

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](mailto: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.

Oceania University of Medicine (Samoa)

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?

We understand concerns regarding Australia's English Language Skills (ELS) standards for international medical practitioners. It's true that Australia has traditionally maintained high ELS requirements compared to some of its neighboring countries like New Zealand. However, this issue should be examined from multiple perspectives before making any conclusions. Firstly, the primary objective of setting high ELS standards for medical practitioners is to ensure patient safety and the quality of healthcare services. Effective communication between healthcare providers and patients is crucial in preventing medical errors, misdiagnoses, and misunderstandings that could have severe consequences. Therefore, maintaining a high standard of written and spoken English proficiency is seen as a way to safeguard the well-being of patients. While it's true that technology is playing an increasingly significant role in medical settings, and tools like translation software can assist in communication, there are limitations to relying solely on technology. Medical jargon and the complexity of patient interactions may not always be accurately conveyed through automated translation, potentially leading to misunderstandings or inadequate care. Furthermore, the need for effective verbal communication remains paramount in healthcare, especially during consultations, surgical procedures, or critical situations where instant and precise communication is essential. Technology may not always bridge the gap effectively in these scenarios. Another consideration is that relaxing ELS standards for international medical practitioners could raise questions about fairness and consistency in the healthcare system. Maintaining high standards across the board ensures that all practitioners meet the same rigorous criteria, regardless of their country of origin. This helps maintain trust in the healthcare system and ensures that patients receive consistent, high-quality care. That said, it's essential to regularly review and update these standards to ensure they remain relevant and fair. If there is evidence that the current ELS requirements are disproportionately disadvantaging qualified medical practitioners and deterring them from contributing to Australia's healthcare system, a thorough examination of the standards is warranted. However, any potential changes should not compromise patient safety or the overall quality of healthcare. In conclusion, while it's important to consider the impact of ELS standards on the international medical practitioner market, they should be viewed through the lens of patient safety, quality of care, and fairness. Striking the right balance between these factors is crucial to ensure that Australia maintains a robust healthcare system while also welcoming skilled practitioners from around the world. Having noted all of the above, the reduction of 0.5 in the ELS requirement would bring us in line with other countries and is unlikely to have a tangible impact on patient safety risks so we believe that this is an acceptable change to implement at this time to positively impact the number of medical practitioners considering moving into the Australian medical sector. The change will need to be monitored and reviewed for impact moving forward.

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?

I feel that the Kruk review recommendations have been well considered and researched.

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?

Yes, this is supported and considered to be well overdue.

Q48.

### Question 4 of 6

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

Many countries in the Pacifica, for example, Samoa, Cook Island etc should be considered for inclusion. These countries teach in English and while patient reviews are undertaken in their native language, patient history and patient notes are all completed in English. All medical staff are required to hold very high English levels.

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?<sup>[1]</sup> If so, please describe them.

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

We advocate for a reduction in the IELTS written English requirement from 7 to 6.5, recognizing that such a change would not have any negative impact on the vulnerable members of our community. Instead, it aligns with the principles of cultural safety and respect, which are of paramount importance.

**Inclusivity and Access:** Reducing the IELTS written English requirement can make educational and professional opportunities more accessible to a wider range of individuals, including those from diverse linguistic backgrounds. By acknowledging that a score of 6.5 demonstrates a sufficient level of English proficiency for effective communication, we ensure that people are not unfairly excluded from opportunities solely due to a slightly lower score.

**Cultural Safety:** Cultural safety is a critical consideration in today's globalized world. Emphasizing cultural safety over stringent language requirements helps create environments where individuals from various backgrounds feel valued and respected. It promotes cultural diversity and fosters a sense of belonging among all community members.

**Effective Communication:** The ability to communicate effectively transcends a numerical score on an English proficiency test. Real-world communication encompasses various skills, including verbal communication, body language, and cultural sensitivity. People who score slightly lower on the IELTS written exam but possess these essential communication skills can still contribute positively to their communities.

**Balanced Evaluation:** A holistic evaluation of language proficiency takes into account all facets of communication, not just written English. By reducing the written requirement, we shift the focus towards a more balanced assessment that values overall language competency, making it a fairer measure of an individual's ability to thrive in a multicultural society.

**Encouraging Integration:** A slightly lower IELTS requirement encourages international students and immigrants to integrate more readily into their host communities. When the emphasis is placed on cultural understanding and respect rather than a higher English proficiency score, it fosters a sense of community and social cohesion.

**Economic Benefits:** Facilitating the entry of individuals with a score of 6.5 into educational institutions and the workforce can have positive economic consequences. It allows for a more diverse and skilled workforce, potentially contributing to innovation and growth in various sectors.

In conclusion, we firmly believe that reducing the IELTS written English requirement from 7 to 6.5 is a step in the right direction. It aligns with our commitment to cultural safety, inclusivity, and respect for all members of our community. We should prioritize these values over rigid language requirements, recognizing that a score of 6.5 is a fair reflection of an individual's ability to participate effectively and constructively in our diverse and multicultural society.

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

The proposed reduction of the IELTS written English requirement from 7 to 6.5 for international medical practitioners seeking to practice in Australia is a change that we firmly believe will not have any potential negative or unintended effects on Aboriginal and Torres Strait Islander Peoples and will, in fact, yield several advantages for our healthcare system and society as a whole. First and foremost, lowering the IELTS written English requirement will facilitate the entry of more qualified international medical practitioners into Australia. The current requirement of a score of 7 in the IELTS written English test can be a significant barrier for highly skilled professionals who may have excellent medical knowledge and clinical skills but face difficulties in achieving this specific language proficiency score. By reducing the requirement to 6.5, we can attract a more diverse pool of healthcare professionals, ensuring that our healthcare system benefits from a broader range of expertise and experience. Furthermore, this policy change can help address critical shortages of medical practitioners, particularly in rural and underserved areas. Australia's vast and diverse landscape often means that remote and Indigenous communities struggle to access adequate healthcare services. By making it easier for international medical practitioners to enter the country, we can increase the availability of medical professionals in these areas, thereby improving healthcare access for all Australians, including Aboriginal and Torres Strait Islander Peoples. In addition, it is important to note that international medical practitioners are subject to rigorous assessments and evaluations to ensure that they meet the necessary standards for medical practice in Australia. This includes examinations, clinical assessments, and supervised training periods. These safeguards are in place to protect the health and safety of all Australians and to ensure that healthcare providers, regardless of their background, meet the highest standards of competence and professionalism. Reducing the IELTS written English requirement from 7 to 6.5 for international medical practitioners is a sound and equitable policy change that will bring numerous benefits without any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples. It will enhance the diversity of our healthcare workforce, address medical practitioner shortages in underserved areas, and ultimately improve healthcare access for all Australians.