

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.

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 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 publish 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 personal experiences or other sensitive information.

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958 Melbourne VIC 3001 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: The Australasian College of Dermatologists

Contact email: [REDACTED]

☐ Myself

Name:

Contact email:

Question B

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

☐ A registered health practitioner?

Profession:

☐ 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:

We do not 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 part of our specialist medical college delegated functions, the Australasian College of Dermatologists (ACD) is responsible both for selection of trainees onto our specialist training program and the assessment of comparability for International Medical Graduates (IMGs). In that selection process, we notice a meaningful difference in applicants' abilities to effectively communicate in the English language when they score 7 in any category or have to take the test multiple times compared with someone who has 8 and above and passes first time.

We note that teachers with English as a second language have to achieve a band of 7-8 for schools and do not see why a lower standard should apply to doctors when the ability to communicate well both orally and in writing is so critical for safe, quality care.

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 (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?

Your answer:

Please see response to Question 1 above. We further note that lowering the writing requirements may have downstream implications as individuals may face challenges in successfully completing written exams that may need to be undertaken for completion of their training or upskilling.

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 Registration and Accreditation 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.

Question 3

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?

Your answer:

Yes, adding countries where the evidence supports doing so seems reasonable.

We note from the consultation paper that as part of the changes consulted on in 2022 there was support for removing South Africa as a recognised country and we are supportive of that conclusion.

Question 4

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

Your answer:

None that we are aware of.

Question 5

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

Your answer:

As noted in our response to Question 1, there is the potential for Change 1 to have an impact on delivery of safe, quality care which relies on effective communication in all areas and across the care team. Effective communication is equally, if not more important when interacting with people vulnerable to harm in the community. If we expect high standards of teachers, we should apply the same standards to doctors who are managing our health.

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:

As per our response to Question 5, the ability to communicate effectively in all areas and across the care team is integral to safe, quality care.