

IN REPLY PLEASE QUOTE:

All enquiries regarding this
correspondence should be directed to:

Luke Forsyth
Senior Legal Officer
Telephone 3840 1495

10 December 2010

Ms Anne Copeland
Chair
Nursing and Midwifery Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

By email: kathleen.almond@ahpra.gov.au

Dear Ms Copeland,

RE: QUEENSLAND NURSES' UNION'S SUBMISSIONS ON
CONSULTATION DRAFT ON ENGLISH LANGUAGE SKILLS
REGISTRATION STANDARD

We refer to Consultation Draft for the English Language Skills Registration Standard ("Draft English Standard") released for public consultation on 11 November 2010. As you would be aware, the Queensland Nurses' Union of Employees ("QNU") has raised a number of criticisms of the current English Language Skills Registration Standard ("the Current Standard") and the harsh and unforeseen impacts this Standard has had on applicants for registration with the Nursing and Midwifery Board of Australia ("the Board"). The QNU is pleased that the Board has taken onboard the issue raised by the QNU, and other stakeholders and registrants, and determined to review the English Language requirements for registration.

At the outset we advise the Board that these submissions have been significantly informed by expert opinion obtained from Professor David Ingram, AM, Honorary Fellow, Faculty of Education, University of Melbourne. Professor Ingram was appointed in 1987 by IDP Australia as the Australian representative on the joint British-Australian project based at the University of Lancaster to develop what became known as the IELTS test. After its release in 1989, Professor Ingram was appointed as the IELTS Chief Examiner (Australia), a role which he fulfilled for ten years. Following ceasing his role as IELTS Chief Examiner, Professor Ingram joined the IELTS Australia Board of Directors and served as a director for a further five years. Professor Ingram continues to act as a consultant to IELTS Australia in relation to their Annual Research Rounds, evaluating applications for research funding and also evaluating some of the research reports.

Queensland Nurses' Union of Employees, QNU Building, 187 Melbourne Street, West End, Brisbane, 4101.

Brisbane Office:
G.P.O. Box 1289, BRISBANE 4001
Phone: (07) 3840 1444
Fax: (07) 3844 9387
e-mail: qnu@qnu.org.au Website: www.qnu.org.au

Cairns Office:
P.O. Box 846N, NORTH CAIRNS 4870
Phone: (07) 4031 4466
Fax: (07) 4051 6222
e-mail: qnu Cairns@qnu.org.au

Townsville Office:
P.O. Box 3389, HERMIT PARK TOWNSVILLE 4812
Phone: (07) 4772 5411
Fax: (07) 4721 1820
e-mail: qnutsvle@qnu.org.au

Toowoomba Office:
P.O. Box 3598, Village Fair, TOOWOOMBA 4350
Phone: (07) 4659 7200
Fax: (07) 4639 5052
e-mail: qnutwmba@qnu.org.au

Rockhampton Office:
P.O. Box 49, ROCKHAMPTON 4700
Phone: (07) 4922 5390
Fax: (07) 4922 3406
e-mail: qnu rocky@qnu.org.au

Bundaberg Office:
P.O. Box 2949, BUNDABERG 4670
Phone: (07) 4132 8411
Fax: (07) 4151 6066
email: qnu berrg@qnu.org.au

Professor Ingram also, with his colleague Ms Elaine Willey, originated the International Second Language Proficiency Ratings (“ISLPR”) test in 1978. He is therefore an expert on English language testing and in our view, his opinions in relation to the use of the English language examinations for demonstrating English language skills for professional registration should be persuasive.

Given that these submissions will become a public document, we will only cite these reports. Should the Board wish to review the reports we will provide them to the Board separately to the submission.

About the QNU

Nurses and midwives are the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing and midwifery workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 40,000 financial members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNU.

The QNU promotes and defends the industrial, professional, social, political and democratic values and interests of members.

EXECUTIVE SUMMARY

- A. The registration Standard should allow the Board the discretion to consider evidence other than, and in addition to, English language examinations approved by the Board.
- B. The prerequisite that scores on the English language examinations approved by the Board be achieved in “one sitting” should be removed from the Draft Standard.
- C. The new Standard should unequivocally state that successful completion of a nursing or midwifery course accredited by the Board at an Australian institution will meet the registration standard.
- D. The QNU recommends that Requirement 2 of the Draft Standard should refer to “*Board approved English language test*” and a definition of this phrase should be included in the Definition section of the Draft Standard.

- E. The QNU recommends that Requirement 8 be amended to provide that the Board may direct an applicant, who otherwise satisfies Requirement 1, to undertake an English language test where it reasonably believes that the applicant may not be able to demonstrate that their English language skills are at a level that ensures safe and competent care is delivered to the public.
- F. The QNU recommends that consistent language be used throughout the Standard for consistency and clarity.
- G. The Board should undertake an English language needs analysis of the practical vocational English language requirements for the professions of nursing and midwifery, undertaken by appropriately qualified applied linguists.

The QNU's submissions in relation to the Draft Standard are as follows:

Deficiencies of the Current Standard

1. The QNU believes that the Draft Standard released on 11 November 2010 is a good starting point in the process for developing a registration standard to replace the Current Standard and reviewing the English language requirements for registration with the Board.
2. It is perhaps trite to note that the Current Standard has caused significant distress, uncertainty, harshness and unfairness to applicants for registration across Australia. Perhaps the most serious deficiencies of the Current Standard are:
 - (a) the lack of transitional provisions mitigating the impact of the Current Standard on nurses who commenced their course prior to the introduction of the Current Standard and under different legislation and registration authority policies relating to English language competency. Many international nursing students commenced bachelor degrees, the successful completion of which would have satisfied English policies existing at the time they commenced their studies. They commenced these courses very much aware of the English language requirements for registration. The Current Standard changed the goal posts for these students after they had expended tens of thousands of dollars studying in Australia and causing many significant personal and financial hardship;

- (b) the failure of the Current Standard to acknowledge and accommodate the different entry pathways applicants take to enter nursing and midwifery courses. The Current Standard's provision that only those applicants that undertook their secondary education taught and assessed in English would avoid having to undertake an English language examination ignored that fact that many applicants did not complete their secondary education to a year 12 level and gained access to their course through mature aged entry, adult tertiary preparation courses, or some other alternative entry pathway. This has resulted in applicants who did not undertake their secondary education taught and assessed in English to a Year 12 level being directed to undertake an English language examinations.
- (c) the requirement for people with English as a first language to undertake an English language examination;
- (d) the reliance solely on the International English Language Testing System ("IELTS") examination and the Occupational English Test ("OET") as the sole means for applicants to demonstrate to the Board English language competency;
- (e) the failure of the Standard to allow the Board (or a State Board of the Board) to exercise discretion determining whether sufficient evidence of English language proficiency exists which proves an applicant has English language skills at a level that ensures safe and competent care will be delivered to the public;
- (f) the fact that neither the IELTS or OET were specifically designed to test whether Nurses and Midwives possess the vocational English language proficiency to ensure safe and competent care is delivered to the public;
- (g) the difficulties accessing IELTS or OET for applicants from regional, rural and remote areas experienced;
- (h) the fact that a person who successfully completes their Bachelor or Diploma nursing or midwifery tertiary education in English at an Australian institution did not satisfy the Current Standard;
- (i) the requirement that the Board's required results on the IELTS and OET be achieved in one sitting.

3. Some of these deficiencies have been remedied in the Draft Standard, however, others still remain.
4. Specific examples of the impact that the above mentioned deficiencies have had on individual applicants for registration have been conveyed to the Board, the Queensland Board and the Australian Health Practitioner Registration Authority (“AHPRA”) in previous correspondence and submissions since the commencement of the National Registration Scheme. They will not be canvassed again in any detail in these submissions.

Board Discretion

5. The Draft Standard should not preclude the Board exercising discretion in reviewing an individual application for registration. The Current Standard severely limits the Board’s discretion, essentially precluding the Board from considering evidence other than a successful IELTS or OET result as being evidence demonstrating an applicant’s English language proficiency.
6. The QNU accepts that the use of English language examinations is a useful tool for registration authorities in assessing the English language skills of applicants for registration. In the vast majority of cases it may be a sufficient assessment tool for determining whether an applicant demonstrates English language competency to a level which ensures safe and competent care is delivered to the public.
7. The QNU submits that there is abundant evidence which shows that the reliance solely on the IELTS and OET examinations has resulted in applicants who have sufficient English language skills to ensure safe and competent care is delivered to the public being excluded from registration with the Board or being registered conditionally. This will continue to occur if the Board approves a registration standard which removes the Board’s discretion to consider evidence of English language proficiency other than approved English language examinations.
8. In our view, any new Standard should expressly state that the Board may, from time to time, accept other English language examinations as acceptable measures for applicants to demonstrate English language skills. We accept that at the present time only the IELTS and OET have been accepted by the Board as examinations by which an applicant can demonstrate their English language competency. We understand that the Board and AHPRA have started to review other tests available in the market to assess whether these tests would be suitable for assessing an applicant’s English language proficiency.

9. The use of IELTS and OET as the sole arbiter of an applicant's ability to demonstrate English language proficiency required by the Current Standard, and the Draft Standard is problematic. The QNU has assisted a significant number of Nurses and Midwives who, despite English language proficiency demonstrable in areas other than the specified testing, have been repetitively unable to reach the Board required scores for both the IELTS and OET. In our submission, in marginal or borderline cases where there is a consistent failure to meet test scores required by the Standard, but that failure falls just short of the requirement, there should be a capacity for the Board to consider other evidence of English language proficiency. In this respect, Professor Ingram states:

"No test can be 'the last word' on a candidate's proficiency: ...a test is only a snapshot in time, a snapshot that seems to predict how the candidate will perform in real life. In narrowing the gap between the test and real life language used in the design of a test, the aim is to improve the test's predictability. In setting standards using a test as a proficiency scale or other ways of stating the test outcome, it is essential to consider the test predictive value. In addition, however, it is essential to remember that a test is just that, a test, an attempt to measure and state a candidate's ability to use language in real life situations but, ultimately, it is the candidate's actual use of English in real life, the nurse's actual use of English in the hospital or in other nursing situations, that matters. In situations where nurses have worked successfully and have amply demonstrated their English is at least adequate to satisfy the needs of their workplace, then such observations should generally take priority over any formal proficiency tests that happen to have been taken for whatever reason. One would have to be careful, however, as to how such judgments have been made but, ultimately, it is real life performance that matters, not formal test results if the two don't match."

[emphasis added]

10. These comments are apposite to the experiences of numerous QNU's members who have attempted to demonstrate their English language proficiency in the workplace. There are presently a number of QNU members registered with the Board who are on Undertakings with the Board, and previously the QNC, which require them to undertake an IELTS or OET and reach the required band scores. These member's practise as Registered Nurses in acute settings at major Brisbane hospitals and cannot seek employment at other facilities until they reach the required score on the IELTS

11. These nurses provide, on a regular basis, clinical references from nursing colleagues, medical specialists and allied health practitioners who work with them and who have confirmed that they have demonstrated English language competence in the workplace. They have also successfully undertaken Australian Nursing and Midwifery Council ("ANMC") Competency Assessment for the Registered Nurse evidencing that they have been assessed as competent in all domains. They have been unsuccessful in obtaining the required score on the IELTS and remain working pursuant to the Undertakings.
12. These Nurses are in a *Catch 22* situation; their registration, and ability to seek alternative employment, restricted as a consequence of their inability to meet an English language test score when there is abundant evidence, in some cases over many years, which unequivocally demonstrates that their English language skills are at a level that ensures safe and competent care is delivered to the public. The circumstances of these particular Nurses are cogent evidence of the failings of a Standard which relies solely upon "point-in-time" result from an IELTS examination; an examination which is not directed at assessing the vocational English language requirements of the nursing and midwifery professions.
13. The QNU is of the view that the above described nurses' circumstances, while currently very rare, may become commonplace following 31 May 2011 when nurses conditionally registered are required to provide evidence of their compliance with the Current Standard. If these nurses cannot reach the required results of the IELTS or OET, but can provide evidence from their colleagues and employers of the English language proficiency and compliance with ANMC standards, the Board will be left in an invidious position. It must decide whether to cancel these nurses registration despite being in receipt of evidence that their English language skills are at a level that ensures safe and competent care is delivered to the public. This dilemma could be remedied by the Board allowing itself the entirely reasonable discretion to consider matters other than an IELTS or OET test report when assessing an individual nurse's English language proficiency.
14. The QNU has obtained advice from Professor Ingram in relation to the utility of using IELTS as an examination for applicants for registration with the Board demonstrating English language competence.
15. In a report commissioned by the QNU in relation to an Australian citizen, born in New Zealand, with English as her first language, who was directed to undertake the IELTS

or OET because she had finished high school at a year 10 level in New Zealand¹ Professor Ingram was asked whether IELTS was a suitable test to be used with native English speakers. In response to this question, Professor Ingram relevantly stated:

“Whether IELTS is a suitable test to use with native speakers of English?”

IELTS was developed specifically for use as a test of the readiness of non-native speakers of English for entry to university and training programmes in English-speaking institutions. I am not aware of any formal trials of IELTS with native speakers. I have perused the tables of contents of the ten IELTS Research Reports up to the volume published in 2009 and can find no reports that address the suitability of IELTS for use with native speakers of English. Nevertheless, IELTS has been used with native speakers of English for some time, including to test the English of overseas trained medical practitioners seeking to practise medicine in Britain. As one of the applied linguists who originally developed IELTS (see below), I consider this practice inappropriate and probably unethical.

[emphasis added]

16. The QNU also asked Professor Ingram whether IELTS was an appropriate test to use for vocational purposes. In response to this question, Professor Ingram stated as follows:

“Whether IELTS is an appropriate test to use for vocational purposes?”

It has to be emphasised that, first, IELTS is extensively used for this purpose but, second, it was not designed for that purpose. It was designed specifically as a test of candidates' ability to use English for academic or training purposes. When it was first released, it had three “special purpose”, academic modules for reading and writing, including one for use with students entering medical and health related studies. Shortly after that, the three specific purpose modules were abolished and replaced by one “academic” module. That academic module is intended to be accessible to educated persons in any field and is not specific to any one field. The nature of IELTS and how it is regenerated and trialled means that it cannot readily be made specific to any particular field, whether nursing, engineering, teaching or some other field. It is designed, as has already been said, to be accessible to persons in any field and without specialised ability in any field. It would, in principle, be possible to develop specifications for a specific purpose module for nursing but no such module currently exists.

¹ This was under the initial interpretation of the Current Standard which required secondary education to have been undertaken in Australia.

This contrasts with a test such as the International Second Language Proficiency Ratings (ISLPR®), which is designed as an adaptive test, the content of which can readily be adapted for any vocational purpose.

The comments of a New Zealand researcher, who is well respected in the field of second language testing, may be of interest. He commented in the report of an IELTS research project published in the IELTS Research Reports, Volume 10: “... neither [IELTS nor OET] is in any real sense, a test of their ability to communicate effectively in clinical contexts” [p. 181].

[emphasis added]

17. Given that research indicates that “... neither [IELTS nor OET] is in any real sense, a test of their ability to communicate effectively in clinical contexts” it is imperative that the Board allow itself the discretion to assess evidence other than the IELTS and OET examinations.
18. The QNU **recommends** that the Draft Standard be amended to expressly provide that the Board has the discretion to consider evidence of English language competency in addition to an IELTS or OET test result.

Requirement 1 - Proposed Tertiary Education Requirement

19. The QNU understands this requirement to, in effect, mean that where an applicant’s tertiary level nursing study was in English they will satisfy the Draft Standard. If this is the correct interpretation of Requirement 1, then the QNU endorses the Requirement. This provision should be clarified to avoid ambiguity; the phrase “*entry to practice*” should either be placed in inverted commas or be hyphenated.
20. The QNU welcomes the removal of the Current Standard’s requirement that an “*applicant who did not undertake and complete their secondary education to the requisite level required for entry into a nursing or midwifery program, taught and assessed in English*” to “*demonstrate that they have the necessary English language skills for registration purposes by*” sitting an IELTS or OET test.
21. The QNU generally agrees with Requirement 1 of the Draft Standard. The QNU recommends that the language used in the Summary be consistent with language used in Requirement 1. For example, the Summary provides that tertiary education from the named countries “*should meet this requirement*” while Requirement 1 provides that they “*may be considered to have met the*” Standard. This inconsistency and should be clarified.

22. The QNU **recommends** that the Standard should unequivocally state that successful completion of a nursing or midwifery course accredited by the Board at an Australian institution will meet this requirement. This would avoid all doubt for the vast majority of applicants for registration in Australia as to whether they meet the registration standard.
23. The QNU **recommends** redrafting Requirement 1 to ensure certainty and to ensure that the “Summary” and the “Requirements” use consistent language.

Requirement 2 – The IELTS & OET

24. As noted above, the IELTS or OET are not examinations designed specifically to assess the vocational English language proficiency of nurses and midwives. In the case of IELTS it is a non-adaptive test designed for quite a different purpose. OET is only partially adaptive. We also note that the Board has sought advice from other English language test providers, we presume, with a view to accrediting other examinations for the Standard. Given this, it would seem appropriate and prudent for the Board not to have an exhaustive list of English language tests contained in the Standard. If the Board determines to accept other tests in the future, this will require further amendment to the registration standard.
25. In our submission Requirement 2 of the Draft Standard should not refer expressly to the IELTS or OET examination. The QNU **recommends** that Requirement 2 of the Draft Standard should simply use the phrase “*Board approved English language test*”. This could be defined in the “Definitions” section of the Draft Standard to mean:

*“**Board approved English language test** means a test approved by the Board as being appropriate to allow an applicant to demonstrate that their English language skills are at a level that ensures that they can provide safe and competent care to the public. A list of approved English language tests is published on the Board’s website www.nursingmidwiferyboard.gov.au.”*

26. This would in our view accord with the provisions, such as Requirement 4 which states that:

“4. An IELTS (or approved equivalent) Test Report Form older than two years...”

[emphasis added]

27. Similarly, Requirement 5, 6, 7 and 8 clearly envisage circumstances where English language examinations other than the IELTS or OET are approved by the Board. In our submission, simply removing reference to specific tests would allow for greater consistency and use of expression in the Standard and remove the need to amend the Standard. These approved tests should be contained in Board fact sheets and on the Board website.

Requirement 5 - “One Sitting”

28. The QNU recommends that the requirement in the Draft Standard which requires IELTS and OET test results to be obtained in the “one sitting” or a “single sitting” be removed. In our submission there is no cogent reason for this requirement.
29. Many QNU members have been put to significant cost and expense and been caused significant distress by this requirement in the Current Standard. Frequently, QNU members may obtain the required band score on 3 of the 4 bands in an IELTS or OET and fail to achieve the required band score in the 4 band. The next time they sit the test they may get the same result but achieve the required band score in the one they failed the previous time and fail to achieve the required band score in a band they had previously passed.
30. The QNU has assisted members who have spent thousands of dollars on IELTS tests because they fail to achieve the required score in different bands each time they sit the test. One member has sat the IELTS test 16 times, including twice returning to India to sit the IELTS, and has spent approximately \$10,000 trying to achieve the required test results. He devotes all his income earned as an Assistant-in-Nursing (“AIN”) to IELTS tests costs. His experience, while at the extreme end, is by no means uncommon.
31. The QNU has received advice from Professor Ingram which states that there is no reason why the Board could not accept results which meet the required band score obtained from a number of sittings. Many registration authorities allow this. The OET even allows students to sit individual components of the test.
32. The QNU **recommends** that requirement 5 of the Draft Standard that test results be obtained in a “single” or “one sitting” be removed.
33. The QNU **recommends** that the Draft Standard allow for the Board to accept band scores which meet the required score from a number of tests provided that those tests have been sat in the two year validity period recommended by the currently approved tests.

Requirement 8

34. The QNU disagrees with requirement 8. A negative discretion to require an applicant who satisfies Requirement 1 should not be unfettered. In the QNU's submission, the Board should only be able to direct a person who satisfies Requirement 1 to undertake an English language test in circumstances where they have sufficient evidence to form a reasonable belief that the applicant may not be able to demonstrate that their English language skills are at a level that ensures safe and competent care is delivered to the public.
35. This requirement, as presently drafted could, in the QNU's view, be a requirement open to abuse or capriciousness or discrimination.
36. The QNU **recommends** that requirement 8 be amended to provide that the Board may direct an applicant, who otherwise satisfies Requirement 1, to undertake an English language test where it reasonably believes that the applicant may not be able to demonstrate English language skills are at a level that ensures safe and competent care is delivered to the public.
37. We also note that this requirement is repeated as exemption 2 on page 3 of the Draft Standard. It clearly does not constitute an exemption and should be deleted.

Definitions

38. The phrase "*Internationally Qualified Candidates*" is used in the Draft Standard and is only found in the definitions section. It should be deleted.
39. The QNU **recommends** that a definition for "Board approved English language test" in words to the following effect be inserted:

"Board approved English language test means a test approved by the Board as being appropriate to allow an applicant to demonstrate that their English language skills are at a level that ensures that they can provide safe and competent care to the public. A list of approved English language tests is published on the Board's website www.nursingmidwiferyboard.gov.au."

English Language Needs Analysis

40. The past 6 months have, in the QNU's view demonstrated that significant further research into the English language proficiency requirements of the profession of nursing and midwifery and appropriate ways of testing individual applicants suitability for registration needs to be undertaken.
41. The QNU submits that the Board should undertake a detailed English language needs analysis of the profession, in particular, the language needs of nursing in the workplace with a view to:
- (a) ensuring that the band scores required under the registration standard are commensurate with the English language proficiency required by an applicant to ensure safe and competent care is delivered to the public; and
 - (b) having a specific English language examination which applicants for registration as Nurses or Midwives can undertake and which would satisfy the Standard.
42. In a report to the QNU, Professor Ingram states that:
- "Standards should not be set by an 'off the top of the head' specifying of a score on a test."*
43. Unfortunately, it seems to the QNU that the Current Standard and the Draft Standard requirement that nurses obtain a score of 7 on each of the four components of the IELTS test, or an A or B score on each of the four components of the OET is not supported by any empirical assessment of the English language requirements necessary for safely practicing the profession. Similarly the requirement that all of these scores be achieved in the one sitting is not supported by any advice publicly available.
44. A needs analysis is a significant undertaking, however, given the size of the profession and future predicted nursing shortages, which may require an increase in recruiting of Nurses and Midwives from overseas or an increase in the number of international students undertaking nursing and midwifery courses in Australia, it is in the QNU's view the appropriate course for the Board to take.
45. A needs analysis is obviously a task that will take a significant period of time to undertake and it is not within the scope of the present consultation. In the interim, Professor Ingram states that a minimum approach to setting an English language standard would be *"for persons familiar with the nursing situation and the language needs of nurses in the workplace to consider appropriate proficiency scales and select*

the level that most nearly matches their perceptions of the minimum requirement. This is best done in consultation with an appropriately-qualified and experienced applied linguist familiar with the scale or scales to be used."

46. In the absence of a needs analysis, Professor Ingram states:

"Any standard specified would have to be considered arbitrary".

47. In setting standards, Professor Ingram has stated that:

"The focus should be on nurses' practical language ability (proficiency) and not on their formal knowledge of English grammar, literature or culture (except to the extent that cultural knowledge underlies language proficiency as language's meaning system).

... in setting a standard and how that is to be assessed, consideration needs to be given to the nature of the language needs of nurses and how proficiency in the language required for use in nursing can best be specified and measured."

48. In the QNU's submission, if the Board wishes to ensure that the English language standard it sets truly does meet the objective of ensuring safe and competent nursing care is provided by registrants it needs to make sure that the tests it approves can properly assess language performance against this objective. In our view this can only be achieved through undertaking an English language needs analysis. In this respect Professor Ingram states:

"...a test is a "snapshot in time" in a particular situation, i.e. in those situations that occur in the test room. The hope is that the performance observed there is generalisable into real life. This would seem more likely to be so the more the test situation approximates to real life situations. Inherently, for example, tests that involve candidates' sitting in serried ranks, ticking boxes, filling gaps or making other unlikely responses to a limited array of "items" would seem less likely to provide results that generalize to real-life use of the language than a test that seeks to replicate real life situations, i.e. to "bridge the gap" between the test room and real life language use. In other words, in setting standards and specifying tests that are acceptable, consideration should be given to the reality of the situations and tasks in which candidates are required to demonstrate their language proficiency². No formal test exactly replicates real life but the steps taken to narrow the gap are important considerations."

² For further discussion of this issue, see Ingram, D.E. 2003. "Towards More Authenticity in Language Testing". Paper to the AFMLTA National Languages Conference 2003, *Languages Babble, Babel and Beyond*, Hilton Hotel, Brisbane, 10 – 12 July, 2003. Published in modified form in *Babel*, Vol. 39, No. 2, 2004, pp. 16 – 24, 38. Also published by request

49. Professor Ingram has stated that there is a difference between general proficiency and specific purpose proficiency in English language testing. Professor Ingram states:

“Any speaker with general proficiency may still not be able to perform in a specific purpose area, e.g. even a native speaker who is not medically trained may have difficulty understanding a discussion between medical people or even the instructions of a medical practitioner and, linguistically, may be quite unable, themselves, to discuss a medical issue in the forms used by doctors or nurses. Thus, on the one hand, a more general test may not give a valid or reliable measure of a person’s ability to communicate and understand in the specific purpose register, e.g. medicine or nursing, and, on the other hand, candidates are routinely found to be able to perform better in testing focussing on the specific purpose language of the vocation in which they have most experienced language. In other words, if one wants to measure to the extent to which a nurse has learned English as a second or foreign language can cope (i.e. communicate and understand) in the language used as a nurse, the test itself should focus the specific language of nursing. Thus, a test such as IELTS which is not specific to nursing but is more general in the language upon which it focuses, and a test such as OET, which focuses around the language of the health professions, but in two of its components, across the profession as a whole and not specifically to nursing, for example, will be less relevant to nurses than the adaptive approach used in the ISPLR. In other words, in setting a standard and how that is to be assessed, consideration needs to be given to the nature of the language needs of nurses and how proficiency in the language required for use in nursing can be best specified and measured.”

50. The QNU **recommends** that the Board determine to undertake an English language needs analysis for the nursing and midwifery professions. The outcome of this needs analysis should be utilised to inform Board decision making in relation to making English language proficiency registration standards, the type of English language examinations accepted under a registration standard and the actual required scores on English language examinations.

Should you wish to discuss this matter further, then please contact the Senior Legal Officer, Mr Luke Forsyth,

Yours faithfully

A handwritten signature in black ink, appearing to read 'G Hawksworth'. The signature is fluid and cursive, with a large initial 'G' and a long, sweeping horizontal line at the end.

Gay Hawksworth

Secretary

Queensland Nurses' Union of Employees