

Submission to the Parliamentary Inquiry Launched To Give Overseas Trained Doctors A Fair Go

Submitted by: David Lamb, English language tutor,

I am a retired scientist with a lifetime love of the English language. Upon my retirement from CSIRO I obtained the necessary qualification in teaching English as a Second Language (ESL) because, over the years, I had observed many of the difficulties faced by overseas-trained health professionals (OTHPs). My wife is a highly qualified ESL teacher and has concentrated on teaching OTHPs for the past 17 years of her more than 40 years of teaching English as well as being an assessor/ interlocutor for the OET tests for 14 years. Today, I provide tuition to doctors, dentists, medical specialists and nurses in my home. I specialise in reading tuition while my wife provides tuition in the Listening, Writing and Speaking elements in preparation for the Occupational English Test (OET) or the International English Language Test (IELTS).

My wife is also a qualified and experienced counsellor. I have seen her combine her helping skills along with the ESL tuition and have become convinced that stress is the greatest inhibitor to passing the language test necessary to gain registration in Australia. Almost every candidate in the registration process is burdened with enormous stress. The causes vary from the obvious, financial difficulties, to the personal, from the feeling of failure after a lifetime of excelling in their studies, through to pressure from family members who show surprise and disappointment that their so-far-successful family member has 'failed'. I make this statement from experience with more than 160 OTHPs my wife and I have tutored in the past two years.

Many of our students come to us because they have exhausted their financial resources in the merry-go-round of charges involved in the registration process. Some universities and colleges have developed very sophisticated ways of extracting money from these vulnerable people, many of whom have borrowed heavily – from family or from banks – to be able to practice their profession.

Example 1: Dr K, detailed below, passed his MCQ exam. He has taken the OET test 8 times, costing more than \$4500 aside from the tuition fees he has paid for English courses with CAE and Melbourne Language Centre and more, and still has not 'passed'. He has achieved the 'B' rating in three out of four sub-tests many times, but has never achieved four passes simultaneously as required by the Registrations Boards. It is surely absurd to suggest that, having passed the Speaking sub-test seven times, that his English would have deteriorated for the eighth sitting. We must ask, is this a reflection of the doctor's English competency, or a reflection of the vagaries of the test? All details of this case are available, because the doctor appealed to OET and the Medical Practitioners Board of Victoria - without success. Dr K. is working as a process worker in a chocolate factory trying to support his family of a wife who is studying and two teenage children. His medical training (in English) and his 15 years of experience, including specialist experience, is being wasted and causing him enormous stress. His Australian residency, that was the cause of delight has become somewhat of a poisoned chalice.

OET Candidate: Dr. K

	<u>Date</u>	<u>Listening</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
1	May 2008	B	B	C	B
2	November 2008	B	C	C	B
3	January 2009	B	C	C	B
4	May 2009	C	B	B	B
5	August 2009	B	C	B	B
6	November 2009	B	B	C	B
7	May 2010	B	B	C	B
8	August 2010	B	B	B	C

Example 2:

Dr T has lived in Australia for 10 years, but decided that he could not hope to achieve registration in Australia until his language was adequate, so he took jobs in factories and nursing homes (as a personal care attendant) for about six years before deciding to enter the registration process. He had collected, by then, a good lexicon of Australian conversational and colloquial language, but had little knowledge of Academic English, which is the standard being tested by OET level A and B, and IELTS level 7. His results reflect this, but they also show that he has passed each sub-test two or three times.

OET Candidate Dr. T.

	<u>Date</u>	<u>Listening</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking .</u>
1	January 2009	C	B	C	C
2	May 2009	B	C	B	B
3	November 2009	C	B	C	C
4	March 2010	B	B	B	C
5	May 2010	C	B	C	B
6	August 2010	C	B	C	B
7	October 2010	C	B	C	C

Example 3:

Dr A, detailed below, chose to study medicine in Russia and learned Russian for that purpose. A more eager migrant to Australia would be hard to find. His English was understandable at the informal level but not nearly good enough for the academic level when he first came to me for help, and his outgoing, friendly personality made it a pleasure to work with him. He is married, with a new baby. He studied well despite the pressing need to earn money and study for his clinical examinations. His MCQ rating showed that his medical knowledge is better than most others taking the MCQ examination. Somehow, he maintained his enthusiasm throughout the process, except for a period in February 2010 when he almost returned to his country of origin because he felt the barriers in Australia were unfair and in some cases unscrupulous.

OET Candidate Dr A.

	<u>Date</u>	<u>Listening</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking .</u>
1	January 2009	B	D	C	C
2	October 2009	B	C	C	B
3	February 2010	B	B	B	C
4	April 2010	B	C	B	C
5	July 2010	B	D	B	C
6	October 2010	B	B	B	B

There is a strong case to be made that the requirement for achieving the required standard in each sub-test *simultaneously* has no validity. For example, if a candidate is 90% competent in each of the four sub-tests, the chance of a pass in all four at one sitting is 65%¹. In other words, the requirement substantially increases the chance of failure without adding value to any of the four areas of competency. One might say it becomes a lottery because only those people with no chance of failing in any of the sub-tests can be sure of a pass.

This could be more acceptable if the test results were published, but they are not. There is no data available to candidates to show what the pass standard is, the proportion of each profession that has passed or if what normalisation processes have been used. An individual OET candidate can obtain a 'feedback report' on the Speaking and the Writing sub-tests (for \$85 each), and this may be helpful to avoid repeating mistakes next time, but it gives no insight to the overall process.

¹ 90% x 90% x 90% x 90% = 65%

Comments on the Reading sub-test

The Reading sub-test comprises two parts. The first part is a 15-minute gap-fill exercise to test vocabulary and word form. It is similar to the IELTS Reading sub-test and constitutes 30% of the Reading marks, I believe (but I cannot find confirmation of this). Candidates are instructed to use correct spelling and punctuation, but in one of the model tests published for candidates to practise, every answer was capitalised. This is unfair to candidates because an important aspect of the test is the understanding of when a word should be capitalised.

The second part comprises two articles on a health-related topic, with about 20 multiple-choice questions to be completed in 45 minutes. A common feature of the test is for one of the answers to be clearly wrong, one to be valid but not relevant in the context of the article, and two answers that are both relevant and correct in terms of the question. On occasion, the selection of which of the two 'close' answers is better, is contentious. There is no opportunity for a candidate to explain his or her selection, and there is no data for candidates or tutors to know how many candidates chose which answer. A fairer test would be to award marks on the basis of consistent selection of the two answers that most closely fit the question. As things are, a candidate could choose the 'almost correct answer in every case and score zero for the entire sub-test.

The Reading sub-test is commonly believed to be the most difficult for candidates with limited academic English vocabulary. For the Speaking sub-test, the vocabulary is limited to a typical doctor-patient or nurse-patient role play situation and is within the candidate's control. Likewise, in the Writing sub-test, candidates can construct a referral letter calling on the vocabulary with which they have become confident. The Listening sub-test involves a typical doctor-patient interview and a talk on a health-related topic, which generally involves a wider range of vocabulary. However, in the Reading sub-test, the articles may be taken from newspapers, technical papers, journals or learned dissertations and use a much wider range of vocabulary. Many of the Reading tests have used articles employing unusual words and especially idiomatic expressions that many or most Australians would not understand or be able to define. This raises the question of what is being tested.

I have not been able to find any comparison between the levels of English competency of OTHPs versus health professionals who qualified in Australia.

Comments about OTHPs other than doctors.

Dentists:

Overseas trained dentists, it seems, have even more difficulties to overcome than doctors. The following actual case illustrates the kinds of difficulties candidates have to deal with.

A dentist refugee from Iraq passed OET Speaking and Reading sub-tests in 2007. At that time, there was no requirement for all sub-tests to be passed in one sitting. In the July 2008 OET test, he passed the Writing sub-test and was very confident of passing the Listening sub-test but he was unable to hear much of the test because of faulty sound equipment and candidates shouting in protest. Many candidates complained about this at the time.

He then sat for, and passed the Listening sub-test in November. However, the result was published 30 minutes after the closing time for registration for the March MCQ examination. He went to the Australian Dental Council on 2nd December but was told his application could not be accepted.

When he was applying for the March 2008 OET test, and again when applying for the July 2008 OET, he went to the office of the Dental Council of Australia (DCA) on two occasions asking about the validity period of the OET test, and on both occasions was told that the two-year limit for OET would be calculated from the final result regardless of the time of passing the other sub-tests. Based on this advice he did not apply to OET to update his OET Speaking sub-test.

When he made his application for the September 2008 MCQ, he discovered that the advice he had been given at the DCA had been wrong and that he would have to update his OET Speaking sub-test. By now it was too late to apply for the March OET Speaking sub-test, but if he waited until the next test in May, he could not be sure that the result would be available for him to meet the deadline for the September MCQ test.

In these circumstances he applied to the ADC asking for concession to take the March OET test as a late applicant in order to get the result before the closing date for the September MCQ. His request was not granted. An alternative request, to sit the May OET sub-test and for the results to be released in time for him to register for the September MCQ was similarly dismissed. He was so distressed after more than two years of trying, that he gave up and took an office job.

Nurses:

Until recently, nurses could 'accumulate' results of the language test. Having achieved a pass in one sub-test, a nurse could progressively accumulate passes in the other sub-tests as long as the first pass was still valid; in other words, within two years. The recent requirement for nurses to achieve passes in all four sub-tests at one sitting has made it far more difficult for nurses to register, with no visible beneficial effect for the profession, but at very considerable cost in terms of money and stress for candidates.

Example 4:

Mr B is a migrant nurse married to an Australian-born biological scientist. In March 2009 he sat for OET and achieved 'B' rating in Listening, Writing and Speaking but 'C' in Reading. He re-sat the test in late 2010 achieving the required 'B' rating in Reading. His elation was shattered when he was told by AHPRA that he would have to re-sit the entire OET test. The last I heard from him was that he was depressed and intending to return to his country of birth in the Middle East. This would entail the choice of leaving his wife and child or his wife giving up her job and migrating to a country with very little knowledge of the language of that country.

Inconsistencies between professions

There are inconsistencies in the registration process for dentists. In one part of the registration process, OET is the specified test while in another part of the process, IELTS is specified. There can be no justification for such disparity. To people who suffer the delays and considerable extra cost, it appears that the purpose is to discourage OHP dentists from trying to enter the profession in Australia.

Example 5:

Mr A, a dental mechanic in his home country, arrived in Australia seven years ago as a refugee with his wife and two young children. He has attended a clinic for survivors of torture. He was accepted into an RMIT University course in dental prosthetics (Advanced Diploma) after passing an English test and borrowed \$25,000 for the fee. His course included an assessment of his communication with patients and he has a letter from his course supervisor stating that his communication is satisfactory. He qualified in December 2010. At the time of enrolment there was no English language requirement for registration and, in anticipation of being able to set up in practice, he borrowed money to buy \$14,000 worth of equipment. He located suitable shop-front premises and was about to sign the lease when he was notified (September 2010) by AHPRA that he would have to satisfy the same English requirement as doctors, dentists and nurses.

His wife's reaction was that she would protest at RMIT University until they admitted that her husband had been unfairly treated but her anger soon turned to concern for her husband because she feared he was about to have a heart attack. He had become very quiet and uncommunicative, feeling ashamed for his family and hopeless because he knew his English competency was far short of Academic English required for OET 'B' level or IELTS 7.0.

He was convinced no-one would listen to his plight because he was aware that Muslims are not popular with many Australians.

The equipment he had purchased sits idle under his house. There is no market for second-hand dental chairs and tools (he had used some of the equipment in the practical content of his diploma) and it is a constant reminder to him of the overwhelming task confronting him.

His current state of mind is a concern and he has now been referred for psychological help. I am ashamed that our system could cause such uncaring hardship by changing rules without regard for the human consequences, nor any understanding of the language requirements for a job. The justification is apparently that, in order to make dentures, he needs to take impressions and communicate with the patient as well as have knowledge of infection control. He points out that tattooists are not required to pass any English test but they perform much more invasive procedures.

Validity period of OET results

OET results have a validity of two years. There is no scientific reason for this for someone living in Australia. There may be some reason for persons living outside of Australia, but the effect of the rule is that many candidates have to re-sit the OET/IELTS test because the registration process can take more than two years. There is no co-ordination between dates of the respective stages. There is a waiting period of some or many months for medical expertise examinations and in some instances there are cumulative delays that can well exceed the validity period of the English results.

Administration of the OET Test

OET does not administer the actual tests but uses a sub-contracted company to reduce risk^{2,3}. I have learned that the company is required to submit a report to OET covering any incidents that may have occurred during a test administration. However, OET does not take any action on the incident report (if such is indeed submitted) unless candidates submit detailed complaints or ask for special consideration in a style designed for a short report. Candidates are reluctant to complain for fear of retribution. This fear may have no validity, but it exists and is a real concern because the lack of transparency creates a fertile atmosphere for rumour. Many candidates have told me of problems occurring on test days, varying from officiousness by test supervisors, to rudeness and lack of consideration, such as not allowing candidates to enter the test building until the beginning of the test registration procedure on the excuse that "We don't rent the area near the lift", forcing candidates to wait in the rain (November, 2010 test).

Example 6:

At the January 15, 2011 test in Melbourne, Room 8, the Listening test was stopped when two candidates were called out of the room. The test was re-started several minutes later when they returned, but after three or four minutes, the test was again stopped and two candidates were called out of the room for several minutes. Candidates have no knowledge whether this incident was reported. I have encouraged candidates to report it, but they are not convinced the effort would be worthwhile. A Listening test requires great concentration and interruptions are not tolerable because of the stress effect.

Example 7:

Nurse F registered for the January 2011 test using her passport as proof of identity. Between the time of registration for the test and the test itself, she renewed her passport because it was close to the expiry date. At the registration desk for the test on 15 January in Melbourne, she showed her new passport and the replaced passport. The registration official would not let her sit the test because the passport she had used to register for the test was stamped "invalid".

Nurse F came to Australia to take the \$25,000 Deakin University course for nurses after attaining a Bachelor of Nursing degree in China and after passing an English competency course for entry to the nursing course, followed by an OET preparation course with the Australian Nurses Federation and further OET tuition.

² Source: CAE 2009 Annual Report: "In May 2009 the OET Centre, in line with the CAE Risk Mitigation Policy, arranged for the global outsourcing of test administrations and negotiated a Services Agreement with Talent2 Optimise, a highly experienced Australian logistics and recruitment company, to conduct their services in all Australian and international test venues. The global outsourcing to one company of OET administrations was deemed to be the optimal means of increasing test security, mitigating risk to intellectual property and ensuring the consistent application of the OET Centre's high test delivery standards."

³ Around this time, an OET test in Cairo, Egypt was aborted and re-timed for the following week. This raises issues about the validity of that administration because it is well known that candidates in distant countries were in telephone communication with friends in Australia.

Example 8:

, whose passport shows attended the OET test on 15th January 2011 in Melbourne at 9:15 a.m. in time for his Speaking test scheduled for 9:30. He was told to wait with about ten others in the waiting area near to the registration desk on the second floor of the building. At about 10 o'clock, all the others had finished their Speaking tests but he had not been called, so he approached the registration desk. The manager was called, believed to be named , who checked the register and said, "You probably went out of the area", which Dr denied. The manager then said, "Maybe your name was called but you didn't hear. Anyway, your time has expired. Do the other tests and then we'll discuss it."

completed the other tests and returned to the registration area immediately after the lunch break at 3:30 p.m. The manager told him, "Your exam will be around six. Don't leave the building." He was not allowed to remain on the second floor because only candidates waiting for appointed test are allowed to be there, so he went to the ground floor and waited.

At 6:00 p.m. he returned to the second floor and waited. An interlocutor came into the area and asked, "Who is ?" Dr suggested he was possibly the person and they went into the examination room. At the start of the Speaking test, the interlocutor stated the name and candidate number for the recording, but it was evident to Dr that it was not his name or candidate number. The interlocutor's envelope showed the name of a nurse named or something similar (so the role play would not be relevant for a doctor candidate). The interlocutor checked and realised the error and Dr returned to the waiting area.

The interlocutor found the correct envelope and took Dr to the examination room. The 'warm-up' was very brief, asking only, "Name?" and "What's your favourite area of medicine?" and it was evident that the interlocutor wanted to finish the test quickly.

The first part of the test involved a complex situation, with many medical items deserving mention, but the interlocutor, not allowing the candidate time to say all he wanted to say, pressed for the next answer.

The second part of the test was a fairly simple task, but by now, Dr was so stressed he could not respond with his normal confidence. As he said later, "I couldn't have spoken in my first language, let alone English."

Dr has been in Australia for four months. He has already passed his MCQ part of medical registration, ranking 74 out of 154 candidates. Ten days after the OET test, he is showing signs of great stress, having difficulty sleeping and having doubts about his life decisions. Knowing he could not possibly have passed the Speaking sub-test, he is desperate as he has no accessible money.

Example 9.

Dr attended the January 15, 2011 OET test administration in Melbourne. She began her Speaking test when it was interrupted by a second interlocutor telling her that there had been a mix-up between names and she had to go to a different room with the second interlocutor. Apparently, there was another candidate named , but there was no other Dr .

In the second attempt at a Speaking test, the interlocutor's accent was unintelligible to Dr . He read aloud the entire role play card but didn't appear to understand his task as a role-player and his responses to questions contradicted his role as written. He terminated the test abruptly with "Thank you, goodbye." Dr claims that the false start, the incomprehensible interlocutor, the lack of a professional 'warm-up' and the inappropriate responses made the test meaningless. She has complained in writing to the OET Centre.

There are other factors outside of the registration process that add to the stress for OTHPS.

Example 10:

A doctor, who has been in Australia for seven years and has been working as a doctor under supervision, is required to re-validate his English language competency and cannot be re-employed in his profession until he has done so. Meanwhile, his visa is about to expire. When applying for a new visa he was told he would be allowed a tourist visa because no other category seemed to fit his circumstances. Meanwhile, he has enrolled for a specialist training course to make best use of his time. He is now being told that he cannot have a tourist visa if he is studying, so a student visa is what he must apply for.

Example 11:

Nurse S from India enrolled with the Australian Catholic University (ACU) for the Nursing course in 2010. In order to meet the course requirement that candidates must pass IELTS English with a minimum score of 5.0, she paid for an ACU English course, at the end of which ACU rated her English as good enough to take the Nursing course. When Nurse S found that to be registered as a nurse would require IELTS 7.0 or OET 'B', she came to me for tuition. I found her English to be so poor that I advised a basic course in English Grammar. She could barely manage the present tense and had no knowledge of the use of articles. It will take at least two years for her to reach the level required for registration as a nurse. I recorded an interview with her because I wanted an example of how eagerness for training revenue can cloud judgement of English competency. It is available to the Inquiry if required.

General comments

The Occupational English Test

The original OET test was conducted under the auspices of NLLIA. It was taken over by the Centre for Adult Education and claims to be a not-for-profit organisation, but financial data is reported only as part of total CAE activities⁴. The CAE Annual Report for 2009 states, "*The OET Stakeholder Group, which has members from Federal Government departments, professional bodies and the University of Melbourne, met twice in 2009. Changes to Government policy, OET procedures and operations, website functionality, research and planned developments within the professions were discussed. The OET Centre held regular meetings with representatives of the boards and councils that govern the health professions at state and national level and with staff of the Language Testing Research Centre of the University of Melbourne.*" However, for candidates, tutors and other interested parties, there is no readily available data on pass rates, financial data, or administrative information, and planned⁵ meetings with assessors after every OET administration were never held.

Until about 2006 there was a happy and 'collegiate' atmosphere among assessors, many of them retired ESL teachers and/or part time or casual teachers. This was, for many assessors, more important than the remuneration. The atmosphere changed around 2006 about the time when the OET Centre relocated from CAE premises to new offices and adopted a more 'corporate' image, including a marketing section. Pettiness grew. There was an actual line drawn in the office over which assessors were not permitted. During one administration, assessors were not given code numbers to be able to open the door to the test area so they had to ring the reception bell when they returned from the toilet. For four days, OET managers were "too busy" to give the code number.

These trivial matters impacted staff relationships. Assessors can no longer teach and teachers are not allowed to be assessors. The entire process seems to have become rushed and assessors under pressure to put in their results quickly. There is less time spent on assessor preparation and there are severe doubts that there is enough preparation or care to assess thoroughly.

⁴ CAE's website is www.cae.edu.au, OET's website is www.oet.com.au.

⁵ Email from [redacted], OET Assessment Manager to assessors dated 15 February 2007
Submission from David Lamb, English tutor

Rater reliability was measured by Melbourne University after every OET administration so that assessors could get feedback on their performance in order to maintain high standards. Assessors were rated on their severity or leniency and on their consistency. Rater reliability has been dropped.

The CAE Annual Report for 2009 states that, "*Papers on OET research were presented in June 2009 at the International Conference on Communication, Medicine and Ethics (COMET) in Cardiff, Wales. Presenters discussed the dissemination of ongoing research in discourse/ communication studies and practical ethics which engages directly with healthcare practitioners.*" Why is similar information not published on the OET website?

OET claims to have outsourced test administration to minimise risk, but has clearly, as illustrated in the examples above, failed to specify performance standards that provide adequate competence, reporting and respectful behaviour to candidates who are part of the most widely respected professions in Australia.

I have a document entitled, "CAE values" and I notice one of the 'Beliefs' is "We put students first" and one of the Values is 'Accessibility'. The examples above are just a few illustrations of how far reality falls short of the claims.

Administration of the Registration Process

The question of the period of validity and the stress it can cause is not limited to English competency. Apparently there is an AHPRA requirement for a 'letter of good standing' in some of AHPRA's procedures, because applicants are being asked to update their letters of good standing even when it obvious they have not had any new work experience during the registration process. I have searched the AHPRA website for the term without success. Applicants are told that the 'letter of good standing' has only 12 months' validity, but, on enquiry, it seems this rule only appears on AHPRA's intranet and therefore is not available to applicants. The reason for secrecy is baffling.

There must be a reason why AHPRA is a *regulation* agency whereas previously there were *registration* boards, but it is not clear what is being regulated.

The changes in rules for registration, while a desirable objective, have been introduced in a manner that has caused, and is causing candidates a great deal of stress and financial cost that could have been avoided with better planning or more notice. There are reports that locally-trained health professionals are also finding AHPRA's procedures difficult to manage too.

The arbitrary rule about "passing" all skills in one sitting ignores knowledge of second language acquisition and assumes that language testing procedures are accurate and reliable. If this were so, then how could candidates' grading vary erratically as shown in the examples above?

OTHPs in Australia study English so they can work in the Australian system – a system that is different from overseas systems – without being allowed to work in the system. So, English is being studied, and English testing is being performed outside of the Health system, while pretending to be part of the system. The people assessing English are making judgements without having ever worked in the system, nor having been trained in essential aspects of the system.

Review and improvement of the overall system of registration for all health professionals and in particular, the measurement of English proficiency, is necessary and urgent.