

Public consultation

English Language Skills Registration Standards

July 2022

Australian Health Practitioner Regulation Agency
National Boards

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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology

Public consultation on the review of the English language skills registration standards

Summary

To practise safely in Australia, registered health practitioners must have effective English language skills. This includes being able to communicate effectively with patients/clients/consumers and their relatives and carers, collaborate with other health care professionals and keep clear and accurate health records. The National Boards set requirements for English language skills to make sure all registered health practitioners can provide safe care and communicate effectively in English.

The English Language Skills Registration Standards (the ELS standards) helps to ensure that everyone who registers as a health practitioner in Australia has these skills, regardless of their language background.

The ELS standard is one of the five core registration standards required by all National Boards and applies to all applicants at initial (first) registration, whether they qualified in Australia or overseas.

Ahpra and the National Boards (except the Aboriginal and Torres Strait Islander Health Practice Board of Australia) have reviewed their respective ELS standard to ensure that it stays current and keeps pace with our changing and dynamic environment.

We are only proposing changes to the common ELS standards where real improvements have been identified to align with available evidence, clarify processes, reduce duplication, streamline and remove unnecessary information and address gaps in content. We have based any changes on research and international benchmarking and our regulatory experience. The main changes proposed to the ELS standard common for all professions (except the Nursing and Midwifery Board of Australia (NMBA)) involved in the review are:

- clearer naming of the pathways in the standard
- renaming the current 'primary pathway' to the 'school pathway' to have a clear differentiation between the pathway and primary education
- strengthening and renaming the extended education pathway
- aligning with the Department of Home Affairs (DoHA) requirements by removing South Africa from the recognised country list
- adding the Cambridge C1 advanced and C2 proficiency tests to the accepted English language tests
- reorganising content to make the sequence more logical
- minor changes to improve wording and expression, and
- more active and personal language, making the ELS standard speak more directly to practitioners where appropriate.

Changes specific to the NMBA ELS standard will be separately addressed throughout the paper.

Further details about the reasons for the proposal are contained in this consultation paper including a table with more information on where changes have been made.

The consultation is open until **7 September 2022**.



Public consultation

The National Boards are releasing this public consultation paper for feedback on a draft revised ELS standard.

You are invited to give feedback on the draft revised ELS standard.

Your feedback

Ahpra and the 14 National Boards¹ are inviting comments on the draft revised ELS standard. There are also specific questions which you may wish to address in your response.

Public consultation starts on Wednesday 13 July 2022. Feedback can be given, preferably, by completing the online survey available [here](#)

Alternatively, please submit your feedback as a Word document (not PDF) by email to AHPRA.consultation@ahpra.gov.au by close of business on Wednesday 7 September 2022.

Publication of submissions

The National Boards and Ahpra publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The National Boards and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Next steps

After public consultation closes, the National Boards will review and consider all feedback from this consultation before making decisions about the proposed revised ELS standard.

¹ The 14 National Boards participating in the ELS standards review are Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.

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Background to the ELS standards

1. There are 15 National Boards in the National Registration and Accreditation Scheme (the National Scheme):
 - Aboriginal and Torres Strait Islander Health Practice Board of Australia
 - Chinese Medicine Board of Australia
 - Chiropractic Board of Australia
 - Dental Board of Australia
 - Medical Board of Australia
 - Nursing and Midwifery Board of Australia
 - Medical Radiation Practice Board of Australia
 - Occupational Therapy Board of Australia
 - Optometry Board of Australia
 - Osteopathy Board of Australia
 - Paramedicine Board of Australia
 - Pharmacy Board of Australia
 - Physiotherapy Board of Australia
 - Podiatry Board of Australia, and
 - Psychology Board of Australia.
2. The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with each of the National Boards to implement the National Scheme which has maintaining public safety at its heart. National Boards regularly review their standards, codes and guidelines to make sure they remain relevant, contemporary and effective.
3. Ahpra and the National Boards are guided by the regulatory principles for the National Scheme. The principles form part of the broader work to advance community confidence in regulated health practitioners which includes [the National Scheme Strategy 2020-25](#), [the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#), [the National Scheme Engagement Strategy 2020-25](#), [Ministerial Council issued policy directions](#)² and [the Regulatory guide](#).
4. Under section 38³ of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), the National Boards must develop and recommend to the Ministerial Council a registration standard about the requirements for English language skills for all health professions registered under the National Scheme in Australia.
5. The ELS standard for all professions, except Aboriginal and Torres Strait Islander Health Practice and Paramedicine, are due for review. The ELS standard for most National Boards started in 2010.
6. There are six current ELS standards. They are a:
 - common standard for ten professions: Chinese medicine, chiropractic, medical radiation, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology
 - standard for Aboriginal and Torres Strait Islander health practitioners
 - standard for dental practitioners (some minor wording differences)
 - standard for medical practitioners (includes additional UK and NZ English language tests specifically for medical practitioners)
 - standard for nursing and midwifery (differences in primary and extended education pathways), and
 - standard for paramedicine (includes grandparenting arrangements).
7. The ELS standards for most professions in the National Scheme are very similar with the main exceptions being the standards for 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 has recently conducted its own profession-specific review and will not participate in the joint review. The NMBA also has some differences in its standard, reflecting specific issues for nursing and midwifery. The NMBA updated its standard in 2019 to provide more alignment with other standards and further clarity about its requirements.

² Policy Direction 2019-01 - Paramountcy of public protection when administering the National Scheme and Policy Direction 2019-02 - Requirements to consult with patient safety bodies and health care consumer bodies on every new and revised registration standard, code and guidelines.

³ Section 38(1)(d). Health Practitioner Regulation National Law Act 2009.

8. The Dental (DBA), Medical (MBA) and Paramedicine (ParaBA) Boards of Australia are participating in the joint review, along with the ten National Boards who use the common ELS standard.

Proposed changes to the ELS standard

9. National Boards consider that consistency in regulatory approaches can facilitate patient and practitioner understanding, support inter-professional practice and contribute to safety and quality of healthcare. The National Boards are also aware that changes to the ELS standards may impact on practitioners, other stakeholders and staff who need to become familiar with the changes. Therefore, the National Boards are only proposing changes where they have identified real improvements to align with available evidence, clarify processes, reduce duplication, streamline and remove unnecessary information and address gaps in content.
10. The proposed changes are based on the following high-level principles:
 - there should be at least one pathway to meet the ELS standards for all applicants, but not every pathway will be available to every applicant
 - the ELS standards should be clear and easy to understand for applicants, National Board decision makers, staff and external stakeholders
 - pathways are as evidence based as possible
 - consistency across the ELS standards should be promoted where possible, and
 - the ELS standards should apply an effective balance between public protection (although this must be the priority), regulatory efficiency and flexibility for applicants.
11. The review of the ELS standards supports minimal changes to the current primary language and combination education pathways for most professions participating in the review but highlights the need to remove or significantly strengthen the extended education pathway.
12. Further proposed changes align the current list of recognised countries with recent benchmarking including with the Department of Home Affairs (DoHA, formerly Department of Immigration and Border Protection), and a broadening of accepted English language tests available to health practitioners via the test pathway.
13. The main changes proposed to the ELS standards are:
 - clear naming of four pathways within the standards
 - renaming of the current 'primary pathway' to the 'school education pathway'
 - renaming of the current 'extended education pathway' to the 'advanced education pathway'
 - responding to the research findings and aligning with the DoHA requirements by removing South Africa from the recognised country list
 - adding the Cambridge C1 advanced and C2 proficiency tests to the accepted English language test
 - reorganising content to make the sequence more logical
 - minor changes to refine and clarify wording and expression throughout the ELS standards, and
 - more active and personal language, making the ELS standards speak more directly to practitioners where appropriate.
14. The changes are informed by:
 - research and international benchmarking conducted by the Language Testing Research Centre, a specialist unit at the University of Melbourne
 - review of the DoHA requirements
 - review of the current ELS entry levels for Australian approved programs of study (APOS) leading to registration
 - available data from Ahpra and the National Boards
 - input from a reference group of National Board members, National Board decision makers and Ahpra staff
 - appeals or contested assessments relating to the ELS standards
 - input from the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) on common complaints related to the ELS standards, and
 - feedback provided by National Boards' stakeholders during preliminary consultation.

15. Changes to the common ELS standards are explored in this paper and supported in the mapping documents at [Attachment B](#) which show how the changes directly relate to the current shared common ELS standard and to the DBA, MBA and ParaBA's ELS standards. The changes are further reflected in the revised draft ELS standard at [Attachment A](#).
16. If approved, it is proposed to support the revised ELS standards with further guidance, which may include:
- updated Frequently Asked Questions (FAQs)
 - a transition fact sheet
 - flowcharts to guide applicants in determining which ELS pathway is best for them
 - evidence guide which sets out the evidence requirements for each of the four pathways, and
 - a transition plan for South African applicants.

NMBA ELS registration standard

17. Although the NMBA reviewed its standard in 2019, the NMBA supported considering any significant findings of the current review and exploring if further changes were workable. Initial testing with key stakeholders confirmed that further work and consultation with stakeholders would be needed to carry out any substantial changes to the current standard which is next due for review in 2024.
18. Accordingly, it is proposed that the current NMBA standard adopt the following key changes:
- aligning with the DoHA requirements by removing South Africa from the recognised country list
 - adding Cambridge C1 advanced and C2 proficiency tests to the accepted English language tests, and
 - aligning definitions where workable and minor changes to refine and clarify wording and expression.

Options statement

Option 1 – Status quo

19. The ELS standards were last reviewed before the current versions were published in 2015 with the NMBA ELS standard receiving a minor revision in 2019. There has been further research since then and available information suggests there are several opportunities to improve the standards.
20. Maintaining the status quo of the current ELS standards would miss these opportunities for improvement and mean that the ELS standards could risk becoming progressively less contemporary, effective, relevant and flexible.

Option 2 – Proposed revised ELS standards

21. Option two involves the National Boards submitting revised ELS standards to Ministers for approval. The proposed revised ELS standards are informed by research, reflect international best practice and are consistent with National Boards' other standards, codes and guidelines. The proposed revised ELS standards will address inconsistencies and give clearer guidance to help applicants.
22. Reviewing and revising the ELS standards will ensure that they continue to be relevant, contemporary, based on the best available evidence and aligned with international best practice. This option will capture the opportunities that would be missed in option one. It will give an opportunity to consult stakeholders, practitioners and the public to advise how the ELS standards can be more effective, accessible, relevant and helpful.
23. Contemporary ELS standards will give applicants, operational staff, National Board decision makers and other relevant stakeholders clear guidance about the National Boards' expectations of the English language skills of the practitioners they regulate. Having common requirements for English language skills across 13 professions (and updating the NMBA current standard to include key changes and definitions where possible) would mean that applicants in these professions would need to meet the same requirements; this helps makes the Boards' requirements clear to all.

Option 3 – Proposed removal of some ELS pathways

24. Option 3 involves simplifying the ELS standards by removing some of the pathways and requiring more applicants to sit an English language test (Test pathway).

25. This option proposes the removal of the Primary language pathway and the Extended education pathway. If applicants did not meet the Combined education pathway, they would need to sit an English language test. Although this option aligns more closely with other international regulators and streamlines the administration of the ELS standards for Ahpra staff, it offers less flexibility for applicants.
26. Option 3 is not the National Boards' preferred option. It requires more applicants to sit English language tests and will result in higher costs for applicants. It can be argued that this option creates an unnecessary regulatory burden for applicants by increasing costs and potentially requiring applicants who can effectively demonstrate English language skills to sit a test.

Preferred option

27. The preferred option of the National Boards is **Option 2**.

Issues for discussion

28. When revising the ELS standards, the National Boards have considered the best available evidence and aligned with international good practice. The National Boards' preferred option reflects the need to uphold professional standards and maintain public confidence in the professions, while ensuring that any decisions made encourage a responsive, risk-based approach to regulation across all professions.
29. A [literature review](#) and international benchmarking confirmed that the National Boards provide more flexibility in their ELS standards compared to other international regulators, while maintaining robust requirements.
30. Compared to other international regulators, the evidence highlighted that the National Boards already provide more ELS test options to applicants. The research found that it is unusual for a regulator to accept more than three tests.
31. National Boards also show more flexibility than many international counterparts by giving applicants several non-test pathways to show they can meet the National Boards' ELS requirements for registration.
32. The revised ELS standards continue to ensure that the National Boards maintain a flexible approach while ensuring that any changes are based on evidence and best practice principles which ensure that public safety is not compromised.



Questions for consideration

The National Boards are inviting general comments on the draft revised ELS standards as well as feedback on the following questions.

General

1. Is the content, language and structure of the proposed revised ELS standards clear, relevant and workable? Why or why not?
2. Is there any content that needs to be changed, added or removed in the proposed revised ELS standards? If so, please give details.
3. Are the proposed pathways clear, relevant and workable? Why or why not?
4. Are the new names for the pathways helpful and clear? Why or why not?
5. Is it helpful to include examples in the definitions section of the ELS standards for example those included in the full-time equivalent definition or would the examples be better placed in the supporting material (for example in Frequently asked questions)? Why or why not?
6. Is the proposed change to the time period for accepting test results, from two test sittings from a maximum of six months to 12 months, workable? Why or why not?
7. Is there anything else the National Boards should consider in its proposal to revise the ELS standards?

The proposed draft standard sets out the currently accepted test types and modalities and provides that National Boards could approve additional test types and modalities if satisfied that these tests meet the requirements of a high stakes test for the purpose of registration. Information about any additional tests approved by National Boards would be published on the Ahpra website.

8. Are there any additional considerations National Boards should be aware of when deciding whether to approve a new test modality or type by an accepted English language test provider as suitable for the purposes of meeting the ELS standard?

The National Boards are also interested in your views on the following specific questions:

9. Would the proposed changes to the ELS pathways result in any adverse cost implications for practitioners, patients/clients/consumers or other stakeholders? If yes, please describe.
10. Would the proposed changes to the ELS pathways result in any potential negative or unintended effects? If so, please describe them.
11. Would the proposed changes to the ELS standards result in any potential negative or unintended effects for people vulnerable to harm⁴ in the community? If so, please describe them.
12. Would the proposed changes to the ELS standards result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.
13. Do you have any other feedback about the ELS standards?

⁴ Such as children, the aged, those living with disability, people who are the potential targets of family and domestic violence
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ELS Pathways and evidence for proposed changes

This section explains the proposed changes to the National Board's ELS standards in the Summary of Changes table.

Communication is a vital 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 ELS standards.

The ELS standards provide flexible and varied approaches for applicants to meet the standards. The current ELS standards offers pathways for applicants to demonstrate that they have the necessary English language skills to meet the standard and safely practise as registered health practitioners in Australia. The pathways have been set out in the current ELS standards (excluding the NMBA standard) as follows:

1. Combined secondary and tertiary education pathway (combined education pathway)
2. English language test pathway
3. Primary language pathway, and
4. Extended education pathway.

The pathways have been re-named to help applicants understand them better. The pathways have been reordered and additional guidance provided to applicants on which pathway may be suitable.

It is proposed to name the four pathways as follows:

1.  Combined education pathway (no change to current pathway name)
2.  School education pathway (currently named the primary language pathway)
3.  Advanced education pathway (currently named the extended education pathway)
4.  Test pathway (no change to current pathway name)

The proposed changes to the revised ELS standards are informed by the combined findings from research, benchmarking, data and regulatory experience to provide an integrated and comprehensive picture rather than relying on any one source of information. Key findings indicated that the Primary language and Test pathways were generally clear and easy to understand but there were challenges with interpretation and definitions of parts of the ELS standards, specifically, with the Extended education pathway.

Information given by the NHPOPC about common themes from complaints they receive about the ELS standards and consideration of issues raised as part of submissions made to the *Senate inquiry into the administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law* (the Senate Inquiry) have also been carefully considered to inform the revised ELS standards and give the right balance of flexibility while protecting the public. Some of the main issues addressed by the revised standards relate to language and terminology, alignment of recognised countries with DoHA, addressing issues created by the current Extended education pathway and expanding options for ELS tests.



Combined education pathway

The Combined education pathway is the pathway used for most applicants outside of Nursing and Midwifery.

Almost half the applicants for registration in the professions taking part in the review⁵ use the Combined education pathway. This pathway is designed for applicants who have completed both their qualification and some secondary schooling in English in a recognised country. Currently the recognised countries are Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and the United States of America.

Key findings of the review found:

- support to retain the pathway
- it is the pathway used most frequently by most professions, and
- it is generally clear making it easy to understand and apply.

The proposed changes are:

- minor rewording to the pathway, and
- re-ordering the pathways to list the combined pathway first as the most commonly used.



Case study: Krishan

- Krishan completed his schooling taught and assessed in English in the Republic of Ireland.
- He completed his qualification to be a podiatrist also taught and assessed in English in Australia.
- **Krishan would be suitable for the combined education pathway.**



Case study: Sue

- Sue moved from China to the United Kingdom with her family when she was thirteen.
- Sue then completed 4 years of her secondary schooling and completed her qualification in Medicine, all taught and assessed in English in the UK.
- **Sue would be suitable for the combined education pathway.**



Case study: Mohamed

- After competing year 10 which was taught and assessed in English in Australia, Mohamed left school to complete a certificate three in dental assisting and then successfully completed a two-year advanced Diploma to be a dental hygienist in Australia.
- Mohamed completed all his schooling in Australia taught and assessed in English.
- **Mohamed would be suitable for the combined education pathway.**

⁵ Based on an analysis of available data from 2015-2018.
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School education pathway

The primary language pathway (proposing to be renamed as the School education pathway) is used by approximately at least a third of applicants across the professions who are taking part in the review. The primary language pathway was designed to capture applicants who have completed all primary and secondary education in recognised country and their tertiary qualification in English (but not in a recognised country).

Key findings of the review found the primary pathway is:

- well supported by the findings of the review
- a well-used, tested and relatively easy to understand and apply pathway
- operationally seen as generally clear making it easy for applicants and staff to understand and apply, and
- quite stringent in comparison with the options available in other countries.

The proposed changes are:

- renaming the pathway to the School education pathway to reduce confusion between the use of primary school and primary language
- changing the requirement for all primary and secondary schooling to be taught and assessed in English in a recognised country (common ELS standard) to 10 years of primary and secondary school to provide more flexibility while maintaining public safety, and
- moving the pathway to later in the standard to reflect that this pathway is most suitable to a relatively small number of applicants who completed all their schooling in a recognised country but not their qualification for registration.



Case study: Anna

- Anna completed all her schooling in Australia then studied overseas to gain her qualification as a Chiropractor.
- Although Anna can provide evidence that she completed her qualification taught and assessed in English it was not in a recognised country.
- **Anna would be suitable for the school education pathway.**



Advanced education pathway

Although used by only a small number of applicants, the Extended education pathway (proposing to change to Advanced education pathway) has created the most challenges both for applicants and operationally.

The extended education pathway was developed to capture applicants who have completed a qualification for registration in the profession and have also undertaken advanced education which has been taught and assessed in English in a recognised country but who have not completed their schooling in English in a recognised country.

Key findings of this review found:

- the extended education pathway was designed to provide a pathway for applicants who could demonstrate a reasonable assurance of English language competency, however there continues to be limited evidence to support the robustness of this pathway (as currently worded) to assure Boards of an applicant's adequate level of English

- the standard needs to specify an AQF minimum level to give assurance to the National Boards that applicants using this pathway meet the required ELS level
- the extended education pathway was reported to be relatively difficult for applicants to understand and for staff to apply
- challenges in meeting the pathway requirements as currently set out
- attempts to use the pathway beyond what was intended, and
- feedback that this pathway was most problematic.

The proposed changes are:

- renaming of pathway from the extended education pathway to the Advanced education pathway to help clearly define the pathway's intention, reflect changes made in line with available evidence and reduce confusion that the pathway is appropriate for applicants who completed any form of study
- changing the requirement for at least six years full-time equivalent continuous education taught and assessed solely in English in a recognised country to require the education to be qualifications and advanced education at a Degree level (AQF7) or higher which requires students to read, write, listen to and speak English
- allowing a maximum of two years between the applicant gaining their qualifications and the advanced education
- requiring applicants to apply for registration no more than two years after completing their last period of education if using this pathway
- reframing the pathway to capture the original intent of this pathway being designed for advanced education
- redefining parameters to strengthen this pathway
- including further clarity in definitions to help explain the intention of the pathway to capture a small cohort of practitioners who clearly meet or exceed the standards rather than be used as a routine pathway
- introducing an AQF level of 7 or higher, following evidence from the recent literature review that supports this inclusion, and
- re-ordering pathways to reflect that this pathway is most suitable to a relatively small number of applicants.



Extended education pathway

- The researchers found that the extended education pathway could be open to exploitation and was lenient compared with like countries and recommend that requirements for course(s) other than the qualification in the relevant professional discipline be set at a minimum level to ensure similar English language requirements.
- Further information on the extended education pathway can be found on page 33 in the High level summary of the Literature review or in the Literature review available [here](#)



Case study: Juan

- Juan moved from Spain to Australia as an adult and successfully completed a four year full-time physiotherapy degree taught and assessed in English at an Australian university.
- Juan then completed a two year full-time campus Master of Physiotherapy at an Australian university.
- **Juan would be suitable for the advanced education pathway.**



Test pathway

The Test pathway is used by just under a quarter of applicants across the professions who are taking part in the review. The test pathway is designed for applicants who have not completed their qualification and/or secondary schooling in a recognised country.

Currently, there are four tests accepted, with additional UK and NZ English language tests specifically for medical practitioners applying for registration in the medical profession (PLAB and NZREX):

- IELTS
- OET
- PTE Academic, and

- TOEFL iBT.

Key findings of the review found:

- evidence from the review supports continued acceptance of all four tests
- the test pathway is generally clear, making it easy to understand and apply
- the current tests are well supported by evidence as providing a valid and reliable assessment of English language skills
- the approach is consistent with DoHA requirements
- NHPOPC advice highlighted that there is a perceived belief that ELS tests are too costly and there is limited availability to sit them
- Cambridge C1 Advanced is accepted by DoHA and the literature review found both Cambridge C1 and C2 tests are viable and reliable options
- that with impacts from COVID-19, some test providers are expanding to include English language tests fully or partially delivered by remote proctoring and that National Boards will continue to assess whether to accept these tests
- that TOEFL is the least used test, and
- most overseas regulators do not accept more than three tests.

The proposed changes are:

- continuing to accept current ELS tests
- adding Cambridge C1 Advanced and C2 Proficiency tests to the test pathway to be as consistent and accommodating as can be for applicants with minimal operational impacts
- maintaining existing acceptable minimum levels for tests
- changing the time period for accepting test results from two test sittings from a maximum of six months to 12 months
- giving clearer direction on specific requirements for each test, and
- National Boards accepting OET tests for other professions, as the results would still be a valid reflection of the applicant's English language skills.



Case study: Alice

- Alice is a qualified physiotherapist from Germany.
- Although she speaks English as her second language, she hasn't done her schooling or her qualification in English in a recognised country.
- **Alice would be suitable for the test pathway.**



Case study: Elisa

- Elisa moved from France to Australia to successfully complete her qualification as an occupational therapist.
- Apart from her qualification, Elisa did not complete any schooling or further higher education taught and assessed in English in a recognised country.
- **Elisa would be suitable for the test pathway.**

English language tests

During the 2015 review of the ELS standards, the National Boards added PTE Academic and TOEFL iBT to align with DoHA's student visa requirements, which DoHA benchmarked against IELTS. At that time, it was noted that the National Boards would consider recognising additional English language tests in the future when there was relevant evidence to support this.

This review has found that Cambridge C1 Advanced and Cambridge C2 Proficiency are secure, reliable standardised tests supported by reputable research programs. Accordingly, it is proposed to include these additional tests in the list of accepted tests.

This will expand applicants' choice of tests, maintain consistency with the requirements of DoHA while allowing applicants to choose a reliable and viable test which helps maintain public safety and operationally requires limited resources to adopt.

It is recommended that Cambridge C1 and C2 are subject to the same minimum requirements required for the current ELS tests with comparative minimum test scores for each component. The requirements are in the draft revised ELS standards.

Additional English language tests and/or modalities

Adequacy of current ELS tests

- The research findings found evidence that all the tests currently accepted in the ELS registration standards are supported by a body of reputable research. Further information on this topic is available on page 33 in the High level summary of the Literature review or in the literature review available [here](#)

National Boards are aware of the evolving modalities/types of English language tests such as those delivered fully or partially by remote proctoring. As these tests had not been introduced at the time of the previous review, National Boards' current standards only refer to the traditional paper based and computer-based tests delivered in testing centres⁶. National Boards are seeking feedback about accepting remote proctored tests in this review

In addition, National Boards will continue to review any additional test/modalities proposed by accepted test providers to ensure National Boards are satisfied that these tests meet the requirements of a high stakes test for the purpose of registration. National Boards are also seeking feedback on whether there are any additional considerations National

Boards should be aware of when deciding whether to approve a new test modality or type by an accepted English language test provider. Any updates to tests approved by National Boards outside of those already specified in the draft standard will be published on the Ahpra website.

Recognised countries list

The current standards provide additional pathways 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 (the recognised countries) if the applicant meets the other requirements of the respective pathway.

The previous review of the ELS standard in 2015 highlighted that this position reflected similar approaches by state and territory health practitioner boards in Australia before the National Scheme commenced. The 2015 review identified the need for further research on whether South Africa should continue to be a recognised country or whether recognition should be phased out.

This review has explored possible changes to the recognised countries. The English language requirements for entry to qualifying degrees in each of these countries were analysed and compared to Australian standards.

South Africa

The research showed that qualifications across the professions are offered in South Africa at multiple institutions, which in some cases, have different entry requirements. Many of these requirements are substantially below the equivalent Australian entry level ELS requirements and some have no English minimum requirements for entry. Recognition of South Africa does not appear to be equally applicable across all the health professions, because entry requirements for qualifying degrees vary for the different professions. For some, these are lower than the minimum entry requirements for the relevant qualifying degree in Australia, which diminishes the case for recognition.

South Africa

- Researchers explored the possible changes to recognised countries and surveyed the English language requirements for entry to qualifying degrees in each of these countries and compared them with Australian standards
- An analysis of the researchers' findings is available on page 33 in the High level summary of the Literature review or in the Literature review available [here](#)

⁶ Acknowledging the exceptional circumstances of COVID-19 and, in an effort to be responsive, National Boards approved a temporary policy position that means OET computer-based test and the OET@home test and the TOEFL iBT® Home Edition will be accepted for applications open or received from 21 February 2022 until 21 February 2023.

Other countries

In Hong Kong, Malaysia and Singapore, the same issues arose as highlighted with South Africa.



Singapore, Malaysia & Hong Kong

Researchers observed the same variations in English language standards for Singapore, Malaysia and Hong Kong as they did for South Africa

- Although it is noted by the researchers that this varies between professions and institutions, given Ahpra works under a single National Registration and Accreditation Scheme (National Scheme) for registered health practitioners, there is a need for consistency with Registration Standards, where possible, across the 16 regulated professions. Further information is available on page 33 in the High level summary of the Literature review or in the Literature review available [here](#)

Other findings

This review also found that:

- there is a need to tighten criteria for current recognised countries to better align this section of the standards with contemporary evidence and reduce conflicting messages to applicants
- there is not sufficient evidence to support adding any further countries to the recognised country list such as Hong Kong, Malaysia or Singapore
- there is a lack of alignment with DoHA as they do not recognise South Africa which is highlighted by applicants as an inconsistency, and
- recognition should only be for those professions for which the minimum English language requirements for entry to qualifying degrees are comparable to English language requirements for entry to Australian qualifying degrees for the relevant profession.

The proposed changes are:

- removing South Africa from the recognised country list in view of literature review findings which also aligns with DoHA

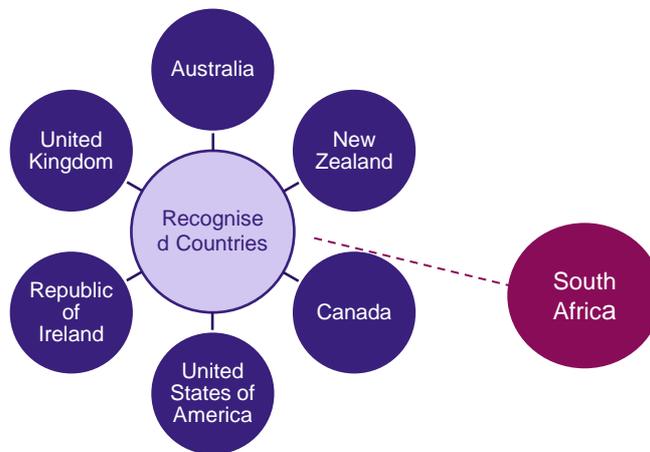


Figure 2 – Recognised countries of the current ELS standards

Estimated impacts of the draft revised ELS standards

The revised standards (common and proposed updated version of the current NMBA standard) are expected to be simpler, clearer, easier to understand and use and aligned with best available evidence.

For the most part, any negative impacts on practitioners, operational staff and other stakeholders arising from the changes proposed in the revised common ELS standards are expected to be small as the changes proposed are minor and mostly focus on giving additional explanation and clarification. The exception is the proposed changes to the Advanced education pathway (former extended education pathway). There are more changes proposed to this pathway to address the issues highlighted in the review and to strengthen the robustness of this pathway. Although this may mean a small number of applicants would no longer meet this pathway and would need to use the test pathway, this will assure Boards of an applicant's adequate level of English and subsequent protection of the public.

NMBA specific estimated impacts

Taking into consideration the feedback received from key stakeholders during preliminary consultation, the NMBA are progressing to public consultation only on changes to its current NMBA ELS standard which will align with the critical changes proposed with the revised common ELS standards.

The proposed changes to the NMBA standard are considered minimal. The impacts on practitioners and other stakeholders arising from the changes are expected to be small but important in maintaining consistency where possible.

Stakeholders will need to familiarise themselves with the revised ELS standards but National Boards have developed clearer and simpler content so although there will be a period of re-adjustment, it is expected that, ultimately, the changes to the ELS standards will benefit users of the standards.

Operational staff tested the proposed revised standards which will also help mitigate any unforeseen impacts of the revised standards. Testing has explored how the proposed revised pathways might work and to help further refine the ELS standards.

National Boards and Ahpra will carry out wide-ranging consultation with practitioners, staff, public and other relevant stakeholders to gather feedback about the proposed changes. Potential impacts of the proposed revised ELS standards on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples will be closely monitored during the public consultation stage. Any unintended impacts raised during consultation will be considered and actions taken to mitigate any potential negative impacts which may arise.

The ELS standards undergo regular review and National Boards and Ahpra will monitor for any unintended impacts that may arise as a result of the proposed changes.

Relevant sections of the National Law

The relevant section of the National Law is:

- Section 38 (1) (d) which states that a National Board must develop and recommend to the Ministerial Council one or more registration standards about the following matter for the health profession for which the Board is established requirements about the English language skills necessary for an applicant for registration in the profession to be suitable for registration in the profession.

Attachments

Attachment A: Draft ELS Common Standard

Attachment B: Comparison summary of changes to revised ELS standards

Attachment C: Summary of Literature review

Appendices

Appendix A: Statement of assessment - National Board's statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and principles for best practice regulation

Appendix B: Patient health and safety statement



Registration standard

English language skills

Effective date: 1 x 20xx

Summary

To register you as a health practitioner the National Board (the Board) you are registering with needs to be satisfied that you have the necessary skills to communicate in English at a level that is safe to practise your profession. This standard sets out how you can show this to the Board.

It applies for the following professions:

- Chinese medicine
- chiropractic
- dental
- medical radiation practice
- medical
- occupational therapy
- optometry
- osteopathy
- paramedicine
- pharmacy
- physiotherapy
- podiatry, and
- psychology.

Do I need to meet this standard?

You need to meet this standard if you:

- are applying for registration with a National Board in Australia for the first time, or
- are applying for registration (including moving from non-practising to another registration type) and have not used English as your **main language**⁷ for a period greater than five years, or
- hold limited registration on the basis that you were granted an exemption from this standard in the limited circumstances described under *Limited registration exemptions* and are applying for another type of registration.

You do not need to meet this standard if you:

- have previously met a National Board ELS standard (without conditions) to hold registration in one of the professions under the **National Scheme**⁸ and you wish to apply for registration in another profession in the **National Scheme**, or

⁷ Bolded terms are defined in the Definitions section of this standard

⁸ Excluding the Aboriginal and Torres Strait Islander Health Practice Board of Australia ELS registration standard which has different requirements

- have previously met a National Board ELS standard to hold registration in one of the professions in the **National Scheme**⁹ and you wish to apply for a different category or division of registration in the same profession. For example, you hold provisional registration and are applying for general registration, or you hold general registration and are applying for specialist registration or non-practising registration, or
- are applying for limited registration and meet the limited circumstances outlined under [what are the possible exemptions in this standard](#).

How can I meet the standard?

To meet this standard, you must show the Board you are competent in the English language by using one of the four pathways in this standard. The pathways are:

1. The combined education pathway
2. The school education pathway
3. The advanced education pathway
4. The test pathway

Note: The combined education pathway and the test pathway are the pathways suitable for most applicants. If you have not completed any education in a **recognised country** the test pathway is suitable for you.

 <h3>1. The combined education pathway</h3>	
<p><i>If you completed at least 2 years secondary education in English in a recognised country <u>and</u> your qualifications were taught and assessed in English in a recognised country, this pathway is most suitable for you.</i></p>	<p>To qualify for this pathway, you must have a combination of secondary education and qualifications, where you have carried out and successfully completed:</p> <ol style="list-style-type: none"> at least two years of your secondary education which was taught and assessed solely in English in a recognised country, <u>and</u> your qualifications, which were taught and assessed solely in English in a recognised country.
 <h3>2. The school education pathway</h3>	
<p><i>If you completed all or most of your primary and secondary school education in English in a recognised country <u>and</u> your qualifications were taught and assessed in English, this pathway is most suitable for you.</i></p>	<p>To qualify for this pathway, English is your main language and you have carried out and successfully completed:</p> <ol style="list-style-type: none"> at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, <u>and</u> your qualifications, which were taught and assessed in any country solely in English.

⁹ Excluding the Aboriginal and Torres Strait Islander Health Practice Board of Australia ELS registration standard which has different requirements



3. The advanced education pathway

*If you have completed your **qualifications and advanced education** all taught and assessed in English in a **recognised country**, but do not meet the combined education or school education pathways, this pathway is most suitable for you.*

To qualify for this pathway, you have carried out and successfully completed at least six years in total of (**full-time equivalent**) education taught and assessed solely in English in a **recognised country** which includes:

- a. your qualifications, and
- b. **advanced education** at a degree level (**AQF level 7**) or higher which requires students to read, write, listen to and speak English.

A maximum of two years break between your **qualifications** and **advanced education** will be accepted.

The last period of education must have been completed no more than two years before applying for registration



4. The test pathway

If you are unable to meet one of the other pathways set out in this standard this pathway is most suitable for you.

To qualify for this pathway, you must achieve the required minimum scores in one of the following English language tests **and** meet the requirements for **test results** specified in this standard.

1. **Cambridge** (C1 Advanced or C2 Proficiency)
2. **International English Language Testing System** (Academic) (IELTS)
3. **Occupational English Test** (OET)
4. **Pearson Test of English Academic** (PTE Academic)
5. **Test of English as a Foreign Language internet-based test** (TOEFL iBT)
6. Other English language tests approved by the National Boards from time to time and published on the Board's website with the required minimum scores. National Boards reserve the right at any time to revoke their approval of an English language test.

NOTE: We will only accept test results from:

- i. one test sitting, or
- ii. a maximum of **two test sittings in a 12-month period**

and only if the requirements for test results, such as when the test must be taken, type/modality of test and the required minimum scores, specified in this standard are met as set out in the **Appendix**.

The Medical Board of Australia will also accept successful completion of the profession specific **New Zealand Registration Examination** (NZREX) or **Professional and Linguistic Assessments Board test** (PLAB test).

What are the possible exemptions to the standard?

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, or
- b. to carry out research that involves limited or no patient contact, or
- c. to carry out a period of postgraduate study, examination or assessment, or supervised practice

while working in an appropriately supported environment that will ensure patient safety is not compromised.

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

Is there any other information I need to know?

- Further information regarding the evidence that you must give the Board to prove that you meet this standard is set out in the relevant application form.
- You are responsible for the cost of English language tests.
- Your **test results** will be verified independently with the test provider.
- If you meet this standard on the basis of an English language test before you transitioned to non-practising registration you will be asked to declare that you have continued to use English as your **main language** when you apply to move from non-practising to provisional, limited, general or specialist registration.

Authority

This registration standard was approved by the Ministerial Council on **xx**.

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

Definitions

Advanced education means successful completion of education at a level comparable to an Australian Bachelor Degree (AQF7) or higher which leads to an award of a degree or above. Programs that are fully completed online will not be accepted because this requirement is to show the applicant's exposure to English at this level and requires applicants to give evidence of the course requirement to read, write, listen to and speak English in the education environment.

AQF means the Australian qualification framework which is the national policy for regulated qualifications in Australian education and training. You can find out more about a Bachelor Degree at AQF level 7 on the [Australian Qualifications Framework website](#).

Board approved program of study means an accredited program of study approved by the Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Medical, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry or Psychology Boards 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.

Continuously working means working for at least 26 weeks **full-time equivalent** per year. For example, 52 weeks part-time work (5 days per fortnight) which in total adds up to the equivalent of 26 weeks full time.

Continuous working can include some periods of leave. However, as this requirement is to demonstrate exposure to English in the working environment then minimum hours worked per year must total 26 weeks **full-time equivalent**.

Full-time equivalent

For the purpose of:

- education, is the successful completion of a course load which meets the education provider's definition of full-time enrolment and does not include accelerated courses, fast-track courses or recognised prior learning. For example, a student enrolled in a full-time four-year undergraduate degree would be expected to complete the degree in four years. This is set by the relevant educational institution. This could include a combination of part-time courses, which together make up a full-time course load. For example, two part-time courses taken at the same time, each consisting of a 50% course load that together meet the full-time load requirement. This requirement is to demonstrate exposure to English in the education environment. For that reason, concurrent education cannot be counted for more than one full-time equivalent course load. For example, an applicant that has studied two programs in a year concurrently, one at half full-time equivalent and the other at three quarters full-time equivalent, could only count a maximum of one full-time equivalent year.
- work means the equivalent to working full time. Full time hours typically range from 35-38 hours per week.

Please refer to the evidence guide and FAQs for further examples.

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

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

National Scheme means the National Registration and Accreditation Scheme.

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

PLAB test means the Professional and Linguistic Assessments Board test (or equivalent) administered by the General Medical Council of the United Kingdom.

Primary education means Australian school years from one (1) or first year through to year six (6) inclusive (or equivalent).

Qualifications means the qualifications in the relevant health profession which you are relying on to support your eligibility for registration under Part 7 of the **National Law**.

Recognised country means one of the following countries:

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

Secondary education means Australian school years seven (7) through to twelve (12) inclusive (or equivalent), even when year seven is classified as primary education in a particular state or territory.

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 set out in this standard, the results from both sittings must meet the requirements of this standard.

Two test sittings in a twelve-month period means that the dates of the sittings must not be more than twelve months apart. For example, if your first test sitting was on 1 March, the second sitting must be no later than 1 March of the following year. If you are providing test results from two sittings, you may provide results of any two tests taken within a twelve-month period as set out in this standard. Results cannot be combined from different test providers.

Review

This standard will be reviewed at least every five years.

Last reviewed: **X**

Appendix: test results and minimum requirements

What are the test results requirements that I must meet?

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:
 - a. have been **continuously working** as a registered health practitioner in the Chinese medicine, chiropractic, dental, medical radiation practice, medicine, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry or psychology profession (starting within 12 months of the test date) where English was the primary language of practice in one of the **recognised countries**, and
 - b. 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 started within 12 months of the test date) and successfully completed 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**.

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.

Test requirements

The table below includes the versions of the tests approved by the National Boards. Additional versions or modalities of the tests may be approved from time to time and will be published on the Ahpra website.

Test	Overall score needed	Component scores needed	Test results accepted from <ul style="list-style-type: none">• one test sitting, or• a maximum of two test sittings in a 12-month period only if:
Cambridge (C1 Advanced or C2 Proficiency) (Paper and computer at test centre only)	Minimum score of 185	Minimum overall score 185 in each of the four components: <ul style="list-style-type: none">• listening• reading• writing, and• speaking.	<ul style="list-style-type: none">○ you are tested in all four components in each sitting○ you achieve a minimum score of 185 in each component across the two sittings, and○ when using two test sittings no score in any component of the test(s) for either test sitting is below 180.

Test	Overall score needed	Component scores needed	Test results accepted from <ul style="list-style-type: none"> • one test sitting, or • a maximum of two test sittings in a 12-month period only if:
IELTS (Academic-paper and computer at test centre only)	Overall score of 7	Minimum score of 7 in each of the four components : <ul style="list-style-type: none"> • listening • reading • writing, and • speaking. 	<ul style="list-style-type: none"> ○ 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 ○ when using two test sittings no score in any component of the test(s) for either test sitting is below 6.5.
OET (on paper) (any profession specific OET test can be accepted)		Minimum score of B in each of the four components: <ul style="list-style-type: none"> • listening • reading • writing, and • speaking. 	<ul style="list-style-type: none"> ○ 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 ○ when using two test sittings no score in any component of the test(s) for either test sitting is below C.
PTE Academic (computer at test centre only)	Minimum overall score of 65	Minimum score of 65 in each of the four communicative skills: <ul style="list-style-type: none"> • listening • reading • writing, and • speaking 	<ul style="list-style-type: none"> ○ 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 ○ when using two test sittings no score in any of the communicative skills for either test sitting is below 58.
TOEFL iBT (computer at test centre only)	Minimum score of 94	<ul style="list-style-type: none"> • 24 for listening • 24 for reading • 27 for writing, and • 23 for speaking. 	<ul style="list-style-type: none"> ○ 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 ○ when using two test sittings no score in any of the test sitting sections is below: <ul style="list-style-type: none"> ▪ 20 for listening ▪ 19 for reading ▪ 24 for writing, and ▪ 20 for speaking.

Attachment B – ELS standards comparison table

Section 1: The Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia ELS standard (common ELS standards) – General

Current	Proposed	Rationale
Lists all Boards and professions. Refers to <i>initial registration</i> with footnote to definitions	Plain English review of standard and reduce repetition	Responding to review findings for need for additional clarity
<p><i>Does this standard apply to me?</i></p> <ul style="list-style-type: none"> • Further reference to <i>initial registration</i> • Brief explanation of who the standard does not apply to 	<p><i>Do I need to meet this standard?</i></p> <ul style="list-style-type: none"> • Moved initial registration definition from Definition section to body of standard and simplified • Greater detail of who the standard does and does not apply to and who is exempt in body of the standard • Includes footnotes referencing difference with the Aboriginal and Torres Strait Islander Health Practice Board of Australia ELS registration standard 	Responding to review findings for need for additional clarity
<p><i>What must I do?</i></p> <ul style="list-style-type: none"> • Further reference to <i>initial registration</i> • Moves straight into breakdown of pathways 	<p><i>How can I meet the standard?</i></p> <ul style="list-style-type: none"> • Lists all four available pathways upfront • Gives information about which are the more suitable pathways for applicants • Presents pathways in table format 	<p>Responding to review findings for need for additional clarity</p> <p>Responding to review findings for need to improve readability</p>
ELS Pathways (explored in more detail below)	<p>Order of pathways rearranged:</p> <ul style="list-style-type: none"> • To have education pathways listed in order of most commonly used pathways 	Helps guide applicants to most common and applicable pathways

	<ul style="list-style-type: none"> Followed by test pathway 	
Exemptions	<p><i>What are the possible exemptions to the standard?</i></p> <ul style="list-style-type: none"> Rename of section Minor reword Removal of exemption 2 	Responding to review findings for need for additional clarity
More Information	<p><i>Is there any other information I need to know?</i></p> <ul style="list-style-type: none"> Rename of section Removal of numbering Primary language replaced with main language Re-ordering of content Language simplified 	<p>Responding to review findings for need for additional clarity</p> <p>Clarifying the use of primary language and primary education</p> <p>Responding to review findings for need for additional clarity</p>
Definitions	<p>Removing South Africa from recognised country list</p> <p>Removing definitions no longer required</p> <p>Tertiary qualifications definition replaced with qualifications definition</p> <p>Primary language definition renamed as main language</p> <p>Removal of definitions for English language tests</p> <p>Adding definitions for:</p> <ul style="list-style-type: none"> Advanced education Australian qualification framework 	<p>Reflecting latest evidence and ensuring list aligns with Department of Home Affairs requirements</p> <p>Incorporates contemporary evidence and addresses inconsistent messaging to applicants</p> <p>Definitions provided in body of Standard</p>

- Continuously working
- Full-time equivalent
- National Scheme
- New Zealand Registration Examination
- Professional and Linguistic Assessments Board test
- Two test sittings in a twelve-month period
- Primary education

Dental Board of Australia (DBA) ELS standard – General

Current	Proposed	Rationale
		As detailed above with common ELS standard
As per common ELS standard except Exemption section has additional wording in 1c: to undertake a period of postgraduate study or supervised training <i>that involves no patient contact</i> while working in an appropriately supported environment that will ensure patient safety is not compromised	As detailed above with common ELS standard Align with existing wording for all other professions	Incorporated into a common standard

Medical Board of Australia (MBA) ELS standard – General

Current	Proposed	Rationale
As per common ELS standard with:	As detailed above with common ELS standard	Incorporated into a common standard
<ul style="list-style-type: none"> • Definitions section including a definition of NZREX and PLAB tests 	<ul style="list-style-type: none"> • Definition section including definitions of NZREX and PLAB 	

Paramedicine Board of Australia (ParaBA) ELS standard – General

Current	Proposed	Rationale
As per common ELS standard with:	As detailed above with common ELS standard	Incorporated into a common standard

<ul style="list-style-type: none"> • Definitions section including a definition of Qualifications and training 	<p>Proposed qualification definition: means the qualifications in the relevant health profession which you are relying on to support your eligibility for registration under the National Law.</p>
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Section 2: Common ELS standards – Combined secondary and tertiary education pathway

Current	Proposed	Rationale
No separate heading for pathway	Separate heading for combined education pathway section	Responding to review findings for need for additional clarity
Pathway name not clearly defined in pathway options	Combined education pathway clearly defined and who it applies to	Removing secondary and tertiary streamlines pathway name
<i>Use of tertiary qualifications in the relevant professional discipline</i>	Removal of wording from stem as covered in definition for qualifications	Responding to review findings for need for additional clarity

DBA ELS standard – Combined secondary and tertiary education pathway

Current	Proposed	Rationale
As per common ELS standard	As detailed above with common ELS standards	As detailed above with common ELS standards

MBA ELS standard – Combined secondary and tertiary education pathway

Current	Proposed	Rationale
As per common ELS standard	As detailed above with common ELS standards	As detailed above with common ELS standards

ParaBA ELS standard – Combined secondary and tertiary education pathway

Current	Proposed	Rationale

As per common ELS standards:		
Use of qualifications or training in the profession instead of tertiary qualifications	As detailed above with common ELS standards	As detailed above with common ELS standards

Section 4: Common ELS standards – Primary language pathway

Current	Proposed	Rationale
No separate heading for pathway	Separate heading for pathway	Responding to review findings for need for additional clarity
Primary language pathway	Pathway name change to the school education pathway	Renaming the pathway reduces confusion between the use of primary school and primary language
Pathway name not clearly defined in pathway options	Pathway name clearly defined and who it applies to	Responding to review findings for need for additional clarity
Requires all primary and secondary education to be taught and assessed solely in English in a recognised country	English is your main language and you have carried out and successfully completed: <ul style="list-style-type: none"> a. at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, <u>and</u> b. your qualifications, which were taught and assessed in any country solely in English. 	Responding to review findings to provide increased flexibility for applicants while balancing public protection Most suited to applicants who do not meet the combined education pathway but have completed all or most of their schooling in English in a recognised country but not their qualification Responding to review findings for need for additional clarity
<i>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</i>		

DBA ELS standards – Primary language pathway

Current	Proposed	Rationale
As per common ELS standards	As detailed above with common ELS standards	As detailed above with common ELS standards

MBA ELS standards – Primary language pathway

Current	Proposed	Rationale
As per common ELS standards	As detailed above with common ELS standards	As detailed above with common ELS standards

ParaBA ELS standards – Primary language pathway

Current	Proposed	Rationale
As per common ELS standards except: <ul style="list-style-type: none"> Use of qualifications or training in the profession instead of tertiary qualifications 	As detailed above with common ELS standards	As detailed above with common ELS standards

Section 5: Common ELS standards – Extended education pathway

Current	Proposed	Rationale
No separate heading for pathway	Separate heading for pathway	Responding to review findings for need for additional clarity
Referred to as the extended education pathway	Pathway name change to the advanced education pathway	Renaming of pathway assists in clearly defining the pathway's intention
Pathway name not clearly defined in pathway options	Pathway name clearly defined and who it applies to	Responding to review findings for need for additional clarity
Required to undergo at least six years full-time equivalent continuous education taught	You have carried out and successfully completed at least six years in total of (full-time equivalent)	

<p>and assessed solely in English which includes tertiary qualifications in the relevant professional discipline</p>	<p>education taught and assessed solely in English in a recognised country which includes:</p> <ul style="list-style-type: none"> a. your qualifications <u>and</u> b. advanced education at a Degree level (AQF level 7) or higher which requires students to read, write, listen and speak English. <p>A maximum of two years break between your qualifications and advanced education will be accepted.</p> <p>The last period of education must have been completed no more than two years prior to applying for registration.</p>	<p>Responding to feedback and literature review findings to clearly articulate robustness of pathway</p> <p>Most suited to applicants who have completed both a qualification for registration in the profession and advanced education (AQF7 or higher) taught and assessed in English in a recognised country, but not their school</p>
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DBA ELS standards – extended education pathway

Current	Proposed	Rationale
As per common ELS standards	As detailed above with common ELS standards	As detailed above with common ELS standards

MBA ELS standards – extended education pathway

Current	Proposed	Rationale
As per common ELS standards	As detailed above with common ELS standards	As detailed above with common ELS standards

ParaBA ELS standards – extended education pathway

Current	Proposed	Rationale
As per shared ELS standards except:	As detailed above with common ELS standards	As detailed above with common ELS standards

- Use of qualifications or training in the profession instead of tertiary qualifications

Section 3: Common ELS standards – Test pathway

Current	Proposed	Rationale
No separate heading for pathway	Separate heading for test pathway	Responding to review findings for need for additional clarity and improved readability
Pathway name not clearly defined in pathway options	Test pathway name clearly defined and who it applies to	Responding to review findings for need for additional clarity and improved readability
Each test and requirements listed in body of standard with shared requirements repeated for each test (i.e. one test sitting or two test sittings in a six month period).	<p>All accepted tests listed at beginning of section with:</p> <ul style="list-style-type: none"> • shared requirements defined (removal of repetition) • specific requirements for each test set out in separate attachment - Attachment: Test requirements • Names of English language tests clearly defined within body of standard • a maximum of two test sittings in a 12-month period • included wording to reflect that other English language tests might be approved by the National Boards from time to time and reserve the right at any time to revoke their approval of an English language test 	<p>Responding to review findings for need for additional clarity and improved readability</p> <p>Most suited to applicants who did not complete their qualification and/or secondary schooling in English in a recognised country</p> <p>Responding to review findings for need for additional clarity and improved readability</p> <p>Responding to feedback and literature review that suggests this would be a low risk and flexible change– to test with stakeholders</p> <p>Responding to the need to future proof any changes to accepted tests</p>
IELTS, OET, PTE Academic & TOEFL iBT accepted	<ul style="list-style-type: none"> • Inclusion of Cambridge (C1 advanced or C2 proficiency) & reference to MBA accepted tests 	<p>Responding to review findings, recommendation from literature review and alignment with DoHA</p> <p>Responding to review findings</p>

- Propose to accept OET for any profession

DBA ELS standards – Test pathway

Current	Proposed	Rationale
As per common ELS standards	As detailed above with common ELS standards	As detailed above with common ELS standards

MBA ELS standards – Test pathway

Current	Proposed	Rationale
<p>As per common ELS standards except:</p> <ul style="list-style-type: none"> • Inclusion that the Board accepts the successful completion of the NZREX or the PLAB test 	<p>As detailed above with common ELS standards with the inclusion of:</p> <ul style="list-style-type: none"> • <i>The Medical Board of Australia will also accept successful completion of the profession specific New Zealand Registration Examination (NZREX) or Professional and Linguistic Assessments Board test (PLAB test).</i> 	Incorporated into a common standard

ParaBA ELS standards – Test pathway

Current	Proposed	Rationale
<p>As per common ELS standards except:</p> <ul style="list-style-type: none"> • Use of qualifications or training in the profession instead of tertiary qualifications 	As detailed above with common ELS standards	Incorporated into a common standard

High-level summary of research findings

The research was conducted by the Language Testing Research Centre (LTRC), University of Melbourne. The findings are from an academic perspective and have been considered in line with wider project findings and from a regulatory context as part the ELS standards review.

Background of research findings

The aim was to investigate the suitability of current practices within both the test and non-test registration pathways by conducting a comprehensive literature review complemented by desk research on the practices of other health regulatory bodies for 15 professions.

Summary of research outcomes

Limits to research database	Researchers continue to report research gaps in the literature. The research continues to evolve and remains a dynamic area of policy.
Background	The report outlines some general considerations relating to language testing for professional purposes, including the difference between general academic language tests (such as IELTS, TOEFL, Pearson PTE) and occupation-specific language tests (such as the OET). The report also describes language frameworks, such as the Common European Framework of Reference (CEFR), which are often used to compare standards on language tests.
Adequacy of current ELS tests	The research findings found evidence that all the tests currently accepted in the ELS registration standards are supported by a body of reputable research. Researchers found evidence of satisfactory reliability and technical performance on measures relating to robustness of scoring mechanisms, test fairness (equivalence of parallel test forms), and soundness of test administration. ¹⁰
Tests used by other regulatory bodies in English-speaking countries (including the minimum standards set on those tests)	<p>The following countries were included in the research: Canada, Republic of Ireland, South Africa, United Kingdom, New Zealand, Singapore, United States, and Australia.</p> <p>Findings included:</p> <ul style="list-style-type: none"> • Differences across countries. • New Zealand has the most stringent requirements across the professions reviewed and South Africa has the least stringent requirements or the lowest minimum scores, in most cases. • It is not clear how some countries have arrived at lowest minimum scores – suggested some adopted standards from other countries, some have attempted to arrive empirically. • Australia is somewhere in the middle of the countries reviewed. • Report also reviewed English language standards adopted by non-health regulatory bodies in Australia, focussing on statutory authorities and professional associations servicing high stakes professions in teaching, law, aviation and engineering.
Range of acceptable tests	The report found that most like regulators only accept up to three tests but suggested National Boards could consider accepting several additional tests. The report concluded that neither the NAATI ¹¹ qualification or ISLPR

¹⁰ This is consistent with [earlier research](#) commissioned by the UK General Medical Council which found that these tests are suitable for use in the health practitioner regulation context.

¹¹ This confirmed previous discussions with NAATI.

	test are suitable for providing evidence of English language proficiency for professional registration.
Standard setting	The report explores the possibility of standard setting (setting appropriate standards in occupation-specific testing) however provides information showing that there can be varied and contradicting results from the evidence of a small number of empirical standard-setting studies available, giving rise to differing levels of English requirements across professions. Where multiple standard setting processes have been carried out for the same profession, the trend in score is not always the same and may be impacted on by panel composition, test items and standard setting methodologies.
Recognised countries	<p>Researchers explored the possible changes to recognised countries and surveyed the English language requirements for entry to qualifying degrees in each of these countries and compared them with Australian standards. The report confirmed that where students can enter a degree program with a lower level of English language proficiency, they may not make sufficient proficiency gains by the time they graduate to reach a level equivalent to IELTS 7.0 as supported by literature findings)</p> <p>South Africa</p> <p>The research showed that qualifications in the National Scheme professions are offered in South Africa at multiple institutions which in some cases have different entry requirements with many sitting substantially below the equivalent Australian entry level ELS requirements and some having no minimum English requirements for entry. In sum, recognition of South Africa does not appear to be equally applicable across all of the health professions because entry requirements for qualifying degrees vary for the different professions. For some, these are lower than the minimum entry requirements for the relevant qualifying degree in Australia, which diminishes the case for recognition and would make setting a clear benchmark more complex.</p> <p>Other countries</p> <p>In Singapore, Malaysia, and Hong Kong, the same issues arose.</p>
Scope of ELS tests	The report discusses how well English language proficiency tests capture the communicative domain of health care communication, pointing clearly to the limitations of all existing English language tests, but particularly those designed for general academic purposes. The report finds that general language proficiency (such as that tested in the currently accepted ELS tests) is the foundation for competent clinical communication, but general English language tests are designed to test English language competence only, and not the broader clinical communication skills.
Language development in higher education	<p>The findings in the review on language development in higher education in relation to the levels required for entry into higher education courses found inconclusive evidence that health professionals registering through the non-test pathways are at the same level of English language proficiency (as measured by IELTS) as someone entering through the test pathways. Studies on students' language progression when studying in English-medium universities does not provide sufficient evidence that students will exit at an IELTS Level 7 or equivalent.</p> <p>Due to gaps in the literature, it is difficult to make any firm claims about the strengths and weaknesses of someone who is entering through an education pathway, as opposed to someone providing evidence of a test score. However, the researchers found that first two education pathways currently available for registration in Australia ('primary language', and 'combined secondary and tertiary education') are relatively stringent</p>

	compared to non-test pathways used in other countries and did not recommend changes to these pathways.
Extended education pathway	The report found that the (extended) education pathway as initially configured could be open to exploitation and was more lenient compared with pathways in like countries. The report recommended that requirements in this pathway for course(s) other than the qualification in the relevant professional discipline should be set at a minimum level to ensure similar English language requirements, that is, at a bachelor's degree or higher and should be continuous (i.e. at least 12 months full-time equivalent).
Online education	The report finds that there is no evidence that there is any language acquisition benefit from online courses, and they are unlikely to provide sufficient opportunity to improve English language communication.
Work experience	<p>Researchers have noted that they do not recommend adding a work experience pathway but advise being cautious but open to accepting work experience in conjunction with a previous language test.</p> <p>Some jurisdictions were found to accept work experience as a pathway for registration, although it can be difficult to verify work experience and references. The report recommended that any recognition of work experience should be conditional on previously completing an ELS test at a satisfactory standard, with the work experience used to demonstrate language maintenance rather than language development.</p>
Further research	Researchers suggested future research investigating whether health professionals registering through the non-test pathways are coping linguistically in their workplaces.

Statement of assessment - National Board's statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and principles for best practice regulation

Revised English language skills registration standards

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia (National Boards) are participating in the review of the English language skills standards (the ELS standards).

Below is the National Boards' assessment of their proposal for the draft revised ELS standards, against the three elements outlined in the Ahpra procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

National Boards assessment

The Boards consider that the proposed draft revised ELS standards meet the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's key objective of protecting the public by defining the National Law requirements for health practitioners to have necessary skills to communicate in English at a level safe to practise their profession when applying for initial registration.

The draft revised ELS standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. The proposal gives clear guidance on the National Law requirements and the National Boards' expectation for health practitioners in relation to English language skills (ELS).

The proposal considers the National Scheme's objective to facilitate the provision of high-quality education and training of health practitioners by setting out the ELS requirements expected by health practitioners who are teaching, supervising and assessing.

2. The consultation requirements of the National Law are met

National Boards assessment

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

Preliminary consultation was the first step in the consultation process. The aim of the preliminary consultation was to enable the Boards to test their proposals with key stakeholders and refine them before proceeding to public consultation.

The Boards will now ensure that there is the opportunity for public comment via an eight-week public consultation. This includes publishing a consultation paper on the websites of Ahpra and the 14 National Boards participating in the review and informing health practitioners and the community of the review via the Boards' electronic newsletters and a social media campaign.

The National Boards will consider the feedback they receive when finalising the revised ELS standards.

3. The proposal takes into account the Principles for Best Practice Regulation

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

National Boards assessment

The National Boards consider that their proposal is the best option for achieving the stated purpose. The proposed revised ELS standards do not propose substantial changes to the current ELS standards or requirements for health practitioners to meet the standards. The review has made the ELS standards clearer and easier to navigate for practitioners while ensuring that the high level of English language skill expected of practitioners applying for registration in Australia is maintained.

The revised ELS standards are based on the best available evidence and aligned with international best practice, ensuring the ELS standards are current and relevant to the contemporary role and scope of health practitioner practice. The NMBA standard has been aligned where key changes are required.

The proposal would protect the public by making clear the expectations that to register as a health practitioner, the National Board needs to be satisfied that health practitioners have the necessary skills to communicate in English at a level safe to practise their profession.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Boards assessment

The proposal is unlikely to restrict competition as the proposed ELS standards would apply to all health practitioners applying for registration to the 14 National Boards participating in this review and applicants for the other health profession in the National Scheme also need to meet an ELS standard

. The revised standards' approach is to capture as many applicants who have the English language skills for safe practice as possible.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Boards assessment

The National Boards consider that the proposal will not result in any unnecessary restrictions of consumer choice as the proposed revised ELS standards would apply to practitioners applying for registration with the 14 National Boards participating in this review.

The revised ELS standards also includes one new English language test provider offering two further test options, giving health practitioners greater choice in how they demonstrate that they meet the standards through the English language test pathway. Increasing the number of test pathways available also provides reasonable flexibility for health practitioners, without altering the level of English language competence required to meet the ELS standards.

The proposal has the potential to improve consumers' confidence that all health practitioners registered by the 14 National Boards participating in this review are held to appropriate standards when assessing health practitioners' English language skills.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Boards assessment

The National Boards have considered the overall costs of the proposed revised ELS standards to members of the public, health practitioners and governments, and concluded that the likely costs are minimal as the Boards are not proposing significant changes.

If approved, the proposed ELS standards will provide practitioners with clear, consistent guidance on ELS requirements of the National Boards. The benefits of the revised standards will outweigh any minimal costs related to health practitioners and other stakeholders needing to become familiar with revised ELS standard.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Boards assessment

The National Boards are committed to a plain English approach that will help health practitioners and the public understand the ELS standards expected by the relevant Board, their professional peers and the community. The revised ELS standards have been updated considerably to ensure that plain English is used and to enable understanding of the National Boards requirements.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

National Boards assessment

The National Boards will review the ELS standards at least every five years, including an assessment against the objectives and guiding principles in the National Law and the principles for best practice regulation.

However, the Boards may choose to review the ELS standards earlier, in response to any issues which arise, or new evidence which emerges to ensure their continued relevance and workability.

National Boards' Patient and Consumer Health and Safety Impact Statement

July 2022

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)¹² explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the [proposed revisions to the] registration standard, code or guideline on the health and safety of patients and consumers particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the [proposed revisions to the] registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with [patients and consumers] particularly vulnerable members of the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the *National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [National Scheme Strategy 2020-2025](#)* and reflect key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

Below is our initial assessment of the potential impact of a proposed revision to a registration standard on the health and safety of patients, clients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient, client and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The National Boards have carefully considered the impacts that the revised English language skills registration Standards (ELS standards) could have on patient, client and consumer health and safety, particularly people vulnerable to harm within the community in order to put forward what we think is the best option for consultation. The proposed option is based on best available evidence, best practice approaches and monitoring the ELS standards since the last reviews. It is more clearly and simply expressed, which should make it easier for patients, clients and consumers to understand. While the changes are relatively minor, they are expected to slightly strengthen the standards' effectiveness in ensuring that newly registered practitioners have the English language skills they need to practise safely.

¹² This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, particularly people vulnerable to harm within the community, and Aboriginal and Torres Strait Islander Peoples and only minor positive impacts, as there are only minor improvements to the standards currently in place. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and health care quality.

2. How will consultation engage with patients, clients and consumers, particularly vulnerable members of the community?

In line with our **consultation processes** the National Boards are carrying out wide-ranging consultation. We will engage with patient, client and consumers, peak bodies, communities and other relevant organisations to get input and views from people vulnerable to harm within the community.

Our consultation questions specifically ask whether the proposed changes will impact on patient, client and consumer health and safety, particularly people vulnerable to harm within the community. Responses will help us better understand possible outcomes and address them.

3. What might be the unintended impacts for patients, clients and consumers particularly vulnerable members of the community? How will these be addressed?

The National Boards have carefully considered possible unintended impacts of the revised ELS standards, as the **consultation paper** explains. Consulting with relevant organisations and people vulnerable to harm within the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients, clients and consumers that may be raised during consultation particularly for people vulnerable to harm within the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The National Boards have carefully considered any potential impact of the revised ELS standards on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different in order to put forward the proposed option for feedback as outlined in the **consultation paper**. Our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, particularly people vulnerable to harm within the community, and Aboriginal and Torres Strait Islander Peoples and only minor positive impacts, as there are only minor improvements to the standards currently in place. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The National Boards are committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and **cultural safety**.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We are continuing to engage with Aboriginal and Torres Strait Islander organisations and stakeholders.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? how will these be addressed?

The National Board have carefully considered what might be any unintended impacts for the revised ELS standards as identified in the **consultation paper**. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the National Boards' work in keeping the public safe is ensuring that all National Boards' standards, codes and guidelines are regularly reviewed.

In developing the revised ELS standards and in keeping with this, the National Boards will regularly review ELS standards to check they are working as intended.