

**Submission to the House Standing Committee
Inquiry Into Registration Processes And Support For Overseas Trained Doctors
Recommendations to Assess and Determine Fair and Useful
English Proficiency Standards for Registration**

I have been following this inquiry and wanted to send a submission with some ideas based on my own reflections and on discussions with several overseas qualified Doctors, Nurses, Dentists, Pharmacists, etc. that I have spoken.

I just wanted to focus on the English requirements element of the inquiry.

By reading all the submissions and the transcripts of the hearings you get the impression that there are two different, disconnected, almost completely opposite views regarding the application of English examination screening. The English exam organisations (IELTS, OET) and the regulators (AHPRA, the Medical Board, Medical Council and specialists colleges) indicate that the English requirement and testing are done properly in a very professional way, with adequate required levels of English proficiency. On the other hand, many of overseas trained Doctors and health professionals and the English teachers who tutor them describe large amount of unfairness and unnecessary high levels of English proficiency required.

Unfortunately all this brings back memories of the infamous Dictation Test. With the difference that now you do not need to give the candidate a test in Gaelic, you achieve virtually the same result by requesting candidates English unrealistically high scores that the vast majority of test takers (95% or more) are not able to achieve, asking them to pass all four English skills in a single sitting, and stipulating an expiration of just two years, even for candidates living permanently in Australia or in an English speaking country. At the same time, most of all native English speakers are exempted by only demonstrating that they studied all high school in English. This may be perceived as an extremely discriminatory approach, especially towards Australian citizens from non English speaking background, as all Australian citizen should be treated in the same way by the law, which is clearly not the case.

The missing crucial point that English testing organisations and regulators have ignored, and which will enable all parties to arrive to a logical agreement and common approach is the one related to comparing the required English level of overseas qualified Doctors and health professionals against the actual English proficiency of Doctors who are native English speakers.

To achieve complete fairness, all Doctors, regardless of their English speaking background, should sit the same English exam and should all be required the same minimum passing scores. This approach would have the drawback of been considered absurd for native English speaking Doctors.

There is a logical and simple solution for the problem of the perceived unfairness and confusion surrounding the examination of English proficiency in international medical graduates and health professionals.

The logical solution would be the following: to have control groups of native English speaking Doctors and health professionals (say a group of native English speakers graduates) and to have them to sit the prescribed English exams (Academic IELTS, OET) on a regular basis (say every 3

months for Academic IELTS, or on every test date for OET). Then, the required scores for international medical graduates would be the average achieved by the control group. In this way, we will ensure objectively that the same level of English is requested from to all. This approach is discussed on Recommendation 5.

As regulatory bodies are giving opinions of how fair are their English requirements, I also consider that objective data collection based on statistical information and impartial analysis should be dictated. For that reason, after a lot of though I would like to present the inquiry with the following recommendations.

Recommendations

- 1) **The present inquiry should expand from investigating only the registration of Doctors to also investigate the registration of all health professions, to avoid abuses of power of the other councils, boards and AHPRA current exert. For instance, Dentists have more draconian registration procedures, with the Australian Dental Council granting the exclusive monopoly of English testing to the Occupational English Test, not accepting Academic IELTS** (please refer to submission 273 of the Senate Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency *“The Issue of Overseas Trained Dentists, the Australian Dental Council and AHPRA”* <https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=83f10a62-ed80-4f3c-9882-4758151020d1> and http://www.aph.gov.au/senate/committee/fapa_ctte/health_practitioner_registration/submissions.htm). Another example, **Pharmacists are required stringent an overall total score of 7.5 with a minimum score of 7 in each of the four components in Academic IELTS exam.** What percentage of native English speakers Australian Pharmacist would achieve this high score? Is this high score realistic and necessary?
- 2) **The establishment of the registration requirements must be regulated by legislation.** Being the establishment of the registration requirements for health professionals such an important issue for the public health of all Australian, its regulation can not be left to the boards, councils and AHPRA, which, in blatant conflict of interest, have behaved like protectionist trade unions, serving the interests of the already practicing health professionals at the expense of the rest of the Australian population.
- 3) **The monopoly or quasi-monopoly of the Occupational English Test and Academic IELTS should be removed.** Other English proficiency tests should be available. A requirement for other English proficiency tests would be to commit themselves to provide mandatory quarterly statistical information (described below).
- 4) **English test organisations (Occupational English Test and Academic IELTS) must provide** as a minimum the following **mandatory statistical reporting** on a quarterly basis:
 - Percentage of the applicants worldwide obtaining 7.0 or more in all four skills in Academic IELTS in the last quarter
 - Percentage of all the applicants in Australia obtaining 7.0 or more in all four skills in Academic IELTS in the last quarter
 - Percentage of the applicants worldwide obtaining B or more in all four skills in the Occupational English Test in the last quarter
 - Number of times the applicants obtaining 7.0 or more in all four skills in Academic IELTS in the last quarter had to sit the exam until they got that passing score.

-Number of times the applicants obtaining B or more in all four skills in the Occupational English Test in the last quarter had to sit the exam until they got that passing score.

- 5) **Sample groups of native English speakers graduates from health degrees in Australia should be used as control groups.** These control groups should sit both the Academic IELTS and the Occupational English Test on a quarterly basis, without any special exam training (only being familiarised with the exam formats). The average of the achieved scores should be used as the passing score for that quarter. This will ensure that we are not asking the overseas trained health professionals a higher English score to what native English speakers graduates from health degrees in Australia would achieve.
- 6) A separate independent entity should be created to perform a needs analysis of the English level required for the different health professions and express them in minimum English proficiency exams scores. This should be done in conjunction with contrasting these needs with the results obtained from native English speakers graduates from health degrees in Australia sitting the English exams. This independent entity could also analyse and request additional score statistical information (further score statistical breakdown) to the English exam organisations.
- 7) As the Occupational English Test Centre recognised in their submission to this inquiry, **the different English skills (Speaking, Listening, Reading and Writing) should be passed separately (not in one seating, as it is now required).** So, the Occupational English Test should be able to be passed in several sittings. **Although IELTS apparently does not endorse this approach, New Zealand accepts obtaining the minimum Academic IELTS score in several different sittings within 12 months for internationally qualified nurses.**
- 8) Once an applicant has passed an English exam, they should not be required to demonstrate English proficiency as long as the candidate continues to live permanently in Australia or in an English speaking country.
- 9) **English test results should be required at the end of the registration process (just before submitting their registration application to AHPRA), not at the start, to give candidates a fair opportunity to progress in their registration process, allowing them to sit the theory exam and then the clinical exam before sitting the English exam. In this way, English proficiency test will stop from being a blocking tool, duplications of English examinations will be removed, while at the same time ensuring that the required English level of proficiency is demonstrated prior to registration.**
- 10) **Health professionals graduated from Australian universities and TAFEs should not be required to pass any English proficiency exam.** Their graduation from these educative organisations should demonstrate that they achieved the required academic, clinical and languages competencies. **If graduates from Australia tertiary institutions are required to sit English exam to demonstrate their language proficiency, then, how did they passed their courses? What level of validity the degrees from Australian health tertiary institutions would then have?**
- 11) **Emphasis should be shifted from having all stakes excluding English exams that only benefit English exam organisations and deprive Australia from highly qualified health professionals to having a supporting alternative approaches that would assist applicants to achieve required**

English proficiency. For instance, there could be alternatives to this all stakes excluding English exams. For example, candidates with scores marginally below the “passing” mark, namely, those with a minimum of Academic IELTS “6.0” or Occupational English Test “C” on every skill could satisfy their English requirements by undertaking and passing ad hoc six month full time “English for Health Professionals” courses. Passing these complementary English exams would then allow candidates to satisfy the English proficiency requirement. Retired health professionals could lecture these courses.