



English language skills registration standards

11 December 2024

Public consultations report

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.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.

Contents

Introduction	3
Context	3
Purpose	4
Review of the English language skills registration standards	4
How we consulted	4
Public consultation on the English language skills registration standards (2022)	5
Overview of responses	5
Table 1: Breakdown of responses by profession (individual).....	5
Table 2: Breakdown of responses by profession (organisations)	5
Summary of responses	5
Table 3: Themed responses	6
Summary of changes	7
Public consultation: Two further possible changes to the National Boards' English language skills requirements (2023).....	7
Overview of responses	7
Table 3: Breakdown of responses by profession (individual).....	8
Table 4: Breakdown of responses by profession (organisations)	8
Summary of responses	8
Next steps	10
Future work	11
Conclusion	11

Introduction

Context

National Boards work in partnership with the Australian Health Practitioner Regulation Agency (Ahpra) to implement the national scheme for regulating health practitioners in Australia (National Scheme).

National Boards set the national standards that practitioners must meet to be registered in Australia. These standards include five core registration standards, required by the National Law¹. One of these core registration standards is an English language skills registration standard which all applicants must meet for their profession. The standards are in place to protect the public by ensuring an applicant's level of English is sufficient to practise the profession.

The National Boards regulating the first ten health professions² under the National Scheme developed English language standards that took effect on 1 July 2010. Four more professions³ joined the National Scheme on 1 July 2012 and the English language skills standards for these professions commenced at that time. Paramedicine joined the National Scheme on 1 December 2018.

In keeping with good regulatory practice, registration standards are scheduled for regular review. As part of the most recent review of the English language skills registration standards, all National Boards (except for the Aboriginal and Torres Strait Islander Health Practice Board of Australia, which did not take part in the review⁴) consulted widely on the proposed draft standards in 2022. A further public consultation was undertaken in 2023 on two further possible changes to the National Boards' ELS requirements arising from the Independent Review of Overseas Health Practitioner Regulatory Settings (the Kruk review).

The feedback received from the consultations helped inform the participating National Boards' review of the standards. The draft standards were sent to Health Ministers for their consideration and was approved on 14 November 2024.

Two new standards will come into effect, replacing the previous standards:

1. the ***Common English language skills registration standard (with consolidated appendix)***, which applies to all applicants applying for registration for the first time in Chinese medicine, chiropractic, dental, medical, medical radiation, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology
2. the ***Nursing and Midwifery English language skills registration standard***, which applies to all applicants applying for registration for the first time as enrolled nurses, registered nurses and midwives.

The new standards will be published on National Board websites in December 2024 to allow health practitioners time to become familiar with the new requirements before they commence **by April 2025**.

The new standards are intended to provide an effective balance between public protection and increased flexibility for applicants by ensuring that the registered health professionals have the English language skills they need to practise in Australia.

Since the COVID-19 pandemic, there have been significant changes in the English language skills tests offered by test providers. In addition, comparable health practitioner regulators have introduced some changes to their English language skills requirements and/or announced reviews. Due to this dynamic environment, the National Boards and Ahpra will continue work on the English language skills necessary for practice in Australia, including further research.

¹ Health Practitioner Regulation National Law, as in force in each state and territory.

² Chiropractic, Dental, Medical, Nursing and Midwifery, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology

³ Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy

⁴ The Aboriginal and Torres Strait Islander Health Practice Board of Australia conducted its own profession-specific review in 2019.

Purpose

This report describes the consultation process and summarises the responses received from the public consultation and how they were considered in developing the 2024 versions of the English language skills registration standards (ELS standards).

Review of the English language skills registration standards

In reviewing the ELS standards Ahpra and the National Boards are guided by the objectives and guiding principles of the National Law and the regulatory principles for the National Scheme. The principles form part of the broader work to advance community confidence in regulated health practitioners which includes [the National Scheme Strategy 2020-25](#), [the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#), [the National Scheme Engagement Strategy 2020-25](#), [Ministerial Council issued policy directions](#) and [the Regulatory guide](#).

National Boards consider that consistency in regulatory approaches can facilitate patient and practitioner understanding, support inter-professional practice and contribute to safety and quality of healthcare. The National Boards are also aware that changes to the ELS standards may impact on practitioners, other stakeholders and staff who need to become familiar with the changes. Therefore, the National Boards have only made changes where they have identified real improvements to align with available evidence, clarify processes, reduce duplication, streamline and remove unnecessary information and address gaps in content.

The changes have been based on the following high-level principles:

- there should be at least one pathway to meet the ELS standards for all applicants, but not every pathway will be available to every applicant
- the ELS standards should be clear and easy to understand for applicants, National Board decision makers, staff and external stakeholders
- pathways are as evidence based as possible
- consistency across the ELS standards should be promoted where possible, and
- the ELS standards should apply an effective balance between public protection (although this must be the priority), regulatory effectiveness and efficiency and reasonable flexibility for applicants.

How we consulted

In undertaking consultation the National Boards followed the published processes set out in the [Consultation process of National Boards 2023](#) and the [Procedures for the development of registration standards, codes and guidelines](#).

The National Boards undertook preliminary consultation with key stakeholders in May 2021. The Office of Impact Analysis (formerly the Commonwealth Office of Best Practice Regulation) was also consulted during preliminary consultation in order to assess the potential for any significant regulatory impacts. The Office of Impact Analysis advised that a Regulation Impact Statement was not required.

Public consultation on the draft ELS standards was open from 13 July 2022 to 7 September 2022 to ensure wide-ranging consultation on proposed changes.

In December 2022, National Boards agreed to submit the draft ELS standards for Ministerial approval. However, after National Boards agreed to progress the ELS Standards to Ministers, more information emerged about the [Kruk review](#) and ongoing workforce shortages. Consequently, progressing the ELS standards to Health Ministers was held off to enable developments in the Kruk review to be considered.

In April 2023, National Cabinet endorsed the Kruk review interim report (the report), which included recommendations on making two further modest changes to draft ELS standards:

- expanding the range of countries recognised as part of pathways to meet the standards, and
- a slight reduction to 6.5 (IELTS equivalent) in the writing test result score accepted by National Boards.

Public consultation on the two further possible changes to the National Boards' ELS requirements opened on 16 August and closed 13 September 2023.

Both consultations were announced in a media release, news items on each participating National Board's webpage, promoted on social media and directly advised via email to National Board and Ahpra shared

and profession-specific stakeholders, including peak consumer and safety bodies. The National Boards and Ahpra invited feedback from practitioners, stakeholders and the community.

The media releases explained how stakeholders could participate and included a link to the Ahpra public consultation webpage. The Ahpra webpage had a link to an online survey with the public consultation paper available for download. The option to provide written feedback via email was also available.

National Boards and Ahpra sincerely thank the members of the public, practitioners and stakeholders for their feedback on the proposals.

Public consultation on the English language skills registration standards (2022)

Overview of responses

Feedback was received from 98 external stakeholders. Responses were received according to the following breakdown: eight from jurisdictional departments, 56 from individuals and 34 from organisations. Most individuals responded via the online survey. Most organisations responded by written feedback via email.

Table 1: Breakdown of responses by profession (individual)

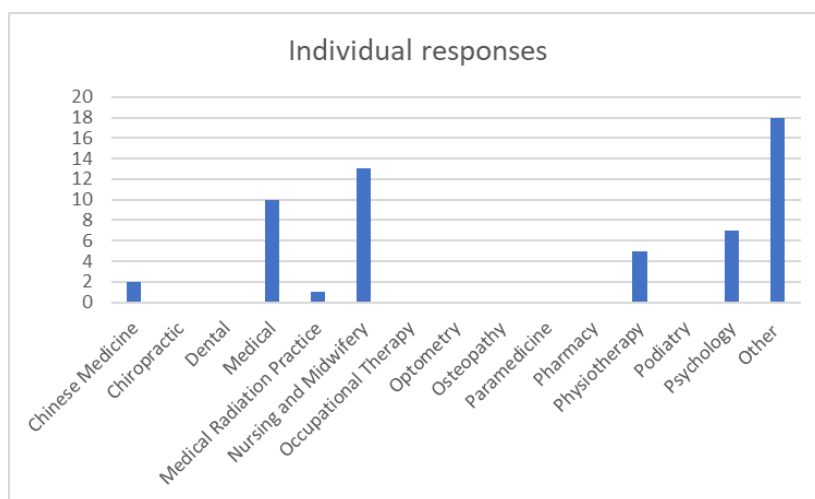
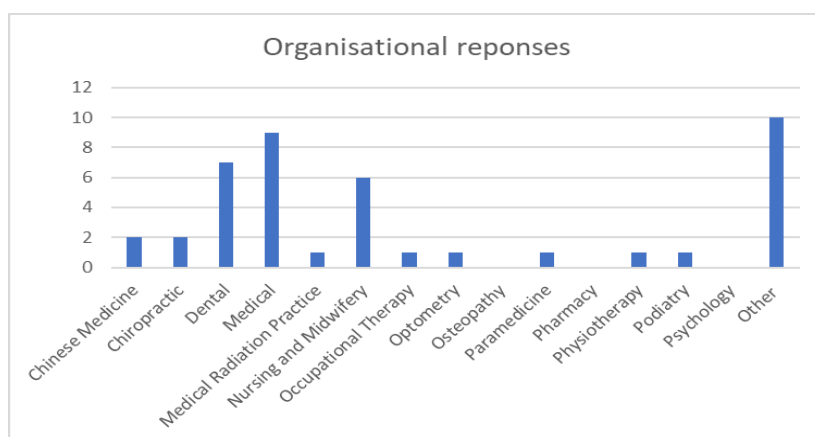


Table 2: Breakdown of responses by profession (organisations)



Summary of responses

Thematic analysis was conducted on the online survey and written responses received. The themes are provided in table 3 below.

Table 3: Themed responses

Overall structure and editorial suggestions	Most stakeholders supported the proposed draft standard and agreed that the standard was clear, relevant and workable. There was strong support for the inclusion of the table for the pathways and colour coding, and for including examples within the definition section of the standard. A small amount of editorial feedback was provided.
Pathways (general)	Most stakeholders supported the proposed pathways. There were some suggestions to reorder and remove numbering. There was wide support for colour coding and table format and pathway names being included in standard.
Pathway name (school education)	Most stakeholders supported renaming the primary education pathway to the school education pathway. There were also a few suggestions for additional clarification.
Pathway name (combined education)	Most stakeholders supported renaming the pathway. There were also a few suggestions for additional clarification.
Pathways (advanced)	Most stakeholders supported the new name of the pathway. A small number suggested alternate names eg “tertiary” or “qualifications and advance” pathway. Further suggestions for clarification were also made including if requirements for both parts of the pathway were required in a recognised country and which programs would be accepted.
Pathways (test)	Most stakeholders supported the pathway, some questions were raised around the validity of the different tests, test costs and perception of discrimination, request to both drop and raise the test scores.
Extending the timeframe to combine tests from 6 months to 12 months	Almost all stakeholders supported extending the period to combine test results from 6 to 12 months. A few suggested longer or maintaining 6 months.
Limited registration	Two stakeholders sought further clarification on how the exemption would be applied.
Definitions	Most stakeholders supported including definitions and examples in standards and FAQs. A few rewords were suggested. A smaller number were not sure or didn't support.
Removal South Africa from the recognised countries list	Stakeholders generally supported removing South Africa from the recognised country list with some expressing agreement around aligning with Department of Home Affairs' (DOHA) country recognition and available evidence and several stressing the need for a transition plan. A smaller number cited some concern re removing South Africa including possible negative impacts on South African applicants (both financial and personal), their employers and the public's access to services, particularly rural and Aboriginal and Torres Strait Islander communities and possible consequences of increased workforce pressures or South African applicants relocating to countries where they are not required to undergo an ELS test.
Recognised countries (other)	A few stakeholders suggested recognising other countries (Singapore, Hong Kong, Malaysia and other English-speaking countries) but did not provide further evidence to support their proposal. A few stakeholders sought clarification as to how the list of recognised countries evolved and suggested further research in this area.
New test modalities	Most stakeholders indicated strong support for National Boards approving the Cambridge C1 advanced and C2 proficiency English tests. There was mixed support for accepting tests which involved remote proctoring ⁵ or mixed test formats, support that if other modalities added that they meet same robust

⁵ Remote proctoring usually involves a student sitting a test on their own computer, usually at home, with technology used to supervise them remotely during the test and maintain test integrity

	criteria as existing tests, and some concern expressed about a possible lack of alignment between tests accepted by National Boards for registration and DOHA for migration purposes.
Other feedback	<p>A number of stakeholders proposed aligning ELS requirements with educational institutions ELS course entry requirements or questioned why completion of an approved program of study alone was not sufficient to meet the standard. Some questioned requirements to sit multiple ELS tests for immigration, education and registration purposes. Further research into this area was also suggested.</p> <p>A few stakeholders provided feedback that considerations for individual applicant needs such as dyslexia should be further explored or asserted that the standards unfairly discriminated against certain applicants.</p> <p>A number of stakeholders also suggested further consideration of work experience.</p>

Summary of changes

The following is a high-level summary of the changes that have been made to the common standard following public consultation:

- further defining the advanced education pathway requirements
- removing the numbering of the pathways to help reduce any inference that any pathway is preferred to another.
- adding a definition for limited registration
- minor changes to further refine and clarify wording and expression including within the pathways and in the definitions provided within the standard and
- Broadening the type of work recognised to extend the validity of an EL test result to include working in another relevant health, disability or aged-care related role where all other requirements as set out in the standard are met

Public consultation: Two further possible changes to the National Boards' English language skills requirements (2023)

On 30 September 2022, the National Cabinet announced the Kruk review and in April 2023, the National Cabinet endorsed the interim review report.

In line with recommendations within the interim report endorsed by the National Cabinet, in August 2023, the National Boards consulted on two further possible changes to their English language skills requirements: expanding the range of recognised countries and a possible change to one element of the English test results accepted by the National Boards. The National Boards invited responses to questions about the two further possible changes including specific issues the Medical Board of Australia asked its stakeholders to consider. This consultation did not invite further feedback on proposed changes to the National Board ELS standards that have been previously consulted on. The consultation opened 16 August and closed 13 September 2023.

Overview of responses

Feedback was received from 119 stakeholders. This demonstrates reasonably strong engagement and interest in the two possible changes. Submissions were received from 49 organisations, five jurisdictions and 65 individuals.

Table 3: Breakdown of responses by profession (individual)

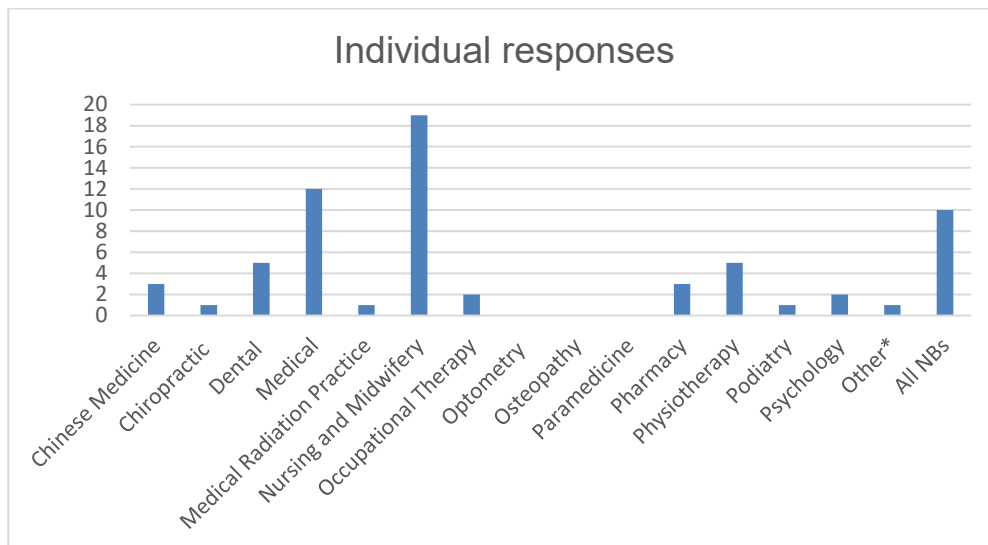
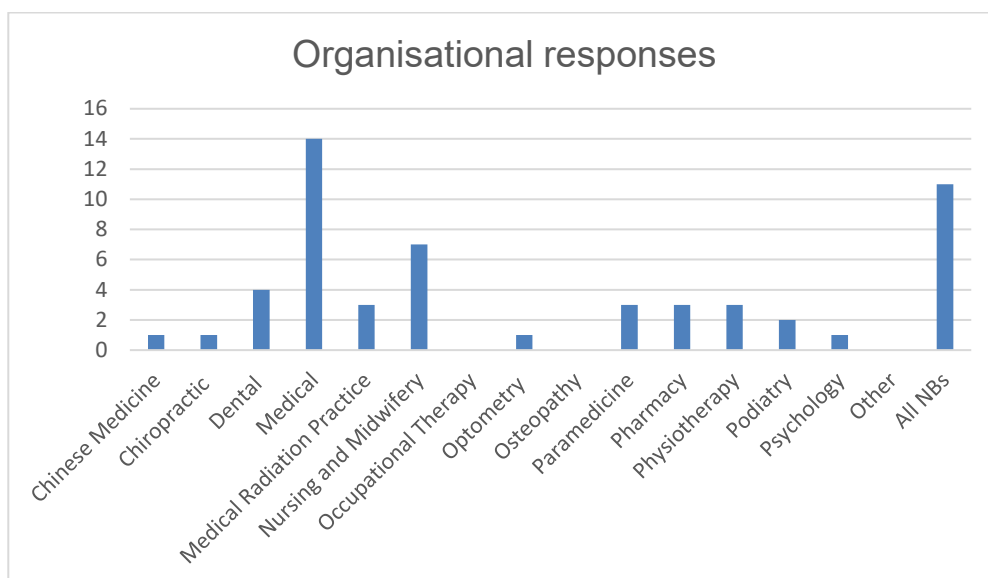


Table 4: Breakdown of responses by profession (organisations)



Summary of responses

Thematic analysis was conducted on the online survey and written responses received.

Reducing the score for the writing component of IELTS by half a band (or equivalent for other accepted English language skills tests)

Key themes for support from stakeholders focussed on the difference between band 6.5 and 7 being minimal and supporting the reduction in the band if other components and overall score of 7 is retained. This would ensure health practitioner have adequate English skills to communicate effectively. Stakeholders considered the reduction of half a band probably only reflects minor differences in overall writing ability and does not mean there is a significantly lower proficiency in writing in English, noting there is evidence that the reduction in the writing band score does not represent a substantial difference in overall writing ability. Other stakeholders noted that it could be an effective way to increase the attractiveness of Australia to overseas-trained health practitioners without comprising patient safety. Some stakeholders highlighted written language and technology have evolved with written tasks being simplified with more use of embedded templates, electronic health records, checklists, and other technology. Some stakeholders indicated that it would aligns with other like regulators who have

	<p>already lowered the writing band score to 6.5 and with some university English language requirements. They also highlighted that research from the Nursing and Midwifery Council (NMC) in the United Kingdom (UK) on a reduction in writing scores from 7 to 6.5 IELTS has not shown any evidence of increased complaints or adverse patient outcomes. Others indicated that the writing tasks for the English language test does not allow for much flexibility and could have positive impacts with people with disabilities such as dyslexia who may be being disadvantaged by the tests but does not mean that they are lacking in language skills levels.</p> <p>Key themes for not supporting the reduction from stakeholders focussed on the linguistic demands of health professions being significant and requiring exceptional written and verbal communication, including the ability to convey complex health messages. Concerns that any reduction in the English language requirements puts the public at risk as health practitioners need to be able to communicate in English which is essential for safe patient care, particularly in urgent care or emergency situations. Concerns for those with the lowest levels of health literacy who would be exposed to increased risk and are more likely to misunderstand poorly constructed written information as well as accurate, legible, and easy to understand written communication being crucial for safe collaborative interprofessional care. Some stakeholders highlighted that the use of technology means that clinical notes and reports are more likely to be viewed by more people involved in care and high quality of written material is more vital. Some stakeholders felt that reducing the score for the writing band will not lead to a meaningful difference to workforce shortages as its only one factor in a complex system and others that the required minimum bands for EL tests need to increase not decrease as other professionals are required to reach a higher minimum band score and the public would interact with health practitioners more regularly. Some stakeholders indicated that it introduces a difference in ELS standards between Australia and New Zealand for some health professions. Other stakeholders indicated that reducing one component in EL tests may make way for reducing the other components of the EL tests and that writing is equally important as the other three components and should hold the same weight.</p>
<p>Reducing the writing requirements for medical practitioners</p>	<p>Key themes of support from stakeholders focussed on other countries, like Canada, which are exploring a change, the move could help ease the workforce shortages by increasing international practitioner registration and supporting the Kruk review recommendations.</p> <p>Key themes from stakeholders who did not support were concerns about possible risks to the public; current requirements being in line with the two most comparable countries; New Zealand and the United Kingdom the emphasis should be on public safety not on increasing the number of people passing the EL test; high proficiency in written communication is key within multidisciplinary care teams; a large amount of communication between medical practitioners is undertaken in written form via referral letters, discharge summaries, consultation outcomes, recommendations, orders, and test reporting; possible downstream implications as individuals may face challenges in successfully completing written exams for completion of their training or upskilling, and whether reducing the band will attract more medical practitioners to Australia .</p>
<p>Adding additional proposed countries where evidence supports</p>	<p>Recurring themes from stakeholders focussed on the addition of the countries outlined seem appropriate as most are proficient in English, and the suggestions are evidence based; supportive of recommendation which aligns countries to reflect the practices of UK and New Zealand where evidence supports doing so; support if Ahpra is confident in the comparability of the education system of these countries to the Australian system, and it is not going to compromise public safety; support proposed list along with</p>

	<p>suggestions for other countries, such as African countries, who speak English; ongoing monitoring of proposed change required to mitigate any risks; what the extent of proposed change will have on assisting with the supply of international health practitioners as some of the countries do not have current programs of study, Australia does not actively recruit from these countries and will only attract small numbers; does not support the addition of proposed countries as does not feel that the requirement to undertake an EL test deters health practitioners from wanting to practise in Australia and EL tests provides reassurance of practitioner's EL skills; knowing what alternative methods of assessing English competency are proposed and if there is a criterion that is being used to exempt countries from IELTS requirement, and wanting whole recognised country list reviewed and not just the proposed additions to the list.</p>
<p>Are there any countries missing from those listed where evidence supports inclusion</p>	<p>Limited feedback on countries missing from the proposed list of countries was received and there was no supporting evidence provided in responses to support including the countries that were nominated. Other broader suggestions related to Commonwealth countries who have English as an official language and countries in the Pacific region. The suggested countries were:</p> <ul style="list-style-type: none"> • Samoa⁶ • Cook Islands • Sweden • Denmark • Netherlands • Malaysia • Singapore • China • Nepal • India • Pakistan • Saudi Arabia • Dubai [United Arab Emirates] • Qatar • Kenya • Namibia • Botswana • Ghana • Nigeria • Zimbabwe • Zambia • Uganda. <p>There was feedback suggesting that the recognised country list should be reviewed rather than adding the proposed additional countries.</p>

Next steps

National Boards and Ahpra have identified that some of the feedback at public consultation may be more appropriately addressed in separate resources, such as FAQs. This would allow for the resources to be updated more regularly, consideration of post implementation monitoring, the development of profession-specific material where needed, and ensure that the standards do not increase in length or complexity.

⁶ The **bolded** countries have also been identified on the [WHO health workforce support and safeguards list 2023 which indicates that they have](https://www.who.int/publications/i/item/9789240069787) the most pressing health workforce challenges related to universal health coverage [and, as such, active international recruitment from these countries is not encouraged.](https://www.who.int/publications/i/item/9789240069787) <https://www.who.int/publications/i/item/9789240069787>; WHO health workforce support and safeguards list 2023; World Health Organisation; 8 March 2023

Future work

Although the revised ELS standards will provide further flexibility, further research on ELS issues may identify other possible improvements. Accordingly, National Boards plan to continue work on ELS issues including monitoring improvements, regulatory developments, and undertaking new research.

Conclusion

The National Boards have considered carefully a wide range of views on the ELS standards and consider that the revised standards provide an effective balance between public protection and increased flexibility for applicants by ensuring that registered health professionals have the English language skills they need to practise in Australia. The ELS standards are more user-friendly, support consistency in processes and decision-making, and support applicants to understand what is required to meet the standard.

The National Boards will continue work on the English language skills necessary for practice in Australia, including exploring opportunities for further research.

Ministers approved the final versions of the ELS standards on 14 November 2024. The Boards and Ahpra will regularly review the ELS standards, so the standards stay current, relevant and effective.