

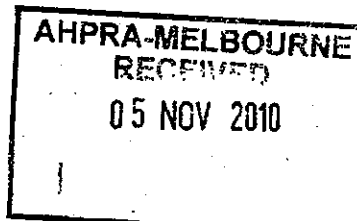
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Submission re: Registration Requirements for Overseas Nurses.

My Interest:

I am a retired English teacher with post-graduate qualifications in Adult Literacy. For the last 10 months I have been involved in the fostering of better English among a small group of nurses who came from China to complete a conversion course at Deakin University.

Most of the nurses came from some of the biggest and most modern hospitals in China and in some cases have training in techniques beyond where many public hospitals in Australia currently stand. These nurses are all experienced professionals with some years of hospital practice behind them. They came to Victoria on the understanding that they would be registered here once they passed the course at Deakin. This situation was confirmed in writing earlier this year.

The nurses concerned all finished their conversion training at the mid-year at Deakin. Unfortunately they became caught up in what can only be described as a degrading bureaucratic bungle which is an embarrassment to Australia, and which (I believe) has caused a number of other Chinese nurses to decide against coming to Australia.

I have been involved in helping several of these nurses cope with the shock and disappointment that they suffered when they found that the new Board had adopted a different set of rules from the previous Victorian Board and that registration would not be available until they had passed an irrelevant English test (see below).

After negotiations the ruling was slightly modified to allow those whose Visas were running out to be provisionally registered – this proviso making the securing of employment much more difficult. In effect, there was no realistic transition arrangement for this mid-year group, and the conditions which had been negotiated for them before they started their conversion course were not honoured.

I have seen despair and anger as these young women realised that the huge amounts they had paid out in fees and self-maintenance (up to \$40,000) may now be virtually worthless. In fact, some of the class have already returned to China because they feel the requirements of finding a job, starting that job in a new environment, and concurrently having the pressure of passing the English test within 5 months at such a high level in one sitting, are unrealistic and beyond them.

I have spent much time attempting to encourage and to advise them. In the process I have become convinced that a miscarriage of justice is occurring for this particular group. I also believe that a more rational approach needs to be taken with all overseas nurses who come here.

I wish to make several points about IELTS and then suggest some realistic and workable reforms.

IELTS Test:

I have had some experience in preparing students for the IELTS test and am well aware of the nature and content of the tests. I would make the following observations:

1. The IELTS test is not, in any sense, an indication of fluency in any professional field. A level 7 pass does not ensure that a person has good communication skills in the field of nursing or accounting, or any other specific professional area. (cf OET) It is purely a social English test and as such is inappropriate as a basis for registration.
2. The content of the written, spoken, reading and listening elements is often culturally alien for people from Asia. A discussion about local community amenities is a foreign concept to people who have come to study and have spent their time here living with fellow country persons and working part-time to survive. Essays about transport issues, volunteer work as a part of education, and other such topics are not comfortable areas for them to write about.
3. The requirement for the students to achieve 7 in all elements *at one sitting* is patently ridiculous. The only feasible explanation for this is that it is a marketing ploy by the IELTS authorities since they receive over \$300 each time a student sits the tests. This is a pernicious imposition with absolutely no educational foundation.
4. IELTS level 7 is a fairly sophisticated level of English. I am quite sure that some Australian nurses would NOT pass all elements at level 7 in one sitting. Level 7 is certainly above any concept of clear basic social communication.
5. A letter from the Victorian Minister for Health, in response to my protests about the obvious injustice and illogical actions taken regarding these particular nurses, wrote: "The requirement for certification of English language skills is a mandatory standard across all health professionals seeking registration in Australia to ensure the public is protected." I accept that there is a clear need for assurances that these nurses are capable of satisfactory professional communication, but I see no connection between this and IELTS. They came to Australia and *studied* in English, *completed assignments* in English, *wrote exams* in English, and were assessed as independently capable by nurse educators during several clinical placements. One can only assume that the Board has no trust in Nurse Educators in major hospitals.

Proposals:

What would be a reasonable solution which would provide a safeguard for patients and ease the stress on these highly skilled, experienced nurses at the same time? I wish to suggest several solutions. The first is a stand-alone suggestion; the other three are related to one another:

1. The nurses in this cohort should be registered immediately, instead of having to pay oppressive fees to juggle visas – their situation being caused solely by Australian bureaucracy and through no fault of their own. The stipulation regarding communication should be such that the employing hospital/clinic should be able to

certify in writing when that entity is satisfied with the communication skills of the nurse concerned. I believe a simple form should be devised by the Board and should be issued to each employing authority as one of these nurses finds employment, the form to be completed and returned at any time up to June next year. I assume that Directors of Nursing in hospitals are trustworthy and have the same concern about patient safety as has the Board.

2. The deadline of May(?) next year for those with provisional registration to pass the IELTS test is causing huge anxiety. Having lured highly skilled professionals into our system surely the object must be to use every reasonable means to keep them. I would suggest that those nurses, in this very small and special category of 2010 mid-year graduates from conversion courses, should be granted on-going provisional registration with a limit of 3 years. Given that many are still seeking employment, and given that most of their professional language acquisition will be in on-the-job environments, there is little time for them to reach the required arbitrary levels. Furthermore, their language acquisition at work will NOT prepare them for the kind of content examined in IELTS.
3. If IELTS is to be persisted with, then surely logic dictates that a candidate should be able *to accumulate* 4 level 7 passes. What is the logic in demanding that a student keeps sitting areas where he/she has actually reached the level required? I had one student some years ago who passed 3 elements at level 7 but missed Reading. The next time she passed 3 elements at level 7 but missed Listening this time (6.5). On the third occasion she missed one element again – she went home to Hong Kong. Surely the aim is to see if they can *attain* level 7....the current situation is an educational farce and financial rort.
4. The OET provisions seem to be more attuned to professional communication, but even here the testing is uneven. I understand that the second part of the listening test this year in Melbourne was somewhat draconian compared with the practice tests the nurses had done. I also understand that the tests are not frequent. The same educational nonsense pertains with this test also, I understand – students need to pass all elements at 'B' level in one sitting. The rationale for this is completely unsustainable. The elements need to be able to be accumulated, and testing of single elements rather than the whole gamut needs to be instituted.

Summary:

While my main concern is with the debacle surrounding the experienced nurses who finished conversion courses in mid-2010, I believe the language requirement contains some significant educational and real-life anomalies for all overseas students. I believe that these need to be addressed immediately to relieve the stress for this particular cohort, and that a longer term revision of the requirement should be undertaken.

I believe we need to be encouraging nurses to come here and to feel welcome. The particular group for which I have most concern feel largely abandoned and unwelcome.



Kevin J Hall