



Australian Health Practitioner Regulation Agency (AHPRA)
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Review of English language skills registration standard

Dear Sir/Madam

Please find attached the response of the South Australian Multicultural and Ethnic Affairs Commission (SAMEAC) to the consultation paper on the review of the English language registration standard.

The National Boards in the National Registration and Accreditation Scheme have released a consultation paper and have invited feedback in response.

SAMEAC welcomes the review and the opportunity to respond to the consultation paper.

In preparing its submission SAMEAC has consulted with a range of people with directly relevant experience and expertise. They include

- migrants who have sought registration through AHPRA,
- people with scholarly and practical expertise in language testing,
- those with responsibilities for skills recognition and employment pathways for skilled migrants,
- medical practitioners with extensive experience working with staff and patients from diverse language backgrounds,
- leaders in communities with many members who have sought registration through AHPRA, and
- the Commissioner for Equal Opportunities.



Concerns about the English language skills registration standard requirement continue to be drawn to the attention of the Commission.

While SAMEAC fully supports a requirement that health professionals have an appropriate level of English language proficiency, I wish to bring to your attention the comments which are detailed in the attached documents.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Hieu Van Le'.

Hieu Van Le AO
Chairman, SAMEAC

7 February 2014

Att: Submission

Submission by the South Australian Multicultural and Ethnic Affairs Commission to the Australian Health Practitioner Regulation Agency (AHPRA) public consultation: Review of English language skills registration standard

The National Boards in the National Registration and Accreditation Scheme have released a consultation paper on the review of the English language registration standard. The Boards have invited feedback in response to the consultation paper.

The South Australian Multicultural and Ethnic Affairs Commission provides the following comments.

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

The South Australian Multicultural and Ethnic Affairs Commission (SAMEAC) holds a series of consultations across regional and metropolitan South Australia and concern has been raised on several occasions about the impact of the implementation of the English language registration standard.

In response to the concerns raised in the community SAMEAC convened a meeting with AHPRA, the Equal Opportunity Commission and others on 28 March 2013 to discuss the English language skills requirements and assessment processes for registration purposes.

During that meeting it was indicated that it was AHPRA's intention to undertake a review of the English language skills registration standard and associated processes and requirements. It was also indicated that there would be a public and inclusive consultation process as part of the review.

SAMEAC welcomes the review and opportunity to respond to the consultation paper.

In preparing its submission SAMEAC has consulted with a range of people with directly relevant experience and expertise. They include

- migrants who have sought registration through AHPRA,
- people with scholarly and practical expertise in language testing,
- those with responsibilities for skills recognition and employment pathways for skilled migrants,
- medical practitioners with extensive experience working with staff and patients from diverse language backgrounds,
- medical practitioners who are themselves bilingual and bicultural,
- leaders in communities with many members who have sought registration through AHPRA, and
- the Commissioner for Equal Opportunities.

Concerns about the English language skills registration standard requirement continue to be drawn to the attention of the South Australian Multicultural and Ethnic Affairs Commission.

SAMEAC fully supports a requirement that health professionals have an appropriate level of English language proficiency. We believe that this is a crucial requirement to ensure the quality of our health care continues to be delivered at the highest level.

It is noted that the summary of research provided in the consultation paper found that “Existing research does not provide a clear direction about the English language test results that National Boards should require. In terms of benchmarking, global health regulatory bodies accept a range of test results, with IELTS scores ranging from 6 on some skills to 7.5 overall, with 7 the norm. There is limited research to validate these levels in the context of health practitioner regulation. While National Board requirements are consistent with many other regulators, tests also have differential impacts by field with some professions having higher failure rates.”

This suggests that setting the standard at level 7 in each of IELTS four test elements is based on level 7 being the norm rather than being based on evidence that level 7 demonstrates a proficiency level required to work effectively in the Australian health system.

A highly respected professor of Applied Linguistics with specialist expertise in language testing has stated

“There is an insufficiently robust research base to provide evidence regarding appropriate standards and there is limited validation of the tests that are currently being used. Notably the IELTS test (or indeed the TOEFL test and others) were not designed specifically for health professionals. Without a stronger research base it is impossible to make statements about the standards required.

Some kind of standard is needed. The notion of making that standard IELTS 7 with no less than 6.5 in any of the sub-tests is sufficiently demanding as a standard. This observation is made on the strength of experience and knowledge of the test – but the caveats regarding research and validation hold.”

It is recommended that rigorous research be undertaken to identify the level of English proficiency which should appropriately be required to be registered in specific health profession areas.

Furthermore, a consistent concern expressed to SAMEAC has been that people are not aware of the English language requirement before or during their studies.

It is therefore strongly recommended that institutions which deliver training for health professionals should include in their courses English language studies which are directly relevant to the specific area of health care concerned.

It is suggested that AHPRA should coordinate and work closely with training organisations, employment authorities, unions and the Department of Immigration and Border Protection. A joint approach will reduce the likelihood of

- individuals undertaking and incurring debts associated with training without reasonable knowledge of their likelihood of gaining registration to practice in their chosen field

- individuals coming to Australia as skilled migrants with false expectations; individuals are being offered skilled migrant visas when they may not be eligible to become registered in their professional field
- individual and community resources being wasted on training and supporting individuals to undertake training on the false expectation that they will be eligible to become registered in their professional field.

It is unacceptable that a person can be awarded an Australian qualification in a health or allied health field if that person is not considered to be competent to practice in that field in Australia. To the extent that English proficiency is a requirement to practice in a health or allied health field in Australia then the awarding of a qualification in such a field should be contingent on the candidate being assessed as having the required English proficiency.

A senior medical practitioner in South Australia has expressed the view that:
 “If TAFE or a university awards a candidate a qualification in whatever profession, it should mean that the awarding body considers the successful candidate capable of that profession. It appears discriminatory to make a successful candidate do a subsequent English test because they may recently been from overseas.”

Similarly, if the Department of Immigration and Border Protection issues a skilled migration visa on the basis that the applicant will be eligible for employment in a medical or health related area where there is a skill shortage in Australia then the applicant should have evidence to meet the English language and other requirements of AHPRA.

Some community members have been frustrated and surprised to find that under the current registration standard those who have undertaken their secondary schooling overseas and then have gained their post-secondary qualifications and training in Australia have also been required to meet the English language registration standard. These community members have expressed the view that, as with other graduates from Australian institutions, they should not be required to meet the English language registration standard.

The English language skills registration standard states that

“An applicant for registration as a registered nurse and/or a registered midwife who has provided evidence of completion of five (5) years*(full-time equivalent) of education taught and assessed in English, in any of the recognised countries listed in this registration standard, is considered to have demonstrated English language proficiency and has met the requirements of this standard.

An applicant for registration as a registered nurse and/or a registered midwife who has not completed five (5) years*(full-time equivalent) of education taught and assessed in English, in any of the recognised countries listed in this registration standard, will be required to demonstrate English language proficiency in accordance with Board-approved English language tests.”

SAMEAC is of the view that any standard set by the National Boards in the National Registration and Accreditation Scheme should be based on firm evidence. Thus, for example, in the clause above, there should be firm evidence based on rigorous research to justify the requirement for 'five (5) years*(full-time equivalent) of education' rather than for some other number of years.

2. Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Citizenship 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?

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?

There are diverse views on which countries should be considered for exemption. This reflects a lack of adequate research into language usage in specific contexts in other countries.

It is strongly recommended that thorough research be undertaken to provide a sound basis on which to make decisions about which countries should be included in the exemption list.

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?

In situations where test results that are very close to, but slightly below, the current standard, it is proposed that only sitting those components not previously passed would be appropriate.

Candidates should not be required to re-sit the components of the test they have already passed.

Consideration could also be given to providing supervised provisional or probationary registration, as well as providing the opportunity for work experience while the candidates are improving their language skills to meet the required 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?

Multiple sittings should be permitted because of the well-documented issues of affective factors influencing test-takers' performance and because the tests themselves are not tailored to the particular health professions.

As suggested above, consideration could also be given to providing supervised provisional or probationary registration.

6. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

The content of the draft revised registration standard is considered to be a significant improvement compared with the current standard.

7. Is there any content that needs to be changed or deleted in the revised draft registration standard?

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

9. Do you have any other comments on the revised registration draft standard?

As cited above, there is an insufficiently robust research base to provide evidence regarding appropriate standards and there is limited validation of the tests that are currently being used. Notably the IELTS test (or indeed the TOEFL test and others) were not designed specifically for health professionals. Without a stronger research base it is impossible to make statements about the standards required.

It would be worthwhile commissioning a study to examine alternative forms of testing that are more grounded in the specific professions.

There also seems to be little or no evidence base for including or excluding countries for providing exemption from the test requirement. This reflects a lack of adequate research into language usage in specific contexts in other countries.

AHPRA is encouraged to provide a transparent explanation for including or excluding applicants from specific countries from the test requirement.