



National Health
Practitioner
Ombudsman

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Practitioner Ombudsman**

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██████████
National Director Policy and Accreditation
Australian Health Practitioner Regulation Agency

By email: AhpraConsultation@ahpra.gov.au

Dear Helen

Submission on the public consultation on two further possible changes to the English language skills requirements

Thank you for the opportunity to respond to this additional consultation on the shared Boards' English Language Skills Registration Standard (the Standard).

I recognise and support Ahpra and the Boards' commitment to addressing the Kruk review's independent findings and interim recommendations to fast-track and improve efficiency in registration processes where appropriate.

I note that initial consultation on the revised Standard closed in September 2022. While I recognise the specific intention of this new consultation, the concerns expressed in my office's initial submission remain and are not addressed by these additional proposed changes. In particular, I note that my office's submission outlined suggestions which align with the broad objectives of ensuring the fast, efficient and appropriate registration of health practitioners, including:

- ensuring Boards are provided with the discretion to grant exemptions to practitioners from meeting the Standard's requirements based on exceptional circumstances
- reviewing the available test pathways, including to determine whether:
 - the standard of English required differs for certain professions
 - evidence of work experience could be used to demonstrate English language proficiency
 - the recognised countries list could be set aside for a recognised institutions/courses list based on the minimum English requirements to undertake the program of study required for the profession.

In regard to the new proposed amendments, I support reducing the acceptable score for the writing component of the English language test. There appears to be a clear evidence base to support this proposed change.

I also support expanding the list of recognised countries in the Standard where there is sufficient evidence to do so. However, I am concerned that there does not appear to be a clear rationale for the proposed expanded list of recognised countries. I note that the proposed expanded list appears to be based on the United Kingdom's citizenship requirements, whereby individuals from the specified countries do not need to prove their English language skills to obtain citizenship or residency. However, I cannot determine a clear rationale for why this list has been used as the basis for determining English language proficiency for Australia's registered health professions. To my knowledge, this list of countries was not generated based on specific knowledge of the language skills required to safely practise a registered health profession in Australia. Providing a sound rationale for the decision to recognise certain countries, and sharing this rationale, is central to ensuring the Boards' decision-making is transparent and accountable. Without clearly identified criteria for determining the list of recognised countries, there is little doubt that complainants will continue to raise concerns with my office that the Standard is discriminatory. I therefore reiterate my view that the criteria used to determine the list of 'recognised countries' should be reviewed to determine the relevant requirements, and the criteria should be made publicly available.

As noted previously, I suggest that the review of recognition criteria should consider whether the recognised countries list should be set aside for a 'recognised institutions/courses' list which is based on the minimum English requirements to undertake the program of study required for the profession. I note that the General Medical Council, based in the UK, outlines that it may accept primary medical qualifications from an acceptable institution as evidence of knowledge of English, provided the qualification is less than two years old and was taught and examined solely in English.¹ As noted previously, the research report commissioned by Ahpra and the Boards by the Language Testing Research Centre found that applicants from 10 professions in Malaysia, six professions in Singapore, and two professions in Hong Kong would meet the Standard's requirements.² If these research findings are accepted, it appears that many applicants are eligible to meet the Standard without having to undertake an English language test, but the current pathways do not recognise this because the country they undertook their education in is not 'recognised.' This does not appear to be a fair outcome for these applicants.

Finally, the Kruk review's interim report recommended that the Boards consider applicants who have completed an approved program of study to have automatically met the English language skills requirements (see S15). I similarly suggested that the Boards should consider their obligations to ensure that those having completed an approved program of study meet

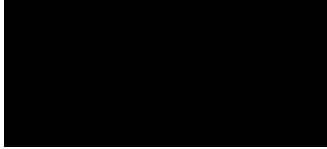
¹ GMC, 'Using your primary medical qualification.' Accessed August 2020: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english/using-your-primary-medical-qualification>. Please note that applicants must also supply a letter or certificate from the university or medical college confirming other certain requirements were met.

² Language Testing Research Centre, University of Melbourne Research to inform the Review of English language skills registration standards for 15 health care professions, August 2022

the Standard. I strongly suggest that the Boards consider this further as part of the Standard's review.

Please do not hesitate to contact my office should you wish to discuss this submission further.

Yours sincerely



Richelle McCausland
National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner