



## 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](mailto: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](mailto: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  
GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

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.**

<b>Initial questions</b>
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.
<b>Question A</b>
Are you completing this submission on behalf of an organisation or as an individual?
<b>Your answer:</b>
<input checked="" type="checkbox"/> Organisation
Name of organisation: re:thinking dyslexia
Contact email: <span style="background-color: black; color: black;">[REDACTED]</span>
<input type="checkbox"/> Myself
Name: Dr Shae Wissell and Dr Judith Hudson
Contact email: <a href="#">Click or tap here to enter text.</a>
<b>Question B</b>
If you are completing this submission as an individual, are you:
<input type="checkbox"/> A registered health practitioner?
Profession: <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/> A member of the public?
<input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>
<b>Question C</b>
Would you like your submission to be published?
<input checked="" type="checkbox"/> Yes – publish my submission <b>with</b> my name/organisation name
<input type="checkbox"/> Yes – publish my submission <b>without</b> my name/organisation name
<input type="checkbox"/> No – <b>do not</b> 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:**

Yes, myself and my organisation, support the recommendations proposed in the Kruk Review, which we had stipulated in our first submission. Those with dyslexia are often disadvantaged when it comes to written expressive language skills, but this does not mean that they are lacking in language skill levels. Their difficulties lie in the processing of language, and by aligning the requirements of AHPRA boards, to those of the UK and NZ will reduce demands that that disadvantage individuals with dyslexia.

Shortages of suitably qualified professionals are the current situation but predictions for the future are already presenting future planners and educators, with a challenge. The proposed changes in the Kruk review would seem to be the best option for the AHPRA regulatory system.

**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:**

We agree that any future system should be stream-lined, and information should only be required once not annually. Those with expertise from other countries need to be processed quickly and without prejudice.

Regulators and processes need to be reformed if the needs of health services are to be met, but regulatory bodies should also be made aware of those applicants that have been diagnosed as being dyslexic. Staff who conduct these assessments for the regulatory system also need to be aware of specific needs of individuals who have dyslexia and make any 'reasonable adjustments' to support them through the statutory regulatory system.

We believe assessment organisations are not being fairly or meeting Australian legislation under the Fair Work Act (2009), Equal Opportunity Act (2010), and the Disability Discrimination Act (DDA) 1992 (Commonwealth of Australia, 1992, 2009, 2010). Under the provisions of the Equal Opportunity Act

(2010), disability is categorised as one of the nine protected characteristics, encompassing conditions like dyslexia. Importantly, the DDA prohibits discrimination against individuals with disabilities in the realms of employment, education, (Commonwealth of Australia, 2021b). These legal frameworks, coupled with the government's initiatives, play an essential role in supporting educational institutions and workplaces in accommodating the specific needs of individuals with dyslexia. Their overarching aim is to proactively prevent discrimination, promote equitable opportunities, and ensure that individuals with disabilities, including those with dyslexia, can compete on an equitable basis with their non-disabled peers (Gerber et al2012).

## **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:**

Yes, we support adding the proposed countries where evidence supports doing so, and as proposed or recommended in the Kryk Review. This would add breadth to the regulations and be a fairer system for those professionals that are attempting to come into the country legitimately.

**Question 4**

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

**Your answer:**

Not that we can see.

**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

**Your answer:**

No, the negative or unintended effects to the above-mentioned cohorts are when health care professionals regardless of whether they are Australian or not are not provided with appropriate training to better understand and support them.

For example, our research with La Trobe University demonstrated that those working in mental health had a significant lack of understanding and awareness of how to treat a dual diagnosis of dyslexia and mental health illnesses. In some cases, mental health professional did not believe that dyslexic difficulties could be linked to high levels of stress, depression or anxiety.

**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:**

No, the negative or unintended effects to Aboriginal and Torres Strait Islander Peoples occurs when health care professionals regardless of whether they are Australian or not are not provided with appropriate cultural safety training that is face-to- face rather than online. All health care professionals should have improved access to and clear mandates around this type of training. We understand that this is occurring, but more could be done, especially for the medical profession.