

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.

## Your contact details

Name:

Ahmad Muhsen

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?

Absolutely. 6.5 is very close to 7. If you compare those who had 6.5 in IELTS writing task you will find they can easily achieve the corresponding band (B) in OET.

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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## 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.

Q48.

### Question 4 of 6

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

Yes. I think some potential countries in the Middle East are not considered.

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

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

May be. More training and practice in the field may improve practitioners competence.



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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?

Yes, I think it's ridiculous. We are putting public safety at risk for the sake of workforce pressures, instead of looking at the real issues behind workforce pressures, such as workplace culture and similar.

Q17.

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

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### Question 3 of 6

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Yes; but I don't think the Isle of Man or Jersey is the population to solve the workforce issues in Australia! The Kruk review is merely displacing the responsibility of government to the regulator, so that the government can later blame the regulator for workforce issues that it created.

Q48.

### Question 4 of 6

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

Don't know.

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.

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

Changes could place any of the population at risk by lowering English standards (which I would argue are already pretty low in some health practitioners) still further. Not an issue if they're working in their communities - but we need to know that health practitioners can communicate effectively and fluently in an emergency situation.

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 am not qualified to answer this.

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No. I do not support this as it will not improve safety for a health setting to Australian public issuing acupuncture and herbal medicine.

Q40.

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No. Standards of English among some recent IMGs are already very poor, and difficult to communicate with. Further lowering these standards would only make this worse

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- 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

Q48.

## Question 4 of 6

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

No. Although South Africa should be removed, as a number of people there have, in my experience, limited to English proficiency.

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

I think there is a significant chance that vulnerable people would be particularly impacted by this change. Vulnerable people are often significantly less able to communicate with practitioners who have broken, or patchy English abilities. Whilst many members of the general public will be able to adapt their speaking style, and simplify their language, to accommodate medical practitioners who have limited English skills, vulnerable people may struggle to do this, and as such miss out on medical 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

Aboriginal and Torres strait Islander people may be particularly impacted by an increase in the number of medical practitioners with poorer English skills. As we know many international medical graduates are required to spend time in rural areas, often with larger First nations populations. First nations people, particularly those living outside of urban areas, may be less familiar in speaking with people for whom English is a second language, and may struggle to adapt the complexity of their language, or to adapt their colloquial terms, into simple phrases readily understood by medical practitioners with limited English skills. This could exacerbate the existing gap in health outcomes between First nations and non-first nations people.



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**.

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Q5.

## Initial questions

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☒ 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.

☐ 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

☐ Other - please describe below

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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☐ 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?

No I do not support this change. The reduction in the English language requirement has a risk of impacting on patient safety. The ability to communicate clearly and articulate questions and listening patients/clients etc responses is an imperative part of assessing patients/ clients. In addition to this communication - oral and listening is imperative when engaging with family/ significant others. This is supported in the NSQHS, protection of public safety and reduction of risk,

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:

- 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, as long as the health professional has studied in English for greater of 5 years and can still demonstrate proficiency. I would support a moderated assessment with these countries in the first 12 months.

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?<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

Absolutely, I do believe that consumers/family could be adversely effected. People with disabilities, hearing impairment, English as second language for example will potentially be impacted. These changes will present a high risk to public safety.

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

Absolutely, I do believe that consumers/family could be adversely effected. Australian first nations people are already vulnerable and a reduction in communication will present a high risk to public safety.

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

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

You may select more than one answer.

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☐ Chinese Medicine

☐ Chiropractic

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☒ Medical

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☐ Midwifery

☐ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

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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?

Yes but I would suggest that using IELTS is seriously outmoded and does not reflect the ability for effective communication, but rather grammatical skills based on traditional English grammar. It is fundamentally different to the way other languages use words and communicate. A scoring system is not a useful way to assess communication skills. It needs to be done with non confrontational face to face interviewing. Also the cost is prohibitive for an unemployed migrant and is a serious deterrent to continuing with the process. It seems that we are making it difficult, instead of supporting and helping these new applicants to practice medicine. It is a faceless bureaucracy using "scoring" It does not reflect communication ability.

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:

- Australia
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- 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.

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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?

India, Pakistan, Holland, Sweden, Denmark and other countries where good English is an integral part of secondary and tertiary education.

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

I don't believe so.

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





Q1.

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

### Introduction

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☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

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Q10.

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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

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?

I support additional countries where there's evidence that English language is used as a language of instruction from primary school to university. Certainly it is double standard to leave some African countries out whereas English is their official language. These are EU countries that have used English as their official language since colonisation and should be exempted from such kind of tests.

Q48.

Question 4 of 6

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

Kenya Uganda Namibia Botswana

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

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



Q1.

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

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☒ A registered health practitioner

☐ 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

☐ Chinese Medicine

☐ Chiropractic

☐ Dental

☐ Medical

☐ Medical Radiation Practice

☐ Midwifery

☐ Nursing

☒ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

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

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☐ 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?

No

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:

- Australia
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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

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?<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

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.

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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Q65.

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

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Q6.

Please provide the name of the organisation.

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Q10.

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Q69.

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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?

No, I am currently working as a Nurse and I believe staff should have good writing skills to make clear communication with other staff members and health professionals.

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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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?

Ni

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

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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Q5.

## Initial questions

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Q65.

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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:

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☐ Other - please describe below

Q9.

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

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☐ Chinese Medicine

☐ Chiropractic

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☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☒ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

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**

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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. Written communication is absolutely essential as a health care practitioner, and just as essential as the other three domains of communication. Written communication is the means by which information is shared between members of the health care team through medical records both within and between services and organisations. Errors or lack of clarity in written communication can have significant consequences. Furthermore, written communication is the basis of clinical record keeping - the medico legal account of health care provided and the interactions between patients and their health care providers. Surely by reducing the score you are in fact placing MOs at greater medico legal risk?

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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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?

Depends - is their qualification equivalent to ours?? English language skills are a key component, but so is clinical skills/knowledge

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?<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

Possible Reluctance from members of the community to access healthcare from clinicians not trained in Australia and with ESL

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.

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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☐ Myself

Q6.

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

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Which of the following health profession/s are you registered in, in Australia?  
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## Q47. Question 1 of 6

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The AMC notes that for medicine, this would put Australia at odds with the requirements of most of comparator countries. Reducing the score in one component, writing, may lead to pressure to reduce the others in the future however.

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?

This change would result in Australia being the only country which would have one subject lower than the other 3 subjects. Other than Ireland all other countries require 7 in each subject. While by itself this may seem a simple change, it is one change in a complex system. While it may increase the numbers passing this test, it is not clear how this flows through the system. For example, the AMC Clinical exam, now available online, is now available to international medical graduates still residing overseas. This was not an option prior to the COVID-19 pandemic. Therefore many IMGs sitting the exam overseas and who have not resided previously in Australia may not have any experience in the Australian health workforce or any other English speaking health workforce and may have very limited English language skills, including writing.

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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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 AMC agrees that gathering evidence about the likely impact of any change will be important before making this change.

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?<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

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

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Q5.

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Q65.

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☐ Organisation

☒ Myself

Q6.

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Q8.

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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☐ Chinese Medicine

☐ Chiropractic

☐ Dental

☐ Medical

☐ Medical Radiation Practice

☐ Midwifery

☒ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

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

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☐ 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?

No I do not support reducing the writing band to 6.5. The importance of having an ability to clearly, accurately and concisely communicate in English in our health sector cannot be understated. This is an area that is specialised and there is little room for error when a person's life might be at stake.

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 question the perceived decisions to 'dumb down' the requirements. I understand there is a shortage of health professionals and most of these countries now appear to rely on a migrant population to fill the gap. However, this issue needs a root cause analysis approach from clinicians, rather than a knee jerk response from bureaucrats and administrators. Employing migrants with poor English language skills is not the solution and only serves to exacerbate the crisis.

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?

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?<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

The groups described above are vulnerable for many reasons and experience stressors that the rest of the population might not. Why would we expose them to health professionals who are unable to communicate with them to their level of need and understanding? One has only to look at the aged care sector for evidence of this ie older English speaking residents becoming frustrated and struggling to comprehend their non English speaking carers. Add dementia to this and the anxiety is compounded for all.

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

Yes. See above.





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.

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☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

Chandra

Q11. Email address:

Q69.

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Would you like your submission to be published?

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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?

Support band 6.5, because the English language is a medium communication and not a measure of intellect. The focus should be on the profession specific language use. It is the skill and competency that counts. Australian population is diverse.

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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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?

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?<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

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.

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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Q6.

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- ☐ Osteopathy
- ☐ Paramedicine
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Psychology
- ☐ Other - please describe below

Q10.

## Your contact details

Name:

Edith Bekunim

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
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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 think it's a good initiative, however, I would also wish they use overall band score alone instead of focusing of each individual score because a lot of people have good skills to practice but the language exam alone is holding them back. Thank you.

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

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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'm still wondering why other countries have schooled all their lives in English, written all their examinations in English, yet been stressed over English requirements and band scores unlike other countries.

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?<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

No, I do not think so.

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, I do not think so.

Q1.

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

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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.

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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! 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**

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- 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 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?<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

No comment

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 comment



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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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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Q5.

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Q65.

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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:

☒ A registered health practitioner

☐ 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
- ☐ Chinese Medicine
- ☐ Chiropractic
- ☐ Dental
- ☐ Medical
- ☐ Medical Radiation Practice
- ☐ Midwifery
- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Paramedicine
- ☒ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Psychology
- ☐ Other - please describe below

Q10.

## Your contact details

Name:

Jonathan Panagos

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?

No. Pharmacy is a profession where a large amount of complex information needs to be communicated to lay persons, and clear communication, concise speech is required. As it currently stands, many pharmacist who have English as a second language have issues communicating with patients, and this is especially exacerbated when trying to convey information to patients who also have English as a second language. By decrease the level of proficiency in English required for practice, more errors will occur by professionals, more errors in communication of information, on more medication misadventure by patients.

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:

- 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.

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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 this proposal as long as these individuals have received their education in those listed countries.

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?<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

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.

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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☐ Nursing

☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

Justin Ng

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

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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?

No. I do not support. Maintaining a level of 7 should be the minimum and it is to ensure higher level of understanding and master of English in professional settings to protect safe practice.

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?

Yes. While maintaining the same level of writing proficiency does not necessarily mean it would translate into better patient care. But reducing it means there is a higher chance to let doctors of lower English level to practice in Australia. This would be a problem in the long run. The test is served as a gatekeeper to ensure only qualified doctors can practice in Australia.

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
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- 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.

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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. The UK has a bigger issue in recruiting and retaining doctors. So they are seeking ways to recruit more IMGs. But Australia has suffered from a lesser problem. Actually quite a lot of UK doctors migrated to Australia to work. If maintaining good work life balance, Australia does not need to include more recognized countries to recruit qualified doctors. Also we need to consider other factors like quality of their education and healthcare standard.

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?<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

Yes. Fewer qualified doctors with less English proficiency or from countries with different healthcare standards will be serving the Australian population. Oftentimes it is the quality that counts but not merely just the number of doctors. Many communication and cultural issues will arise leading to compromised 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

Not sure.



Q1.

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

### Introduction

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☐ Occupational Therapy

☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

Mabhena Otto Mahlaba

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?

Yes for applications from Commonwealth countries who have English as their official language and study and write all their examinations in English language.

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?

Yes, and that English must be a passed subject in their education.

Q48.

### Question 4 of 6

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

Commonwealth countries who use English as their official language and education is in English language.

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

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.



Q1.

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

### Introduction

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☐ Midwifery

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☐ Optometry

☐ Osteopathy

☐ Paramedicine

☐ Pharmacy

☐ Physiotherapy

☐ Podiatry

☐ Psychology

☐ Other - please describe below

Q10.

## Your contact details

Name:

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?

Yes, I do support. As a non-native English speaker, I genuinely believe in my profession that 6.5 or equivalent is sufficient to conduct daily work, such as recording case notes, communicating with other health professionals or patients in writing. With the support of spelling check etc, I am quite confident candidates achieve 6.5 can fulfil their tasks successfully.

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:

- 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?

No, I don't support. Although these countries do have English as official language, it doesn't necessarily mean the candidates have great command of the language; depending on the institution candidates receive education, I doubt the standards are the same. At my work, I encountered non-native speakers who worked in Ireland for certain period of time (I vaguely remember it was two years), who automatically gain access to Australia nursing recognition. However, from my observation, they speak very poor English with strong accent, I wonder how they could communicate with their patients at hospitals and provide quality care to the public.

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?<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

In my opinion, change 2 can result in negative impact to public health. Even those countries are added on the list, I still would like to see some further training schemes or short-term language bridging course being imposed to achieve certain standard for the benefit of Australian public

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 potential negative I can see is probably language and culture. People join the work force can always be offered an introductory course of culture, however it will take years to understand better of the culture. By the end of the day, I think language is still the key, without good communication, it will be hard to learn and to improve.





## Submission template

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

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 registration requirements.

Please ensure you have read the public consultation paper before answering this survey. There are specific questions we would like you to consider below, including specific issues the Medical Board of Australia is asking its 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 (the ELS standards) that we previously consulted on in 2022.

Your feedback will help us to understand what changes should be made to the ELS standard and will provide information to improve our other work.

Please email your submission to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au).

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

#### 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 documents 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**.

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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 personal experiences or other sensitive information.

Australian Health Practitioner Regulation Agency  
National Boards  
GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: 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 and psychology.



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.**

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

### Question A

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

#### Your answer:

☐ Organisation

Name of organisation: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

☒ Myself

Name:

Contact email:

### Question B

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

☐ A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

☒ A member of the public?

☒ Other:

### Question C

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

**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.

**Question 1**

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 skills tests) as proposed in the [Kruk review](#)? Why or why not?

**Your answer: I am a consumer who has worked as a Volunteer tutor for newly arrived migrants and refugees over many years (as well as an academic at the ANU where I taught many international students, and a senior executive in health for both the Australian and state and territory governments).**

**Many of the people I taught as a Volunteer home tutor of english (including two qualified doctors in their own country) had a keen focus to pass the IELTS; the doctors focus was to achieve registration or to at least commence working as medical practitioners.**

**Issue of studying in English in home country: The two doctors told me they studied medicine using English texts/materials etc as they were the only texts available and admitted as their English was not strong they learned the content by rote and regurgitated it in the exams. I gained the understanding that the complexities, linkages and interconnecting frameworks may be lost to them. So while they knew information the other component of learning ie the "thinking and understanding", the ability to grasp complex situations to apply the frameworks to was missing. I also felt it also reduced their ability to develop IQ as well as EQ.**

**Passing IELTS: The two doctors I assisted only wanted to learn how to pass the exam. They did not want to develop an understanding of community, culture, policy, strategy, communication, consumers or anything other than practicing to pass the IELTS. That is, learning and applying English in these complex areas. I was disappointed as I had expected more from a professional who should have been imbued with the need for this knowledge in their study.**

**There for while I believe the IELTS is a weak tool but it is the only one we have, however I would be disappointed to see a weak system further weekend by reducing the pass grade.**



Do you support adding proposed countries where evidence supports doing so as proposed in the Kruk review such as those listed in <b>Appendix A</b> of the consultation paper?
<b>Could not find appendix A</b>
<b>Question 4</b> Are there any countries missing from those listed in <b>Appendix A</b> where evidence supports inclusion?
<b>Your answer:</b>  <b>Could not find appendix A</b>
<b>Question 5</b>  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? <a href="#">[1]</a> If so, please describe them.  <a href="#">[1]</a> Such as children, the aged, those living with disability, people who have experienced or are at risk of family and domestic violence
<b>Your answer:</b>
<b>Your answer:</b>  <b>our answer: I am a consumer who has worked as a Volunteer tutor for newly arrived migrants and refugees over many years (as well as an academic at the ANU where I taught many international students, and a senior executive in health for both the Australian and state and territory governments).</b>

Many of the people I taught as a Volunteer home tutor of English (including two qualified doctors in their own country) had a keen focus to pass the IELTS; the doctors focus was to achieve registration or to at least commence working as medical practitioners.

Issue of studying in English in home country: The two doctors told me they studied medicine using English texts/materials etc as they were the only texts available and admitted as their English was not strong they learned the content by rote and regurgitated it in the exams. I gained the understanding that the complexities, linkages and interconnecting frameworks may be lost to them. So while they knew information the other component of learning is the “thinking and understanding”, the ability to grasp complex situations to apply the frameworks to was missing. I also felt it also reduced their ability to develop IQ as well as EQ. The concepts of culture, consumers, communication which are integral to a modern health system may not be understood.

For simple clinical issues this may be enough if we were willing to accept that, however, as a consumers we would not find it acceptable.

When it comes to the more vulnerable in the community particularly those with chronic conditions and those with complex needs the concern that these clinicians may not only not grasp the complexity of the conditions but also may not understand the populations or consumers needs nor the complex integrated health care system.

There for while I believe the IELTS is a weak tool but it is the only one we have, however I would be disappointed to see a weak system further weakened by reducing the pass grade.

#### Question 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.

**Your answer:**



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.

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**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.

*This question was not displayed to the respondent.*

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

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

☐ Other - please describe below

Q10.

## Your contact details

Name:

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

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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?

I doubt misinterpretation and miscommunication is a favourable outcome for patients in the care of someone with reduced language skills. The test scores should be INCREASED otherwise the signatory's on the Kruk report should be held liable for future mistakes due to lack of communication skills.

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:

- 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?

Language skill tests should be across the board for any applicant. If English is their first language the test should be a formality and not a hardship. Should we assume other country's tests are to our standard? Obviously not if we are being asked to reduce our standard to align. We should set the bar not follow others.

Q48.

Question 4 of 6

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

As 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?<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

It will harm everyone seeking healthcare as is evidenced currently. We should be enhancing our healthcare system not dumbing it down. It is far too dangerous.

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

Negative for ALL. Why do you discriminate?



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.

*This question was not displayed to the respondent.*

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 am an general physician new born  
junior 1

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.

## Publication of your submission

Would you like your submission to be published?

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



Reduce it. Advantages: You will have more specialists. In my view speaking from a medical perspective because most of the medical terms are Latin. Disadvantage: Must understand the local accent and Memorize vocabulary.

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 agree on the hope of medical practitioners to join in researchers to find cures to provide a brighter future and healthier society.

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 practice 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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- 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.

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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?

Absolutely.

Q48.

### Question 4 of 6

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

Saudi Arabia,Dubai and Qatar.

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.

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.

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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.

*This question was not displayed to the respondent.*

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

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
- ☐ Other - please describe below

Q10.

## Your contact details

Name:

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
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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?

In case there is an equivalent language test for this specific health profession (or mandatory course in language regarding to health) I would support reducing the score.

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:

- 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?



No, I think little is known about the English language proficiency of the applicant.

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?<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

This depends highly on the applicant. If English language proficiency is not sufficient parents and caretakers of vulnerable persons might want to change the caregiver or avoiding treatment. This, of course, can be harmful.

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.

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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?

Yes as written language has changed considerably. However, an overall level of 7 (and for the other 3 components) should be maintained.

Q40.

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Possibly if specific written documentation is required.

Q36.

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Cultural safety is always a concern, so verbal and listening ability specifically needs to be considered.