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English

The Social Impact of Tests: A Multi-Stakeholder Evaluation of Introducing the OET Test in the UK

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Please note that this report contains unedited quotes and comments and therefore linguistic errors may occur.

1 Introduction

Nursing shortages in the UK are well-documented and have been described as the single biggest challenge facing the National Health Service (NHS)¹. Low nursing staffing has been associated with a number of issues, including increased risk of death in hospitals (Griffiths et al., 2019), which further underscores the urgency of addressing this issue. As recognised in the NHS Long Term Plan², recruiting nurses from overseas is essential to fill the gap in staff levels and to ensure patient safety.

It has also been argued that recruiting overseas nurses is more cost effective than using agency staff. According to the Nuffield Trust³, the estimated cost of recruiting an overseas nurse ranges from £10,000 to £12,000, representing a potential saving of £18,500 in agency nurse costs within the initial year. By comparison, it takes three years to train a nurse in the UK, with the costs ranging from £50,000 to £70,000. In light of these financial considerations, the Nuffield Trust's report strongly advocates for overseas recruitment as a significant contributor to meeting the short and medium-term goals of increasing nurse numbers in the UK (Palmer et al., 2021).

When recruiting healthcare professionals from overseas, it is imperative to uphold both ethical standards and prioritise patient safety (Young, 2013). As highlighted in the latest NHS data⁴, the highest percentage of written complaints (excluding clinical treatment) for 2021-2022 pertains to communication issues, accounting for 16.8% of all complaints received. A number of studies have further demonstrated that poor communication is a major factor in health care errors and medical harm, and remains a serious challenge to overcome in health care systems worldwide (Dingley et al., 2011; Noviyanti, Ahsan & Sudartya, 2021).

Given the central role of communication in the healthcare workplace, it is not surprising that the first and often most challenging hurdle that overseas nurses are expected to overcome when applying for registration with the Nursing and Midwifery Council (NMC) is proving their English language proficiency (Jalal et al., 2019). The two language tests currently accepted in the UK are the International English Language Testing System (IELTS) and the Occupational English Test (OET). Both tests assess candidates' English proficiency skills in reading, listening, writing and speaking. IELTS was designed to assess candidates' readiness for university-entry purposes and therefore focuses largely on academic English skills. OET was designed specifically to test English language proficiency within the healthcare context, with the tasks designed to replicate the kinds of communicative demands that healthcare professionals encounter in their day-to-day work, such as consultations with patients, handovers, and communicating with other healthcare professionals.

The introduction of OET as an alternative to IELTS in 2017 was welcomed by a number of stakeholders as a fairer and more appropriate option that would allow candidates to better meet registration requirements (Roberts, 2020: 21). According to NMC data⁵, the majority (████%) of nurses now submit OET scores as proof of their English language proficiency, with OET replacing IELTS as the preferred choice in 2020-2021. Given the central role that OET plays in the overseas recruitment landscape, the aim of the present study is to evaluate the impact that the test has had on its stakeholders in the UK since it was first introduced in 2017.

¹<https://www.rcn.org.uk/news-and-events/news/nursing-shortages-single-biggest-challenge-facing-the-nhs>.

² <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

³ https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1633336126_recruitment-of-nurses-lessons-briefing-web.pdf

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/2021-22-quarter-3-and-quarter-4>

⁵ Breakdown of OET and IELTS nurses by year data supplied by NMC for research purposes.

2 Literature Review

2.1 Test washback and impact

Although the terms “test washback” and “impact” are sometimes used interchangeably, they refer to different phenomena with varying scopes and implications, which will be delineated in this section. In more general terms, test washback can be defined as the effects of test preparation on learning and teaching that extend beyond the immediate test context (Hughes 2003, Green 2007, Saville & Hawkey 2004). Washback is typically categorized as either negative (harmful) or positive (beneficial). Negative washback typically occurs when a test’s content or format is based on a narrow definition of language ability, thereby constraining the teaching or learning environment. In contrast, positive washback occurs when a testing procedure encourages ‘good’ teaching practices. An example of a positive washback is when an oral proficiency test is introduced with the expectation that it will promote and enhance the teaching of speaking skills (Taylor, 2005).

The growing awareness of the consequences that tests can have beyond the classroom contributed to the introduction of the differentiation between “test washback” and “test impact”. The term “impact” is mainly used to conceptualise the far-reaching consequences of tests at the macro (social) level, such as on educational systems, employment and career progression opportunities or even life prospects, particularly when tests are used for immigration or visa purposes (Bachman & Palmer, 1996: 29).

Several models aim to merge the micro (classroom) and macro (social) perspectives of language tests. An illustrative example is the impact by design model proposed by Saville and Khalifa (2016), which advocates for an integration of the micro and macro contexts, with one informing the other. The model also makes an explicit link between test impact and actions to be taken in order to achieve the desired positive impact. The underpinnings of this model are particularly relevant to the context discussed in the current study, wherein two tests, each with distinct focus (healthcare-specific vs. academic), are intricately linked to an official policy regulating international nurses’ access to employment. This linkage further emphasises the importance of evaluating the broader impact of language assessment instruments used in the healthcare sector and the effect they have on the rest of the career trajectory of international nurses.

2.2. Previous studies on the washback and impact of the OET Test

The impact of OET was investigated in two previous studies, which are briefly reviewed in this section. Both of these studies were conducted prior to OET’s recognition in the UK and focus on the Australian context, where the test had had a longer and more established presence. Macqueen et al.’s (2013) study focused on the test itself and the test preparation process to ensure that OET functions well as a gateway to professional communication. The findings of the study revealed an overall strong congruence between the test experience and actual communication in the workplace as perceived by key test stakeholder groups (former candidates, clinical supervisors and representatives of medical and nursing boards). The individual test tasks were reported to be relevant and useful, and there was a strong perception among former candidates that the test experience had a constructive impact on their preparation for the workplace.

Despite the overall positive findings, some suggestions were made with regard to achieving an even closer alignment between the tasks used in the test and the demands of the healthcare workplace, e.g., the inclusion of interprofessional communication and management of interaction in the Speaking test. These suggestions were addressed in the latest round of OET revisions, with the updated test launched in 2018.

Similar findings were reported by Vidakovic and Khalifa (2013) who found that as an ESP test, OET had a particularly positive impact on its candidates. It was reported that OET preparation has resulted in a higher level of confidence and improvement in healthcare professionals' ability to use English effectively in their chosen profession, both according to OET candidates and test preparation providers. The major strength of OET highlighted by stakeholders, including representatives of the regulatory bodies, was its relevance for the healthcare sector in terms of content, task format, and skills/abilities assessed. The study concluded that OET's appropriateness for the healthcare context made it a good indicator of candidates' workplace readiness in terms of language proficiency, giving rise to a strong belief that preparation for OET is preparation for a healthcare workplace.

Whilst both studies report a largely positive impact of the test on its stakeholders, their findings are now somewhat outdated in light of some of the recent OET developments. Notably, OET has experienced significant growth since 2013, both in terms of candidature and its global reach, positioning itself as the sole English language test specifically designed for healthcare professionals. Furthermore, in addition to its expanded global recognition, the content of OET underwent revision in 2018 to strengthen its alignment with the evolving demands of the healthcare sector and to ensure that the test remains relevant and up-to-date. Finally, overseas nurses have emerged as the key OET test taker group, with the UK becoming one of their top destination markets. Given these substantial developments over the last ten years, there is a clear need for a new impact evaluation to be conducted to reflect the changes that have occurred.

3 Methodology

The study aims to answer one overarching research question:

→ What has been the social impact of introducing OET in the UK healthcare sector?

To answer the overarching research question, the following more targeted research questions are addressed:

RQ1. How has the introduction of OET impacted candidates' recruitment and registration journey?

RQ2. How has OET test preparation benefited candidates in their NHS clinical practice?

RQ3. What has been the most significant change for key OET stakeholders since the test was introduced in the UK?

RQ4. What would have been the outcomes if the intervention (i.e. introduction of OET) had not taken place? To what extent can the observed changes be attributed to the introduction of OET, considering the counterfactual scenario? (Causal impact assessment)

The research presented in this paper was conducted from an exploratory perspective and employed a qualitative design. Additionally, this study borrows principles and tools from social impact evaluation, namely a joint causal attribution framework model (Rogers, 2014). According to the model, the impact of the project must be re-situated within a broader eco-system with contextual factors, other projects, and/or policies. To estimate attribution, Rogers (ibid) suggest three methods: namely (1) estimating the counterfactual; (2) leveraging the consistency of the evidence; and (3) ruling out alternative hypothesis. This study mainly utilises options (1) and (2), and reinforces the attribution estimate through key stakeholder engagement, as recommended by the National Economic Foundation (2013).

A purposive sampling strategy was used in this study. The final sample size was dictated once theoretical saturation had been reached and therefore no new or relevant data was emerging, and the research questions had been answered (Corbin & Strauss, 2008).

Participants

The sample consisted of the following participants:

Stakeholder	No
Healthcare recruiters	3
Clinical educators and pastoral care providers	4
Test preparation providers	3
Candidates	9

Table 1. Stakeholders interviewed for the study.

Semi-structured interviews

The interviews were conducted between February and July 2023 and were recorded with consent from the participants. Interview responses were transcribed and anonymised by a professional transcription services company. Thereafter, the data were coded by two researchers and analysed by drawing upon the principles of thematic analysis (Braun & Clarke, 2006) using Nvivo.

4 Measuring the Baseline

Best practice in impact evaluation requires baseline measurement to be conducted prior to the start of the programme or intervention. It consists of an analysis of the current situation to identify the starting points for an intervention and setting benchmarks against which progress can be assessed or comparisons made. The purpose of baseline measurement is to provide a deeper understanding of the target group, the context in which it operates and to identifying factors that may influence the success or failure of an intervention (Kusek & Rist, 2004: 81-83).

For this impact evaluation study, baseline measurement was done retrospectively by asking key stakeholders to provide their perspective on what the situation was like before OET was introduced in the UK. Based on stakeholders' recollections, the first key defining moment was the requirement for EU healthcare professionals to take IELTS in 2016. According to recruiters, many EU healthcare professionals struggled to achieve the required IELTS scores, which prompted them to rethink the international recruitment strategy and shift their focus to countries such as India and the Philippines, where English proficiency levels have traditionally been stronger. This shift marked a crucial turning point in shaping the model of international healthcare recruitment as it is today.

However, as one of the recruiters pointed out, "IELTS always has been and still is an issue" for international nurses, even after a change in the recruitment strategy. The recruiter noted instances when nurses in the Philippines would face repeat failures on IELTS, often four or five times in a row. This prolonged struggle had a significant knock-on effect on their motivation and discouraged them from pursuing their attempts of relocating to the UK. In addition to losing their motivation, a number of candidates lost faith in the fairness of IELTS, with the test being perceived as a "money making scheme" and "the big bad wolf of the language testing". The introduction of OET in 2017 was described by healthcare recruiters, test preparation providers and NHS clinical educators as "pivotal" as well as "a defining moment for the change". At the time of its introduction, OET was perceived as an easier option, with candidates passing it quicker compared to IELTS. Although the sample did not feature any candidates who could recall the pre-OET scenario, two clinical educators, both international nurses, shared their perspectives. The educators highlighted the fact that they had no choice in selecting the language exam, with one expressing regret over the unavailability of OET at the time.

In summary, the stakeholders' retrospective baseline reporting on the pre-OET period highlights two key points. First, there was a significant lack of choice with regard to the English language proficiency tests, limiting candidates to only one option, which was not adequately fit for the healthcare context. Second, candidates faced challenges in achieving the required IELTS scores, leading to a decline in motivation and ultimately resulting in candidates giving up on their attempts to relocate to the UK. These observations further illustrate the consequences of a misalignment between the assessment and the context where it is intended to be used.

5 Results

The findings of the study are presented in relation to each corresponding research question. The implications derived from the findings are synthesised and consolidated in the Discussion and Conclusion section.

5.1. RQ1. How has the introduction of the OET Test impacted candidates' recruitment and registration journey?

The interviews with stakeholders reveal that the introduction of OET had a significant influence on several key aspects, namely candidates' test preferences, recruitment and registration timelines, and the volume of international healthcare professionals recruited into the NHS. Each of these aspects is discussed in greater detail below.

5.1.1 Test preferences

According to stakeholders, there has been a notable shift in candidates' test preferences following the introduction of OET, with a majority of nurses now opting to submit their OET scores for NMC registration purposes. From the perspective of healthcare recruiters, approximately 80% of international nurses placed in NHS trusts present OET scores. A similar trend was echoed by clinical educators, with one estimating that around 90% of international nurses in their trust had taken OET. This trend was further corroborated by another clinical educator, who revealed that out of 230 international nurses joining their trust the previous year, only one nurse had opted for IELTS.

These anecdotal estimates can be further corroborated by the official data from the NMC, presented in Table 2 below.

English tests taken by non-UK trained nurses joining NMC Register for the first time									
Financial year	English test type				First time joiners	% of non-UK joiners by test type			
	IELTS	OET	Not listed	Total		IELTS	OET	Not listed	Total
2017-2018									
2018-2019									
2019-2020									
2020-2021									
2021-2022									
2022-2023									
Total									

Table 2. Breakdown of OET and IELTS nurses by year data supplied by NMC for research purposes. (Data redacted)

As the table demonstrates, the number of nurses presenting their OET scores for registration purposes has been growing steadily since the introduction of the test in 2017, with OET replacing IELTS as the preferred choice in 2020-2021. The most recent data for 2022-2023 (up to November 2023) further confirm that OET has gained firm footing within the healthcare sector, with majority of international nurses coming with OET scores.

OET's growing popularity and widespread adoption were highlighted by all the stakeholders interviewed. Reflecting specifically on the UK context, test preparation providers noted that "the position of OET in the NHS is pretty much galvanised now". They further added that it is uncommon to come across an international healthcare professional unfamiliar with OET, with more and more candidates looking specifically for OET test preparation, as opposed to guidance about what test to choose. These observations are exemplified in the quote below:

[...] a lot of our candidates come to us looking for OET preparation straight away. So they're at various stages in the buyer's journey and quite a number have already made their mind up for OET (Test preparation provider, interview 2).

The observations presented above were to some extent corroborated by former candidates. While the majority of participants in the study initially attempted IELTS, a small proportion opted for OET as their first choice. This inclination towards OET as the primary choice was particularly evident among candidates who recently arrived in the UK, contrasting with those who had been in the country for at least two or three years. These different perspectives are detailed below:

OET was my first choice, I decided it was more specific than the IELTS because the IELTS is quite general. The OET is more medical English, so it's easier than the IELTS from a medical perspective (Former candidate, interview 7).

I was thinking of taking IELTS during that time because a few years ago I did IELTS, but unfortunately I didn't get the grades. So, my colleague in the Philippines said why don't you try OET, so I gave it a try. And then fortunately I received the scores that I needed (Former candidate, interview 6).

The preference for OET seems to be more pronounced in India, although the prohibitive cost of the test was singled out as one of the main deterrents for the prospective candidates. It was also noted that there is still room for improvement in the Philippines, which is another major source country for international nurses. These perspectives are reflected in the quotes below:

In India they begrudge paying for their OET but I think they understand that because the OET obviously has a more nursing focus, their chances of passing that exam are potentially higher than passing their IELTS exam (Healthcare recruiter, interview 2).

In the Philippines, because we talk to agencies, recruitment agencies, a lot of the candidates are opting to do IELTS because of the price. That's common feedback from the agencies where candidates are failing a lot in IELTS (Clinical educator, interview 1).

In addition to its more affordable price, IELTS is perceived to have a better testing infrastructure and wider availability of test preparation materials. These two factors further contribute to candidates opting for IELTS over OET, as elaborated below:

there is a lot of new regions where they still have IELTS centres, they don't have OET. I have already spoken about it with OET representatives, it's down to the OET now to set-up OET centres (Healthcare recruiter, interview 1).

They go for IELTS because one, the availability of IELTS is more widespread. Two, there is more potential to go for IELTS because there is more material out there too, so they can easily find cheaper or free materials and there is more options for preparation courses (Test preparation provider, interview 1).

One of the test preparation providers also noted that they were re-introducing IELTS preparation classes based on the demand from the candidates and the feedback that they were getting from other stakeholders involved in the recruitment of international healthcare professionals:

We've had some feedback from some partners in more economically challenged countries that a lot of healthcare professionals are going for IELTS purely because it's cheaper. So it makes sense for us to go and offer some training for that (Test preparation provider, interview 2).

However, test preparation providers and healthcare recruiters went on to note that many candidates often find themselves "stuck in the IELTS loop", whereby they attempt to pass the test over and over again. The culmination of multiple test failures often becomes the decisive factor compelling

candidates to switch to OET. As one of the recruiters explained, many international nurses opt for IELTS due to its lower cost but continue facing failures until they ultimately decide to pursue the OET route. The decision to choose OET over IELTS is also influenced by candidates' belief in the benefits of preparing for and undertaking OET, combined with OET's close alignment to the healthcare sector:

Price is a very sensitive point to [the candidates] and it will skew them in favour of taking other exams if they're not completely sold on the benefits of OET (Test preparation provider, interview 1).

[OET] is always going to be closer to a nurse's lived experience or a doctor's lived experience, so in that way it will always be the choice. But it is expensive (Test preparation provider, interview 2).

The viewpoints articulated above resonated consistently among candidates who opted for OET, and notably, they expressed no regrets regarding their decision or the associated costs. For a subset of participants, OET represented a fresh beginning following multiple IELTS failures. For others, OET stood out as the preferred option from the beginning, mainly due to its alignment with the healthcare sector and the perceived likelihood of achieving the required scores. Representative quotes capturing these perspectives are provided below:

Even if it is more expensive, I felt like I've got more advantage if I'm going to take the OET rather than me going for an English test that just questions about anything in the world (Former candidate, interview 3).

I am explaining to somebody, with OET you just do it once, but for the other English test you may have to do it twice, so eventually the price will be the same (Former candidate, interview 8).

Whoever is going to do OET there is a probability of 60% that they have already attempted IELTS, that's why they have made the decision to pay more for OET to achieve their goal (Former candidate, interview 2).

Although the price of the exam is something that many candidates complained about, some interviewees felt that the investment that they had made by choosing to take OET actually made them more focused and motivated to succeed in the test, e.g.:

The driving force in OET was that it's very expensive, that's why I said to myself I'm going to make sure I pass. It's the driving force because you lose money if you fail (Former candidate, interview 5).

In summary, the observations offered by various stakeholders, as well as the data provided by the NMC indicate that OET has firmly established itself as the preferred choice for international nurses heading to the UK. However, there is still a proportion of candidates who opt to take IELTS as the initial option and are often compelled to switch to OET only following multiple IELTS failures. Philippines was singled as one of the key markets with the potential for further growth and expansion in OET candidature. Candidates' decision to choose OET was mainly attributed to their beliefs in the benefits of taking a healthcare-specific test and better chances of securing the required scores.

5.1.2 Recruitment timelines and volumes

When it comes to the recruitment of healthcare professionals, both NHS trusts and healthcare recruitment agencies strive to minimise timelines, ensuring a continuous influx of international workers into the NHS. Passing an English language test remains the first, and often most challenging hurdle for most international healthcare professionals. The amount of time that is required to prepare for and pass the language test varies among candidates and depends on a number of factors, such as their initial English proficiency level, the quality and intensity of test preparation, prior experience with high stakes examinations, study skills etc. (Knoch et al., 2020). The choice and suitability of the English language test can also play a crucial role, particularly in a highly specific context such as healthcare.

As highlighted by several interviewees, particularly prior to the introduction of OET, the recruitment process of international nurses was prolonged due to their inability to achieve the required IELTS scores. Discouraged by multiple test failures, nurses were dropping out of the process and giving up on their hopes of overseas employment. For many, OET represented a second chance to overcome the English language hurdle. These various perspectives are summarised below:

A lot of those nurses that dropped out of the process because the IELTS came back into the process when the OET was launched (Healthcare recruiter, interview 1).

Because previously I had done other English exams and I was not successful. I did international English language test; I've done it twice and then I didn't quite get the mark to emigrate. When I was told about OET I was a little bit sceptical but very encouraged in terms of, it was dealing with what I was doing. It was asking questions and the practice was on what we are doing, for me it was very easy, and I did it and passed at the first attempt (Former candidate, interview 8).

I think a lot of people come for OET because they're so sick of the IELTS loop – they can't get any further with that. [...] I feel like IELTS is infinite, whereas with OET, I feel that we get to a point (Test preparation provider, interview 3).

As the above quotes indicate, OET is perceived as a more motivating and attainable alternative to IELTS. Most importantly, it allows candidates to meet their NMC registration requirements quicker, and ultimately leads to a higher number of international nurses recruited into the NHS. This was mainly attributed to two reasons: 1) on average, it takes candidates less time to prepare for OET compared to IELTS, 2) candidates require fewer attempts to achieve the required scores on OET compared to IELTS. Both of these points are discussed by healthcare recruiters below:

I would say that the timeline for IELTS is slightly elongated but that's only because we-, and unfortunately I don't have stats so this is very much a kind of anecdotal feedback, but candidates would have to sit their IELTS more times to club together their scores enough for them to achieve a pass (Healthcare recruiter, interview 3).

If you want to pass IELTS you will probably need, you need to study, I'm not sure, but probably at least 12 months before sitting the exam (Healthcare recruiter, interview 1).

According to the estimates given by test preparation providers, it takes between three and six months for candidates to prepare for OET, provided they engage with test preparation activities. As one test preparation provider explains:

Everyone works, everyone has got families, there are illnesses and things like that, so it's not a pure and simple measure in that way. We think if someone can come to half of our classes and do X number of mock tests and writings, then it shouldn't take more than six months (Test preparation provider, interview 2).

Once the candidates have passed their English language exams, it can take as little as three months before they can start practising in the NHS, as estimated by healthcare recruiters. The introduction of OET has been identified as one of the direct factors that have sped up the recruitment process, with one of the recruiters noting "candidates now come through to us constantly". All three healthcare recruiters interviewed for the study reported high volumes of international nurses coming into the NHS. Although demand from the NHS and continuous workforce challenges were singled out as some of the contributing factors, OET's contribution in helping them reach NHS targets did not go unnoticed:

We went from deploying 400 to 500 nurses a year, to now deploying 2,500 a year because the demand has also increased within the NHS, especially since Covid. But we are able to supply that kind of volume, because there is that volume available, because a lot of nurses are now passing the OET (Healthcare recruiter, interview 1).

Insights from the interviewees included in this section show that, historically, the recruitment of international nurses faced delays and setbacks due to challenges associated with achieving the required IELTS scores. The introduction of OET, in parallel with increased demand for international nurses to join the NHS, can be described as a transformative moment that allowed to meet the demand and maintain a steady stream of international nurses coming into the NHS.

5.2 RQ2. How has OET Test preparation benefited candidates in their NHS clinical practice?

As specified earlier, the washback of the test can be positive (beneficial) or negative (harmful). In the case of OET, there are numerous examples of positive washback that persists even as the candidates start practising in the NHS. The analysis is presented from the perspectives of both former candidates and other stakeholders.

5.2.1 Former candidates' perspective

As a result of a close alignment between the skills required in the target language use domain and the tasks included in the OET, many candidates felt that preparing for OET was instrumental in their transition into the NHS workplace. The Writing sub-test is a good case in point. Engaging in healthcare-related writing exercises, including composing referral letters and discharge letters, proved highly beneficial in the actual workplace. Through this practice, candidates not only honed their writing skills but also enhanced their ability to comprehend and respond to written communication in the healthcare domain, which allowed them to integrate quicker in the NHS and maximise their operational proficiency. As one candidate explains:

in OET I was asked about scenarios of transferring a patient, discharge, referrals. So, I think it would have been so new to me, if I didn't take up those writing tasks, but now it seems so familiar because I did them in the test (Former candidate, interview 9)

I write a lot of letters to Community Nurses for referrals, so I use the same format [as I did in OET] and I write a lot of letters to Palliative Nurses for patients who are obviously in need of that service, and even District Nurses. And even some other Doctors and other healthcare professionals (Former candidate, interview 8).

Similar observations were made with regard to the Listening sub-test, with candidates commenting on the authenticity of the recordings that feature in the test and the conversations that they have in the workplace:

[what] we were doing in the OET Listening test, [...] it's like you're conversing with a real Doctor or a Nurse, or an official Therapist, or anyone from the Healthcare Team (Former candidate, interview 3).

The washback of the Reading test was also singled out by some interviewees:

And also, the reading because we do present in MDTs, when you are reading your notes you have to structure them very well, so that when you are reading and presenting two cases and given 10 to 20 minutes, so you need to write the most important things down (Former candidate, interview 4).

Although the candidates clearly appreciated the OET Reading, Listening and Writing sub-tests, it was the Speaking sub-test that garnered the most praise. This finding is hardly surprising given the central role that speaking and communication skills play in healthcare settings. Candidates express a high level of appreciation for the authentic healthcare scenarios incorporated into the Speaking sub-test, which allows them to draw on their professional experience and makes them feel at ease whilst taking the test, e.g.:

In speaking, especially the topic I was given, whereby I have been volunteering for 20 years with Operation Smile. And the question was now taking a mother through the pre and post of the operation. That is a thing I have done for the past 20 years as a volunteer. That question got me talking and I kept on talking, it was like asking me what you like to do (Former candidate, interview 8).

I think it is nice that they are testing your English but having familiar scenarios really helps somebody to get the concept faster (Former candidate, interview 7).

Upon arrival in the UK, candidates quickly noted the similarity between the OET Speaking test and the communicative demands of the NHS workplace:

If you come to the UK, so the speaking part is very much important because UK healthcare system, the speaking is very similar (Former candidate, interview 2).

Related to the above, is the candidates' appreciation for the inclusion of clinical communication skills, which they are drawing upon in their current NHS roles. Some representative examples are included below:

For the speaking part there were some examples given during the practice test in the review centre, where you have to handle some difficult patients and you have to explain something to them. From time to time, I am still applying that one here, like how do I administer medications if they don't want to take it, because they are already upset (Former candidate, interview 6).

In the OET you have to be a little bit compassionate in order for you to address what the current situation is. So, I managed to control my emotions in a way that I have to first listen to what they are saying and then I can add to what the current situation is. It helped me a lot (Former candidate, interview 5).

I restructure my question, so that the questions have to be open ended, so they don't just answer yes and no. I use those structures to make sure that the patient is able to express their feelings (Former candidate, interview 8).

While some candidates had prior experience of using clinical communication skills in their previous workplace, many did not have such exposure. Several candidates acknowledged the emphasis placed by the UK healthcare system on communication between healthcare professionals and patients. They found it beneficial to be exposed to examples of the expectations before arriving in the UK. For instance:

More especially in the UK, you really need to empathise with patients ... talking with patients here, is entirely different really (Former candidate, interview 5).

The perspectives presented above clearly illustrate that the positive washback of OET extends well beyond the test itself. Former candidates express a strong appreciation for the various components of OET, recognising their instrumental role in facilitating a transition into the healthcare workplace. The Writing and Speaking sub-tests, in particular, generated a lot of positive feedback.

An interesting observation emerging from the above perspectives is that the realisation of the close alignment between OET and the communicative tasks required in the healthcare workplace tends to occur once candidates start working in the NHS. In recounting their perceptions, many former candidates expressed an element of surprise at how well the OET tasks mirror the communicative tasks that they are now performing in the NHS.

5.2.2 Other stakeholders' perspective

NHS clinical educators and pastoral care providers are particularly well-placed to provide feedback on international nurses' English language ability and communication skills. Clinical educators are usually senior nurse practitioners who provide training to prepare internationally-qualified nurses for their Objective Structured Clinical Examination, commonly known as the OSCE. They are often the first group of stakeholders that comes into contact with internationally-qualified nurses after they have passed their English language proficiency exam. They are also likely to be informed about how the nurses are doing once they are working on the wards, either through continuous pastoral support or feedback from the nurses themselves or other NHS colleagues. Their views on the washback of OET on the OSCE preparation and the healthcare workplace are presented below.

5.2.3 Washback on OSCE preparation and examination

The four clinical educators interviewed for the study offered slightly divergent perspectives on the washback effect of OET on the OSCE preparation and their awareness of candidates' English language tests. According to clinical educator 3, the majority of nurses participating in their OSCE training can communicate well in English, although some of them "could have done with a little bit more practice". Interestingly, this educator did not observe any noticeable distinction between nurses who had taken OET and those who had opted for IELTS:

We weren't really informed of that. We did take part in the interview process and it was a question that we asked as part of the interview process, "So have you completed your OET or IELTS". But once they came to training, again there were so many of them I wouldn't have been able to say who had passed which one (Clinical educator, interview 3).

The other two clinical educators were themselves internationally-qualified nurses, which might be one of the reasons why they were more aware of which candidates passed which test. Having said that, clinical educator 4 found that candidates were more or less equal when they come to their OSCE training. Notably, this educator acknowledged a common sentiment of anxiety among candidates and a sense of being "shocked" following their relocation to the UK:

When they come to the OSCE prep, they I think are the same, it's actually the same. Maybe because of the anxiety that they are experiencing and the anxiety of transitioning and relocating. So it boils over. So when they go to OSCE prep, yeah, they are shocked - number one, and they're very anxious. So thus we cannot gauge who is applying what they learned in OET (Clinical educator, interview 4).

However, clinical educator 4 noticed several small differences that helped OET candidates during their OSCE training. These differences included: 1) familiarity with the OSCE format, which is similar to the format of the OET Speaking roleplay; 2) better understating of the interaction between a patient and a healthcare professional, e.g. asking for a preferred name or addressing a patient in a certain way, as detailed below:

And because you have been trained for the OET speaking, you actually find it much more comfortable talking aloud when you come in [for an OSCE] and when you are doing things, you feel more confident. And it's not that similar, the OET speaking test and the OSCE exam speaking, but OET does give you that kind of knowledge, of how to address a patient or how do you ask for preferred name, and all that (Clinical educator, interview 4).

The educator went on to acknowledge that although IELTS does not give candidates a distinct advantage when it comes to their OSCE training, it does equip them with the confidence needed to communicate effectively in English:

So I think IELTS is much more in a general aspect, which has nothing to do with nursing, so it does give you that confidence to speak up, but OET actually gives you a platform. You know how to actually speak to a patient in UK. So it's much more helpful (Clinical educator, interview 4).

They went on to add that nurses who came with an OET score often find themselves training nurses who had taken IELTS:

So when they come in, it's mostly the OET nurses who are actually helping the IELTS nurses. So they train them, "OK, you need to talk about this," or, "You need to ask for their preferred name." (Clinical educator, interview 4).

The diverse perspectives outlined above demonstrate that clinical educators' awareness of candidates' prior experiences with English language tests is significantly influenced by their own backgrounds. Educators with international nursing qualifications demonstrated greater awareness of the content of both OET and IELTS, recognising the potential advantages associated with passing a healthcare-specific test compared to an academic English language test.

However, there appears to be a noticeable gap in drawing on skills acquired during OET preparation when preparing candidates for the OSCE. With the OET Speaking sub-test closely resembling some of the OSCE stations, there appears to be a missed opportunity to leverage the close alignment between the two assessments in the clinical education context.

5.2.4 Washback in the workplace

Nearly all the stakeholders had some information about international nurses' experiences post-registration. From the perspective of healthcare recruiters, the predominant issues that arise are related to acclimatisation challenges. These challenges include feelings of loneliness and isolation upon arrival in the UK, accommodation not consistently meeting nurses' expectations and the realisation that working in the NHS is not what they had imagined it to be. According to one healthcare recruiter, language and communication issues are sometimes reported, but these concerns often prove to be more nuanced than they initially appear on the surface:

Sometimes trusts may come to us and say, "I think we've got a language problem here." But actually the vast majority of the time it's not a language problem it's an accent or an understanding of the patients accent or their local language (Healthcare recruiter, interview 2).

The issue of accents was brought up numerous times, both with regard to the nurse's accent as well as the patients' accent. It was reported that patients sometimes struggle to understand international nurses' accents, especially when they first arrive in the UK. However, the reverse scenario is also very common, with nurses struggling to understand patients' accents, in addition to regional colloquialisms. In most instances these issues usually resolve with time, without the need for any additional interventions. As one of the clinical educators explains:

Again when I saw the nurses out on the ward, so after like 12 months [...], a lot of them had massively improved with their English. I was joking with one of the Indian nurses, she sounded like a Wiganer. [Laughs] She'd definitely picked up the local dialect (Clinical educator, interview 3).

On rare occasions international nurses are referred back to clinical educators if they are noticeably struggling with their communication skills. The nurses are then put on a supportive improvement plan, which involves additional practice provision to improve their spoken and written communication. Clinical educator 3 provides more details below:

There are five referrals of international nurses that when they went to their clinical areas they struggled communicating with the MDT, with the patients, so they came back to us. So I used the hospital English, "Living the Language" as part of it. We give them practices, how to handover and everything. So most of them – four of them have – no, actually all five of them have taken IELTS (Clinical educator, interview 3).

The quote above further corroborates the view that OET preparation puts candidates on a stronger footing when it comes to their transition into the healthcare workplace. As illustrated above, candidates in particular were readily able to link the test content and the skills that they acquire as part of their test

preparation to real life professional communication and day-to-day tasks they perform in the NHS. On the other hand, candidates who took a general English test were perceived as confident in speaking English, but lacking in familiarity with the communicative demands of the healthcare workplace. This can sometimes lead to the need to undergo additional training, as explained above.

5.3 RQ3. What has been the most significant change for each group of stakeholders since the OET Test was introduced in the UK?

As with any high-stakes assessment, the introduction of OET in the UK has had a number of significant impacts on each of the groups of stakeholders that took part in the study. In the field of impact evaluation, the practice of asking stakeholders to identify the most significant change as a result of an intervention allows for a comprehensive understanding of the outcomes and impacts achieved. It involves soliciting insights directly from those affected by the intervention, providing a valuable bottom-up approach and ultimately contributing to a more holistic impact assessment, which would have been difficult to achieve when using only conventional monitoring techniques (Davies & Dart, 2005). The following sections provide an overview of a range of perspectives, starting with former candidates and then addressing the viewpoints of other stakeholders.

5.3.1 Former candidates' perspectives

For many current and former candidates, language tests represent the most significant hurdle on their registration journey. Getting the required OET scores is therefore perceived as a major accomplishment that unblocks all other hurdles and opens up a range of new opportunities. As the interviewees below explain:

OET is the ticket to the world. [...] OET is a dream come true. When I passed my exam I definitely knew that I was going to come to the UK, even if they hadn't passed my OSCE, I definitely knew that I would get a new job offer. It's that important (Former candidate, interview 2).

I remembered that vividly, when I was on duty and I received an email, a confirmation about my [OET] grades, and then when I saw that all my grades were very high, a lot of things just opened up. I can go abroad to the UK, or maybe go to Australia, or maybe go to New Zealand. A lot of things really opened up after the OET (Former candidate, interview 5).

Many candidates view relocating to the UK as a significant enhancement in both their personal and professional lives. This improvement includes various aspects, such as financial incentives, opportunities for professional growth, career advancement, and an improved work-life balance. When questioned about their motivations for choosing to move to the UK, a majority of interviewees consistently cited financial considerations as a key factor. As one of the candidates explains:

I worked for one of the biggest hospitals in the Philippines, I couldn't ask for more, because I was given the best of opportunities, the best training, but we are not compensated well. And that is it – you can't live by working and doing your passion, but not being able to put food on the table for the family. It's one of the biggest reasons why I decided to move (Former candidate, interview 3).

Other candidates appreciated the opportunity to increase their primary income through supplementary employment. This could involve accepting additional shifts through nursing agencies or enrolling as bank staff at another hospital, allowing them to diversify their income streams, increase their financial stability and pick up new skills. For example, one of the interviewees worked as a mental health nurse in the community but was able to take on additional shifts in the hospital, which allowed them to broaden their expertise and competence across both settings.

In addition to the financial considerations, several interviewees expressed their gratitude for the training and professional development offered by the NHS, opportunities they found lacking in their respective home countries. To illustrate, one interviewee shared their experience of enrolling in a university course

shortly after joining the NHS:

I was sent out to join a Critical Care Team, and within just a couple of months, I had the opportunity to attend university. This was a significant milestone for me, and they mentioned that not everyone gets such an opportunity. During my time at university for the Critical Care Team, I received various types of training, and I was truly impressed by the experience. I absolutely love it (Former candidate, interview 3).

Other interviewees spoke about numerous training and career development opportunities that are not available in their respective home countries, including support in progressing to the next band should they wish to do so.

In addition to the financial incentives and professional development opportunities, some interviewees reported an improvement in their working conditions in the UK, a stark departure from their previous experiences in their home countries. These improvements included more flexibility in terms of their hospital shifts, more manageable workloads and less patients to look after, which ultimately allowed them to provide a higher standard of care. To illustrate the latter point, one nurse explained:

Where I come from they really don't have enough medical resources [...]. Back there, there is no emphasis on empathy. Where I come from, they have been very overwhelmed with the amount of patients, you don't give enough time to individualise their care, you have a lot of people to take care of. But here we are able to give better care (Former candidate, interview 9).

Nearly all the candidates interviewed expressed a strong desire to enhance their current professional status, acquire new skills, further improve their English language and communication skills or pursue new opportunities. As one nurse summarised, "I am planning to grow, not just to stay where I am, but grow". This growth mindset is a further testament to the valuable contribution that overseas nurses bring to the NHS. As mentioned in the earlier section, when some of these candidates struggled to achieve the required score on IELTS, their motivation waned and they were ready to give up on their career aspirations. Without the presence of OET, this situation could have resulted in the healthcare system potentially losing valuable talents due to a language test designed for a different purpose.

5.3.2 Other stakeholders' perspectives

High-stakes assessments, such as IELTS and OET, ultimately lead to the establishment of comprehensive infrastructures designed to support test preparation, administration, and candidates' post-test journey. These assessments hold significant implications for various stakeholders, including test preparation providers, healthcare recruiters and recognising organisations. The interviews conducted as part of this study captured some of these implications, further showcasing the multifaceted impact of OET within the wider international healthcare landscape.

For healthcare recruiters, the most significant impact of introducing OET in the UK was reflected in the number of international nurses that they were able to recruit, with the NHS singled out as the ultimate beneficiary. In addition to an increase in the number of international nurses, many healthcare recruiters also noted an improvement in timelines, which was attributed to candidates passing OET quicker compared to IELTS. As one healthcare recruiter explains:

So for me, I think just generally that we see 90% people coming through with the OET, it just shows there that, actually, we've been able to get more nurses and different healthcare professionals through and into the UK much quicker than we would have done if they were taking their IELTS (Healthcare recruiter, interview 3).

For test preparation providers, an increased demand for OET created a lucrative business opportunity, accounting for a significant portion of their generated revenue. As test preparation 2 neatly summarised, "we would not have started this business if it wasn't for OET", further adding that "[the OET test preparation business] has grown into something great for us" and that running the business was "wonderful".

When prompted to reflect on the wider impact of introducing OET in the UK, the test preparation provider noted a better alignment between the communicative language skills that candidates were being assessed on and the requirements of the healthcare workplace:

Well I can imagine there's an alignment now between what the employers want and what the students can do and what they need to do when they arrive. So they're going to be better. I imagine there is going to be fewer nurses going back (Test preparation provider, interview 2).

Similar sentiments were echoed by NHS clinical educators, who noted the immediate benefits in helping the NHS address its staff shortages and equip candidates with the language skills that are better aligned with the healthcare workplace. Two representative examples can be found below:

The NHS, I think, is very much helped within overseas nurses because when you go into the ward, you see from a domestic carer to a band 8 or maybe a band 9, you can see an overseas nurse there (Clinical educator, interview 1).

OET is more profession specific, it has a lot of positive impact in the clinical practice (Clinical educator, interview 3).

Several stakeholders also highlighted the candidates' viewpoint, emphasising such aspects as confidence ("OET gives them more confidence because they know what it's all about"), accessibility ("Nurses were given a choice. There is now access, so it's more accessible now to come here in the UK"), and attainability ("Candidates feel it's achievable and it's something they can do").

As the above perspectives illustrate, the impact of introducing OET as an alternative to IELTS goes beyond immediate test washback and manifests itself across a number of aspects. These aspects include the establishment of a test preparation infrastructure, the increased volume of international nurses recruited into the NHS and the provision of a more equitable and motivating form of assessment for candidates. Ultimately, these changes contribute to the provision of better healthcare services to the patients in the UK.

5.4 RQ4. What would have been the outcomes if the intervention (i.e. introduction of the OET Test) had not taken place? To what extent can the observed changes be attributed to the intervention, considering the counterfactual scenario?

In the final section, attention is directed towards the counterfactual analysis to assess the potential outcomes had OET not been introduced in the UK. By contrasting the observed changes with this hypothetical scenario, the focus is on conducting a causal impact assessment. The question of impact attribution, as recommended by Rogers (2014), is also addressed to evaluate the extent to which the observed changes can be confidently linked to the introduction of OET. To assess the counterfactual scenario, each group of stakeholders was asked to imagine what the situation would have been like had there been no OET available as an option. Their views are summarised below.

In the absence of OET, stakeholders envisioned IELTS as the only available English language assessment option for international nurses. One of the key assumptions expressed by several stakeholders was that nurses would require an extended period of time to attain the required scores on IELTS, potentially involving multiple test attempts and resits. Additionally, some candidates raised the prospect of contemplating international travel to attempt IELTS in a different country. These perspectives are reflected in the quotes below:

It would be a long journey. So, if you are not able to pass IELTS in Pakistan, some people are trying to pass IELTS in Dubai, because they think that their system back home is just a bit corrupt (Former candidate, interview 2).

Well I think there is evidence out there that would suggest that the OET has a higher pass rate. So therefore it would take a bit longer with IELTS. I don't know how much it would but yes it would (Test preparation provider, interview 2).

From the recruiters' and clinical educators' viewpoint, longer timeframes required to pass IELTS would result in a bottleneck in the recruitment of international nurses, which would significantly affect the volume of healthcare professionals recruited into the NHS from overseas. As some stakeholders explain:

We wouldn't be able to work towards the government's target to increase the number of nurses. But with OET, we can, because we're seeing people pass (Clinical educator, interview 2).

Well, we wouldn't have had 90% of the nurses in, [laughs] so it would have just been really difficult to get them through that language level (Healthcare recruiter, interview 3).

It was also speculated that international nurses would have chosen a different destination had they not been able to achieve their target IELTS score. US and Canada were mentioned as one possibility due to the lower IELTS Writing scores required, with Saudi Arabia (and the Middle East in general) singled out as another possibility:

Some countries, like Canada, specifically Nova Scotia, have removed the English tests. So nurses would go to that country and our pipeline would decrease (Clinical educator, interview 3).

Finally, some candidates believed that it would have taken them much longer to settle in their NHS roles had they not benefited from the skills and knowledge acquired as part of their OET preparation. Test preparation providers also acknowledged that there would be a massive loss in terms of the unique set of skills that candidates acquire by preparing for OET, as well as the affective aspects that the test promotes, such as boosting nurses' confidence, motivation and real-world applicability. Some representative quotes are provided below:

[...] It would take me time to understand the letters, the different types of letters, the referrals, admissions. But when you are preparing for the OET it is already practiced. It would have definitely taken me longer. (Former candidate, interview 8)

I think honestly there would be a major step back [...]. I see what OET does, I can see how motivated and much more confident candidates are with taking the exam [...]. I would be disappointed if a candidate had to take another exam if they were a healthcare professional because I don't think it serves them. It doesn't serve the NHS, it doesn't serve recruiters and employers as well (Test preparation provider, interview 2).

The perspectives summarised above further confirm that the introduction of OET has resulted in a number of positive changes for all the stakeholders involved. The analysis of counterfactual outcomes further strengthens the validity of the findings of the study and provides alternative evidence for asserting the direct influence of OET on the positive changes observed within the wider healthcare context.

6 Discussion and Conclusions

This section summarises the views expressed by the interview participants and highlights some overarching themes that have been extrapolated from these insights.

As reported in RQ1, the introduction of OET by the NMC had an influence on all the three areas investigated, namely candidates' test preferences, recruitment timelines and volumes. In terms of test preferences, the stakeholders interviewed for the study provided anecdotal evidence based on their estimates which suggest that most international nurses now meet their English language requirements by submitting their OET scores. These trends were reported by both clinical educators and healthcare recruiters.

The majority of former candidates interviewed in the study had initially attempted IELTS, but were promoted to switch to OET when they were unable to achieve the required scores. Conversely, only a small percentage of candidates chose OET as their first option, although this seems to be linked to when they took the test. Those who had met their language requirements before OET became widely recognised were more inclined to initially attempt IELTS.

The high fee associated with OET was identified as one of the key deterrents that puts nurses off choosing OET. Candidates' willingness to pay for OET was attributed to how much they are sold on the benefits of taking a healthcare-specific test and their beliefs of achieving the required scores on OET quicker compared to IELTS. Although a number of former candidates brought up the high cost of the test as one of its key disadvantages, some of them saw this as a motivating factor. Having made a significant investment, candidates were more willing to put extra effort into test preparation to avoid failure and to ensure that their investment pays off.

Despite these disadvantages, OET is perceived as more motivating and attainable than IELTS due to its close alignment with the requirements of the healthcare sector, which ultimately allows nurses to meet their English language requirements quicker. This is mainly attributed to the fact that nurses require less time to prepare for OET and necessitate less test attempts to achieve the required marks on OET compared to IELTS. These observations are in line with the findings reported in other studies. For instance, Goldstone et al. (2023) found that nurses who took OET for professional registration purposes were more likely to achieve higher pass rates compared to those who took IELTS. Elsewhere, Roberts (2020: 12) reports that introducing OET as an alternative to IELTS resulted in "less negativity towards [language] assessments", whilst Carr (2021:89) concludes that "candidates overwhelmingly prefer the OET, rating it more achievable, more relevant and more motivational than the IELTS".

The motivational aspects and relevance of OET are further highlighted in RQ2, which focused on the washback of OET in the healthcare workplace. All stakeholders agreed that OET puts nurses on a stronger footing and equips them with the skills they need for a successful transition into the NHS. Former candidates in particular gave ample examples from their day-to-day practice where they draw upon the skills required as part of their OET preparation. Although candidates saw the direct benefit of each of the sub-tests, Writing and Speaking in particular were highlighted due to their immediate applicability to the tasks required of nurses. These findings are consistent with the views reported in earlier impact studies. Both Maqueen et al. (2013) and Vidakovic and Khalifa (2013) highlight the washback associated with taking an ESP test such as OET, and its continued positive impact in the healthcare workplace.

An interesting observation that transpired from the former candidates' narratives captured in this study is the fact that the close correspondence between the tasks included in OET and the healthcare workplace, e.g., writing a referral letter or taking notes under timed conditions, only seems to become apparent once candidates actually start working in the NHS. Many former candidates expressed an element of surprise when reflecting on how well the OET tasks mirror their actual day-to-day tasks. Ideally, this realisation should happen earlier, with the benefits of the test fully articulated when candidates are deciding between OET and IELTS.

Clinical educators in particular reflected on the relationship between the washback of OET preparation and the OSCE. Although candidates were perceived as "more or less equal" during the OSCE preparation stage, some clinical educators noticed that former OET candidates were more aware of the intricacies of the healthcare professional-patient communication and were providing guidance to former IELTS candidates. However, not all clinical educators were aware of the similarities between OET and some of the OSCE stations. More work needs to be done in this area to ensure that clinical educators build on the skills acquired during OET test preparation and leverage them during nurses' preparation for the OSCE.

As discussed in RQ3, the introduction of OET has had a significant impact on its key stakeholders in a number of areas. These areas include the establishment of a test preparation infrastructure, the increased volume of international nurses recruited into the NHS and the provision of a more equitable and motivating form of assessment for candidates. Many candidates viewed relocating to the UK as a significant enhancement in both their personal and professional lives, such as financial incentives, opportunities for professional growth, career advancement, and an improved work-life balance. They also exhibited a strong growth mindset, evident in their future career aspirations and projections. Many of these candidates struggled to achieve the required IELTS scores and were ready to give up on their career aspirations. Without the presence of OET, this situation could have resulted in the healthcare system potentially losing valuable talents to a language test designed for different purposes.

Finally, in RQ4 stakeholders were asked to imagine a hypothetical scenario where OET was not available as an option. This exercise allowed us to conduct a causal impact assessment to further assess the extent to which the observed changes can be confidently linked to the introduction of OET. Recruitment timelines and volumes were mentioned as two key areas that would be affected, with fewer healthcare professionals coming into the NHS and at a slower rate, directly affecting the international recruitment targets set by the NHS.

Adverse effects on the candidates' test experience were also singled out. Lack of a healthcare-specific English language test would result in a massive loss in terms of the unique set of skills that candidates acquire by preparing for OET, as well as the affective factors associated with the test, such as boosting nurses' confidence, motivation and real-world applicability. These findings further confirm OET's direct contribution towards the recruitment of overseas nurses and ensuring that the recruited candidates come equipped with the right skillset in terms of their English language and communication skills.

To conclude this section, some limitations of the current study are noted. The main limitation is the fact that all the nurses interviewed for the study were successful former OET candidates who are now employed in the NHS. This may have influenced their willingness to participate in the study and their attitudes towards the test. Notably missing are the perspectives of successful IELTS candidates and unsuccessful OET candidates, who would have undoubtedly shared very different views. The inclusion of other stakeholders in the study, who are exposed to both OET and IELTS, is one way of mitigating the effects of former candidates' bias towards OET. Inclusion of quantitative data provided directly by the NMC is another way of counterbalancing subjectivity with more empirical evidence.

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