



# **New Zealand Nurses Organisation**

## **Submission to the Nursing and Midwifery Board of Australia**

**On the**

## **Consultation on the Draft English Language Skills Registration Standards**

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## **ABOUT NZNO**

The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

## **EXECUTIVE SUMMARY**

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the draft English language skills requirements for nursing and midwifery registration in Australia
2. English language requirements and, in particular, the International English Language Systems Test, have been the subject of intense discussion, debate and dissatisfaction among NZNO staff and members for a number of years.
3. This submission is thus informed by extensive and thorough consultation with professional nursing, policy, research and industrial advisers, members of our national and regional boards, members of NZNO specialist Colleges and

Sections and nurses, midwives and overseas trained nurses, both with and without registration.

4. The Trans Tasman Mutual Recognition Agreement (TTMRA) provides for mutual recognition of nursing and midwifery qualifications, so is important that standards Australian and Aotearoa New Zealand are aligned. These draft standards do not address that issue, nor the broader issues raised by using, without an evidence base, a series of culturally and occupationally irrelevant language tests, to assess communication competency in health settings in Australia or Aotearoa New Zealand.
5. We draw your attention to the differences in standards between our respective countries that these language requirements for nurses and midwives would impose in the discussion below.
6. Secondly we outline the reasons for rejecting the IELTS as a safe or efficient indicator of communication competence and discuss alternative means of assessing communication competency.
7. NZNO **does not** support the document and recommends that you:
  - **Note** that the draft English language skill standards differ from those of Aotearoa New Zealand and are thus inconsistent with TTRMA;
  - **Note** that there is no evidence that IELTS is a safe or efficient means of assessing nursing or communication skills in health settings in either country;
  - **Agree** that communication competency in health settings can only be safely assessed *in the workplace* and that it is neither just nor efficient to use patented tests such as IELTS as a discriminant.

## DISCUSSION

8. The requirement that all IELTS modules must be passed in a single sitting was modified relatively recently by the Nursing Council of New Zealand (NCNZ) to allow passes in all subjects within a year and we would strongly urge that the same apply in Australia.
9. There are high costs associated with sitting each module of the IELTSs. NZNO's experience is that nurses can sit the full suite of tests and fail a different one each time - which underlines the fallibility of IELTSs - OR, more commonly, they pass three and fail the same test each time. In both cases it is manifestly unjust to have nurses repeatedly paying for tests which they have already passed and to subject them to the repeated stress of multiple tests in which their livelihood is at stake. Such a requirement is unacceptable and qualifies as a health as well as financial risk.
10. NZNO is relieved that the Board has not followed NCNZ's flawed logic in demanding, on the grounds of equity, that all overseas applicants should have to fulfill language requirements. This has simply led to additional costs for English speaking applicants and, in some cases where they have failed, a pointless loss of nursing skills.
11. We also strongly support the board's sensible decision that applicants who have been taught and assessed in English in their tertiary entry to practice nursing and/or midwifery education do not need further language assessment; this avoids invidious prescription on the basis of English as a second or subsidiary language.
12. However, the list of countries meeting the criteria is discriminatory in that it excludes Pacific countries, such as Fiji and Samoa, where the courses are taught in English according to an Australian or Aotearoa New Zealand syllabus. Similarly in some Indian communities, *all* education is in English: the language requirement cannot be justified in such circumstances.

13. NZNO contends however, that the language requirements as such are not justifiable in any circumstances. Language, oral and written, is one element of a suite of communications skills which are culturally embedded and cannot be 'tested' in isolation. Nor should a language test be used as an assurance of cultural safety or competence. Health systems are as different as the cultures they serve and there is no reason to assume that one nurse needs less cultural acclimatization in a new country than another, simply on the basis of the language spoken.
14. NZNO draws your attention to the following submission made to NCNZ in 2008 which outlines the reasons why we consider such language testing unsafe and not fit for this purpose.

**RE: PROPOSED CHANGES TO ENGLISH LANGUAGE POLICY FROM JANUARY 2009**

The New Zealand Nurses Organisation wishes to express its concern over the Nursing Council of New Zealand's recent decision to require all overseas trained nurses to achieve a level 7 pass in the International English Language Test (IELT). While we understand and support the Council's desire to be fair to all immigrants, we believe this is an unnecessary waste of time and resources, which could seriously threaten the numbers of migrant nurses coming to Aotearoa, the bulk of whom come from the United Kingdom. This could exacerbate the current shortage of nurses and is thus a potential risk to public safety and health.

NZNO believes the IELT System, though widely used, is an inappropriate, expensive and unsafe tool for assessing the ability to comprehend and communicate in New Zealand health settings. We believe that nursing communication skills are best assessed in the workplace and that practise, guidance and support from colleagues and remediation where necessary are more effective pathways to language proficiency than academic language courses and tests. We see no reason for using a culturally biased and occupationally irrelevant English language test where there is no supporting evidence for its effectiveness in this context.

We draw your attention to the progressive proposals by the Pharmacy Council of New Zealand to drop language testing in favour of attestation, supported by assessment as part of an Intern Training Programme, prior to full registration. English language requirements are an intrinsic part of the registration process for all migrant health professionals, and we suggest that the Responsible Authorities (RAs) collaborate to develop a consistent English language and communication policy and evidence-based credentialling. Finally, we suggest that introducing evidence-based policy, sound support and quality assessment systems to ensure skilled migrants have and can gain

the language proficiency they need in Aotearoa, would be cheaper, better, fairer and safer, and could be a key determinant in recruiting and retaining migrant health professionals in an increasingly competitive global market.

### ***International migration***

Chronic nurse shortages in OECD countries are being met through international recruitment on a massive scale; already more than a quarter of the nursing and medical workforces of Australia, Canada, the United Kingdom and the United States are foreign-trained, all drawn from the same global market. The 2007 OECD report *Health Workforce and International Immigration: Can NZ compete?* graphically summarises New Zealand's particularly heavy dependence on migrant nurses, and warns that New Zealand's health system is highly vulnerable to changes in policy which may affect international migration flows of health professionals.

The speed and extent of changes in the nursing workforce, the majority of whom NZNO represents, are exemplified in our membership numbers. Three years ago over 70% of our members were New Zealanders - currently less than 50% are, the biggest increases being in European and Chinese nurses, with Asian nurses constituting nearly a quarter of all new members (NZNO, 2008). Changes in the skill, experience and cultural mix of the workforce on such a scale cannot possibly be addressed by tinkering with language requirements, especially when it adversely affects those who do not have a language problem.

Most migrant nurses registered in Aotearoa come from the United Kingdom. Aotearoa already suffers from a negative comparison with Australia and North America as a destination for nurses because of the disparity in wages offered. Burdening new migrants with an additional \$400 compliance cost and examination stress not required elsewhere disadvantages us still further. It would also be confusing. Under the Trans Tasman Mutual Recognition Agreement, for example, it is not clear whether overseas-trained nurses registered in Australia would be required to sit the IELTS to be registered in New Zealand or not. A decision either way would be inconsistent with this requirement.

### ***IELTS***

Through years of experience with the individual cases of hundreds of members, NZNO has gained a profound understanding of the failings of the International English Language Test: the level of pass does not give a robust indication of the level of understanding or communication competence in a New Zealand health setting; it unfairly penalises many for whom it is a second language but who may have been educated in or mainly speak English; it is inconsistent, culturally inappropriate and, at times, unethically administered; and it imposes additional costs on the migrant and regulatory authority with no regard for public safety. Although it is often held up as the "International Gold Standard" for English language communication, there is, in fact, no evidence that the IELTS is an effective discriminant or predictor of success for migrants in any country or occupation. That is hardly surprising because it was not developed for such a purpose.

Communication difficulties with migrant health professionals are frequently noted, even though, as registered workers, they must have achieved a level 7 or higher pass in the Academic IELTS. An assessment of competence, based on any test, which is not borne

out in practice reduces confidence in the whole registration process, not just in the area of language. It is clearly not feasible to keep raising the pass level (the Department of Labour only requires skilled migrants to have a level 6.5 pass in the General IELTS), yet there is obviously a risk to public safety if communication difficulties in the workplace are not identified and addressed systematically.

Equally problematic is the way in which the IELTS arbitrarily excludes a significant number of perfectly competent skilled health workers, because it assesses grammatically correct, academic language rather than comprehension and communication in the NZ vernacular. This is both ethically and economically unsound and, in the case of Pacific Island nurses, has proved such a barrier that nursing resources which could have been used to address specific population needs, have been squandered, helping entrench existing disparities in health and employment in the Pacific Island community. There is ample research evidence that academic tests are discriminatory and not reflective of cognitive ability for those for whom English is a second language (ESL), especially for those who are older. In a health context it is far more important that a professional can understand and communicate effectively rather than 'correctly'.

### ***Occupational and Cultural Safety***

There is also evidence of growing concern internationally that it is inappropriate and unsafe to rely on the IELTS to indicate a level of English language proficiency pertinent to any particular occupation or culture. Language is culturally diverse and constantly changing. For that reason, countries like Canada are developing their own culturally appropriate alternatives to 'standardised' language tests, and there are concerted moves in both academic and business circles to develop occupationally relevant tests. There has been a large increase in nurses sitting the Occupational English Test (OET) in Australia, for instance; but, while arguably more relevant and 'safe', the OET is even more expensive than the IELTS, can only be sat at certain times and is not designed for New Zealand settings either (though this could be addressed. New Zealand's considerable expertise in ESL training and testing is internationally renowned and it is not necessary to rely on tests developed elsewhere).

Effective communication does not depend on language skills alone but also on cultural awareness and understanding. NZNO has previously drawn attention to the way in which the IELTS is being used as a proxy for cultural competence, the assumption being that fluency in written and spoken English automatically confers an ability to work in *any* English-speaking system. As Mireille Kingma points out, the misguided belief that "a nurse is a nurse is a nurse" is what allows administrators, policy makers and hospital managers "...to attempt to float nurses from one country to another without making sure they are adequately educated and oriented" which "...not only challenges the ability of health systems to deliver needed care but also raises serious human/worker rights issues" (2006).

Since Irihapeti Ramsden's seminal work on cultural safety in nursing education in Aotearoa, the concept of cultural safety developed by Māori nurses has led the way in establishing globally that all health care is provided in a social as well as an institutional context. Cultural competence is embedded in the competencies required by all regulated health professionals in Aotearoa, yet there are few opportunities let alone requirements for migrants to familiarise themselves with basic aspects of New Zealand culture, such as Treaty of Waitangi, or the health system. Such a gap could easily be addressed with

simple online information packages and self-testing, several of which are freely available and recommended by some RAs.

### ***Accountability***

The IELTS is owned, developed and delivered through the partnership of the British Council and University of Cambridge ESOL Examinations (IELTS *Annual Review*, 2003). Costly examination-driven English language schools teaching to and promoting the IELTS is 'big business' and there are strong vested interests in driving its international status which, naturally, are focussed on making money, not safety in public health. We note that many ESL teachers and academics find it frustrating teaching to an external academic language examination rather than teaching for comprehension and communication in the environments actually encountered.

The IELTS falls well below the standards of transparency and accountability intrinsic to New Zealand's education system. There is no feedback mechanism other than a single (subjective) mark, so migrants are often enticed into paying for multiple tests with little guidance for improvement; speakers with varying accents are employed (it is difficult for a Samoan to recognise English as spoken by a Chinese person on an oral recording, for instance); and marking consistency cannot be guaranteed. There are many accounts of migrants being assessed at quite different levels within short periods (see Appendix). We congratulate NCNZ's recent recognition of this problem by now allowing candidates to pass each of the tests within a one year period.

International concern has also been expressed over marked discrepancies in test results from one country to another, especially in the oral tests where accents make a huge difference to intelligibility. Filipinos for instance can easily understand other Filipinos speaking English with an American accent, which is familiar to them, but New Zealanders find it most difficult. Filipinos may pass the oral IELTS in the Philippines, but fail the same test in New Zealand. Either way the test is not a measure of their English language proficiency in New Zealand health settings and presents either a risk, if they are registered, or injustice and lost opportunity if they are not.

### ***Social justice***

As NCNZ is aware, there many nurses for whom English is a second language who have been educated wholly in English, or whose nursing studies have been conducted in English. In these cases, if their nursing qualifications are acceptable, it is inconsistent and unfair to impose additional requirements. We note that New Zealand nurses are currently required to sit the IELTS in the United Kingdom under perverse agreements which prevent nurses from any country in the European Union, including those who speak no English, being subjected to language testing for registration. Some of these registered New Zealand nurses have failed the IELTS. We do not accept this as evidence that their comprehension of English is so poor that they are a risk to public health and safety, but rather that the test is meaningless in the context of nursing.

### ***Moving Forward - together***

Providing a supportive, supervised environment where appropriate language and cultural communication proficiency can be nurtured prior to and after registration, while utilising clinical skills is a sound, socially-just strategy which will attract and retain skilled migrants without risk to public safety. We believe that the benefits from the additional

languages, skills and connections that migrants bring to our multicultural society are more useful than an arbitrary British-based measure of 'standard' English language.

NZNO believes that it would be useful for all RAs to have a common English language and communication policy, consistent with the regulation they are all subject to under the Health Practitioners Competence Assurance Act (2003). The current range of tests and pass levels accepted by the 17 RAs is confusing (especially with the dual regulation of some health professionals) and, ironically for evidence-based professions, the rationale for requiring them is not based on any evidence. NZNO would strongly support the development of universal evidence-based credentialling for English language and communication skills for all health professionals in a New Zealand health environment.

We note that NCNZ's decision to extend the IELTS is in marked contrast to the recent proposal by the Pharmacy Council to amend the current English language policy by removing the IELTS as a screening mechanism, and to support migrant practitioners to develop the full range of communication skills needed to practise safely in New Zealand through an Intern Training Programme, prior to registration. We believe that this enlightened policy reflects the principles informing the *Report of the Safe Staffing/Healthy Workplaces Committee of Inquiry* (2006) and provides a practical pathway to sustainable safe staffing. The current employment and health environment presents many challenges to nurses, both professionally and industrially, evidenced in many global contexts with moves to replace expert nurses with cheaper novice nurses or lesser-trained aides; transition nurses experienced in one specialised field to another without adequate training; and limit the full utilisation of experienced nurses' skills. It is only through careful, informed regulation that the integrity of nursing and public safety will be protected.

Workforce shortages and lower wages compared with many OECD countries are common across all health professions in New Zealand, and the turnover, especially for those trained overseas, is high. NZNO urges the NCNZ to reconsider the decision for all overseas-trained nurses to attain level 7 in the IELTS in favour of developing sound strategies to ensure they are given the support they need to practise safely in New Zealand.

## CONCLUSION

24. In conclusion NZNO **recommends** that you:

- **Note** that the draft English language skill standards differ from those of Aotearoa New Zealand and are thus inconsistent with TTRMA;
- **Agree** that Pacific countries where nursing is taught in English to an Australasian curriculum should be included in the list of countries meeting the English language standard.

- **Note** that there is no evidence that IELTS is a safe or efficient means of assessing nursing or communication skills in health settings in either country;
- **Agree** that communication competency in health settings can only be safely assessed *in the workplace*
- **Agree** that alternative, non discriminatory means of supporting all overseas trained nurses to gain the full range of culturally appropriate communications needed for safe practice in Australia should be explored to ensure that nursing skills are used to the fullest extent. .

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## **REFERENCES**

Author. Date. *Title*, Publisher, Location