

Frequently asked questions

13 July 2022

English language skills registration standards review- public consultation

These frequently asked questions (FAQs) give further guidance for all **interested stakeholders** about the **review of the English language skills registration standards (ELS standards)**.

The FAQs should be read together with the ELS standards review public consultation paper and the relevant sections of the [research paper](#).

About us

The Australian Health Practitioner Regulation Agency (Ahpra) and 15 National Boards regulate health practitioners in 16 professions through the National Registration and Accreditation Scheme (National Scheme). Our primary role is public protection, and we adopt a risk-based approach to regulation, taking action proportionate to the future risk of harm.

1. Which National boards are part of this review?

The following National Boards are part of this review:

- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery 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
- Psychology Board of Australia.

The Nursing and Midwifery Board of Australia is only participating in some aspects of the review, because it reviewed its ELS standard in 2019.

2. What are the English language skills registration standards and why do we have them?

The National Law requires all National Boards to have an English language skills registration standard. The standards are in place to protect the public by ensuring an applicant's level of English is sufficient to practise the profession. When applying for registration, an applicant must meet the requirements in these standards regardless of whether the applicant qualified in Australia or overseas.

3. Why are only some English-speaking countries recognised in the standards?

The countries that are recognised 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 Scheme.

4. Can you add more countries to the recognised countries list in the standards?

To add new countries to the recognised countries list (the list) we need objective evidence that shows that adding the country is a safe thing to do. We also need to be able to show that the evidence can be consistently applied to applications for registration. This is to make sure we are protecting the public by only allowing people with a safe level of English to be registered and practise in Australia. In the last review we invited evidence about other countries where their system of health care, education and/or health practitioner regulation were sufficiently similar to those in Australia to mean they could be safely added to the list, but only anecdotal evidence was provided. You can read more about the available evidence that helped inform the current ELS standards in our [consultation report](#).

In most of the countries that people suggested in the last review of the ELS standards, English is not the only main language. This adds to the challenge of what evidence and criteria could provide a basis for adding a country to the recognised countries list and/or how to assess whether an individual has the necessary language skills.

In considering this question for the current review, we have considered the Department of Home Affairs' English language requirements and have specifically asked the researchers to consider this question.

Researchers explored possible changes to recognised countries including South Africa, Singapore, Malaysia, and Hong Kong. The research did not support recognising these countries. The research found that entry requirements for qualifying degrees vary for different professions compared with professions in Australia. For some, these requirements are lower than the minimum entry requirements for the relevant qualifying degree in Australia or have no set minimum English requirements for entry. This also reduces the case for recognition and would make setting a clear benchmark more complex.

5. Why do applicants who have completed an approved program of study need to provide additional evidence to meet the standard?

There is little research evidence about how completing an approved program of study develops English language skills of non-native speakers. The available evidence is mixed and indicates that completing an approved program of study alone does not always guarantee English language at the necessary standard. This is because the program of study is designed to give graduates the knowledge, skills and attributes to practise as a health practitioner i.e. skills specific to their profession, rather than specifically to improve their English language.

Language requirements for education are different to language requirements for practising safely as a health practitioner. Education providers such as universities set the entrance requirements for individuals enrolling in programs of study. These are separate from a National Board's requirements for registration and each has a different purpose. The purpose of a language requirement for study is to ensure that the person is able to study, whereas the National Board's registration requirement is about an individual being registered to practise safely as an independent practitioner. It is open to education providers to set English language requirements that align to that of a National Board's, but this has often not been the case historically nor is it required.

The advice from researchers and language test providers is that unless a program has specific content designed to improve a non-English speaker's language skills, completing the program alone may slightly improve their skills, maintain their skills at the entry level, which may be well below the Boards' standard, or their skills may deteriorate. This is due to a range of factors including their exposure to English language outside their studies.

6. Why do applicants who are born or who live in Australia need to provide additional evidence to meet the standard?

The ELS standards were deliberately changed in 2015 to ensure that all applicants, including those who are born, live or are educated in Australia, must meet the ELS standard, although they may use different pathways to achieve this.

All applicants are required to demonstrate they meet one of the pathways set out in the standard. This is to ensure that the applicant's level of English is at the minimum standard to practise the profession.

7. Why do applicants who speak English as their main language need to meet the standard?

All applicants for registration, regardless of where they have studied or if they speak English as their main language, must meet the requirements of the National Boards' ELS standards. While people who apply for registration may have acquired English language skills in different ways, National Boards need a way to benchmark these skills consistently and fairly, with the requirement that the individual's competency in communicating in English, is at a level sufficient to practise the profession. The ELS standards aim to ensure there is a pathway to meet the standard for all applicants, including native English language speakers.

8. Is the option to complete an English language test appropriate for registration purposes?

Yes. The UK General Medical Council commissioned a review of language tests and their appropriateness for use in health practitioner regulation. The review found that tests, including IELTS, are fit for purpose for regulatory purposes. However, National Boards also asked researchers to re-examine this issue. The current research supports that the tests accepted by National Boards are appropriate for the purpose of registration. The research findings found evidence that all the tests currently accepted in the ELS 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.

9. What if an applicant doesn't achieve the minimum scores they need to meet the requirements of the ELS standard?

If an applicant doesn't achieve the scores required, as set out in the ELS standard, they are able to re-sit the test. However, it is recommended they firstly consider the advice from test providers about the recommended preparation and timeframe to resit the test, and the tips and resources available from the test providers to further develop their skills.

10. Do the tests support applicants who have additional needs?

Test providers offer different options for applicants with additional needs. It is recommended the applicant consider what each accepted test provider may offer so they can choose the provider that will best support their individual needs. Applicants should let the test provider know when booking a test if they require testing accommodations to be made and may be required to provide supporting evidence as explained on the individual test providers websites.

11. What does the English language test cost?

Costs vary for an ELS test and are set by the test provider. It is recommended an applicant consider what each accepted test provider may offer so they can choose the provider that will best suit their individual financial needs.

12. Are the ELS standards fair and lawful?

National Boards and Ahpra are committed to fairness and avoiding unlawful discrimination. National Boards are required to have an ELS standard under the National Law. To meet this commitment, National Boards have ensured that there is at least one pathway for all applicants in the ELS standards regardless of whether they qualified in Australia or overseas, but not every pathway will be available to every applicant. For some applicants, the pathway will involve a test. We generally provide more options compared to other health practitioner regulators internationally, such as regulators in the UK.

13. How are the National Boards responding in the context of the COVID-19 pandemic?

Throughout the pandemic National Boards have approved temporary policy positions to be flexible in their approach although safety remains our first priority for the National Boards and Ahpra.

Applicants can find out about all COVID-19 updates, including those that may relate to the ELS standards, on our [COVID-19 updates page](#) on the Ahpra website.

Definitions

Approved program of study	means programs of study approved by the relevant National Board.
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