UK Overseas Trained Nurses (UKOTN) Project: Phase One

End of Project Report

Global Health Partnerships
Health Education England (HEE)

Contents

Abbreviations

BAME	Black, Asian, and Minority Ethnic
BC	British Council
BST	Baseline Screening Test
CEFR	Common European Framework of Reference for Languages
CEPT	Cambridge English Placement Test
DHSC	Department for Health and Social Care
GHP	Global Health Partnerships
IELTS	International English Language Testing System
HEE	Health Education England
MOU	Memorandum of Understanding
NHS	National Health Service
NMC	Nursing and Midwifery Council
OET	Occupational English Test
OTN	Overseas Trained Nurse
RST	Rapid Screening Test
R&D	Research and Development

Executive Summary

- The UK OTN Project aimed to contribute to Her Majesty's Government's target of recruiting 50,000 nurses by March 2024. This would be achieved through supporting OTN currently working across 82 English NHS trusts who, whilst in possession of an accredited nursing qualification, are unable to demonstrate the NMCs required level of English language proficiency and progress towards obtaining registration. The funding would also be invested in a predominantly Black, Asian and Minority Ethnic (BAME) staff group, and thus contribute to addressing issues associated with differential attainment in the English NHS.

- HEE allocated £650 per individual to support 2,035 OTNs who successfully applied to the project. NHS trusts were provided with autonomy to use allocated funding to procure appropriate and effective English language training, examination preparation and/or examinations to OTNs. An additional 208 OTNs who did not formally apply at project initiation were also supported using existing allocated funding. This means that 2,243 OTNs, working primarily as HCSW, were supported in this project to engage in English language training and/or examinations. However, 255 OTNs subsequently withdrew from the project, thus leaving the total number of OTNs supported as 1,988.

- Of the 1,988 OTNs who were supported in undertaking English language, 1,362 went on to complete at least one OET or IELTS examination, representing 69% of OTNs. The vast majority (92%) of examinations completed were OET examinations. Over two-fifths (41%, N=562) of examined candidates were successful in meeting the NMC English language proficiency requirements.

- Slightly less than two-thirds of passes were achieved by OTNs in London (33%, N=187) and the South East (27%, N=150), with a further 15% (N=85) of passes achieved in the Midlands. Smaller proportions of passes were achieved by OTNs working in the South West (9%, N=52), East of England (8%, N=47), North East and Yorkshire (6%, N=32), and North West (2%, N=9).

- Overall, the UK OTN Project, through partnering with 82 English NHS trusts, delivered English language learning and upskilling opportunities to 1,988 OTNs. This enabled 562 current NHS staff, currently working primarily as HCSWs, to meet the NMCs English language proficiency requirements, equating to £4,183 per successful OTN.

- When compared to alternative recruitment methods, such as international recruitment, this project offers a more ethical approach to workforce development, better value-for-money and more efficient use of NHS resources. This is not only in financial terms but is also by reducing the inefficiency associated with employing trained nursing professionals in non-nursing roles in the English NHS.

- Thus, this project has contributed to increasing the staff development of NHS staff, the workforce capacity of the English NHS and enhancing local NHS service delivery.

Introduction

The UK Overseas Trained Nurses (OTN[1]) Project aims to contribute to HM Government's target of increasing the number of nurses working in the NHS by 50,000 by March 2024. Health Education England (HEE) was tasked by the Secretary of State for Health and Social Care with expanding the pool of nurses that are eligible, and willing, to work in the NHS. However, the COVID-19 pandemic had adversely affected the International Recruitment (IR) workstream established as part of the government's manifesto commitment.

To partially mitigate this gap in recruitment, HEE identified that there were a significant number[2] of OTN currently working in the English NHS who, whilst in possession of an accredited nursing qualification, are unable to demonstrate the NMCs required level of English language proficiency[3] and progress towards obtaining registration. Thus, Health Education England (HEE) offered to support OTNs currently working at an English NHS trust by providing funding towards English language training and/or examination.

In doing so, the project also aimed to deliver on two supplementary objectives related to the priority work of supporting Health Care Support Workers, a predominantly Black, Asian, and Minority Ethnic (BAME) workforce disproportionately affected by the COVID-19 pandemic[4]:

1. Improve the level of English language of low-paid BAME staff group during the COVID-19 pandemic; and

2. Actively support the career aspirations of a low-paid BAME staff group during the COVID-19 pandemic.

This project also aligns to the NHS Long Term Plan.[5] By enhancing the English language skills among OTNs currently working in the English NHS, the project benefits NHS staff and service users through enabling more effective professional communication and supports current NHS staff to move into the nursing workforce.

The project, which had a total spend of £1,322,750, commenced in March 2021 and ended in September 2022. Evaluation survey data was collected from NHS trusts and candidates on a quarterly basis in order to identify how funding was being used and candidate English language training and examination progress (see appendix item 1 for a summary).[6]

[1] OTN is often also referred to as an Internationally Educated Nurse (IEN).
[2] NHS trusts engaged by HEE in 2020 indicated that there were over 2,900 OTN working in the English NHS, most commonly as Health Care Support Workers.
[3] At the time of writing, the following requirements were stipulated by the NMC: IELTS: an overall score of at least 7.0, with candidates achieving at least 6.5 in writing and at least 7.0 in the reading, listening and speaking sections; OET: at least a grade C+ in the writing section, and at least a grade B in the reading, listening and speaking sections. For further information on current English language requirements see the following link: www.nmc.org.uk/registration/joining-the-register/english-language-requirements/accepted-tests.
[4] See the following link for further information: www.ncbi.nlm.nih.gov/pmc/articles/PMC7563090.
[5] See the following link for further information: www.longtermplan.nhs.uk.
[6] Appendix items 6 and 7 provide written summaries of evaluation data collection conducted.

Project Overview

Enrolment

HEE Global Health Partnerships (GHP) wrote to NHS trusts in October 2020 to invite expressions of interest for the UKOTN Project. Expressions of interest were required to be completed by candidates with the support of their employing trust. No entry requirements were stipulated for applicants, given the impact of English language upskilling on service delivery and patient experience. Thereafter, trusts were required to sign a Memorandum of Understanding (MOU) with HEE which stipulated the responsibilities of HEE and funded NHS trusts (see appendix item 3).

Figure 1: Project stages
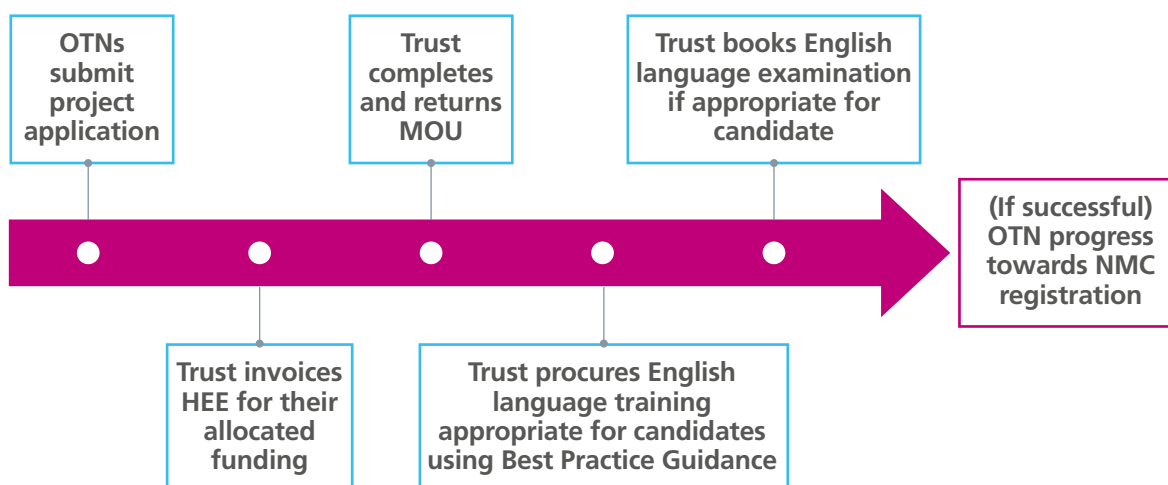
A total of 84 trusts signed an MOU with HEE and received funding to support OTNs to undertake English language training and examinations and progress towards NMC registration.[7] Two NHS trusts subsequently withdrew from the project, leading to 82 English NHS trusts participating in this project. Across participating NHS trusts, a total of 2,035 OTNs successfully applied for this project. Twenty NHS trusts chose to use funding allocated by HEE to support a greater number of OTNs than those who applied for the project at their trust. In total, an additional 208 OTNs who did not apply for the project were supported using allocated HEE funding. Thus, the total number of OTNs supported on this project was 2,243 (Table 1).

**Table 1: Summary of OTNs supported on this project**

Sample Group	Number of OTNs
Funded OTNs	2,035
Additional unfunded OTNs	208
Total Project OTNs	**2,243**

[7] This funding stream is also referred to as 'Strand C Funding'.

As figure 2 shows, 11% of OTNs (N=255) were unable to continue with their planned English language training and/or examination and subsequently withdrew from the project. Excluding withdrawals, a total of 1,988 OTNs were supported in this project. (see appendix item 4 for a breakdown of funded OTNs by NHS region).

Trusts have also not provided data on the status of 18% of OTNs (N=395). Thus, we are currently aware of the status of 1,593 OTNs who were supported on this project.

Figure 2: Current Status of Funded OTN

Sample: 2,243

Note: Percentages have been rounded and may not equal 100%.
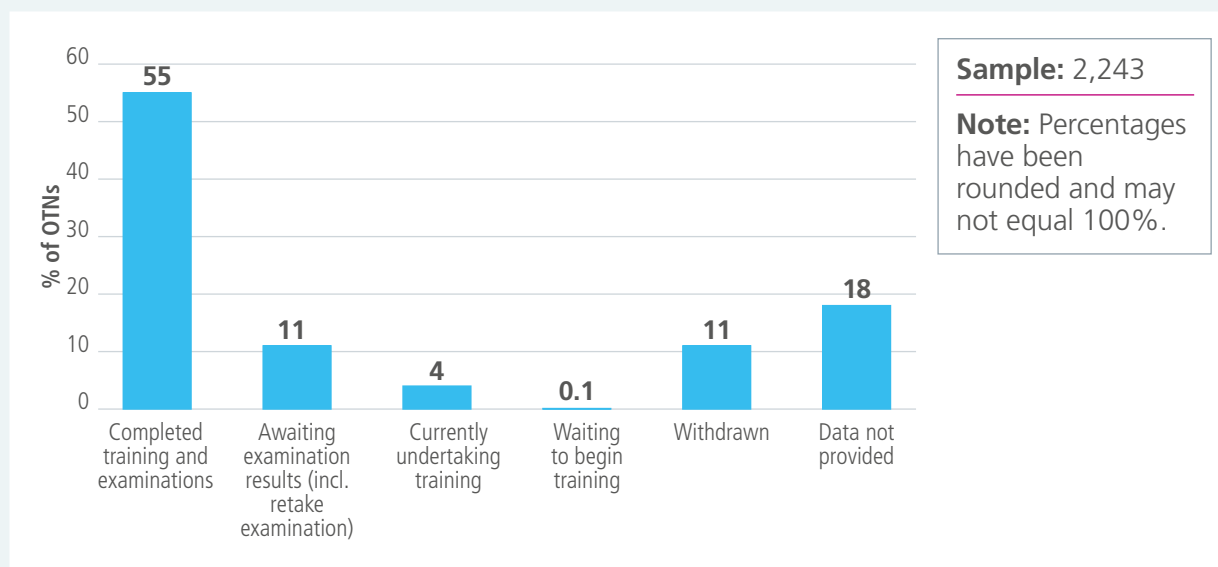
To date, 55% of OTNs had completed their English language training and/or examinations and 11% are currently awaiting examinations results (Figure 2). A further 4% are currently undertaking English language training and less than 1% are waiting to begin training.

Training

Each OTN who successfully enrolled on to the project – 2,035 – was awarded £650 to support their English language training and examination costs, resulting in a total project spend of £1,322,750. This funding was provided directly to participating trusts who were responsible for establishing infrastructure and processes to support the delivery of English language training and examinations.

Whilst HEE issued guidance to support trusts in delivering English language training in-line with best practice (see appendix item 5), each trust was given autonomy in the management of each OTNs English language learning and examinations, including the procurement of baseline screening tests and an English language provider which was appropriate to the candidate's current proficiency level.

As a result of providing trusts with flexibility there was variation in terms of whether baseline screening tests were used, and the type of English language provider and training procured across trusts. Variation was observed in the type of training provision procured by trusts. As Figure 3 shows, 51% of all OTNs, excluding withdrawals, undertook training with an accredited English language training provider, with 13% not.

Figure 3: Whether OTN training is accredited

35%

51%

1%

13%

- Yes
- No
- N/A
- Data not provided

Sample: 1,988 OTNs (excl. withdrawals).

Note: N/A refers to a small number of OTNs which trusts indicated did not undertake any English language before undertaking an examination.

Note: Percentages have been rounded and may not equal 100%.
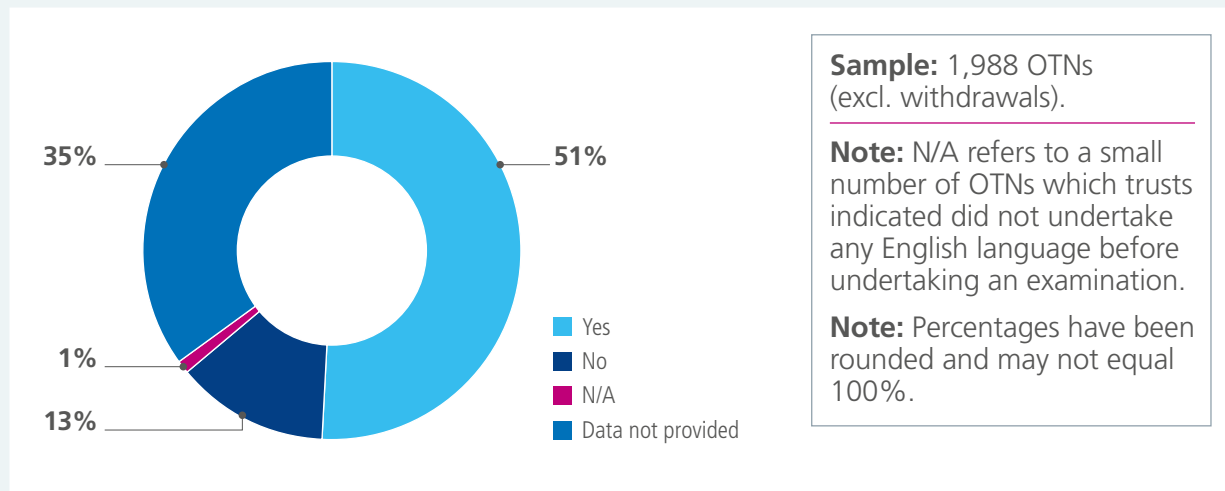
Furthermore, NHS trusts were encouraged to support OTN English language learning via release from clinical duty, such as by providing backfill. Data indicates that 38% of OTNs were supported via release from clinical duties, while 23% were not. Data was not provided by trusts for the remaining 39% of OTNs on the project.

Examination

NHS trusts were responsible for procuring appropriate examinations, though HEE had provided guidance for trusts to consider. Based on evidence from previous English language programmes indicating quality assured English language provision and improved examination results when using OET Premium Preparation Providers, HEE partnered with OET to ensure the English language pathways recommended were clear and accessible for both trusts and individuals.

In line with NMC English language proficiency regulations, candidates were required to undertake either an International English language Testing System (IELTS) or Occupational English Test (OET) examination.[9] Both examinations assess the ability to communicate effectively via assessing all four language skills (listening, reading, speaking, writing) and are benchmarked against the Common European Framework of Reference (CEFR) (Table 2). The IELTS examination is a general academic English language examination for those wishing to study, migrate and/or work abroad in an English-speaking country. The examination is graded on a scale of 1 to 9. The OET examination is an English language proficiency examination designed to specifically assess the language communication skills of healthcare professionals, covering 12 different professions. The examination uses test materials that reflect typical communication scenarios from the healthcare industry and is graded from E to A.

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[9]   www.nmc.org.uk/registration/joining-the-register/english-language-requirements/accepted-tests

Table 2: IELTS and OET benchmarking

CEFR Benchmark	OET Band Descriptors
C2 **8.0-9.0** IELTS **A** (450-500) OET*	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.
C1 **7.0-7.5** IELTS **B** (350-440) OET*	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.
B2 **6.5** IELTS **C+** (300-340) OET*	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field or specialisation.
B2 **5.5-6.0** IELTS **C** (200-290) OET*	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field or specialisation.
B1 **4.0-5.0** IELTS **D** (100-190) OET*	Can maintain some interaction and understand straightforward factual information in his/her field or specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.
A2 **4.0** IELTS **E** (0-90) OET*	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors, and mis- or overuse of technical language can cause significant strain and breakdowns in communication.

OET (incl. Numerical Score)

Results

This section outlines the results achieved in this project, notably focusing on the number of examinations completed by OTNs and the project pass rates in such examinations.

Examinations Completed

Each funded OTN could choose which English language examination to undertake. In total, 1,362 OTNs undertook at least one examination. Table 3 summarises the examination rate for the project (Table 3).

Table 3: Examination rate summary

Sample Group	Number of OTNs	Proportion Undertaking Examination(s) (%)
All project OTNs	2,243	61
Project OTNs (excl. withdrawals)	1,988	69
Project OTNs (excl. withdrawals and those for whom we do not have status data)	1,593	86

The overwhelming majority (92%) of examined OTNs chose the OET examination (see Figure 4).

Figure 4: Type of examination chosen by funded OTNs

3%
5%
92%
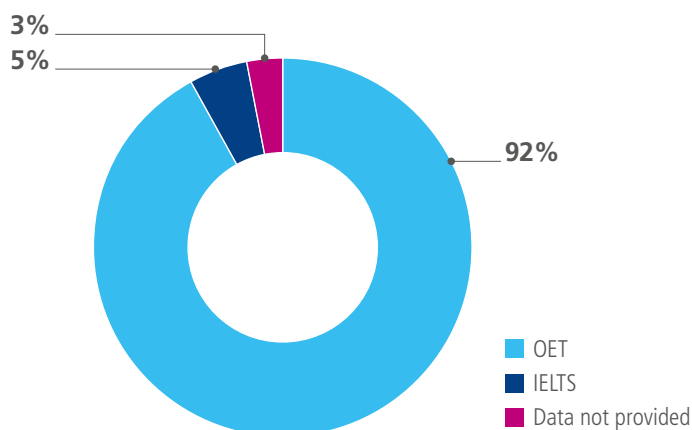
Sample: 1,362 (excl. unexamined candidates).

Note: Percentages have been rounded and may not equal 100%.

- OET
- IELTS
- Data not provided

Examinations Results

Of all examined candidates, 562[10] OTNs successfully achieved the level of English language proficiency required by the NMC, representing an examination pass rate of 41%. Among those successful in meeting NMC English language proficiency requirements (N=562), 86% will be able to join a trust programme for CBT and OSCE preparation. Only 2% would be unable to, with data unavailable for a further 11% of successful OTNs.

A further 670 were unsuccessful in meeting NMC English language proficiency requirements and data is unavailable for a further 131 examined candidates. Table 4 provides a summary of the pass rate and provides alternative pass rates according to whether withdrawals are included or excluded.
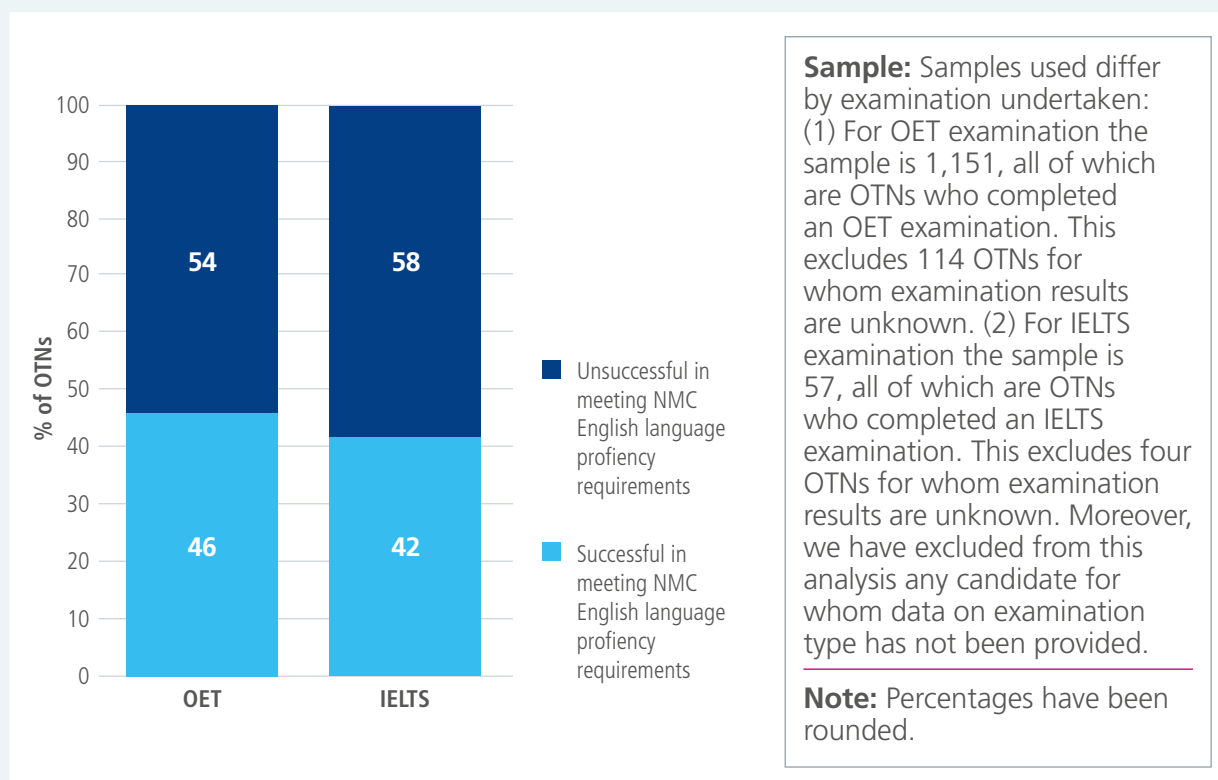
Table 4: Project Pass Rate Summary

Sample Group	Number of OTNs (Denominator)	Pass Rate (%)
All project OTNs	2,243	25
Project OTNs (excl. withdrawals)	1,988	32
Examined Candidates	1,362	41

Note: Percentages have been rounded.

Pass rates did vary slightly according to the type of examination undertaken. A higher pass rate was achieved by candidates completing an OET examination (46%, N=524) compared to counterparts undertaking the IELTS examination (42%, N=24), as displayed in Figure 5.

Figure 5: Pass Rate by Type of Examination

Sample: Samples used differ by examination undertaken: (1) For OET examination the sample is 1,151, all of which are OTNs who completed an OET examination. This excludes 114 OTNs for whom examination results are unknown. (2) For IELTS examination the sample is 57, all of which are OTNs who completed an IELTS examination. This excludes four OTNs for whom examination results are unknown. Moreover, we have excluded from this analysis any candidate for whom data on examination type has not been provided.

Note: Percentages have been rounded.

[10] Trust data also indicates that two additional OTNs are now registered nurses (RNs) in the NHS. However, we are not aware of their project status (i.e., whether they undertook English language training and/or examinations associated with this project). Therefore, these two OTNs are currently not included in the project pass figure.

Pass rates were found to vary by whether OTNs were released from clinical duties to support their English language training, with those released achieving a lower pass rate than those not released (51% compared to 44%) (Figure 6). As a result of additional data on variables, such as additional learning history, engagement and baseline screening English language proficiency level being unavailable, caution should be shown to this comparison.

Figure 6: Pass Rate by Whether Released from Clinical Duties

Legend:
- Unsuccessful in meeting NMC English language profiency requirements
- Successful in meeting NMC English language profiency requirements

Chart values:
- Released from clinical duties: 56 (unsuccessful), 44 (successful)
- Not released from clinical duties: 49 (unsuccessful), 51 (successful)

Sample: Samples used differ by examination undertaken: (1) For "Released from clinical duties" examination the sample is 583, all of which are examined OTNs for whom data was provided on examination results and whether released from clinical duties. (2) For "Not released from clinical duties" the sample is 361, all of which are examined OTNs for whom data was provided on examination results and whether released from clinical duties. Incomplete data was provided for 418 OTNs and was thus excluded from this analysis.

Note: Percentages have been rounded.

Figure 7: Proportion of project passes by NHS region

32
North East
and Yorkshire
6%

9
North West
2%

85
Midlands
15%

47
East
8%

187
London
33%

52
South West
9%

150
South East
27%

Sample: 562 successful examined candidates.

Note: Percentages have been rounded.
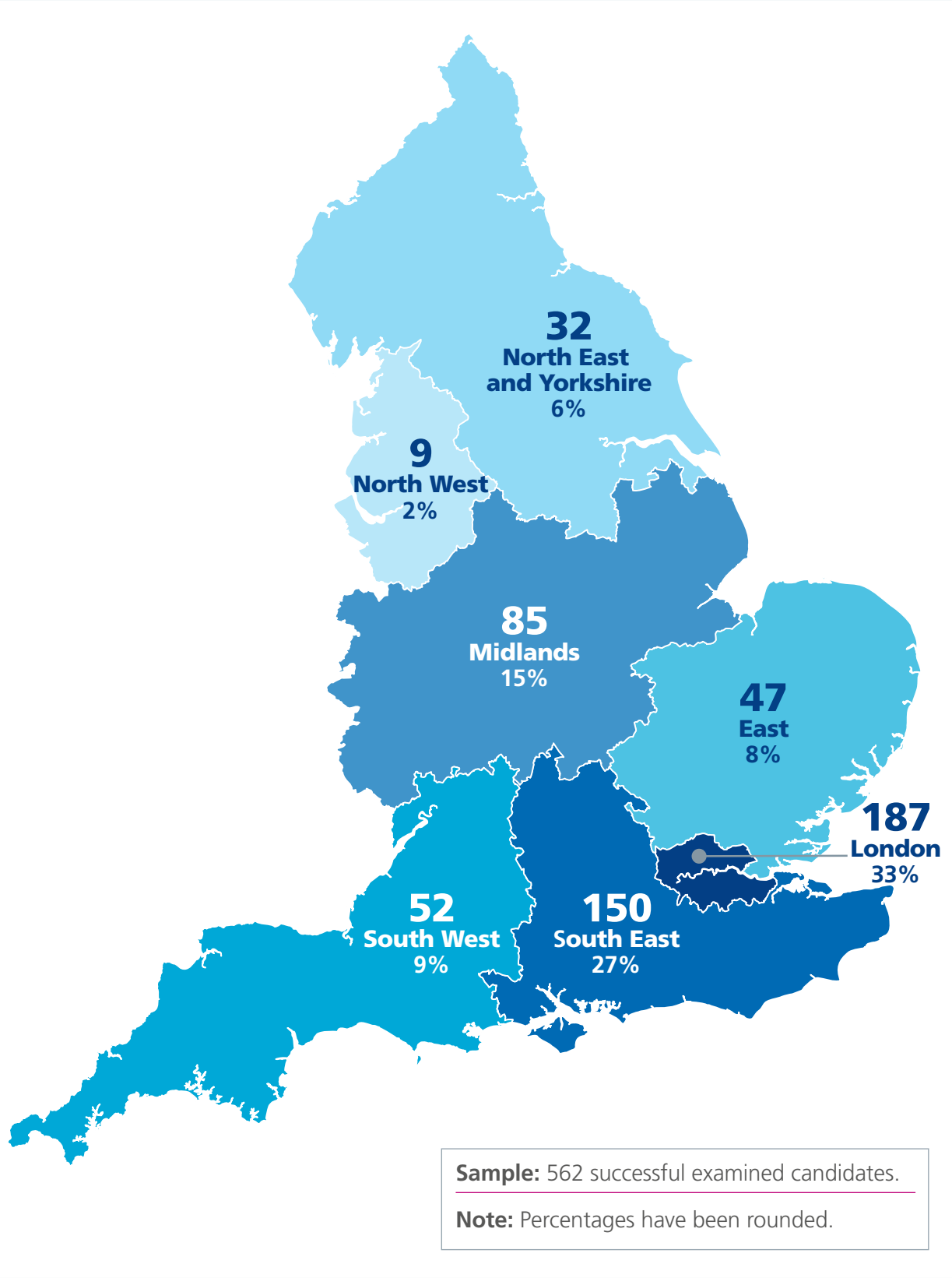
Unsuccessful Candidates

Participating NHS trusts were also asked to provide data on the grades achieved by unsuccessful funded OTNs (Figure 8). This allows identification of the distance of unsuccessful OTNs from the required NMC English language proficiency level.
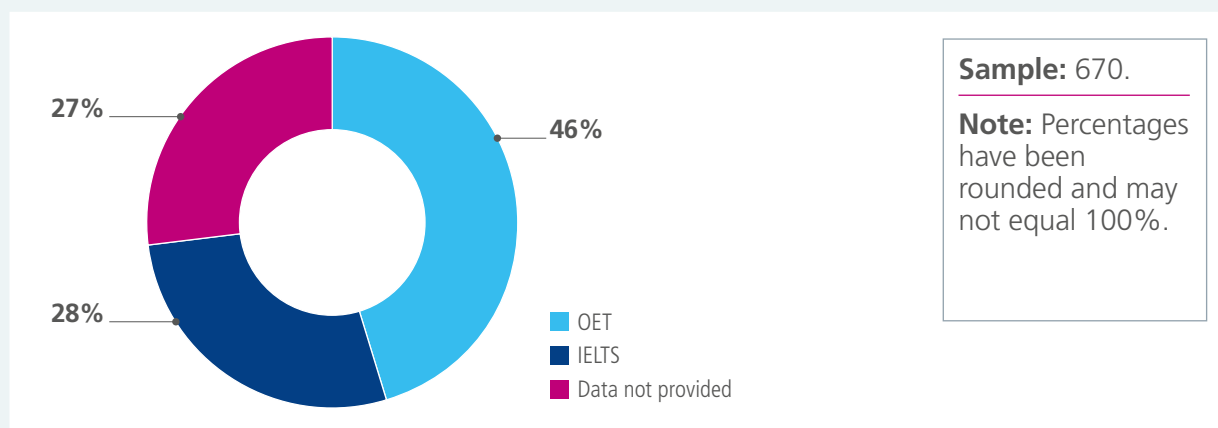
Figure 8: Examination results among unsuccessful examined OTNs

Sample: 670. Data is unavailable for a further 131 OTNs for whom data was not provided on whether they successfully met NMC English language proficiency requirements.

Note: Percentages have been rounded and may not equal 100%.
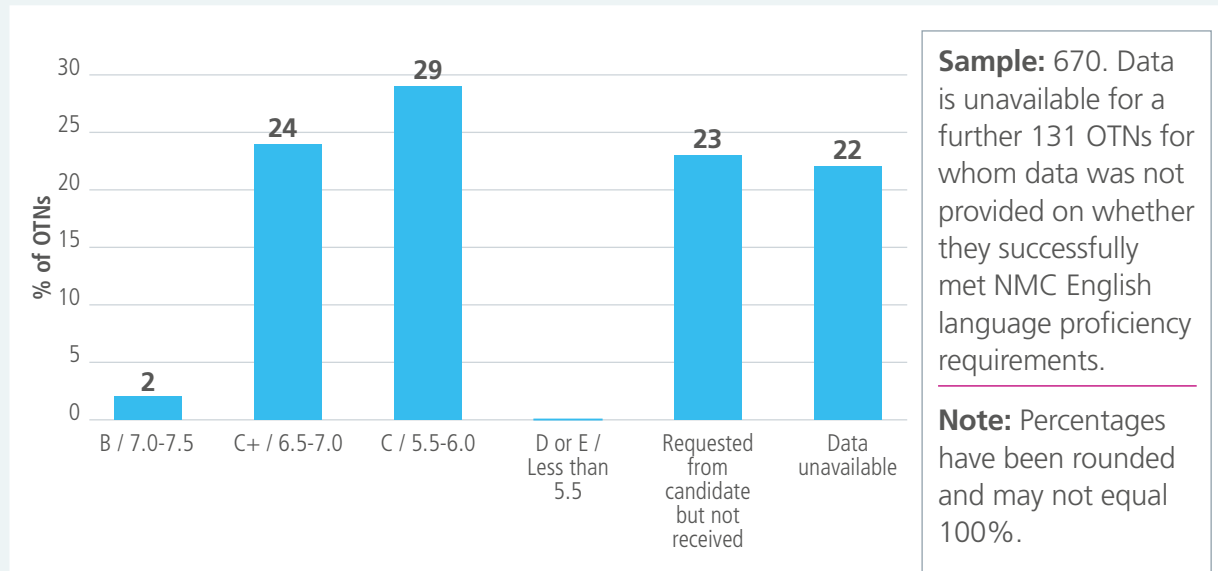
Slightly less than a quarter (24%) were one grade boundary away from the level required by the NMC (C+ / 6.5-7.0), 29% were two grade boundaries below (C / 5.5-6.0).

We also asked trusts to indicate whether they intended to continue to support the English language learning and examination of unsuccessful OTNs. As Figure 9 demonstrates, almost half (46%) of unsuccessful OTNs will continue to be supported by their trust in their English language training. A further 28% of OTNs will no longer be supported to continue upskilling their English language proficiency. Data was not provided for the remaining 27% of unsuccessful OTNs.

Figure 9: Whether trusts intend to continue supporting unsuccessful OTNs

Sample: 670.

Note: Percentages have been rounded and may not equal 100%.

- OET
- IELTS
- Data not provided

Cost-effectiveness

Overall project costings, an estimation of the economic investment made by trusts in OTNs on this project and the average cost per successful OTN are displayed in table 5. Total spending on this project is estimated to be £2,350,765. This equates to an average cost per successful OTN of £4,183, where HEE funding and estimated trust investment is included.

Table 5: Funding Summary

Funding Input	£	Average Cost Per Successful OTN (£)
HEE Funding	1,322,750	2,354
Trust Investment*	1,028,015	–
Total Project Costs	**2,350,765**	**4,183**

Note: Figures have been rounded.

*Please see appendix item 1 for further details on the methodology used to estimate the level of trust investment over and above HEE funding.

Discussion: Lessons Learnt

Reflecting on the UK OTN Project, a number of lessons and areas for development can be recognised as significantly relevant to programme delivery and outcomes. These are outlined below:

- **Project Value.**
  As indicated by many trusts during case study interviews, the project provided added value to participating OTNs, NHS trusts, and the wider NHS system. This can be measured via the 562 successful OTNs who are now able to progress onto the next stage of NMC registration. However, it is demonstrated also by the overall contribution the funded English language upskilling will make to the quality of local NHS service delivery and to the future opportunities of OTNs.

- **NHS system and trust English language support.**
  Through partnering with 82 NHS trusts on this project, we have recognised that the NHS system requires more support in supporting their staff trained overseas to meet the English language proficiency requirements of UK regulatory bodies, such as the NMC. Whilst there were some examples of more systematic approaches of support within participating NHS trusts, this was not universal. There is a particular need to consider the difficulties faced by NHS trusts who had small overall numbers of OTNs on the project (i.e., economies of scale), with some trusts on this project supporting a single OTN and others supporting over 100. Indeed, trust feedback did indicate a desire for further support with the organisation and procurement of English language provision. This could include, but is not limited to, identifying and procuring quality and accrediting provision and providing standard learning resources to OTNs (see appendix item 6).

- **Value-for-money.**
  Our results demonstrate that investing in and supporting the existing OTN workforce in the NHS to meet NMC English language requirements is a cost-effective approach to increase workforce capacity. On average, recruiting a nurse from overseas costs a minimum of circa £7,000.[11] Alternatively, the training of new student nurses equates to £51,000[12] and is less immediate, requiring at least a three-year time lag. The average cost per successful OTN is estimated to be £4,183 per nurse, thus demonstrating the value-for-money this approach offers.

- **Funding.**
  As demonstrated by the estimated average level of economic investment made by NHS trusts, significantly more funding is necessary than that allocated (£650) to effectively support each OTN. Evaluation data indicates that, on average, each OTN supported on this project was provided with £1,167, with variance observed by trust. This suggests that in future work further financial support is required to achieve similar levels of success to this project. This was also a common theme raised across trust case study interviews (see appendix item 6).

- **OET examination preference and outcomes.**
  Results show that OET produced the strongest outcomes, as measured by examination pass rates. The majority (92%) of examined OTNs supported on this project chose to undertake OET training and the associated examination(s). Consistent with learning from the India English language Programme[13], this signifies that the OET examination was the preferred type for OTNs. Moreover, the pass rate achieved was higher among OTNs undertaking the OET examination (46% compared to 42%).

[11] For further information see the following link: **www.nhsemployers.org/news/additional-funding-international-nurse-recruitment**.
[12] For further information see the following link (p. 6): **www.civitas.org.uk/content/files/nursetraining.pdf**.
[13] For further information on the India English language Programme, please contact **Research.GlobalHealthPartnership@hee.nhs.uk**.

- **Use of baseline screening test (BST).**
  Use of BSTs by NHS trusts during this project varied considerably, with the procurement of OET and British Council BSTs[14] markedly low (24%). Many training providers procured by NHS trusts provided a different BST and used this to design a more personalised training plan for the respective OTN. However, the use of and type of BST used was found to vary across NHS trusts. In future work, trusts should be clearly advised to procure an accredited BST at project initiation for all applicants to complete. This would enable for more personalised training plans to be established for each OTN and realistic expectations to be set.

- **Release from clinical duties.**
  It is not possible to fully evaluate the impact of being released from clinical duties on examination success. Our limited data on this suggests it has minimal impact. However, anecdotal evidence suggests that release from clinical duties to attend classes: ensures candidates have dedicated study time, demonstrates commitment on behalf of the trust, suggests shared ownership of the English language investment, provides positive messaging to the wider health care team that English language support is important and motivates individuals to achieve success.

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[14] OET BST: CEPT, British Council: Aptis.

Conclusion

The UK OTN Project aimed to contribute to HM Government pledge to increase overall nurses working in the English NHS by 50,000 through funding English language provision to support Indian nurses to meet NMC English language proficiency requirements. HEE worked in partnership with 82 NHS trusts to support 2,243 to meet NMC English language proficiency requirements.

Overall, 1,988 OTNs were supported to upskill their English language proficiency, of which 1,362 completed at least one examination. A total of 562 OTNs were successful in meeting the NMC proficiency requirements, representing a pass rate of 41% and equating to £4,183 per successful OTN.

When compared to alternative recruitment methods, such as international recruitment, this project offers a more ethical approach to workforce development, better value-for-money and more efficient use of NHS resources. This is not only in financial terms but is also by reducing the inefficiency associated with employing trained nursing professionals in non-nursing roles in the English NHS.

Thus, the UK OTN Project has enabled 562 OTNs to progress towards NMC registration and provided a considerable number of NHS staff the opportunity to upskill their communication skills, thus improving local NHS service delivery.

Appendices
Appendix Item 1: Project Evaluation Summary

The evaluation approach for this project consisted of multiple strands of data collection aimed at monitoring project progress, understand OTN and trust experience, and project learning and achievements. The following types of data collection were used:

* **Quarterly Surveys**

* **OTN Surveys**

* **Case Study Trust Interviews**

* **Trust Economic Investment Survey**

Each type of data collection is outlined below.

Quarterly Surveys

In accordance with trust responsibilities stipulated in the MOU signed at project initiation, each trust was requested to provide quarterly data returns to HEE GHP to update on the progress made by each OTN supported at each respective trust. This enabled effective monitoring of project activities, reporting of project progress to the Expert Reference Group (see appendix item 2), and also informed the overall project evaluation.

Surveys were distributed every 12-weeks to participating trusts and included questions related broadly to use of allocated funding, training plan, whether examinations had been completed and if so, the results achieved. Surveys were distributed at the following timepoints:

* **Survey One:** March 2021

* **Survey Two:** July 2021

* **Survey Three:** September 2021

* **Survey Four:** January 2022

* **Survey Five:** April 2022

* **Survey Six:** July 2022

Trust survey four also contained a separate survey asking a number of questions on (see also appendix item 6 for a summary):

* The challenges trusts faced in supporting candidates to undertake English language training.

* How trusts could be better supported by HEE to support UKOTNs to undertake English language training.

* Whether English language training would have been provided without HEE funding.

Please contact **Research.GlobalHealthPartnership@hee.nhs.uk** for further information on surveys conducted.

OTN Surveys

OTNs supported on this project were also invited to participate in project evaluation surveys. All OTNs were asked to consent to be contacted to complete quarterly surveys on their learning and examination experience. Of all OTNs, a total of 946 provided consent. In light of service pressures caused by the COVID-19 pandemic and the relatively low response achieved – approximately 300 OTNs – only three OTN surveys were conducted. Moreover, these surveys were planned to enable triangulation with quarterly trust data returns, but due to a low level of consent, the utility of OTN surveys was reduced.

Surveys were distributed at the following timepoints:

• **Survey One:** March 2021

• **Survey Two:** July 2021

• **Survey Three:** January 2021

Please contact **Research.GlobalHealthPartnership@hee.nhs.uk** for further information on surveys conducted.

Case Study Trust Interviews

Between June and August 2022 case study interviews were conducted with eight NHS trusts participating on this project. All NHS trusts were invited to participate in an interview regarding their project experience, project learning and to discuss OTN learning and examination experience, with specific attention paid to enablers and disablers of effective learning and examination success.

The case study trusts which participated in interviews varied in terms of the level of funding received, number of OTNs, number of successful examinations, and region (as displayed in Table 6).

Table 6: Case study interview trust summary

Characteristic	Range
Number of OTNs (excl. withdrawals)	11 - 127
Funding	7,150 - 46,800
Number of successful examinations	4 - 58

Region	N
East	0
London	3
Midlands	0
North East & Yorkshire	1
North West	1
South East	2
South West	0

A summary of the case study trust interviews is provided in appendix item 6.

Trust Economic Investment Survey

A trust economic investment survey was distributed to all participating NHS trusts in August 2022 to understand the level of investment made in each OTN over and above the £650 funding provided by HEE.

In total, 36 participating NHS trusts completed this survey, representing 44% of all participating NHS trusts. Together, data was provided on the economic investment made to 1,100 OTNs, equating to 49% of all OTNs supported on this project (N=2,243).

Collecting this data enabled for a cost-effectiveness assessment to be conducted for this project. As a consequence of not all trusts completing this survey, a sample approach has been used to estimate the average level of economic investment made in each OTN across all project trusts. To do so, an assumption was made that the average investment for each OTN in our sample data (i.e., 36 trusts, 1,100 OTNs) is consistent with the average spend made by the remaining non-responding trusts on this project.

Our sample trusts spent £517.11 on average per OTN over and above HEE allocated funding (i.e., £650 per OTN). Assuming that this is consistent across all OTNs on this project (excl. withdrawals, N=1,988), the total additional spend by NHS trusts equates to £1,028,015.

Table 7: Project costings summary

Input Funding	£
HEE Funding	1,322,750
Estimated Trust Additional Investment	1,028,015
Total Funding	**2,350,765**

Whilst the cost effectiveness analysis presented in this report (p. 12) provides a useful reflection of overall project costings and average cost-per-pass, the lack of complete economic investment data from each trust is limiting.

For further information on the economic investment survey conducted, please contact **Research.GlobalHealthPartnership@hee.nhs.uk**.

Appendix Item 2: Project Governance Summary

An Expert Reference Group was established for the UK OTN Project for governance purposes, including oversight of project delivery and reporting of progress. Meetings were scheduled to take place following each 12-week trust survey. The core member list is displayed in table 8.

Table 8: Expert Reference Group Core Member List

Name	Role	Organisation
Professor Ged Byrne	Director	Health Education England
Rachel Monaghan	Deputy Director, Global Health Partnerships	
Dr Rose McCarthy (Chair)	Head of Global Workforce, Education & Research, Global Health Partnerships	
David Keen	Education & Research Lead, Global Health Partnerships	
Ian Buczynski	Senior Programme Manager, Global Health Partnerships	
Dr Ross Goldstone	Research & Development Manager, Global Health Partnerships	
Simon Finnigan	Data Administrator, Global Health Partnerships	
Heidi Miu	Research & Development Officer, Global Health Partnerships	
Rachael Hinds	Research & Development Officer, Global Health Partnerships	
Andrew Fearon	Project Manager, Global Health Partnerships	
Edward Cowley	Nursing International Recruitment Programme Lead	NHS England & Improvement
Mickey Bonin	Head of Strategy and Product	Cambridge Boxhill Language Assessment
Dave Howarth	Deputy Head of International Workforce	Department of Health & Social Care
Lisa Abbs	Practice Development Lead for Recruitment and Retention	Nottingham University Hospitals NHS Trust
Dr Chris Veysey	Director of Languages	University of Salford
Cathy Hill	Director of Nursing	Chelsea and Westminster Hospital NHS Foundation Trust

Appendix Item 3: Memorandum of Understanding (MoU) Template

NHS
Health Education England

Memorandum of Understanding (MoU) between
NHS Health Education England Global Engagement Directorate and [NAME] NHS
Foundation Trust for English Language Training for UK Based Overseas Trained Nurses

1. Rationale

Health Education England (HEE) has identified funding to support UK based overseas trained nurses (UKOTNs) in demonstrating the level of English language to meet the Nursing and Midwifery Council's requirements for registration. This is critical work to support the delivery of the NHS Long Term Plan and to reduce nursing vacancies across the system.

Following expressions of interest, HEE is allocating funding to selected NHS trusts that have committed to support these UKOTNs through providing English language training and examinations (Strand C funding). This MOU agrees the terms of this funding and the responsibilities of the NHS Health Education England and [NAME] ('The trust')

2. Duration

The funding will be allocated in financial year 2020/21 and for Strand C will cover funding associated with English language training and examinations in the financial year 2020/21.

3. Funding

The funding is provided to enable the delivery of English language Training and the provisions of exams for UKOTNs who applied to NHS Health Education England by 4th December 2020.

The funding is intended to be directly discharged by the trust's Director of Nursing so that there is direct oversight of the use of funding to focus on effective management and a positive experience for the international nurses. Funding will be awarded upfront.

The funding that will be awarded to The trust is £ 7,800

4. Responsibilities of NHS Health Education England

The HEE Global Engagement Directorate commits to:

- Issuing funding following the confirmation of this agreement

- Issue guidance to support trusts in delivering English language training in-line with best practice

- Collate the experiences and issues raised during this process and consider their applicability for any further funding processes for English language

- Conduct an evaluation of the impact of the funding and collect information from trusts that receive Strand C funding to support this.

5. Responsibilities of The trust

The trust has bid for Strand C of the international recruitment funding process and will put in place infrastructure and processes to support the delivery of English

Language training and examinations in 2020/21 for the Nurses included in the Funding Award summary attached to the email in which you received this MOU.

The trust's plan will have been discussed and supported by Directors of Nursing.

The trust commits to:

- Carrying out activities relating to English language training and examinations for UKOTNs committed to in its Strand C submission.

- Consider the HEE guidance on English language provision in designing their local programmes.

- Providing information on nursing IR in the Monthly Provider Workforce Data Collection (submitted via the Provider Financial Monitoring System (PFMS)) each month, including new information required on Strand A progress. For more information contact NHSI.workforce@nhs.net).

- Provide data at fixed points on the English language Training provided and outcomes to support and evaluation of the Strand C Bid (attached at Annex A).

- Provide on-going support to UKOTNs, in line their CPD processes and budgets, who do not pass their English language in 2020/21.

6. Monitoring and reporting

NHS Health Education England have the ability to reclaim this funding if The trust is seen not to be using the funding appropriately or set out in this MOU, or if they fail to reach their target sufficiently.

7. Variation of the MoU

Any amendments to this MoU will be agreed directly between the signatories

8. Signature of agreement to MoU

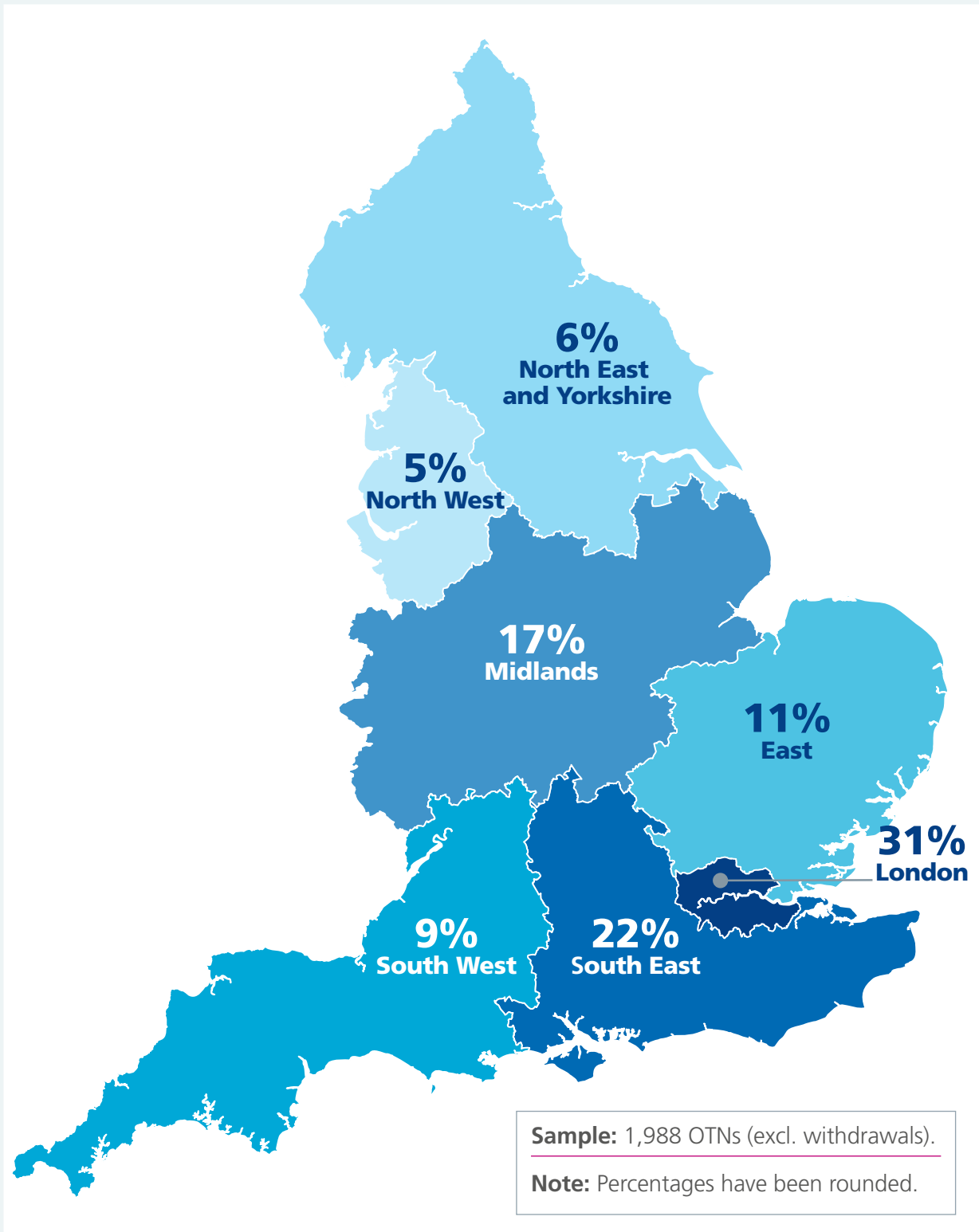| Commitment to this MoU is given on behalf of the parties:			
NHS Health Education England		NHS Foundation Trust. Airedale NHS FT	
Name		Name	
Position		Position	
Date		Date	
Signature		Signature	

Annex A. Evaluation Data requirements

The following fields will be included in a proforma to support the programme evaluation and will be sent to trusts no later than [Date] for return by [Date] a second evaluation will be conducted between [date] and [date] to track the long-term impact of the programme.

- Trust

- Nurse unique identifier

- Name and email address

- Rapid Screening score (if used)
- Baseline test and score (if used)
- English Language Provider
- BC/OET
- Contact Teaching Hours
- Non-contact Teaching Hours
- Percentage of assignments completed
- Overall attendance
- Examination scores
  - Reading
  - Writing
  - Listening
- Attrition rates and withdrawal reasons

Appendix Item 4: Regional Breakdown of Supported OTNs

Figure 10: Supported OTNs by NHS region

6%
North East and Yorkshire

5%
North West

17%
Midlands

11%
East

31%
London

9%
South West

22%
South East

Sample: 1,988 OTNs (excl. withdrawals).

Note: Percentages have been rounded.

# Appendix Item 5: Programme Delivery Guidance for Participating Trusts

English language (EL) learning is complex and not all individuals will reach the level required by the NMC to register as a nurse in the UK. However, all staff with English as a second language will benefit from the personal and professional development English language upskilling brings.

It is important to ensure that English language training is appropriate to the learners' current level of ability. The Common European Framework of Reference (CEFR) for Languages provides a structure to indicate the level of language ability and proficiency of learners. IELTS and OET exam results are mapped against this Framework. Ability is assessed in reading, writing, listening and speaking, the levels are as follows:

- **Beginner level – A1**
- **Basic level – A2**
- **Intermediate level – B1**
- **Upper intermediate level – B2**
- **Advanced level – C1**

The NMC require nurse registrants to be at level C1 (IELTS level 7/OET B). It is important to assess candidates' level of English language if they do not have recent evidence of English language ability in order to select appropriate English language training.

Figure 11: Guidance summary
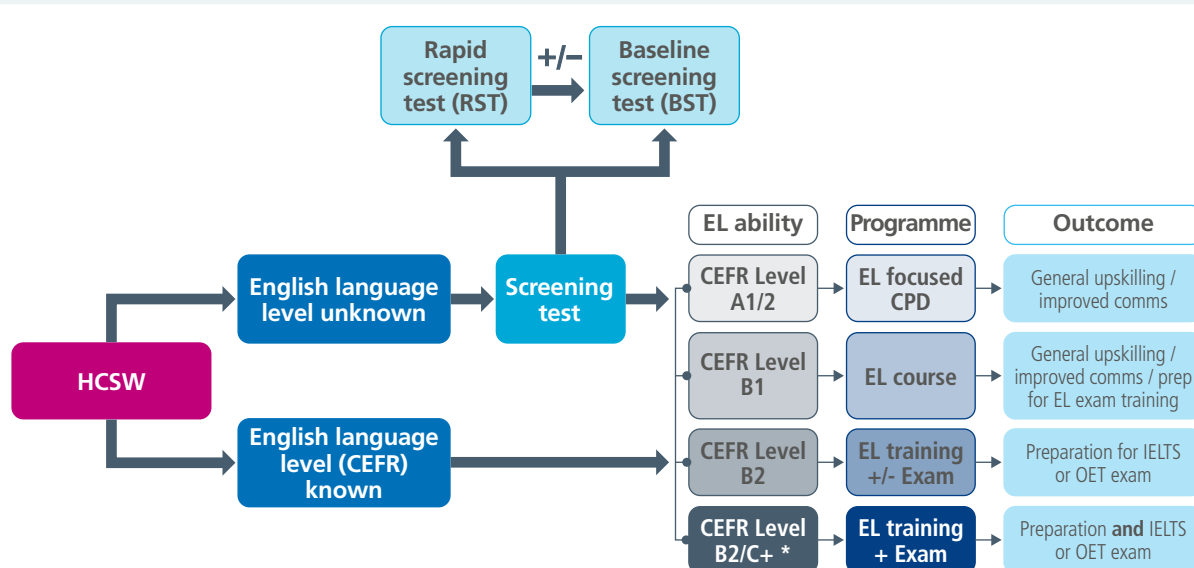
* There is a reasonable chance that this group of HCSWs will be able to reach the NMC required level for Registration in all 4 subskills after taking an OET/IELTs approved course.

- English language specialists suggest on average it takes 100hrs of face-to-face teaching to move 0.5 in IELTS English language training or equivalent, plus an equal amount of independent study/practice i.e. 200 study hours

- It is generally accepted that improvement at the higher levels takes longer than improvement at the lower levels (language learning progress is not linear)

- Expectation management is extremely important, most staff are unaware of the complexity in English language learning and exam preparation

- It is important to be clear with all staff involved that, even with high quality education and training, not all candidates will pass the first time. Some candidates (B2/C+) may require longer courses to reach the necessary level.

- Even candidates with IELTS 6.5 will not necessarily reach IELTS 7.0 in listening, reading and speaking and 6.5 in writing

- All staff with English as a second language can benefit from English language training even if it does not lead to sitting a NMC approved exam and scoring the level required for registration.

- There is an expectation that organisations will continue to support individuals in their aspirations, in line with local processes related to CPD

- We strongly recommend the use of screening tests – which your chosen English language Training Provider will be able to advise on – before committing candidates to a particular programme of study.

- This will ensure the candidates receive the best training possible for them based on their current levels of English language ability – suggested triage levels are detailed below

- While £650 per candidate has been allocated to pay for one IELTS or one OET exam with the remainder of the funding for English language Training Programmes there is flexibility in how this is used. For example, trusts may opt to allocate £200 per head for A1/2 candidates and £600 on those at B2. Likewise, trusts may opt to use any remaining funding for candidates not included in the formal applications but who would benefit from this Programme. In this instance, please submit the names of these candidates to **UKIEN.English.language@hee.nhs.uk** so we can include them in the evaluation of this project

- Depending on need, trusts are able to top-up investment locally if they so desire.

Figure 12: Suggested employer options
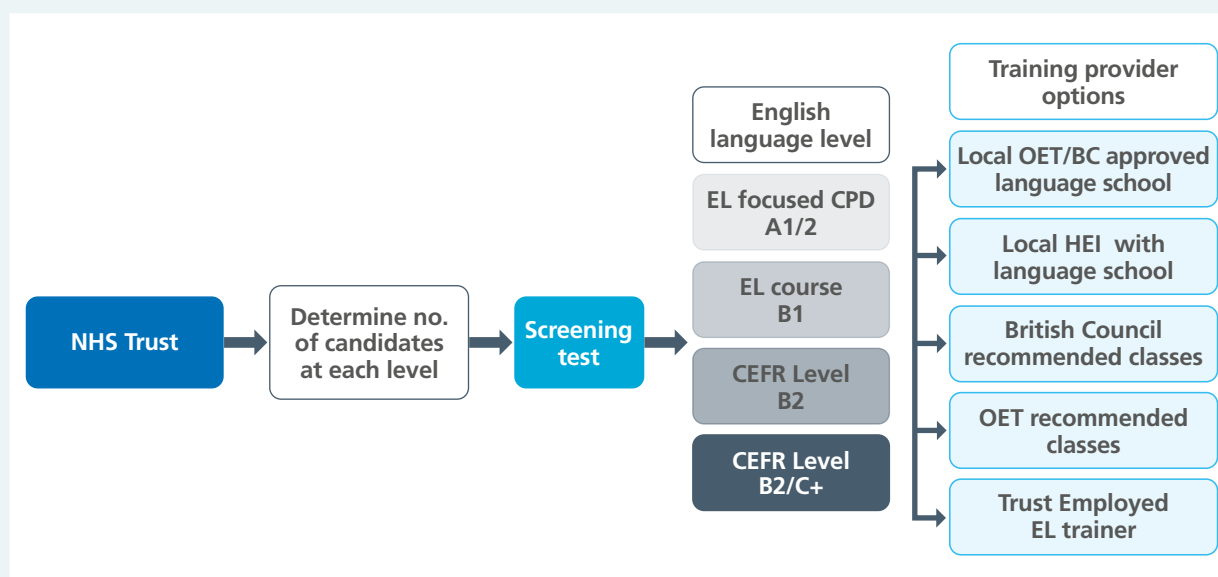
Appendix Item 6: Trust Feedback Summary

Trust feedback was sought throughout the project via quarterly trust surveys, in addition two discrete mechanisms for trust feedback: (1) a Project Learning Survey distributed alongside trust survey four and (2) trust case study interviews. Summaries of each of these feedback exercises are provided below.

Trust Feedback – Project Learning Survey

During trust survey four data collection, we asked trusts for feedback on their involvement in the UKOTN project. This is because, at this stage the project had been in operation for over a year, meaning that most trusts would be well placed to offer project learning from a trust perspective. The survey invited trusts to reflect on:

- **Challenges:** The challenges trusts faced in supporting candidates to undertake English language training.

- **Support:** How trusts could be better supported by HEE to support UKOTNs to undertake English language training.

- **Added Value:** Whether English language training would have been provided without HEE funding.

Trusts were able to provide free text responses to each of the questions above, which were analysed thematically. Key themes are presented below.

Challenges faced by trusts

Participating trusts were invited to report the main challenges faced in supporting UKOTN English language training, for which a total of 179 individual comments were provided. Figure 13 presents the types of challenges trusts reported, with further context on the themes raised relating to these challenges available in Table 9 and discussed below.

Figure 13: Types of challenge reported by trusts
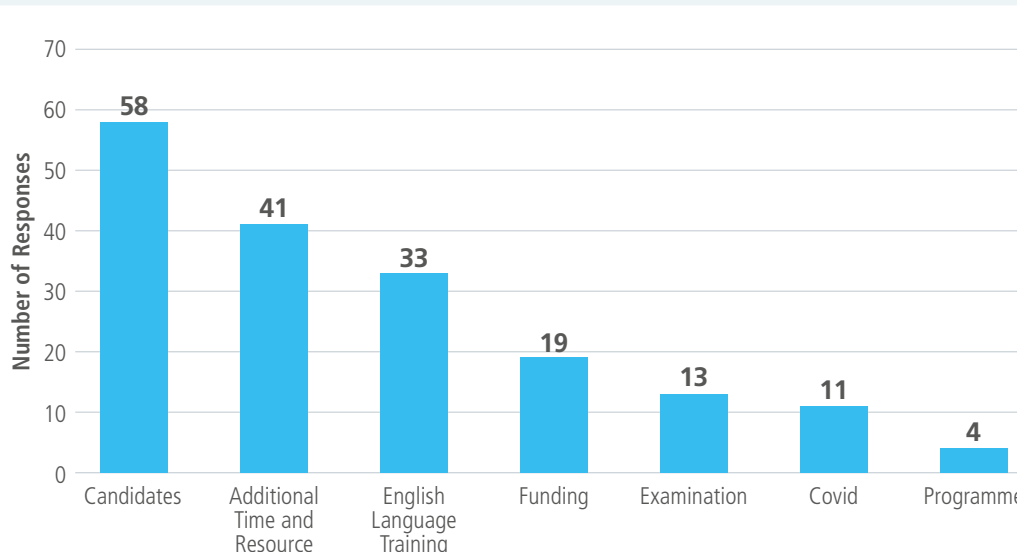
These show that the challenges relating to candidates were the most reported challenge (N=58). Specifically, their engagement with English language training (N=43) and level of English language proficiency when starting training (N=15) were cited. Candidates were reported to have struggled to balance work, study, and home/family commitments. Relatedly, time and resource to both enable and support staff to engage in training was another common challenge (N=41), which we are aware resulted in trusts requiring candidates to undertake training in their own time, likely further exacerbating pressures placed on candidates.

Moreover, challenges associated with the English language training procured by trusts were also reported (N=33). Most commonly this referred to the appropriateness of the training provided, in terms of the flexibility of start dates and the frequency of training (i.e., weekly delivery).

Trusts also faced challenges related to project funding (N=19). Of these, most (N=13) cited that additional funding was often needed to cover costs incurred by supporting English language training and/or examinations (including retakes). A smaller number of responses (N=6) reported difficulties associated with procurement processes, understanding the allocation of funding and the short timeframe imposed for project activities.

In addition, the process of booking English language examinations was cited in 13 responses, with challenges associated with the payment process, the availability of examinations, and accessibility of results. In some cases, trusts stated that OET was not aware of the HEE-discount available to trusts as part of this project.

Many of the challenges already discussed were likely exacerbated by covid-related difficulties that were reported by trusts (N=11). These included pressures associated with reduced staffing capacity, the implications of restrictions imposed, and covid-related sickness.

Table 9: Types of challenge, including themes, reported by trusts

Challenges	Themes	Number of Responses
Candidates	Engagement	43
	Starting proficiency	15
Time & Resource	Releasing Staff	26
	Admin & Support to Project/Candidates	15
English Language Training	Appropriateness	16
	Training duration and expectations	9
	Sourcing provider	6
	Capacity	2
Funding	Additional Funding needed	13
	Funding Access/Process	6
Examinations	Payment Process	6
	Booking availability	4
	Result Access	3
Covid-related	Capacity/Restrictions	7
	Sickness	4
Other	Timing	2
	Enrolment	1
	Exit Strategy	1
Total		179

Note: A total of 179 individual challenges were reported by trusts.

Further Support Suggested by Trusts

A total of 92 individual responses related to additional forms of support were suggested by trusts involved in this project (Table 10).

Table 10: Areas where trusts felt further support could be provided to enable support of UKOTNs

Support Type		Number of Responses
Funding	All	28
	More funding	24
	Other	4
Additional materials		11
Data return		11
Centrally organised provision		9
Improve enrolment process		7
Information on local providers		7
Share best practice		3
Other		15

Note: A total of 92 suggestions were provided by trusts. Some trusts which responded provided more than one suggestion, each of which was counted as an individual response.

The most common area of additional support suggested by trusts related to funding (N=28), with the majority of these suggestions referring to the need for more funding to support each candidate's English language learning and examination costs. This additional funding would be spent by trusts to cover staff backfill costs, provide additional training and examinations required by candidates, recruit dedicated staff costs at trusts, and fund baseline screening assessments. This is consistent with prior data collected from trusts relating to the level of additional spending required to supplement Strand C funding and the focus of this spending being role cover and additional training and examination costs.

A number of other suggestions related to the organisation of English language training and examination provided to candidates. There were comments indicating a desire for additional materials to support learning (N=11) from HEE, and centrally organised provision by HEE onto which trusts could enrol candidates (N=9). A number of comments (N=7) also noted that provision of information on local providers of English language training and examinations by HEE would have been of assistance to trusts.

There were also requests from trusts to ensure that data returns were improved (N=11), such as by improving the usability of the data return surveys sent to trusts. Some trusts also suggested that the enrolment process should be changed (N=7), for example to allow for new UKOTNs who would benefit from English language training to enrol and to better communicate allocation of funding when candidates are enrolled.

Lastly, three trusts suggested that creating space for trusts to share best practice and experiences of working on the project would be of benefit.

Impact of Funding

Of 63 responding trusts, the majority (59%) indicated that funding for English language training would not have been provided without Strand C funding (Table 11). Only a quarter (25%) of trusts reported that there were existing plans to support English language development opportunities for UKOTNs, with a further 16% unsure of the viability of providing funding not associated with this project.

Table 11: Whether trusts would have provided funding for English Language training without project funding

	N of Responding Trusts	% of Responding Trusts*
Yes	16	25
No	37	59
Unsure	10	16

Sample: 63 trusts. These trusts are those which provided responses to the following question as part of this data return: "Would English language training have been provided to this candidate without Strand C funding provided by HEE?".

*Percentages have been rounded and may not equal 100.

The added value provided by this project is demonstrated in the following feedback provided by a participating trust:

> " Prior to the funding we were not able to provide the tuition required. It would not have been supported in the way it is… HEE gave us the structure and funding to identify and support appropriate candidates which resulted in our nurses reaching OSCE in a timely controlled fashion."

Thus, without Strand C funding, a significant number of UKOTNs involved in this project would not have received English language training and support.

UKOTN Trusts Interviews Thematic Analysis

Between June 2022 and August 2022 all partner NHS trusts were invited to participate in case study interviews to inform the project evaluation, share learning, and offer feedback on HEE support and project delivery. A total of eight semi-structured interviews[15] were conducted and data collected was thematically analysed, with the following themes summarised below:

- **Rational for joining the project**
- **Factors cited for low examination results**
- **Factors cited for high examination results**
- **Expectations**
- **Recommendations for future work**

---

[15] To aid the reader, a summary is provided for each theme by using sub-themes to structure the discussion. Representative quotations for each theme are included and italicised. Spelling mistakes and sentence structure have been edited in places to aid understanding. Quotations are placed within speech marks where included within a written passage.

Rationale for joining the project

Sub-theme 1: Moral justification

All eight trusts indicated the primary reason for participating in the UKOTN project was to increase the trusts' workforce by investing in internationally trained nurses at the respective trust and supporting them into trust nurse vacancies. As one trust highlighted:

> " There are so many internationally educated nurses who are engaged with the NHS. They work here for that many years, some of them more than 20 years. So we spend so much money to recruit nurses from overseas, why not train this staff? Who work here? And we know that they're committed, and they work quite well. They're engaged with the team and they're very valuable team members. "

In turn, the majority of trusts indicated taking part in the UKOTN project enabled investment directly into staff who they felt had contributed to their trust over a significant number of years. For example, one response emphasised:

> " We just wanted to be developing our staff as well, so they felt that we were investing in them too. "

Interviewees explained how the majority of OTNs within selected trusts had worked as HCAs or similar roles for between 5-20 years. Therefore, trusts valued their OTNs as "trustworthy, hardworking and reliable" individuals who could become a valuable addition to their workforce once they complete their English language examinations.

Sub-theme 2: Funding

Some trusts implied they had previously been interested in supporting OTNs with their English language exams, however funding constraints prevented them from doing so. The project thus provided the most "cost effective way to get nurses in", or as another trust stated:

> " Every nurse counts. So... it was just a no brainer. Plus, it was at no cost to them. "

Aside from funding, trusts identified a variety of challenges that prevented OTNs from passing their exams independently in the past, including the difficulty of the process, a lack of personal funds, interest, support, and the risk of being duped by English language tutors. This is demonstrated in the following excerpt:

> " Some of them have actually tried to navigate the system but they were navigating it being supported by people who actually wanted to take advantage of their situation."

Overall, trusts indicated that HEE's funding was critical in providing their OTNs with the opportunity to take an English language course. However, trusts expressed that the funding was insufficient for full success for all their OTNs, if additional exams, support, or pastoral support is considered.

Factors cited for low examination results

Sub-theme 1: OTN lifestyle challenges

Project managers referenced individualised factors more frequently than systemic factors on OTNs' examination results, regardless of how well or poorly they performed. Low test scores were frequently attributed to OTNs' personal lifestyles, such as a lack of a healthy work-life balance or a lack of time to devote to studying, or character, such as showing tenacity and dedication, rather than the potential ripple effects of ineffectively organised additional support, incorrect selection of English language tests, or inadequate identification of how much external support some OTNs would require. Passing was attributed to individual aptitude and commitment to succeeding in exams. For example, one trust explained:

> " I think it's motivation. If there were motivated people anyway, they'd probably have done it years ago."

Motivation, or the lack of motivation from candidates, was frequently mentioned as a reason for poor scores, whereas factors external to the candidate, such as trust management of the project and insufficient support was not mentioned as frequently. This was despite the common lack of clear project organisation, support, and pathways for the OTNs on the project.

While some trusts recognised the need for additional measures to enable a better work-life balance, including a reduction in clinical hours or providing paid class time (i.e., release from clinical duties), on-site library services, and buddy systems for collaborative learning, it was still phrased as the responsibility of OTNs to navigate.

However, the unsuitability of the course chosen by project managers – many students were said to prefer OET over IELTS, which adversely affected their results – was a possible systemic explanation that may have contributed to low scores.

Additional factors cited for OTNs' low English language scores were poor health (e.g., due to COVID or other sicknesses), pregnancy, and personal life changes, such as moving from the trust or a change in career goal.

Sub-theme 2: Organisational difficulties

Some project managers admitted their selection process was not sufficiently thorough for OTNs selected for the project. Examples include:

> " We didn't detail… heavy criteria, what we did was invited anyone that wanted, that was interested in the program."
>
> I don't think we have a selection criteria where we were going to discount anyone, but I think [the] selection criteria is mainly we want to have a conversation with people."

Responses show the selection process for OTNs required a more thorough assessment of their eligibility, such as determining whether they had recently passed nursing examinations in their home countries, or an assessment of their English language proficiency, such as using an accredited baseline screening test (BST).

Another aspect that was uncommonly considered have been considered was the requirement for thorough support for OTNs who are learning English but whose first language is from a different language family, which may possibly lead to differential learning experiences and difficulties faced across OTNs.

HEE's funding was primarily used to support a variety of strands of English language training and one single examination attempt. In some cases, retakes were funded by trusts, with some trusts using funding provided for withdrawn candidates to fund further examination attempts.

Some project managers did acknowledge the funding was sufficient to test this project and potentially increase their workforce. However, trusts with additional funding (e.g., trust economic investment) noted the necessity for more funding for retakes, additional resources and additional classes to maximise the chance of success.

Factors cited for high examination results

Sub-theme 1: Determination

Project managers who expressed satisfaction with the perceived high OTN scores at their trust claimed that the OTNs' "determination" and "need to be committed through the entire process" led to success.

OTNs' commitment and determination were described through their ability to spend more time studying, attempting to test independently, and looking for additional resources for themselves.

One trust explained their success was partly attributed to:

> " First and foremost the dedication from the candidate. They have to be dedicated. They have to be focused. They have to believe in themselves… For this process they need a lot of nurturing, let's say. And I keep in contact with them, if not like once a week at least and check in with them, how they're doing, making sure that I monitor their attendance. I found that sometimes they need a push, let's say."

The attitudes and behaviours of OTNs, as opposed to non-individual factors, were used to explain the potential for an OTN passing at the required proficiency level as much as the explanations for low scores.

Sub-theme 2: High levels of pastoral support

The following pastoral support measures were taken by trusts who achieved higher pass rates:

- Additional pastoral support measures such as a buddy system with nurses who passed the test.
- WhatsApp groups and support groups with other students to improve proficiency through conversations.
- Library resources or requested library resources to provide additional study resources.
- Dedicated resources created by project managers to aid development.
- A reduction in clinical hours with paid staff to cover.

One trust indicated that their discussions about what would happen to OTNs if they passed their English language courses incentivised OTNs to work harder to pass their exams.

For example, project managers may have offered information and support regarding:

> Time, potential timeline ahead of them, what they need to do... What kind of support they will need from the trust, and we discussed the possibilities of employment once they complete the course."

Other comments suggested that the pastoral support provided by project managers may have influenced OTNs because they were able to track down absences or lateness, discuss queries, and encourage OTNs, which may have impacted their engagement and eventual examination result.

Expectations

Some project managers identified the disparity between senior managers in contrast to themselves regarding what resembled success in this project (i.e., expectations of pass rates). They suggested senior leads' expectations for higher pass rates did not consider the range of potential obstructions OTNs faced, such as examination nerves, difficulty to study outside allocated time (if provided), difficulty adjusting to language difference, disappointment due to repeated unsuccessful examinations, and difficulty balancing their work duties and personal life. This is illustrated below:

> Probably my seniors who didn't have a realistic picture of this... They thought everybody should pass and everybody should get through. But seeing the struggles and talking to the now LEL project manager, you know, this is not an easy program. This is not an easy task, and it is quite difficult...."

On the other hand, project managers were able to manage their own expectations based upon the reality of the OTNs' commitments and performance as the project progressed, as they witnessed first-hand the difficulties OTNs encountered. As one trust highlights the many obstacles faced such as:

> " Working full time, they've all got families. To get that many [candidates] I think [that's] quite incredible and…. it makes, you know, such a big difference to their workplace. […] We've watched the progress over the last two years, then… they (senior management) kind of got a reality check on how difficult it is."

This statement resonates with sentiments expressed in other interviews that, despite difficulties, OTNs passing their exams was still a significant accomplishment considering the difficulties encountered by OTNs. This is particularly relevant in light of the project taking place during the COVID-19 pandemic.

Recommendations for future work

Designated project manager role at trusts

A small number of project managers suggested they were given this project and expected to manage it alongside their existing role, rather than hired specifically for this project. Thus, they juggled the project alongside additional job duties, which some interviewees suggested led to problems emerging. As one trust noted:

> " I was given this project by our previous deputy Chief nurse, who kind of just landed it on my desk and went, do it. No background, no real understanding. I didn't understand how we had sourced the staff on it. So, it was all a bit of a mess right from the beginning."

This excerpt is indicative of a recommendation repeatedly noted by interviewed trust representatives, which was the need for a designated staff member to work on the project. This would ensure that specialised focus is given to support OTNs to maximise their learning experience and chance of examination success.

Additional HEE support, funding & resources

Trusts also requested additional support and information from HEE to find suitable courses, materials or resources before the start of the project. This would have assisted project managers to be more prepared to support OTNs and would have avoided delays to OTNs starting their English language training.

The suggestions made by trust representatives for additional funding centred on necessary learning tools, examination fees, and additional remote classes to aid development of all students, especially those with a lower proficiency level. Furthermore, a funding level was desired that could also extend beyond English language training only:

> "Funding to support them during the whole process and not only for the English language exams."

Others indicated that additional funding to help support release from clinical duties via providing temporary staff may have been more beneficial to trusts who could not afford this themselves.

Entry requirements

Alongside this, it was frequently mentioned that there should be "emphasis on [..] selection" by selecting OTNs with a higher English language proficiency to reduce the necessity for retaking the exam. However, a stricter selection procedure would set higher entry standards, potentially eliminating too many candidates for future projects and limiting overall impact.

Another trust highlighted that some OTNs may have earned their initial nursing qualifications overseas decades ago. Thus, more comprehensive screening during the application and enrolment stage was recommended. This would ensure that funded candidates were those which possessed the necessary skills and experience to obtain NMC registration.

Broadening training

Others suggested that the reading and writing components were common points of difficulty when assessing individual results. Hence, interviewees indicated that an additional focus on these areas would benefit OTNs. Related to the noted difficulty observed in the reading component, a recommendation suggested by one interviewee was to provide support for OTNs to read clinical notes while on shift. This could help further develop their English language skills in content which is occupationally relevant and more likely to be tested in the OET examination. This is illustrated in the following excerpt:

> "I think the candidates were going to college to learn something, but they were not given an opportunity... when they are in the clinical area."

Setting Clear Expectations

Clear communication to set realistic goals for OTNs regarding training requirements and chances of examination success was noted as an important learning for trusts. Areas where clear communication is necessary included but is not limited to:

- The offer of employment after their course finishes.
- The number of exams OTNs would realistically need to take.
- The level of commitment expected of OTNs'.
- A trajectory of the OTNs pathway where they are successful.

Appendix Item 7: OTN Survey Three Summary

Smart Survey three garnered responses from 324 candidates. Candidate survey three asked a number of questions.

A number of satisfaction statements were asked of candidates to gauge (a) the level of satisfaction with the English language training, (b) the level of support received, and (c) how English language training received has impacted on candidates on a personal and professional level. Data, presented in Figures 14-21 indicate:

- **English Language Ability Improvement:** Most (79%) candidates agree or strongly agree that their English language language ability has improved during the English language training received, with only 4% in disagreement (Figure 14). 17% of candidates neither agreed nor disagreed.

- **Confidence in Communicating:** Most (81%) candidates agree or strongly agreed that they are more confident communicating with patients following their English language training (Figure 15), with only 5% of candidates disagreeing to any extent. 14% of candidates neither agreed nor disagreed.

- **Sense of Belonging:** Most (73%) candidates agreed or strongly agreed that they felt a greater sense of belong with one's multi-disciplinary team after improving their English language skills via Strand C funding training (Figure 16). Only 4% disagree or strongly disagree and 22% neither agree nor disagree that their English language training had influenced their relationship with their multi-disciplinary team.

- **Feeling Valued:** Most (83%) candidates felt valued for the job they do because of the investment made in their English language training, with 15% neither agreeing or disagreeing, and 3% disagreeing with this statement (Figure 17).

- **Support Satisfaction:** Most (78%) candidates felt satisfied with the support received from their respective trust. Also, 6% were not satisfied with support received and a further 16% neither agreed nor disagreed with the statement (Figure 18).

- **Quality:** Most (74%) candidates felt the English language programme undertaken as a consequence of Strand C funding was of a high-quality (Figure 19). Only 5% disagreed that their English language programme was of a high-quality, with slightly over one-in-five (21%) neither agreeing or disagreeing with the statement.

- **Training Recommendation:** Most (83%) candidates would recommend the English language training programme to a peer. Only 4% did not disagreed that they would recommend the English language training programme to a peer, with 14% neither agreeing nor disagreeing with the statement (Figure 20).

- **Significance of Funding:** Most (67%) agreed that without Strand C funding, they would not have participated in English language training to join the NMC register (Figure 21). One-in-five (20%) neither agreed or disagreed with the statement and 13% disagreed that without this funding, they would not have participated in English language training to join the NMC register.
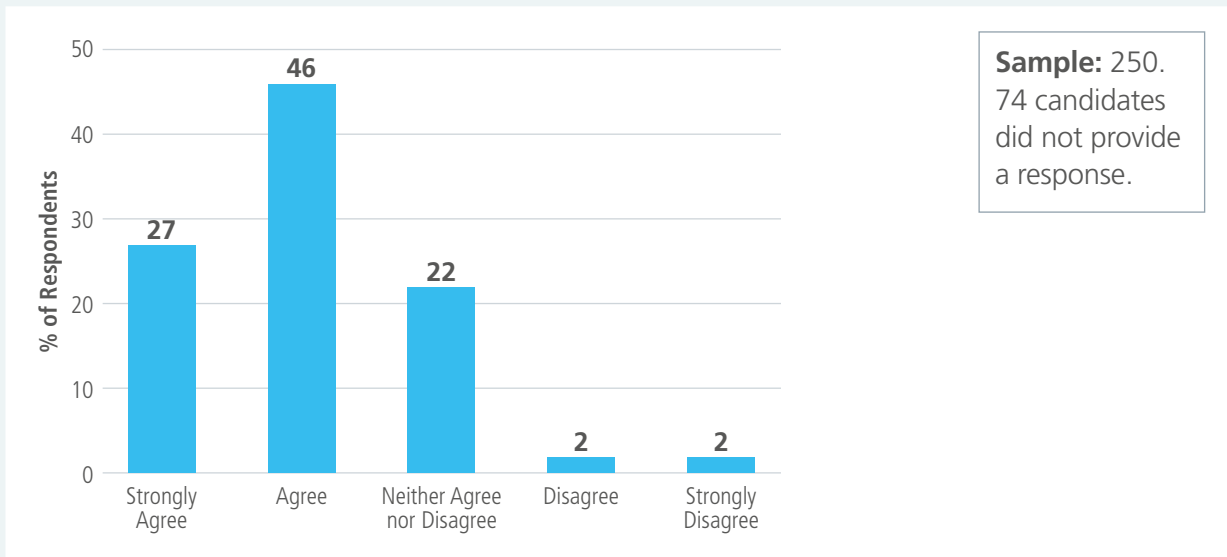
Figure 14: Whether responding candidates felt 'my English language ability has improved over the English language course duration'

**Sample:** 253. 71 candidates did not provide a response.
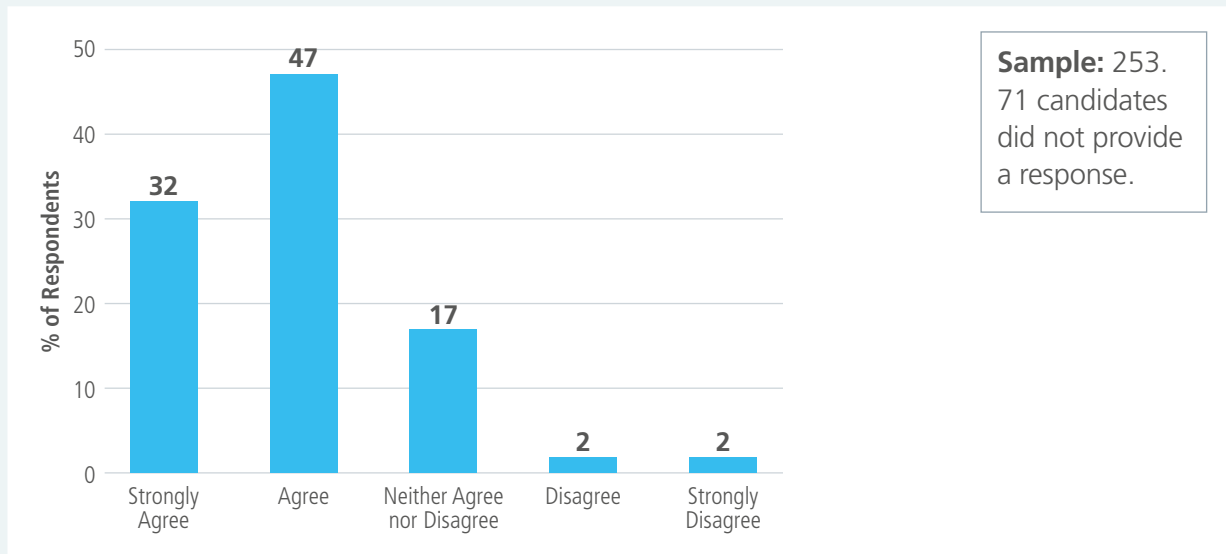
Figure 15: Whether responding candidates felt 'more confident in communicating with my patients after participating in this English language programme'


Sample: 252. 72 candidates did not provide a response.
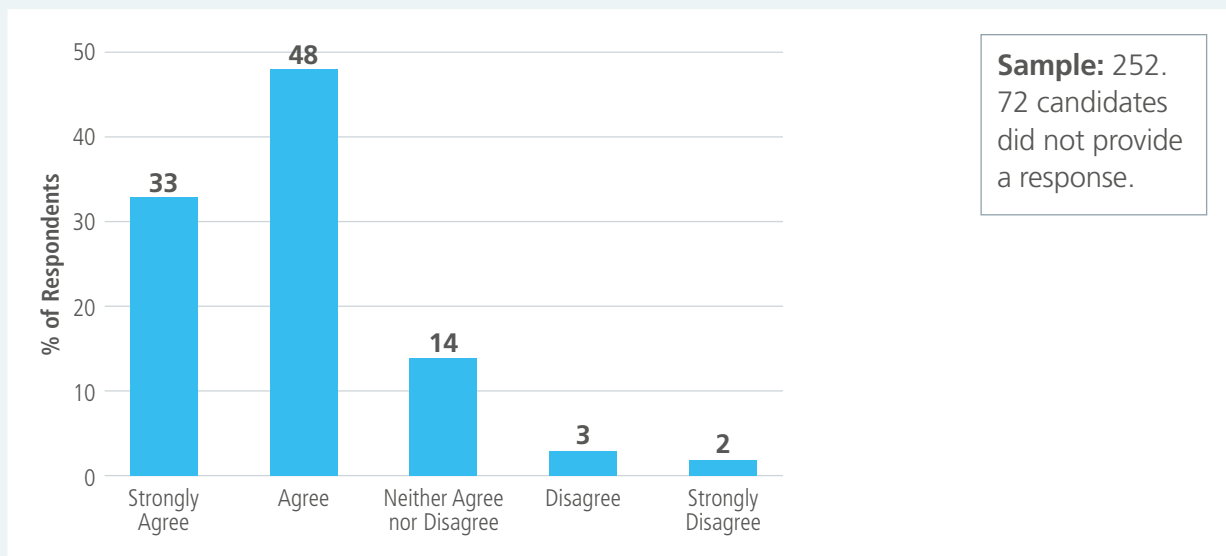
Figure 16: Whether responding candidates felt 'a great sense of belonging with my multi-disciplinary team after improving my English language skills on this programme'


Sample: 250. 74 candidates did not provide a response.

Figure 17: Whether responding candidates felt 'the investment made in my English language training makes me feel valued for the job I do'

**Sample:** 246. 78 candidates did not provide a response.
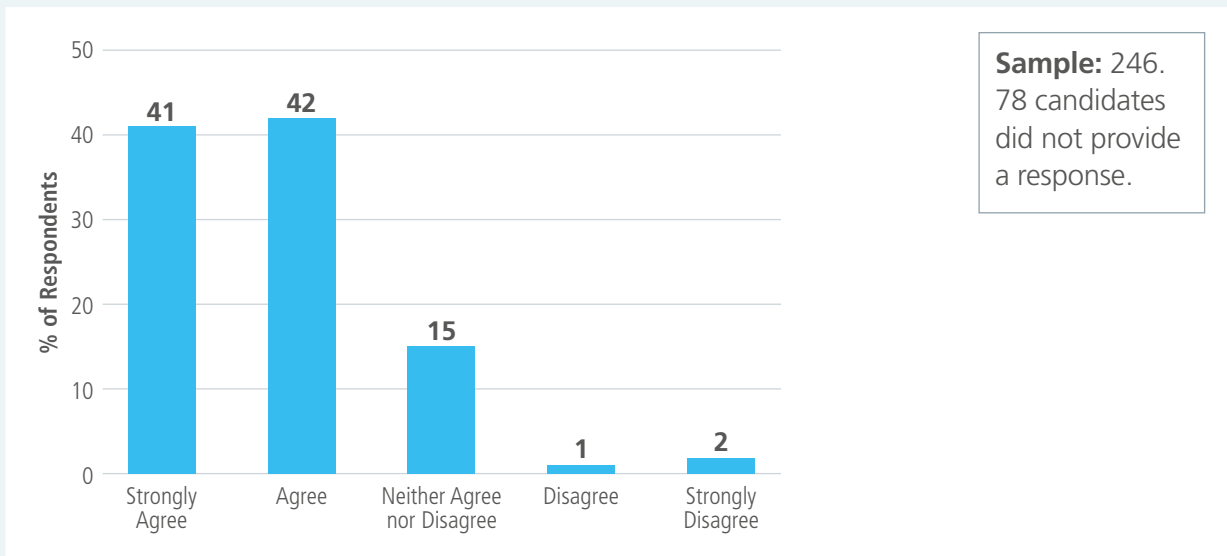
Figure 18: Whether responding candidates felt 'satisfied with the support I have received from my trust during the English language programme'

Sample: 245. 79 candidates did not provide a response.
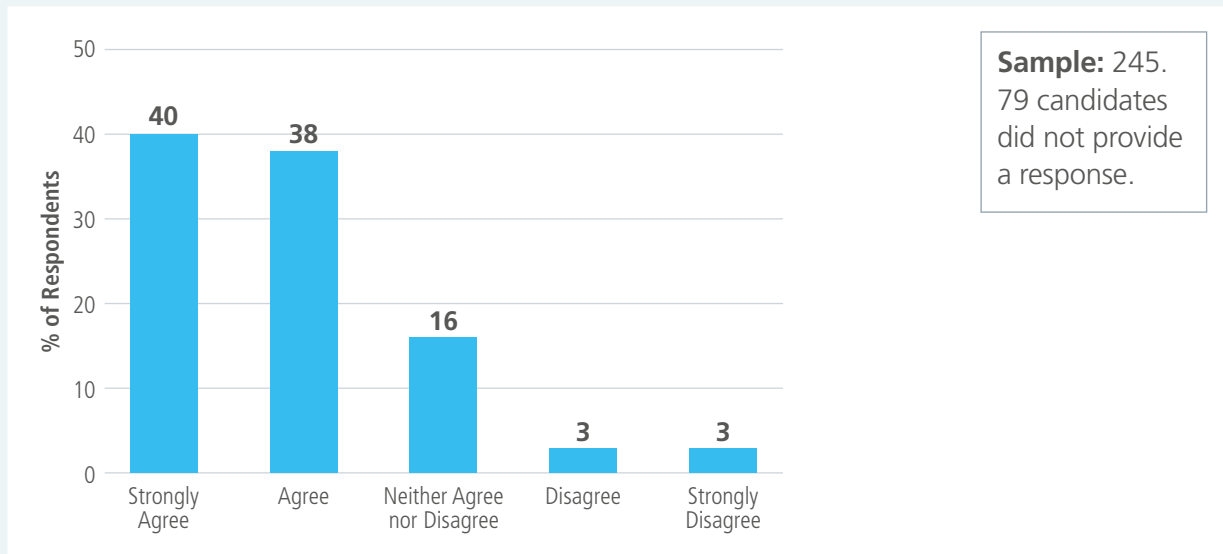
Figure 19: Whether responding candidates felt 'my English language programme was of high-quality'

Sample: 245. 79 candidates did not provide a response.
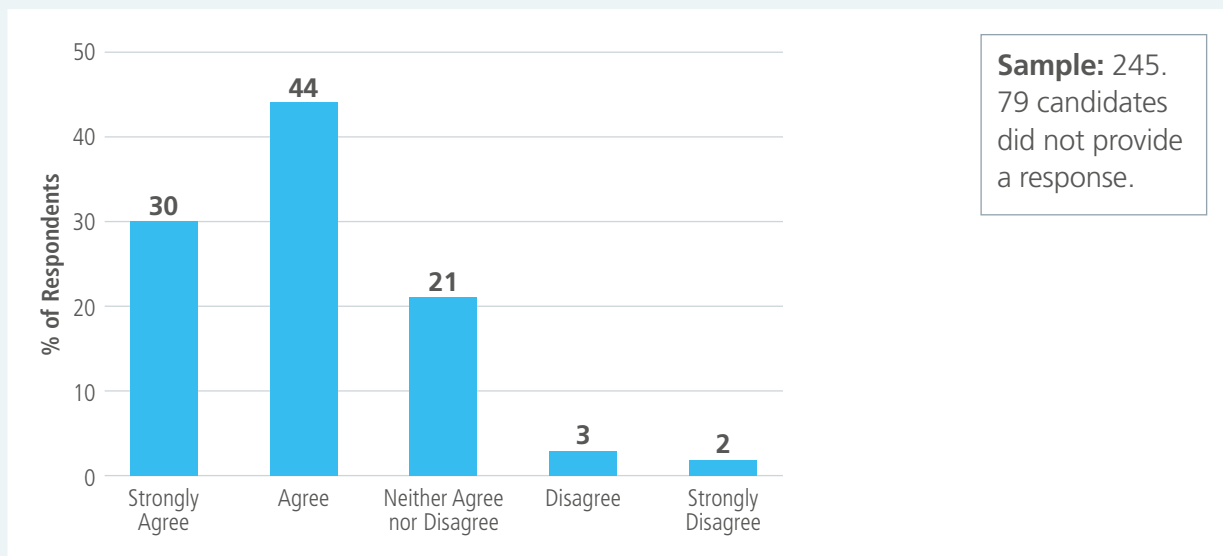
Figure 20: Whether responding candidate 'would recommend the English language training programme to a peer'

Sample: 244. 80 candidates did not provide a response.
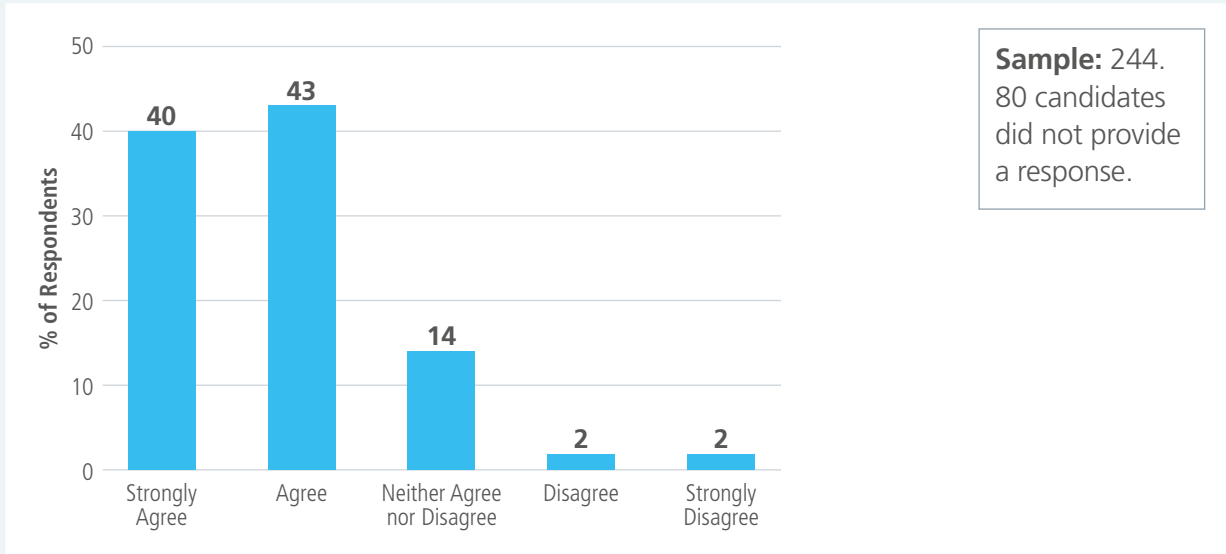
Figure 21: Whether responding candidate felt 'without this funding, I would not have participated in English language training to join the NMC register'

Sample: 241. 83 candidates did not provide a response.