



Parliamentary Inquiry into the Occupational English Test for overseas qualified health professionals 2011

I am an English language lecturer at TAFESA and I have specialised in teaching Occupational English preparation classes for the last 10 years. I am writing this submission on my own personal behalf, not as an official voice of TAFESA.

I would like to add some further evidence to my first brief submission (email, 5/2/11) in the form of several case studies of students I have taught in the last 10 years who appear to have suffered unnecessarily as a result of the OET process. These people have expressed frustration, anxiety and depression as they could not progress into the Australian health system. These people are not simply those whose English levels were too low to pass the OET but those who should have passed and moved forward.

Iraqi dentist

I taught a dentist with 10 years' experience, who attended my OET classes with good speaking, reading and listening skills but displayed some weakness in writing. He eventually passed all of them after 8 sittings but was required to resit the first parts again as the 2 year limit had been reached. He related to me how he was refused entry into one OET exam because the administrator, apparently, doubted that the picture in his passport was him because he had had a short haircut. He was refused entry to the OET on this basis and not given a refund.

Polish/Australian nurse

I taught a Polish lady in her early 40's. She has lived in Australia for 28 years. She decided to study Nursing at Flinders University and graduated in 2007. When I met her, she had been working for a while in an Aged Care facility and had been offered a position there as a Registered Nurse. She needed the OET to accept this job. She did the

test several times unsuccessfully and experienced a severe loss of self-esteem requiring medication for depression. She wrote impressive referral letters in English and spoke, more or less, like a native speaker. After failing the test 4 times, she came to me. She improved her score but not enough. The exam 'freaked her out'. She has given up. She would be a valuable asset in any hospital with a great work ethic, excellent medical, cultural and English language knowledge and fluency in Polish, the language of a significant number of migrants.

An Indian doctor

This doctor came out here with his wife, a social worker and their 7 year old daughter. He very quickly passed the MCQ test with a very high score but was unable to pass the writing part of the OET after 4 or 5 attempts. His wife got a job at one of the public hospitals and his daughter attended a local school. He had 10 years' experience in his home country. They were members of a local Christian church who supported them morally. He studied with me for 1 term. He gave up the quest of the OET after 5 attempts (including the total resit twice) and the whole family has returned to India. In my class, he was one of the best writers, easily at the level of the exam, but the stress of the exam totally overwhelmed him.

A Bangladeshi pharmacist.

This pharmacist from Bangladesh came out on a 457 visa. He has been required to work fulltime for a year to fulfil his visa requirement. He found a job at a chicken factory 20 kilometres north of Adelaide where his shifts often begin at 6 am. This is demeaning work for a health professional and he is too tired to study at night. He has no access to a course to assist him with the OET. He is one of many 457 visa professionals who beat a track to this chicken factory which has unlimited labour available – other 457 s - who

will never protest against conditions of work or pay. He needs a bit of help to understand the OET requirements and I have helped him with those but he really needs to study much more to pass the OET. Although his English is good, his totally different pronunciation will make it extremely difficult for him to pass the speaking test for a long time to come.

A special case

There was a Middle Eastern doctor in my class about 8 years ago. He had a PhD. in Pathology from the University of Edinburgh. His English was excellent and he passed the OET without too much difficulty (it was easier then). Another teacher and I tried to get him a work experience placement in some pathology laboratories but no-one wanted to be bothered with him. Eventually, after passing the MCQ, he was placed in Emergency at a northern suburbs hospital. He had a medical 'incident' with one of the patients and was so traumatised about it that he stopped working and became severely depressed. His wife and children left him some time after. He was often seen wandering about the streets of Adelaide in a terrible state. I do not know what happened to him after that. Why wasn't he offered a position in a pathology laboratory? This does not reflect on the OET process but suggest there may be problems with further processes down the track, such as finding suitable departments for partially registered doctors to work in.

Various nurses

When the requirement of the OET was raised to Bs in all skills, this caused much distress among the overseas qualified nurses. Many of these came to Australia with an inaccurate IELTS score from their country of origin and could not cope with either the OET level of English. Even so, a significant number of nurses, doctors and other professionals in my

classes have made it through and are now working in their chosen field. I think those medical professionals who got through the OET exam or the IELTS test when the requirements were lower, have generally integrated into the medical system with no major disasters, so what was the point of raising the bar even higher if not to keep these people out? The levels required of the Reading and Listening tests are the main focus of difficulty I would say. I have found that students can improve their skill levels relatively quickly when we focus on the exam scenario types in the Speaking and Writing.

However, for most, the Reading and Listening levels take longer to achieve – another reason to give students a longer time frame to achieve all skills as occurred before March 2010.

As far as I know, there has never been a control group of native speaker university students to give a comparison of the level of difficulty of the OET test, especially the Reading and Listening sections. I am sure that many educated native speakers would struggle to get to a B level in this exam.

Recommendations:

1. Put overseas medical professionals in to a mentoring system whereby they would have frequent contact with already qualified medical professionals (who could receive an incentive payment for this) and integrate the OET training into the hospital which would offer 2-3 hours coaching per week in each macro-skill.
2. Standardise overseas IELTS test administration using only Australian-trained staff.
3. Allow overseas trained medical personnel to gain their OET over a 3 year period with preparation courses readily available on arrival. Use retired medical or teaching personnel to teach or coach in this area after undergoing a standardised training course. These same people could eventually administer the IELTS test overseas and would be motivated to do so.
4. Keep some kind of communication skills training going in the hospitals to assist

overseas qualified staff to continue to access help once they start working in their field as it clearly does not exist.

In conclusion, if Australia really does need these overseas health professionals, and it seems that we do, then they should be supported in their pathway at each stage until they are able to work independently. With the right assistance, these people will be able to move into their chosen career pathways quickly and contribute to our health care system very effectively.

Yours faithfully,

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