



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# English language skills registration standards

## Consultation report

May 2015

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## Foreword

National Boards work in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to implement the national scheme for regulating health practitioners in Australia (National Scheme).

National Boards set the national standards that practitioners must meet to be registered in Australia. These standards include five core registration standards, required by the National Law<sup>1</sup>. One of these core registration standards is an English language skills standard which all applicants must meet for their profession.

The National Boards regulating the first ten health professions<sup>2</sup> under the National Scheme developed English language standards that took effect on 1 July 2010. Four more professions<sup>3</sup> joined the National Scheme on 1 July 2012 and the English language skills standards for these professions commenced at that time.

In keeping with good regulatory practice, all the standards were scheduled for regular review. As part of the review of the English language skills registration standards, all National Boards (except for the Aboriginal and Torres Strait Islander Health Practice Board of Australia, which did not take part in the review<sup>4</sup>) consulted widely on the proposed draft standard.

Submissions were invited over an eight week period from October to December 2013 and a total of 170 responses were received, from both Australian and overseas stakeholders.

The feedback received in the consultation helped inform the participating National Boards' review of the standards. The draft standards were sent to the Australian Health Workforce Ministerial Council for its consideration and approved on 17 March 2015.

From 1 July 2015, two new standards will come into effect, replacing the previous standards:

1. the **Common English language skills registration standard**, which applies to all applicants for initial registration in Chinese medicine, chiropractic, dental, medical, medical radiation, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology. For clarity, three versions are published:
  - a. the standard for 10 boards (no additional wording)
  - b. the standard for dental, with the addition for some very brief dental-specific words for applicants for limited registration
  - c. the standard for medical, with the addition of information about two medicine-specific English language tests
2. the **Nursing and Midwifery English language skills registration standard**, which applies to all applicants for registration as enrolled nurses, registered nurses and midwives.

The new standards will be published on National Board websites in May 2015 to allow health practitioners time to become familiar with the new requirements.

The new standards are intended to provide an effective balance between public protection and increased flexibility for applicants by ensuring that the high level of English language skills required of registered health professionals in Australia is maintained.

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<sup>1</sup> Health Practitioner Regulation National Law, as in force in each state and territory.

<sup>2</sup> Chiropractic, Dental, Medical, Nursing and Midwifery, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology

<sup>3</sup> Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy

<sup>4</sup> The Aboriginal and Torres Strait Islander Health Practice Board of Australia will conduct its own profession-specific review starting in 2015/16.

The National Boards will continue work on the complex issue of the English language skills necessary for practice in Australia, including further research and periodic review of the English language skills registration standards.

The National Boards and AHPRA would like to thank all those who responded to this consultation. Responses to the consultation are published on the AHPRA [website](#).

## About this document

This report identifies key themes from the submissions, provides a summary of responses to each of the questions posed in the consultation paper, gives a rationale for any changes made to the draft standard and sets out the proposed way forward, including areas where further work is planned.

The document is divided into four sections.

Section 1 gives an introduction and overview of the consultation process

Section 2 gives a summary of the responses to each of the questions found in the consultation document.

Section 3 outlines the changes that were made to the consultation draft English language skills registration standard and gives a rationale for these changes and other decisions relating to the final standard.

Section 4 sets out the National Boards' proposed future work in this area.

This report also contains four appendices.

Appendix 1 contains a supplementary report on the revised Nursing and midwifery English language standard.

Appendix 2 contains a summary of the research used to inform the review.

Appendix 3 lists the new common standard with changes from the consultation draft marked up. Additions to the consultation draft are shown in **shaded text**, while deletions are shown in ~~strikethrough~~.

Appendix 4 is a clean version of the common *English language skills registration standard*.

Appendix 5 is the nursing and midwifery *English language skills registration standard*.

## 1. Introduction

Most current English language standards for the regulated professions in the National Scheme are very similar. The main exceptions are the standards for the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and Nursing and Midwifery Board of Australia (NMBA).

The ATSIHPBA standard differs from the English language skills standards of other National Boards to better reflect the specific language requirements of that profession. For this reason, ATSIHPBA did not participate in the joint review in late 2013 and will conduct its own profession-specific review starting in 2015/16.

The NMBA also has some differences in its standard, reflecting specific issues for nursing and midwifery. Although the NMBA conducted an early review of its 2010 standard in 2011, it chose to participate in the 2014 review so that the Board could consider any new evidence that might arise.

The joint approach to the review of the standards by 13 National Boards has been taken to maximise consistency across the registered health professions, given the similarity of the issues involved. However, issues specific to the nursing and midwifery profession continue to merit a slightly modified approach to language skills assessment.

A report on the revised Nursing and midwifery English language skills standard, including the rationale for differences from the draft standard common to the other 12 boards (with the minor variances for dental and medicine), is presented in Appendix 1.

The Chinese Medicine Board of Australia currently has transitional arrangements in place that allow for specified alternative evidence of English language skills to be accepted in certain circumstances described in the Board's English language skills registration standard. These transitional arrangements will end on 30 June 2015.

### 1.1 The main issues

The review of the English language skills registration standards was informed by the National Boards' experiences with the standards in the first three years of operation of the National Scheme. Three major issues were identified: assessment of tests results, the list of 'recognised countries', and flexibility.

#### Assessment of test results

Currently, the standards require that results for each module must be obtained in one sitting for the two prescribed English language tests (IELTS 7 and OET B). Some applicants considered this unfair, particularly those who were required to sit another full test when their test results were close to, but only slightly below the required standard. Other applicants were unable to consistently achieve the required standard in all modules in a single sitting, despite receiving an 'overall' grade at or above the required standard across several sittings.

#### List of 'recognised countries'

The current standards provide exemptions from having to sit an English language test in certain circumstances for practitioners whose education has been taught and assessed in English in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or the United States of America. Some applicants for registration have argued that National Boards should recognise education in English from other countries, such as Hong Kong, Singapore and Malaysia. Others stakeholders have argued that South Africa should be removed from the list, as it is not a country recognised by the Department of Immigration and Border Protection (DIBP) for English language assessment purposes, despite a history of recognition in health practitioner regulation.

## Flexibility

A number of applicants for registration have argued that the current standards are too rigid and that more flexibility is needed to provide individual applicants with additional options to demonstrate that they have the necessary English language skills.

Additional research was commissioned specifically to inform the review. This research informed both the development of the consultation draft of the revised English language skills registration standard and the consideration of the issues raised by stakeholders in response to the consultation. A summary of this research is included in Appendix 2.

### 1.2 Consultation process

The National Law requires National Boards to undertake wide-ranging consultation on the content of any proposed registration standard.

In undertaking the review of the English language skills registration standards, National Boards followed the agreed process set out in the *Consultation process* document which is published on the AHPRA website.<sup>5</sup> The consultation paper included an assessment of the proposed standard against the *Procedures for the development of registration standards* which include the COAG principles for best practice regulation.

From 25 October 2013 to 23 December 2013 the National Boards consulted on a proposed revised standard. The consultation paper was published on the websites of the National Boards and was emailed to government and key stakeholders for each profession, including professional associations and consumer organisations. National Boards also published a media release about the consultation and publicised the consultation in communiqués and newsletters.

### 1.3 Feedback and questions for consideration

The consultation asked for views on a proposed revised English language skills registration standard, including whether the proposed standard was preferred to the status quo (existing English language skills registration standards). In addition, responses to nine specific questions were sought.

1. From your perspective, how is the current registration standard working?
2. Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Border Protection 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?
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?
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?
6. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than 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?

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<sup>5</sup> The *Consultation process* can be accessed at:  
[www.ahpra.gov.au/Publications/Procedures.aspx](http://www.ahpra.gov.au/Publications/Procedures.aspx)

#### 1.4 Breakdown of responses

170 written responses were received from external stakeholders. Most submissions were from individuals (116), with another 37 from organisations (including regulators, specialist colleges, professional associations and accreditation councils). A further ten submissions were received from government bodies and departments; four submissions were from universities and three submissions were from English language test providers. Almost 100 submissions in total came from the nursing and midwifery and medical professions. The following table provides a more detailed breakdown.

Table 1: Submissions received by profession

Chinese Medicine	4
Chiropractic	2
Dental	6
Medicine	45
Nursing and Midwifery	47
Occupational Therapy	3
Optometry	1
Osteopathy	1
Pharmacy	3
Physiotherapy	2
Podiatry	3
Psychology	2
Cross profession	51
<i>Total</i>	<i>170</i>

## 2. Overview of responses

Overall, there was general support to move to a revised standard. Submissions were largely supportive of the proposed standard.

Some submissions supported greater flexibility in the standard, while others proposed a slightly more restrictive approach. The proposed standard seemed to represent a reasonable middle ground between these viewpoints.

Submissions which were not supportive of the proposals generally highlighted what they felt was the lack of a strong and conclusive evidence base in this area, preferring the status quo in the absence of hard data.

### 2.1 Summary of responses to key questions

#### Q1: From your perspective, how is the current registration standard working?

This question received 31 responses.

A majority of respondents identified issues with the current standard. These included:

- lack of flexibility, leading to a perceived lack of fairness
- high costs associated with multiple test sittings
- questions about the relevance or appropriateness of the list of recognised countries
- issues with the current two year validity period of test results, particularly with respect to international medical graduates (IMGs) and others for whom the registration process may take longer than two years.

Approximately a third of respondents to this question were in favour of maintaining the current standard, with a small number of these respondents suggesting minor modifications.

#### Q2: Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Border Protection (DIBP) 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?

This question received 41 responses.

Overall, the majority of submissions supported maintaining broad consistency with the DIBP-listed countries for the purpose of English language testing exemptions. However, some respondents submitted that it was not necessary to align AHPRA's list of recognised countries with that of the DIBP as the purpose of the lists for the two organisations is not the same.

A number of these respondents felt that the standard of English language required for the purposes of migrating to, or obtaining citizenship within, Australia should be separated from the standard of English language required for the purposes of providing health services in Australia, given that migration or citizenship requires only a competent or basic level of English language (IELTS score of 5 or 6, or equivalent) for most visa categories<sup>6</sup>, compared with the higher level of competency (IELTS score of at least 7 or equivalent) required by the current English language skills registration standards.

Views differed as to whether consistency with the DIBP meant that South Africa should be phased out as a recognised country, with ten respondents in favour of removal of South Africa from the list and six in favour of South Africa remaining. A further five respondents felt that additional evidence was

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<sup>6</sup> DIBP recognises five English language proficiency levels: Functional (IELTS 4.5 or equivalent); Vocational (IELTS 5.0 or equivalent); Competent (IELTS 6.0 or equivalent); Proficient (for points tested Skilled visas - IELTS 7.0 or equivalent); and Superior (for points tested Skilled visas – IELTS 8.0 or equivalent).

needed before an informed decision could be made. Several submissions noted that a transition period would be required if South Africa were to be removed from the list.

A number of respondents expressed the view that the list of recognised countries should be expanded to include countries where English is one of the official languages, including Hong Kong, Singapore, Malaysia, Nepal, India, the Philippines, Papua New Guinea, Fiji, Nauru, Singapore and Zimbabwe. These individuals were generally health practitioners who had been educated in English and felt that their English language skills were comparable to those with equivalent levels of education in English in one of the recognised countries. However, overall there was little support for including additional countries on the list of recognised countries, in the absence of clear, objective evidence to support such additions (see Q3).

Some submissions also proposed additional or alternate approaches to including more countries on the recognised country list in order to demonstrate English language competence. Little evidence was provided in support of these proposals.

**Q3: 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?**

This question received 51 responses.

Overall, respondents to this question felt that there was not enough evidence to support expanding the list of recognised countries in the standard.

There were mixed views regarding adding Asian countries such as Singapore, Malaysia and Hong Kong. Of the Asian countries referenced, Singapore had the strongest support, with six respondents providing a variety of reasons for inclusion. Other respondents supported the inclusion of Malaysia, Hong Kong and/or the Philippines.

A number of respondents supported adding various other countries but little evidence was provided to support their inclusion. Other suggestions included adding countries where English is the official language of communication; where English is used in education and delivery of healthcare; and those that follow the UK education curriculum.

One complaints body noted that some complaints received by its office asserted that the current Nursing and midwifery English language skills registration standard was discriminatory and reflected an outdated view of what constitutes the English speaking world. In particular these complainants felt that applicants from Asian countries who could prove that they had been taught and assessed in English were not being assessed in the same way as applicants from the 'recognised countries'.

Many submissions acknowledged that more research was needed in this area. In particular, one respondent recommended that thorough research be undertaken to provide a sound basis on which to make decisions about which countries should be on the list and to encourage transparency around the decisions to exempt or not exempt applicants from sitting an English language test.

**Q 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 question received 47 responses.

Responses to this question were mixed, with approximately a third of respondents supporting accepting test scores that were very close to, but just below the required score. Another third of respondents did not support this approach, while a further third suggested that an overall score be the deciding factor, with a minimum score specified for each unit.

Of those that supported accepting scores that were just below the required score, most felt that this should be assessed on a case by case basis. The justification for this approach was that it introduces flexibility in the assessment process and it is fairer to applicants. One respondent felt that clear criteria

would be needed to guide the assessment of these cases. Another respondent suggested that some kind of standard secondary assessment method may be needed to supplement the test results where they are slightly below the current standard.

However, there was opposition to this approach from a number of respondents. One regulator expressed the view that it was much easier to administer a system that gives a clearly defined minimum standard, rather than one that gives consideration to each borderline case.

A number of professional organisations were strongly of the view that the score required by the current English language skills registration standards should not be lowered and that any relaxation of this requirement would result in an erosion of the English language skills required of health professionals, which could impact on public safety.

Sixteen submissions suggested introducing an overall score rather than individual scores for each component to address the issue of scores for some components being close to but slightly below the required score. There were various views about the overall score and the minimum score for each component, with proposals for a minimum overall score ranging from 6 to 7.5.

A number of submissions noted the importance of the 'listening' and 'speaking' components of the tests to assess a practitioner's ability to communicate with patients. Correspondingly, some respondents suggested that lower minimum scores could be accepted for the reading and writing components, with one body noting that achieving a high score in these components of the academic module of IELTS was quite challenging, even for native speakers.

Another body questioned whether the IELTS test was 'fit for purpose', while several submissions noted that more research was needed in this area.

**Q5: 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 received 97 responses.

Of the 97 responses, 78 supported accepting results from more than one sitting. Although the majority of responses clearly supported accepting multiple test results, many of those in support were individuals who had personally experienced difficulties passing the tests in one sitting. Organisational responses were evenly split as to whether multiple test results should be allowed or not.

Individual respondents provided examples of variable scores across multiple sittings. A number argued that they had the necessary English language skills and if they had been permitted to submit results from at least two sittings, they would have demonstrated the required competency. Instead, due to the variable results, many had to sit the test multiple times to achieve the required result, often at a high cost. A number questioned the validity of the tests and results.

Opinions differed as to how many sittings could be counted, and over what time period. Some submissions were supportive of the proposal in the draft ELS Standard (accept results from up to three test sittings in a twelve month period) while some argued for more restrictive conditions (for example, in a six month period instead of twelve).

The submission from one test provider was supportive of accepting test results from more than one sitting under certain circumstances, as this would 'provide flexibility for applicants while maintaining an appropriate focus on public safety.'

This provider initially suggested that applicants who fail one component only should be allowed to re-sit that sub-test only within three months of the initial testing. If the applicant subsequently fails that sub-test, he or she should be required to sit the entire test again.

Conversely, the submission from another test provider initially did not support accepting test results for more than one sitting, expressing the view that policy should not be driven by the fact that candidates for some English language tests regularly achieve inconsistent results on retests.

Six submissions supported following the advice of the particular test provider regarding the number of sittings.

One regulator noted that there is conflicting information about the validity of English language tests when results are achieved over multiple sittings. In light of this, the respondent felt that the status quo should be maintained until further research findings have been published to support a change.

Of those that were opposed to relaxing the requirement for only accepting results from a single sitting, several expressed that view that this could send the wrong message to applicants and result in an erosion of standards, which could then compromise public safety.

**Q6: Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?**

This question received 23 responses.

Overall, there was general support for the draft revised registration standard. The majority of respondents submitted that the proposed new standard is an improvement and is clearer, helpful, relevant and more workable than the current standard.

There were several specific comments on the standard as it applies to nursing and midwifery, with one organisation submitting that the proposed new standard was not clear and not an improvement on the current *Nursing and midwifery English language registration standard*. Another organisation suggested that a significant research project was needed to review the most appropriate way to measure English language competence.

## **2.2 Summary of responses to the remaining questions**

The responses to Q7, Q8 and Q9 in many cases spanned one or more of the questions. A number of submissions also did not relate specifically to any particular question. The collective responses have been divided into key themes and summarised below.

**Q7: Is there any content that needs to be changed or deleted in the revised draft registration standard?**

This question received 19 responses.

**Q8: Is there anything missing that needs to be added to the revised draft registration standard?**

This question received 26 responses.

**Q9: Do you have any other comments on the revised registration draft standard?**

This question received 89 responses.

Of these, 34 responded to question 9 and the remainder made general comments as well that could be relevant to this question.

### **Key themes from responses to questions 7, 8 and 9**

Ten key themes were identified from these responses.

#### **1. Need to maintain high standards**

A number of submissions pointed to the need to maintain high standards for English language competency and that any changes to the current standard must not compromise patient safety.

Many stakeholders recognised that the current English language skills registration standard presents a challenge for many overseas based applicants seeking registration in Australia and were generally supportive of reasonable flexibility in applying the standard. A number of respondents expressed the view flexibility should not come at the expense of the high language standards currently required of registered health practitioners. Any deterioration in language standards, it was argued, could compromise the public protection role of the National Scheme required by the National Law.

## 2. Need for further research or evidence

A number of respondents submitted that further research or evidence is needed to support any changes to the standard. Many noted the research gaps that currently exist and the difficulty in forming policy in the absence of conclusive data.

## 3. Comments on the English language tests

Some of the submissions expressed concern about the validity of the current English language tests (IELTS and OET) and some suggested alternative tests. Anecdotally, respondents reported instances of large variances in test scores in particular components of the test, repeated in a short period of time. Some respondents questioned whether the tests were 'fit for purpose', suggesting that further research was needed in this area.<sup>7</sup>

## 4. Validity period for test results

The consultation draft proposed extending the validity period for test results from two to three years. It also proposed accepting test results older than three years if active employment has been maintained as a registered health practitioner in one of the recognised countries using English as the primary language of practice, or if the applicant has been continuously enrolled in an approved program of study. A number of submissions raised the issue of the test validity or shelf life of English language test results. Again, many noted the absence of conclusive research in this area.

## 5. Other options to demonstrate English language competency

The proposed revised registration standard includes more options for applicants to demonstrate their English language skills. A number of submissions suggested adding further options for demonstrating English language skills, such as successful completion of courses in Australia and/or extended periods of work in an English speaking environment.

## 6. Exemptions

Two organisations submitted that an exemption from having to undertake an English language test for exceptional circumstances is needed and that this should be included in the standard.

## 7. English language competence and communication skills

Six submissions indicated that English language skills are not evidence of communication ability. Several of these questioned whether the standard is intended to be an English language test or a communication test.

## 8. Trans Tasman Mutual Recognition

A small number of submissions pointed to the need for consistency with New Zealand requirements due to the Trans-Tasman Mutual Recognition Act.

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<sup>7</sup> Although little Australian data exists, the UK General Medical Council conducted research in 2013 which found that the IELTS test provided an appropriate measure of English language ability for overseas practitioners. The research can be accessed at [www.gmc-uk.org/about/research/25015.asp](http://www.gmc-uk.org/about/research/25015.asp)

9. Early testing of students

A small number of submissions indicated that students should meet the standard prior to starting their health profession course.

10. Issue with the current *Nursing and midwifery English language registration standard*

Twelve submissions from both individuals and organisations expressed concern about the current Nursing and midwifery English language standard.

### 3. Summary of changes and other decisions

Following the public consultation, a number of agreed changes were made to the consultation draft of the English language skills registration standard. A marked-up version of the new standard showing the changes that were made to the consultation draft is at Appendix 3. In finalising the changes, National Boards took into consideration feedback from the consultation, their experience with the existing standards, research commissioned for the review and information from relevant English language testing and translating organisations, the objectives and guiding principles of the National Law and the regulatory principles of the National Scheme.

#### 3.1 Changes to the consultation draft standard

Revisions to the draft standard, together with rationale for each change, are outlined below.

##### 1. Test results from multiple sittings

###### *Change*

The proposal that National Boards accept English language test results from multiple sittings has been retained, but with two modifications. The period for accepting multiple test results has been reduced from 12 to six months, and the maximum number of test results that will be considered has been reduced from three to two.

###### *Rationale*

The issue of whether to accept test results from multiple sittings was one of the most contentious issues considered in the review. This question received the greatest number of responses, with most expressing support for the proposal. Of those in support, the majority were individuals who had experienced difficulty passing the tests in one sitting and their views reflect this. However, significant support also came from organisations, government and universities.

Conversely, a number of organisations and one test provider were not in favour of accepting results from multiple sittings. These respondents expressed the view that accepting test results from multiple sittings undermines score reliability, particularly when a test has been configured to provide maximum reliability in a single sitting. In particular, IELTS advised that the score which has the most validity is the overall score from a sitting, rather than the scores for the individual test components.

However, all test providers accepted that a test score may include an element of error or reflect factors relating to circumstances on the test day. Anecdotal evidence was provided about significant variability in individuals' test results across multiple sittings for English language tests, which were difficult to explain based on language ability alone.

The commissioned research<sup>8</sup> did not provide a conclusive answer to the question of whether test results from multiple sittings should be accepted. However, accepting test results from a single sitting is the norm for regulators in comparator countries. Of those surveyed, only the Nursing Council of New Zealand accepted results from multiple sittings and the Canadian Alliance of Physiotherapy Regulators previously did so.

The National Boards' view is that it is reasonable to accept test results from up to two sittings within tightly controlled parameters for applicants whose scores in some components are very close to the required standard. This gives these applicants another opportunity to meet the standard while potentially reducing the overall impact on applicants. However, this relatively small amount of additional flexibility must be balanced against the risk that accepting test results from multiple sittings may not give as accurate an indication of an applicant's overall English language competency as a test result from a single sitting.

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<sup>8</sup> A summary of the commissioned research used to inform the review is at Appendix 2.

The option to accept test results from a maximum of two sittings taken in a relatively short period (between three to six months) as long as no individual component result falls below a specified level, provides a reasonable degree of flexibility for applicants and will address the concerns raised by a number of affected applicants. It also provides an appropriate level of protection as it is likely to ensure that the test results indicate the applicant's true language ability rather than expected minor variation in test results.

Requiring an overall score of IELTS 7 (or equivalent), in addition to the minimum component score of 6.5 (or equivalent), provides an additional safeguard that the skill level set by the standard is maintained.

This option has been discussed with test providers who have indicated that it could be a workable and reasonable compromise, provided the parameters outlined above are met. AHPRA's administrative experience with English language skills testing timelines is that the maximum resitting period needs to be longer than three months to allow enough time for waiting periods and test results to be received. This issue was discussed with test providers to determine the final recommended timeframe of six months.

## 2. NAATI pathway

### *Change*

The pathway included in the consultation paper based on National Accreditation Authority for Translators and Interpreters Ltd (NAATI) accreditation as a translator/interpreter has not been included in the revised standards.

### *Rationale*

The consultation draft standard proposed that an interpreter accredited by NAATI would meet the English language standard and could therefore be exempted from English language testing. Subsequently, NAATI has advised that there is no research which anchors a NAATI accreditation test, which reflects the ability to accurately transfer meaning between 2 languages, with English language proficiency. Language proficiency skills are part of the skills required to transfer meaning between two languages but there are also additional transfer-specific skills.

This pathway has therefore not been included.

## 3. Validity period for test results

### *Change*

The validity or currency period for English language test results will continue to be two years.

### *Rationale*

The consultation draft proposed that the validity or currency period for English language test results be extended from two years to three years.

This proposal was based in part on the Department of Immigration and Border Protection (DIBP) decision to extend its test result currency period to three years. This was a pragmatic decision by DIBP relating on the time to process applications rather than the validity of test results. Additionally, DIBP appears to focus on a candidate's potential English language ability, rather than their language ability at a particular point in time. By contrast, National Boards need to be assured of an applicant's English language ability at the time they commence practice.

Some research and language experts have indicated that extending the currency period to three years would be appropriate and supported by the evidence about language attrition, in particular the finding that that high level skills take a reasonable time to deteriorate.

On the other hand, a two year validity period is the norm for regulators in comparator similar countries. Test providers also recommend a two year validity period, highlighting the risk of attrition if there is no English language use in this period.

National Boards consider that the validity period should remain at two years, but with the ability to extend the validity or currency period where the applicant has maintained their English language skills through continued use of English language, either through study or work in English in one of the recognised countries.

#### 4. Additional pathway for applicants whose primary language is English

##### *Change*

A new pathway to demonstrate English language skills has been added to the standard for applicants whose primary language is English and who completed all of their primary and secondary education in English in one of the recognised countries, and completed their qualification for registration under the National Law solely in English.

##### *Rationale*

Individuals who meet these criteria would be expected to exceed the English language skills represented by the other pathways to address the standard but could have technical difficulties meeting these pathways if they completed their professional qualification in English outside one of the recognised countries. This pathway reflects that National Boards do not intend to require applicants in this category to sit an English language skills test.

#### 5. Additional English language tests

##### *Change*

Two additional English language tests have been added:

- PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking)
- TOEFL iBT with a minimum total score of 94 and minimum scores of 24 for listening, 24 for reading, 27 for writing and 23 for speaking.

##### *Rationale*

These tests have been added in line with DIBP approval of these tests for all visa categories after a comprehensive review of the tests during a two year trial period for student visas.

The scores for these tests have been benchmarked against the IELTS score.

The DIBP report on the review of the tests in the Student visa programme *Review of the implementation of alternative English language proficiency tests in the Student visa programme* is available at [www.immi.gov.au/about/\\_doc/report-english-test.pdf](http://www.immi.gov.au/about/_doc/report-english-test.pdf)

National Boards will consider recognising additional English language tests in the future when there is relevant evidence.

#### 6. Initial registration

##### *Change*

'Initial registration' has been defined.

## *Rationale*

The definition has been amended to ensure that practitioners who have already been registered in Australia will only be required to meet the standard again when they apply to move from non-practising to practising registration if they have not been using English as their primary language for a period of five years or more.

### 7. Additional terms have been defined in the standard to improve clarity

Boards may publish additional information about the meaning of other terms used in the standard from time to time.

## 3.2 Other decisions

### 1. Test scores

A number of submissions proposed accepting a minimum overall score for IELTS and specifying a minimum in each component. The proposed overall minimum scores and minimum scores for each component were variable, ranging from 7.5 overall (one submission) to 6 overall (one submission) with the most common being 7 overall with no individual component score below 6.5.

The commissioned research indicated that the National Boards' current (and proposed) minimum IELTS score of 7 in each of the four components and a minimum of Grade B for the OET is appropriate in the context of health profession regulation. According to the eight-country global audit that was undertaken as part of the commissioned research, a minimum IELTS score of 7 in each of the four components is specified for a number of health professions in comparator countries. The audit also indicated that a minimum score of B in the OET is accepted by some health profession regulators in comparator countries.

However, research recently commissioned by the General Medical Council (GMC) in the UK found that the current overall IELTS score of 7, with no separate skill score lower than 7 is not adequate as a preliminary language screening device for International Medical Graduates (IMGs). The research report recommended that the IELTS scores be revised and that the GMC should consider adopting the following profile which reflects the importance of oral skills, with listening being of paramount importance, but allows for some flexibility in assessing written skills: Overall 8 (Listening 8.5; Speaking 8; Reading 7.5; Writing 7.5).

The GMC has decided to adopt an overall score of 7.5, commencing June 2014 with a score of at least 7.0 in each of the four components of the test.

Test providers including TOEFL and OET have recommended undertaking work to determine whether the required scores are appropriate for individual professions. Some international regulators have done similar work.

The National Boards will consider further work on whether there should be any difference in the level of scores required for individual professions before the next review of the English language skills standard.

### 2. Exemptions

Some respondents submitted that an exemption from having to undertake an English language test for exceptional circumstances is needed to allow 'common sense' to prevail in cases when an individual can clearly meet the standard for English language skills but is unable to demonstrate this through the education pathway/s specified in the draft standard.

There is a risk that a general 'exceptional circumstances' exemption would be difficult to administer because of the difficulty in establishing clear parameters that would not erode the intent of the standard and the possibility that this kind of exemption would attract large numbers of applications

that do not satisfy the criteria. Submissions from other regulators such as the Medical Council of New Zealand and the Australian Medical Council indicate that general 'exceptional circumstances' exemptions are difficult to administer, leading to these bodies adopting alternative approaches.

It is evident that there will occasionally be applicants who appear to have the necessary English language skills to easily meet the standard, yet cannot demonstrate this without sitting an English language test. The additional pathway in the revised standard would allow some of these candidates to meet the standard without sitting a test. However, there may still be occasional instances where requiring certain candidates to sit an English language test could be perceived as unfair, unreasonable or contrary to common sense.

This is one of the most complex issues that the reviews considered. Given the challenges of establishing general exemptions and the potential to undermine the aims of the standards, National Boards have decided to maintain the current approach of no general exemption or discretion in the standard. Instead, Boards have aimed to ensure that there is a pathway to meet the standard for all applicants, which for some applicants will involve sitting an English language test.

National Boards will continue to monitor the application of the standard to identify any specific circumstances where applying the standard would not achieve their intentions and/or or align with their regulatory principles, and will consider appropriate action in these situations including collecting information to inform future reviews.

#### 4. Future work

As part of the review of English language standards, National Boards have identified a number of areas for further work. It is planned that such work will be undertaken prior to the next review of the standard.

The areas identified for further work may include the following:

1. Undertake further research on whether South Africa should continue to be a recognised country or whether recognition should be phased out.
2. Identify key areas for further research on issues relating to English language skills requirements in the regulation of health practitioners, to both promote independent research and commission research in critical areas (if required) as part of the next review of the standard. Research topics might include:
  - a. studies about the use of English language tests in the health practitioner regulation context
  - b. whether there are valid and reliable ways to use an extended period of work in the relevant health profession in an English speaking environment as a measure of English language skills
  - c. whether it is valid and reliable to use NAATI accreditation as a measure of English language skills, and
  - d. whether other countries should be added to the list of recognised countries, and if so, what criteria should apply
3. Investigate how the National Scheme can make the best use of its data to inform the next review of the English language skills registration standard.
4. Monitor implications for the standards of any changes made to DIBP policy regarding English language skills requirements as a result of the review of the Skilled Migration and 400 Series Visa Programmes, or adopted by international health practitioner regulators, such as those in the United Kingdom.

## 5. Conclusion

Communication is a key component of effective health care. For registered practitioners providing health services in Australia, English language skills are a fundamental part of the communication skills necessary for safe and competent practice. The National Law reflects this by requiring all National Boards to develop English language skills registration standards.

This report describes National Boards' most recent work on those standards. Boards received a wide range of views which they have carefully considered in framing the new standard, which will be common across 12 health professions, with some very minor variations for dental and medicine. The Nursing and Midwifery Board of Australia has developed an ELS Standard which has been modified slightly to reflect issues specific to those professions, while the Aboriginal and Torres Strait Islander Health Practice Board of Australia will continue to use a profession-specific standard which it will review starting in 2015/16.

In developing new standards, National Boards must balance their statutory duty to protect the public with the other objectives of the National Law and their underlying regulatory principles, such as proportionality and fairness for those subject to their regulation. The National Boards believe that this balance has been achieved in the new standard.

While the research evidence base about English language skills for health practitioners is still developing, National Boards are keen to contribute to building the evidence through targeted research and will seek opportunities to do this. They will also continue to monitor the effectiveness of the new standards and the emergence of any new evidence in this area. Further reviews of the standard will be conducted in future, incorporating new research and any information gathered about how the standards are working in practice.

AHPRA and the National Boards thank all those who contributed to the review and provided valuable feedback on these important issues.

## Glossary

**Draft standard** means the 12-profession (all the professions mentioned above, excluding Aboriginal and Torres Strait Islander Health Practice and Nursing and Midwifery) common draft English language skills registration standard (with minor variances for dental and medicine).

The **National Boards** are the Aboriginal and Torres Strait Islander Health Practice Board of Australia, the Chinese Medicine Board of Australia, the Chiropractic Board of Australia, the Dental Board of Australia, the Medical Board of Australia, the Medical Radiation Practice Board of Australia, the Nursing and Midwifery Board of Australia, the Occupational Therapy Board of Australia, the Optometry Board of Australia, the Osteopathy Board of Australia, the Pharmacy Board of Australia, the Physiotherapy board of Australia, the Podiatry Board of Australia and the Psychology Board of Australia.

**National Law** means the Health Practitioner Regulation National Law, as in force in all states and territories.

**National Scheme** means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at [www.ahpra.gov.au](http://www.ahpra.gov.au)

**Revised standard(s)** means the new English language skills registration standard(s) developed by National Boards as part of this review and approved by the Ministerial Council on 17 March 2015.

## Background

At the commencement of the National Scheme on 1 July 2010, the first English language standard developed by the Nursing and Midwifery Board of Australia (NMBA) came into effect. This standard required all internationally qualified applicants or applicants who did not undertake and complete their secondary education to the requisite level required for entry into a nursing and midwifery program taught and assessed in English, to demonstrate English language competence through successful completion of the IELTS academic module or OET test, achieving in one sitting a minimum score of 7 (IELTS) or B (OET) in each component. The NMBA conducted a review of this standard in 2011. As a result of the review, the standard was modified to include an additional pathway for demonstrating English language competence, through the completion of five years of continuous education in English in one of the recognised countries (Australia, Canada, New Zealand, Republic of Ireland, South Africa, UK and USA).

Although the NMBA's English language skills registration standard was not due for review, the NMBA chose to participate in the 2014 review so that the Board could consider any new evidence that might arise from this national review. The new NMBA standard has been developed to maximise consistency with the new common English language skills registration standard. However, issues specific to nursing and midwifery continue to merit a slightly modified standard that reflects issues specific to these professions.

### Why has the NMBA English language skills registration standard been modified?

The NMBA has drawn on information from the review of the common English language skills registration standard to refine the nursing and midwifery English language skills registration standard and provide additional flexibility without compromising the protective purpose of the standard, consistent with best available evidence and the outcomes of the all-Boards review. The NMBA has also drawn on its experience working with its 2011 English language skills registration standard.

The nursing and midwifery registers include nurses, enrolled nurses and midwives. As each of these programs of study differ in length, the requirements of the NMBA English language skills registration standard must necessarily reflect this. Additional factors, such as the high proportion of nurses and midwives who return to study as mature age students, have also been taken into consideration.

### How does the NMBA standard differ from the common standard?

The new common English language skills registration standard establishes four different pathways, via which applicants can demonstrate English language proficiency:

1. primary language pathway
2. combined secondary and tertiary education pathway
3. extended education pathway
4. English language test pathway.

The NMBA English language skills registration standard has adapted three of these pathways – the *primary language pathway*, the *combined secondary and tertiary education pathway* and the *extended education pathway* to take into account issues specific to the nursing and midwifery professions. The NMBA English language skills registration standard has adopted the same English language test pathway as the common English language skills registration standard. Additionally, the NMBA standard includes the capacity for the NMBA to publish a policy to describe additional pathway(s) in prescribed circumstance. These modifications are described below, followed by a rationale for the changes.

1. The *primary language pathway* and the *combined secondary and tertiary education pathway*

The primary language pathway in the NMBA standard requires that at least six years of an applicant's primary and secondary education were taught and assessed in English in one of the recognised countries, in addition to a relevant qualification which was taught and assessed solely in English in a recognised country.

The primary language pathway in the common English language skills registration standard is formulated differently. It reflects that these National Boards do not intend to require applicants whose primary language is English and who completed all their primary and secondary education in English in one of the recognised countries, in addition to completing their qualification for registration under the National Law solely in English, to undertake an English language test.

The *combined secondary and tertiary education pathway* in the common English language skills registration standard has not been included in the NMBA standard, as the NMBA *primary language pathway* effectively combines these two pathways for nurses and midwives.

This pathway in the NMBA English language skills registration standard recognises the significant numbers of applicants who return to study nursing and midwifery as mature age students, who may have difficulty providing evidence of secondary education, but speak no language other than English and completed all their study in English in Australia or another recognised country.

2. The *extended education pathway*

The *extended education pathway* reflects the equivalent pathway in the current NMBA English language skills registration standard, which requires five years of continuous education taught and assessed in English in a recognised country, rather than the six years required in the new common English language skills registration standard. This modification recognises the different length of programs of study and the role of vocational education in the nursing and midwifery professions, compared with other registered professions. Adopting the common standard without modification would increase the years of study in English that a nurse or midwife would need to demonstrate to meet the standard compared with the current NMBA standard, which could have potentially negative impacts on workforce supply. This pathway also reflects the different lengths and types of study typically undertaken by nurses and midwives, and enrolled nurses.

3. Additional pathways in prescribed cases/circumstances.

The current NMBA English language skills registration standard makes provision for the NMBA to establish exemptions for cohorts of applicants, although the Board has not acted on this. The new NMBA English language skills registration standard includes the capacity for the NMBA to establish new ways of demonstrating English language competence in a policy published by the Board. This approach is similar to the provision for an exemption in the current NMBA standard, but clarifies that the pathway would not operate unless the Board publishes a policy which sets out clear criteria which must be satisfied. This avoids the risks of introducing broad discretion, but enables the NMBA to establish new pathways where justified and consistent with the objectives and guiding principles of the National Law.

## Summary of research findings

### Background

The National Boards conducted a scheduled review of their registration standards after three years of experience with the National Scheme. To support evidence-based policy setting, the National Boards commissioned research on English language skills for health professionals.

The research, undertaken in 2012/13 by Professor Lesleyanne Hawthorne (Australian Health Workforce Institute, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne), included an examination of the evidence base in relation to current Australian English language skills registration standard requirements in health fields and the requirements of comparative international regulators. The research was framed in a broad context, including migration issues and included analysis of a range of issues outside the scope of the registration standard.

### Summary of research outcomes

<b>Limits to the research base</b>	The literature to inform English language skills registration standards to date is slight. Few health-specific studies exist. Many are based on small sample sizes. There are major research gaps.
<b>Global ELSRS practice in medical and allied health fields</b>	Global regulatory bodies adopt highly variable requirements in terms of English testing. This is currently a dynamic area of policy. Regulators may specify few or multiple tests; different test types (ranging from generic, to field-specific, to embedded, to interview-based); require diverse scores by test and field; allow different types of exemption; permit variable lengths of result validity (ranging from six to 24 months, which may vary from Immigration e.g. three years in Australia); and impose different operational requirements (for example to pass sub-tests at a single or sequential sittings).
<b>Range of acceptable tests</b>	<p>International English Language Testing System (IELTS) and Test of English as a Foreign Language (TOEFL) are the main tests accepted worldwide, with TOEFL dominant in select parts of Asia and North America.</p> <p>IELTS is accepted for skilled migration and OET is also accepted for health professionals for skilled migration. The relatively new Pearson Test of English Academic and the TOEFL iBT have been approved since November 2011 for student visa purposes in Australia.</p> <p>The National Boards' current reference to IELTS and OET is consistent with the approach of other global health regulators.</p>
<b>Standard setting</b>	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.
<b>Requirement to pass all four subtests at a</b>	The research does not provide a conclusive answer to this question. Test providers advise that the validity and reliability of results from multiple

<p><b>single sitting</b></p>	<p>test sittings depend on how the individual tests are constructed.</p> <p>Accordingly, the Occupational English Test (OET) has advised that it is valid to accept test results from more than one sitting, after an applicant has initially sat all components of the test, provided the results are relatively close to the required level. This is because linguistic research has shown that a range of affective and physical factors can influence candidate performance on the test day and OET considers that in these circumstances it is justifiable to allow a single sub-test re-sit to achieve the required score.</p> <p>However, the International English Language Testing System (IELTS) advises that it was not designed to be a modular test. The four component modules are not offered as separate tests to be taken at different times. Rather, performance in the four skill areas is combined to provide a maximally reliable composite assessment of a candidate's overall language proficiency at a given point in time.</p>
<p><b>Length of test result validity</b></p>	<p>The length of test result validity may merit review (particularly for candidates resident and engaged in clinical practice in Australia). A range of studies have demonstrated that 'high proficiency learners plateau for several years until attrition begins', within minimal change anticipated in a 3-4 year period for users scoring IELTS 7 and OET B (or higher), even with little or no use. The Department of Immigration and Border Protection has recently moved to a three-year validity period for English Language test results.</p>

**Please note:**

***This draft has been developed for all National Boards apart from the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia and the Nursing and Midwifery Board of Australia. There are some profession-specific aspects which are highlighted in boxes.***

Registration standard: English language skills

**Effective date:**

The <xx> Board of Australia (Board) requires all applicants for **initial registration**<sup>9</sup> to demonstrate English language skills to be suitable for registration.

This registration standard sets out how an applicant for registration can demonstrate to the Board that their competency in speaking and communicating in English is sufficient to practise the <xx> profession.

**Does this standard apply to me?**

This standard applies to all applicants for **initial registration** ~~as defined~~.

~~See the definitions section of this registration standard for the definition of initial registration.~~

It does not apply if you are applying for non-practising registration or if you are a **student**.

**What must I do?**

If you are applying for **initial registration** you must demonstrate your English language competency in one of the following ways:

1. English is your **primary language** and you have undertaken and satisfactorily completed:

- a. all of your primary and **secondary education** which was taught and assessed solely in English in a **recognised country**, and
- b. tertiary qualifications in the relevant professional discipline, which you are relying on to support your eligibility for registration under the **National Law**, which were taught and assessed solely in English.

**OR**

2. You have a combination of **secondary education** and tertiary qualifications, where you have undertaken and satisfactorily completed:

- a. at least two years of your **secondary education** which was taught and assessed solely in English in ~~one of the recognised countries~~ a **recognised country** (listed in the ~~Definitions~~ section of this standard), and
- b. tertiary qualifications in the relevant professional discipline, which you are relying on to support your eligibility for registration under the **National Law**, ~~that~~ which were taught and assessed solely in English in ~~one of the recognised countries~~ a **recognised country**.

**OR**

3. ~~Extended studies undertaken solely in English, when~~ You have undertaken and satisfactorily completed at least **six years' (full time equivalent) continuous education** taught and assessed solely in English, in any of the **recognised countries**, which includes a tertiary qualifications in the

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<sup>9</sup> Bolded terms are defined in the *Definitions* section of this registration standard.

relevant professional discipline or a Board approved program of study for the <xx> profession which you are relying on to support your eligibility for registration under the **National Law**.

**OR**

3. ~~Accreditation by the National Accreditation Authority for Translators and Interpreters (NAATI) for translating and/or interpreting English~~

**OR**

4. ~~Completion of~~ You achieve the required minimum scores in one of the following tests of English language tests proficiency at the specified standard and meet the requirements for **test results** specified in this standard:

- a. the **IELTS** (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking). ~~Results from [one] or [up to three] tests sittings in a 12 month period may be used, only if all scores are 6.0 or above.~~

**NOTE:**

We will only accept test results:

i. from one test sitting, **or**

ii. a maximum of **two test sittings in a six month period** only if:

- you achieve a minimum overall score of 7 in each sitting, and
- you achieve a minimum score of 7 in each component across the two sittings, and
- no score in any component of the test is below 6.5

- b. the **OET** with ~~an overall pass and grades A or B~~ a minimum score of B in each of the four components (listening, reading, writing and speaking). ~~Results from more than one sitting may be used within a 12 month period.~~

**NOTE**

We will only accept test results:

i. from one test sitting, **or**

ii. a maximum of **two test sittings in a six month period** only if:

- you are tested in all four components in each sitting, and
- you achieve a minimum score of B in each component across the two sittings, and
- no score in any component of the test is below C.

**OET IS NOT APPLICABLE FOR CHIROPRACTIC, OSTEOPATHY AND PSYCHOLOGY, AS OET HAS NOT YET DEVELOPED A SPECIFIC TEST FOR THESE PROFESSIONS**

- c. the **PTE Academic** with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

i. from one test sitting, **or**

ii. a maximum of **two test sittings in a six month period** only if:

- a minimum overall score of 65 is achieved in each sitting, and

- you achieve a minimum score of 65 in each of the communicative skills across the two sittings, and
- no score in any of the communicative skills is below 58

d. the **TOEFL iBT** with a minimum total score of 94 and the following minimum score in each section of the test:

- 24 for listening,
- 24 for reading,
- 27 for writing, and
- 23 for speaking.

**NOTE:**

We will only accept test results:

- from one test sitting, **or**
- a maximum of **two test sittings in a six month period** only if:

- a minimum total score of 94 is achieved in each sitting, and you achieve a minimum score of 24 for listening, 24 for reading, 27 for writing and 23 for speaking across the two sittings, and
- no score in any of the sections is below:
  - 20 for listening
  - 19 for reading
  - 24 for writing, and
  - 20 for speaking

e. other English language tests approved by the Board from time to time and published on the Board's website with the required minimum scores.

**ADDITIONAL OPTIONS FOR MEDICINE**

successful completion of the **NZREX**, or  
successful completion of the **PLAB** test.

**ADDITIONAL OPTIONS FOR CHINESE MEDICINE**

Completion of the American Test for English as a Foreign Language (TOEFL test) including the spoken component and a minimum of 237 (test of written English 4.5)

**Test results**

The following additional requirements apply to the English language proficiency test results:

- Test results** will be accepted if they were obtained:
  - 1.1 within the two years [or three years] prior to applying to registration before the date you lodge your application for registration

**OR**

- 1.2 more than ~~three~~ **two** years ~~prior to applying for registration~~ before the date you lodge your application for registration if, in the period since the **test results** were obtained, ~~and~~ you:
  - a. ~~Have actively maintained employment~~ been in **continuous employment** as a registered health practitioner in the <xx> profession (which commenced within 12 months of the date of the test) ~~using English as the primary language of practice~~ in one of the **recognised countries** ~~since the test result was obtained~~ where English was the primary language of practice, and
  - b. lodge your application for registration within 12 months of finishing your last period of employment

**OR**

- 1.3 more than ~~three~~ **two** years ~~prior to applying for registration~~ before the date you lodge your application for registration if, in the period since the test result was obtained, and you:
  - a. have been continuously enrolled in a **Board approved program of study** (which commenced within 12 months of the date of the test) ~~since the test result was obtained~~ and undertook subjects in each semester, with no break from study apart from the education provider's scheduled holidays, and ~~applied for registration~~
  - b. lodge your application for registration within 12 months of completing the **Board approved program of study**.

2. For the purposes of calculating time, if an applicant relies on **test results** from two sittings, time begins to run from the date of the earlier sitting.

### Exemptions

1. The Board may grant an exemption to this standard when you apply for limited registration in the following circumstances:
  - a. to perform a demonstration in clinical techniques
  - b. to undertake research that involves limited or no patient contact, or
  - c. to undertake a period of postgraduate study or supervised training Dental Board of Australia only that involves no patient contact while working in an appropriately supported environment that will ensure patient safety is not compromised.
2. Conditions will generally apply to these exemptions, which will require supervision by a registered health practitioner and may also require the use of an interpreter.
3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

### More information

1. Practitioners who meet this standard on the basis of results from an English language test will be asked to declare that they have continued to use English as their **primary language** when they apply to move from non-practising to **practising registration**.
2. Further information regarding the evidence that applicants must provide to the Board to prove that they meet this standard is set out in the relevant application form.
3. Your **test results** will be verified independently with the test provider.
4. You are responsible for the cost of English language tests.

### Authority

This registration standard was developed by <<NAME>> Board of Australia under section 38 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory

after wide ranging public consultation. It has been approved by the Australian Health Workforce Ministerial Council on <date>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

## Definitions

**Board approved program of study** means an accredited program of study approved by the <name> Board of Australia under section 49(1) of the National Law and published in the Board's list of approved programs of study on the Board's website.

**Continuous employment** means working the equivalent of at least 26 weeks per year.

**IELTS** means the International English Language Testing System.

**Initial registration** – for the purpose of this registration standard and applicant for initial registration means:

- a practitioner applying for registration in Australia in the <xx> profession for the first time; **or**
- a practitioner applying for registration (including moving from non-practising to another registration type) who has not practised the profession in one of the recognised countries used English as their *primary language*\* for a period of greater than five years **or more**; **or**
- a practitioner who currently holds limited registration on the basis that they were granted an exemption from this standard in the limited circumstances described under *Exemptions* and who is applying for another type of registration.

Initial registration **otherwise** does not include a practitioner who has had continual registration in the <xx> profession and is applying for a different category or division of registration in that profession, for example, a practitioner who holds provisional registration and is applying for general registration; or a practitioner who holds general registration and is applying for specialist registration.

**National Law** means the *Health Practitioner Regulation National Law Act* (as in force in each state and territory).

**OET** means Occupational English Test (OET) administered by the OET Centre.

**Practising registration** means provisional, general, specialist or limited registration.

**Primary language** means the language primarily used for reading, writing, listening, and speaking and the language known best and most comfortable with.

**PTE Academic** means the Pearson Test of English Academic

**Recognised country** means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Secondary education** means Australian school years 7 through to 12, even where year 7 is classified as part of primary school in a particular state or territory.

**Six years (full time equivalent) continuous education** means education over a period of six consecutive calendar years without a break from study apart from the education institutions' (e.g. school or university) scheduled holidays.

**Student** means a student currently registered under the National Law.

**Test results** means the official results provided by the English language test provider. If you are providing test results from two test sittings as defined, the results from both sittings must meet the requirements of this standard.

**TOEFL iBT** means the Test of English as a Foreign Language internet-based test.

**Two test sittings in a six month period** means that the dates of the sittings must not be more than six months apart. For example, if your first test sitting was on 1 March, the second sitting must be no later than 30 August. If you are providing test results from two sittings, you may provide results of any two tests taken within a six month period as defined.

**MEDICINE ONLY**

**NZREX** means New Zealand Registration Examination administered by the New Zealand Medical Council.

**MEDICINE ONLY**

**PLAB** test means the test administered by the Professional and Linguistic Assessments Board of the General Medical Council of the United Kingdom.

**CHINESE MEDICINE ONLY**

~~**TOEFL** means the Test for English as a Foreign Language.~~

**Review**

This standard will be reviewed at least every three years.

Last reviewed: XXXX

**Please note:**

***This draft has been developed for all National Boards apart from the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia and the Nursing and Midwifery Board of Australia. There are some profession-specific aspects which are highlighted in boxes.***

Registration standard: English language skills

**Effective date:**

**FOR CHINESE MEDICINE – THE STANDARD WILL COMMENCE ON 1 JULY 2015**

The <xx> Board of Australia (Board) requires all applicants for **initial registration**<sup>10</sup> to demonstrate English language skills to be suitable for registration.

This registration standard sets out how an applicant for registration can demonstrate to the Board that their competency in speaking and communicating in English is sufficient to practise the <xx> profession.

**Does this standard apply to me?**

This standard applies to all applicants for **initial registration**.

It does not apply if you are applying for non-practising registration or if you are a **student**.

**What must I do?**

If you are applying for **initial registration** you must demonstrate your English language competency in one of the following ways:

1. English is your **primary language** and you have undertaken and satisfactorily completed:
  - a. all of your primary and **secondary education** which was taught and assessed solely in English in a **recognised country**, and
  - b. tertiary qualifications in the relevant professional discipline, which you are relying on to support your eligibility for registration under the **National Law**, which were taught and assessed solely in English.

**OR**

2. You have a combination of **secondary education** and tertiary qualifications, where you have undertaken and satisfactorily completed:
  - b. at least two years of your **secondary education** which was taught and assessed solely in English in a **recognised country**, and
  - b. tertiary qualifications in the relevant professional discipline, which you are relying on to support your eligibility for registration under the **National Law**, which were taught and assessed solely in English in a **recognised country**.

**OR**

3. You have undertaken and satisfactorily completed at least **six years' (full time equivalent) continuous education** taught and assessed solely in English, in any of the **recognised**

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<sup>10</sup> Bolded terms are defined in the *Definitions* section of this registration standard.

**countries**, which includes tertiary qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the **National Law**.

**OR**

4. You achieve the required minimum scores in one of the following English language tests and meet the requirements for **test results** specified in this standard:
- a. the **IELTS** (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
- ii. a maximum of **two test sittings in a six month period** only if:
- you achieve a minimum overall score of 7 in each sitting, and
  - you achieve a minimum score of 7 in each component across the two sittings, and
  - no score in any component of the test is below 6.5
- b. the **OET** with a minimum score of B in each of the four components (listening, reading, writing and speaking).

**NOTE**

We will only accept test results:

- i. from one test sitting, **or**
- ii. a maximum of **two test sittings in a six month period** only if:
- you are tested in all four components in each sitting, and
  - you achieve a minimum score of B in each component across the two sittings, and
  - no score in any component of the test is below C.

**OET IS NOT APPLICABLE FOR CHIROPRACTIC, OSTEOPATHY AND PSYCHOLOGY, AS OET HAS NOT YET DEVELOPED A SPECIFIC TEST FOR THESE PROFESSIONS**

- c. the **PTE Academic** with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
- ii. a maximum of **two test sittings in a six month period** only if:
- a minimum overall score of 65 is achieved in each sitting, and
  - you achieve a minimum score of 65 in each of the communicative skills across the two sittings, and
  - no score in any of the communicative skills is below 58
- d. the **TOEFL iBT** with a minimum total score of 94 and the following minimum score in each section of the test:
- 24 for listening,
  - 24 for reading,

- 27 for writing, and
- 23 for speaking.

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
  - ii. a maximum of **two test sittings in a six month period** only if:
    - a minimum total score of 94 is achieved in each sitting, and you achieve a minimum score of 24 for listening, 24 for reading, 27 for writing and 23 for speaking across the two sittings, and
    - no score in any of the sections is below:
      - 20 for listening
      - 19 for reading
      - 24 for writing, and
      - 20 for speaking
- e. other English language tests approved by the Board from time to time and published on the Board's website with the required minimum scores.

**ADDITIONAL OPTIONS FOR MEDICINE**

successful completion of the **NZREX**, or  
 successful completion of the **PLAB** test.

**Test results**

The following requirements apply to the English language **test results**:

1. **Test results** will be accepted if they were obtained:

1.1 within the two years before the date you lodge your application for registration

**OR**

1.2 more than two years before the date you lodge your application for registration if, in the period since the **test results** were obtained, you:

- c. have been in **continuous employment** as a registered health practitioner in the <xx> profession (which commenced within 12 months of the date of the test) in one of the **recognised countries** where English was the primary language of practice, and
- d. lodge your application for registration within 12 months of finishing your last period of employment

**OR**

1.3 more than two years before the date you lodge your application for registration if, in the period since the test result was obtained, you:

- a. have been continuously enrolled in a **Board approved program of study** (which commenced within 12 months of the date of the test) and undertook subjects in each semester, with no break from study apart from the education provider's scheduled holidays, and
- b. lodge your application for registration within 12 months of completing the **Board approved program of study**.

3. For the purposes of calculating time, if an applicant relies on **test results** from two sittings, time begins to run from the date of the earlier sitting.

### Exemptions

2. The Board may grant an exemption to this standard when you apply for limited registration in the following circumstances:
  - d. to perform a demonstration in clinical techniques
  - e. to undertake research that involves limited or no patient contact, or
  - f. to undertake a period of postgraduate study or supervised training Dental Board of Australia only that involves no patient contact while working in an appropriately supported environment that will ensure patient safety is not compromised.
2. Conditions will generally apply to these exemptions, which will require supervision by a registered health practitioner and may also require the use of an interpreter.
3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

### More information

1. Practitioners who meet this standard on the basis of results from an English language test will be asked to declare that they have continued to use English as their **primary language** when they apply to move from non-practising to **practising registration**.
2. Further information regarding the evidence that applicants must provide to the Board to prove that they meet this standard is set out in the relevant application form.
3. Your **test results** will be verified independently with the test provider.
4. You are responsible for the cost of English language tests.

### Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on 17 March 2015.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

### Definitions

**Board approved program of study** means an accredited program of study approved by the <name> Board of Australia under section 49(1) of the National Law and published in the Board's list of approved programs of study on the Board's website.

**Continuous employment** means working the equivalent of at least 26 weeks per year.

**IELTS** means the International English Language Testing System.

**Initial registration** means:

- a practitioner applying for registration in Australia in the <xx> profession for the first time; **or**
- a practitioner applying for registration (including moving from non-practising to another registration type) who has not used English as their *primary language*\* for a period of greater than five years; **or**
- a practitioner who currently holds limited registration on the basis that they were granted an exemption from this standard in the limited circumstances described under *Exemptions* and who is applying for another type of registration.

Initial registration otherwise does not include a practitioner who has had continual registration in the <xx> profession and is applying for a different category or division of registration in that profession, for example, a practitioner who holds provisional registration and is applying for general registration; or a practitioner who holds general registration and is applying for specialist registration.

**National Law** means the *Health Practitioner Regulation National Law Act* (as in force in each state and territory).

**OET** means Occupational English Test.

**Practising registration** means provisional, general, specialist or limited registration.

**Primary language** means the language primarily used for reading, writing, listening, and speaking and the language known best and most comfortable with.

**PTE Academic** means the Pearson Test of English Academic

**Recognised country** means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Secondary education** means Australian school years 7 through to 12, even where year 7 is classified as part of primary school in a particular state or territory.

**Six years (full time equivalent) continuous education** means education over a period of six consecutive calendar years without a break from study apart from the education institutions' (e.g. school or university) scheduled holidays.

**Student** means a student currently registered under the National Law.

**Test results** means the official results provided by the English language test provider. If you are providing test results from two test sittings as defined, the results from both sittings must meet the requirements of this standard.

**TOEFL iBT** means the Test of English as a Foreign Language internet-based test.

**Two test sittings in a six month period** means that the dates of the sittings must not be more than six months apart. For example, if your first test sitting was on 1 March, the second sitting must be no later than 30 August. If you are providing test results from two sittings, you may provide results of any two tests taken within a six month period as defined.

**MEDICINE ONLY**

**NZREX** means New Zealand Registration Examination administered by the New Zealand Medical Council.

**MEDICINE ONLY**

**PLAB** test means the test administered by the Professional and Linguistic Assessments Board of the General Medical Council of the United Kingdom.

**Review**

This standard will be reviewed at least every three years.

Last reviewed: 17 March 2015

**Please note:**

**This draft has been developed for the Nursing and Midwifery Board of Australia.**

Registration standard: English language skills

**Effective date:** (This standard will commence within six months of being approved by the Ministerial Council and the date of commencement will be inserted when published)

The Nursing and Midwifery Board of Australia (Board) requires all applicants for **initial registration**<sup>11</sup> to demonstrate English language skills to be suitable for registration.

This registration standard sets out how an applicant for registration can demonstrate to the Board that their competency in speaking and communicating in English is sufficient to practise nursing and/or midwifery.

**Does this standard apply to me?**

This standard applies to all applicants for **initial registration**.

It does not apply if you are applying for non-practising registration or if you are a **student**.

**What must I do?**

If you are applying for **initial registration** you must demonstrate your English language competency in one of the following ways:

1. English is your **primary language** and:
  - a. you have attended and satisfactorily completed at least **six years of primary and secondary education** taught and assessed in English in one of the **recognised countries**, including at least two years between years 7 and 12, **and**
  - b. your qualification in the relevant professional discipline, which you are relying on to support your eligibility for registration under the **National Law** was taught and assessed solely in English in one of the **recognised countries** and:
    - i. in the case of a registered nurse or registered midwife, you must provide evidence of at least a two (2) years full-time equivalent pre-registration program of study approved by the recognised nursing and/or midwifery regulatory body in any of the **recognised countries**.
    - ii. in the case of an enrolled nurse, you must provide evidence of at least a one year full-time equivalent pre-registration program of study approved by the recognised nursing and/or midwifery regulatory body in any of the **recognised countries** listed in this registration standard.

**OR**

**2. Registered nurses and registered midwives**

If you are applying for registration as a registered nurse and/or a registered midwife, you must provide evidence of the completion of five (5) years\*(full-time equivalent) of education taught and assessed in English, in any of the **recognised countries**.

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<sup>11</sup> Bolded terms are defined in the *Definitions* section of this registration standard

**NOTE:**

- a) The Board will only accept the completion of five (5) *years\** (full-time equivalent) of:
- i) tertiary and secondary education taught and assessed in English; or
  - ii) tertiary and vocational education taught and assessed in English; or
  - iii) combined tertiary, secondary and vocational education taught and assessed in English; or
  - iv) tertiary education taught and assessed in English

from one of more of the **recognised countries** listed in this registration standard.

- b) The five (5) *years* referred to in paragraph 2(a) above must include evidence of a minimum of two (2) *years* full-time equivalent pre-registration program of study approved by the recognised nursing and/or midwifery regulatory body in any of the **recognised countries** listed in this registration standard.

**OR**

**Enrolled nurses**

3. If you are applying for registration as an enrolled nurse, you must provide evidence of the completion of five (5) *years\**(full-time equivalent) of education taught and assessed in English, in any of the **recognised countries**.

**NOTE:**

- a) The Board will only accept the completion of five (5) *years\** (full-time equivalent) of:
- i) vocational and secondary education taught and assessed in English; or
  - ii) tertiary and vocational education taught and assessed in English; or
  - iii) combined tertiary, secondary and vocational education taught and assessed in English; or
  - iv) tertiary education taught and assessed in English

from one of more of the **recognised countries** listed in this registration standard.

- b) The five (5) *years* referred to in paragraph 3(a) above must include evidence of a minimum of one (1) *year\** full-time equivalent pre-registration program of study approved by the recognised nursing and/or midwifery regulatory body in any of the **recognised countries**.

**OR**

4. You achieve the required minimum scores in one of the following English language tests and meet the requirements for **test results** specified in this standard:

- a. the **IELTS** (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
- ii. a maximum of **two test sittings in a six month period** only if:
  - you achieve a minimum overall score of 7 in each sitting, and

- you achieve a minimum score of 7 in each component across the two sittings, and
  - no score in any component of the test is below 6.5
- b. the **OET** with a minimum score of B in each of the four components (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
  - ii. a maximum of **two test sittings in a six month period** only if:
    - you are tested in all four components in each sitting, and
    - you achieve a minimum score of B in each component across the two sittings, and
    - no score in any component of the test is below C.
- c. the **PTE Academic** with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
  - ii. a maximum of **two test sittings in a six month period** only if:
    - a minimum overall score of 65 is achieved in each sitting, and
    - you achieve a minimum score of 65 in each of the communicative skills across the two sittings, and
    - no score in any of the communicative skills is below 58
- d. the **TOEFL iBT** with a minimum total score of 94 and the following minimum score in each section of the test:

- 24 for listening,
- 24 for reading,
- 27 for writing, and
- 23 for speaking.

**NOTE:**

We will only accept test results:

- i. from one test sitting, **or**
- ii. a maximum of **two test sittings in a six month period** only if:
  - a minimum total score of 94 is achieved in each sitting, and you achieve a minimum score of 24 for listening, 24 for reading, 27 for writing and 23 for speaking across the two sittings, and
  - no score in any of the sections is below:
    - 20 for listening
    - 19 for reading
    - 24 for writing, and
    - 20 for speaking

- e. other English language tests approved by the Board from time to time and published on the Board's website with the required minimum scores.
5. In other defined circumstances/cases where there is compelling evidence demonstrating English language proficiency at least equivalent to the other pathways in this standard set out in a policy published by the Board.

### Test results

The following requirements apply to the English language test results:

1. **Test results** will be accepted if they were obtained:

1.1 within the two years before the date you lodge your application for registration

**OR**

1.2 more than two years before the date you lodge your application for registration if, in the period since the *test results*\* were obtained, you:

- e. have been in **continuous employment** as a registered health practitioner in the nursing and/or midwifery profession (which commenced within 12 months of the date of the test) in one of the **recognised countries** where English was the primary language of practice, and
- f. lodge your application for registration within 12 months of finishing your last period of employment

**OR**

1.3 more than two years before the date you lodge your application for registration if, in the period since the test result was obtained, you:

- a. have been continuously enrolled in a **Board approved program of study**, which commenced within 12 months of the date of the test result and undertook subjects in each semester, with no break from study apart from the education provider's scheduled holidays, and
- b. lodge your application for registration within 12 months of completing the **Board approved program of study**.

4. For the purposes of calculating time, if an applicant relies on **test results** from two sittings, time begins to run from the date of the earlier sitting.

### Exemptions

3. The Board may grant an exemption to this standard when you apply for limited registration in the following circumstances:

- g. to perform a demonstration in clinical techniques
- h. to undertake research that involves limited or no patient contact, or
- i. to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

4. Conditions will generally apply to these exemptions, which will require supervision by a registered health practitioner and may also require the use of an interpreter.

5. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

## More information

1. Practitioners who meet this standard on the basis of results from an English language test will be asked to declare that they have continued to use English as their **primary language** when they apply to move from non-practising to **practising registration**.
2. Further information regarding the evidence that applicants must provide to the Board to prove that they meet this standard is set out in the relevant application form.
3. Your **test results** will be verified independently with the test provider.
4. You are responsible for the cost of English language tests.

## Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on 30 April 2015.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

## Definitions

**Board approved program of study** means an accredited program of study approved by the Nursing and Midwifery Board of Australia under section 49(1) of the National Law and published in the Board's list of approved programs of study on the Board's website

**Continuous employment** means working the equivalent of at least 26 weeks per year.

**IELTS** means the International English Language Testing System

**Initial registration** means:

- a practitioner applying for registration in Australia in nursing and/or midwifery for the first time; **or**
- a practitioner applying for registration (including moving from non-practising to another registration type) who has not used English as their *primary language*\* for a period of greater than five years; **or**
- a practitioner who currently holds limited registration on the basis that they were granted an exemption from this standard in the limited circumstances described under *Exemptions* and who is applying for another type of registration.

Initial registration otherwise does not include a practitioner who has had continual registration in nursing and/or midwifery and is applying for a different category or division of registration in that profession, for example, a practitioner who holds provisional registration and is applying for general registration; or a practitioner who holds general registration and is applying for specialist registration.

**National Law** means the *Health Practitioner Regulation National Law Act* (as in force in each state and territory).

**OET** means Occupational English Test

**Practising registration** means provisional, general, specialist or limited registration

**Primary language** means the language primarily used for reading, writing, listening, and speaking and the language known best and most comfortable with.

**PTE Academic** means the Pearson Test of English Academic

**Recognised country** means one of the following countries:

- Australia
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- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Secondary education** means Australian school years 7 through to 12, even where year 7 is classified as part of primary school in a particular state or territory.

**Six years primary and secondary education** means six years of Australian school years 1 through to 12 or the equivalent in a recognised country.

**Student** means a student currently registered under the National Law

**Test results** means the official results provided by the English language test provider. If you are providing test results from two test sittings as defined, the results from both sittings must meet the requirements of this standard.

**TOEFL iBT** means the Test of English as a Foreign Language internet-based test

**Two test sittings in a six month period** means that the dates of the sittings must not be more than six months apart. For example, if your first test sitting was on 1 March, the second sitting must be no later than 30 August. If you are providing test results from two sittings, you may provide results of any two tests taken within a six month period as defined.

## Review

This standard will be reviewed at least every three years.

Last reviewed: 17 March 2015