



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
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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: The Royal Australian College of General Practitioners Contact email: healthreform@racgp.org.au <input type="checkbox"/> Myself Name: Click or tap here to enter text. Contact email: Click or tap here to enter text.
Question B If you are completing this submission as an individual, are you: <input type="checkbox"/> A registered health practitioner? Profession: Click or tap here to enter text. <input type="checkbox"/> A member of the public? <input type="checkbox"/> Other: Click or tap here to enter text.
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 RACGP strongly opposes reducing the score for the writing component of IELTS by half a band to 6.5 (or equivalent for other accepted English tests) on the grounds of potential serious adverse impacts on patient safety in Australia.

High-level writing skills are essential for all medical professionals. The risks of adverse outcomes due to miscommunication in written records is significant.

Where possible, the RACGP prefers that practitioners not meeting the writing standard be supported to raise their level of skill in this area, rather than lowering the required standard.

The comparability for working in a rural or remote settings may be different to urban with respect to skills, systems, support and ability to work independently. Cultural safety is an important consideration for both patients and doctors in these communities. The importance of written communication for ELS in communication with First Nations peoples and culturally and linguistically diverse (CALD) communities cannot be understated. Clear and quality written care plans provide essential guidance for patients. The RACGP consider the completion of cultural awareness and cultural safety training essential for IMGs wanting to come to Australia and setting them up for success as a GP. Considering remoteness is an indicator for chronic disease and multimorbidity prevalence and Aboriginal and Torres Strait Islander people represent over 30% of the total remote/very remote populations, it is critical IMGs are trained with the knowledge to deliver culturally safe best practice, along with high standards of communication – both verbal and via writing. Rather than lowering IELTS standards, IMGs must be supported in the provision of culturally safe primary care. Maintaining high writing standards are essential for supporting high quality patient care in an Australian context.

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:

The level of English required for safe general practitioner (GP) service provision, in terms of coherent lexical accuracy, is at least IELTS Level 7 band descriptors. Below this level, the margin of error becomes too large for acceptable patient care. Written communication between GPs and other health care providers must be clear and accurate to ensue patient safety.

Research shows that trusted language test standards not only reduce complexity, they are tied to the central concern of risk in professional practice (1), including general practice.

All people across Australia deserve access to a quality, comprehensive and connected primary care sector coordinated through general practice by the GP who knows them best. GPs are stewards of the health system and provide effective care coordination for their patients across multidisciplinary teams, including with other specialists and with hospitals, and a high proficiency in a GPs written language skills is critical.

This care coordination must be based on the communication of the correct information and requires high proficiency in written (and verbal) communication with the multidisciplinary care team. This may also include well written reports required for Government, external or nonmedical agencies that can be 'high stakes' for legal, financial and safety reasons.

Patient safety and quality of care are paramount. Poorly equipped doctors have the potential to do harm to patients and the community, and it is important that the pathway for IMGs to practice unsupervised in Australian GP settings has appropriate checks and balances. IELTS Level 7 confirmed via a trusted test will continue to support the delivery of safe and high quality care to deliver positive patient outcomes.

The patient's needs, values and desired health outcomes always remain central to a GPs evaluation and management processes, and a high English proficiency is required to deliver this in an Australian context.

An exception to IELTS Level 7 requirements may be considered for those who require assistance with written language, such as people with dyslexia, poor hand dexterity or a disability that affects their ability to write and/or type. Artificial intelligence (AI) and Voice recognition technologies greatly assist those cohorts of health professionals and may present as an appropriate enabler.

References:

1. Knoch, U., & Macqueen, S. (2020). Assessing English for professional purposes. London. Available online: <https://doi.org/10.4324/9780429340383> [Accessed 5 September 2023].

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 RACGP supports expanding the list of proposed countries and jurisdictions if evidence clearly demonstrates a level of English skills equivalent to at least IELTS Level 7 band.

Question 4

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

Your answer:

The RACGP has no additional jurisdiction suggestions.

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:

If the level of English proficiency of GPs is maintained, there would be no adverse impacts. Accurate, coherent and precise written communication skills are central to the prevention of patient harm.

Any reduction in the current level of written English of Australian GPs has the potential to increase management errors and result in significantly increased levels of patient harm.

GPs are skilled in managing uncertainty, undifferentiated illness and complexity, able to utilise best practice evidence in the light of individual circumstances, and engage patients and families in understanding, planning and managing their health according to individual capacities. A high level of English proficiency is critical to ensure the specialty of general practice maintains the high level of person centred care and planned coordination of clinical teamwork, resources and services. This includes communicating diagnostic information and therapeutic skills within continuing relationships to safely deliver care to patients.

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:

Accuracy in communication with and relating to Aboriginal and Torres Strait Islander patients must be accurate, comprehensive and culturally responsive. Aboriginal and Torres Strait Islander people experience a high burden of chronic disease and should be able to safely expect written communication

that accurately reflects their health care needs and additional requirements for care from a multidisciplinary team, both within the health sector and beyond.