To whom it may concern

Re: Review of criminal history registration standard and English language skills registration standard

Thank you for inviting ACN to provide feedback on the public consultation: Review of criminal history registration standard and English language skills registration standard. ACN appreciates the opportunity to provide feedback to inform this consultation from a nursing perspective.

Feedback on the review of criminal history registration standard

In line with the preference of the National Boards, ACN, at this time, offers support for Option 1 – Status quo of the Review of criminal history registration standard. ACN is not aware of any major issues or gaps associated with the existing registration standard nor do we have any specific concerns relating to its clarity or functionality.

It is noted that the review document on page 3 states that the "...National Boards are not aware of any issues that have arisen in relation to the existing registration standard" despite the existing standard having been subject to review in 2009/10 and 2011/12. ACN queries whether there may have been consultation feedback or other sources of evidence relating to the effectiveness of the existing standard that could have been presented to support a more detailed case for Option 1. Giving an overview of any identified issues within the consultation paper may have provided a better basis from which stakeholders could explore relevant issues.

ACN takes this opportunity to question the exclusion of students from the scope of the current standard. Nursing students, unlike some other professional groups, generally commence clinical placement in their first year of study and often have regular ongoing engagement with the public throughout the duration of their education program. It is our understanding that the Boards currently only consider criminal matters reported to them about students and that students' criminal history checking is dependent on the requirements of education and service providers which vary across jurisdictions. There may be safety benefits from reducing such jurisdictional variability and the merits of including students within the scope of the standard should be investigated. Alternatively, given the cost implications of including students within the standard, consideration could be given to developing national guidance to promote national consistency around student criminal history checks.

Feedback on the draft revised English language skills registration standard

In terms of the draft revised English language skills registration standard, ACN offers support for Option 2 and agrees with the Boards’ assessment that “the proposal creates more options to meet the required English language standard” and that it “may help alleviate some unnecessary burdens on practitioners who need to demonstrate their English language proficiency to safely practice their profession in Australia.”
There is a view within nursing that the expectations of English language proficiency should be raised to better support safety and quality in the delivery of nursing services. While ACN recognises and supports the need for greater systems flexibility, we are of the firm view that any policy changes must be cautiously adopted particularly as the evidence base for change in language testing remains inconclusive in some areas.

ACN notes our concerns about the consistency and effectiveness of the current English language testing methods in appropriately reflecting a person’s English competencies for purposes required in health care settings. ACN’s concerns are based on anecdotal evidence and experiences of nurses working with individuals who do not speak English as a first language. Our informants claim there are nurses who have passed endorsed language testing methods, but whose levels of English language skills do not meet communication requirements, particularly in clinical settings.

Overall, given the scarcity of conclusive evidence relating to the validity the IELTS and OETS as effective English language measures for health professionals as highlighted in the consultation paper’s research findings on page 26, ACN would support a further examination of the validity of these tools. It is essential that the professions and the public can have confidence in the rigour and validity of the English language tests being used to confirm the language competencies of health professionals. Through further investigation it may transpire that options are required to either replace or augment existing methods of language testing to better support quality and safety of care. It is acknowledged that the body of research that has informed the Boards’ views on future options would be the starting point for further work.

Regarding consultation question 2, Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Border Protection (the Department) for exemptions from English language testing? If so, should the recognition of South Africa in the National Boards’ English language skills registration standard be phased out over time? ACN would be in support of an approach to exemptions that is consistent with the Department where the evidence base for exemptions is disclosed and shared inter-organisationally. Duplicating work and functions that inform determinations of this nature may be an unnecessary burden on the capacity of AHPRA where relevant expertise and resources exist within the Department.

ACN would not necessarily support the idea of automatically following the lead of the Department. However, where the Department has made a determination about a country it would be prudent for AHPRA to initiate a review of each decision. It would then follow that if a determination has been made by the Department in relation to not exempting South Africa, each National Board should have access to the information that has guided this decision to inform each Board’s position.

Please do not hesitate to contact me for further information or discussion on this matter. We look forward to the outcomes of this consultation.

Yours sincerely

Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

December 2013