

NPLD-Coppieters Campus 2023 HELSINKI

Managing languages in the
Field of health & social care
in multilingual communities

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Introduction

One feature common to many countries in the world is a substantial bilingual population. These individuals speak not only the official language but also an indigenous, less-used, or minority language that is not the mainstream language of their country. With this in mind, the recently enhanced status of many minority languages has led to increasing demands for their use within the public sector. This is particularly evident in healthcare, where denying opportunities for patients to communicate in their preferred language in circumstances of stress and vulnerability may place them at a personal disadvantage and compromise their health outcomes.

Effective communication is the foundation of successful healthcare delivery. Such communication requires the appropriate and sensitive use of language in order to ensure comprehensive understanding. In a bilingual or multilingual society where one language is often privileged above others, language choice may further influence the power dynamics of healthcare delivery. Language is a crucial element in establishing personal identity and an essential means of expressing feelings and ideas. This multidimensional view of language is critical for healthcare practitioners, as such an appreciation of the power and influence of language can lead to enhanced language awareness and increased sensitivity in practice, particularly in bilingual settings.

However, the experience of minority-language speakers in healthcare provision suggests that many patients encounter language barriers and communication difficulties that hinder the development of therapeutic relationships and individualised care.

Given the importance of raising public awareness of the multifaceted nature of language barriers, [the 2023 NPLD-Coppieters Campus](#) addressed the opportunities and challenges of managing languages in the field of health and social care in multilingual communities. By gathering practitioners and experts in the field from a variety of nationalities, it was possible to share important and common experiences in order to acknowledge, guide, and support language-appropriate practices in healthcare and healthcare education in the future.

This report summarises the content of the various conversations held in Helsinki on 28 and 29 September, 2023.

1 | Bilingual medical degrees in healthcare education: the Welsh experience

[Dr. Awen Iorwerth](#), Orthopaedic Consultant CTMUHB and Clinical Lecturer at Cardiff University for Coleg Cymraeg Cenedlaethol (Wales), was the keynote speaker of this event. In her talk, she discussed her experiences as a lecturer at the University of Cardiff, where she was responsible for introducing bilingualism in a medical degree programme. With her appointment as the first Welsh-language clinical lecturer under the Coleg Cymraeg Cenedlaethol's Academic Staffing scheme, the Cardiff School of Medicine was finally able to offer Welsh-language education, concentrating on small-group learning, personal tutors, communication skills, and Welsh examination papers. In Autumn 2015, the School welcomed the first four Coleg Cymraeg Scholars, and the first ever medical lecture in Welsh was delivered on 16 January, 2017.

This innovative programme makes development of Welsh-language communication skills a compulsory part of the School's curriculum, upskilling all students by requiring a level of Welsh language skills for use with their patients. The training also incorporates trained actors in mock scenarios to test the students' capacity for treatment in Welsh. Although indigenous to Wales, Welsh is a minority language in terms of prestige, power, and population. As such, its speakers share the challenges of access to healthcare and quality of care that are experienced by other minority-language speakers across the world. However, unlike the majority of patients identified in minority-language research elsewhere, most Welsh speakers are also fluent in English, and the language barriers that they encounter in healthcare are often invisible to service providers. Furthermore, it is evident that in the stressful situations that are an inevitable element of healthcare, many patients find it easier to express their thoughts and feelings in their native Welsh. Thus, appropriate education is needed in order for healthcare professionals to work effectively with clients from minority-language groups.

According to **Dr. Iorwerth**, there are three areas in which the ability to speak Welsh with patients is vitally important: elderly care, paediatrics, and mental health. When people are feeling vulnerable, they tend to revert to their native language, and even for people who are intelligent and accustomed to speaking a second language (here, English) in everyday life, when they are ill, they may feel more comfortable in their native language. For example, among the elderly, it is not unusual to find that patients who have had a stroke or who suffer from dementia are only able to speak in Welsh. In addition to delivering healthcare services in Welsh for these three groups in particular, it is also important to acknowledge that because Welsh now has equal status with English, all patients should be allowed to speak to healthcare professionals in the language of their choice. However, considering the linguistic constitution of the population in general, it is inevitable that most healthcare professionals in Wales will not be fluent Welsh speakers.

In her talk, in addition to presenting a general overview of the medical programme, **Dr. Iorwerth** also underlined the benefits of studying medicine through the medium of Welsh. With this new programme, it is now possible to train young people to be confident about speaking in Welsh, not only with patients but also publicly – to the media, or to schools in order to inspire another generation of young students. The primary purpose of offering a medical degree in both languages is to produce confident bilingual doctors in Wales, but it is also beneficial to both patients and the wider community by enhancing the status of the Welsh language. In short, it gives people the confidence to speak the language outside of work and academic environments, but more importantly, it improves the quality of healthcare services in Wales. In conclusion, **Dr. Iorwerth** stressed the importance of education programmes reflecting the linguistic diversity of community languages so that 'diversity' can effectively be found in practical settings.

2 | Case studies: sharing experiences & raising public awareness

In the second part of this event, **six experts** discussed the legal frameworks in which minority languages in multilingual settings operate in their respective language communities. Additionally, they provided a brief overview of the current situation in terms of the use of minority languages in the field of health and social care in their communities: the Swedish language community in Finland (case 1), New Brunswick in Canada (case 2), and the Basque Country in Spain (case 3).

2.1 | Case 1: the Swedish language community in Finland

To address the particularities of the Swedish language community in Finland, four experts were invited: **Christina Gestrin**, Secretary General of the Swedish Assembly of Finland, [Folktinget](#); **Karin Simola**, Director of Bilingual Services for the [Wellbeing Services County of Southwest Finland](#); **Fredrica Nyqvist**, [Senior Lecturer in Social Policy at Åbo Akademi University](#) and **Christine Kotzev** (Senior Specialist at the Swedish Assembly of Finland). All invitees shared their viewpoints and provided information on the current legal and institutional contexts that frame the use of the Swedish language in Finnish healthcare settings.

Christina Gestrin, Secretary General of the Swedish Assembly of Finland, elaborated on the current institutional template, gave a brief presentation on Folktinget, and concluded with certain recommendations.

In Finland, there are two national languages: Finnish and Swedish. Of the overall population of 5.5 million, Swedish is the native language of about 290,000 people. Finnish is spoken by 85.9 per cent of the population, whereas Swedish is spoken by 5.2 per cent. According to Article 17 of the Finnish Constitution, 'the public authorities shall provide for the cultural and societal needs of the Finnish-speaking and Swedish-speaking populations of the country on an equal basis'.

These foundational principles are described in greater detail in the Language Act. This Act is (only) applicable to public sectors and covers only the official national languages, Finnish and Swedish. In practical terms, this means that individuals have a right to use their own language and to receive services in that language, Finnish or Swedish. However, it should be noted that the Act does not apply to private companies unless a public authority contracts services from a private company – for example, healthcare services.

In January 2023, the social and healthcare administration in Finland was completely reformed, with responsibilities transferred from municipalities to new authorities, *the regional wellbeing services counties*. The key objective of this reform is to improve the availability and quality of basic public services throughout Finland. The obligations for the 21 wellbeing services counties to ensure linguistic rights are also regulated in special legislation, specifically the Act on Organizing Healthcare and Social Welfare Services. According to this Act, the bilingual wellbeing services counties shall 'arrange their services in both Finnish and Swedish, so that customers are served in the language of their choice'.

Folktinget, the Swedish Assembly of Finland, administers duties established in an official Act (1331/2003). In brief, Folktinget works to improve the cultural and societal conditions of the Swedish-speaking population and to promote the status of the Swedish language in Finland. Its council, with 75 members representing political parties and the Åland Islands, is a recognised referral body that influences the drafting of legislation and reforms concerning the Swedish-speaking population and linguistic rights. Its tasks include supporting and developing Swedish-language culture in Finland.

Within this new institutional design, Folktinget regards the reform as an opportunity for the new authorities, the regional wellbeing services counties, to create an organisation with clear structures that takes into account the right of Swedish speakers to social and healthcare services provided in Swedish. In this regard, Folktinget has actively promoted cooperation between the bilingual social and health counties and has established a network for the National Languages Boards that according to the law must be appointed in each bilingual county. They have also organised regular meetings (on Zoom) for civil servants, third-sector organisations, and politicians, among others, in the new counties. The aim is to share best practices and to support the officials working within the counties in their work of developing and providing social and healthcare services for the Swedish-speaking population. In sum, although linguistic rights in Finland are formally quite strong, the Swedish Assembly believes that there are challenges with realising them in practice.

According to **Christina Gestrin**, research shows that it is difficult to access healthcare services in Swedish, especially in regions with relatively small Swedish-speaking populations. Consequently, she believes that authorities should seek to connect Swedish-speaking professionals with Swedish-speaking customers/clients/patients. The evaluation of customer experiences and satisfaction concerning language, along with follow-up and feedback, should be conducted more frequently. Additionally, it is important to find a way to measure how well the authority has succeeded in providing social and healthcare services in both official languages. Finally, new forms of cooperation should be considered, namely through the healthcare reform (i.e., the National Languages Committees) and by means of horizontal cooperation between the bilingual wellbeing services counties.

Karin Simola, Director of Bilingual Services at the [Wellbeing Services County of Southwest Finland](#) (Varha), offered a general overview of the language landscape in the region and in healthcare provision in particular. About 5.7 per cent of the region's inhabitants, approximately 27,500 people, are Swedish speaking, and nearly 8.9 per cent of the local inhabitants speak a native language other than Finnish or Swedish. Varha, one of the seven bilingual wellbeing services counties in Finland, is the second-largest wellbeing services county in Finland. Additionally, Varha is one of five wellbeing services counties operating through a university hospital.

Varha's Bilingual Services Department develops and promotes bilingualism and coordinates and advises on bilingualism issues within the organisation – and, if needed, externally as well. The county's Organisational Services include a department in which Varha's Swedish-language services are analysed and actions are taken to improve the quality of services in Swedish. These services support the customers as well as the staff in terms of language issues. They assist managers and supervisors as well, reminding them to always take language issues into consideration, in every process where it is necessary and as early in the process as possible. Varha thus works to ensure that Swedish and Finnish are being used in parallel and simultaneously in all communication, both internal and external.

Currently, the team is managing the development of a Language Strategy for Varha, created in collaboration with every division. The Language Strategy will include an action programme that sets yearly goals 'top down' in the organisation, including identifying the individuals responsible for each planned action. In concluding, Karin Simola offered some recommendations concerning the recruitment procedure, as she believes that staff language skills should be considered very seriously in the recruitment process. In this regard, she suggested that employees should be able to attend language courses during their working hours and/or employees should be offered language allowances as a part of their salary.

Finally, **Fredrica Nyqvist**, Senior Lecturer in Social Policy, shared the findings of [a comparative study](#) on social inclusion among older adults with a particular focus on linguistic minorities in a national and international context. Drawing on three case studies – Finland, Canada, and Wales – with similar results, she argued that the concentration and vitality of the linguistic minority are good predictors of healthcare provision in the minority language. Referring to [another study](#), she also showed that 'being small and outnumbered' can be a disadvantage. In other words, living in a regional minority-language situation still poses more challenges for the Swedish minority, including

the bilingual Swedish-speaking minority, than it does for the Finnish-speaking majority. By way of example, she noted that the need to switch to Finnish is still present; that Swedish services have longer waiting times, meaning that receiving services in Swedish requires more patience and effort; that situations of concern were detected in elderly care service and mental health services; and that there was a lack of access to information in Swedish during the COVID-19 pandemic.

Fredrica Nyqvist concluded her talk with one assertion and three recommendations. She argued that linguistic rights are strongly jeopardised by the inability to communicate in Swedish in service encounters. In light of this situation, she suggested certain measures that could contribute to ensuring better provision of healthcare in Finland, including a holistic approach integrating good practices, the effective implementation and enforcement of policies, and improvements in the staff recruitment process, as there is a shortage of bilingual social and healthcare workers.

2.2 | Case 2: New Brunswick, Canada

Gilles Vienneau, General Director of the [Société Santé et Mieux-être en français](#), shared with the audience the case of a Canadian province: New Brunswick. As a bridge between the communities and governments, the Société Santé et Mieux-être en français is a dynamic national association whose goal is to promote the development of French-language health services, working to bring together partners interested in improving access to French-language healthcare services in every province and territory where French is not the language of the majority of the population.

New Brunswick, the largest of Canada's three Maritime provinces, was one of the first provinces (along with Ontario, Québec, and Nova Scotia) to join the Dominion of Canada in 1867. New Brunswick is Canada's only officially bilingual province. According to [2021 census](#) data, New Brunswick has a total population of 775,610. About 34 per cent of the population can speak both French and English, 7.87 per cent can speak only French and 57.86 per cent can speak only English. Notably, in Canada as a whole, only 18 per cent of the population can speak both French and English, with bilingualism highest in Québec (46.4 per cent) and New Brunswick (34 per cent).

In Canada, healthcare is a provincial and territorial responsibility. The Constitution of Canada establishes that English and French are the official languages of New Brunswick and have equality of status and equal rights and privileges as to their use in all institutions of the Legislature and Government of the province. In accordance with the Constitution, [the New Brunswick Official Language Act](#) (2002), and [the New Brunswick Health Authorities Act](#) (2011), the provincial government of New Brunswick affirms the right of any member of the public to communicate with and to receive available services from any office of an institution of the Legislature or Government of New Brunswick in either official language.

This right applies to the provision of health services in the public sector, which means that the Government of New Brunswick has an obligation to offer and provide its health services in both official languages. Working in coordination with all government departments and agencies, this sector develops policies and promotes tools and practices aimed at ensuring that members of the public are offered and are able to access government services in the official language of their choice. This bilingual obligation applies to all forms of communication: in-person, on the telephone, on signage, and in written and electronic communications. From the moment of first contact, citizens of New Brunswick are greeted in both official languages so that they know that services are available in both English and French: Hello! Bonjour! In other words, the active offer is an invitation to communicate and receive services in the official language of one's choice.

Despite that, it is worth noting that official bilingualism does not mean that all government employees must be bilingual; as of 31 March, 2016, the provincial government only required that 41 per cent of its employees be bilingual. Another exception can be found in education. Indeed, each linguistic community (Anglophone and Francophone) has the right to its own schools and educational institutions, a right that exists in order to protect the vitality and ensure the development of each community. Consequently, the following institutions are not required to

provide their services in both official languages: i) the provincial school system, ii) schools and their communities, iii) district education councils, iv) community colleges, and v) universities.

That being said, although social acceptance of bilingualism is over 80 per cent in New Brunswick, only a limited percentage of the population can conduct a conversation in French. Additionally, there is no rule to enforce or tool to enable unilingual physicians or medical personnel to read a patient file written in French. Referrals often ignore the patient's language of choice, and physicians do not always request a bilingual specialist for unilingual francophones. No digital repository is available, and the vast majority of medical personnel still work on paper. With regard to transfers, the transfer corridors seldom take into account the patient's native language, and patients have no control over how or where they will be transferred. On a more positive note, more bilingual personnel have been entering the workforce in recent years.

In sum, as **Gilles Vienneau** observes, New Brunswick has 'two laws with no teeth'. In other words, citizens enjoy an adequate legal template but have no resources to take advantage of it. It should again be noted that language and culture are determinants of health: it is, above all, a question of quality and security of service.

2.3 | Case 3: the Basque Country, Spain

Josune Retegi Ormazabal, Deputy Director for Human Resources Development and Training at [Osakidetza](#) (Basque NHS), and **Susana Martín Benavides**, Deputy Director for Primary Healthcare at [Osakidetza](#), provided some insights on the provision of health services in Basque in the Basque Country.

The Basque Country straddles the boundary between France and Spain, under different administrations. The Basque Autonomous Community is a bilingual region with a population of approximately 2,100,000 people and two official languages (Spanish and Basque).

Basque is a non-Indo-European language, signifying that it is not related to the main European language families; it is thus a unique language with ancient roots and a rich oral tradition. Throughout history, Basque has coexisted with other languages on the Iberian Peninsula but has maintained its uniqueness. However, during the Franco regime (1939-1975), restrictive policies were applied towards non-Spanish languages, including Basque, and its use was even banned. After the transition to democracy, a series of measures for the protection and promotion of regional languages such as Basque were enacted, and in 1978, the Spanish Constitution recognised the right of the autonomous communities to use and protect their own languages. The creation of the autonomous communities in Spain in the 1980s allowed the Basque Country to promote Basque in education and public administration, including in the health sector. The 1980s thus represented a major turning point in the linguistic normalisation of the language, as officially reflected in Law 10/1982.

With regard to the use of the Basque language in healthcare provision, the Basque NHS, or Osakidetza, offers universal public assistance. It adopts an integrated approach and believes that communicating in the native language helps to ensure that patients enjoy equitable and better care. In this context, the first clinical pathway in Basque has recently been established, reflecting patient-centred care in which fostering Basque is viewed as a safety and quality issue. As noted by both speakers, the protection and promotion of the Basque language in the health sector is a priority for the Basque government; the key here is the development of an effective language policy in the process of revitalising the Basque language.

As a case in point, Josune Retegi Ormazabal and Susana Martín Benavides briefly mentioned the contributions of the Second (2021–2024) and Third Basque Language Plans (2023–2025), which sought to advance respect for linguistic rights by guaranteeing the use of Basque in oral and written communication in healthcare settings. In brief, the Third Basque Language Plan aspires to improve the provision of language service to Basque citizens, to make the Basque language a working language in healthcare environments, and to normalise the use of Basque in the management system

(encompassing working staff and heads of units). This new programme builds on previous achievements and is grounded in the following principles: i) respect for linguistic rights, ii) empathy and clear communication centred on the person, and iii) progressiveness in the implementation of the plan.

Recent data shows that 60 per cent of healthcare staff possess accredited qualification from B1 upwards; 40 per cent have no proven Basque language proficiency. Among those who are proficient in Basque, the majority have reached the B2 level (53 per cent), followed by the C1 level (31 per cent), B1 level (15 per cent), and C2 level (1 per cent). Furthermore, the percentage of healthcare staff with linguistic certification has shown a positive evolution between 2006 and 2023, growing from 11 per cent in 2006 to 51 per cent in 2023. Likewise, Basque-speaking patients' satisfaction with the use of the Basque language has increased from 69.97 per cent in 2017 to 77.5 per cent in 2022.

All in all, these figures confirm that promoting the use of the Basque language in healthcare services is a positive undertaking, reflecting the positive development of quality care in a bilingual setting.

3 | Managing languages in officially bilingual territories: challenges & opportunities for the future

The third and final part of this event was dedicated to the challenges and opportunities that can be diagnosed in healthcare settings. **Josune Retegi Ormazabal**, Deputy Director for Human Resources at Development and Training at [Osakidetza](#), **Henrik Wickström**, MP and Chair of the Swedish Assembly of Finland ([Folktinget](#)), and **Dr. Awen Iorweth**, Orthopaedic Consultant CTMUHB and Clinical Lecturer at Cardiff University for Coleg Cymraeg, led a lively conversation on the topic, clarifying the various challenges and opportunities in their respective language communities.

This final discussion was moderated by **Anna Jungner-Nordgren**, Vice-Chair of the [NPLD](#) and Senior Advisor in International and Nordic Affairs at the Swedish Assembly of Finland (Folktinget).

Starting with the Basque Country, **Josune Retegi Ormazabal** identified the following challenges and opportunities:

Challenges

1. **Basque as a working language:** the integration of the Basque language not only as a service language but also as a working language is still viewed as a challenge. Incorporating bilingualism in all healthcare processes and procedures is necessary. Hence, it is essential to adapt new technologies to integrate bilingualism in practice.
2. **Language training:** language training is required in order to continuously link the reality of healthcare organisations to the linguistic reality of Basque society. It is worth noting that the lack of professionals requires a new approach to language training, more agile and adapted to the environment.
3. **Scarce scientific linguistic corpus:** there is a need to develop a scientific linguistic corpus together with the scientific community and academia that will allow the standardisation of scientific language used in the field.
4. **Scant multidisciplinary approach:** it is necessary to advance and develop multidisciplinary studies (with the participation of neurologists, rehabilitators, psychologists, speech therapists, and nurses) that address language as a key element in the treatment and improvement of health conditions.

Opportunities

1. **Basque-speaking youth:** the Basque Country is a society that is booming in a renewed knowledge of Basque. More and more young people speak Basque, meaning that the new generations are incorporating bilingualism in a natural way, thus contributing to the normalisation of the use of Basque.
2. **Societal Basque consensus:** there is a consensus between the Administration, social agents, and private entities to encourage the regeneration of minority languages. It is in this collaborative environment that the Basque Country wishes to continue working.
3. **Digital transition:** the digital transition is an asset in the development of new technologies to not only facilitate language learning but also to incorporate bilingualism in computer tools.
4. **Participation in networks:** the Basque Country seeks to develop networks and forums (like this one), as such institutions will foster the comparison of good practices, learning, and the sharing of knowledge.

Mirjam Vellinga from the Language, Promotion and International Project division at AFUK identified the most pressing challenges in terms of implementing the use of bilingualism in the public health sector, as well as issuing certain recommendations:

Challenges

1. **Lack of personnel language training:** there is a lack of educated personnel, especially a lack of personnel speaking the minority language.
2. **Poor prior identification of needs:** the needs of the language minority are not always identified when building organisational structures.
3. **Organisational culture:** there might be a lack of bilingual environments in the organisation, meaning that the personnel speaking the minority language do not 'feel at home'.
4. **Information available in the minority language:** there is a lack of information produced or published in the minority language, both within the organisation and by state authorities, such as the Finnish Institute for Health and Welfare.
5. **Poor organisational language awareness:** the organisation does not necessarily have full knowledge of the language skills of the employees and where they work.

Recommendations

1. **Careful recruitment procedure:** the necessary language skills should be taken into consideration from the very beginning of the recruitment process, and when recruiting, skills in the minority language should be viewed as equally important as the other required competences. This necessitates an understanding of the customer's rights and of the fact that a person's emotional language has an impact on the outcomes of the service or care given.
2. **Teamwork:** opportunities should be created for staff representing the minority to work as a team or at least in close cooperation, building networks. This does not necessarily mean in the same physical buildings, but if it does, language questions must be taken into consideration during the design of the operational premises. The bilingual work environment can be either a physical or an emotional environment, or both. This might improve the psychological security of the employees, potentially increasing job satisfaction. This could likewise be advantageous in recruiting.
3. **Communication:** personnel should work to ensure that both/all languages are being used in parallel and simultaneously in all communication, both internally and externally.

Lastly, **Dr. Awen Iorwerth**, Orthopaedic Consultant CTMUHB and Clinical Lecturer at Cardiff University for Coleg Cymraeg Cenedlaethol, also identified certain challenges and opportunities, given her experience as a practitioner and lecturer:

Challenges

1. **The changing demography of Wales:** the demographics of Welsh speakers are in flux: the older generation of first-language speakers are retiring and dying, and the proportion of younger speakers whose experience of the language has been in school as their second, third, or even fourth language is growing. This has an effect on patient demographics and the workforce.
2. **England's geographic proximity:** Wales is next door to England. This has a huge impact on patient demographics – in terms of a high density of elderly migrants from England to certain Welsh communities – as well as workforce recruitment and retention, as Welsh-speaking staff have the opportunity to work in England and staff from outside Wales may choose to move over the border for a lower cost of living.
3. **Scarce resources:** there is a struggle to fund any healthcare resources, let alone 'new' strategies. This is due to funding constraints from both the Westminster Government's allocation to the Welsh Government and the subsequent distribution priorities for that funding. The recruit-

ment and retention of nursing and medical staff has been difficult due to funding problems and changes in working patterns, particularly since the COVID-19 pandemic.

4. **Time:** Rota gaps and pressures in dealing with waitlist backlogs have reduced the time available to develop and implement language strategies.

Opportunities

1. **Welsh Government language policy:** the Welsh Government's strategy, through both the [Welsh Language Measure](#) (2011) and the Welsh-language plan in health and social care, 'More than Words' ([Mwy na Geiriau](#), 2022–2027), has contributed to the evaluation of needs; it has represented a great opportunity for patients to express their needs, although it has not been as effective as expected.
2. **Confidence in Welsh national sentiment:** there is an increasing confidence in Wales as a nation and a recognition that the population has different priorities and healthcare needs than the UK in general.
3. **Recognition of the Welsh language by professional bodies in healthcare:** there has been a gradual recognition of Welsh language and Welsh devolution by professional bodies such as the General Medical Council (GMC) and the Nurse Medical Council (NMC).
4. **Normalisation of Welsh language use:** Welsh language use has been normalised on the international stage through sport, such as the Football Association of Wales, and through digital tools (i.e., the app developed by Swansea University and Coleg Cymraeg, among others).
5. **The New Generation:** the next generation is more aware of the importance of language in healthcare. These young people – from Wales and beyond – are realising that Welsh is not to be feared, and the feedback from improved Welsh-language communication skills is positive for all. By recruiting and retaining more Welsh-domiciled healthcare students and welcoming those from beyond the borders, we can make Wales a more attractive place to live and work.

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