



Submission template

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

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards (except the Aboriginal and Torres Strait Islander Health Practice Board) are inviting stakeholders to have their say on two further possible changes to the National Boards' English language skills registration requirements.

Please ensure you have read the public consultation paper before answering this survey. There are specific questions we would like you to consider below, 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. All questions are optional and you are welcome to respond to any you find relevant, or that you have a view on.

We are not inviting further feedback on proposed changes to the National Boards' English language skills standards (the ELS standards) that we previously consulted on in 2022.

Your feedback will help us to understand what changes should be made to the ELS standard and will provide information to improve our other work.

Please email your submission to AhpraConsultation@ahpra.gov.au.

The submission deadline is close of business **Wednesday 13 September 2023**.

How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

We do not share your personal information associated with our surveys with any party outside of Ahpra, except as required by law.

The information you provide will be handled in accordance with [Ahpra's Privacy policy](#).

If you have any questions, you can contact AhpraConsultation@ahpra.gov.au or telephone us on **1300 419 495**.

Publication of submissions

We publish submissions at our discretion. We generally [publish submissions on our website](#) 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 publish on our website, 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.

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.

A 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 if you 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.

Initial questions
To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.
Question A
Are you completing this submission on behalf of an organisation or as an individual?
Your answer:
<input checked="" type="checkbox"/> Organisation
Name of organisation: The Australian and New Zealand College of Anaesthetists
Contact email: [REDACTED]
<input type="checkbox"/> Myself
Name: [REDACTED]
Contact email: Click or tap here to enter text.
Question B
If you are completing this submission as an individual, are you:
<input type="checkbox"/> A registered health practitioner?
Profession: Click or tap here to enter text.
<input type="checkbox"/> A member of the public?
<input type="checkbox"/> Other: Click or tap here to enter text.
Question C
Would you like your submission to be published?
<input checked="" type="checkbox"/> Yes – publish my submission with my name/organisation name
<input type="checkbox"/> Yes – publish my submission without my name/organisation name
<input type="checkbox"/> No – do not publish my submission

Possible change one – 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 requirement of 7

One way to meet the National Boards' ELS standards is to achieve the minimum scores in an approved English language test. These tests assess an applicant's English language skills in speaking, listening, reading and writing.

The test pathway in the ELS standards is used by just under a quarter of applicants across the regulated health professions. National Boards currently 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.

Question 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 skills tests) as proposed in the [Kruk review](#)? Why or why not?

Your answer:

No, ANZCA does not support this. ANZCA shares the Medical Board of Australia's reservations about reducing the minimum score for the writing component of IELTS and would recommend that it stays at 7.0.

While ANZCA's experience is with assessing anaesthetist and specialist pain medicine SIMGs, as noted below, both work in a multidisciplinary environment, in which clear communication with each other and with patients and their families is essential for safe patient care.

Additional considerations and questions for Medical Board of Australia stakeholders

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** of the consultation paper provides an overview of the scores comparable medical regulators from the United Kingdom, Ireland, New Zealand, and Canada require applicants to meet when sitting an English language test.

Question 2 (This question is most relevant to Medical Board of Australia stakeholders)

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

Your answer:

ANZCA shares the Medical Board of Australia's reservations about reducing the minimum score for the writing component of IELTS and would recommend that it stays at 7.0. This is line with the two most

comparable countries, New Zealand and the United Kingdom, who both have the minimum IELTS writing score at 7.0.

ANZCA does not support this. Most healthcare is now delivered by a team rather than by one isolated practitioner, and patient safety depends on good communication between healthcare practitioners. Continuity of medical care, an essential requirement of our medical system requires good documentation, which in turn necessitates proficient English writing skills. Increasing the passing percentage should not be a reason for changing the standard; rather the standard should be based on the aim of safe patient care.

Possible change two: Expanding the range of recognised countries where available information supports doing so

The countries that are recognised by National Boards in the standards have health and education systems largely equivalent to those in Australia. Health and education services in these countries are also typically delivered in English. This means National Boards can be confident that people who qualified in these countries have a level of English that is safe for practise in Australia. National Boards have significant regulatory experience with applicants from the countries recognised in the standard both before and during the National Registration and Accreditation Scheme.

The countries currently recognised by National Boards are one of the following countries:

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

A recent review of similar health practitioner 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.

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.

Question 3

Do you support adding proposed countries where evidence supports doing so as proposed in the Kruk review such as those listed in **Appendix A** of the consultation paper?

Your answer:

ANZCA supports the addition of South Africa to the list of recognized countries, making it seven in total. ANZCA has assessed many specialist anesthetists from South Africa, who all had the necessary skills in the English language, and reports on their work performance while in the SIMG process confirm the reliability of that proficiency across all South African SIMGs.

ANZCA does not support widening it beyond the seven countries listed above: while there are other countries where English is one of the many languages spoken, and where some educational institutions (including medical schools) instruct in English, doctors from those countries can be fluent in English but

for a significant percentage of them it is a very different English that is not reliably understandable to Australians.

The above seven countries are the same as those recognized in the current New Zealand English language policy. For applicants from other countries, ANZCA would support continuation of English language testing, which ensures they meet the minimum standards in a fair and robust manner.

Question 4

Are there any countries missing from those listed in **Appendix A** where evidence supports inclusion?

Your answer:

No (see above)

Question 5

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.

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

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Your answer:

In summary, yes. Clear communication, especially with those who are distressed and/or acutely unwell, is essential to understanding fully their concerns and being aware of what they may be trying to communicate, such as victims of domestic violence who may be fearful of the perpetrator finding out they've sought help or who may be reluctant to complain openly about the results of that violence. Other groups who need their healthcare professionals to be very competent in English are those who have English as a second language, elderly people with some cognitive impairment and those with learning disabilities. They all need carers who can modify their communication to ensure clarity of understanding on both sides.

Question 6

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.

Your answer:

Any decrease in the ability to speak and be understood will lessen patient safety.

So much of diagnosis requires understanding of not only the words said but also the associated meaning, implications of those words, colloquialisms and what is not said but meant. Planning treatment in partnership with the patient again requires the ability to fully understand the patient's perspective and work with them to plan effective treatment. This emphasizes the need for good English language skills.

And patients can be incredibly frustrated by healthcare professionals who they can't communicate with because of the healthcare professional's poor language skills.

For Aboriginal and Torres Strait Islander Peoples this may be compounded by them also having English as their second language, further impeding communication. This is compounded by Aboriginal and Torres Strait Islander Peoples having a greater burden of poor health and consequent increased requirements for effective and timely healthcare and thus need for good communication with their healthcare professionals.