themselves with the pregnancy and maternity characteristic. The policy seems to have had a differential impact on those who have the characteristic where they would now have to sit a test. In our EIA, we argued that such impacts were possible and that this in turn may relate to barrier factors identified in the EIA such as financial cost and time pressures.

Sex



7.21 Test Group 1 (test not required): (post-change):

- Total applications: 1,128
- Female: 76.3%
- Male: 23%

7.22 Compared to pre-change Control Group 1, female share increased by 2.6 %; male share dropped by 1.9%. Overall number appear stable, and there is no evidence of deterrence for qualifying country applicants by gender.

7.23 Test Group 2 (test required) (post change):

- Total: 2,150
- Female: 72.8%
- Male: 26.6%

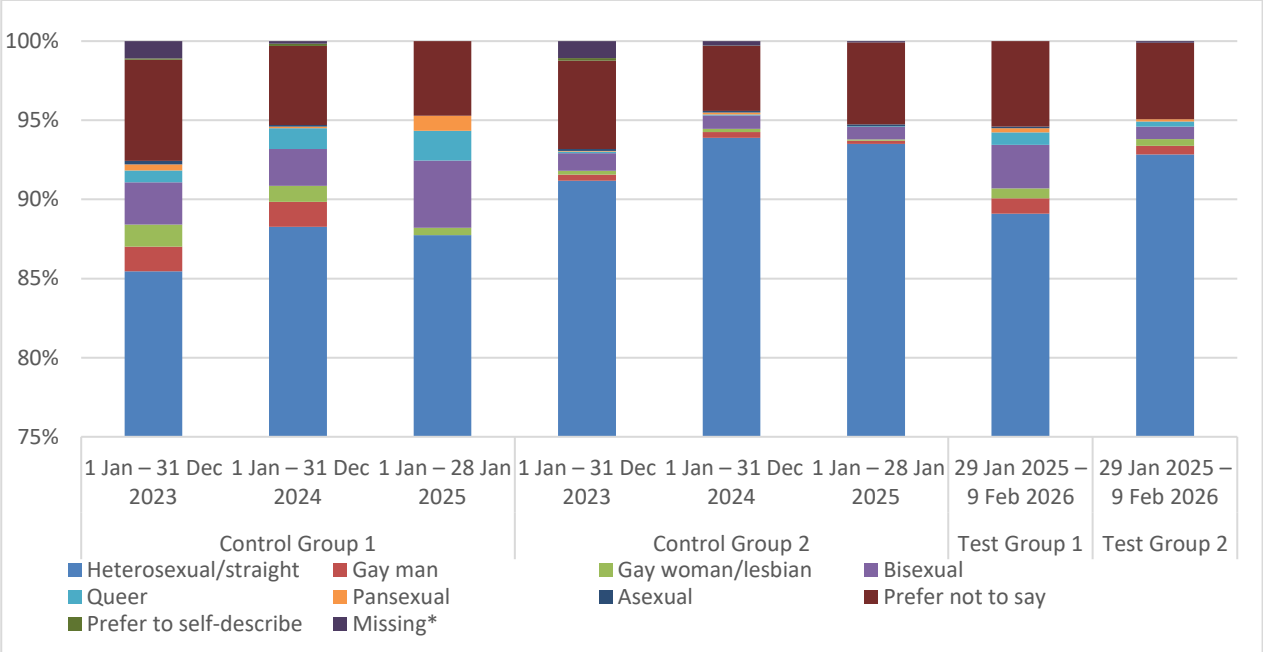
7.24 Compared to pre-change Control Group 2 (test required), female share increased substantially (by 12%) while male share dropped by a roughly corresponding 11.5%.

Interpretation

7.25 The female proportion rose noticeably in the group now required to provide test evidence. This suggests the change did not disproportionately deter women from non-qualifying countries - in fact, women continued applying at a higher relative rate than before.

7.26 The changes therefore had a minor but statistically significant adverse effect on male applicants, however volumes remain sustained for proficient applicants of both genders who meet the objective standard.

Sexual orientation

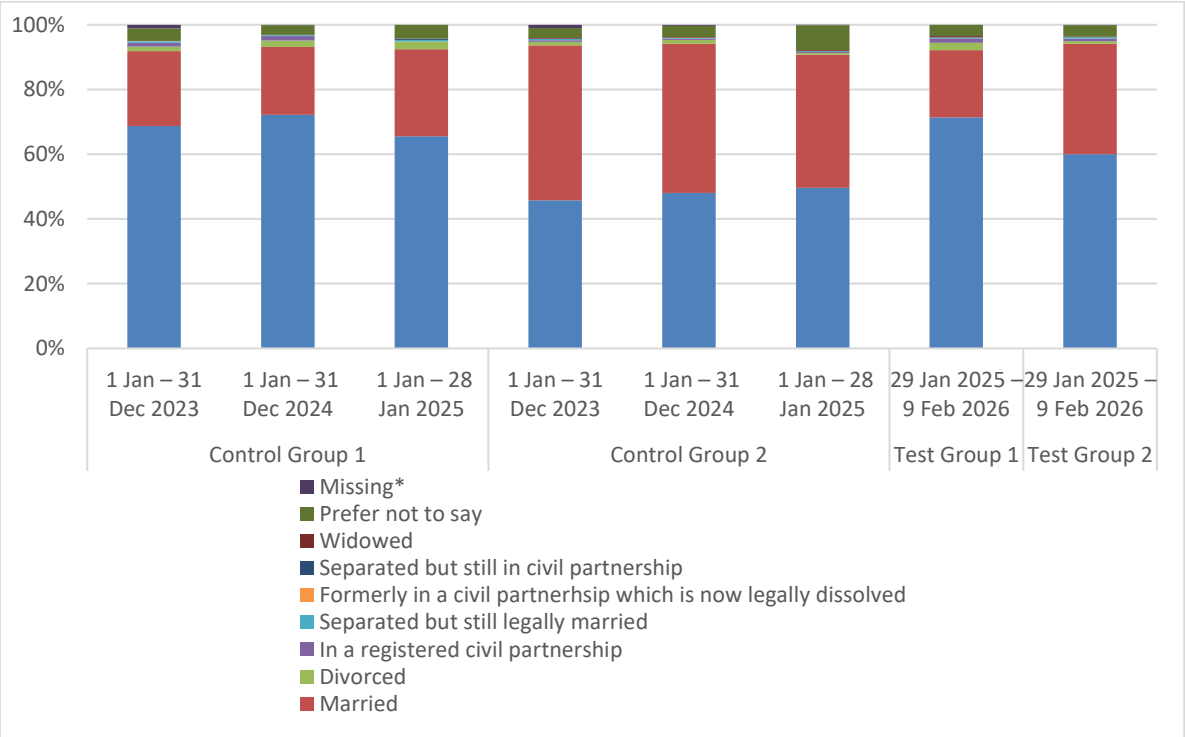


7.27 In the Test Group 2 a small increase in the proportion of non-heterosexual applicants (from 1.9% to 2.2%) can be identified. Other proportions remain stable.

7.28 In contrast, Test Group 1 has a minor dip in non-heterosexual applications (from 89.1% to 86.8%), however this is statistically negligible. Overall application volumes remained stable.

7.29 “Prefer not to say” rates stayed consistently low (around 5%) across all groups pre- and post-change. The observed stability supports the arguments that policy change did not disproportionally affect any population in terms of sexual orientation.

Marital status



Observed changes

7.30 There is a clear shift in the marital status composition of Test Group 2 compared to pre-change Control Group 2 (test required):

- Married share decreased from 45% to 34%
- Never married share increased from 45.9% to 60%

7.31 Other categories showed no notable changes. The difference is highly statistically significant (χ2 test on married vs non-married). The probability of this difference occurring by chance is zero[6].

Interpretation

7.32 Test Group 2 shows a lower proportion of married applicants and a higher proportion of never married than pre-change non-qualifying applicants. This does not indicate a disproportionate adverse impact on married applicants as a protected characteristic.

7.33 The outcome aligns with the policy's intention - to eliminate non-qualifying applicants who self-declared English proficient without evidence.

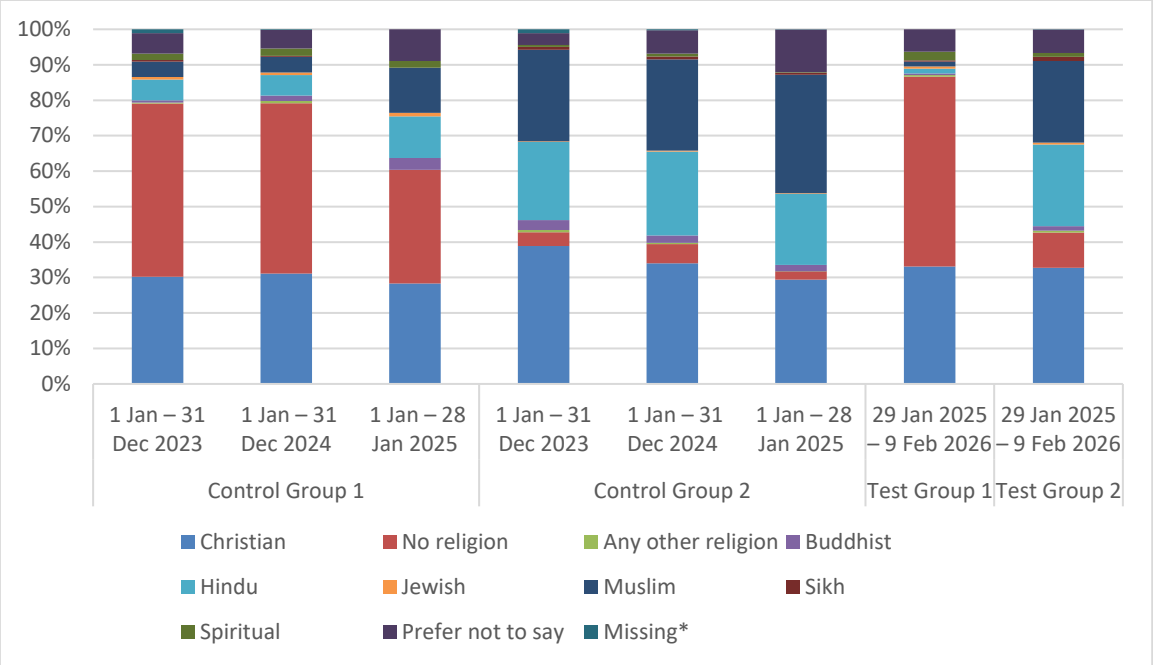
7.34 There are sustained high volume applications from non-qualifying countries and high test submission rates indicate that proficient applicants continue to progress.

7.35 No supporting evidence of barriers specific to married status: complaints do not highlight family-related issues; Test Group 1 shows stability.

7.36 However, the current data does not allow full assessment: our system is not tracking the number of dropouts during the test stage or registration process among married applicants.

[6] Chi-square (χ^2) was applied to compare the proportion of married versus non-married applicants pre- and post-change. A highly statistically significant result ($p < 0.001$) means that the observed difference in shares is extremely unlikely to occur by random chance if there were no association between the policy change and marital status.

Religion



Observation

7.37 Religion data (optional EDI field) shows no statistically significant disproportionate declines in Test Group 2 (test required) relative to Control Group 2 (test currently required) baselines for major groups. Test Group 1 (test not required) distributions remain broadly comparable to Control Group 1, supporting no broad deterrence for qualifying-country applicants. "Prefer not to say" rates are higher in this proxy, and partially limit findings, but patterns align with expected filtering by country of qualification rather than religion-specific barriers.

8. Overall conclusions

8.1 To satisfy our policy requirements of a more objective and robust system of requirements, the main aim of the changes was to replace self-declaration with objective, recognised test evidence for non-qualifying country applicants, ensuring that applicants take a test when there was risk that English proficiency may have been overstated under the old rules.

8.2 Therefore, post-change Test Group 2 (non-qualifying country, test required) shows a decline compared to pre-change Control Group 2 (test would currently be required), this may suggest that some applicants were deterred because they could not (or chose not to) meet the objective test standard. It is self-evident that it is more difficult for applicants who would have self-declared to join the register unless their qualification comes from a listed country.

8.3 A range of factors such as government policy changes, changes to NHS recruitment priorities and changes to visa requirements as outlined in paragraph 5.8-5.10 that may have also had an impact.

8.4 For the same reasons, we do not feel that the drop in applications using the International Route can be clearly associated with the changes to our requirements. However, it is likely that the changes caused a spike in applications before they came

into effect, which resulted in in a temporary backlog of applicants which required additional capacity in International Registration team to work through.

8.5 Test Group 1 (qualifying country) remains similar in volume to pre-change Control Group 1 (test not required), this supports the assumption that the change did not broadly deter capable applicants - the drop is concentrated in the group that now faces the test.

8.6 There is a comparatively large drop in Test Group 2 (test required) among groups where English is unlikely to be first language. This sharp drops in specific high self-declaration nationalities in Test Group 2 (Nigeria, India, Pakistan) are strong evidence of the policy achieving its objective of increasing the robustness of our criteria.

8.7 Post-change, the applications from these countries remain high relative to pre-change, suggesting that the requirement itself is not a new barrier for those are demonstrating proficiency.

8.8 Complaints focus on awareness, qualifying country list confusion, retrospective issues and general test costs – none of the received complaints specifically mention barriers to applicants with families, caring duties marital status or gender-related barriers. No pattern is identified that would indicate hidden deterrence.

8.9 Regarding impacts on protected characteristics and diversity, equality and inclusion considerations, no disproportionate adverse effects or systemic barriers have been identified beyond those already outlined in our EIA, except for the apparent impact on applicants who are married or in a civil partnership – an effect which is difficult to explain at face value.

8.10 Shifts in demographic profiles (for example the higher proportion of white applicants in Test Group 1 (68%) compared with pre-change Control Group 1) align directly with the demographic composition of the qualifying countries list (predominantly high-income, majority English-speaking countries with historically higher white representation among applicants).

8.11 This results from the intended operation of the exemption (an exemption for predominantly English-speaking countries via primary qualifications) in line with our earlier EIA expectations. Some visible changes, for example reduced applications from Christian applicants, were observed but are not statistically significant and do not indicate a barrier created by the policy.

8.12 In exception to the above, statistically significant shifts were noted in marital status (reduced proportion of married applicants and increase in never-married applicants in post-change groups). However, this pattern is more consistent with successful preventing overstated self-declarations than evidence of a specific barrier for married individuals. No supporting feedback from complaints or other sources highlights family-related or marital-status burdens as a concern.

8.13 The policy change aimed at increasing the number of tests available to applicants has been successful in that a further test provider (the Occupational English Test, or OET) has now been approved. However, small relative numbers of applicants currently rely on the test, though this may be subject to change in the future.

8.14 Given the above, no further changes to our requirements are recommended at this time. However, we will continue to monitor this over time.

9. Financial and resource implications

9.1 There are no finance or resource implications.

10. Next steps

10.1 No further action is recommended at this stage.

11. Recommendation(s)

11.1 That the ETC note the report and provide feedback as required.

12. Annexes

12.1 Annexe 1: Equalities Impact Assessment (November 2024)

12.2 Annexe 2: Higher and lower acceptance rates in International Registration (by characteristic) – provided for additional context

Contact for further information:

Name: Tom Miller
Role: Policy Manager
Email: Thomas.miller@hcpc-uk.org

Draft Equality Impact Assessment (Level 2)

Section 1: Project overview

Project title: English language proficiency review	
Name of assessor: Madeleine Connor	**Version: V2**

What are the intended outcomes of this work?

This work is intended to strengthen our approach to ensuring international applicants are able to speak English proficiently, supporting our statutory objective of public protection and maintaining public confidence in the ability of those professionals on our register to practise safely and effectively.

We anticipate the proposals will improve our processes for evidencing the English language proficiency of international applicants and ensure our processes continue to be robust, consistent and proportionate. They will also align us (where appropriate) with the approach taken by other professional regulators, including the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).

Background

The ability to communicate in English is a key requirement to providing safe and effective practice for professionals working with service users in the UK. Our English language requirements set out how applicants applying via the international route can demonstrate their ability to meet this requirement.

Our current process allows applicants to make a self-declaration that English is their first language and the language they use predominantly on a day-to-day basis. We also accept test scores from recognised English language test providers such as IELTS and TOEFL, as well as other tests that are comparable and in line with our standards of proficiency.

Other regulators in health and social care have recently updated their English language proficiency requirements. The GMC made a minor update to its policy in 2021 to allow applicants to sit an online test before taking its Professional and Linguistic Assessments Board (PLAB1) test. The NMC has made comprehensive changes to its requirements to offer mitigations to applicants who narrowly miss the required test results, and allow ‘Supporting Information From Employers’ (SIFE) as a form of evidence.

Whilst the General Dental Council (GDC) does allow evidenced self-declaration from those whose qualifications come from the European Economic Area (EEA), our research into the policies or guidance of other regulators shows that the HCPC’s requirements are unique in allowing self-declaration of English proficiency on the basis of it being a first language, and also unique in respect of allowing an option for self-declaration to all international applicants.

Proposals

We propose removing the option for applicants to self-declare that English is their first language and replace it with a list of countries (maintained by HCPC) where English is used as

a main language. Applicants who have earned their primary qualification in a country on this list will be able to use this as evidence of their proficiency in English.

One of the ways in which we would seek to mitigate negative impacts from the removal of self-declaration would be through allowing applicants who have previously been registered as a health or care professional in a listed country, and so will have already had to demonstrate their proficiency in English, to use this as evidence for HCPC registration. We are also proposing to accept evidence of work in an unregulated role in the UK, where this has been supervised by a UK registered healthcare professional.

Further to this, applicants who have studied in countries that are not included on the list will be able to submit a test score from a published list of examination bodies that HCPC would maintain. Our test score requirements would remain the same[1].

We will not be changing our requirements for the level of English that an applicant must have but will look to change the ways this can be evidenced.

We have sought wide stakeholder input into the development of these proposals and held a public consultation to gather further views.

Consideration of key impacts

We are aware of the potential impact of our changes. We will need to assess the relative accessibility of English language tests, make sure that they take account of differences in learning and cultural context, and avoid creating disproportionate impacts based upon an applicant's nationality.

A key consideration underpinning implementation of the proposals will be ensuring that we work to reduce the negative impacts for those applicants with one or more protected characteristics. This will include ensuring that the requirements are proportionate, sufficient to ensure registrants can deliver safe and effective practice, and that any additional requirements placed on international applicants are in line with our powers and obligations and managed appropriately. The following sections have more information on this work.

Who will be affected?

Should our proposals be approved, once any changes to the English language proficiency process are implemented:

- International applicants will be required to evidence their proficiency in English by passing an approved test, showing a primary qualification gained in a qualifying (majority English speaking) country, or by showing appropriate registered work experience from a qualifying country or supervised work experience in the UK (if and when this proposal is implemented). Those who would previously have self-declared will now need to use one of these routes to evidence their proficiency.
- HCPC employees and partners will need to be aware of the changes in order to follow the process consistently and ensure international applicants are meeting the threshold to gain entry onto the register.
- Employers: a small number of employers have raised concerns about some international registrants' ability to speak English to the required level. The proposed changes would provide additional assurance to employers that overseas applicants have met the minimum standards for registration in working safely and effectively in English.

[1] For all professions except Speech and Language Therapists, at or equal to IELTS level 7.0 with no element below 6.5. For Speech and language therapists at or equivalent to IELTS level 8.0 with no element below 7.5.

- HCPC registrants or registrants from other statutory regulators in the health and care sector may be asked to sign off on applicants' relevant UK work experience (pending further investigation and development of this proposal, and on the condition that we take a decision to implement it).
- Service users and patients receiving services from our registrants will have greater confidence in HCPC registrants' ability to communicate in English, and to practise safely and effectively.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

- We have reviewed Equality, Diversity and Inclusion (EDI) data provided by our registration team and have compared the protected characteristics of registrants across the register as a whole with a subset of international applicants who were registered as of February 2023.
- We have conducted desk-based research into the approach taken by other regulators.
- We have looked at data from the NMC's review of their English language policy.
- We have obtained example qualifying country lists from GMC, NMC and the Home Office.
- We have carried out pre-consultation engagement activities with a range of stakeholders, outlined in more detail in the next section.
- We have requested further information from test providers (IELTS and OET)which will be used to inform our pre-implementation work, subject to Council approval.

How have you engaged stakeholders in gathering or analysing this evidence?

Preparatory work

- We held a workshop at the EDI forum on 22 February 2023 to explain to a group of external stakeholders about the changes to the English proficiency process and invite them to share their thoughts on any EDI impacts.
- We held information sessions on the changes to the process (on 19 and 20 April 2023) for contacts from professional bodies, education providers and employers. The changes to the process were explained and initial informal feedback sought to shape our proposals
- We directly sought feedback from professional bodies, education providers and employers in our pre-consultation survey, and a summary has been included in our consultation outcome document.
- We presented on the proposals at our Professional Bodies Quarterly Meeting in June 2023
- We discussed proposals with the Education and Training Committee (ETC) on 2 August 2023 and sought their feedback.
- We established an internal advisory group, comprising operational and communication colleagues, to gather feedback from them and through them their external contacts.
- We carried out a public consultation on our proposals for the changes to our requirements, and asked respondents to reflect on their impact. Responses were considered and used to further consider the proposals and their implementation.

- During the consultation period, we also commissioned focus group research targeted at service users and carers. A summary of the report from this work is included in our consultation outcomes document, and a full copy will be published alongside it.

Planned work

- We will continue to seek feedback from external stakeholders including professional bodies, overseas applicants, and employers, through our standing meetings and on an ad-hoc basis where necessary.
- Our Policy and Standards and International Registration teams will develop the necessary materials for implementing the proposed changes to our requirements. These will include requirements for qualifying countries and approved test providers, resulting lists of each, as well as new forms and guidance, and changes to our IT architecture. The findings of the EIA will be considered in all parts of this process.
- Our International Registration team will monitor the statistical impacts of any adopted changes and report on these to the Education and Training Committee for consideration of any further action.
- Once the full set of proposals have been in force for one year, we will report to the ETC on the impacts of the new requirements and any further strategic or policy changes required.

Section 3: Analysis by equality group

Age (includes children, young people and older people)

The following table provides a breakdown of the age cohorts for our international applicants and registrants.

Age group	Percentage of Int applicants	Percentage of the register
20-29	23.8%	19.15%
30-39	40.5%	30.1%
40-49	26.5%	24.46%
50-59	8.11%	18.91%
60-69	1.8%	7.17%
70+	0.18%	0. 89%

The largest age cohort applying via the international registration route is currently the 30-39 age band. However, this age band makes up a smaller part of the total register, which is more skewed towards older age groups.

Professionals at the start of their careers (most likely to be in the 20-29 age group and the third largest age group in terms of international applicants) and students are more likely to be on a low wage, no wage at all, or in receipt of a student loan. We believe they would be more likely to be negatively impacted by our proposals, which may result in more applicants being required to take a standardised test. Additionally, some applicants may need to repeat a test to achieve scores at sufficient level, increasing their costs.

Evidence suggests that older people, including applicants at the higher end of the age brackets, may be less likely to be able to pass a standardised test.[2] Removing self-declaration and expecting more applicants to submit test scores may negatively impact older applicants.

A few consultation responses noted that whilst older people may statistically be less likely to be able to pass a test, younger applicants may have a disadvantage in that they may not have had as much of a chance to carry out the relevant work experience. They also may be less likely to be able to afford lessons in order to improve their English to take a test.

Mitigations

For both reasons we have sought to minimise the number of people who would now have to sit a test, by proposing a list of qualifying countries.

Our consultation asked respondents to make recommendations to mitigate these concerns and identify any other age-related impacts.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

Below we have laid out some statistics about international applicants declaring themselves to have a disability, and how their numbers compare the register as a whole.

Disability status	Percentage of international applicants	Percentage of the register
International applicants who have declared themselves to have a disability	1.23%	5.41%
International applicants who have not declared a disability	96.55%	91.56%
International applicants who preferred not to say	1.42%	2.88%
No information	0.8%	0.14%

Based on the above data, international applicants appear to be less likely than people on the register generally to declare having a disability. This could be due to their age profile, as international applicants are generally younger and so less like to have developed an age-related health condition.

There may also be cultural issues for some international registrants that mitigate against making such declarations. Likewise, it is possible that there are factors which restrict disabled people entering professions in some other countries. International applicants may also be less familiar with the definitions of disability or health conditions used in the UK and so less likely to regard themselves as meeting the definition. Lastly, though EDI data from applications is kept separately from assessors and is subject to strict data governance policies, they may nevertheless be unwilling to trust a regulator with this information because they fearing that it may disadvantage their application to join the register.

Consultation responses considered the impact of the changes on applicants with this protected characteristic. It was suggested that those with a physical disability may find getting to a test centre difficult and may therefore be impacted by the changes.

Responses also emphasised the importance of the HCPC in compiling their list of test providers, and that the HCPC would need to ensure that test providers chosen have sufficient

[2] Assessment of Age-related Changes in Cognitive Functions Using EmoCogMeter, a Novel Tablet-computer Based Approach - PMC (nih.gov)

support in place for those with neurodivergent and mental health conditions within their testing programmes. Those applicants who have stammers or communication aids may also be disadvantaged by speech assessments.

Mitigations

One challenge identified in developing our proposals is that we need to ensure that applicants with disabilities are not disproportionately disadvantaged.

We will need to make sure that any English language tests delivered by test providers on our maintained list are accessible and that any specific support arrangements are not prohibitively priced or do not create further obstacles for applicants with disabilities.

We have researched reasonable adjustments offered by one of the most popular tests that we currently accept, IELTS.

- To ensure that applicants' English language proficiency is fairly assessed IELTS provide a range of options including: braille papers, lip reading versions of the listening tests, and special arrangements for those with dyslexia, some medical conditions and specific learning disabilities.[3] Candidates can request these special arrangements up to six weeks' prior to taking their test.

- They also offer an online version of the test, 'IELTS Online'[4], allowing candidates a choice between doing it in person or online. While the option of an online test is realistically only suitable for candidates with suitable IT equipment and stable internet, it does offer support for those unable to travel to a test centre for health or disability reasons; it can also reduce their costs. It is not available in every country where IELTs operate, however many of the countries where it is available are ones where English is not the majority spoken language and so it could aid applicants from those countries in the future.

One of the criteria that we propose considering when compiling the list of acceptable tests will be the reasonable adjustments provided for applicants who need them. We recognise that our proposals will mean in principle that more applicants will be required to take a proficiency test and so it will be important to ensure that the route is as accessible as possible.

Gender reassignment

We have included statistics on gender and gender identity below.

Gender orientation	Percentage of international applicants	Percentage of the register
International applicants whose gender identity matches the one they were assigned at birth	97.2%	97.12%
International applicants whose gender identity does not match that which they were assigned at birth	0.31%	0.22%
Prefer not to say	1.51%	2.32%
Prefer to self-describe	0.05%	0.09%

On each of the headings we monitor for this protected characteristic, the proportions of international applicants are fairly aligned to those on the register as a whole. Existing registrants are around twice as likely to select 'prefer not to say' or to self-describe their

[3] Special requirements (ielts.org)
[4] IELTS Online

gender, but the percentages of people selecting these options is so low, that it is difficult to draw conclusions from these comparisons.

Registrants transitioning may be negatively impacted by the changes in the English proficiency process if strengthening the need for a test and consequently increasing their application costs reduces the funds they have available during the application process, for instance if they need to work fewer hours during their transitioning and so receive less income.

One consultation response noted that applicants who have undergone gender reassignment may be disadvantaged by having to provide proof of name changes for identity checks which may incur a further cost.

Mitigations

Our main mitigation against additional cost would be the introduction of a qualifying countries list, which will minimise the number of applicants who will need to sit a test. In respect of those applicants who will need to sit a test, we have asked test providers to share information on any arrangements they have to support applicants in this situation. Once we have this information, we will see how best to work with the providers in promote their use to potential applicants.

We have also investigated whether the proposal will make the application process harder for those who have transitioned and changed their name and gender since they completed an English test. Currently when an applicant presents with a different name to their supporting documentation, we require them to provide a certified document which confirms the change.

We believe this approach would be sufficient for the new process and would ensure that we can effectively verify their identity while minimising as far as practicable the burdens on these applicants.

Marriage and civil partnerships (includes same-sex unions)

Information on marriage and civil partnerships is included in the table below:

Marriage status	Percentage of international applicants	Percentage of the register
Married	51.15%	48.33%
Never married or entered a civil partnership	37.81%	36.13%
Divorced	2.28%	5.31%
Separated but still legally married	0.68%	1.09%
In a civil partnership	1.27%	1.07%
Prefer not to say	5.61%	7.16%

The marital status declared by most international applicants is broadly in line with that declared by those on our registrants.

Mitigations

No differential impacts have been identified specifically relating to registrants who are married or in civil partnerships and so no mitigations have been proposed. We sought feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

Pregnancy and maternity

From our sample review

- 85.82% of international applicants declare themselves as not falling within the protected characteristic category of pregnancy and maternity, compared with 89.3% of the register as a whole.
- 6.38% of international applicants declare being in this category, compared to 5.09% for those on the register.
- 6.95% of international applicants selected 'prefer not to say' for this category compared to 5.34% for those on the register.

Therefore, the makeup of international applicants is broadly in line with the professionals already on our register for this protected characteristic.

Registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the changes to the process if, for instance they need to work fewer hours as a result of their pregnancy or responsibility and so receive less income and consequently have less funding available to take a language test.

They may also face challenges with securing childcare arrangements and finding time to study for the test, especially if they are required to retake them. They may also have difficulty securing childcare arrangements whilst taking the test, especially if the test centre is far away from where they are living.

This is something that was also picked up on in the consultation responses, noting that circumstances may mean a lower income and may disadvantage those who now have to take a test.

The mitigations outlined within our wider proposals (i.e., accepting evidence around registration and work experience) may also be harder for someone who has childcare commitments, is pregnant or breast feeding or is currently on maternity leave, as they may not have experience gained within the timeframe, as they are more likely to have been out of work for a period of time.

Mitigations

As time pressures are likely to be a key issue for this group, if we implement the proposals for accepting evidence based on registration or work experience, there may be a specific need for extending the periods of time to apply where someone has been pregnant or has recently had children.

We will need to ensure that tests on our maintained list are accessible for applicants who are pregnant or have childcare responsibilities, and that any specific support arrangements are not prohibitively priced or create further obstacles for these applicants.

We have researched the support offered by one of the most popular tests that we accept, IELTS:

- To ensure that applicants' proficiency is fairly assessed IELTS provide a range of options for those who are infant feeding.[5] Candidates can request these special arrangements up to six weeks' prior to taking their test.
- They also offer an online version of the test, 'IELTS Online', allowing candidates a choice between doing it in person or online, which allows some flexibility for those with childcare arrangements.[6] While realistically it is only suitable for candidates with IT equipment and stable internet, it does offer support for those unable to travel to a test centre; it can also reduce their costs. It is not available in every country where IELTs operate, however many

[5] Special requirements (ielts.org)
[6] IELTS Online

of the countries where it is available are ones where English is not the majority spoken language and so it could aid applicants from those countries in the future.

Adopting an exhaustive list of tests we recognise as proposed would mean drafting criteria to ensure that any tests adopted ensure equal treatment, inclusion and accessibility as part of their offer. These aspects would therefore form part of the considerations of our Education and Training Committee in adopting a new list.

Race (includes nationality, citizenship, ethnic or national origins)

We have provided comparative information on race (and its associated legal subcategories) below:

Racial identification	International Applicants	Register as a whole
Asian or British Asian	38.02%	11.46%
White	35.49%	76.04%
Black, African, Caribbean or black British	17.06%	5.57%
Other ethnic group	3%	1.42%
Mixed or multiple ethnic groups	1.99%	2.12%
Prefer not to say	3.66%	3.27%

International applicants are significantly more likely to be classified as being BME (using standard UK data recording categories) than people on the register as a whole, owing to the countries from which most international applicants apply (most prominently India and Nigeria).

As the proposed changes will only affect international applicants, they are more likely to affect applicants who do not identify as white under our EDI categories. Currently just over a third of international registrants select ‘white’ to describe their ethnicity.

We would therefore expect any change to our English language requirements to be more likely to negatively affect people that would be categorised as BME through our application process, as they would no longer be able to self-declare and would have to use other means to evidence their English proficiency.

However, our view is that our legislation requires us to prescribe requirements for English language proficiency for international applicants, and that any means we use to achieve this will adversely affect some people based on their nationality, which also brings into scope considerations around ethnicity.

We feel that our proposals are proportionate and in line with our obligations to ensure that professionals on our register are capable of safe and effective practise in the UK. However, we will also seek as far as practicable to mitigate any negative impacts.

We should also note that several of the countries we are proposing to be on the ‘qualifying countries list’ have majority populations that would be classified as BME in the UK, and so ethnicity alone will not be a determining factor when the proposals are considered in the round.

Responses to the consultation made mention of the fact that those from a minority ethnic background make up a high proportion of bank-only workers who may find evidencing their work experience difficult. Applicants may find relying on testimonials from a single source could create risks of bias or discrimination.

Mitigations

Our proposals would see the creation of a list of countries where English is the majority spoken language (i.e., where 75% of the population speak English as a first language). Applicants who

have obtained their primary qualification in one of these countries, or who have practised in a regulated role within one of these countries, or have worked in a registrant supervised role within the UK would be able to use this as evidence of their English language proficiency. Adopting this approach would mean our process would consider applicants based on the country in which they have obtained their primary qualification or experience.

Using this approach would also mean applicants' individual background or nationality would not be directly considered; rather the approach would be based on the percentage of English speakers in the country where they have studied or worked and not where they were born or brought up.

This change is likely to have a positive impact on those who live in a majority English speaking country but speak a different language as their 'first language' and therefore would be unable to rely on the self-declaration method in our current arrangements.

We are confident that the mitigations proposed, such as not asking applicants to resubmit evidence of their English proficiency if they have already done so in another majority English speaking country, will reduce financial and administrative burdens now placed on international applicants.

We have also spoken to some large test providers about the support they offer to applicants taking tests. This includes access to practice papers and mock exams and accessible options in where the test is taken.

We believe that removing self-declaration and relying more on approved English tests is a proportionate means to balancing the demands placed upon applicants against meeting our statutory objective of protecting the public and ensuring safe and effective practice.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

We have provided information on religion of belief as below:

Religious or philosophical belief	Percentage of international applicants	Register as a whole
Christian	52.04%	40.95%
No religion / strong belief	15.37%	39.6%
Hindu	12.49%	2.92%
Muslim	8.56%	4.22%
Spiritual	1.43%	2.2%
Buddhist	1.13%	0.75%
Jewish	0.63%	0.59%
Sikh	0.32%	0.48%
Prefer not to say/not recorded/other religion or belief	8.04%	8.29%

From the available data international applicants are considerably more likely to have religious or strong philosophical beliefs than people already on the register.

As such, those with religious beliefs are likely to be affected by the proposals, albeit indirectly, i.e., if they did not train in a country on the list and are required to take a test.

Furthermore, consultation responses noted that applicants with a strong religion or belief may find it harder to access forms of education due to discrimination in their home country.

Mitigations.

We have not identified any specific mitigations for this category.

We will review access considerations made by test providers for people needing to observe religious requirements, such as ensuring that tests do not take place on religious holidays days, as part of the next stage of this work.

Sex (includes men and women)

On our Register, 72% of registrants are female and 26% are male. Those who prefer not to say make up 2% of our register.

This compares with 58% female and 41% male of international applicants. Those who prefer not to say made up 1% of international applicants.

Female applicants are paid less on average (via both national and international routes)[7] with the gender pay gap currently assessed at 7.9% between genders. Female applicants are therefore more likely to be negatively impacted by the proposals, as they need to pay for tests rather than making a self-declaration if their primary qualification or work experience is from a country not on our list. Available evidence also indicates[8] that women are more likely to be carers (of children, partners or relatives with ill-health or disabilities) which can impact on their available funds.

As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be negatively impacted by the change in process if they need to work fewer hours and so receive less income. Women are also more likely to have been out of work for large periods of time due to these commitments, and so some of the mitigations we have suggested in accepting relevant work experience may not be applicable to them.

It should also be recognised that the figures show that men make up a disproportionate number of international applicants in comparison with the figures on our register and so our proposals would disproportionately affect them. Again, this is also true of existing policy, would be true of any potential change, and is in line with our legislative obligations and standards requirements.

Mitigations

We have not identified any specific mitigations for this category, in particular where English tests are required as an objective test of proficiency. However, mitigating barriers related to potential cost was a motivating factor in introducing other elements of our proposals, such as the qualifying countries list, previous registered work experience in listed countries, and registrant supervised work in the UK

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

Sexual orientation	Percentage of international applicants	Register as a whole
Heterosexual/straight	88.51%	87.83%
Bisexual	1.53%	1.96%
Gay men	1.3%	1.32%
Gay women	0.64%	1.43%

Applicants with qualifications from countries where homosexuality is criminalised may be

[7] Gender pay gap in the UK - Office for National Statistics (ons.gov.uk)
[8] Full story: The gender gap in unpaid care provision: is there an impact on health and economic position? - Office for National Statistics (ons.gov.uk)

affected by this change. They may not earn as much as their heterosexual counterparts and have specific emotional or mental health needs as a result of this discrimination in those countries. This was also an issue picked up through the consultation, as responses made mention of how applicants may find it harder to access forms of education due to discrimination in certain countries.

Applicants in this category not from a majority English speaking country may find it harder to get onto the register if they can no longer rely on self-declaration and are required to take a test.

Mitigations

We have not identified any specific mitigations for this category.

Other identified groups

Socio-economic background

Applicants from lower income backgrounds are a key group to consider. Some applicants from this background may be negatively impacted if they are less able to afford the cost of taking a test or are unable to afford the cost of a retake if they do not achieve a required score.

This group overlaps with most protected characteristics, although women, people from black and minority ethnic communities, disabled people, younger workers, and those working part-time or irregular hours (for example due to having caring responsibilities) are those groups that are also in this category most likely to be negatively impacted by the proposed changes if it they are required to use the testing route to join the register.

However, despite the potential narrowing of options that our proposals would introduce, we also anticipate that some of our mitigating options may help some applicants in this group. Those who have already registered in an English-speaking majority country would not be asked to provide further proof of their proficiency in English, and any applicant who had completed the relevant work experience in the UK would be able to use this to evidence their ability to practice safely and effectively in English.

Refugees and asylum seekers

People with refugee status can make a refugee application to join our register. Recognising the particular circumstances of refugees, we ask these applicants to submit as much supporting evidence as possible and a letter explaining why any other documents cannot be supplied. Refugees do not need to pay a scrutiny fee with their application.[9]

The impact upon refugees was noted in consultation responses. One respondent asked whether it was possible for refugees to gain provisional registration whilst they take their English test or gain the relevant work experience.

We currently allow refugees to make a self-declaration of their English language proficiency, and so if we removed self-declaration for all applicants this would also affect refugees. We will continue to consider the impacts of our proposal for this group.

Cultural differences

Some of the responses to the consultation questioned whether the cultural aspects of practising in the UK would be covered within language tests. This is not necessarily something that we would seek to address with our selection of suitable English language tests, but something to consider at employment and recruitment stage.

[9] Eligibility to apply for registration | (hcpc-uk.org)

Four countries diversity

We will be engaging stakeholders across the UK nations to seek their feedback on our proposals. Any issues identified through our consultation and engagement process that are specific to any of the UK nations will be carefully considered and responded to.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

We have found no evidence to suggest that our proposed changes would be affected by our Welsh language obligations, including under the new Welsh language standards. Those training within the UK would use the UK registration route and would not be subject to English language requirements to join the register, even if their first language is Welsh. This is because the legislation that underpins our rules only states that applicants who have trained outside the UK must meet the prescribed levels of English in order to practise safely and effectively and gain entry to the HCPC register.[10]

The HCPC is a UK-wide regulator and so must prescribe levels of language competency to be able to practice across the whole of the UK, so any changes will apply on a UK-wide basis.

Some responses to the consultation made mention of the use of the Welsh language across the UK, and questioned why applicants must prove their English language proficiency when they may use other languages when recruited, in particular Welsh. However, this is mitigated by our legislation– all HCPC registrants must have a prescribed level of English.

[10] The Health Professions Order 2001 (legislation.gov.uk)

Section 5: Summary of Analysis

What is the overall impact of this work?

We expect the proposed changes to have overall positive impacts, providing clarity and consistency for international applicants by removing *ad hoc* challenges to self-declaration and improving clarity about which tests we would accept.

The proposals place the emphasis on objective criteria, such as academic achievement and professional experiences, insofar as they overlap with residency rather than on family background.

They will also benefit those who speak English with the proficiency required in majority English speaking societies, even if English is not their first language.

We acknowledge that there are likely to be negative impacts for some applicants. Nationality and therefore race are linked to English proficiency requirements, and those seeking to join the register through the international route who do not meet the new criteria will be disproportionately impacted.

However, we believe that the changes are necessary to ensure we can continue to meet our public protection obligations. We believe the proposals to be proportionate and have proposed several mitigating measures to reduce or minimise the negative impacts.

Specific considerations

We have recognised in developing this EIA that the proposed changes may negatively impact applicants with one or more protected characteristics, particular those who are earning less due to childcare commitments, on lower earnings due to socio-economic factors, undergoing gender transition, working part time, or living with a disability or long-term health condition that reduces their earning capacity.

A key negative impact across all the protected categories will be the extra costs placed on international applicants who will no longer be able to make a cost-free self-declaration.

A key positive impact of these proposals, including in relation to equalities and protected characteristics, is that they will provide further assurance on the integrity of the register, which performs a vital function supporting the delivery of safe, effective and high-quality health and care services across the UK.

It is important to remember that policy concerning who can join our register affects the public and service users as well as applicants and registrants. The register is relied upon as a record for professionals who meet our standards and can provide safe and effective practice, and so these proposals will contribute to ensuring the public is assured professionals can meet the required standard of English proficiency.

The fifteen professions we regulate provide a range of health and care services to the UK population, and importantly to people at greater need of care because of their protected characteristics, such as disabled people relying on physiotherapy services, pregnant women, or older people relying on audiology services.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

Our initial proposals were informed by our pre-consultation engagement sessions directed at stakeholder organisations, and the survey which followed. We sought views on our proposals were during our consultation period and used these to consider the potential impacts, and any proportionate mitigations. They will also be used to inform the detail of our work during the implementation phase, and to direct or monitoring and review processes once any proposals have been adopted.

In pursuing alignment with other regulators in health and social care, our proposals aim to create a balanced system which is robust, clear and fair. In addition, we will seek to minimise and mitigate any adverse impacts.

During the consultation phase, we undertook the following actions to review and improve our proposals where necessary:

- We carried out a full public consultation on our proposals, supported by further stakeholder engagement. The consultation asked respondents a series of questions to obtain feedback on our proposals.

- We sought input from groups of people who share specific protected characteristics and organisations that represent them about the impacts of the proposals in respect of their protected characteristics as well as seeking general feedback on these issues from employers, professional bodies, and service users.

- We commissioned independent focus group research with service users and carers, which was recruited to ensure a diverse group of respondents and to generate responses which could tell us about potential equality impacts and related concerns held by participants.

- During the consultation period, we attended the HCPC's EDI forum in order to take informal feedback on how the proposals might impact a range of individuals and groups, and to encourage participants to make a formal response.

- We also presented on the proposals and took feedback at HCPC's Joining the UK Workforce events, aimed at registrants who had recently joined the register using the international route.

- We created an action log to assess and record issues that arise during the development of the consultation. The log included issues or suggestions for change, identifying their origin and status and will be used in the operational planning of the proposals once finalised.

- We will consider this content alongside consultation responses and redraft our policy with any appropriate changes to make sure that all practical mitigations are pursued, on the basis that they guarantee proficiency levels that support safe and effective practice on behalf of service users.

Next steps

- If our proposals are accepted, we will continue to monitor the protected characteristics of people who apply to join our register using the international route, and will review these on a regular basis to identify any emerging trends and take appropriate action to redress any negative effects.

- If the proposal to create a list of qualifying countries is accepted, we will research and create this with outside expertise. The list will be maintained, including adding or removing countries, via our existing Governance structures.

- If the proposal to create an exhaustive list of approved test providers is accepted, we will work with those we have approved to ensure they have appropriate adaptations or mitigations in place for people with protected characteristics. We will compare aggregated EDI data on applicants to the tests they choose to submit as evidence, and following this monitoring process we will review findings and report to ETC.

- We will also continue to take feedback from our EDI forum and external informal feedback from any interested parties, with a view to informing any future policy development in this area.

- We will undertake a review of the proposals and their outcomes once they have been in operation for a year, and where necessary and practical, suggest any further changes to ETC.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

Maintaining the HCPC's ability to be an effective regulator is key to ensuring that registrants and members of the public needing and receiving healthcare are not subject to discrimination, harassment and victimisation. We do this though education and setting the standards we expect for registrants. We also take action where necessary through our fitness to practise powers if there are concerns a registrant may not be fit to practice, which can include if there are instances if discriminatory behaviour.

We recognise that some of our proposals may have differential impacts on specific population groups but believe that these are justified in ensuring that we continue to meet our statutory obligations to protect the public.

In developing our proposals, we have focused on objective ways that applicants can evidence their English language proficiency, providing fairness and clarity to international applicants. We are also seeking, where possible, to provide balanced mitigations for applicants applying in differing circumstances.

How will the project advance equality of opportunity?

This project will ensure that the HCPC is able to continue to effectively manage the Register such that we can be sure all registrants are able to practise safely and effectively in English to provide high quality healthcare.

Our proposals aim to create new routes for evidencing English language proficiency which, when taken together, create a system which is robust, fair and clear. Ensuring that applicants' ability to speak and practise in English to our required levels will meet our legal obligations in order to protect the public and ensure service users can access high quality and safe care from

our registrants, but aim to do so in a way which is proportionate and minimises unnecessary barriers.

We recognise that our proposals may negatively impact applicants from some groups with one or more protected characteristics applying via our international application route. However, we have worked to mitigate these by providing as many practical options for applicants as possible, by making sure that our requirements rely on clear and objective foundations and standards, and that risk is balanced in as proportionate manner as far as possible.

How will the project promote good relations between groups?

In seeking to set more objective requirements for English language proficiency we have aimed to minimise any impacts related to an applicant's background as far as possible, replacing this with objective measures relating to proficiency.

Rather than focussing on an applicant's place of birth or their first language, our proposals address evidence that relates to their likelihood of proficiency, so applicants will now rely on evidence relating to their test results, where their primary qualification was gained, or in the case of the registration / work experience proposal (if this is implemented following further investigation), whether they can show that they are likely to have used English in a comparable professional context.

We feel that a clear set of options that can be trusted to be objective and impartial will help to establish mutual respect between applicants who go on to join the register.

Throughout the consultation and the pre-planning stages, different stakeholder groups will be asked to come together to share their views on the proposals and collaborate on specific issues.

Securing these changes will support equality by maintaining public protection and ensuring positive service outcomes are delivered for the public irrespective of their background, including their protected characteristics.

Reflection completed by: Madeleine Connor, Senior Policy Officer	**Date: 22 April 2024**
Reflection approved by: Tom Miller, Policy Manager	**Date: 30 April 2024**

International route application outcomes by EDI characteristics

Our commitment to being a fair and inclusive regulator goes beyond complying with the requirements of equality and human rights legislation (including our public sector equality duties). It starts with understanding and evidencing the EDI profile of our registrants, partners and employees. Data helps us to identify any patterns or trends and helps us to shine a light on any issues, and to take action where necessary, all informed by a strong evidence base.

One of the ways in which we do this is by monitoring the EDI characteristics of the people applying to join our Register through the international route to check for any signs of disproportionality in registration outcomes. Although disproportionality alone is not evidence of unfairness, it is important that, as the regulator, we understand the patterns that we see so that we can be assured the decisions we take are delivering fair outcomes.

As part of this work, we analysed all international route applications created between 1 April 2022 and 31 March 2024, where a registration decision has been made (a total of 22,551 applications). We assessed all nine protected characteristics, along with subcontinent ***https://www.collinsdictionary.com/dictionary/english/subcontinent*** of nationality and profession.

Results

Out of 22,551 applications included in the analysis, seven of the nine protected characteristics showed an effect when each was looked at on its own. However, when all factors were analysed together, only a few characteristics remained linked to differences in acceptance rates.

The analysis showed lower acceptance rates for some groups (for example, applicants aged between 35-39 and between 50-54, and for those who identified as bisexual) and higher acceptance rates in some groups (for example, applicants who reported having no religion or belief).

This is the first time we have conducted this analysis, and the initial findings do not indicate any unfairness in our international assessment process. It is important to note that disproportionality, on its own, does not indicate unfairness. A difference in outcomes can arise for a wide range of legitimate reasons and can just as easily be a sign of a system operating as intended. We will be undertaking further work to understand if these differences persist in future data sets.

When looking at subcontinent and profession, both showed effects on their own and when analysed together, seven professions and one subcontinent were linked with lower acceptance rates, while five subcontinents were linked with higher acceptance rates (please see table below for more information). We suspect that these differences may reflect differences in the approach to education and training of our varied professions in different territories and the comparability of the health and care systems in which they have worked prior to applying to join the HCPC Register.

Applicant characteristics with statistically significant associations with acceptance

Lower acceptance

Characteristic	Group	Applications	Multivariable analysis Odds Ratio (95% CI)	
Age	35-39	2,981	0.66	(0.48 to 0.92)
	50-54	231	0.48	(0.23 to 0.98)
Sexual orientation	Bisexual	334	0.45	(0.25 to 0.83)
Profession	Orthoptists	10	0.02	(0.00 to 0.08)
	Clinical scientists	201	0.05	(0.04 to 0.08)
	Prosthetists/orthotists	74	0.06	(0.03 to 0.11)
	Practitioner psychologists	518	0.07	(0.05 to 0.11)
	Paramedics	717	0.12	(0.07 to 0.21)
	Dietitians	721	0.28	(0.17 to 0.45)
	Biomedical scientists	2,632	0.66	(0.45 to 0.98)
Subcontinent	Eastern Europe	92	0.19	(0.08 to 0.45)

Higher acceptance

Characteristic	Group	Applications	Multivariable analysis Odds Ratio (95% CI)	
Religion or belief	No religion or belief	2,326	1.66	(1.03 to 2.67)
Subcontinent	Oceania	2,178	14.5	(5.15 to 40.8)
	Southern Africa	642	5.55	(2.02 to 15.2)
	Northern Europe (excl. UK)	224	4.86	(1.03 to 22.9)
	Central & Eastern Asia	317	3.81	(1.30 to 11.2)
	South-Eastern Asia	2,267	1.99	(1.19 to 3.31)

Next steps

We have planned further analysis later this year to incorporate data from 2025/26, as well as additional registrant characteristics. This work is intended to help us understand whether any observed differences persist over time or simply reflect expected variation.

This second stage of analysis will provide us with a clearer understanding of whether there is any consistent disproportionality in the outcomes of applications via the international route.

Related content

Retention of first-time HCPC registrants
Explore status of first-time registrants joining between 2013–20, showing how long they remained registered over a four-year period.
/data/the-register/retention-of-first-time-hcpc-registrants/

Register over time by characteristics
Explore the characteristics (such as age or sex) of registered, first-time, and deregistered professionals.
/data/the-register/register-over-time-by-characteristics/

Register summary
Statistical summary of the HCPC Register, including the number of registrants by profession, age profile and working location.
/data/the-register/register-summary/

Page updated on: 13/03/2026