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What do employers think their role is in ensuring language proficiency of internationally trained pharmacists (ITPs)

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Internationally trained pharmacist; Employer; Pharmacy, Patient safety, communicative proficiency

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Dr. Zainab Ziaei, the author of the paper, was a PhD student at Manchester University. She designed the project, collected and analysed the data during her PhD research. Prof. Karen Hassell and Dr. Ellen I. Schafheutle, co-authors of the paper, supervised the project, guided with the design of the study and validated the analysis. All authors had complete access to the study data which support this publication.

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1 **ABSTRACT**

2 **Objectives:** Until 2016, internationally trained pharmacists (ITPs) from the European Economic
3 Area (EEA) did not need to prove sufficient language proficiency to the pharmacy regulator
4 upon registration. Pharmacists themselves have a professional responsibility to ensure they can
5 communicate and work effectively, but some responsibility also rests with employers, yet very
6 little research has explored this. The aim of this study was to explore employer views of the
7 communicative proficiency of ITPs whose first language was not English, their role as
8 employers, and potential implications for patient safety. **Methods:** Semi-structured, telephone
9 interviews were conducted with seven community and two hospital employers with experience
10 of employing EEA pharmacists, between May and July 2010. Verbatim interview transcripts
11 were coded and analysed in NVivo using the framework approach. **Key findings:** All
12 participants mentioned the importance of having processes in place to assure EEA pharmacists'
13 linguistic competency in the workplace. During recruitment, different strategies were used to
14 assure language competency. Some employers only conducted interviews while others required
15 candidates to pass English language assessments. Participants were most familiar with the
16 International English Language Testing System (IELTS), which was described as too general
17 and not unique to pharmacy. Other pharmacy specific tests such as the University of Bath
18 English Language Test and Linguarama English Assessment Test for Pharmacists were
19 alternatives. **Conclusions:** Currently, there is no one standard procedure in place to check the
20 communicative competency of EEA pharmacists. The findings from this study suggest that there
21 is need to establish a uniform assessment system so all the EEA pharmacists could be tested
22 justly and consistently.

Introduction

During the last decade, internationally trained healthcare professionals have been recruited to public and private healthcare providers to alleviate manpower shortages.¹⁻⁸ They are either ‘actively recruited,’ where employers or agencies actively seek internationally trained healthcare professionals to fill shortages, or they themselves drive the move, registration and work.⁸ In pharmacy in Great Britain (GB – England, Scotland and Wales), the proportion of internationally trained pharmacists (ITPs) has risen from 10.1% in 2004 to 11.8% in 2011.⁷ Whilst a great deal of research has been undertaken on internationally trained doctors (ITDs) and nurses (ITNs), less is known about internationally trained pharmacists (ITPs).⁹⁻¹⁸ It is known that internationally trained healthcare professionals, including pharmacists, face numerous challenges in their adaptation process into the host health care system.¹⁰⁻¹⁸ Where English is a foreign language, the literature on ITNs and ITDs has identified language and communication barriers as a root cause for issues related to adaptation and integration of these healthcare professionals into the workforce, with some studies raising the potential impact of communication problems on patient safety and quality of care.¹⁹⁻²⁵

Only one qualitative study undertaken in GB has explored communicative proficiency of ITPs and its potential impact on patient safety.²⁰ This study showed that, besides inadequate oral proficiency in English, different dialects, use of idioms and colloquial language could cause difficulties to ITPs. Limited knowledge about the cultural norms, which are closely related to verbal and non-verbal communication, also caused difficulties.²⁰

In GB, ITPs who join from outside the European Economic Area (EEA) need to undergo language testing in the form of achieving level seven in every category of the International

English Language Testing System (IELTS).^{26,27} Initially designed to assess English language skills for admission to programmes of academic study, the IELTS has now been adopted by a number of healthcare regulatory bodies as a reliable means to test English language skills for the workplace.^{28;29} However, Austin and Galli have argued that examinations such as IELTS do not sufficiently capture pharmacists' communication related deficiencies.³⁰ These findings were supported by Xu who believed one of the limitations of these standardised tests is their inability to assess the socio-cultural dimension of language.³¹ To overcome these barriers, pharmacy specific tests such as the University of Bath English Language Test (UBELT) and the Linguarama English Assessment Test for Pharmacists have been used by some employers.^{32;33}

To date, the General Pharmaceutical Council (GPhC), the pharmacy regulator in GB, is currently not able to test the language skills of EEA pharmacists applying for registration.³⁴ However, whilst healthcare regulators, including the GPhC, were given the power to ask for evidence of English language competence, proposals have been consulted on but not yet implemented.^{35;36} Nevertheless, pharmacists have, under the Standards of Conduct, Ethics and Performance a professional responsibility to ensure that they – and everyone they are responsible for – have “sufficient language proficiency to communicate and work effectively with colleagues.”³⁴ Some onus is thus on employers to ensure that pharmacists have sufficient technical and linguistic skills to perform their job safely.³²

In 2009, the Royal Pharmaceutical Society of Great Britain (RPSGB), the previous pharmacy regulator, conducted an online survey of 1500 pharmacy employers investigating issues relating to English language abilities of pharmacists working in GB (response rate 11%). Sixty-three percent of respondents disclosed that language testing of EEA job applicants was not routinely undertaken and 40% had experienced problems with employees' grasp of English, such as

difficulties talking to patients and colleagues, problems understanding standard operating procedures and difficulty with reading prescriptions.^{32;37;38} The survey also revealed that 55% of pharmacy employers were unaware of the restrictions that prohibited the regulator from testing the language proficiency of EEA applicants.^{32;37} Besides this survey, little is known about employers' views and experiences of the communicative proficiency of ITPs whose first language was not English, their role as employers, and potential implications for patient safety. This study aimed to address this.

Methods

Semi-structured telephone interviews were conducted with a purposively selected sample of community and hospital employers, with directors of human resources (HR), superintendent pharmacists and area managers in community pharmacy and chief pharmacists in hospitals identified as those holding responsibility for staff and high quality and ethical provision of pharmacy services within their organisation.^{39;40} Twenty individuals who had in the past employed, or were currently employing EEA pharmacists, working in a selection of small, medium and large community pharmacy chains, and university teaching/district general hospitals were identified and recruited via personal networks and snowball sampling. Participants' eligibility, ie if they either currently or in the past employed EEA pharmacists was further confirmed when they expressed interest in study participation.

These twenty individuals in the NorthWest of England were contacted via email, containing an invitation letter and information sheet, followed by a reminder after 10–14 days. Individuals who replied were emailed a consent form, which they were asked to complete, sign and return.

Considerable efforts were made to recruit a sufficiently large number of interviewees; indeed, contact was made with a total of twenty individuals in eight organisations.

The study obtained National Research Ethics Service and University ethics approval.

A broad ranging interview guide was devised based on published literature.^{30;32;37;41-43}

Interviews began by exploring how participants had started recruiting ITPs; whether employers undertook language testing prior to ITPs starting work in their organisation; if they provided any training for ITPs; and what barriers they faced in identifying poor communication. Using examples of complaints or incidents, identified by interviewees involving ITPs due to communication issues, it was discussed how employers managed poor communication. Finally, participants were asked about the employers' responsibility when recruiting ITPs.

Interviews were conducted between May and July 2010. Interviews were audio-recorded, transcribed verbatim, coded and analysed in Nvivo 8 using the framework approach.⁴⁴ This approach allows themes and categories to be set from the beginning based on the research questions and the available literature but also allows for categories and themes to emerge from the data themselves.⁴⁴

Results

Of the twenty individuals approached, nine interviews were conducted with employers in community (n=7) and hospital (n=2). Further information on participants' profiles is presented in Table 1. In the table, the first two colour-coded categories contain personnel who were broadly responsible for the recruitment, placement of ITPs, course provision, induction and adaptation.

111 All but one of these were pharmacists. The area and cluster managers in the last category were
112 those most closely involved with ITPs on a day-to-day or weekly basis and who provided on-
113 going support and guidance. Interviews lasted about between 30 and 40 minutes.

114 **Recruitment process**

115 Interviewees employed ITPs following both active and passive recruitment; however, they
116 mainly talked about active recruitment, where they took a proactive role in identifying and
117 recruiting ITPs and facilitating their registration and employment. All interviewees said that the
118 recruitment of EEA pharmacists started six to seven years prior to this study:

119 *“Our first Spanish pharmacist was recruited six years ago when there was a short-fall in basic*
120 *grade pharmacists. So a number of chief pharmacists went over to Spain and did a big*
121 *recruitment event.” (E1)*

122 During the interviews, employers were asked about the recruitment process and specifically if
123 language testing of the EEA pharmacists was conducted. One hospital and one community
124 employer believed no guidelines were available from the regulator concerning language
125 proficiency of EEA pharmacists at the time when they were still actively recruiting from abroad.
126 They explicitly mentioned that testing for language proficiency was not carried out uniformly:

127 *“We did an interview with the pharmacists to look at their language...last time we went to*
128 *Poland, there wasn’t any guidance from the RPSGB...at that point we weren’t doing any formal*
129 *language testing.” (E6)*

130 All the other seven employers mentioned that, in addition to interviewing the candidate, they also
131 aimed to test language proficiency by other means. One hospital employer explained that their

132 recruitment process involved completion of an English proficiency test just before the interview
133 began:

134 *“Pharmacists had to sit an English test, written and spoken... So when they came for their*
135 *interview, we had a fair idea what their English was like.” (E3)*

136 Most employers were familiar with IELTS as a means to testing language proficiency but three
137 shared several concerns related to it:

138 *“We never used IELTS. I can’t see the benefits of doing a general test...I was also a bit*
139 *concerned because anecdotally we were hearing that people were being coached to pass it.” (E5)*

140 Two of the community employers talked about using more tailored language tests that had to be
141 completed by EEA candidates before they could join the company:

142 *“Pharmacists had to also pass a test. Our standardised test is the Linguarama because they*
143 *tailored it around the medical profession. However, we will accept certain other tests, like*
144 *IELTS.” (E8)*

145 *“We specifically choose UBELT rather than IELTS because they tailored it around the medical*
146 *profession.” (E5)*

147 When actively recruiting, interviewees described their direct involvement in the recruitment and
148 interviewing process. They interviewed in GB or the source EEA country. A combination of
149 qualifications and experience were usually sought and were explored in the interview. Detailed
150 technical questions relating to pharmacy practice were used to test EEA pharmacists’ expertise
151 and knowledge. Some employers used ‘Behaviour Interviewing’. This involved using questions
152 to explore how an applicant might deal with, or react to, a particular situation, or how they had

153 dealt with such a situation in the past.⁴⁵ Employers always emphasised that they were looking for
154 the best person for the job:

155 *“They would be asked technical questions during the interview. For example, how they would*
156 *deal with an asthmatic child who is suffering with a persistent cough?...We were looking for a*
157 *range of skills.” (E8)*

158 All employers interviewed believed that it is important that language skills of ITPs meet
159 professional standards before they can be employed. They all insisted that they had a rigorous
160 process in place to ensure their competency:

161 *“Communication is very important and pharmacists have to be able to communicate. We did our*
162 *best to make sure of that...after our adaptation programme our recruited pharmacists were ready*
163 *to practise.” (E1)*

164 **Patient safety**

165 Only one of the nine employers interviewed believed patient safety might be compromised
166 because of communication difficulty:

167 *“The main concern is that the patient would not understand what they’re (pharmacists) saying,*
168 *so they could take the tablet in a different way... So there is a possibility that the patient’s safety*
169 *could be jeopardised.” (E4)*

170 This employer went on further to describe how, besides patient safety, patient loyalty and patient
171 trust could also be affected by poor communication:

172 *“Loyalty could be affected because patients have to trust the pharmacist and if they don’t trust*
173 *him, because they don’t understand him, that could affect them coming back again.” (E4)*

174 Although patient safety was a concern that was raised by one employer, the other eight
175 participants did not have concerns over patient safety and the quality of care EEA pharmacists
176 provided:

177 *“We are confident that they (pharmacists) are able to communicate. We wouldn’t recruit them if*
178 *we didn’t believe that their language is good enough, so patient safety is not compromised.” (E8)*

179 **Employers’ responsibility towards ITPs’ language skills**

180 Employers were asked who they thought should be responsible for checking the language
181 proficiency of EEA pharmacists. Almost all (eight) interviewees believed this should be the
182 employers’ responsibility:

183 *“For me, I think it’s the employer’s responsibility because, at the end of the day, they would be*
184 *representing that particular employer.” (E2)*

185 Other employers explained that they had a duty of care to their customers and, as part of that
186 duty, they have to ensure the language proficiency of their EEA pharmacists:

187 *“As the employer, we have a duty of care to our customers and our patients and part of that duty*
188 *is to ensure that pharmacist know the language.” (E8)*

189 Only one employer believed that the regulator should have the responsibility for checking EEA
190 pharmacists’ language proficiency before registering them:

191 *“We were actually quite shocked at how easy it is to be able to register,... I think it is the*
192 *regulator’s responsibility to check the language proficiency as part of registration process.” (E1)*

A hospital employer raised a general concern about EEA pharmacists who were not employed but worked as locums,^a suggesting that this may be an area where the regulator needed to play a role:

“EEA pharmacists could come over and start locuming straight away and no one would know how good their English is. If the Society could test the language then it wouldn’t be such a worry for employers.” (E1)

Adaptation

All seven community pharmacy employers stressed that they provided adaptation programmes to actively recruited EEA pharmacists to prepare them for work in GB. The adaptation programmes varied in length but usually lasted between four to twelve weeks:

“All EEA pharmacists who we recruit from overseas must go through a minimum of eight weeks adaptation period.” (E2)

Discussion

This study presents novel qualitative insights from interviews with employers of ITPs in community and hospital settings in GB. Those interviewed were mainly talking about their experience of active recruitment of ITPs, which involved interviews and limited language testing. Not all employers were aware that, at the time, the regulator had no power to assess English language competence of EEA pharmacists, yet most saw the employer as holding some responsibility. Only one interviewee talked about a potential impact on patient safety. However,

^a a locum pharmacist is a pharmacist who temporality fulfills the duties of the permanent pharmacists.⁴⁶

interviewees acknowledged that language proficiency may be more of an issue for pharmacists who joined the register without employer involvement and recruitment.

The findings stem from a qualitative study involving just nine interviews. Recruitment of employers of ITPs proved difficult, partly due to their general busyness, but this topic may also have been considered sensitive by employers, leading to reluctance to be open about problems with ITPs they appointed or their recruitment processes. Responses from the seven community pharmacy employers were relatively homogenous, so it is likely that data saturation was reached with this group; data saturation may not have been achieved with hospital employers.⁴⁷ Nevertheless, novel, insightful themes were captured. Because interviewees were working, or had worked, directly with ITPs, this gave them good awareness of ITPs' abilities, including communication, and their standard of care. Securing interviews with pharmacist and non-pharmacist employers, who had a range of responsibilities in terms of recruiting, training, supporting and managing ITPs, was valuable. However, interviewees may not have talked about all problems they had experienced with their recruited ITPs, as this may have been perceived as showing their organisation in a poor light. These findings should be tested in a larger survey with employers in community and hospital pharmacy. Furthermore, experience with active recruitment dominated in this study, yet those entering the register independently, outside a formal recruitment and management system, may pose additional challenges.⁴⁸⁻⁵⁰

Despite recognising English as a challenge, all but one employer believed that the delivery of safe and ethical care was not compromised when their EEA recruits first entered GB practice. They believed that high standards were maintained by their rigorous recruitment and adaptation programme. All interviewees mentioned the significance of having some process in place to assure language proficiency of EEA pharmacists in the workplace; however, these processes

varied in type and rigorousness. Two employers only conducted interviews to assess proficiency, while others tested the language proficiency of EEA candidates prior to interviews using established English language assessment tools. Interviewees were most familiar with the IELTS, but some shared concerns in relation to this assessment, in particular that it could be passed despite communication problems.⁵¹ Whilst a number of healthcare regulators use IELTS as a means to English language testing for the workplace, IELTS has been described as being too general and not occupation specific, and passing it was not a good indicator of fluency in the workplace.^{26;28-30;52-54} While IELTS may be appropriate to measure language proficiency for entry to academic studies, it may not be appropriate for testing broader skills, such as those required for healthcare professionals,⁵⁵ who may require testing on occupation specific components.⁵⁶ Indeed, some community employers used the UBELT and the Linguarama English Assessment Test.^{32;33} These are pharmacy-specific language tests, with tasks designed based on an analysis of language communication needs in GB community pharmacy.^{57;58} Further study will need to establish the most appropriate tests suitable for professional pharmacy practice.

According to the GPhC standards of conduct, ethics and performance, pharmacists have a duty to ensure that they, and those employed by them, have sufficient language competence to communicate and work effectively.³⁴ Nevertheless, employers also have responsibility to ensure that staff have sufficient technical and linguistic skills to perform their job safely. Interviewees acknowledged their responsibility to ensuring patient safety, and that checking the language proficiency of their EEA recruits was part of that. In contrast, the RPSGB's survey found that 63% of employers did not routinely undertake language testing of European job applicants, despite more than a third having experienced problems with employees' grasp of English.^{32;37}

Further concerns were raised over EEA pharmacists who may register but not enter employment, such as locums, and thus not fall under any management structures. Locum pharmacists are usually self-employed, with no organisation having responsibility for identifying and managing, or sharing information on, their performance concerns, with potential patient safety implications.⁵⁹⁻⁶³

Individual pharmacy companies and the regulatory body can use the findings of this work to inform their approaches to support the recruitment and the adaptation of ITPs in GB. Employers in this study stated that their fundamental responsibility was to ensure patient safety and check the language proficiency of their new EEA recruits, and providing adaption programmes was a step through which this was achieved. Further research is needed to link language proficiency to clinical outcomes and patient safety, to establish if communication challenges pose a real risk to patient safety. Furthermore, future study should test the effectiveness of the recently published GPhC guidance on language testing. The findings from this and future studies could then inform the regulator's implementation to their approach to language testing.

Declarations

Conflict of interest

The author(s) declare(s) that they have no conflicts of interest to disclose.

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ID number	Sector	Employed in	Employer code	Role	Background of the interviewee	Location of interviewee
E1	Hospital	Children's NHS Trust	Hospital one	Chair of Safety Medication Practice	Pharmacist	North West of England
E3	Hospital	Mental Health Trust	Hospital two	Training and Education Pharmacist	Pharmacist	North West of England
E6	Community	Medium chain	Company one	Business Development Manager	Pharmacist	Head office
E5	Community	Supermarket chain	Company two	Pharmacy Training Officer	Pharmacist	Head office
E8	Community	National chain	Company three	UK Resourcing Officer	Non-pharmacist	Head office
E9	Community	Medium chain	Company one	Operation Manager	Pharmacist	Head office
E7	Community	National chain	Company four	Area Pharmacy Manager	Pharmacist	North West of England
E2	Community	National chain	Company three	Area Pharmacy Manager	Non-pharmacist	North West of England
E4	Community	National chain	Company three	Cluster Manager	Non-pharmacist	North West of England

Table 1 - Profile of the interviewed employers