

December 12, 2013

Associate Professor Brin Grenyer

Chair, Psychology Board of Australia.

Dear Professor Grenyer and board members,

Thank you for the opportunity to make a submission to the AHPRA, National Board Consultation Paper on Criminal history and English Language Skills Registration Standard. First, I would like to take this opportunity to thank the Board about the decision to review the English language skills standard. Please accept this submission on the National Boards of Australia's Consultation Paper. The focus of this submission is specific to the English Language Skills Registration Standard.

I am writing this letter to pass on some information about my personal experience with the IELTS test and to give some personal views/suggestions and feedback to the boards following questions.

1. From your perspective, how is the current registration standard working?

The current English registration standard in my opinion lacks flexibility and imposes additional and unnecessary pressure on future health practitioners who have completed all their tertiary studies in Australia (or in one of the listed countries).

To be eligible for registration at AHPRA, applicants are required to have completed at least 4 years of tertiary studies. In my opinion, a future health practitioner who has completed several years of their tertiary education in English (in a listed country) has already proven one's ability to converse, read, understand and write in English. So imposing such a strict standard for applicants who have completed all their tertiary qualifications in English in my opinion is unnecessary and unreasonable.

Additionally, to get selected in to a competitive course such as the Master of Psychology program, where only 30-40 applicants are selected (and interviewed) from 400+ applications, one should possess a competent level of English proficiency. In my opinion, it should be obvious that one possesses the required English standard and has achieved a competent level of English proficiency to have selected into such a competitive course.

Furthermore requiring a student, who has undertaken five or more years of tertiary studies in an Australian University to undertake an English test, may mean that the Board questions the English standards of the Australian Universities. My question is- how can the IELTS test (which gives inconsistent results time after time for an individual and has many flaws) prove one's English proficiency any better than five (or more) years of tertiary education in an Australian University?

Since the majority of Australian health practitioners have completed their secondary schooling in Australia, New Zealand (or any other native English speaking country) and since none of the Australian Native speaking individuals are required to sit the IELTS exam, the flaws of the IELTS test has gone unnoticed and people appears to be largely unaware of the defects of the test. The test lacks evidence of psychometric testing. To my knowledge, the test has not been consistently tested for reliability and validity and has not been tested against a normative sample. The results lack consistency and is subject to personal biases and is influenced by subjectivity. For example, I initially undertook the IELTS test 7 years ago (in 2006) and had obtained a score of 7 for the speaking component. I migrated to Australia in 2007 and had been consistently studying a health allied course in a University since then. I recently (in 2013) undertook the IELTS test twice within a three month period, and obtained a 6.5 score for speaking on the first test and an 8.5 score for speaking on the following test. This variation in the IELTS speaking test score over the years in my opinion is a legitimate example of how unreliable the IELTS test can be. Consequently complete reliance on such a test (and disregarding of prior legitimate qualifications such the history of tertiary studies obtained in Australia which is taught and assessed in English) is in my opinion unreasonable.

In addition, IELTS test appears to be an English IQ test which largely measures one's information processing speed, working memory and attention. Thus it feels unreasonable that a health practitioner's future is largely been reliant on an English IQ test.

Suggestion - An exemption to be granted for those who have completed all (five years or more) of their tertiary education in Australia or any of the listed countries.

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?

Obtaining a score of 7 for each band is a significantly difficult task even for a native English speaker as some components- particularly reading and writing components of the test is not limited to measuring one's English proficiency but also measures a test takers processing speed, attention to details, working memory and general knowledge. For example, getting a high score (7+) on the reading component appears to largely depend on a test takers ability to process information quickly and the ability to skim and scan for answers within the given time. The reading test does not allow time to actually read the article and comprehend the material, thus does not in my opinion test one's reading ability. Getting a higher score on the listening task is largely reliant on the test takers ability to pay attention to details. The Academic writing component comprise of writing a brief (150 words) report and a 250 words essay. The essay topics comprise of social and general topics. For an individual who lacks knowledge on general topics and have limited examples to support the arguments are at risk of obtaining a lower score. Consequently, some future health practitioners who are specialising in a certain field of study may lack the necessary general knowledge and facts to support the arguments to write a good essay that would come up to the standard of an IELTS band 7. The writing and speaking components are largely under the influence of subjective bias. Given that these are legitimate issues that can affect the final outcome of the test, I with much respect suggest the board to consider accepting the IELTS results that would vary from a score of 6 (competent level of English) to 7 (good level of English), with an overall band score totalling to 7 (indicating an overall good level of English proficiency). This would eliminate unnecessary stress and additional pressure for English competent applicants to sit several IELTS tests.

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?

Obtaining a mark of 7 for each four bands in one sitting is next to impossible as the performance and outcome of the test can be influenced by many internal (physiological and psychological) and external (examiner bias, test conditions etc.) factors. For example, a highly anxious individual may experience a tinnitus like sensation while the listening test or experience difficulty hearing the audio recording which may influence his/her performance on the listening component. The reading component of the test does not appear to measure one's reading ability

but rather appears to test one's ability to skim, scan and find answers within a very restricted time. The time constraint posed in the reading test can significantly elevate a test takers anxiety and stress levels, thus significantly impair one's performance. Both scores on writing and speaking components are significantly influenced by the examiner's mood, personal judgement and subjective biases. In addition, the listening, reading and writing components has to be undertaken continuously without no break in-between, which can both physically and psychologically effect a test takers performance. Given that these are some issues that can affect the final outcome of the test, I approve the board's decision on accepting several (up to three) IELTS test result forms. As indicated above, the board could also consider accepting IELTS results where the band scores fluctuates between 6 to 7 but yet add up to a total of 7 in the overall band.

6. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard? And is there any content that needs to be changed or deleted in the revised draft registration standard?

I believe the content of the revised registration standard is helpful, clear, more workable and more reasonable than the current standard. However I believe the revised standard could benefit more by adding slight changes such as: (1) accepting an IELTS results form that would vary from 6 to 7, adding up to an overall band score of 7 and (2) giving an exemption from English standard requirement for students who has engaged in 5 or more of years of tertiary studies in an Australian University.

8. Is there anything missing that needs to be added to the revised draft registration standard?

The board could also take into consideration an applicant's experience with client contact. If an applicant who has not completed their secondary schooling in a given country has completed all their tertiary studies in a listed country, and in addition can provide evidence (in the form of a referee report from the work place) of client contact, that applicant can be considered for an exemption from the English requirement.

Although English proficiency is essential for good health practice, in my view, requiring an IELTS score of 7 for each component from future health practitioners who have undertaken all their tertiary studies in Australia

(or in a native English speaking country), is quite unreasonable and places unnecessary stress on applicants who have completed all their tertiary education in English and have been using English in their practice.

Every time a student sits the IELTS test, it costs \$330 and no resits are offered for one single component. If an individual has obtained a band score of 6 or 6.5 in two other components, this may mean that the student has to sit the whole test again spending another \$330. This restricted nature of the IELTS test imposes significant financial, emotional and psychological stress for an individual and in my opinion, this creates unnecessary tension for students who has undertaken their tertiary studies in Australia (or in a Native English speaking country).

I am writing this letter as I have been significantly impacted by the English Language skills Registration standard requirement. With all respect to the AHPRA board and its decisions, I request on behalf of myself and all the minority future health practitioners who might get affected by this standard, to please consider amending the English standard requirement to a reasonable and more flexible standard.

I hope that the brief explanation of my experience of trying to meet the English requirement provides some insight into the difficulties faced by the minority of Australian qualified (who have completed all their tertiary studies in Australia) health practitioners who seeks initial registration. I also hope that there will be some consideration given to my feedback and suggestions when making this major decision.

Thank you once again for this opportunity to respond to the PBA consultation paper and Thank you for your consideration of these suggestions. I look forward to confirmation that you have received this document and particularly to your comments and response.

With much gratitude and kind regards,

Yours sincerely,

Nicky

(A current Masters student)