

Subject:

Making English competency testing a fairer deal for everyone

Submission No. 152

(Overseas Trained Doctors)

Date: 13/07/2011

Dear Sir:

I run my own online business – preparing overseas health professionals for the Occupational English Test - and consequently, emailing these observations / ideas is not being done lightly. Indeed, I run the risk of being drummed out of business by the OET Centre – or the Centre for Adult Education (CAE) – however, I feel strongly that what is happening to overseas health professionals who migrate to Australia for a better life – borders on racial discrimination and financial robbing.

The OET has been around for a long time – since “the 1980s”. (<http://www.occupationalenglishtest.org>)

The author asserts that each of the four subtests **have developed into complex tests** which require highly developed language skills:

(E.g. perfect punctuation, lexical resources, syntactical structuring, referential parsing - for the writing subtest; fluctuating intonation, perfect spoken grammar, no lengthy pauses, ability to handle obstreperous or recalcitrant patients – for the speaking test; ability to write abbreviated notes in English while listening to rapidly-delivered English – for the listening test; ability to skim read-and-locate the missing information – and record it while maintaining grammatical correctness in the gap-fill exercise; ability to judge whether implicit or explicit information is more salient when answering the Part B reading multiple choice questions).

Why is this test necessary? To make sure that “...all international medical graduates must show they have adequate English skills, demonstrated by a pass in IELTS Academic or the Occupational English Test” – and also that the Board “... reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.” (See Definitions, point 3, at <http://www.amc.org.au/images/forms/mba-elp.pdf>) Such hegemonic power gives the AMC all-encompassing power to start – or stop – a health professional’s career in this country . Currently, the OET test – once passed – is only valid for two years – requiring doctors, dentists, pharamacists, nurses – and others – to pass theoretical and multiple-choice-question-tests before the two-years deadline – otherwise, they are required to re-sit the OET again! [Note: “the Board” is the Medical Board].

The author asserts that one’s competency in English might be better assessed:

- (i) if the Occupational English Test, were a fairer test by administering it differently, or
- (ii) using an entirely different test - for example - The Pearson Test of English

1. Two key language skills for health professionals are listening and speaking. Why not allow overseas qualified health professionals to progress to theoretical and discipline-specific MCQ tests providing they pass the listening and speaking subtests at the one sitting – and be given a further six to twelve months to sit and pass the remaining two subtests: writing and reading?

2. The Pearson Test of English is now accepted (since July 1, 2011) as valid evidence of one’s English competency – and eligibility to be granted a student visa by the Australian Immigration Department. The PTE is offered online – with test results emailed the following day. It is administered in individual internet-connected testing booths; iris-reading and palm scanning as well as voice-recorded soundwaves – ensures top level security. The PTE is used in Britain for car driving learners’ permits. (See <http://www.pearsonpte.com/pteacademic/Pages/home.aspx>)

3. The OET currently costs \$580.80 to sit the test on Australian soil - \$775.00 if sitting the test offshore. Some candidates find they need to sit this test many times in order to pass all four subtests at the one sitting. I have anecdotal evidence of doctors and dentists who have sat the OET 8, 9, 12 even 20 times!!! Failure to pass the OET time and again causes financial hardship and enormous negative pressures on family life – even involuntary abortions. Long-term OET candidates are living half-lives while trying to satisfy the vagaries of this unfair - extremely stressful - English test.

4. Part of the cost of the OET (if continued) could go towards language assistants in hospitals which provide support for those OTD's who have passed two (or three) of the four subtests and have now secured a supervised hospital position. Language assistants could provide an *ad hoc* service either face-to-face or afterhours in a virtual classroom such as Skype or Webex.

5. The author asserts that the OET has become increasingly more difficult to pass over the last five years - with the pass benchmark rising – and rising.

6. Are OET candidates required to speak fluent English without any trace of an accent? Are they required to write a letter of referral in perfect academic-style English? Why are they being given a reading test, which is not possible to complete within the given time? Why is the OET so so difficult to pass? Why is the OET so lacking in transparency?

7. After many attempts at the OET, candidates believe (“self fulfilling philosophy”) that if they cannot pass OET, they will certainly not be able to pass IELTS Academic. Discouraged would-be qualified health professionals from overseas can be found filling supermarket shelves, driving taxis and cleaning office floors – to support themselves and families – and to shore up funds for yet another language test. These people would be making a far better contribution to Australia's economy working in their chosen professions in regional and country Australia.

8. I implore the Parliamentary Inquiry Panel currently looking into the registration process for overseas trained doctors to 'have the courage to change what should be changed'. (Reinhold Niebuhr, 1934). Australia is keeping out highly skilled surgeons, GP's, intensive care nurses, maxillo-facial dental surgeons – and many more – because of exam nerves, tiny punctuation errors, a slightly-longer-than-acceptable pause during the speaking test - or similar misdemeanours.

It's time to address the rot that has become legitimised by the Australian Government's tacit acceptance of the *status quo* and continues to allow the Australian Medical Council to have ultimate final say in English competency standards.

Yours truly,

Marg Tolliday

