

AN OBSERVATION OF THE CURRENT LANGUAGE TESTING POLICIES FOR THE REGISTRATION OF IMMIGRANT NURSES IN AUSTRALIA

Tiffany Lynch

INTRODUCTION

The latest statistics released by the Nurses Board of South Australia indicate the increase of applications for registration by nurses from non-English speaking backgrounds (NESB).

In 2006-2007, applications were received from 37 countries compared with 29 countries in 2005-06. For the first time, the dominant source of applications received from the United Kingdom (24% of total) was challenged by other countries, in particular the Philippines (19% of total) and India (17% of total). Applications received during 2006-07 increased significantly from the following countries: Philippines from ten to 123, India from ten to 110, United Kingdom from 112 to 154, Nigeria from 9 to 20 and China from 8 to 23.

(<http://www.nursesboard.sa.gov.au/index.html>)

According to the Australian Nursing and Midwifery Council (ANMC), English language proficiency has increasingly been identified as an important issue in relation to public safety for all Australian state and territory regulatory authorities and has led to a major project for 2007/08 to develop a national framework for the assessment of internationally qualified nurses and midwives for registration and migration.

Currently international nurses seeking registration in an Australia and other English speaking countries are required to obtain either an IELTS score of at least 6.5 in Reading and Listening and a score of at least **7 in Writing and Speaking** with an **overall band score of 7 or greater, or** an OET score of a **B pass or higher in all four sections** of the test (Speaking, Listening, Reading and Writing).

The Occupational English Test (OET) is a language test for overseas qualified health professionals offered as an alternative to IELTS. The test assesses the English language proficiency as it is used in medical and health professions. The OET is administered by the OET Centre six times a year and in over forty locations around

the world. The OET measures the language competency of health professionals who are seeking registration and the ability to practice in an English-speaking context. It is designed to ensure that language competency is assessed in a relevant professional context. The OET contains Writing and Speaking tests specific to each health profession yet the Reading and Listening tests are the same test for nurses as for the all of the following professions:

Dentistry	Pharmacy
Dietetics	Podiatry
Medicine	Physiotherapy
Nursing	Radiography
Occupational Therapy	Speech Pathology
Optometry	Veterinary Science

This has proved to be a severe hurdle for some overseas qualified registered nurses, in many cases delaying their progress in accredited bridging programmes and, in others, preventing significant numbers from proceeding to registration. The results attained by the international nurses in Australia indicate that the majority of nurses are failing to gain an adequate B score for the OET.

HISTORY OF THE OET

Hawthorne (1996), claims that by the early 1980s, the Australian Government created Council on Overseas Professional Qualifications (COPQ), in trying to establish an appropriate language testing system for overseas medical professionals, failed to recognise that such testing must be based on proper research and validation:

“According to Tim McNamara, now Associate-Professor in the Department of Linguistics and Applied Linguistics at the University of Melbourne, though the committee appointed by COPQ contained several eminent people, (The two applied linguists) were not given a chance to do any proper test development” (Hawthorne 1996).

Added to this, Tim McNamara (1997) states that “the difficulty of simulating authentic communicative process under test conditions, and the inseparability within authentic performance of professional knowledge and language behaviour, suggests that content validity may only be superficially achieved.” The resulting Occupational English Test was designed to test candidates' speaking, listening, reading and writing skills in linguistic contexts simulating the professional context.

OET and IELTS

Another option for the international nurses is to attain an IELTS of 7 overall however, unlike IELTS, the OET can be sat on more than one occasion and results from separate tests combined. This paper provides the results of a comparison study into results of NESB registered nurses, seeking Australian registration, in both the OET and IELTS. As a majority of health authorities accept both tests, the question of equivalence has arisen. Dr Cathie Elder of the Language Testing Research Centre in Australia is currently conducting an OET-IELTS benchmarking study but this is as yet unpublished and so the results cannot be included in this paper.

Research into the results attained by the international nurses in Australia indicates that the majority of nurses are failing to gain an adequate score for the multiple choice reading component of the OET and this is an area where more focused skills practice is requested. The journal articles used in the Reading test commonly contain highly complex academic language and both the questions and the text express opinions using double negatives which are confusing for second language learners to understand. Green, 2007, states that multiple-choice tests have been criticised for possibly restricting test content, atomising knowledge and encouraging teaching practices focussed on passing multiple choice tests (Wise 1985, Resnick and Resnick 1992, Prodromou 1995, Hughes 2003 cited in Green 2007). Indeed, students are taught how to approach multiple choice questions by eliminating the options that are obviously incorrect and selecting between the ‘most correct’ of the remaining two. Chapelle, 1998, questions whether the scores on such reading tests can be interpreted as indicators of reading ability or of the candidate’s knowledge of the subject matter chosen for the particular test as well as their reading ability. Following this line of reasoning, it would seem that NESB nurses would have more chance of doing well in

the OET over IELTS because it is about medical topics whereas IELTS can be on a diverse range of topics.

IELTS is assessed on a nine-band scale and reports scores both overall and by individual skill. Unlike the OET, IELTS must be re-sat in full until the applicant achieves at least the minimum score for all sections in one sitting.

The results from recent sittings of both tests are listed below:

IELTS Frequency distributions by percentage

The following tables show the distribution of scores achieved by candidates seeking nursing registration in Australia:

http://www.ielts.org/teachers_and_researchers/analysis_of_test_data/percentile_ranks

ACRoverall	Below 4	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9
For registration as a nurse (including	0	0	2	6	16	27	24	14	7	3	1	0

Mean band scores for female candidates

	Listening	Reading	Writing	Speaking	Overall
Academic	6.03	5.99	5.56	5.92	5.94
General Training	5.93	5.63	5.71	6.05	5.89

Mean band scores for male candidates

	Listening	Reading	Writing	Speaking	Overall
Academic	5.84	5.77	5.38	5.70	5.74
General Training	5.86	5.57	5.59	6.01	5.82

OET results for each of the four skills by percentage receiving A or B for individual skills:

The following results are from OET candidates seeking nursing registration in South Australia on 2nd February 2008.

Listening	Reading	Writing	Speaking
56	50	67	50

Percentage of candidates who received A or B in all skills tested = 13% of OET candidates achieved adequate scores to proceed to registration.

These results indicate that 87% of candidates need to wait to sit another test and currently in Australia the test marking turnover is 6-8 weeks and candidates are excluded from resitting until their results are received. This causes them to miss the next test and have to wait more time for the subsequent test sitting. OET candidates that have been part of this observation, have extended their visas in several different ways such as switching to a tourist visa or enrolling in different courses to apply for a student visa. Many have commenced a Community Welfare diploma because it is cheaper than the English language courses offered and will provide access to a two year visa. They have no intention of completing the two year Community Welfare diploma and plan to drop out as soon as they manage to gain adequate scores in all of the OET sub-tests. Some nurses have had to return to their families in their country of origin because they are unable to stay on indefinitely waiting to resit the OET.

CONCLUSION

The OET in its current form needs improvement in two areas identified by this observation. Firstly the turn-over rate of marking the test and publishing the results needs to be improved to bring it up to the standard of the IELTS turnaround which is just two weeks. This would enable overseas nurses to be able to sit consecutive tests and not be waiting around and enrolling in other courses merely for reasons of visa compliance. This would also decrease the rates of overseas nurses who simply have to

return to their families or cannot afford to stay on in Australia indefinitely while waiting to sit the OET.

The other area of improvement is to make the Reading and Listening sub-tests profession specific so that the nurses do not have to sit the same test as the other medical professions. It would be much more useful and relevant to have nursing specific topics for the nurses to be tested on rather than dental or veterinary topics where the language of those professions is not familiar or useful to a nursing career.

There is much opportunity for further research on many aspects of the OET in relation to IELTS and as more data becomes available this study into comparisons between the IELTS score of 7 and the OET B level will develop further to ascertain whether the current system provides sufficient basis for estimating the equivalence of the two scales.

BIBLIOGRAPHY

Birrell, R. and Hawthorne, L. 1996. *Immigrant Professionals in Australia*, Australian Government Publishing Service (AGPS).

Green, Anthony. 2007. *IELTS Washback in Context: Preparation for Academic Writing in Higher Education*. Cambridge University Press

Hawthorne, L. 1994. The Politicisation of English The Evolution of Language Testing, *People and Place*, vol. 2, no. 2, 1994

Hawthorne, L. 1996. The Politicisation of English the Case of the Step Test and the PRC Students', Chapter One in *Australian Review of Applied Linguistics*, Special Volume S, Canberra.

Lumley, T., Lynch, B. K., and McNamara, T. 1994. *A New Approach to Standard Setting in Language Assessment'*, paper presented at Annual Conference of American Association for Applied Linguistics, Baltimore.

McNamara, T. 1996. *Measuring Second Language Performance*, Longman, London & New York.

McNamara, T. 1997. *Problematising content validity: the Occupational English Test (OET) as a measure of medical communication*. Melbourne Papers in Language Testing, Volume 6, Issue 1, Nov 1997