

Q1.

Public consultation on two further possible changes to the National Boards English language skills requirements

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards (except the Aboriginal and Torres Strait Islander Health Practice Board) are inviting stakeholders to have their say on two further possible changes to the National Boards' English language skills requirements. Please ensure you have read the public consultation paper before answering this survey. There are specific questions we'd like you to consider below including specific issues the Medical Board of Australia is asking their stakeholders to consider in relation to reducing the writing component from 7 to 6.5. All questions are optional and you are welcome to respond to any you find relevant, or that you have a view on.

We are not inviting further feedback on proposed changes to the National Boards' English language skills standards (ELS standards) that we previously consulted on in 2022.

The submission deadline is close of business on **Wednesday 13 September 2023**.

Thank you for taking time to complete this survey.

Your feedback helps us to understand what changes should be made to the ELS standards and will provide information to improve our other work. This survey will take approximately 10 minutes to complete if you answer all the questions.

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

We do not share your personal information associated with our surveys with any party outside of Ahpra except as required by law.

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

If you have any questions, you can contact AhpraConsultation@ahpra.gov.au or telephone us on 1300 419 495.

Publication of submissions

We publish submissions at our discretion. We generally [publish submissions on our website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication,

we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Please click on the ARROW below to start the survey.

Q5.

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q65.

Are you completing this submission on behalf of an organisation or as an individual?

☒ Organisation

☐ Myself

Q6.

Please provide the name of the organisation.

Australasian Council of Paramedicine Deans

Q8.

If you are completing this submission as an individual, are you:

This question was not displayed to the respondent.

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

This question was not displayed to the respondent.

Q10.

Your contact details

Name:

[REDACTED]

Q11. Email address:

Q69.

Publication of your submission

Would you like your submission to be published?

- ☐ Yes - publish my submission **with** my name/organisation name
- ☒ Yes - publish my submission **without** my name/ organisation name
- ☐ No - **do not** publish my submission

Q14. Possible change one: Setting the minimum requirements for the writing component of an English language test from 7 to 6.5 IELTS equivalent and 7 in each of the other three components (reading, speaking and listening) with an overall score requirement of 7

One way to meet the National Boards' ELS standards is to achieve the minimum scores in an approved English language test. These tests assess an applicant's English language skills in speaking, listening, reading and writing.

The test pathway in the ELS standards is used by just under a quarter of applicants across the regulated health professions. National Boards currently require an overall score of IELTS 7 or equivalent but enable the scores of 7 in each component (writing, speaking, reading and listening) to be achieved over two sittings.

Q47. Question 1 of 6

Do you support reducing the score for the writing component of IELTS by half a band to 6.5 (or equivalent for other accepted English language tests) as proposed in the Kruk review? Why or why not?

The Kruk rapid review appears to be aimed more at Nursing and Medicine. Paramedicine receives two mentions in the document, which are not related to the findings. From a Paramedicine university program perspective, few programs offer enrolment to international students. Most programs refer to the Paramedicine Board's English language standard on their web-pages. Concerns raised by academics indicate a drop to 6.5 may: 1. Increase academic workloads in relation to marking pieces of assessments. 2. Paramedics work in uncontrolled environments, with little support. In hospitals, an ISLETS of 6.5 may be achievable as there are more supportive structures. However, the reduced system for support for paramedics on-road could be a reason for it to remain at 7 3. The rapid review findings were not paramedic specific – I would reserve my judgement until this data were available.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

The Medical Board of Australia has reservations about reducing the current writing component from 7 to 6.5 (IELTS equivalent) for applicants looking to register as medical practitioners in Australia as most comparable medical regulators require applicants to meet a minimum of 7. **Attachment B** of the consultation paper provides an overview of the scores comparable medical regulators from the United Kingdom, Ireland, New Zealand, and Canada require applicants to meet when sitting an English language test.

Question 2 of 6 (This question is most relevant to Medical Board of Australia stakeholders)

Do you have any specific views about the Kruk review recommendation to reduce the writing requirements for medical practitioners?

N/A

Q17.

Possible change two: Expanding the range of recognised countries where available information supports doing so

The countries that are recognised by National Boards in the standards have health and education systems largely equivalent to those in Australia. Health and education services in these countries are also typically delivered in English. This means National Boards can be confident that people who qualified in these countries have a level of English that is safe for practise in Australia. National Boards have significant regulatory experience with applicants from the countries recognised in the standard both before and during the National Scheme. The countries currently recognised by National Boards are one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

A recent review of similar health practitioner regulators indicates there is an opportunity to expand the recognised country list to better align with UK and NZ. For example, the [UK Visas and Immigration](#) (UKVI) list or a comparative regulator like the UK Nursing and Midwifery Council (the UK NMC) recognised country list, indicate that citizens educated and

working in those countries would have the English language skills needed for practice in Australia.

It can be complex to identify countries where the National Boards can be confident applicants will have the necessary English skills. The National Boards need objective evidence that applicants are able to speak, write, listen and read English to safely practise the profession. For example, if a country has multiple official languages, then English being one of the official languages means that the National Boards would need more information about a candidate's English language skills, not just their country of origin or education.

Q46.

Question 3 of 6

Do you support adding proposed countries where evidence supports doing so as proposed in the Kruk review such as those listed in **Appendix A** of the consultation paper?

This does not appear to directly affect Paramedicine - For paramedicine, the more specific overarching question is would the Paramedicine Board recognize qualifications from countries outside of the Anglo-American model of paramedicine. Furthermore, as a degree is required in all states but NSW for paramedic registration, most international applicants from countries without paramedic degrees (Outside of Australia, Canada, the UK, NZ etc) may not have the equivalency for registration with Ahpra/Paramedicine Board.

Q48.

Question 4 of 6

Are there any countries missing from those listed in **Appendix A** where evidence supports inclusion?

Sweden and Denmark

Q49.

Question 5 of 6

If these two changes are adopted to the ELS standards would they result in any potential negative or unintended effects for people vulnerable to harm in the community?^[1] If so, please describe them.

^[1] Such as children, the aged, those living with disability, people who have experienced or are at risk of family and domestic violence

In relation to Paramedicine, I am not sure the additional countries would have paramedicine qualifications of equivalence to Australia, and what is recognized by the Paramedicine Board of Australia. Regional communities may be most at risk with internationally trained clinicians. Interaction with paramedics may be impacted a due to a lack of understanding about paramedicine in the Australasian context.

Q36.

Question 6 of 6

If these two changes are adopted to the ELS standards, would they result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them

They would require training in cultural safety and First People perspectives on health.