



Report of the Task Force to

EXAMINE THE USE OF THE TOEFL IBT AS A REQUIREMENT FOR FPGEC CERTIFICATION



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Members Present

Jeenu Philip (FL), *chair*; Sabrina Beck (NE); Mike Burleson (KY); Krista Capehart (WV); Atenea Gazdziak (IL); Jeff Huston (OH); John Kirtley (AR); Brenda McCrady (AR); Troy Menard (LA); Kevin Mitchell (OH); Tarek Al Nassif (AZ); Purvi Patel (NH); L. Shuler Spigener (SC).

Others Present

Kam Gandhi, *Executive Committee liaison*; Ashim Malhotra (American Association of Colleges of Pharmacy), Spiro Papageorgiou (Educational Testing Service), *guests*; Lemrey “Al” Carter, Melissa Becker, Jasmina Bjegovic, Robert “Rob” Brucia, Elizabeth “Liz” Ferro, Andrew Funk, Neal Watson, Gertrude “Gg” Levine, Maureen Schanck, *NABP staff*.

Introduction

The task force met at NABP Headquarters in Mount Prospect, IL, on November 12 and 13, 2025. The task force examined the Test of English as a Foreign Language Internet-based Test (TOEFL iBT) requirement, which serves as a tool for foreign-educated applicants seeking to practice in the United States. Key considerations included the test’s value, psychometric integrity, flexibility, and alignment with current pharmacy practice standards.

Review of the Task Force Charge

Charge of the task force:

1. Evaluate the current requirements for Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification.
2. Review the use of the TOEFL iBT exam as a requirement for FPGEC certification.
3. Recommend, if any, changes to the use of TOEFL iBT for FPGEC certification.

Background and Discussion

The discussion began with a review of the task force charge, followed by a presentation by NABP Exam Services staff about the TOEFL iBT’s history, current requirements, and statistics.

FPGEC Certification Process

As background, staff explained that the FPGEC evaluates the qualifications of pharmacists educated and licensed outside the US who wish to become licensed pharmacists in a US state or jurisdiction. FPGEC certification ensures that a foreign pharmacist’s education meets comparable requirements to pharmacists educated at a US college of pharmacy. The FPGEC certification process includes a



review of a candidate's education and licensure/registration, a passing score on the TOEFL iBT, and a passing result on the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®).

The TOEFL iBT, developed and administered by the Educational Testing Service (ETS), is the sole English language proficiency exam accepted for candidates seeking FPGEC certification. A passing score on the TOEFL iBT is required to apply for FPGEC certification. The TOEFL iBT must be completed by all foreign pharmacy graduates (even those who are US citizens, US residents, or native English speakers). The test must be completed in a secure ETS test center. Testing centers are available in all 50 US states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and 10 Canadian provinces.

TOEFL iBT Scoring Requirements

The current standard requires candidates to achieve the minimum required score for all four sections of the TOEFL iBT (Reading, Writing, Listening, and Speaking) *in a single sitting*. Passing scores for each section were revisited during a standard setting in October 2024 and updated passing scores for each section were approved. As of October 25, 2025, the passing score for Reading was reduced from 22 to 21, the passing score for Listening was raised from 21 to 22, the passing score for Speaking was reduced from 26 to 25, and the passing score for Writing was reduced from 24 to 22. Passing TOEFL iBT scores are accepted as valid for the FPGEC program for two years from the test administration date.

Staff reported that TOEFL iBT pass rates range from 20% to 30%. They explained the standard-setting methods used for the TOEFL iBT and similar tests, noting that any English language proficiency test using the same, psychometrically sound standard-setting methods would likely have a passing standard resulting in a similar pass rate.

In 2020, NABP began requiring candidates to pass the TOEFL iBT before being eligible to take the FPGEE. While this change was followed by a decrease of approximately 50% in FPGEE testing candidates, it also led to a sustained increase in FPGEE pass rates. Pass rates increased from 74% in 2020 to 91% in 2025.

The Speaking Proficiency Challenge

Data show, and task force members agreed, that the Speaking section of the TOEFL iBT is the most difficult area for candidates to pass. Under the old standard, the speaking pass rate was approximately 36%, but it is expected to improve with the new standard. The TOEFL iBT focuses on English used in academic settings and not English used in medical settings by health care professionals. Some members raised concerns that this creates an obstacle for candidates who are conversant in pharmacy terminology but may be unfamiliar with terminology related to other academic fields.

A representative from ETS explained that the test developers must strike a balance between creating a test that evaluates language proficiency alone and one that is useful for specific professions and advanced academic degree programs. He also stated that language proficiency is a necessary but insufficient requirement for success, noting that some native English speakers are less successful than non-native speakers. Staff reported that the pass rate for test takers from English-speaking



curriculum countries is higher than for those from non-English-speaking countries, but not by as much as some task force members expected (approximately 47% compared to approximately 33%).

The task force considered some of the challenges associated with the Speaking portion of the TOEFL iBT. The test requires test takers to speak into a computer microphone rather than in the context of a conversation with other individuals, where additional cues, such as body language, would be present. Some members said this method does not adequately measure a candidate's ability to communicate with others in a pharmacy setting.

The ETS representative explained that this testing method ensures consistency and avoids bias or subjectivity that may be introduced if other individuals were involved in the speaking test. The individuals administering the test should not be able to influence how candidates perform. With the TOEFL-iBT, computerized scoring is performed centrally, allowing for more uniformity in scoring.

Language Proficiency Requirements Over the Years

While the assessment tools and requirements have changed over the years, the task force acknowledged that regulators consider English language proficiency to be critical for practicing pharmacy in the US. Pharmacists need communication skills to participate in team-based care, ensure patient safety, prevent medication errors, build trust with patients, integrate with the care team, and perform clinical tasks. The task force reviewed the reports of several previous task forces that examined English language proficiency requirements over the last several decades.

The 1993 Task Force on the Test of Spoken English was established in response to a request from the NABP membership to consider adding the Test of Spoken English as a requirement for FPGE certification. The 2008-2009 Task Force to Review TOEFL iBT Score Requirements reassessed and recommended keeping the passing standard for the Speaking portion of the TOEFL iBT (then 26) and recommended maintaining the TOEFL iBT as the sole English language proficiency test as a requirement for FPGE certification. The 2013 Task Force for the Test of English as a Foreign Language Internet-based Test Passing Standards evaluated the appropriate scores necessary to achieve FPGE certification, resulting in revised score requirements for Listening (from 18 to 21) and Reading (from 21 to 22), with Writing and Speaking scores remaining at 24 and 26, respectively. Additionally, a standard-setting meeting was held in 2024, which resulted in the new TOEFL iBT passing scores discussed earlier in this report.

TOEFL iBT and the Current Pharmacy Landscape

While the task force acknowledged that regulators require the TOEFL iBT for the reasons discussed above – because the ability to communicate with patients, personnel, and other health care practitioners is necessary to protect public health – the group considered whether the test is the best assessment tool to serve this purpose. Members contemplated whether the test is still fulfilling its original purpose, whether it aligns with current pharmacy practice standards, considering the different ways that pharmacists can practice today, whether it is flexible enough, and whether it is equitable.

The task force considered whether regulators should decide if a candidate has the language proficiency to practice pharmacy or whether employers are better positioned to determine an applicant's qualifications for the job they are seeking. Members raised two primary concerns with deferring the decision to employers. First, employers have different priorities than regulators. The



boards' goal is to prevent individuals who lack the necessary competence from becoming licensed pharmacists. Second, while employers may be able to place applicants in roles suited to their skills, once pharmacists are licensed, they are eligible to perform other roles and practice in any pharmacy practice setting where they meet the qualifications. Boards are unable to limit licensees to specific practice settings based on their specific skills.

Regarding patient safety, the task force considered the double-edged outcomes of stringent language proficiency requirements. While these requirements result in licensed pharmacists who are proficient in English, they may also pose a barrier to otherwise competent licensure candidates, thus reducing the pool of licensees who can practice pharmacy and limiting patient access to pharmacist care. Given the current shortage of licensed pharmacists in certain areas of the country, this barrier poses its own public health risk.

Task force members also noted that in some predominantly ethnic communities pharmacists who are fluent in languages other than English may be a benefit. Some suggested that practical experience, such as internship requirements, may better ensure competency than an English language proficiency exam. Staff noted, however, that NABP does not verify compliance with state-specific internship requirements as it does with exams. Members noted that most states do not have standards for interns and reiterated that employers have different goals than the boards of pharmacy.

Task force members described their boards' experiences with foreign applicants for licensure who requested waivers for the TOEFL iBT passing standard – generally the Speaking section. Some states, such as Florida and Michigan, have allowed waivers. Members described situations in which candidates who fell one or two points short of the Speaking passing score came before the board and spoke articulately. In some such cases, boards granted the waiver for the score difference on that specific section of the TOEFL iBT. In other states that lack the ability to grant such waivers, such as Arkansas and Kentucky, candidates who did not achieve a passing score in each section were unable to continue their path toward licensure.

Exploring Alternative Requirements

The task force considered whether to accept passing scores from other language proficiency tests as an alternative to meeting the TOEFL iBT requirement for the FPGE certification program. Staff noted that other health care professions, including nursing and medicine, offer licensure candidates a choice of English language proficiency tests, including the Occupational English Test (OET), accepted by regulators for nursing and medicine, and the International English Language Testing System (IELTS), accepted by nursing regulators, in addition to accepting the TOEFL iBT.

Staff noted that Pearson Vue, NABP's sole vendor for exam administration, does not offer these tests, and that the IELTS has a limited number of testing centers in the US. Additionally, staff noted that the OET costs approximately twice as much as the TOEFL iBT. One important difference between the alternative English language proficiency exams is that the OET is developed with a focus on the English used by medical and other health care professionals in a clinical context, rather than solely an academic one.



Members also considered whether less expensive alternative tests, such as the Duolingo English Test, might be acceptable. Because data about such tests are limited, however, the task force was not comfortable accepting them as a standard at this time.

The task force also examined TOEFL iBT scoring methods. As an alternative to requiring an overall, cumulative score that combines the passing scores of all four sections, members considered whether candidates could use their best score from each section across multiple testing sessions during a rolling two-year period. In this scenario, referred to as the “MyBest” score or superscore, candidates can combine their highest score from each section across multiple valid attempts within the last two years. Staff indicated that the NABP e-Profile® system is not currently configured to record individual section scores, but it could be enhanced to accommodate this change. The task force voted to recommend the MyBest score as the acceptable score to satisfy the TOEFL iBT requirement.

Members proposed allowing candidates to take the FPGE before the TOEFL iBT so that boards would have the opportunity to determine a candidate’s clinical competency before assessing their English language proficiency. Staff explained that the requirement to pass the TOEFL iBT before taking the FPGE was adopted in 2020 because of the high FPGE failure rate. Staff noted that when candidates were required to take the TOEFL iBT first, the FPGE pass rate increased by 23%; reversing that decision would result in more failures on the FPGE and the inability to meet the FPGE certification requirements or eventually obtain licensure. Members also noted that requiring the TOEFL iBT first limits the pool of FPGE candidates exposed to the secure exam content, thereby helping to protect the integrity of the FPGE. For these reasons, the task force voted against allowing candidates to take the FPGE first.

The task force also explored the possibility of having panels of test administrators evaluate candidates’ English language proficiency. Members expressed concerns about the reliability, objectivity, and uniformity of panel assessments, including the standards panels would use and how panelists would be trained. Members said the panels would not provide an objective, accurate measure that is comparable to the TOEFL iBT and therefore opted not to accept this assessment method as an alternative.

The task force also considered the issue of license portability. If one state accepts a panel assessment of English language proficiency, that pharmacist may be ineligible to practice in another state that requires the TOEFL iBT for FPGE certification. Members noted that the decision would be up to the states. They acknowledged that while NABP should recommend the gold standard, states have the option to take a different approach.

To minimize the need for states to amend their rules if a program requirement were to change in the future, the task force recommended that NABP encourage states not to cite specific English language proficiency tests in their regulations and, instead, accept programs that meet board-approved standards for English language proficiency.

Standard-Setting Cadence

The task force discussed the need for regular review of the TOEFL iBT passing standards to ensure that the passing standards continue to be relevant for the test-taking population. Staff explained that standard-setting is performed every three to five years for all exams and that ETS performs standard-



setting for the TOEFL iBT. Standard-setting is typically conducted after a practice analysis, when the blueprint (or content outline) for the test format or content is revised. Standard-setting can also be done at the request of policymakers or stakeholders. The task force voted to approve a motion to recommend revisiting the TOEFL iBT passing standards every six years.

Recommendations

After careful review and deliberation, the task force made the following recommendations:

1. NABP should give candidates the option to pass the OET as an alternative to the TOEFL iBT as a prerequisite for being eligible to take the FPGE.
2. NABP should accept the MyBest score on each section of the TOEFL iBT within a rolling two-year period.
3. TOEFL iBT and OET standard-setting should be conducted at least every six years to assess and account for changes in the test format, blueprint (content outline), or number of questions.
4. NABP should encourage states not to cite specific English language proficiency tests in regulations. Instead, they should approve programs that meet board-approved standards for language competency.