

From: Chee Khoon Tee [REDACTED]
Sent: Thursday, 7 November 2013 3:03 PM
To: Standard Consultation
Subject: Consultation - registration standards (English)

Feedback on the following Board invited questions.

1. From your perspective, how is the current registration standard working?

It is working quite well except certain flexibility may be needed regarding the English Standard as the IELTS tests are faulty and smelling of commercial interests.

(e.g., the more the candidates repeating their IELTS tests, the more money will be made from the fees, especially when all 4 bands must achieve 7 together in a single sitting, does that mean that when four of the band 7s are achieved separately, it indicates poorer English standard? One of my colleague obtained 8.5 in all bands except 6.5 in writing, but has to sit again a few times because 6.5 appeared in different bands after different attempts, indicating possible poor validity of tests.)

One of the many examples is here, from my personal and my doctor colleagues' experience which we shared together after sitting the same tests together recently (within the past three months):

The IELTS tests may not test English communication skills alone and instead are testing common sense which may not be commonly required in a language test.

A recent writing test is based on the floor plans of a Japanese Office interior arrangement versus American Office arrangement. The candidates who wrote the comparison (as required by the test) and pointed out the differences between both the offices have obtained band 6.5 but those who wrote also the interpretation (additionally) that the Japanese office staffs are enjoying equal sharing of office space and window views are getting band 7. We are all senior GPs who belonged to the same mentor/study group and recently have completed and passed our FRACGP examination together, we have also studied MBBS in English medium, thus I know our English language skills is also very closely comparable.

2. Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Citizenship for exemptions from English language testing?

If so, should the recognition of South Africa in the National Boards' English language skills registration standard be phased out over time?

To be fair, all doctors whether or not from those recognised/exempted countries must also be equally tested because many of them are not English origins and coming from non English speaking backgrounds, such as French, Russian (although looking Caucasians), Chinese, Korean etc. Some of them exempted are also found to be rather poor in English communication when dealing with real patients, this exemption is faulty and the standard is flawed because there is no checking to confirm their language skills, whereas others from Hong Kong and Singapore etc where the medical schools are conducted 100% in English and English is widely spoken and used in the administration, are required to sit English tests (even after passing the FRACGP examinations), the selection bias is what exactly we are taught to avoid in real medical research/practice.

3. Is there any evidence to assist National Boards to assess whether there are any additional countries that should be recognised in their English language skills registration standard?

Such evidence is difficult to obtain, even those countries exempted by the medical boards are based on faulty presumptions. To be fair, all doctors must be tested for the English language skills irrespective of where they are coming from. Holding passports from those recognised/exempted countries does not guarantee that they are 100% good in English (language) skills (as many are speaking their mother tongue at home which is not English), whereas those who studied MBBS/MD fully in English medium especially those who have also passed the FRACGP examination too may be having a stronger and better English (language) skills, although not recognised/exempted from English tests. Such exemption is seriously flawed & invalid and potentially harmful to the patients, it is also highly unfair to those doctors with good English language skills but not exempted at all.

Thus everyone must go through the same English tests and no exemption is to be considered, as many of those from such exempted countries have not performed expectedly well when required to take the English tests for other purpose (immigration or admission etc for elsewhere or other countries)

4. Do you have comments about how the National Boards should approach test results that are very close to, but slightly below, the current standard?

Anyone who has achieved **6 in all 4 bands** of IELTS (in a **single attempt or sitting**) should be accepted.

Those who have achieved an **average band 6.5 or above** (even though obtained in **separate attempts or sitting**) must also be accepted.

The IELTS is found to have failed to follow their own recommendations and also failed to suggest a minimal of 6 for all 4 bands (as competent users) to all the relevant organizations/authorities using IELTS scores as the standard for English competency.

According to the IELTS website,

6 = competent users,

7 = good users,

6.5 = competent to good users, reference:

http://www.ielts.org/institutions/test_format_and_results/ielts_band_scores.aspx

The requirement of 7 for all the 4 bands of IELTS must be obtained in a single attempt is flawed in standard and inappropriate, as the difference between a competent and a good users is truly negligible, thus it is very difficult to differentiate between band 6 and band 7 candidates, because those who have scored a band 6 often obtained band 7 or even higher when immediately repeated the IELTS tests again without any need of preparation / revision of English (Poor validity).

Often the candidate who has scored (only) one band with 6.5 (the rest are 7 or higher), later found that it has "migrated" from one band to the other in the subsequent attempts/sittings, causing frustration but do not help in anyway to improve his/her English Skills.

5. Should National Boards accept results from more than one sitting or is there a better way to address this issue, such as the approaches described above?

The explanations are given fully given in the above answers for questions 3 & 4.

6. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

Acceptable other than the explanations given for questions 3 &4 above.

7. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Acceptable other than the explanations given for questions 3 &4 above.

8. Is there anything missing that needs to be added to the revised draft registration standard?

Acceptable other than the explanations given for questions 3 &4 above.

9. Do you have any other comments on the revised registration draft standard?

None other than the explanations given for questions 3 &4 above.