

Submission to the Inquiry into Registration Processes and Support for Overseas Trained Doctors

Introduction

_____ is a Senior Specialist Teacher at a tertiary language institute in Sydney with many years experience in teaching and co-ordinating courses for OTD's. She has also been an IELTS examiner for the past 3 years. She has taught English at tertiary level at various universities in Australia and throughout the world.

_____ has taught OTD's for many years and worked as an OET assessor for the speaking subtest for approximately 10 years until the OET Centre decided that those who taught candidates could not be interlocutors or assessors. _____ has also worked as a Migrant Counsellor for the past 25 years at a tertiary institution in Sydney.

Collectively we would have assisted many hundreds of OTD's over the years and therefore we feel we have much to contribute to your enquiry. We are presenting this submission as individuals and do not represent any organization.

We feel impelled to speak on behalf of many OTD's who choose to remain voiceless i.e. will not make submissions as they are either too demoralized or fearful of any possible negative repercussions in a system they already feel to be mostly hostile and unsupportive. Several have however, given us permission to include excerpts from correspondence they have had with us in regard to their experience as OET candidates.

At the outset we would like to thank the committee for the opportunity to submit our views and to say how relieved we are that there is finally a Parliamentary Inquiry into this process which we feel is long overdue.

During our professional careers we have witnessed the extreme frustration, heartache, mental and physical distress that most OTDS' experience in the lengthy process of gaining registration in Australia. The entire process is confusing, costly, time-consuming and lacking in transparency and is perceived by those going through it to be a process of exclusion rather than encouragement and assistance. In fact it seems to us, and certainly to those health professionals trying to get through, that the path is strewn with sometimes insurmountable obstacles.

Whilst no-one would argue against the importance of maintaining standards in the field of health services, there appears to be very little in the way of financial or other support to assist OTD's to gain registration in Australia.

The largest group of OTD's that we have had contact with have been those who are permanent residents and entered Australia either on a spouse, family reunion or refugee visa. The latter group requires particular mention as many of them have endured lengthy disruptions in their careers, not to mention the serious consequences of trauma and torture.

It is also important to highlight that there appear to be different standards applied for registration and provisional registration depending on visa category. Those coming in on temporary visas seem to receive provisional registration with greater ease than those on permanent visas.

Possibly, what most moves and frustrates us and motivates us to put in this submission is the genuine passion and enthusiasm we see in our students for their chosen vocation. It is rare to see a student who is not fully dedicated and committed and impatient to resume their medical careers and make a contribution to this society. This was brought home quite starkly by one of the lucky ones who has at last got through the process. He visited after he had been to a hospital for an interview and tearfully told us how exhilarated he felt just to smell the hospital environment again and to know he would be wearing a white coat and returning to using his skills.

It seems paradoxical that while smaller, regional and remote areas of Australia are without the services of GPs, anaesthetists, obstetricians and other medical specialists as well as dentists, nurses, physiotherapists there is a pool of skilled professionals willing to service these areas, but struggling through the registration process. We acknowledge that some overseas health professionals need a greater period of time to gain sufficient English proficiency and professional knowledge and that some may not make the grade. But at the same time we are frustrated that there are far too many talented, experienced and enthusiastic overseas health professionals willing and desperate to restart their careers getting slowly worn down financially and emotionally by the long and tedious registration process.

General Comments regarding information about registration requirements

The information regarding recognition and assessment of OTD's on the AMC website is very confusing – not only for native speakers but particularly for non-native speakers. With the recent introduction of APHRA, there appears to be greater confusion about the process. It is extremely difficult to contact APHRA directly or each individual board. When trying to contact the different registration bodies of each health profession, one is referred back to APHRA. Email queries to APHRA have often been ignored and it often takes several phone calls and much time to even connect to a voice.

The English Language Requirement IELTS and OET

It is without doubt that it is vital for health professionals to have excellent communication skills and an understanding of the prevailing medical culture in which they will work. Therefore it is essential that potential OTD's are trained and assessed in medical communication. A test of the nature of the OET (i.e. testing communication skills in a medical context) is highly appropriate and preferable to a generic language test such as IELTS. OET preparation courses not only prepare prospective doctors with the requisite language skills to pass the exam but equip them with cultural understanding and information that is of great benefit to their future careers in Australia.

With the exception of the Dentistry Board, who have signed an MOU with the OET Centre and who only accept a pass in OET as evidence of English proficiency, all other health professional registration bodies accept both IELTS and OET. IELTS certainly has the advantage of being a truly international standardised test. It was designed and is run by Cambridge University and sets very stringent rules and high standards for those administering the test as well as those involved in examining candidates. IELTS centres are regularly monitored to ensure compliance with standard procedures set down by Cambridge. Examiners are trained and their performance assessed before they are given accreditation and they are required to undergo a re-accreditation process every two years. In addition they are regularly monitored to check their grading accuracy and adherence to standard procedures, including the timing and wording of the Speaking test. The rationale for this rigorous standardization is that all candidates all over the world are entitled to the same conditions and therefore the same chance to succeed when doing the tests.

Unfortunately, although the assessors at the OET Centre in Melbourne are probably subject to the same sort of training and monitoring, because the test is outsourced, many of those who actually administer the test, especially those who conduct the Speaking test are not. This too often means that candidates do not enjoy standardized examination conditions.

Students often report that a supervisor in one room allowed the standard two minutes at the end of the Listening test for them to check their answers whereas the supervisor in the room next door did not. Another example of inconsistent practises is in the writing test where one group was lucky enough to be supervised by someone who was not aware that candidates were not allowed to write anything during the five minute reading time and allowed them to start writing, while other groups were not allowed to pick up a pen during this reading time.

IELTS has the benefit of greater standardisation and more efficient administration, but we believe that the OET is a far more suitable tool for assessing a health professional's language proficiency and cultural understanding. The academic IELTS strand that OTDs are required to take is best suited to people wishing to take up university or other tertiary courses. The Speaking test involves general and varied topics and the Writing tasks are more akin to the type of written tasks, argumentative essays etc. required of tertiary students. In contrast, the OET involves Speaking tasks (doctor/patient role plays) and Writing tasks (referral letters usually) which more accurately reflect the real world

language requirements of health professionals. In preparing and sitting for the OET, overseas health professionals are exposed not only to the language but to the medical and broader culture in which they will work. All components of the test have a particular focus on health and are within the genres most commonly found in the health field. In this respect the OET has a greater capacity to validly measure a candidate's performance of the communication tasks needed to operate efficiently as a health professional in Australia. Unfortunately the OET's great strengths are too often overshadowed by other factors which detract from its effectiveness as a measurement tool.

Issues of concern regarding the Occupational English Test

As stated above, the concerns raised about the OET do not relate so much to the need or existence of such a test, but rather are about the administration and a lack of transparency, standardization and accountability of those administering the test. In addition, the candidates, as professionals need to be treated with dignity and respect throughout this challenging procedure.

The following points indicate areas of concern regarding the OET;

- **Validity**

There needs to be an extension of the validity of the results (currently only 2 years). While this expiry date might be appropriate for other language exams such as IELTS, it is inappropriate for those embarking on a three-step, lengthy registration process. Often OTD's have a long wait before gaining a booking to do the clinical exam.

One recent case was a doctor who after clearing the OET and MCQ had to wait more than 18 months for her clinical exam. In the mean time she worked at a prestigious hospital alongside Australian specialists and researchers, writing and reviewing international journal papers, presenting research results, interacting daily in a native speaking clinical environment. She passed her clinical exams but while waiting for the registration process to be completed found that her OET results had expired. She resat the OET and was shocked to find that she failed one component. Another few months wasted, another \$580 fee for the OET.

- **With regard to O/S trained dentists, they are required to pass the OET prior** to doing any of the other registration exams. Unlike all other health professionals, they do not have the option of doing IELTS. We know many cases of people who cleared the OET but have had to wait months to sit for and receive the results of the MCQ and then many more months to get a place in the clinical exam. If they fail to pass either of these sections and have to redo them, we see them coming back to prepare for yet another English test. We have been finding that doctors who have passed the MCQ before they prepare to sit for the OET are more proficient in English partly because they are reading for the MCQ and partly because they have a longer period of exposure to the English language around them and to the Australian culture. For dentists, no progress can be made without firstly passing the OET.

- **Administration of the OET**

As the administration of the OET is outsourced it appears as if accountability is not monitored and there lacks a fair appeals process for dissatisfied candidates.

Many candidates have reported that the exam is administered in an ad hoc fashion with untrained exam administrators. They report receiving different instructions e.g. regarding the start-times and finish times. Inconsistencies and lack of standardization is most apparent in the administration of the speaking subtest.

The speaking subtest: The interlocutors who role play in the speaking test are mostly untrained and therefore the way in which different interlocutors interact with candidates varies enormously. For example if an interlocutor simply reads out what is on the role card without actually authentically trying to role play as a patient, this could impact on the performance of the candidate. There have been many reported instances of the interlocutor giving the candidate the wrong card. As candidates are often at their most anxious during tests, it is important that the interlocutor acts professionally and consistently e.g. they should not be allowed to receive phone calls when candidates are preparing their role plays as was reported recently by a distraught candidate.

The purpose of the speaking test is to elicit as much language as possible from the candidate and to provide a quasi-authentic context in which they can demonstrate their ability to effectively interact with patients. It is therefore essential that interlocutors are well trained and well prepared. It is not acceptable for the interlocutor to have to ask the candidate how to conduct the role play as has been reported many times.

The speaking is assessed only through a recording. This does not represent the full communicative repertoire of a candidate e.g. Non verbal communication skills. This contrasts with the procedure in the IELTS speaking test assessment where only a certified examiner administers the test and assesses the candidate on the spot, taking into account all aspects of the communication act: eye contact, body language including facial gestures and demeanour as well as the verbal delivery. An audio assessment clearly only provides a limited sample of the candidate's communicative competence.

- **Inconsistent results:**

Candidates exhibit results that vary enormously over repeated attempts at the exam. Some candidates will also sit for IELTS and there often appears to be no correlation in results. This could indicate that the OET is not well standardized.

- **Cost of OET:** With the recent changes in policy, all sections of the exam (speaking, reading, writing, listening), must now be passed simultaneously. The cost of repeating this exam many times places a significant financial burden on candidates. The ASDOT subsidy only applies for one sitting to those on a Centrelink benefit. Many OTD's are mature aged with family responsibilities and the financial cost and time consuming nature of the registration process presents enormous financial pressures. Many OTD's work in poorly paid manual jobs in order to support themselves and their families, while going through the registration process.
- **Attitude of examiners towards candidates:**
Candidates report being treated with disrespect during the exam – having to wait outside the building for their speaking test after having done the other sections of the test. There have also been reports that some examiners would not allow candidates to go to the toilet in between exams e.g. after the listening test and prior to the reading test. Candidates report that they have felt humiliated by this and because of their discomfort find it difficult to concentrate.

Current Support programs available

Depending on visa category, some are eligible for free English language tuition under the DIAC funded AMEP, but many have to pay fees for preparation courses for the OET. This is in addition to paying to sit for the OET.

The provision of free preparation courses for OET or IELTS needs to be extended.

There appears to be very little in the way of subsidized preparation programs for the MCQ and clinical exams.

Because of the length of time it takes to gain registration, candidates are in danger of becoming de-skilled as they are out of touch with clinical practise often for many years. There is no organized way for OTD's to access work experience/observation while trying to pass their exams.

Suggestions to further assist OTD's to gain registration

- Clear information/pathways need to be available and accessible for OTD's (e.g. AMC website needs improving).
- A body is needed to assist, advise and facilitate navigation of the registration procedures for OTD's (could be a special unit for OTD's attached to APHRA).
- Need for funded preparation courses for all three exams, OET, MCQ and Clinical
- Opportunities should be available for work experience/work observation/ mentoring in order that OTD'S do not become de-skilled
- Needs to be an investigation into the administration, transparency, validity and accountability of the OET.
- Needs to be an extension of the current 2 year validity of the OET and IELTS for OTD's.
- The waiting period for participation in the clinical exams needs to be reduced.

- Re-introduction of a system whereby OTD's can join the final 2 years of an undergraduate (or post graduate) medical course as an alternative pathway to registration. This program existed many years ago at UNSW for refugee doctors.
- This inquiry should be extended to all health professionals. Dentists in particular have to negotiate complex procedures and barriers to registration, as was discussed earlier. Nurses, especially those from overseas who are able to enrol in a nursing degree – in Australia – are understandably distraught, when on completion of their course find that they still facing the English language test barrier. One nurse recently told us that she has so far spent \$100,000 over the 3 year period of her nursing course. There are many nurses who have been completing undergraduate course here as fee paying students who face the prospect of their visas expiring on March 15 2011. They have not yet sat for the OET and might need to return home without gaining registration.

Summary

We feel it would not be an exaggeration to say that in our experience through our contact with hundreds of OTD's over the years we have witnessed the extreme, ongoing stress caused to many OTD's and their families. Many have been traumatized by repeated failures, financial hardship and lack of support, while at the same time feeling they are losing their skills and might never succeed in the Australian system.

In order to maximize the benefit of having educated, skilled migrants in Australia and to prevent the extreme frustration caused by perceived barriers to registration, there needs to be greater support to assist OTD's. There is undoubtedly a cost in terms of damage to mental and physical health of OTD's as a result of the difficulties they encounter as well as a cost to society by not utilizing their knowledge and skills appropriately.

The following excerpts from OTD's highlight some of their experiences:

From a doctor who has cleared the OET, MCQ and Clinical but whose OET validity has expired:

"In despair, I am writing to you and telling you my frustration, confusion and disappointment with the way OET centre has treated overseas trained doctors who have been going through the hardest time to become doctors in Australia.

How they treat us:

We have to stay in the same room for three hours to complete three components of English test. There are approximately ten minute breaks between each component. However we are not allowed to leave the room. I begged invigilators "may I go to toilet under your escort because I have to change my pad" answer is 'NO'. I was chilled and humiliated.

What standard do they want from us?

Many candidates passed this test 2 years ago, but it is no longer valid after a long waiting period for clinical exam (18 months on average). They have no choice but to re-do it. However, life would not become easier; they have not been successful after a few attempts. I am wondering, how their English is getting worse while they are living in English environment: working and studying?

From another doctor in a similar situation:

*On behalf of many friends of mine, I would like to thank you very much for your help and encouragement. From you, we learn not only English, but also culture which we love. In addition, many of us are able to pull up our strength to sit in the exam again after the course, although it will probably be another trauma to go through. Many of us consider that OET is **badly** organised.*

The "drama" during the OET exam happens constantly. The Speaking test may be the worst part of the test. Some of my friends found the person, who is supposed to conduct the speaking test, could not actually conduct the test. She/he did not even know how to turn on the recorder. Other friends complained that the role players were too nervous to play the role. They frankly told candidates that they did not know how to play the role. They constantly looked at the clock and repeatedly asked the same question.... Some other role players did not know what the topic and scenario were. Some of them didn't remember how many role-plays they needed to do. One friend had to persuade the person that she had to do two. Bad conduct and bad attitude were prevalent.

What is the quality of OET? What is the consistency of the OET results? Our results are floated from A to D, hardly ever get 4 Bs at one go.

We even have to sit on the street, waiting for the next session of the test because we are not allowed to stay in the building except if we have a test.....

We are confused, very confused. Are we stupid? We passed MCQ and clinic test. Why could we not pass OET? Many candidates have PhD. How can we pass OET? Where can we learn? How can we improve? What are the criteria? What is the passing rate?

We are calling for help. We are calling for somebody to check OET organisation.

Sincerely yours

OET candidates'

From the wife of an O/S qualified vet:

'P. (her husband) will NEVER pass this exam (OET) and we will not enrol again. It is a loss of time and money. We'll go for belts at least it's fairer, the assessors are prepared people, the results come in 2 weeks and there are plenty of venues all over the world and it's HALF of the cost of OET we strongly believe it's a fake and a rip-off'

From an OET Candidate from 2008:

'I was the last one in my group so my speaking test started around 7pm. Like everyone I was exhausted, hungry and terribly worried after long hours of waiting. When my test began the examiner's words were 'Thank God you are the last one. I am very tired and I want to go home. Then

the first role play started during which I did not do much because the examiner was in a hurry and gave me lots of information even before asking him. Later after finishing the first role play the most shocking thing happened when the examiner simply turned the recorder off and told me with a fake smile "OK goodbye" and I said "Pardon" and he said "Go home, bye" and then I replied "Excuse me, but I have another role play to do and he said "Oh right.... But just let's be quick.'

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