

①

To whom it may Concerns,

Dear sir/madame,

I Habibullah Anwar, also known as Habib would like to express my concerns about AHPRA'S initial decision, ruled out on 1, July, 2010 (i.e. A health professional who completes his/her tertiary studies in Australia, but did not complete his/her secondary education taught and assessed in English Language, is bound to undertake the English language exam to proof competency (proficiency) in English language Communication (being able to deliver safe care at work place) up on completion of his/her tertiary studies.. in order to be registered.

I believe, the rule implemented is unwise and unfair. On the grounds that If a student is capable to successfully complete the tertiary studies, taught and assessed in English Language, in Australia at a university whose standards are recognized by the Australian Educational ministry, Government and other international organizations, then overwhelmingly the student is able to communicate effectively in a safe manner in English Language to deliver the required care.

At this instance the AHPRA and the 10 health profession boards, formally doubt the intellectual capacity of the Australian tertiary Educational organizations, (Universities and TAFE's,) that they are graduating students in health professions, as health professionals who are unable to communicate effectively in English language. It is a shame.

It is a shame to the Australian tertiary educational organizations, to the relevant ministry who recognized the educational standards of the organizations and to AHPRA as well as the Boards of health professions in Australia. Because both AHPRA and the Boards doubt the credibility of the organizations and the students. I believe if a student can not communicate effectively in English language, the student in the first place must not be allowed to attend such a course, being taught and assessed in English Language at a University level.

(2)

-in Australia to become a health professional. Due to, the fact that the student can not learn the materials which would be taught in English language during the course. The student would not be able to study the relevant subjects of the course.

A wiser and fair decision to guarantee the delivery of a safe care, would be to ensure that any student whose secondary education was taught and assessed in a language other than English Language, must proof to the relevant university his/her proficiency of English language prior of being admitted to the course(s).

If the student can proof, proficiency of English Language at the time, then the student has the potential to learn the course materials and implement his/her proficient knowledge in the workfield in order to deliver a safe care. Otherwise, the student's professional knowledge and ability is unsafe for the delivery of a safe care, whether the student can communicate effectively in English language or not.

The AHPRA and Boards recent decision, that if a student completes the tertiary studies assessed and taught in countries (Australia, New Zealand, Canada, Ireland, South Africa, U.S.A and U.K) would meet the requirement of English language proficiency to be registered, inspite of completion of the secondary education in a language other than English. However, the student must represent a letter from the head of the school, indicating that the student's English language proficiency meets the requirement to communicate effectively at work place.

Considering the above reasons, again this is unfair and unwise. Specifically for those students who attended tertiary studies At Australia. If a student prosperously completed the university, taught and assessed in English, there is no need and no obvious reason to doubt the student's English language proficiency. If the AHPRA and the Boards doubt this, then to ensure the delivery of a safe care, the Boards must not register the student, and also take action to shut down the relevant health courses being taught at the tertiary organizations.

(3)

Because, the organizations are exposing risk to the well being of patients by graduating students in a medical field whose English Language proficiency is doubted or even not yet validated, if it meets the requirements for effective communication to deliver safe care at work place.

If a student's English language ability is not confirmed initially, then to ensure the well being of patients and public, the boards should express concerns about the proficient medical field knowledge and English language ability of the students when being taught and assessed in English language studying a medical profession while at class (University).

I recently completed certificate IV in Nursing (medication endorsed) at the Australian Catholic University (ACU) in Melbourne. I am studying further toward Bachelor and Master degree. I received mostly High Distinctions, Distinctions and credits during and by end of the course. I attended two months of clinical practice at various hospitals in Melbourne. I had to present oral representations in class as part of the exams, beside the extensive work on assignments. I had to actively take part in the class answering questions, asking questions, doing work group and etc.

I during my clinical practice had to work as a health team member, consult and provide care to the assigned patients, report to the incharge nurse the progress of work and write patients progress notes.

Meanwhile, the clinical assessor would daily come to supervise me and other students, get feed back from the incharge nurse and the unit manager about the quality of the work and care I delivered. I did not have any problems with English communication and neither other students. If there was a communication problem, the assessor simply would not accept the clinical work practice and mark it as unprofessional / incompetent. AHPRA and the Boards should consider these factors to reach a fair decision.

I applying to Australian Catholic university, initially had to satisfy the entry requirement for the course (which I did). Simultaneously, I had to indicate and proof my ability to communicate effectively in English language (which I did), both orally and written. Like wise, other students whose secondary Education was taught and assessed in a language other than English. As a requirement I had to pass the entry exam, assessed in English language (which I did). finally, I was admitted to the course. The Boards should consider these facts.

Bearing in mind the above reasons and facts, it's unwise to ask a student that upon completion of the course a letter must be presented signed by the head of school, confirming that the students English language proficiency meets the requirements to communicate safely at work place. If I do not indulge it's not only unwise but also unfair and biased.

I firmly believe, A university student in Australia and the other English spoken countries, can effectively communicate in a safe manner to speak English, whether or not the student's secondary Education was taught and assessed in a language other than English.

If there is a health professional with poor English Language proficiency, the health professional can not get a job. To get a job, you must go through the interview. If the applicant's English language is weak, frankly, the interviewer would not hire the applicant, and neither the interviewer want to risk the health of a patient by hiring an incompetent employee.

I as a resident of Victoria, working on full time basis as a crowd controller and security guard in and around Melbourne metropolitan areas, who recently completed the nursing course (studying as a part timer) and future health professional, request the AHPRA and the 10 Boards of health professions to consider the very facts and implement fair rules in the interest of public, health professionals and health profession students.

Yours Sincerely,

Habib Anwar

01/12/2010