



Department
of Health

Language Controls for Doctors - Proposed Changes to the Medical Act 1983

A paper for consultation

September 2013

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Foreword

The Department of Health is firmly committed to preventing doctors who do not have sufficient knowledge of English from working in the UK.

We have already made changes in order to strengthen the law around language checks for doctors, such as creating an explicit duty on Responsible Officers to ensure that any doctor appointed to a post in England has the necessary knowledge of English for the job. In addition, from April 2013, the new Performers List Regulations have created one national list of General Practitioners replacing the 53 lists held regionally.

But there is more that can be done to ensure that patients in the UK are not put at risk by doctors that do not have the necessary knowledge of English. That is why we are now publishing this consultation which outlines proposed amendments to the Medical Act 1983 which will give the General Medical Council (GMC) more explicit powers to take action where concerns arise about a doctor's English language capability.

Executive summary

- This consultation is being taken forward in accordance with the requirements of Section 60 of the Health Act 1999. The regulation making power in Section 60 permits modifications to the regulation of healthcare professions by means of an Order in Council. The Government must consult on draft Orders prior to their introduction into Parliament.
- In May 2010, the Coalition Agreement set out that ‘we will seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests’¹ in order to assure patient safety and quality of care in the UK.
- Implications of European law, and in particular the Directive on the Mutual Recognition of Professional Qualifications (MRPQ)², mean that, for European doctors³, language checking cannot be applied at the point of registration.
- Subsequently, the Department has worked with stakeholders to achieve a compliant solution that strengthens language controls for doctors wishing to practice in the UK.
- Discussions have concluded in the following proposals:
 - An explicit duty, in legislation, on Responsible Officers to ensure English language competence as part of the recruitment process.
 - To make amendments to the Medical Act 1983 to strengthen the GMC’s powers around language controls.
- The Responsible Officer part of the proposals was delivered on 1st April 2013, when the Medical Profession (Responsible Officers)(Amendment) Regulations 2013 came into force.
- This consultation document is concerned with the second proposal and seeks your views on proposed amendments to the Medical Act, through an Order in Council, which aim to prevent patients from being put at risk by doctors with inadequate language competence.
- The GMC are consulting on how they will implement these strengthened powers. They are seeking views on the draft regulations that will enable them to seek evidence and confirmation of a European doctor’s ability to communicate in English, should concerns

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78977/coalition_programme_for_government.pdf

²2005/36/EC.

³ In this document, the term ‘European doctor’ refers to a doctor who is:

- a national of a relevant European state (this means a national of a member state of the European Economic Area or Switzerland), or
- not a national of a relevant European state, but is entitled to be treated no less favourably for these purposes because he or she benefits under the Citizenship Directive from an enforceable Community right.

emerge about their language capability during the GMC registration process. They are also seeking views on the draft rules and changes to legislation that deal with complaints that doctors, already on the GMC register, do not have the necessary knowledge of English.

- You can view and respond to the GMC's consultation at the following link:
<http://www.gmc-uk.org/about/consultations.asp>

Introduction

Background

1. In May 2010, the Coalition Agreement set out the Government's intention to "seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests"⁴ in order to ensure patient safety and quality of care in the UK. This is an issue that the Government remains firmly committed to.
2. There is increasing concern that patients may be put at risk of harm through the inadequate English language capability of a minority of doctors. There are currently around 5000 applications each year from European doctors to register with the GMC. However, the GMC cannot require evidence of their language competence prior to registration, even where there is cause for concern around their English language capability. This is due to the application of European law which is enshrined in the Medical Act 1983.
3. The Department has been working with the GMC and other stakeholders to look at ways to ensure that the language capability of doctors working in the UK is sufficient, whilst at the same time ensuring compliance with European Law.
4. Following discussions, this consultation document sets out the Government's intention to amend the Medical Act 1983 to strengthen the GMC's powers to enable it to require applicants to provide evidence of their English language capability following registration but before issuing a licence to practise. The amendments to the Medical Act 1983 will also provide the GMC with additional powers to protect the public where there are serious complaints that a registered doctor working in the UK lacks the necessary knowledge of English to provide safe care to patients.
5. There is clear evidence that there is a need to give the GMC additional powers. The GMC has provided the Department with figures which show that in 2012 there were ten fitness to practise cases concluded by the GMC, which involved concerns about the language skills of doctors from within the European Economic Area (EEA). In addition, a survey of Responsible Officers by the England Revalidation Support Team (RST) in 2011, which covered just over half of all doctors, indicated that there were 66 cases where Responsible Officers have dealt with linguistic concerns about a doctor.
6. In February 2013 the Department of Health published its response to the December 2012 Health Select Committee Report of the 'Accountability hearing with the GMC'⁵. In our response, the Department again confirmed its intention to strengthen the current arrangements further to ensure that all doctors who practise in the UK have sufficient knowledge of English.

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78977/coalition_programme_for_government.pdf

⁵ <http://www.official-documents.gov.uk/document/cm85/8520/8520.pdf>

7. This Government believes that strengthened powers will enable the GMC to carry out proportionate checks on doctors where there is concern around their English language capability. These new powers will help to strengthen provisions which already exist to prevent patients from being put at risk of harm from doctors who do not have the necessary knowledge of English language.

What are the proposals?

8. Currently if a European doctor applies to register and practise medicine in the UK, the GMC are not able to require evidence of their English language capability prior to registration, even if concerns are identified at that point. This is due to the application of European law, in particular the Directive on the MRPQ, which means that for European doctors, language checking cannot be applied at the point of registration.
9. Subsequently, the Department has worked with stakeholders to achieve a compliant solution that strengthens language controls for doctors wishing to practise in the UK.
10. Following these discussions it was concluded that the best way to strengthen language controls for doctors who wish to practise in the UK is to make the following amendments to legislation:
 - An explicit duty, in legislation, on Responsible Officers to check language ability as part of the recruitment process,
 - Amendments to the Medical Act 1983 to strengthen the GMC's powers around language controls.
11. The Responsible Officer part of the policy was delivered on 1st April 2013, when the Medical Profession (Responsible Officers) (Amendment) Regulations 2013 came into force.
12. This consultation document is concerned with the second proposal of amending the Medical Act through an Order in Council. The proposal, which aim to prevent patients in the UK from being put at risk by doctors with inadequate English language capability, is twofold:
 - a. To give the GMC the power to require evidence of English language capability as part of the licencing process where concerns about language have been identified during the registration process; this will enable the GMC to apply language controls (where there are concerns) on applicants following registration, but before issuing of the licence.
 - b. To create a new category of impairment relating to the necessary knowledge of English, strengthening the GMC's ability to take fitness to practise action where concerns about language competence are identified.

Current system for ensuring the language competency of doctors

13. The current system does not ensure that all doctors have the necessary knowledge of English before they are granted a licence to practise.

European doctors

14. Under the Directive on the MRPQ, European doctors who are seeking employment in another EEA country are entitled to have their medical qualification automatically recognised in that country. In terms of the UK, this means that they are automatically

entitled to be registered with the GMC and granted a licence to practise, if there are otherwise no concerns about their fitness to practise.

15. The Directive implies that automatic recognition of qualifications cannot be subject to language competency (unless it belongs to the qualification). In addition, the European Court of Justice has also determined that it is not proportionate to undertake systematic language testing of persons seeking benefit under the Directive. However, the Directive does require that the person benefiting from recognition under the Directive must have the necessary language skills for practising the profession in the host Member State⁶. Therefore, it is permissible to apply language controls on doctors, provided that such controls are imposed after registration has taken place and that they are applied in a proportionate way.

International Medical Graduates (IMG)

16. For IMGs, the GMC requires them to undergo language and competency tests (such as the International English Language Test System (IELTS)) before being registered and able to practise as a doctor in the UK.

Additional checks and responsible officers

17. Healthcare organisations have always had responsibilities for ensuring that the doctors they employ or contract with are competent for their role, including in terms of language skills.
18. In addition to this, the role of the responsible officer in England has been strengthened through amended legislation⁷ so that they have an explicit duty to ensure that any doctor appointed to a post has the necessary language skills for the job.

Performers list

19. The new Performers List Regulations (which came into force in April 2013) have created one national list of General Practitioners replacing the 53 lists that were previously held regionally. This will allow NHS England to refuse to include a GP on its national list where it is not satisfied that they have sufficient knowledge of the English language necessary to perform their work.

Gaps in the current system

20. We believe that the current system of regulation, although strong, leaves some gaps in terms of ensuring that all doctors who work in the UK have the necessary knowledge of English for their role. In particular, there are gaps in respect of those doctors who don't have a responsible officer and also around the disparity in the level of assurance between European applicants and IMG applicants. The proposals aim to fill these gaps

⁶ Article 53

⁷ The Medical Profession (Responsible Officers) (Amendment) Regulations 2013, reg 4(2)(a)

by ensuring that all doctors who work in the UK have the necessary knowledge of English for their role.

Directive on the Mutual Recognition of Professional Qualifications

21. The MRPQ sets out a system of recognition of qualifications which means that individuals from within the EEA are able to pursue a profession in any Member State without having to undertake the professional qualifications of the host Member State.
22. The aim of the Directive is to improve the mobility of European professionals around the European Union by enabling them to work freely without having to undertake further qualifications in the host Member State. For doctors, this is achieved through imposing a system of automatic recognition of qualifications through harmonised training requirements. If a doctor satisfies the minimum training requirements in the Directive, then they are automatically entitled to have their qualifications recognised (subject to providing evidence of their fitness to practise) and acquire registration with the GMC. The effect is that it is not permissible to test European doctors for language competence as a pre-condition of registration with the GMC.
23. However, the Directive does require that the person benefiting from recognition under the Directive must have the necessary language skills for practising the profession in the host Member State⁸. Therefore, it is permissible to apply language controls on doctors provided that such controls are imposed after registration has taken place and that they are applied in a proportionate way.
24. The Directive on the Mutual Recognition of Professional Qualifications (MRPQ) (2005/36/EC) is currently undergoing revision following the European Commission's proposals published in December 2011⁹. Political agreement has now been reached however, the changes are still subject to final agreement and it is unlikely they would be implemented in domestic law until 2015.

⁸ Article 53

⁹ http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/modernising/COM2011_883_en.pdf

Proposals to strengthen language controls for doctors

25. In order to strengthen further the current system around the English language capability of doctors, the Department of Health is proposing a two pronged approach.

- A. Licence to practise - The first part would enable the GMC to refuse a licence to practise to a doctor who was unable to demonstrate the necessary knowledge of English. This would apply on an application for first registration with the GMC or a subsequent application for a licence to practise if the doctor had not previously held a licence.
- B. Fitness to practise - The second part would be to strengthen the GMC's powers in relation to fitness to practise procedures for doctors already working in the UK. The proposals introduce a new category of impairment under section 35C of the Medical Act relating to a doctor not having the necessary knowledge of English.

26. The proposals set out in this consultation document are designed to complement and further strengthen the existing language controls imposed through the Responsible Officer Regulations, Performers List Regulations and other checks undertaken at a local level.

27. We believe that the proposed powers will improve quality of care and patient safety and will help to prevent patients from being put at risk of harm from doctors who do not have the necessary knowledge of the English language.

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

Licence to practise – Explanation

28. Currently, when a European doctor who benefits from the Directive on the MRPQ is granted registration by the GMC, the effect of the Medical Act is that the doctor will automatically be granted a licence to practise medicine in the UK.
29. The Directive limits the extent to which language tests can be applied at the point of registration for European doctors. This is because they are entitled to automatic recognition of their qualifications under the Directive which is granted through registration.
30. However, the Directive does require that the professional benefiting from the automatic recognition must have the necessary knowledge of language for practising the profession in the host Member State. Therefore, it is permissible to seek clarification from the professional that they have the necessary knowledge of English to practise medicine in the UK; however, this cannot be a reason for refusing registration, and any controls relating to language can only be applied after recognition has taken place.
31. The Department's proposal, which is supported by the GMC, is to amend the Medical Act so that, where doubts about the applicant's knowledge of language arise during the registration process, the GMC will be able to request evidence of the applicant's English language capability after they have confirmed their registration, but before the licence to practise has been issued.
32. It is the licence to practise that enables doctors to undertake functions which by law are restricted to registered medical practitioners¹⁰, such as treating patients, prescribing medicines and signing death certificates. While registration with the GMC demonstrates that a doctor's qualification has been recognised by the regulator and that the doctor is in 'good standing' with the GMC, it confers none of the powers and privileges associated with the licence to practise.

The Medical Act

33. Once a doctor has been registered with the GMC they are automatically granted a licence to practise. Section 29A of the Act places a duty on the GMC to make regulations with regard to licences to practise; and Section 29B requires such regulations to provide for a licence to be granted in the following circumstances:
 - (i) upon first registration under the Act as a medical practitioner with full registration,
 - (ii) upon being provisionally registered; and
 - (iii) in such other cases as may be prescribed.
34. These provisions are incorporated into the General Medical Council (Licence to Practise and Revalidation) Regulations 2012¹¹. The effect of the Act is that where a doctor holds the relevant European medical qualification, subject to his fitness to practise not being impaired, he is entitled to be registered under the Act as a fully registered practitioner and on first registration is entitled to receive a licence to practise. This is irrespective of

¹⁰ 'Registered Medical Practitioner' is defined in Schedule 1 of the Interpretation Act 1978 as meaning a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act.

¹¹ SI 2012/2685.

whether the doctor has the necessary language skills to perform effectively in a medical setting.

35. The effect of the proposals in this consultation will be to enable the Registrar to refuse a licence to practise to a doctor who is unable to demonstrate the necessary knowledge of English. The proposals are seeking to impose a duty on the Registrar to have regard to any guidance published by the GMC under section 29G of the Act when determining whether a person has demonstrated the necessary knowledge of English.
36. As a consequence, the proposals seek to impose a duty on the GMC to publish guidance under section 29G of the Act, relating to the information and documents to be provided for the purposes of demonstrating whether a person has the necessary knowledge of English. This will provide a clear indication to applicants of what information or evidence will be needed to satisfy the Registrar that they have demonstrated the necessary knowledge of English.
37. The proposals also include amendments to section 29E and 29J of the Act which will enable regulations under section 29A of the Act to make provision for the Registrar to seek information from the applicant regarding their knowledge of English and, where it is considered necessary, to direct the applicant to undertake an assessment for the purposes of demonstrating whether they have the necessary knowledge of English. The Regulations may provide the Registrar with the power to refuse a licence if an applicant:
- refuses to undertake an assessment,
 - fails to provide the information requested, or
 - fails to demonstrate he has the necessary knowledge of English.
38. Any person who is refused a licence on the grounds that they have failed to demonstrate they have the necessary knowledge of English will have a right of appeal to the Registration Appeal Panel under the Act and subsequently the national courts.
39. The process for determining whether a person has the necessary knowledge of English will be set out in the GMC's Licence to Practise and Revalidation Regulations 2012 (made under section 29A of the Medical Act).

Q2 Do you agree with the proposed changes for applicants in relation to registration and licence to practise in terms of language competency?

Fitness to practise – Explanation

40. A list of impairments which may trigger a fitness to practise investigation are contained in section 35C of the Medical Act.
41. Currently, the GMC does not have adequate powers to protect the public where there are serious complaints that a registered doctor working in the UK lacks the necessary knowledge of English to provide safe care to patients.
42. We are proposing to create a new category of impairment by reason of not having the necessary knowledge of English. This will make it clearer for everyone to understand the nature of concerns and the rationale for steps taken to protect the public in such cases.
43. At present, the GMC cannot require a doctor to undergo an assessment of their knowledge of English during a fitness to practise investigation. This means it can be very difficult to gather sufficient objective evidence to support the need to take action on a doctor's registration to prevent harm. We are proposing to strengthen the GMC's ability to protect the public by giving it powers to require registered doctors to undertake a language assessment where concerns arise.
44. Where a doctor is required to undertake a language assessment and fails to do so without good reason, we are proposing that the matter be referred to the Fitness to Practise Panel. In these circumstances, the Panel may suspend the doctor's registration or apply conditions to their registration.
45. The changes will apply to all doctors, regardless of nationality, place of qualification, or whether they were required to provide evidence of English skills when they applied for registration or a licence to practise.
46. The Department believes that it would not be proportionate to allow a doctor to be erased from the register due to a lack of language proficiency as, under European law, European doctors are legally entitled to have their qualifications recognised in the UK. Therefore the draft order also makes amendments to ensure that a doctor cannot be erased from the register in relation to language knowledge impairment alone. However, the GMC will be given new powers to suspend a doctor's registration indefinitely where a doctor's fitness to practise is impaired due to language concerns and shows no improvement over time.

Q3 Do you agree with the proposed changes for doctors in relation to fitness to practise in terms of language competency?

Q4 Do you agree that changes to the Medical Act, as set out in this consultation document, will strengthen the language competence of doctors in the UK?

Q5 Do you agree that changes to legislation are necessary to strengthen the language competence of doctors in the UK or is there an alternative that does not require a change to legislation?

Costs and benefits and equality analysis

Impact

47. During the development of our proposals we have looked at the possible impact they might have. We believe that the changes will have a relatively small monetary impact. The costs are likely to fall to the GMC in terms of additional administration relating to requiring evidence of English language capability for some doctors. The cost of any required language tests will be borne by the individual doctor.

48. We intend to gather further evidence on any potential issues and impact of this policy as part of this consultation.

Q6 Do you have views or evidence as to the likely effect on costs or the administrative burden of the proposed changes?

Q7 Do you think there are any benefits that are not already discussed relating to the proposed changes?

Q8 Do you have any evidence of harm caused to patients due to the language proficiency of a doctor?

Equality

49. The Department of Health and the GMC are covered by the Equality Act 2010, and specifically, the Public Sector Equality Duty.

50. The Duty covers the following protected characteristics: age; disability; gender reassignment; pregnancy and maternity; race (includes ethnic or national origins, colour or nationality); religion or belief (includes lack of belief); sex and sexual orientation.

51. There are three parts to the Duty and public bodies must, in exercising their functions, have due regard to all of them. They are:

- the need to eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not; and
- promote good relations between people who share a protected characteristic and those who do not.

52. We are aware that the proposal to enable the GMC to require evidence of English language capability following registration but before issuing a license to practise is likely to affect European doctors more than any other group. However the Department is of the view that these proposals will address the current disparity between the existing checks in terms of language capability of European doctors and those from the wider world. This should in turn improve patient safety and quality of care.

53. We intend to carry out equality analysis on this policy which will include information received as part of this consultation. We plan to publish this analysis as part of the Department's response to the consultation.

Q9 Are you aware of any particular groups who will be affected by this legislation, other than European doctors?

Q10. Are you aware of any groups for whom the proposed policy could have a detrimental effect?

The draft order

54. This section deals with each of the provisions in the draft Medical Act 1983 (Amendment) (Knowledge of English) Order and aims to set out the effect of each provision and the policy intention behind it. A copy of the draft order can be found at Annex A.

Citation, commencement and interpretation

Article 1 – Citation, commencement and interpretation

Article 1 makes provision for the Order to come into force on the day after it is made.

Registration

Article 2 – Registration

Article 2 dis-applies section 35C(2)(da) (knowledge of English impairment) when considering a person's fitness to practise for the purposes of registration under the Act. This provision is required because a person's language ability will only be determined after they have had their registration confirmed.

Licence to practise

Article 3 – Grant, refusal and withdrawal of licence

Article 3 inserts the following new provisions into section 29B of the Medical Act:

- sub-section (1A) which makes provision for a licensing authority to refuse to grant a licence to practise to a person where the person has not demonstrated the necessary knowledge of English (this is notwithstanding the medical practitioner's registration under Parts 2 or 3 of the Act);
- sub-section (1B) which requires regulations made under section 29A of the Act to make provision for the licensing authority to take account of guidance published by the GMC under section 29G of the Act when determining whether a person has demonstrated the necessary knowledge of English;
- sub-section (2D) enables regulations made under section 29(A) to include a provision which requires a licensing authority to take account of evidence which a person provides of his knowledge of English.

Article 4 - Evidence

Article 4 inserts a provision into section 29E of the Act enabling regulations under section 29A to permit the licensing authority to request evidence or information about a person's knowledge of English.

Article 5 – Guidance

Article 5 inserts a provision into section 29G of the Act, which places a duty on the GMC to publish guidance relating to the information and documents to be provided for the purposes of demonstrating that a person has the necessary knowledge of English.

Article 6 – Miscellaneous

Article 6 inserts a new provision into section 29J which enables regulations under section 29A to make the following provisions when determining whether a person has demonstrated the necessary knowledge of English:

- enabling the licensing authority to require a person to undertake an assessment to demonstrate whether they have the necessary knowledge of English;
- requiring a person to provide any evidence, information or documents requested by the licensing authority for the purposes of demonstrating whether the person has the necessary knowledge of English;
- enabling the licensing authority to refuse the licence if the person refuses to provide the information so requested; and
- to make provision the same as section 29E(5) to (9) with regard to disclosure of information.

Fitness to Practise

Article 7 – Functions of the investigation committee

Article 7 inserts a provision into section 35C of the Act which adds ‘not having the necessary knowledge of English’ as an impairment for the purposes of triggering an investigation into a practitioner’s fitness to practise.

Articles 8 and 9 – Functions of a fitness to practise panel

Article 8 amends section 35D of the Act to prevent the fitness to practise panel from directing that a person’s name be erased from the register where a person’s fitness to practise has been found to be impaired on the grounds of knowledge of English.

Article 9 amends section 35E of the Act to provide a definition of a ‘language case’ referred to in section 35D. A case will be a language case where the impairment is in accordance with the practitioner’s language skills and no other impairment, other than a health case. If an impairment is based on a language case and / or a health case, erasure from the register would not be possible. A consequential amendment has also been made to the definition of a ‘health case’ in section 35E to give effect to this policy.

Article 10 – Language Assessments

Article 10 inserts a provision into paragraph 5A of Schedule 4 which makes clear that a practitioner’s knowledge of English may be assessed as part of their professional performance assessment under that paragraph. However, a practitioner cannot be assessed on the grounds of language alone as part of a performance assessment, and if the practitioner is required to undertake a language assessment as part of that performance, this assessment must not be carried out by the Assessment Team.

Article 10 also inserts a further provision after paragraph 5B of Schedule 4, enabling the GMC to make rules authorising the giving of directions for a person to undertake a language assessment. The amendment also makes the following provisions:

- (a) the process to be followed in respect of such assessments is to be set out in Rules;
- (b) for the Registrar to refer the matter to the Fitness to Practise Panel (FTP) for failure by the practitioner to undertake the assessment or provide information in respect of the assessment;
- (c) for the FTP to make a direction for suspension or conditional registration;
- (d) for the practitioner to appeal the decision by the FTP.

Article 10 also inserts a further provision after paragraph 10A which makes provision for when the direction under paragraph 5C(4) is to take effect. Consequential amendments are also made to paragraphs 8, 11 and 12 of Schedule 4.

Article 11 – Knowledge of English

Article 11 amends the definition of “the necessary knowledge of English” in section 55 of the Act so that it applies generally and is not limited to applications for registration.

Article 12 – Transitional Provisions

Article 12 provides transitional provisions with regard to any applications for registration as a medical practitioner which have been received by the GMC before the Order comes into force.

Summary of questions

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

Q2 Do you agree with the proposed changes for applicants in relation to registration and licence to practise in terms of language competency?

Q3 Do you agree with the proposed changes for doctors in relation to fitness to practise in terms of language competency?

Q4 Do you agree that changes to the Medical Act, as set out in this consultation document, will strengthen the language competence of doctors in the UK?

Q5 Do you think that changes to legislation are necessary to strengthen the language competence of doctors in the UK or is there an alternative that does not require a change to legislation?

Q6 Do you have views or evidence as to the likely effect on costs or the administrative burden of the proposed changes?

Q7 Do you think there are any benefits that are not already discussed relating to the proposed changes?

Q8 Do you have any evidence of harm caused to patients due to the language proficiency of a doctor?

Q9 Are you aware of any particular groups who will be affected by this legislation, other than European doctors?

Q10 Are you aware of any groups for whom the proposed policy could have a detrimental effect?

Responding to this consultation

Consultation process

This document launches a consultation on proposed changes to the Medical Act 1983.

The consultation is being run, as far as is practical, in accordance with the Cabinet Office Code of Practice on Consultations (reproduced below). The closing date for the consultation is Monday 2nd December 2013.

There is a questionnaire on the GOV.UK website which can be printed and sent by post to:
Language controls for doctors, 2N09, Quarry House, Quarry Hill, Leeds, LS2 7UE

Completed questionnaires can also be sent electronically by e-mail to:
HRDlistening@dh.gsi.gov.uk

Alternatively you may also complete the online consultation response document at:
<http://consultations.dh.gov.uk>

It will help us to analyse the responses if respondents fill in the online consultation response document but responses that do not follow the structure of the questionnaire will be considered equally. It would also help if responses were sent in Word format, rather than in pdf format.

Criteria for consultation

This consultation follows the Government Code of Practice, in particular we aim to:

- Formally consult at a stage where there is scope to influence the policy outcome;
- Consult for a sufficient period.
- Be clear about the consultations process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- Ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- Keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process;
- Analyse responses carefully and give clear feedback to participants following the consultation;
- Ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at:
www.bis.gov.uk/policies/better-regulation/consultation-guidance

Comments on the consultation process itself

If you have any concerns or comments which you would like to make relating specifically to the consultation process itself please contact

Consultations Coordinator, Department of Health, 2E08, Quarry House Quarry Hill Leeds LS2 7UE

Please do not send consultation responses to this address.

Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter (www.dh.gov.uk/en/FreedomOfInformation/DH_088010).

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Summary of consultation responses

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the GOV.UK website (www.gov.uk/dh).