

LIA04.15



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Dear Dr Flynn

### **Consultation on registration standards for English language skills and criminal history**

Thank you for asking for the Medical Council of New Zealand (the Council) to comment on The Medical Board of Australia's consultation paper on common registration standards for English language skills and criminal history.

I have circulated the paper to senior staff and Valencia van Dyk, the Council's registration manager, has provided some comment on the proposed English language policy that may be useful to you.

#### **Ms van Dyk's comments**

Ms van Dyk has responded to questions 3-5 on pages 13-14 of your consultation paper as follows:

3. Is there any evidence to assist National Boards to assess whether there are any additional countries that should be recognised in their English language skills registration standard?

The Medical Council of New Zealand recognises specific countries in terms of applicants not having to sit the IELTS test. Applicants who have a primary medical degree from English-speaking countries such as Australia, the UK, Ireland and the USA are not required to sit IELTS. This policy also applies to applicants from Canada and South Africa, but only where they hold degrees from medical schools where English is the sole language of instruction. We also have another option for meeting English language requirements and this essentially states that the doctor needs to have practised in an English speaking institution for at least 2 of the last 5 years. This policy covers applicants coming to New Zealand from countries such as Singapore or Malaysia. The Council reviews these policies regularly, and has no evidence that they require amendment.

4. Do you have comments about how the National Boards should approach test results that are very close to, but slightly below, the current standard?

This would seem to be an instance where a very clear line in the sand is required, so that discretion doesn't need to be applied at the risk of eroding the standard.

5. Should National Boards accept results from more than one sitting or is there a better way to address this issue, such as the approaches described above?

This question was put to the Medical Council of New Zealand last year, and they agree that results needed to be achieved within one sitting.

I hope you find these comments useful. Thank you again for providing the Council with an opportunity to comment. If you have any questions please do not hesitate to contact Valencia van Dyk, on [REDACTED]

Yours sincerely,

[REDACTED]  
Philip Pigou  
Chief Executive