

SUBMISSION

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AMA Submission to consultation on two further possible changes to the National Board English language skills requirements

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1. Based on the need to protect public safety, the AMA strongly opposes any proposed reduction to the English language requirements – particularly a reduction from 7 to 6.5 in the written component of the International English Language Testing System (IELTS).
2. The AMA notes the proposed expansion of the recognised countries list – we do not have a view as to the appropriateness or not of adding each of the proposed individual countries. As a principle we would not support any change that would have the effect of allowing medical practitioners with proficiency lower than the current standard being able to be registered to practise in Australia.

Reduction in English language skill requirements

The AMA strongly opposes any proposed reduction to the English language skills requirements – particularly a reduction from 7 to 6.5 in the written component of the International English Language Testing System (IELTS) in order to become a registered medical practitioner in Australia.

The AMA position is informed by the need to ensure patient safety and the maintenance of the very high standards of medical care that Australians have come to expect. Any reduction in the level of written English language competence has the potential to pose safety risks to patients. The practice of medicine is highly complex and requires accurate communication of information between doctors and patients as well as between doctors and other doctors and health care providers. There are many studies in the literature, which have analysed the causes of medical errors and have concluded that problems in communication between members of the clinical team have often played a significant role.

Slight errors in nuance or sentence construction can lead to significant misunderstandings potentially resulting in harm to patients. We note the difference between 7 and 6.5 of the

IELTS as outlined in the discussion paper may include not answering all parts of a question. In medicine not including all relevant information or using words and sentences that convey meaning that is “generally adequate” rather than precise can make a big difference in diagnoses, treatment, communication and outcomes.

The discussion paper cites the increasing use of checklists, computing and word processing tools and electronic capture of information as contributing to the ability to allow a reduction in the written English language requirements. The AMA would argue that, if anything, the opposite is the case – the more written material that is generated by computer checklists, algorithms and artificial intelligence, the greater the need for human understanding and oversight of written words that are generated by these technologies.

The AMA also notes that this proposed change has been put forward in the context of a review seeking to streamline the processes for registration of internationally trained health practitioners to address workforce shortages. It is therefore reasonable to conclude that a further reason underpinning the proposed relaxation of written English language skills is based on the need to address workforce shortages.

The AMA does not consider that a solution to workforce shortages is to lower the English language proficiency standard required of a prospective medical practitioner. Rather, the AMA would contend that the emphasis should instead be on at least maintaining existing standards and providing the necessary support and resources for international medical graduates to enable them to upgrade their English proficiency. For example, should a potential registrant score a 6.5 that is on the cusp of a 7, simply rejecting their registration should not be the only option – support and additional education could help them achieve a score of 7 and therefore meet an acceptable minimum requirement.

It should also be stated that some AMA members take the view that the minimum IELTS score should be increased to 8. For example in mental health care, competent use of idiomatic language is part of naturalistic patient discourse. Whilst an increase in the IELTS score above 7 is not AMA policy, the advocacy by some medical practitioners of the need for a higher level of competence in written English reinforces the argument against any reduction.

Proposed expansion of recognised countries

As stated above, the AMA does not have a view as to the appropriateness or not of adding each of the proposed individual countries to the list of recognised countries. This would require detailed knowledge of the languages spoken (including official languages) in each of those countries, including the main teaching language used in the education system.

As a general principle the AMA would not support any change that would have the effect of allowing medical practitioners with proficiency lower than the current standard being able to be registered to practise in Australia. Any changes would need to be assessed using that prism.

Conclusion

In conclusion the AMA reiterates its commitment to public safety by supporting high standards of English proficiency in order to become a registered medical practitioner in Australia.

Accordingly, the AMA does not support a reduction in the IELTS score from 7 to 6.5.

Whilst the AMA is not in a position to comment on whether individual additional countries could be added to the Recognised Countries list, we maintain that any addition should not result in a diminution of the standard of English proficiency required to obtain registration as a medical practitioner.