

Public consultation

16 August 2023

Public consultation on two further possible changes to the National Board English language skills requirements

Summary

From 13 July to 7 September 2022, the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards (except the Aboriginal and Torres Strait Islander Health Practice Board of Australia) publicly consulted [on revised English language skills registration standards \(the ELS standards\)](#). There was broad support from stakeholders for the proposed revised registration standards.

On 30 September 2022, National Cabinet announced the [Independent review of overseas health practitioner regulatory settings \(the Kruk review\)](#), and in April 2023, National Cabinet endorsed the interim review report, which included recommendations about further changes to the National Boards' English language skills requirements.

In line with the [Kruk review interim report endorsed by National Cabinet](#), the National Boards would like to hear your views on two further possible changes to their English language requirements:

1. Setting the minimum requirements for the writing component of an English language test at 6.5 IELTS (or equivalent for other accepted tests) while retaining 7 in each of the other three components (reading, speaking and listening) and an overall score of 7, taking into account international benchmarking, and
2. expanding the range of recognised countries where evidence supports doing so.

Further details about the additional options are contained in this consultation paper, including specific issues the Medical Board of Australia is asking its stakeholders to consider in relation to reducing the writing component from 7 to 6.5.

This is a shorter streamlined consultation process designed to meet timeframes likely expected by Health Ministers. Implementation of this approach follows consideration of the extensive public consultation carried out in 2022 on previous proposals. The two changes discussed in this paper are in addition to those previously consulted on. Your feedback will be used to inform the final ELS standards National Boards submit to Health Ministers.

The consultation is open until **Wednesday 13 September 2023**.

Public consultation paper

We want your feedback

We are inviting comments on two further possible changes to the National Board English language requirements as proposed in the Kruk review interim report. We are asking for your response to specific questions.

This paper is not inviting further feedback on proposed changes to the National Board ELS standards that have been previously consulted on.

How to give feedback

Public consultation starts on Wednesday 16 August 2023. We encourage you to use the online survey to give your feedback: [English language skills requirements consultation online survey](#).

If you are unable to use the online survey, please submit your feedback as a [Word document \(not PDF\)](#) by email to AhpraConsultation@ahpra.gov.au by close of business on Wednesday 13 September 2023.

The questions in the survey and the consultation paper are the same.

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know 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.

We 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 expressly requested.

Next steps

After public consultation closes, we will review and consider all feedback before making decisions about the proposed further changes.

Public consultation on two further possible changes to the National Boards' English language skills requirements

1. In July 2022, as part of a joint review, the National Boards consulted on proposed changes to the ELS standards.
2. This paper is inviting your views on two additional possible changes to National Boards' English language skills requirements recommended in the Kruk review interim report.

Background to the ELS standards review

3. The National Boards must develop and recommend to the Ministerial Council a registration standard about the requirements for English language skills that applicants must meet for registration to practise in Australia. The ELS standards for all professions, except Aboriginal and Torres Strait Islander health practice, are being reviewed.
4. There are [six current ELS standards](#). They are a:
 - common standard for 10 professions: Chinese medicine, chiropractic, medical radiation practice, 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 United Kingdom and New Zealand 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).
5. The ELS standards for most National Registration and Accreditation Scheme (the National Scheme) professions are similar with the main exceptions being standards for the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the ATSIHPBA) and the Nursing and Midwifery Board of Australia (the NMBA). The ATSIHPBA standard differs from the ELS 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 is not participating 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.
6. All other National Boards are participating in the joint review.
7. In July 2022, Ahpra and the National Boards (except the Aboriginal and Torres Strait Islander Health Practice Board of Australia) launched a [public consultation on revised ELS standards](#).
8. The feedback from public consultation was that stakeholders broadly supported the proposed revised registration standards.

Possible additional changes

9. After the ELS standards review public consultation, the National Cabinet announced the [Independent review of overseas health practitioner regulatory settings](#) (the Kruk review) which included consideration of English language skills requirements. As a result, the National Boards deferred submitting their proposed revised ELS standards to Health Ministers. In April 2023, the National Cabinet endorsed the [Review's interim report](#), including recommendations on the National Boards' English language skills requirements.
10. One of the key reforms proposed in the Kruk review interim report is making modest evidence-based changes to the ELS standards, including expanding the range of recognised countries and test results accepted by the National Boards.
11. The National Boards are now seeking your views on these two further possible changes to their English language skills requirements. The Kruk review considers these changes could increase the attractiveness of Australia as a destination for highly skilled and experienced health practitioners and encourage more to come to Australia while also maintaining a focus on public safety.

Possible further changes to the National Board's English language skills requirements

National Boards are inviting your feedback on possible further change 1

Possible change 1: setting the minimum requirements for the writing component of an English language test from 7 to 6.5 IELTS equivalent and 7 in each of the other three components (reading, speaking and listening) with an overall score requirements of 7.

Considerations

12. One way to meet the National Boards' ELS standards is to achieve the minimum scores in an approved English language skills test. These tests assess an applicant's English skills in speaking, listening, reading and writing.
13. The test pathway in the ELS standards is used by just under a quarter of applicants across the regulated health professions. The test pathway is designed for applicants who have not completed their qualification and/or secondary schooling in a recognised country.
14. The National Board requirements for English language skills tests are similar and, in some cases, more flexible than comparable countries (the United Kingdom, some Canadian provinces, New Zealand). National Boards offer a broader range of options to meet ELS requirements and recognise more tests, with scores mostly similar to comparable regulators.
15. However, some regulators in the UK, Ireland, NZ and Canadian provinces have recently introduced a small reduction to their minimum scores to 6.5 on either writing or reading for some professions. However, other UK and NZ regulators require an overall score of 7.5 for English language skills tests, for example the [General Medical Council](#) (UK) and the [Dental Council of NZ](#).
16. The National Boards require an overall score of IELTS 7 or equivalent but enable the scores of 7 in each component (writing, speaking, reading and listening) to be achieved over two sittings. Australia has also enabled flexibility by:
 - allowing more test provider options than just IELTS (e.g., OET, Pearson, TOEFL)¹
 - allowing applicants to combine test results from two test sittings, and
 - providing alternative non-test pathways to meet the standard.
17. The minimum IELTS scores in the National Boards' ELS registration standards have generally not altered since the start of the National Scheme in 2010. Some contemporary research, although not extensive, suggests that writing skills in particular have significantly changed in recent decades. This may be partly due to the uptake of computing and word-processing technologies, including in healthcare. Increased electronic capture of information is also simplifying writing tasks. There is an increase in checklists and other electronic health records with repeated use of templates likely simplifying writing tasks².
18. Research also shows that the range of functions in healthcare involving writing is significantly less than the range of functions involving speaking and that while curricula in medical, nursing and other allied health professions include written communication, there is greater emphasis in education programs on oral communication.³
19. Reducing the writing score to an IELTS 6.5 (or equivalent for other accepted tests) while maintaining the requirement of an overall score of 7⁴, and no less than 7 for reading, speaking and listening could provide additional flexibility within a modest half band score for one element of the English language test. Doing so

¹ www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/Accepted-English-language-tests.aspx

² Séguis, B and Lim, G (2020) The Writing that nurses do: Investigating changes to standards over time 46, 100491

³ Séguis, B and Lim, G (2020) The Writing that nurses do: Investigating changes to standards over time 46, 100491

⁴ The overall score is calculated by taking the mean score of the four test components (Listening, Reading, Writing and Speaking). The score for each component is equally weighted. The overall band score is rounded to the nearest whole or half band. <https://ielts.com.au/australia/results/band-score-calculation>

while requiring a score of 7 for speaking, listening and reading and an overall score of 7 could maintain patient safety, respond to workforce needs and the Kruk review recommendations, and contribute to workforce mobility and the attractiveness of Australia as a destination country.

20. The differences between IELTS 6.5 and 7 are quite modest. IELTS advise that a 6.5 score reflects writing which has many features at a level 7 but some weaknesses. For example, the difference between a 6.5 and 7 in writing could be something like a candidate not answering all parts of a question and not using paragraphs in their response, suggesting that a difference at this level is not likely to constrain communication.⁵ The breakdown of how writing is assessed, and the difference between the writing bands is at **Attachment A**. Reduction of half a band in writing would continue to require writing skills between:

- a good user (band 7 – you have an operational command of the language, though with occasional inaccuracies, inappropriate usage and misunderstandings in some situations. Generally, you handle complex language well and understand detailed reasoning), and
- a competent user (band 6 – generally you have an effective command of the language despite some inaccuracies, inappropriate usage and misunderstandings. You can use and understand fairly complex language, particularly in familiar situations.)⁶

and would still sit above competent using this scale. Recent benchmarking with like regulators indicates that a half band reduction in writing to 6.5 has been adopted more widely by regulators of nursing and allied health and only by one medical regulator.

21. A common assumption is that a test taker's error rates in English would reduce as the IELTS score increases. However, research indicates that the movement between 6.5 and 7 was not progressive and is quite volatile, with a mixture of slight improvement, stagnation and slight regression that was not seen in other bands. The research suggests that people start to think in English at around 7 (rather than thinking in their first language and then translating) and proposed that because of this a cognitive shift may well be taking place at the expense of accuracy.⁷

22. The reduction in the writing score by some NZ regulators means that candidates in some professions with this score profile are already able to register in Australia via the *Trans-Tasman Mutual Recognition Act* (TTMR).

23. In the UK, the Nursing and Midwifery Council (the NMC) has done preliminary research following its reduction of the nursing writing component to 6.5 which found no evidence of an increase in complaints received or stakeholder reports of negative impacts on patient care.⁸

24. Based on available information, it is not anticipated that the minor reduction in the writing score will have a noticeable impact on healthcare practice. However, if this option is adopted and approved by Health Ministers, Ahpra and the National Boards will closely monitor for any evidence of unintended impacts on patient care and respond appropriately if there are any concerns.

Further considerations for the Medical Board of Australia

25. The Medical Board of Australia has reservations about reducing the current writing component from 7 to 6.5 (IELTS equivalent) for applicants looking to register as medical practitioners in Australia as most comparable medical regulators require applicants to meet a minimum of 7. **Attachment B** provides an overview of the scores comparable medical regulators from the UK, Ireland, NZ and Canada require applicants to meet when sitting an English language test.

⁵ IELTS presentation 12 July 2023

⁶ <https://takeielts.britishcouncil.org/teach-ielts/test-information/ielts-scores-explained>

⁷ <https://www.ielts.org/-/media/research-reports/muller-and-han-2022.ashx>

⁸ Sêguis, B and Lim, G (2020) *The Writing that nurses do: Investigating changes to standards over time* 46, 100491

Consultation questions

1. Do you support reducing the score for the writing component of IELTS by half a band to 6.5 (or equivalent for other accepted English language tests) as proposed in the Kruk review? Why or why not?

Additional question for Medical Board of Australia stakeholders

2. Do you have any specific views about the Kruk review recommendation to reduce the writing requirements for medical practitioners?

National Boards are inviting your feedback on possible further change 2

Possible change 2: expanding the range of recognised countries where available information supports.

Considerations

26. The changes consulted on in 2022 supported removing South Africa as a recognised country based on the research commissioned for the ELS standards review and aligning with the Department of Home Affairs.
27. 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. You can read more about the research findings in our [2022 public consultation on the ELS standards](#).
28. In Hong Kong, Malaysia and Singapore, the same issues arose as highlighted with South Africa. In addition, some comparable regulators, such as the Nursing Council of NZ, have recently [withdrawn their recognition of Singapore in their registration-based pathway](#) because the Singaporean Nursing Board does not currently require an English language test to gain registration. However, the NZ council still accepts Singapore in its [education based pathway](#).
29. Some regulators have a comparable country list such as the Medical Council of NZ however, applicants may still have to provide evidence that they meet [International English Language Testing System \(IELTS\) or Occupational English Test \(OET\) minimum requirements](#).
30. A recent review of similar regulators indicates there is an opportunity to expand the recognised country list to better align with UK and NZ. For example, the [UK Visas and Immigration \(UKVI\)](#) list or a comparative regulator like the UK Nursing and Midwifery Council (the UK NMC) recognised country list, indicate that citizens educated and working in those countries would have the English language skills needed for practice in Australia.
31. It can be complex to identify countries where the National Boards can be confident applicants will have the necessary English skills. The National Boards need objective evidence that applicants are able to speak, write, listen and read English to safely practise the profession. For example, if a country has multiple official languages, then English being one of the official languages means that the National Boards would need more information about a candidate's English language skills, not just their country of origin or education.
32. A recent check of information published by Australian universities about enrolment requirements, found a wide variety of approaches to accepting education in English in other countries, although education in UK, USA, Canada, Ireland and NZ typically satisfied English language requirements for enrolling in approved programs of study.
33. Some possible additional countries where information exists to support recognition are at **Appendix A**. Further work will be done to identify other possible countries that could be recognised, for example, where a comparable regulator and/or government immigration department has experience of accepting these countries for the purpose of meeting English language skills requirements and where there is no evidence that adding these countries could be problematic.

34. Based on available information, it is not anticipated that recognising identified countries where evidence supports doing so will have a negative impact on healthcare practice. However, if this option is adopted, Ahpra and the National Boards will closely monitor for any evidence of unintended impacts on patient care and respond appropriately if there are any concerns.

Consultation questions

1. Do you support adding proposed countries where evidence supports doing so as proposed in the Kruk review, such as those listed in Appendix A?
2. Are there any countries missing where evidence supports inclusion?
3. If these two changes are adopted to the ELS standards would they result in any potential negative or unintended effects for people vulnerable to harm in the community?^[1] If so, please describe them.
4. If these two changes are adopted to the ELS standards, would they result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them

[1] Such as children, the aged, those living with disability, people who have experienced or are at risk of family and domestic violence.

Relevant sections of the National Law

35. 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: IELTS writing band descriptors

Attachment B: Overview of the accepted English language scores from comparable medical regulators

Appendices

Appendix A: Proposed additional recognised countries

Appendix B: Statement of assessment – National Boards’ statement of assessment against Ahpra’s Procedures for the development of registration standards, codes and guidelines and principles for best practice regulation

Appendix C: Patient health and safety statement

Appendix A:

Proposed additional recognised countries

- Antigua and Barbuda
- Anguilla
- The Bahamas
- Barbados
- Belize
- Bermuda
- British Indian Ocean Territory
- Cayman Islands
- Dominica
- Falkland Islands
- Gibraltar
- Grenada
- Guernsey
- Guyana
- Isle of Man
- Jamaica
- Jersey
- Malta
- Saint Helena, Ascension and Tristan da Cunha
- St Kitts and Nevis
- St Lucia
- St Vincent and the Grenadines
- Trinidad and Tobago
- US Virgin Islands

Appendix B:

Statement of assessment – National Boards’ 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 – proposed additional changes

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 (the National Boards) are participating in the review of the English language skills registration standards (the ELS standards).

Below is the National Boards’ assessment of their proposal for the draft revised ELS standards should the additional changes be adopted, 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 National Boards consider that the proposal to consider further changes to the draft revised ELS standards should they be adopted 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 would give clear guidance on the National Law requirements and the National Boards’ expectation for health practitioners in relation to English language skills (ELS).

The proposal would consider 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 the 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 then invited public comment via an eight-week public consultation which included 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 Boards are now inviting public comment on two further possible changes as proposed in the Kruk interim report endorsed by National Cabinet.

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

If adopted, the proposal to include two further changes to the draft standards would continue to protect the public by making clear the National Boards' requirements that registered 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 to include two further changes to the draft standards should they be adopted 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, if the further changes are adopted, 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 include 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 the revised ELS standards.

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 National 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 National 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 National Boards may choose to review the ELS standards earlier, in response to any issues which arise, monitoring relating to the potential change to the accepted writing level for an English test or any other new evidence which emerges to ensure their continued relevance and workability.

Appendix C

National Boards' Patient and Consumer Health and Safety Impact Statement

August 2023

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (the statement) 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.⁹

The four key components considered in the statement are:

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

The National Boards' Health and Safety Impact Statement aligns with the National Registration and Accreditation 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 possible 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 is received.

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 (the ELS standards), including the two further changes to the draft standards should they be adopted, 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, good 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 modest, they are expected to slightly strengthen the standards' effectiveness in ensuring that newly

⁹ 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.

registered practitioners have the English language skills they need to practise safely and enabling access to health services. Our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, particularly, Aboriginal and Torres Strait Islander Peoples and underserved communities and some positive impacts, as there are modest improvements to the standards currently in place. Our engagement through consultation helps us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare 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 carry out wide-ranging consultation. We 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 asked whether the proposed changes will impact on patient, client and consumer health and safety, particularly people vulnerable to harm within the community. Responses 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 including impacts of the two further changes to the draft standards should they be adopted. 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 our first public consultation we sought advice from our [Health Strategy Group](#), reached out to peak bodies to seek feedback on the draft standards as well as including a specific question in our consultation material inviting stakeholders to highlight any potential impacts for Aboriginal and Torres Strait Islander Peoples. 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 modest improvements to the standards currently in place. This was supported through our first public consultation however, we will seek to directly verify this through seeking advice from peak bodies about the potential impact of the two possible additional options. Our engagement through consultation on the two further changes to the draft standards will help us to identify any other potential impacts should they be adopted and meet our responsibilities to protect safety and healthcare 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 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 Boards have carefully considered what might be any unintended impacts for the revised ELS standards. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts of the additional changes proposed should they be adopted. 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.