Dental Board of Australia

# DENTAL BOARD OF AUSTRALIA

**23 October 2009** **Meeting Number: 2**

**Agenda Item: 3.1.1**

## ENGLISH LANGUAGE REQUIREMENTS REGISTRATION STANDARD

### RECOMMENDATIONS

That members agree, subject to the views of other national boards, to include the revised draft English language requirements registration standard at Attachment A in the Board's consultation paper to be released on 27 October 2009.

### BACKGROUND

At their first meetings, all national boards agreed to work with other boards on possible registration standards for common use on criminal history and English language requirements. NRAIP then developed an initial draft of a possible English language requirements standard for common use. NRAIP circulated the draft to all national boards and all State and Territory registration boards and invited comments.

Comments received on the initial draft are summarised at Attachment B. Attachment C contains profession-specific comments by Board and submitter.

### ISSUES

The revised draft English language requirements standard at Attachment A takes into account feedback from national and State and Territory boards. The summary of comments at Attachment B explains how the feedback was taken into account in the revised draft.

There were a wide range of comments made on possible exemptions, ranging from recommending that the standard make no exemptions, to tightening the wording, and in some cases extending the coverage of the exemptions in the draft standard.

The main changes to the revised draft standard are:

1. specifying the English language skills required
2. clarifying that the Board may require an applicant who satisfies the standard or an exemption to undergo testing, eg if there was doubt about the genuineness of the test result
3. providing that the test results must be provided directly to the Board to reduce fraud and forgeries
4. tightening and clarification of exemptions
5. adding requirements for international students who did not complete their secondary education in English, and
6. clarification of profession-specific issues.

**Differences across professions**

The draft standard substantially drew on the National English Language Proficiency Requirement for International Medical Graduates used by Australian medical boards. However, the comments received indicate that in some areas different considerations apply to a standard for all registered professions.

For example, the difference between the English language skills required to enter a health professional course in Australia and for registration is particularly important in the case of professions with shorter course duration, or where bridging courses may be available for overseas trained practitioners, eg nursing. The duration of the course may be insufficient for the student's English skills to improve to the equivalent of level 7 IELTS. This is much less likely to be the case in medicine, due to the length of the course to qualify for registration.

Accordingly, to ensure the protection of the public and minimise risks, the standard requires that students who did not complete both secondary education in English and their professional qualification in English in a specified country, must satisfy the IELTS test requirements or an equivalent. This would cover international students who complete their professional qualification in Australia or New Zealand, but did not undertake their secondary education in English.

Similarly, some of the exemptions have been tightened in light of feedback from professions about issues related to fraud and applications from candidates with inadequate English skills based on exemptions.

**Board discretion**

Some boards will require a standard higher than IELTS 7 and are able to require this, eg pharmacy requires IELTS 7.5. The basic proposal is for a minimum standard.

The standard provides that a board has discretion to grant an exemption from the requirements. It is open to the board to refuse an application for an exemption.

**Matters for individual boards**

Some issues have not been included in the draft standard but are proposed to be left to the discretion of individual boards. These include requirements for maintaining the English language requirements, eg in the case of a practitioner who spends significant periods in a country where English is not the first language.

Each Board may also specify additional English language tests that the Board will accept, such as PLAB and NZREX for the Medical Board of Australia.

**Next steps**

The next step in exploring the potential for an English language requirements standard for common use by national boards is to give the revised draft standard wider exposure through each Board's consultation paper. NRAIP will then collate and summarise all comments, revise the draft in light of the feedback received and submit the revised draft for review by all national boards. It would be appropriate for each Board to add any specific additional requirements before the paper goes out for comment.

## ATTACHMENTS:

| | |
|---|---|
| Attachment A: | Revised draft proposed common English language requirements standard |
| Attachment B: | Summary of initial feedback on proposed common English language requirements standard |
| Attachment C: | Profession specific feedback on proposed common English language requirements standard |

**Attachment A**

## Revised proposed common English language requirements standard

This registration standard is put forward under Section 38 of the *Health Practitioner Registration National Law Bill 2009.*

**Dental Board of Australia**

**English language skills required for an applicant to be suitable for registration in the profession**

**Summary**

An internationally qualified applicant or an applicant who is an international student shall demonstrate having the necessary English language skills for registration purposes by achieving a minimum score of 7 [*or higher level specified by the board*] in the IELTS academic module, or specified alternatives.

Test results will generally need to be obtained within 2 years but preferably within 12 months prior to applying for registration. The board may grant an exemption in specified circumstances.

**Scope of application**

This standard applies to all internationally qualified applicants and applicants who are international students seeking registration in Australia under the Health Practitioner Regulation National Law.

**Requirements**

An applicant who is an internationally qualified applicant or an international student must submit evidence, or arrange for evidence to be provided, to the relevant board of competency in English language skills as demonstrated by having completed the IELTS examination (academic module) to the following standard:

1. The applicant must have achieved a minimum score of 7 [*or a higher level if the board requires*] in each of the four components (listening, reading, writing and speaking).
2. Alternative English proficiency tests that will be accepted are:
   a. completion and an overall pass in the OET with grades A or B only in each of the four components; or
   b. other tests as approved by the board (to be specified in the standard).
3. Results must have been obtained within 2 years prior to applying for registration.
4. An IELTS (or approved equivalent) Test Report Form more than two years old will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first Language. Test results must comply with the current requirements of this policy.
5. Results from any of the abovementioned English language examinations must be obtained in one sitting.
6. The applicant is responsible for the cost of English tests.
7. The applicant must make arrangements for test results to be provided directly to the board by the testing authority eg by secure internet login.

**Exemptions**

The board may grant an exemption where:

1. the applicant provides:
   (a) evidence of successful secondary education in English, and that the applicant's tertiary

qualifications in the relevant professional discipline were taught and assessed in English, in one of the countries listed below, where English is the native or first language:

1. Canada
2. Republic of Ireland
3. New Zealand
4. United Kingdom
5. United States of America
6. South Africa
7. Australia

2. an applicant applies for limited registration in special circumstances. Examples include, but are not limited to:

   (a) perform a demonstration in clinical techniques; or

   (b) undertake research which involves limited or no patient contact; or

   (c) undertake postgraduate study or training while working in an appropriately supported environment which will ensure patient safety is not compromised.

   These special circumstances exemptions will generally be subject to conditions requiring use of a translator and/or supervision by a registered health practitioner.

3. the Board reserves the right at any time to require an applicant who has been granted an exemption to undertake a specified English language test.

**Definitions**

In this standard, IELTS means the International English Language Testing System (IELTS) developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia. The test is administered at least once a month by IELTS Australia and The British Council at over 230 centres worldwide.

OET means Occupational English Test (OET) administered by the Centre for Adult Education

An internationally qualified applicant means a person who qualified as a health practitioner outside Australia

An international student is a person who completed their secondary education outside Australia in any country other than those specified in exemption 1.

**Review**

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

**Attachment B**

## Summary of initial feedback on proposed common English language requirements standard

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| Articulate the English language skills | Standard should expressly articulate the English language skills required | ACT Dental Board | Addressed in revised standard |
| Each Board should choose its own test and level of results | Each board should specify the English language skills test it requires – either IELTS or OET – and the minimum required results | ACT Dental Board | Consultation is proposed on a common standard, but boards will have scope to customise the base standard |
| OET | Some members with experience of the OET expressed the following concerns:<br>• there has been evidence of fraud and forgeries from Asia and China in relation to this test<br>• there has been evidence that candidates sit each component in sequence with intense coaching so that each of the four components were obtained with some months duration between. It was felt that if they were sat together, it is likely the candidate would fail because passes were due to recency of intense coaching.<br>National Dental Board prefers OET Level A or B as it more easily accommodates language appropriate to dentistry | Council of Psychologists Registration Boards<br>Dental Board of Australia | Standard requires OET to be passed in one sitting, and for test results to be provided directly to the board (eg through secure internet login). Reserve right for board to require additional testing.<br>Standard provides for IELTS and OET as both tests are currently used by Dept of Immigration and Citizenship (DICA) and a number of boards. |
| IELTS | CPRB has confidence in IELTS and 7 on all items is an acceptable standard.<br>What evidence is there that academic IELTS is the best English language test available?<br>IELTS should be the only accepted test. | Council of Psychologists Registration Boards<br>Nurses and Midwives Board of NSW<br>Psychologists Registration Board of NSW | No response required<br>IELTS and OET used by DICA and Australian registration boards. |
| NZREX | Not familiar with PLAB and NZREX English language tests and want to be assured of equivalence to OET and IELTS which are currently recognised. | Nurses and Midwives Board of NSW, Nurses and Midwives Board of | The revised version of the standard has removed these tests as they are medicine-specific. They could be |

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| | | WA, Nursing Board of Victoria, Osteopathy Board of Australia | included in the medical standard. |
| Potential for fraud | Have been issues with overseas trained practitioners who are able to produce the requisite certificate but not the corresponding English language capability. It appears that in some case the certificates can be purchased.<br>Should be a requirement for a single test report in one sitting<br>Results must be verified by an original or certified copy due to experience with forgeries | Member, Dental Practice Board of Victoria<br>Podiatry Board of Australia<br>Medical Board of Australia, ACT Medical Board | Standard requires test to be passed in one sitting, and for test results to be provided directly to the board (eg through secure internet login). Reserve right for board to require additional testing. |
| Age of results | The experience of the University of Melbourne is that if practitioners do not continue to work in an English speaking environment, they lose their facility in the language. Hence certification should not be more than 12 months old, and preferably gained in an English speaking country, if not in Australia.<br>Results should be less than two years old.<br>Timeframe for test results should take into account the situation of boards that require IELTS / OET result at the time an overseas candidate enrols for and sits an assessment exam eg *results must have been obtained within 2 years prior to applying for registration or undertaking assessment processes specified by the Board*"<br>The capacity to have older test results with employment experience should be removed as it is too broad. | Member, Dental Practice Board of Victoria<br>Queensland Nursing Council, Nursing Board of Victoria<br>Pharmacy Board of NSW<br>Queensland Nursing Council | The balance of practice and comments seems to favour results within 2 years. This is also the DICA requirement. Support for this approach will be tested through the consultation paper.<br>Exemption has been more tightly drafted |
| Exemptions | The only exemption should be: ""The Board may grant an exemption where the applicant provides evidence of secondary education in English AND evidence that all the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English from one of the countries listed below where English is the native or first language". All other candidates should sit a recognised test.<br>Should French speaking provinces be excluded from the Canadian exemption? | Member, Chiropractic and Osteopathic Board of SA<br>Nurses and Midwives Board of NSW, Psychology Board of | Incorporated in revised draft standard<br>The wording of the exemption addresses this issue<br>The wording of the exemption |

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| | | Australia, Osteopathy Board of Australia Nurses and Midwives Board of NSW, Psychology Board of Australia Nurses and Midwives Board of NSW, ACT Nursing and Midwifery Board, Osteopathy Board of Australia, Nursing Board of Tas | addresses this issue |
| | If Afrikaans or another dialect is the first language, is this going to be identified for the South African exemption? | | Additional wording included to clarify safeguards |
| | Concerns about special circumstances exemptions, including how will someone demonstrate a medical technique if they cannot speak English well? If patient contact is limited the use of an interpreter should be required or supervision by a registered practitioner or practitioner must be competent in English. Point 3 should require supervision by a registered health practitioner. Concern about demand on board for these exemptions. | | Exemptions have been tightened to address the issues raised |
| Exemptions (continued) | There should be no exemptions for English language tests (except NZ under mutual recognition). | Nurses and Midwives Board of WA, Qld Nursing Council, Nursing Board of Vic, Nursing Board of Tas Queensland Nursing Council, Podiatry Board of Australia Nursing Board of Victoria Podiatry Board of Australia Podiatry Board of Australia Podiatry Board of Victoria Member, Physiotherapy Board of Australia | Additional wording has tightened exemption and views will be tested through the consultation paper |
| | South Africa should not be in the list of exemptions. | | Covered by revised standard |
| | Has a waiver for students who undertake a nursing degree in Australia onshore for at least 4 fulltime semesters, no more than 12 months prior to registration | | Taken into account in revised standard |
| | Use the Department of Immigration and Citizenship approach based on specified passports | | Specified passport equates to level 6 IELTS so is not consistent with standard |
| | Add catch wording all so the board reserves the right to ask any applicant to undergo testing | | Addressed in revised standard |
| | Should Singapore and Australia (not born in Australia but with secondary education in Australia) be exempted? | | Australia addressed in revised standard |
| | Should there be a specified minimum number of years of primary or secondary education? | | Matter for individual boards |
| | A national board may grant an exemption where the applicant provides evidence of English at a standard consistent with admission to a higher education institution. This | | Exemption has been tightened. Other feedback is that the standard |

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| | exemption should not apply to an applicant who is not a native English speaker and does not routinely use transactional English. | ACT Dental Board | for entry to higher education is not sufficient for practice. |
| | Include Australia in the list of exemptions, to take into account a person who attended school in Australia but got qualification in another country | | See revised standard |
| | In relation to secondary education in English, the WA Board feels that the national board can be confident about APAC accredited courses but would be making assumptions about proficiency in other courses. It would also be difficult for the board to establish criteria for this in a multicultural society such as Australia. | Medical Council of Tas<br>Psychologists Board of WA | Revised standard tightens exemption for secondary education |
| | Board does not allow any exemptions from the requirement to have a current IELTS/OET result, due to an increasing number of overseas qualified practitioners seeking assessment after mobile education eg secondary education in an English speaking country and tertiary education in a non-English speaking country, meaning that these practitioners have no experience in English specific to their practice as a health professional. | Pharmacy Board of NSW | Revised standard tightens exemptions |
| | It may be more appropriate for the special circumstances exemptions to apply only to specified categories of registration which do not involve unsupervised patient contact ie non-practising and limited registration. | Pharmacy Board of NSW | Revised standard addresses |
| | Oppose an exemption based on secondary education. | Psychologists Registration Board of NSW | Revised standard tightens this exemption |
| | Concern about granting exemptions based on secondary education, as there may be a considerable period of time between secondary education and application for registration, | Osteopathy Board of Australia | Revised standard tightens exemption |
| International/ overseas born applicants who study in Australia | Need to address internationally qualified nurses and midwives who do a bridging program to get a bachelor's degree in Australia, so are Australian graduates but may not have the required level of English proficiency to communicate effectively. | Nurses and Midwives Board of WA | Revised standard addresses |

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| Difference between standard for education and registration | Entry requirements at universities providing an osteopathy course are lower than the proposed standard of IELTS 7 (between IELTS 6.0 and 6.5). It is suggested that IELTS level 7 be the standard set for the profession and that the accreditation standards for osteopathic courses address the inconsistency with entry level requirements for university courses. | Osteopathy Board of NSW | This is a matter for individual boards to address with their accreditation body |
| Trans-Tasman Mutual Recognition | the Scope of Application and the definition of "international graduate" would currently capture New Zealand Graduates. It may, therefore, be more accurate to express the Scope as "*... all international graduates who are seeking registration in Australia under the Health Practitioner Regulation National Law except those eligible for registration by virtue of the Trans-Tasman Mutual Recognition Act*" | Pharmacy Board of NSW | Revised standard addresses – intention is to capture international applicants entering through New Zealand or Australia |
| Requirement for continued proficiency | Is there a need to deal with the situation of a registrant who does not practice from year to year in an English speaking country? | Member, Physiotherapy Board of Australia | Matter for individual boards |
| Proposed wording changes | Refer to "non-Australian qualifications" rather than "international graduates"<br>Refer to "successful secondary education in English" rather than "secondary education in English"<br>Refer to use of transactional English during period that enables age of test results to be extended<br>Revise summary to be more specific about requirements in the standard. Suggest changes to definitions | Member, Nursing and Midwifery Board of Australia<br>ACT Dental Board<br>Nursing Board of Tas | See definition and wording in revised standard |
| Remove profession specific references | Remove profession specific references in the standard (page 2 (2(b) and (c) and page 3 (1, 2 and 3) and include in a note if necessary | Member, Nursing and Midwifery Board of Australia, Osteopathy Board of Australia, Member, Physiotherapy Board of Australia | Addressed in revised standard |

| Issue | Comments | From | Proposed response |
|---|---|---|---|
| Adequacy of draft | Draft is adequate and/or consistent with current approaches | Member, Medical Board of Australia, Member, Chiropractic Board of Australia, Physiotherapy Board of SA | No response required |

## Profession specific feedback on proposed common English language requirements standard

Feedback by submitter – as at 1 pm 7 October 2009

| FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD | | |
|---|---|---|
| **CHIROPRACTIC** | | |
| **Issue** | **Comments** | **From** |
| **No amendments** | Happy with drafts and have no amendments | Mark McEwan, Chiropractic Board of Australia |
| **Exemptions** | Exemptions – first sentence should read "The Board may grant an exemption where the applicant provides evidence of secondary education in English AND evidence that all the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English from one of the countries listed below where English is the native or first language"<br><br>There should be no discretion for the Boards to grant other exemptions even in special circumstances – this would cause absolute mayhem for the board as nearly every overseas trained person would attempt to gain registration via this route. All persons who are not granted an exemption above should prove their English language ability by undertaking IELTS or other recognised test. | Peter Martin, Chiropractic & Osteopathy Board of SA |
| **DENTAL** | | |
| **Issue** | **Comments** | **From** |
| **Prefer OET** | In general agree, but National Dental Board prefers OET Level A or B as it more easily accommodates language appropriate to dentistry | Peter Martin, Dental Board of Australia |
| **Concerns about fraud and maintaining competence** | Some concerns with the draft standards, as the board has been experiencing difficulty with overseas trained practitioners who are able to produce the requisite certificate but not the corresponding English language capability. It appears that in some case the certificates can be purchased. The experience of the University of Melbourne is that if practitioners do not continue to work in an English speaking environment, they lose their facility in the language. Hence certification should not be more than 12 months old, and preferably gained in an English speaking country, if not in Australia. | Dental Practice Board of Victoria |
| **Make drafting more specific** | Standard should expressly articulate the English language skills required. Each board should specify the English language skills test it requires – either IELTS or OET – and the minimum required results. A national board may grant an exemption where the applicant provides evidence of English at a standard consistent with admission to a higher education institution. This exemption should not apply to an applicant who is not a native English speaker and does not routinely use transactional English. Refer to use of transactional English | ACT Dental Board |

| | | |
|---|---|---|
| | during period that enables age of test results to be extended. | |
| **FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD** | | |
| **DENTAL** | | |
| **Issue** | **Comments** | **From** |
| | Also see comments under Optometry from this submitter | Registrar/Secretary NSW Optometrists Board and NSW Dental Technicians Registration Board |
| **FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD** | | |
| **MEDICAL** | | |
| **Issue** | **Comments** | **From** |
| | Draft is consistent with the JMBAC position | Peter Procopsis, Medical Board of Australia |
| **Need for verification** | The results must be verified by an ongoing or certified copy as I believe there have been experiences of forgeries to get around this requirement for registration | Stephen Bradshaw, Medical Board of Australia, Bob Bradford, Medical Board of the ACT |
| **Include Australia in exempted countries** | Include Australia in the list of exemptions, to take into account a person who attended school in Australia but got qualification in another country | Medical Council of Tasmania |

| FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD | | |
|---|---|---|
| **NURSING AND MIDWIFERY** | | |
| **Issue** | **Comments** | **From** |
| **Comments about drafting** | Support the intent of the draft standards, but have a few comments about the detail.<br>1. 'The board may grant an exemption where the applicant provides evidence of secondary education in English in a specified country where English is the native or first language.'<br>Replace with:<br>'The board may grant an exemption where the applicant provides evidence of **successful** secondary education in English in a specified country where English is the native or first language.' or similar<br>2. 'This standard applies to all international graduates who are seeking registration in Australia under the Health Practitioner Regulation National Law. '<br>Replace with:<br>'This standard applies to all **applicants who are using non-Australian qualifications to seek** registration in Australia under the Health Practitioner Regulation National Law.' or similar<br>3. 'Applicants who are international graduates need to submit evidence to the relevant board'<br>Replace with:<br>'Applicants **who are using non-Australian qualifications to seek registration** need to submit evidence to the relevant board' or similar<br>4. 'The board may grant an exemption where the applicant provides evidence of secondary education in English'<br>Replace with:<br>'The board may grant an exemption where the applicant provides evidence of successful secondary education in English' or similar | Heather Sjoberg, Nursing and Midwifery Board of Australia |
| **Profession-specific references should be removed** | Overall intent of the policy is good. Page 2, 2(b) and (c) appear to be specific to a profession, and if so, it should be a profession note and not part of the general policy.<br>Page 3, 1, 2 and 3 again seem to be profession specific and should be a profession note and not part of the general policy. | Angela Brannelly, Nursing and Midwifery Board of Australia |
| **Issues about equivalence of testing and special circumstances exemption** | What evidence is there that the academic IELTS is the best test of English language available? Is the NZREX an English language test? If not, how does it demonstrate equivalence with the IELTS? Should French speaking provinces be excluded from the Canadian exemption? If Afrikaans or another dialect is the first language is this going to be identified for the South African exemption? How will someone demonstrate a medical technique if they cannot speak English well? If patient contact is limited, the use of an interpreter should be required or supervision by a registered practitioner. Point 3 should require supervision by a registered health practitioner. | Nurses and Midwives Board of NSW |

FEEDBACK ON PROPOSED ENGLISH LANGUAGE STANDARD
NURSING AND MIDWIFERY

| Issue | Comments | From |
|---|---|---|
| **Issues about unfamiliar tests, exemptions and coverage of standard** | The Board is unfamiliar with the PLAB and NZREX English language tests and want to be assured that they are of an equivalence to the OET and IELTS which the Board currently recognises.<br>2. The Board has recently removed all exemptions for English language tests. To re-introduce exemptions is believed to be a retrograde step, given the extensive work that has been undertaken by ANMC to establish the current national standards where there are no exemptions. Obviously applicants from New Zealand who apply under TTMR would not be required to undertake an English Language test.<br>3. An additional concern is that the standard relates to "international graduates" which means that this does not apply to international / overseas born applicants who study in Australia. There are currently a lot of internationally qualified nurses and midwives who do a bridging program to gain a bachelor degree in Australia. These individuals then become Australian graduates, and may not have the required level of English proficiency which is required to communicate effectively . This issue needs to be covered in this standard or within another standard. | Nurses and Midwives Board of WA |
| **Special circumstances exemptions** | 1. Don't think the applicant is eligible for the costs of the tests - rather an applicant is required to pay a fee to sit the test<br>2. I think it might be better not to give examples of exemptions (last part of the Exemptions section) as the examples provided give cause for concern - I am not sure what the first example means and for the second and third examples if there is to be any patient contact whatsoever then English competency must be a prerequisite. | Alison Chandra, ACT Nursing and Midwifery Board |
| **Exemptions** | There should be NO exemptions to testing for international applicants, this is only way to ensure safe practice because of the globalization of nursing and reduced standards in some English speaking countries such as UK.<br>1. Requirement 4 – this should not be part of the standards. Active employment in an English speaking country does not ensure ongoing English language proficiency, and the standard is too broad. What does “active employment” mean, is it full time, or one night shift per week (as was a recent example put to QNC requesting exemption). Therefore, all results should be less than two years old.<br>South Africa should not be in the list of exemptions – English is not the first language, it is one of about 9 languages spoken there. In addition, we often have South Africans fail English language tests, even though they say their education was all in English. | Queensland Nursing Council |

FEEDBACK ON PROPOSED ENGLISH LANGUAGE STANDARD
NURSING AND MIDWIFERY

| Issue | Comments | From |
|---|---|---|
| **Current approach and exemptions** | Summary<br>• NBV does not currently provide exemption where the applicant provides evidence of secondary education in English in a specified country where English is the native or first language. The rationale for this is that this does not necessarily provide evidence of English language competence.<br>• At present, NBV allow a two year period for English language proficiency test results to remain 'valid'. After this period a repeat test would be required to be undertaken.<br><br>Requirements<br>• (2)(a)(b)(c), NBV currently use IELTS or OET as the test for English language proficiency requirement and is not familiar with use of the UK or NZ tests as described. Providing these tests provided a similar measure, NBV see's no problem with inclusion of such additional tests.<br>• (2)(c), NBV agrees for the provision that any test results should remain valid for a two year period.<br>• (4) NBV currently does not provide for this exemption.<br><br>Exemptions<br>• NBV currently does not provide for exemptions and introduced more stringent English language requirements on 1st July 2009 that ceased such exemptions. These changes were initiated as a result of feedback from the Commonwealth Department of Immigration and Citizenship and through identification of concerns surrounding language proficiency. The concerns specifically relate to internationally qualified practitioners who would seek registration in a country where there were no language requirements to gain registration; to then apply for registration in Victoria where there was a waiver in place for that country in order to gain registration. An example of this was the significant increase in Indian nurses that gained registration in Ireland where there is a lower level of English language requirement to gain registration; they would work for 12 months and then be eligible to apply for registration in Victoria as Ireland previously was a country that had a waiver for English proficiency testing. As a result of concerns surrounding English language proficiency all waivers were ceased on 1st July and any internationally qualified nurse must demonstrate English language proficiency. This is consistent with the Nursing Council of New Zealand who also implemented such a change early in 2009.<br>• NBV does provide a waiver for New Zealand practitioners under the *Trans Tasman Mutual Recognition Act (1998)* where the applicant is presently registered in New Zealand.<br>• NBV does have an English language waiver for students who undertake a nursing degree in Australia onshore for at least 4 fulltime semesters, no more than 12 months prior to registration | Nurses Board of Victoria |

| FEEDBACK ON PROPOSED ENGLISH LANGUAGE STANDARD | | |
|---|---|---|
| NURSING AND MIDWIFERY | | |
| **Issue** | **Comments** | **From** |
| **Drafting changes and exemptions** | Change heading to English language proficiency, change text in summary to be more specific about requirements of standard, refer to international applicants not graduates, specify that competency does not refer to a competency based testing system, query the legitimacy of PLAB and NZREX, queries the exemption for IELTS tests over two years old, do not support special circumstances exemptions for nursing, recommends changes to definitions. | Nursing Board of Tas |
| **OPTOMETRY** | | |
| **Issue** | **Comments** | **From** |
| **Board needs to be able to set standards below IELTS 7** | One size does not fit all. Each board should be able to set the standard that it believes appropriate for that profession. There needs to be a pragmatic approach and the needs of each profession are different eg dental prosthetists vs a doctor or psychologist. | Optometry/Dental Technician/prosthetist Board of NSW |

## OSTEOPATHY

| Issue | Comments | From |
|---|---|---|
| **Drafting** | Should reference to “medical techniques” be profession-specific?<br>Decapitalise “Language” | Amanda Heyes, Osteopathy Board of Australia |
| **Current approaches and concern about exemptions** | 1. Two existing osteopathic Boards have policies that are consistent with the standard. There is some concern that the entry requirements at universities providing an osteopathy course are between IELTS 6.0 and 6.5. It is suggested that the requirements of the standard (IELTS level 7) be the standard set for the profession and that the accreditation standards for osteopathic courses address the inconsistency with entry level requirements for university courses.<br>2. None of the current osteopathic board standards refer to acceptance of the PLAB or NZREX tests as evidence of English language proficiency:<br>Reliance on these tests could add another external assessment which needs to authenticated and verified and may be open to irregularities.<br>3. There are concerns in relation to the granting of exemptions where the applicant provides evidence of secondary education in English in one of the countries listed. There may be a considerable period of time between secondary education and the application for registration as a health professional in Australia, during which time the applicant may have not used English as their first language.<br>4. A better alterative (which is the policy of one osteopathic Board ) may be to only grant exemption where<br>• all components of the qualification for registration have been at a tertiary institution where programs and assessments are conducted in English; and/or<br>• the applicant has at least three years practice as a registered osteopath, or the equivalent in the country of practice, using English as the primary means of communication<br>5. If the list of countries is to remain it must be noted that Quebec is a province of Canada in which French is the native or first language<br>6. There is concern that the possibility of other forms of exemption as listed leaves a lot of discretion to the Board. This may lead to inappropriate expectations on the part of applicants for registration and may place considerable demand on the Board for assessment through this process. | Osteopathy Board of Australia |
| | See Chiropractic above | Peter Martin, Chiropractic & Osteopathy Board of SA |

| OSTEOPATHY | | |
|---|---|---|
| **Issue** | **Comments** | **From** |
| | See Podiatry below | Mark Strickland, Registrar of Podiatry Board of Victoria, Osteopathy Board of Victoria |

| PHARMACY | | |
|---|---|---|
| **Issue** | **Comments** | **From** |
| **Support** | Agree with the standard with the specific addition that for pharmacy an IELTS score of 7.5 is required given the importance of patient communication aspects of the practice of pharmacy | Bill Kelly, Pharmacy Board of Australia |
| **Timing of overseas assessments and currency of test** | overseas-qualified candidates applying via the Australian Pharmacy Council are presently required to have a current (ie obtained within previous 2 years) IELTS / OET result **at the time they enrol for and sit** the Competency Assessment for Overseas Pharmacists / Stage 1 exam. This is usually well before the candidate makes an application to the Board for registration (at least several months and sometimes years). If this system is to continue, the standard may need to be reworded to say something like; "*results must have been obtained within 2 years prior to applying for registration or undertaking assessment processes specified by the Board*"<br><br>Board does not allow any exemptions from the requirement to have a current IELTS/OET result, due to an increasing number of overseas qualified practitioners seeking assessment after mobile education eg secondary education in an English speaking country and tertiary education in a non-English speaking country, meaning that these practitioners have no experience in English specific to their practice as a health professional.<br><br>It may be more appropriate for the special circumstances exemptions to apply only to specified categories of registration which do not involve unsupervised patient contact ie non-practising and limited registration.<br><br>the Scope of Application and the definition of "international graduate" would currently capture New Zealand Graduates. It may, therefore, be more accurate to express the Scope as "*... all international graduates who are seeking registration in Australia under the Health Practitioner Regulation National Law except those eligible for registration by virtue of the Trans-Tasman Mutual Recognition Act*" | Pharmacy Board of NSW, Pharmaceutical Council of WA |

| PHARMACY | | |
|---|---|---|
| **Issue** | **Comments** | **From** |
| **NZ approach** | The IELTS requirement for the NZ Pharmacy Council for overseas pharmacists applying for registration in New Zealand, where their qualification is deemed to be non-reciprocal, is for an academic certificate with an overall band score of 7.5 with no less than 7 in each band. OET requirements are as per the draft. The policy allows for an exemption if certain requirements are met (satisfactory evidence of the following – English is an official language of your country as specified in the CIA – the world fact book, evidence of completion of an undergraduate pharmacy degree for which the sole language of instruction and assessment was English, written testimonies on letterhead and signed by an employer of the applicant's continuous work in a pharmacy where English is the prime language for a period of at least 2 years within the previous 5 years immediately prior to application, written signed evidence on letterhead from at least two suitably experienced pharmacists who speak English as a first language of the applicant's ability to comprehend and communicate effectively in English (both written and oral) in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by Council and their testimonies will be evaluated against the relevant elements of the Pharmacy Council of NZ Competence Standards. Also require a signed statement agreeing that if he/she is accepted under these criteria and is subsequently found by a preceptor, other healthcare professional or member of the public to be not communicating in English to an acceptable standard, he/she will accept the decision of the Pharmacy Council as to him/her remaining eligible to register as a pharmacist in NZ. | Pharmacy Council of NZ |
| **PHYSIOTHERAPY** | | |
| **Issue** | **Comments** | **From** |
| **Maintaining skills and exemption** | Is there a need to deal with registrants who don't practice from year to year in an English speaking country, ie a requirement for continuing proficiency?<br><br>The APC policy allows for consideration of primary and secondary education as well as tertiary. Would also like some consideration of a minimum number of years of primary or secondary education. | Member, Physiotherapy Board of Australia |
| **Support** | The proposed standard appears consistent with the standards currently used by this Board and the Australian Physiotherapy Council. The Board is comfortable with the suggested standard | Physiotherapy Board of SA |

| FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD | | |
|---|---|---|
| **PODIATRY** | | |
| **Issue** | **Comments** | **From** |
| **Exemption** | South Africa should not be given an exemption. | Joan Russell, Podiatry Board of Australia |
| **Tighten drafting** | There should be a requirement that the IELTS 7 appears on a single test report ie in one sitting. Suggest exclude South Africa and use the standard set by the Department of Immigration and Citizenship which uses the term "specified passport". DIAC regulations exclude South Africa and even for Canada require that French Canadians provide evidence of English Language competency. Consideration might need to be given to providing guidelines on native or first language. Suggest a catch all statement be put in the standard to indicate that the board reserves the right to ask any applicant to undergo the academic version of IELTS. Applicants must achieve a score of 7 or more in each component of the test to meet the assessment criteria. | Ebenezer Banful, Podiatry Board of Australia |
| **Exemption** | Should Australia be listed under exemptions? Sometimes we have had applicants where English is not their first language but they have secondary education in English in Australia. The Board's policy has been to grant an exemption in those cases. Also should Singapore be added to the list as English is their first language? | Registrar, Podiatry Board of Victoria, Osteopathy Board of Victoria |

| FEEDBACK ON PROPOSED COMMON ENGLISH LANGUAGE STANDARD | | |
|---|---|---|
| **PSYCHOLOGY** | | |
| **Issue** | **Comments** | **From** |
| **Issues with OET** | CPRB was pleased that TOEFL was not being considered for the national scheme.<br>Some members of CPRB who had experience with the OET expressed the following concerns:<br>• there has been evidence of fraud and forgeries from Asia and China in relation to this test<br>• there has been evidence that candidates sit each component in sequence, eg they are drilled in one component, then sit that test; then they are drilled in the next etc. so that each of the four components were obtained with some months duration between. It was felt that if they were sat together, it is likely the candidate would fail because passes were due to recency of intense coaching. This raises concerns about the probity of this test.<br>• CPRB has confidence in IELTS and 7 on all items was considered an acceptable standard. | Council of Psychologists Registration Boards |
| **Procedural issues and exemption** | Does the applicant submit results or does the testing authority? Query French Canadian and Afrikaans? Query exemption for clinical demonstrations and need for language skills? | Psychology Board of Australia |
| **Exemption** | In relation to secondary education in English, the WA Board feels that the national board can be confident about APAC accredited courses but would be making assumptions about proficiency in other courses. It would also be difficult for the board to establish criteria for this in a multicultural society such as Australia. The IELTS is more rigorous than the OET, PLAB or NZREX. | Psychologists Board of WA |
| **Alternative tests and exemption** | The Board is concerned that the alternative English language tests have not been adequately validated against the IELTS and should not be included in the standard. The IELTS has strong reliability and validity, has excellent security measures and should be the only accepted test.<br>2) The Board is concerned with the difficulties in administering a standard where evidence of secondary education in English is required. Transcripts from the secondary education system are not produced in the same rigorous manner as university transcripts. The potential for fraudulent submissions under such a standard would appear to be unacceptably high.<br>3) The Board has no direct knowledge or control of the English standard required in the secondary education systems in any of the listed exempt countries. The English standard required in these systems may be significantly lower than what is acceptable to the Board for the safe practice of the psychology profession. Such a standard does not appear to guarantee that English competency has been met. | Psychologists Registration Board of NSW |