

Q1.

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

Introduction

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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.

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Thank you for taking time to complete this survey.

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Q5.

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☐ Organisation

☒ Myself

Q6.

Please provide the name of the organisation.

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Q8.

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

☐ A registered health practitioner

☐ A member of the public

☒ Other - please describe below

Past registered practitioner

Q9.

Which of the following health profession/s are you registered in, in Australia?
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Q10.

Your contact details

Name:

Q11. Email address:

Q69.

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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?

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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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?

The need for high quality writing skills will vary across roles and some roles/ professions will adopt transcription technology more readily than others.

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:

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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?

Q48.

Question 4 of 6

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

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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

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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

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Q9.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

☐ Aboriginal and Torres Strait Islander Health Practice

☐ Chinese Medicine

☐ Chiropractic

☐ Dental

☐ Medical

☐ Medical Radiation Practice

☒ Midwifery

☒ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

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No. As an academic responsible for education of nurses it is becoming increasingly difficult to ensure nursing students, overseas and domestic, are graduating with the essential knowledge base they require to practice well. Literacy is an important marker as to the knowledge retained from studies. In addition, I am concerned that as health professionals in the clinical area they are able to understand and to be understood as this relates directly to quality care.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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

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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

Q48.

Question 4 of 6

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

No

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

I don't think these groups would be at any greater risk than other members of the public accessing healthcare. I think if the current standards are upheld or strengthened further I would be happy to include immigrants from other countries with the same standards. My concern is preventing adverse patient outcomes.

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

Again I don't think this group would be at any greater risk than other members of the public accessing healthcare.

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I am NICU register nurse from Turkey.

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Yes, I agree to you. I would like to live and to work as a nurse in Australia. Before the exams (IELTS, PTE, OET) applied to become a registered nurse in your country, the candidate nurses who receive training with a language school and at the same time allow them to work in the field and ensure social environment adaptation will contribute to the success of the language exam. Therefore, after coming to your country and practicing for 18-24 months in the field to become a registered nurse, taking these exams will make the process even easier.

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No, I have no idea

Q17.

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Q48.

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

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Q49.

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

no.

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Derma1 clinician. GET US
REGISTERED!!! 🙏

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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.

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Initial questions

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☐ Organisation

☒ Myself

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q8.

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

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☐ A member of the public

☐ Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

- ☐ Aboriginal and Torres Strait Islander Health Practice
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- ☐ Chiropractic
- ☐ Dental
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- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Paramedicine
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Psychology
- ☐ Other - please describe below

Q10.

Your contact details

Name:

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Q69.

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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?

Yea

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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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?

Q17.

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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?

No

Q48.

Question 4 of 6

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

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

If they are not from English backgrounds, then it can harmful to accept as my point of view instead of assessment

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

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

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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?

No. My own experience of going through the process and observing others indicates band 7.0 would be just right, at least in my own field of psychiatry where language plays a larger part.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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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?

No, however, if there are mechanisms to ensure people living in those countries whose first language is not English do not get exempted under this category it can be accepted.

Q48.

Question 4 of 6

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

No

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

People with mental illness (who have complex communication needs) Children (Health professional needs to alter communication to suit their development age) The elderly and people with disabilities

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

I believe so. The Aboriginal and Torres Strait Islander people have their own vulnerabilities arising from colonisation and related matters. It's challenging to engage them in health in general unless the professional communicates openly, caring and reassuringly.

Q1.

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Q47. **Question 1 of 6**

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Yes I support! My reason for agreeing to reducing IELTS writing component to 6.5 is the essays involved in the writing component have nothing to do with medicine or the practice of medicine. I took the IELTS test 5 times before getting a 7 in writing meanwhile all other components I was getting 8 and 8.5. On the 5th time I had 6.5 again so I protested and requested for remarking, and consequently my score was changed to 7. I feel there is alot of unfairness in the writing component. I feel the organisation use the writing component to make money off people.

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)

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Q17.

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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 I support but there are few other African countries that have good command over the English language, which I feel should be part of the list.

Q48.

Question 4 of 6

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

I feel countries like Ghana, Nigeria, Zimbabwe, Zambia and Kenya etc (all former British colonies) should be added because the official language is English in these countries. Students are taught in English from nursery to university. English language is used at place of work.

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

No comment

Q36.

Question 6 of 6

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No comment

Q1.

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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

Q48.

Question 4 of 6

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

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

I believe there will be none

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

I believe there will be none

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.

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Q10.

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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**

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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?

Yes, I support It will help internationally qualified nurses achieve the desired score, and more nurses will be able to join.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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Yes

Q48.

Question 4 of 6

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

Nurses who have sufficient experience from recognised institutions in the Middle East

Q49.

Question 5 of 6

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No

Q36.

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Q1.

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

Introduction

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☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

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☒ Other - please describe below

Occupational Rehabilitation

Q10.

Your contact details

Name:

Q11. Email address:

Q69.

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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?

No. Too many non-english speaking doctors already struggle to complete forms or provide adequate treatment.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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Question 3 of 6

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Q48.

Question 4 of 6

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Q49.

Question 5 of 6

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

Yes. People that can't advocate for themselves would suffer. Attend any workers comp gp appt and see how limited their understanding is to compete a referral. Patients are being referred to specialist who offer a disappointing level of care. Every patients really struggle to communicate with gps of who english is their second language.

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

As above being a vulnerable citizen

Q1.

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

Introduction

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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?

No The importance of written information - reports/ assessments etc is growing with respect to the nature of health care, with insurers and with the NDIS. A lowering of the written component of the IELTS suggests a lesser importance on this essential aspect of therapy. Written reports require the therapist to provide appropriate information to a range of stakeholders for the benefit of the patient and to lessen the level of English proficiency expected therefore would increase the potential risk of misunderstanding/ miscommunication and subsequently inappropriate or potentially harmful treatment to the patient. As such I do not support the lowering of this essential clinical skill.

Q40.

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Question 3 of 6

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I do not think a blanket approval should be given rather a note that for these countries if they studied in English is more relevant as some countries listed have multiple languages.

Q48.

Question 4 of 6

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

N/A

Q49.

Question 5 of 6

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

As noted earlier - inappropriate written medical reports/ assessments and other documentation could result in risk of harm for any client. Those in vulnerable communities already are at higher risk.

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

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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?

Q17.

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

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

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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

Q48.

Question 4 of 6

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

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

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

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.

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☐ Organisation

☒ Myself

Q6.

Please provide the name of the organisation.

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Q8.

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

☐ A registered health practitioner

☐ A member of the public

☒ Other - please describe below

Eligible for limited registration

Q9.

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

Q10.

Your contact details

Name:

Q11. Email address:

Q69.

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Would you like your submission to be published?

- ☐ Yes - publish my submission **with** my name/organisation name
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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?

In my opinion, I endorse this approach because most doctors are not professional writers and shouldn't be judged or have any limitations to their practice based on this component. English is an international language. It is the beacon of communication worldwide. I don't think anyone at this point of time has any struggle with the language.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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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?

As I mentioned before, English has become the mainstay language of all nations. All doctors study medicine in English and are more than capable of approaching the language easily.

Q48.

Question 4 of 6

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

Yes. We can take into consideration many countries in the Middle East and the Gulf, where English is the most popular language spoken due to diversity and inclusion.

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

I believe not. Constant practice and keeping the language in check with other tools, such as courses, would help so many doctors improve their language skills.

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

I don't believe it would.

Q1.

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

Introduction

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Q8.

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

☐ A registered health practitioner

☐ A member of the public

☒ Other - please describe below

I'm a overseas applicant for
psychology registration

Q9.

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

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Your contact details

Name:

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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?

Yes, I support this change because according to my point of view, practice in their relevant field is very important than testing their English language skills. Language is just a tool for communication, it's not a deciding factor of their talent.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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Q48.

Question 4 of 6

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

India In India people are studying from school to till masters or PhD in English language only. And moreover Indians got Australian visa only by showing their English language skills by attempting IELTS or equivalent test. So you can consider those people for registration without again asking them to show their language skills.

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.

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☐ Chiropractic

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☐ Medical

☐ Medical Radiation Practice

☐ Midwifery

☒ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

Your contact details

Name:

Pumla Coleman

Q11. Email address:

Q69.

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Would you like your submission to be published?

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Q40.

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Yes

Q48.

Question 4 of 6

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Nepal India China Pakistan Malaysia the list goes on as our workforce is

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Not at all

Q36.

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☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

Your contact details

Name:

Robyn Stephenson

Q11. Email address:

Q69.

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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?

No, I do not support reducing the writing component. It is imperative that patient notes and referrals/scripts/letters are legible. Reducing one component may open the way for reducing other components later ie speaking, reading or listening. It's hard enough to decipher doctor's hand-written notes, and very often referrals are poorly written as it is! With Australia being an English speaking country, I think the health practitioners need to have a good grasp of the English language. If I were to work in Sweden, for instance, I would have to learn the language well enough to converse with patients, let alone write letters/referrals for them. I think the same concept should apply to all health practitioners in Australia, especially where English is not the practitioner's first language. If supply of practitioners to rural/remote areas is lacking, perhaps there should be greater (financial?) incentive provided for practitioners to work there, rather than just lazily dropping the writing component! And if you want health practitioners to work longer hours, or remain in the workforce longer (ie not retire early from it or work P/T for years), perhaps less ridiculous requirements from AHPRA would be a good start. AHPRA will keep more health practitioners registered if they don't beat them over the head with administrative red tape! I have to question, over time, are we to take more and more overseas health professionals whose English may be lacking, but who are nevertheless willing to work under stringent rules? Seems a weird way to try to help patients. Understanding the health practitioner and them understanding you as the patient are paramount! Why don't you try addressing the real problems (the 'challenge' noted in the Kruk review) instead of reducing a practitioner's ability to be understood.

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?

It seems like the general process to accept qualified health practitioners into Australia is onerous indeed. Practitioners will look to other countries to practice in if the wait time and test time is unreasonably long here. Surely the process needs to be tweaked a little? But surely this can be done without reducing the health practitioners' English skills?

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?

So long as a practitioner's English skills are good enough, and so long as they have the necessary skills to perform their job competently, I don't mind where they're from!

Q48.

Question 4 of 6

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

I think A LOT of countries could be added there. That list seems to be merely British, former British, or US overseas territories. It's a weird list. You're not going to get the thousands of health practitioners you want just with adding those countries in! You need to add a lot more - preferably bigger countries. Honestly, any country is fine, so long as the training is equivalent, and the English is proficient.

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

I just think we're going to end up with a few more health practitioners with worse English. It will result in a bit more communication issues across the board, not just to people who are vulnerable in the community.

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

I just think we're going to end up with a few more health practitioners with worse English. It will result in a bit more communication issues across the board, not just to people who are vulnerable in the community.

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.

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Q5.

Initial questions

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☐ Organisation

☒ Myself

Q6.

Please provide the name of the organisation.

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

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☐ Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

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- ☐ Chiropractic
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- ☐ Medical
- ☐ Medical Radiation Practice
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- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Paramedicine
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Psychology

☒ Other - please describe below

I'm a GP registered overseas

Q10.

Your contact details

Name:

Sa'id Mohammadi

Q11. Email address:

[REDACTED]

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?

I support reducing the score for the writing component of IELTS by one score 6 (or equivalent for other accepted English language tests) as proposed in the Kruk review. IELTS is a very good and standard test that measures the English language proficiency of health practitioners who want to work in Australia. However, the writing component is too hard and does not reflect the real-world demands of health professionals. Reducing the score for the writing component may increase the supply and diversity of qualified health workers in Australia, especially in rural and remote areas where there is a shortage of staff. The Kruk review also found that there is no clear evidence that a higher writing score leads to better health outcomes or patient satisfaction. The other components of IELTS, such as listening, reading, and speaking, are still required to be at 7 or above, which ensures that the candidates have adequate English skills to communicate effectively. Therefore, I think the proposed change of lowering the writing score to 6 is reasonable and beneficial.

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?

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:

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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.

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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?

I believe no other country should be added to the list

Q48.

Question 4 of 6

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

No

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

-

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

-

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.

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☐ Midwifery

☐ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

Your contact details

Name:

serg

Q11. Email address:

Q69.

Publication of your submission

Would you like your submission to be published?

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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**

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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?

because it is not good to have it this way...better to get wor under someone and study language practically

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.

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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?

not sure

Q48.

Question 4 of 6

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

nto sure

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

no way, should make it better

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

no do not think so

Q1.

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Q10.

Your contact details

Name:

serge diklich

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[REDACTED]

Q69.

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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?

Yes. All fine language skills needed to acquire the subtleties of English will be obtained through work. I know hundreds of former ADC applicants, now established health practitioners, who succeeded in that and I am certain the future applicants will be equally successful.

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.

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Q17.

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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?

The list of countries should be expanded and include the countries beyond the Anglo crown influence. Countries, such as China, South Korea, Japan, Europe long ago surpassed the traditional Anglo-west in clinical and basic science as we as the use of technology. There is no need for Australia not to tap into that potential.

Q48.

Question 4 of 6

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

Yes See above

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

Not at all. In fact, these incentives are highly positive, affirmative and incentive-giving.

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

Not at all. In fact, these incentives are highly positive, affirmative and incentive-giving.

Q1.

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

Introduction

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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.

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☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☒ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

Your contact details

Name:

Mravan

Q11. Email address:

Q69.

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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**

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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?

Yes I agree. Infact the overall band should be reduced to 6.5 in all test formats.

Q40.

Additional considerations and questions for Medical Board of Australia stakeholders

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Q10.

Your contact details

Name:

Thomas Cason

Q11. Email address:

[REDACTED]

Q69.

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no- one must be competent to a high level in language to be able to communicate in what may be fairly complex situations in terms of medical/dental practice. The patient must be able to understand what is being explained so the practitioner must be able to pitch his/her explanation to the correct level.

Q40.

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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 - the english standards would need to be assessed properly and equivalency monitored

Q48.

Question 4 of 6

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

dont think so

Q49.

Question 5 of 6

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as stated previously - if competency is managed/tested to a high level there should be a low risk for potential issues

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

again see above - There may be a need for translation by competent persons if the aboriginal or torres islanders have difficulties with english

Q1.

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Your contact details

Name:

vivian leung

Q11. Email address:

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No, accurate and easy to understand written communication is crucial between dentist to other dentist/health professional, to patient, to auxiliary staff, to regulating authority, other potential 3rd parties. Miscommunications and misunderstandings must be avoided to maintain an acceptable standard of care.

Q40.

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All people, as well as people vulnerable to harm, are entitled to a high standard of complete and quality health care

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

Perhaps. Similar to every other subset of patient, a potential drop in quality of care should not be normalised

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Name:

Zafran Ali

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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, I do support

Q48.

Question 4 of 6

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

No

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

No

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

No

