



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
GPO Box 9958 Melbourne VIC 3001 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.

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: Australian Pharmacy Council
Contact email: [REDACTED]
<input type="checkbox"/> Myself
Name:
Contact email:
Question B
If you are completing this submission as an individual, are you:
<input type="checkbox"/> A registered health practitioner?
Profession:
<input type="checkbox"/> A member of the public?
<input type="checkbox"/> Other:
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:

The Australian Pharmacy Council (APC) has reservations about reducing the score for the writing component of IELTS by half a band to 6.5.

As part of our role to protect the public we assess the competency of internationally trained pharmacists who wish to work in Australia. Availability of a skilled visa migration pathway, a range of visa options including migration incentives has seen an exponential increase in the number of skills assessment applications we receive from overseas pharmacists. In our experience, the barriers for attracting qualified pharmacists appear to have been due to lack of suitable and family friendly pathways for migrating to Australia. Reducing the writing skills component will not contribute to attracting more internationally trained pharmacists.

Globally, pharmacist's scope of practice is expanding with demand for higher level communication skills (both written and oral). As the standard setting body for pharmacist education and training, we have this year alone, developed new accreditation standards that will support pharmacists to work in residential care facilities and expand medication management reviews, and by the end of the year, standards for pharmacist prescribing will be published (www.pharmacycouncil.org.au). These roles will require increased documentation and written communication with a wide range of health professionals to optimise care. Reducing the writing skills requirements for pharmacists could place patients at increased risk. We are not supportive of a measure that supports a lower level of communication capabilities particularly where vulnerable patients are likely to be needing pharmacist care.

Ahpra, through the Accreditation Committee, is preparing to release a Statement of Intent on Interprofessional Collaborative Practice (IPCP) following public consultation¹. Effective IPCP cannot occur in the absence of effective communication skills, especially written components. The health professionals of the future will need to be able to write and document their actions and recommendations. Face to face communication between health professionals is no longer the only mechanism for communication as collaborative teams are increasingly spread out geographically. Rapidly evolving health care delivery landscapes and the likely attendant demands on future health care professional capabilities are not aligned to the proposal to lower the writing skills.

The attached summary of English language requirements of comparable overseas pharmacist regulators shows that we are at par with the United Kingdom and New Zealand. We support retaining the current English Language requirements to protect the public.

¹ [Australian Health Practitioner Regulation Agency - Public consultation on the proposed Interprofessional Collaborative Practice statement of intent \(ahpra.gov.au\)](http://www.ahpra.gov.au)

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:

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:

The APC is supportive of a change to expand the range of recognised countries where information is available and has been gathered in a systematic manner. National Boards and the responsible accreditation authority must have standards and criteria for assessment, and these should be made publicly available.

As part of our role we regularly review overseas health practitioner regulators against our [Assessment Standards for Assessing Authorities in other Countries](#). Criteria include the requirement for pharmacist training programs to be delivered in English.

Currently we recognise Canada, Ireland, United Kingdom, and United States of America as comparable countries. This means that candidates can be accelerated under our “Competency Stream” pathway. Registered pharmacists from New Zealand are eligible to be registered in Australia under the Trans-Tasman Mutual Recognition Agreement (TTMRA)²

Question 4

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

Your answer:

We have not gathered any evidence about inclusion of the countries in Appendix A and are unable to objectively respond to this question. However, these countries make a very small contribution to the number of international trained pharmacists assessment applications that we have received to date.

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:

² [Trans-Tasman Proceedings Act 2010 \(legislation.gov.au\)](#)

We are concerned that the Proposed Change 1 would result in unintended effects for vulnerable people as outlined in our response to Question 1.

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:

We are concerned that the Proposed Change 1 would result in unintended effects especially for First Nations people. The Integrating Pharmacists within Aboriginal Community Controlled health services to improve Chronic Disease Management (IPAC) project³ demonstrated the value of pharmacists when integrated into primary health care teams specifically, Aboriginal Community Controlled Health Organisations (ACCHOs). Pharmacists will be increasingly embedded in ACCHOs, and these pharmacists must be competent in their communication skills to be able to contribute to positive health outcomes.

³ [Media Release - MSAC support funding pharmacists in First Nations Primary Health Services - NACCHO](#)

Table 1: Comparable pharmacy regulators English Language Test Score Requirements

Pharmacy Board of Australia ¹	Pharmacy Council of New Zealand ²	General Pharmaceutical Council (United Kingdom) ³	Pharmaceutical Society of Ireland ⁴	Canada ⁵	USA ⁶
<p>IELTS: Minimum required scores</p> <ul style="list-style-type: none"> Speaking 7 Listening 7 Writing 7 Reading 7 <p>With an overall score of 7</p> <p>Minimum required score (possible change)</p> <ul style="list-style-type: none"> Speaking 7 Listening 7 Writing 6.5 Reading 7 <p>With an overall of score of 7</p> <p><u>Other evidence accepted</u></p> <ol style="list-style-type: none"> OET: minimum score B in 4 components PTE Academic; Overall score of 65 and a minimum of 65 in all 4 components 	<p>IELTS: Minimum required scores:</p> <ul style="list-style-type: none"> Speaking 7 Listening 7 Writing 7 Reading 7 <p>With a minimum overall band score of 7.5 in the academic category within 2 years of date of application</p> <p><u>Other evidence accepted</u></p> <ol style="list-style-type: none"> OET: A or B in each of the 4 components achieved within 2 years of the date of application 	<p>IELTS: Minimum required scores:</p> <ul style="list-style-type: none"> Speaking 7 Listening 7 Writing 7 Reading 7 <p>With an overall score of 7</p> <p><u>Other evidence accepted</u></p> <ol style="list-style-type: none"> OET: minimum B in all 4 components. (also has options for other levels of evidence, e.g. 75% of course taught in English, recent practice x 2 years in English) OSAP 	<p>IELTS: Minimum required scores:</p> <p>*base score if superscoring</p> <ul style="list-style-type: none"> Speaking 6.5 Listening 6.5 Writing 6.5 Reading 6.5 <p>With an overall score of 7</p> <p>(otherwise minimum score is 7 in all components except for writing 6.5)</p> <p><u>Other evidence accepted</u></p> <ol style="list-style-type: none"> <u>OET: All components minimum B</u> <u>TOEFL iBT: Total 95, Speaking 25, Writing, 21, Reading 24, Listening 22</u> <u>CAE (Cambridge) Total 180. Minimum score 180 in all components</u> 	<p>IELTS: Minimum required scores:</p> <ul style="list-style-type: none"> Speaking 6 Listening 6 Writing 6 Reading <p>With an overall score of 7</p> <p><u>Other evidence accepted</u></p> <ol style="list-style-type: none"> TOEFL iBT (Total 97, speaking 27, writing 25) Canadian Test of English for Scholars and Trainees Michigan English Language Assessment Battery 	<p>Does not use IELTS</p> <p>TOEFL iBT scores</p> <ul style="list-style-type: none"> Reading: 22 Listening: 21 Speaking: 26 Writing: 24

¹ Pharmacy English Language skills registration standard. Current. 1 July 2015. www.pharmacyboard.gov.au

² Pharmacy Council of New Zealand. Current. [English Language Requirements - Pharmacy Council NZ - Public Site](#)

³ General Pharmaceutical Council. [Language and revised indemnity requirements | General Pharmaceutical Council \(pharmacyregulation.org\)](#)

⁴ Pharmaceutical Society of Ireland. [Language Requirements - Registration - PSI \(thepsi.ie\)](#)

⁵ Language Proficiency Requirements for Licensure as a Pharmacist in Canada. National Association of Pharmacy Regulatory Authorities. NAPSA [Language Requirements - Pharmacists' Gateway Canada \(pharmacistsgatewaycanada.ca\)](#)

⁶ FPEC Candidate Application Bulletin. [Section 4 | Step 1: Achieve TOEFL iBT Requirement \(nxtbook.com\)](#)

3. TOEFL iBT minimum score of 94 (minimum 24 for listening & writing, 27 for writing, 23 for speaking)					
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