IELTS

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An impact study into the use of IELTS by professional associations in the United Kingdom, Canada, Australia and New Zealand, 2014 to 2015

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Abstract

Professional associations today are dealing with increasing populations and vastly increased mobility of professional migrants and refugees, many in the health sector. English language testing is, therefore, a crucial factor in ensuring protection of the public, with potentially dire consequences if errors are made. This study focuses on the UK, Canada, Australia and New Zealand, and examines changes in attitudes and processes in English language testing, including the use of IELTS and alternative testing systems, eight to nine years on from previous studies.

Professional associations have been setting minimum standards of English language for overseas trained professionals in the United Kingdom, Canada, Australia and New Zealand for almost a decade. Over this time, professionals have become increasingly mobile, and pressure has grown particularly on the health care professions to ensure protection of the public by regulating the English language skills of overseas trained professionals.

This study examines the use of IELTS by professional organisations, attitudes to the test, competitors in the field, stakeholder support required and risks to IELTS almost a decade on from previous studies.

Many organisations continue to utilise IELTS as their sole acceptable language testing system, or as one of a limited number of tests. IELTS is considered to be reliable, secure and a good test of communicative skills, with efficient score verification processes. There has been increased cooperation between similar organisations, both nationally and internationally, with medical regulators, in particular, sharing research into English language testing, and setting common standards and regularly reviewing them. Regulatory bodies in the United Kingdom and Australia have followed government initiatives to consider broadening the suite of approved tests, which may affect IELTS' market share.

Research on concordance of IELTS scores with other global tests, such as TOEFL iBT, Cambridge English Advanced and the Pearson Test of English, determined that matching scores of dissimilar tests is complex, and the concordance tables currently published on the websites of other test providers lack consistency. It is recommended that the IELTS partners address this for the guidance of stakeholders.

The possibility was raised that the integrity of IELTS scores may be compromised by the introduction of non-standard use of IELTS test scores. A clear policy on the use of IELTS scores should be developed, regular contact between the IELTS partners and stakeholders should be maintained, and advice to stakeholders on standard-setting is critical.

AUTHOR BIODATA
GLENYS MERRIFIELD

Glenys Merrifield has been involved in international education, and in particular the TESOL sector, since 1975, primarily in the United Kingdom and Australia. She has been involved in lecturing and training in universities and private vocational education and training for a number of years. She holds postgraduate qualifications in management. From 1992 to 2004, she managed the National ELT Accreditation Scheme (NEAS), the national accreditation and quality monitoring service for Australia's international student sector and Adult Migrant English Program.

Since 2004, she has run her own consultancy business, and conducted research and project management for the international education industry in Australia, New Zealand, the UK, the USA and Canada, related to language testing, professional development, quality assurance in ELT, and other aspects of international education.

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IELTS Research Program

The IELTS partners – British Council, Cambridge English Language Assessment and IDP: IELTS Australia – have a longstanding commitment to remain at the forefront of developments in English language testing. The steady evolution of IELTS is in parallel with advances in applied linguistics, language pedagogy, language assessment and technology. This ensures the ongoing validity, reliability, positive impact and practicality of the test. Adherence to these four qualities is supported by two streams of research: internal and external.

Internal research activities are managed by Cambridge English Language Assessment's Research and Validation unit. The Research and Validation unit brings together specialists in testing and assessment, statistical analysis and item-banking, applied linguistics, corpus linguistics, and language learning/pedagogy, and provides rigorous quality assurance for the IELTS test at every stage of development. External research is conducted by independent researchers via the joint research program, funded by IDP: IELTS Australia and British Council, and supported by Cambridge English Language Assessment.

Call for research proposals:
The annual call for research proposals is widely publicised in March, with applications due by 30 June each year. A Joint Research Committee, comprising representatives of the IELTS partners, agrees on research priorities and oversees the allocations of research grants for external research.

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INTRODUCTION FROM IELTS

This study by Glenys Merrifield was conducted with support from the IELTS partners (British Council, IDP: IELTS Australia, and Cambridge English Language Assessment) as part of the IELTS joint-funded research program. Research funded by the British Council and IDP: IELTS Australia under this program complement those conducted or commissioned by Cambridge English Language Assessment, and together inform the ongoing validation and improvement of IELTS.

A significant body of research has been produced since the joint-funded research program started in 1995, with more than 110 empirical studies receiving grant funding. After undergoing a process of peer review and revision, many of the studies have been published in academic journals, in several IELTS-focused volumes in the *Studies in Language Testing* series (www.cambridgeenglish.org/silt), and in the *IELTS Research Reports*. Since 2012, in order to facilitate timely access, individual research reports have been made available on the IELTS website immediately after completing the peer review and revision process.

This report looks into professional associations' attitudes towards and perceptions of IELTS, revisiting a topic that Merrifield first investigated about 10 years ago. Has anything changed? "It was clear," the researcher writes, that professional associations "had developed a more informed view about English language tests in general and the regulations on English language testing in their registration process. Most were also more knowledgeable about the IELTS test".

These findings are certainly to be welcomed. In contemporary thinking, one cannot talk about the validity of tests unless their use has been taken into account. For this reason, the IELTS partners put a lot of emphasis on promoting assessment literacy – running seminars to increase public understanding of testing, supporting investigations into the matter such as this one, and publishing relevant materials for a range of stakeholders. As such, it is good to know that good progress is being made. That organisations are regularly reviewing the scores that they should accept is also a positive development.

Of course, there are caveats and limitations. Those who participated in the study are representatives of organisations which process larger numbers of candidates, so it is unclear whether or not other organisations that deal with fewer candidates and which perhaps have more limited resources, have similar levels of understanding.

The report also deals with concordance tables between exams. In our own experience of working with stakeholders, we find that there is sometimes an inordinate desire for these, as they obviously make it easier to determine an "equivalent" score to accept. However, as the report rightly points out, different exams can differ in any number of ways, and outcomes cannot, therefore, be equivalent. The use of concordance tables can, therefore, be misleading, not to mention confusing, as the various concordance tables published by various providers do not necessarily agree.

In this regard, it is still best for users to determine the language skills people need to practise a profession or to cope in a particular context, and then to determine what level of performance or score on a test captures that standard. Doing this would make standards much more defensible and much more useful.

It is our hope that good practice in the use of exams like IELTS will continue to develop. The evidence provided here tells us there are reasons to be optimistic.

Dr Gad S Lim, Principal Research Manager
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CONTENTS

List of tables

1 INTRODUCTION

The requirement for English language testing has grown exponentially over the last 10 to 15 years, mainly driven by immigration, academic and professional mobility, and the movement of displaced people from non-English speaking regions of the world. Initially driven by the desire to access highly valued qualifications from prestigious universities, English language tests were developed primarily to assess academic skills for entry to the countries included in this study; the United Kingdom, Canada, Australia and New Zealand.

Based on the need for higher education authorities to assess English language skills for entry to an academic course of study, assessment tools such as the International English Language Testing System (IELTS) were devised and developed over many years to serve those needs. The IELTS test has been in existence since 1980, and according to its website at the time of writing, over 2.5 million candidates take the test annually. It is accepted by over 8,000 bodies worldwide, including academia, government bodies and employers.

Over the period of its existence, the IELTS test and other global English language tests have been reviewed and developed to take a broader role than simply to assess the academic skills required to study at a higher education facility. The global workforce is becoming increasingly mobile, and governments of English-speaking countries are dealing with internationally-trained professionals who seek to migrate with the intention of entering the workforce. Governments and professional organisations are always committed to ensuring the quality of their professional workforce and the protection of the public, particularly those operating in high-risk sectors, such as the health and legal professions. Their concern is to utilise a testing system, or a suite of testing systems, which have demonstrable validity and consistent and reliable outcomes, are secure from fraud, are globally accessible and appropriately priced.

Accordingly, a highly professional and intensely competitive industry has grown in English language testing services, with IELTS as a primary competitor.

Political and economic factors play a significant role in the movement of people across the globe, and this has tended to raise risk factors. For example, the establishment of the European Economic Union (EEU) freed Europeans from border restrictions and allowed the migration of internationally-trained professionals from mainland Europe to the United Kingdom. Until recently, legal constraints prevented professional bodies from requiring evidence of language competency from these professional migrants. This posed a very significant risk for regulatory authorities charged with the responsibility of protecting the public; for example, if a doctor or a nurse is not able to communicate effectively with patients, or understand instructions in English for the supply of medication, those patients are put at considerable risk.

Immigration authorities have accepted the outcomes of the IELTS for immigration purposes for a number of years. In recent years, governments and professional bodies in the countries of focus have consulted with representatives of alternative English language testing systems in a bid to broaden the range of acceptable tests. This has resulted in a greater variety of tests being accepted, including, for example, Cambridge English: Advanced (CAE), the Test of English as a Foreign Language Internet-based Test (TOEFL iBT) and the Pearson Test of English (PTE) Academic, the last of which is a relatively new entrant to the English language testing market.

This raises another risk factor; English language tests are constructed in a variety of ways, varying in the tasks which are required of examinees, in the patterns of interaction or in the nature of the assessment. Some tests are heavily reliant on technology to assess language competencies, and others make use of person-to-person interaction. Determining the equivalence of test outcomes of a range of different tests can be complex, even for linguistic experts.

This research project focuses on the use of national and international testing systems. It seeks to examine the position of IELTS in the current global testing market for professional bodies, several years on from the emergence of stakeholder interest in language testing. It will also seek to develop an understanding of the attitudes of stakeholders, and to identify to the IELTS partners any new or emerging risk factors.

2 OBJECTIVES, SCOPE, APPROACH AND LIMITATIONS

This research revisits former studies conducted by the writer (Merrifield 2008, Merrifield 2011) focusing on the use of IELTS by professional associations and registration boards in the United Kingdom, Canada, Australia and New Zealand.

The number of registered professional users in this category, as listed on the IELTS website, showed strong increases in the interim period, reflecting the growth of IELTS in the language testing market. The United Kingdom had 21 professional organisations registered as accepting IELTS, an increase of seven from the previous study. There was an apparent threefold increase of registered Canadian professional associations since 2011, with a total of 34 registered, an increase from six to 75 in Australia and from three to 22 in New Zealand.

The majority of organisations studied were health-related and, therefore, represented high stakes both to the associations and to the English language testing systems selected to support them.

Initial desk research revealed that in Australia and Canada, many of the registered associations were state-based authorities working in common health services (e.g. state associations and/or regulators of the nursing or pharmacy industries). A number of these were operating under a common regulatory framework for English language testing.

2.1 Objectives

The general objectives of the research were to focus on targeted professional organisations to examine their knowledge of and attitudes to IELTS, to identify competitors to IELTS in the global English language testing market, to seek advice from the organisations on optimum levels of support from IELTS stakeholder relations personnel, and to identify any relevant risk factors and explore means of mitigating them.

The specific aims were to:

- explore the levels of understanding of IELTS scores and descriptors by professional association staff and the reasons for its selection and ongoing use
- identify main competitors to IELTS in the professional context
- identify trends, if any, in the market share of each of the language testing systems accepted by organisations
- explore stakeholder perceptions of the advantages and shortcomings of each of the language tests selected
- develop an understanding of how perceptions may have changed since the previous studies were conducted, e.g., by reviewing minimum levels of IELTS and other tests accepted
- develop a view on causal factors for making changes in accepted tests or minimum levels accepted
- develop recommendations on action by IELTS stakeholder relations staff and professional organisations to:
  - enhance knowledge and perceptions of IELTS
  - provide support
  - identify and manage risk.

2.2 Scope

Desk research initially identified the professional organisations which were registered on the IELTS website. Research online indicated which of these organisations were still active in accepting IELTS and were still operating under their original registered name, and which of them were no longer operating or relevant. From this process, a relevant list of professional associations was developed and where possible, contact details of the appropriate representative recorded.

2.2.1 The United Kingdom

In the United Kingdom, 21 organisations were researched. All of those which were still operating and which were relevant to this study were contacted (a total of 14), of which six agreed to participate in the research. These were:

- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- Royal College of Ophthalmologists (RCO)
- Royal College of Veterinary Surgeons (RCVS)
- Royal Pharmaceutical Society of Great Britain (RPSGB).

2.2.2 Canada

In Canada, 34 professional associations were registered with IELTS. Initial desk research indicated that a number of these were provincial regulatory bodies which had a nationally agreed set of regulations for determining acceptable English language tests and achievement criteria. This applied to the National Association of Pharmacy Regulatory Authorities (NAPRA), which was a common regulator for the pharmacy industry. Nursing professionals also had a common process for regulation throughout Canada.

Eleven of the registered professional bodies regulated nurses, five set standards for physicians and surgeons, and two were regulators of the occupational therapy profession.

When contacted, several of these referred the request for participation to their common national regulatory body. The following seven professional organisations agreed to participate in the research:

- Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
- College and Association of Registered Nurses of Alberta (CARNA)
- College of Occupational Therapists of British Columbia (COTBC)
- College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)
- College of Registered Nurses of Manitoba (CRNM)
- National Association of Pharmacy Regulatory Authorities (NAPRA)
- Nurses Association of New Brunswick (NANB).

2.2.3 Australia

In Australia, prior to 2010, professional organisations were responsible for setting standards for entry to the professions, including English language testing for overseas trained individuals. In 2010, the Australian Health Practitioner Regulation Agency (AHPRA) was established to support the National Boards of 14 health professions to achieve nationally consistent regulation in Australia, including their use of English language testing systems. Inherent in the aims of AHPRA and the National Boards was a requirement to conduct regular reviews of standards.

In 2012, AHPRA commissioned an independent study (Hawthorne & To 2013) into global English language testing and English language registration standards in Australia. The outcomes of the report were circulated in mid-2015, and revised standards, which applied to13 of the 14 professions (not including Aboriginal and Torres Strait Islander Health Practice) were established, which applied from 1 July 2015.

As a result of these changes, a number of health care organisations contacted with a request for their participation in this study were reluctant to respond because they had not had sufficient time to test the new standards and form a view about them. Accordingly, the majority referred the researcher to AHPRA.

The professional bodies which agreed to take part in the study were as follows:

- Australian Association of Social Workers (AASW)
- Australian Community Workers Association (ACWA)
- Australian Health Practitioner Regulation Agency (AHPRA) – representative of: Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology.

2.2.4 New Zealand

In New Zealand, 22 professional bodies were registered with IELTS. Professional associations tended to be limited in size and in the number of staff responsible for regulation, and with the exception of the Medical Council, they dealt with very limited numbers of applicants for registration.

Six organisations agreed to contribute to the study. These were:

- Dietitians Board of New Zealand (DBNZ)
- Medical Council of New Zealand (MCNZ)
- Midwifery Council of New Zealand (MCNZ)
- Occupational Therapy Board of New Zealand (OTBNZ)
- Social Workers Registration of New Zealand (SWRNZ)
- Veterinary Council of New Zealand (VCNZ).

2.3 Approach

This was a qualitative study; that is, an inquiry process to seek and report the views of individuals in their natural setting, with a variety of approaches which may be historical, textual or interactional (Creswell 2009, p. 181). The methods of collecting data included desk research, semi-structured interviews guided by a questionnaire and conducted either face-to-face or by telephone, and completion of a questionnaire in writing with follow-up by telephone if necessary.

The preferred strategy in a study such as this is a face-to-face interview, and these were conducted in the United Kingdom and Australia. Canadian and New Zealand participants were given the option of a telephone interview or completion of the questionnaire, with the possibility of email or telephone follow-up if there were queries about their responses.

The approach was to:

1. conduct online research to develop a database of relevant professional associations, establish background information and identify key personnel to contact where possible
2. develop fieldwork instruments – e.g. a questionnaire to guide discussions and feedback and a timeline for the various stages of the research
3. develop a schedule of interviews.

The final questionnaire is included as Appendix 1.

Telephone and electronic contact was made to establish a relationship, to introduce the aims and objectives of the project and where possible, to schedule interviews. The resulting list of organisations was contacted by email, letter and telephone initially to identify the names and contact details of key office-holders. Three attempts were made to contact each organisation, after which a final list of participant professional organisations and their contacts was prioritised.

Before commencing discussions with professional associations, IELTS stakeholder relations managers in the United Kingdom and Australia were consulted in face-to-face meetings to discuss the matters to be raised in the interviews. The discussions were guided by the questionnaire for stakeholders.

2.4 Limitations

Key personnel who agreed to participate in the research tended to fall into one of two groups:

1. they had a good understanding of the reasons for the need for reliable language testing, but were relatively unfamiliar with IELTS and other tests, other than recognising the minimum standards required for their profession, or
2. they had worked with language testing, either dealing with IELTS only or with a range of testing instruments, and had developed a broad understanding of what constituted a satisfactory outcome, for example, an IELTS score of 7.0 or 7.5. They were interested to know about standards set by similar organisations.

Reasons given by professional bodies for non-participation in the study were:

- the organisation was too small, and personnel were unable to devote time to the project
- a minimal number of test candidates annually meant that it was difficult to make reasonable judgments about English language tests
- decisions made about English language testing and appropriate levels were made by superiors, by an independent regulatory agency or by a panel
- employees were “time poor” and considered that gaining knowledge about English language testing was not a priority,
- revised regulations had only recently been introduced and organisations lacked information on the effectiveness of the new standards.

It is interesting to note that all the organisations which agreed to participate in the study were from the health care sector, a professional area where language competency represents high stakes because of their responsibility to protect the public.

Organisations unrelated to health care chose not to participate. No reasons were given for this. The majority of respondents had very limited knowledge of language tests. In the UK, five organisations were interviewed face-to-face, and one, the General Medical Council, completed the questionnaire in writing. The face-to-face interviews followed the format of the questionnaire.

Canadian and New Zealand respondents opted to complete the questionnaire in writing, and in four cases this was followed up by telephone contact.

Three Australian regulatory bodies were interviewed face-to-face, including AHPRA, which spoke on behalf of 13 health care organisations during the interview.

The outcomes of the responses to the questionnaire have been summarised in Appendices 2, 3, 4 and 5.

3 OUTCOMES – MINIMUM IELTS STANDARDS

3.1 Minimum IELTS standards –United Kingdom

In the United Kingdom, the IELTS test has historically been the preferred test for the provision of evidence of adequate English language and professional communication skills, applying to applicants for entry to training courses, professional registration and regulation of quality standards.

Individuals are required to provide evidence of English language competency in the form of a single IELTS Test Report Form, and all registered organisations have direct access to a test verification service, a security measure which has been developed to reduce the potential for fraud. While the prevention of fraud is an ongoing activity, IELTS has largely been successful in putting in place procedures and issuing results documents which maintain security.

At the time of writing, the UK professional bodies contacted did not accept English language tests other than IELTS. Minimum scores accepted generally ranged from an overall 7.0 or 7.5, with a minimum of 6.5 or 7.0 for each subskill of reading, writing, speaking and listening. Medicine and ophthalmology regulations required a higher overall score of 7.5, and scores were consistent for all four test components. Lower scores of 5.5 to 6.0 applied to support staff such as dental nurses (see Table 1).

IELTS minimum standards	**General Dental Council (GDC)**	**General Medical Council (GMC)**	**General Optical Council (GOC)**	**General Pharmaceut-ical Council (GPC)**	**The Royal College of Ophthalmo-logists (RCO)**	**Royal College of Veterinary Surgeons (RCVS)**
General Training	**Overall: 6.0** Reading: 5.5 Writing: 6.0 Speaking: 6.0 Listening: 5.5 e.g. Dental Nurses, Technicians	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Academic	**Overall: 7.0** Reading: 6.5 Writing: 6.5 Speaking: 6.5 Listening: 6.5 e.g. Dentists	**Overall: 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting	One sitting	One sitting	One sitting	One sitting	One sitting

Table 1: Minimum standards in IELTS for professional organisations – UK

All the respondents indicated that test outcomes were required from one sitting of the test, and the test statement was valid for two years only. If a test verification document was dated more than two years prior to making an application for registration, it was considered to be invalid and a new test would have to be taken.

The General Training Module of IELTS was accepted by the General Dental Council for support staff. The outcomes for other participants showed a high degree of conformity of language achievement, with the General Dental Council setting minimum scores for each of the subskills at 6.5 and requiring an overall 7.0. Doctors and ophthalmologists were required to have an overall score of 7.5, and a minimum of 7.0 in each subskill. Apart from this, requirements were relatively consistent across the four skills, and there was no prioritisation of particular skills evident.

Desk research of websites indicated that professional associations which chose not to contribute to the study, or who did not respond, had generally specified minimum scores in IELTS of between 6.5 (for example, the British Acupuncture Council, Faculty of Public Health, Chartered Institute of Marketing) and 7.5 (Solicitors Regulation Authority, a strongly language-focused profession), with most requiring 7.0 as a minimum.

3.2 Minimum IELTS standards – Canada

Canadian professional organisations which participated in the study indicated that minimum standards of testing were established in consultation with other state-based bodies, e.g., nursing organisations and speech-language pathologists. Canadian professional associations had generally consistent requirements for minimum IELTS scores with the exception of the Alberta College of Speech-Language Pathologists and Audiologists, whose requirements were higher than other regulators with an overall score of 8.0, reflecting the language base of the profession. No individual minimums were set for the subscores, and results from two or more sittings were acceptable (see Table 2).

It was reported that, at the time of the study, the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR) was engaged in setting consistent requirements following concerns about the ability of potential registrants to communicate effectively in the official languages of Canada (English and French). The process involved aligning requirements with the Canadian Language Benchmark standard, which consists of 12 benchmarks along a continuum from basic English language skills to advanced skills. Once this process was complete, appropriate tests and minimum test scores would be set and applied throughout Canada.

IELTS minimum standards	Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)	College and Association of Registered Nurses of Alberta (CARNA)	College of Occupational Therapists of British Columbia (COTBC)	College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)	College of Registered Nurses of Manitoba (CRNM)	National Association of Pharmacy Regulatory Authorities (NAPRA)	Nurses Association of New Brunswick (NANB)
General Training	**Overall: 8.0** No minimum subscores	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Academic	**Overall: 8.0** No minimum subscores	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Overall: 7.0** Reading: 7.0 Writing: 6.5 Speaking: 7.5 Listening: 7.0	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Pharmacist** **Overall: 6.5 - 7.5** Reading: 6.0 Writing: 5.5-6.5 Speaking: 5.5-6.5 Listening: 6.0 **Pharmacy Technician** **Overall: 5.5-6-5** All skills: 6.0	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5
No. of sittings	Two or more sittings acceptable	One sitting	One sitting	One sitting	One sitting	One sitting	One sitting

Table 2: Minimum standards in IELTS for professional organisations – Canada

With the exception of ACSLPA requirements, the minimum scores were required from one sitting of IELTS.

It is interesting to note that the minimum scores required by some Canadian organisations varied according to the particular subskill, indicating that some skills were regarded as more important than others. For example, nurses were required to achieve 7.5 in listening and 7.0 in the productive skills of writing and speaking. The minimum score for reading was 6.5. This would suggest that expertise in listening was regarded as a more critical skill for nurses dealing with patients. By contrast, physicians and surgeons were required to have a minimum of 7.5 in speaking, 7.0 in reading and listening and 6.5 for writing.

Desk research indicated that, with one exception, the minimum subscores for non-participant organisations were either 6.5 or 7.0.

3.3 Minimum IELTS standards – Australia

Australian professional organisations prior to 2015 accepted two English language tests, IELTS and the Occupational English Test, the second of which was designed to test healthcare profession-specific skills. The health profession review of English language standards supported by AHPRA followed a 2009 review of English language tests accepted by the Australian Government for the purpose of immigration and border control. The result of this Department of Immigration and Border Control (DIBC) review was to broaden the scope of English language tests accepted.

Research and consultation on acceptable English language tests was prompted by support for "greater flexibility in the [English language testing] standard" (AHPRA 2015, p. 9). This resulted in the inclusion of two additional testing systems and the decision to accept results from more than one sitting of all the accepted tests, including IELTS. According to the consultation report, the latter view came overwhelmingly from "individuals who had personally experienced difficulties passing the tests in one sitting" (AHPRA 2015, p. 11).

The minimum standards of IELTS for participant Australian professional associations are set out in Table 3.

IELTS minimum standards	Australian Association of Social Workers (AASW)	Australian Community Workers Association (ACWA)	Australian Health Practitioner Regulation Agency (AHPRA)
General Training	**N/A**	**Overall: Not stated** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**N/A**
Academic	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: Not stated** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting	Up to four sittings over 12 months, within 3 years of applying for registration	Two sittings within a six month period, and: ▪ A minimum of **7.0 overall** in each sitting ▪ Minimum of 7.0 in each component "across the two sittings" (AHPRA 2015) ▪ No less than 6.5 in any subscore

Table 3: Minimum standards in IELTS for professional organisations – Australia

There was consistency between the three regulatory bodies in terms of the minimum scores required. However, regulation on the number of sittings varied from one sitting, to two sittings within a six-month period, or four sittings over a period of three years. On this last regulation, the IELTS website indicates that Test Report Forms are valid for a period of two years. This suggests that a three-year-old score may not be verifiable by professional associations, which constitutes a risk to the regulating body.

Desk research indicated that the range of scores accepted by non-participant organisations registered with IELTS was set at a minimum of 6.0 for non-health related organisations (e.g. CPA, Engineers Australia). Health-related organisations generally opted for 6.5 or 7.0 as the minimum score.

3.4 Minimum IELTS standards –New Zealand

New Zealand participant organisations had also set minimum standards at similar levels to those specified by the three other countries in this study (see Table 4). However, the Medical Council of New Zealand differed from other similar bodies in that it did not specify an overall score for IELTS. In addition, the oral/aural skills of speaking and listening required a higher level (7.5) than reading and writing, signifying that the speaking and listening skills were deemed to be more important. Test score validity either for registration or for applications to sit for the New Zealand Registration Examination (NZREX) Clinical was two years.

The Dietitians Board of New Zealand and the Midwifery Council of New Zealand required a higher overall score than other bodies of 7.5 with no less than 7.0 in any skill

IELTS minimum standards	Dietitians Board of NZ*	Medical Council of New Zealand	Midwifery Council of New Zealand	Occupation-al Therapy Board of New Zealand	Social Workers Registration Board of NZ	Veterinary Council of New Zealand
Academic	**Academic Overall 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0 *Module is not specified	**Overall: Not specified** Reading: 7.0 Writing: 7.0 Speaking: 7.5 Listening: 7.5	**Overall 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting	One sitting	A pass may be achieved over a number of sittings not more than 12 months apart.	One sitting	One sitting	One sitting

Table 4: Minimum standards in IELTS for professional organisations – New Zealand

Desk research indicated that the minimum overall score for NZ health professionals, including chiropractic, pharmacy, physiotherapy, podiatry, psychology, physiotherapy and social work, were consistent with the standards set for dietetics and midwifery, i.e. a minimum overall score of 7.5, with no less than 7.0 in each skill.

4 ALTERNATIVE NATIONAL AND INTERNATIONAL TESTS ACCEPTED

In addition to IELTS, the range of testing instruments accepted by each of the four countries showed significant variation. All the UK professional associations contacted indicated that they accepted IELTS exclusively, although some had the discretionary right to consider other English language tests.

At the other end of the scale, Canadian regulators specified a range of testing systems, including some designed specifically for the Canadian applicant profile. In total, Australian organisations accepted four alternative testing systems, and New Zealand only one alternative.

Alternative English language tests accepted by professional organisations tended to be limited to those which had a record of providing a reliable, secure and valid service, and special purpose-designed testing systems, particularly in Canada. The Canadian English Language Benchmarks Assessment for Nurses (CELBAN) falls into this category. The Occupational English Test (OET), developed in Australia, also aims at specialised content for health professionals in a variety of fields.

The organisations interviewed accepted the following alternative English language tests at the time of the study:

- TOEFL internet-based test (TOEFL iBT)
- Occupational English Test (OET)
- Pearson Test of English Academic (PTE-A)
- Cambridge English Advanced (CAE)
- Canadian English Language Benchmark Assessment for Nurses (CELBAN)
- Michigan English Language Assessment Battery (MELAB)
- Canadian Test of English for Scholars and Trainees (CanTEST).

The conservative number of acceptable tests suggests that the 34 organisations involved in this research were aware of the need to be selective in their choices of appropriate English language testing systems.

In the UK, the General Medical Council, which is the independent body established with the primary aim of setting and maintaining standards for UK medical practitioners, had commissioned independent research into the equivalence of a range of English language tests which resulted in a paper published in 2015 (Taylor & Chan 2015). This was expected to inform the next review of the GMC's standards. Other health care regulators both within the UK and in Canada were aware of this and were waiting on the outcomes with a view to considering the impact this may have on their own English language testing standards. The implications of this study will be addressed later in this report.

4.1 Profiles of alternative tests accepted

4.1.1 Test of English as a Foreign Language internet-based test

The TOEFL iBT is offered as one of the Educational Testing Service (ETS) suite of tests. It was introduced in 2005 following concerns about accessibility of the paper-based TOEFL, and was designed to test language to be used in an academic setting. While the paper-based test is still available, the internet-based version has largely replaced it.

According to the ETS website, more that 30 million people worldwide take the test. It can be taken up to 50 times per year, and candidates are permitted to take the test multiple times – the only restriction being that it cannot be taken within 12 days of the previous sitting. For candidates who took advantage of this, multiple sittings could constitute a very costly option.

The test was designed with an integrated skills format. For example, candidates may be required to read and listen and then write, or listen and then speak.

One advantage of the internet-based test format is that it can be accessed in any location which has access to an internet service. However, a minor concern was expressed about the fact that success relied on candidates having good level keyboard skills. Reservations were also raised about the semi-direct approach to the speaking test, in which candidates are responding to internet-generated spoken English rather than a face-to-face interaction. Many professional organisations place a high degree of importance on the value of the interpersonal interaction between professionals and members of the public, particularly in the health professions.

Scores on the test range from 0 to 120 overall. Scores for each of the macroskills range from 0 to 30. The receptive skills of listening and reading are divided into high, intermediate or low levels. For a high level, the scores for listening and reading should be from 22 to 30, intermediate from 15 to 21 and low 14 or less. The productive skills are rated slightly higher; speaking is divided into four categories, good, fair, limited and weak, with scores of 26 to 30 (good), 18 to 25 (fair), 10 to 17 (limited) and less than 10 (weak). Writing scores are 25 to 30 (good), 17 to 23 (fair) and one to 16 (limited).

Score validity is two years.

4.1.2 Occupational English Test

The Occupational English Test, as the name suggests, is an occupation-specific test designed to assess 12 health professions in the following fields: dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology and veterinary science.

Originally designed by the University of Melbourne in Australia, it is owned by Cambridge Boxhill Language Assessment Trust, a joint venture between Cambridge English and the Box Hill Institute in Melbourne. According to its website, it has been supported by 30 years of development, research and validation. The test is available up to 12 times a year in 60 testing centres covering 28 countries. Applicants can register for the test online, and sample papers are available on the website.

The listening and reading components are based on general, rather than occupation-specific, health subjects. The writing and speaking components are profession-specific.

Test composition is as follows.

1. The reading test takes 60 minutes and consists of a summary and a reading comprehension task.
2. The writing test of 45 minutes constitutes a referral letter of 180 to 200 words relating to a specific case based on a set of notes.
3. The speaking test takes 20 minutes and consists of two simulated consultations with the test-taker in the role of health professional and the interlocutor as "patient". It is recorded and scored centrally.
4. The listening tasks of 50 minutes involve note-taking from a recorded consultation, and questions related to a recorded talk or lecture.

The scoring is outlined on the OET website as follows:

- A – Very high level of performance
- B – High level of performance – fluent, accurate, adequate for professional needs
- C – Good level, but not acceptable to many medical councils
- D – Moderate level, requires improvement
- E – Low level, requires considerable improvement.

The test outcomes are retained on the OET database for a period of three years.

When asked about the relative value of IELTS versus the OET, three respondents made the point that the OET targets specialised language and, therefore, may be preferable to a more general test such as IELTS. However, accessibility of the OET, in comparison to IELTS and the TOEFL iBT, is limited by the relative frequency of test dates and the number of countries serviced.

4.1.3 Pearson Test of English Academic

The Pearson Test of English Academic is relatively new to English language testing, having been introduced in 2009. Its website states that it is "the world's leading computer-based test of English for study abroad and immigration". It is an academic language test which is accepted at a number of universities and study centres, in addition to its recent addition to the range of acceptable tests for immigration purposes in English-speaking countries such as Australia.

Accessibility is at moderate levels and growing, with test centres in 50 countries in more than 200 locations. Test results are generally available online within five days of the test sitting.

The PTE-A has automated scoring, with an overall score on a range of 10 to 90 points. There is an overall Communicative score of 10 to 90 which includes the four subskills of reading, writing, speaking and listening, and an Enabling score of 10 to 90 which covers grammar, oral fluency, pronunciation, spelling, vocabulary and written discourse.

4.1.4 Cambridge English: Advanced

The Cambridge English: Advanced test is one of the offerings of Cambridge English Language Assessment. According to its website, monthly test dates are available at 2,800 test centres worldwide. It is advertised as testing candidates' ability to participate successfully in the professional workplace and in academic contexts.

As with other tests in Europe, this test has been aligned with the Common European Framework of Reference for Languages (CEFR), an international standard for describing language ability. New styles of reporting test scores have also been put in place from January 2015. Under the current system, the CAE is targeted at C1 (proficient user) on the CEFR, which translates to a range of 180 to 210 on the Cambridge English Scale. The overall score is the average of the four subskills (reading, writing, speaking and listening) and the "Use of English" component.

This test is accepted by only one of the organisations participant in this study, the Australian Community Workers Association. It is, however, highly regarded worldwide as a reliable test.

4.1.5 Canada-specific testing systems

4.1.5.1 Canadian English Language Benchmark Assessment for Nurses (CELBAN)

Canadian professional organisations accept three additional tests, including the CELBAN. Recognition is generally limited to in-country professionals. In Canada, the control of licensure of health professionals has largely devolved to the provincial regulatory bodies which are in place. However, language proficiency issues in the field of nursing in the 1990s led to the development of a common set of benchmark language descriptors which had to be accepted by each province. The benchmarks range from 1 to 12.

Following the development of the language descriptors, a language test was devised for screening of overseas-trained nursing professionals. The result was the CELBAN, a Canadian occupation-specific language test which continues to be used as a prerequisite for nurse registration to practise in Canada. While minimum scores are set by provincial regulators rather than a national body, the outcomes of this study indicate that there is consistency in the minimum scores required.

The CELBAN was initially administered by the Canadian English Language Assessment Services Centre (CELAS) and was available within Canada at one location only, which meant that alternative testing systems which were more accessible to overseas registrants also had to be accepted. It is currently offered at five locations in Canada.

Scores are referenced to Canadian Language Benchmarks 7 to 10. The composition of the test includes nursing-specific content for the productive skills of speaking and writing.

The speaking component is an occupation-specific role play, and the writing section is an occupation-specific documentation task. The CELBAN is accepted by nursing regulators as one of the ways in which an internationally educated nurse (IEN) demonstrates language proficiency, and is a preferred test for placement into bridging and upgrading programs. Availability is limited, however, and at the time of writing the earliest test date available was October 2016.

4.1.5.2 Michigan English Language Assessment Battery

The Michigan English Language Assessment Battery was included as an accepted test by one Canadian respondent. Administration is based in the USA, where it was designed as a test for entry to tertiary studies, professional training or the workplace. It is advertised as an alternative to the TOEFL.

There is an essay-writing component of 30 minutes, listening, grammar and cloze tests with multiple choice questions, and a speaking test which consists of a 15 minute conversation with an examiner and which is administered from an external location separately from other components of the test.

4.1.5.3 Canadian Test of English for Scholars and Trainees

The Canadian Test of English for Scholars and Trainees was developed by the University of Ottawa and is maintained by the Official Languages and Bilingualism Institute (OLBI) at that university.

The original purpose of the test was to meet admission requirements of Canadian post-secondary institutions and it is also used to meet the requirements of professional licensing associations. CanTEST scores are reported on a 5-band scale.

The listening component consists of recorded texts with 40 multiple choice questions to answer. Reading involves short texts with a skimming and scanning exercise and a multiple choice cloze test. The writing test is an essay and speaking consists of a face-to-face interview with one or two evaluators for a 15-minute period.

It is offered eight times per year in either Toronto or Ottawa.

4.1.6 Minimum scores accepted for tests other than IELTS

At the time of writing, the UK did not accept alternative tests to the IELTS.

Of the New Zealand organisations participating in the research, three accepted the OET as an alternative to IELTS – the Medical Council, the Midwifery Council and the Veterinary Council of New Zealand. All required an A or B in each component of the test.

One Australian organisation accepted IELTS only. Canada was the most diverse in the range of tests acceptable, although three of the tests accepted were national rather than international tests, and so could not be compared with the other three countries.

Comparative minimum scores for the TOEFL iBT, OET, PTE-A and the CAE for Canada and Australia are shown in Table 5 below.

	Canada	Australia
TOEFL iBT	**Alberta College of Speech-Language Pathologists and Audiologists** Overall: 100 Speaking: 26/30 Writing: 26/30	**Australian Community Workers Association** No overall score Reading: 24 Writing: 27 Speaking: 23 Listening: 24
	College of Occupational Therapists of British Columbia Overall: 92 Reading: 22 Writing: 22 Speaking 26 Listening: 22	**Australian Health Practitioner Regulation Agency** Overall: 94 Reading: 24 Writing: 27 Speaking: 23 Listening: 24
	College of Physicians and Surgeons of Newfoundland and Labrador Overall: 92 Reading: 20 Writing: 20 Speaking: 24 Listening: 20 (In accordance with national standards)	
	National Association of Pharmacy Regulatory Authorities **Pharmacists** Overall: 97+/-5 Speaking: 27+/-2 Writing: 25+/-3 **Pharmacy Technologists** Overall: 91+/-5 Reading: 22+/-2 Writing: 25+/-3 Speaking: 23+/-2 Listening: 21+/-2	
Occupational English Test	N/A	**Australian Health Practitioner Regulation Agency** (not available for chiropractic, osteopathy or psychology) Minimum of B in each of the four components
PTE-A	N/A	**Australian Community Workers Association** Reading: 65 Writing: 65 Speaking: 65 Listening: 65
		Australian Health Practitioner Regulation Agency Overall: 65 Reading: 65 Writing: 65 Speaking: 65 Listening: 65
CAE	N/A	**Australian Community Workers Association** Reading: 185 Writing: 185 Speaking: 185 Listening: 185

Table 5: Alternative international tests accepted and minimum scores

It is evident from this that a comparison of minimum scores required for registration reveals some significant variations in how the scores are stated, whether or not an overall score is required and which language skills are viewed to be more crucial to the professional and so require higher minimum levels.

5 CONCORDANCE OF TEST SCORES

One of the issues inherent in setting English language testing standards is that if a regulator is accepting more than one testing system, decisions need to be made on how scores are aligned. As pointed out above, English language tests are designed in many different ways. There are variations in the presentation of the test, the time spent on each subskill, the topics of focus, the format of the test, the nature of the questions and the patterns of interpersonal interaction. For example, within the test process focusing on speaking, some tests have an interactive element with one or two interlocuters or more than one test-taker participating in a conversation; others are one-to-one interactions or involve a test-taker interacting with a computer interface.

Some speaking tasks are based on general knowledge topics, and others, like the CELBAN and the OET, involve role plays targeting knowledge of professional language. Some tests use an integrated skills approach, for example, a combination of listening and speaking, or listening and writing.

The range of possible test scores also differs. Test scores for IELTS range from 0 to 9, the OET is graded from A to E, TOEFL iBT from 0 to 120 and PTE Academic from 10 to 90 points.

The developers of the Pearson Test of English Academic have attempted to establish concordance between the outcomes of the PTE-A and those of the TOEFL iBT and IELTS, and have published this in an online score guide (Pearson 2012).

ETS has also published on its website a guide to equivalence between the scores of IELTS, TOEFL iBT and PTE-A, with some variations from Pearson's concordance scores. An overall score of 7.0 IELTS, which this report has shown is commonly established as the minimum and/or average score for many organisations as a prerequisite to registration to practise, is judged to be equivalent to 94 to 101 as opposed to 95 to 105. IELTS 7.5 equivalent is assessed by ETS as 102 to 109, somewhat lower than the Pearson concordance of 106 to 113.

Research commissioned by the General Medical Council in the UK and published in late 2015 examined a broad range of tests and language descriptors aligned with the CEFR (Taylor & Chan 2015). Nine English language tests were selected as appropriate, and four tests were examined and compared for equivalence with IELTS on the grounds that there was a significant correlation between them. These were the TOEFL iBT, OET, PTE-A and CAE, all four of which were accepted by at least one of the organisations included in this study. Each of the tests was initially mapped to the level of C1 to C2 of the CEFR, which is described as "Proficient User".

The study acknowledged that the tests were of many different styles, task types, formats, levels and means of scoring, and rather than attempting to align scores, concluded with an assessment of whether each test was more demanding than IELTS or less demanding than IELTS, and to what extent, examining each subskill assessment and an overall communicative assessment, if the test allowed for one (Taylor & Chan, pp. 10–16).

It was concluded from the research that the most appropriate approach for organisations attempting to align different tests would be to "conduct a separate standard setting study [for each test selected] to determine the appropriate cut score" for each (Taylor and Chan 2015, p. 110). However, this process requires specialist knowledge of linguistics as well as language testing expertise, which professional organisations do not generally have at their disposal. This underlines the need for the provision to regulators of guidance and support from international test providers, like the IELTS partners, during standard-setting or review processes.

6 STAKEHOLDER USE OF TEST OUTCOMES

Testing systems were originally devised for professional organisations, governments and training bodies to gain a predictive insight into whether candidates had the language skills to participate in a training course, to successfully deal with face-to-face language interaction, and to engage successfully with others in their profession. The reason that several million candidates sit for these tests annually is because the tests are considered to be reliable and secure, and they provide this predictive insight in the majority of cases.

It could be argued that acceptance of test results from multiple (two or more) same test events minimises the complications for the non-linguist because at least organisations are comparing outcomes from the same style of test.

Forming a view on concordance is complex enough; if one then takes into account the multiplicity of applications of test outcomes, new risks to the integrity of tests are introduced. For example, if a candidate selects the highest skill score from multiple sittings of a test over various periods of time, test integrity may be in question. If an organisation accepts standards for separate skills but does not state an overall score, or sets minimum scores for only two rather than all four skills, the question of whether this is a realistic measure of English language proficiency arises. This may become a risk factor for IELTS which should be addressed.

One of the questions raised with organisations was the number of sittings of the IELTS test which candidates could take into account when presenting their test score outcomes. Traditionally, the IELTS test has been considered to be testing holistic skills rather than modular. This means that candidates have been required to attain the minimum standards required by stakeholders in all skills in one sitting of the test, and to present a single test report form which could be verified online by the receiving organisation.

All participants in the UK and six of the seven in Canada required their standards to be met in a single sitting. In Australia, one organisation required the standards to be met in one sitting, one specified that up to four sittings could be taken into account within a period of 12 months, and one accepted the outcomes of two sittings within a six-month period. In NZ, six organisations required a test report from one sitting, and one stated that an unspecified number of sittings over a 12-month period would be acceptable.

Given that professional organisations have been using test outcomes in non-traditional ways, there is a concern that the integrity of the IELTS test may be compromised. The IELTS partners need to establish a policy on the validity of test outcomes from multiple sittings so that appropriate advice can be provided to regulatory bodies and to test-takers.

7 REVIEW OF MINIMUM TEST REQUIREMENTS

The health professions which participated in the study were acutely aware of their responsibility to protect the public, and to maintain respect for their profession by conducting regular reviews of regulatory standards, including minimum standards of English language proficiency. All participant organisations had an appointed panel, council, board or reference group of experienced professionals to make decisions on language criteria.

In relation to the review of minimum test requirements for IELTS, the outcomes from this study indicated that in the UK, four organisations had reviewed their standards between 2010 and 2014. Two had increased the subscores, and two had retained the former standards. Research commissioned by the General Medical Council on the equivalency of the major international tests (Taylor & Chan 2015) and published late in 2015 was expected to inform the review of standards for doctors. The Canadian medical regulator and other international medical bodies were awaiting the outcomes of this research with a view to commencing their own review.

Changes in regulation can be driven by a variety of factors. The report by Berry et al (2013) included a recommendation that the minimum standards for international medical graduates in the UK be increased to an overall bandscore of 8.0 and subscores between 7.5 and 8.5. However, it was acknowledged in the report that regulations must, in some contexts, be balanced by need. An increase in population and, therefore, an increasing need for health professionals may affect the minimum levels required in English language tests, because setting the bandscores at this high level could limit the field too greatly.

Six Canadian organisations had reviewed their standards since 2009 and one body was in the process of review. Four had increased the minimum scores in at least one subskill.

In Australia, all participants had conducted at least one review since 2009. Three organisations had increased the minimum standard, and one decreased the overall score from 7.5 to 7.0 in the most recent review, to bring it into line with other health professions.

All New Zealand respondents had conducted reviews or were satisfied that minimum scores were appropriate.

It was evident that organisations were aware of the importance of their standards, and reviews of standards were generally scheduled regularly. Also evident was communication with similar bodies both nationally and internationally, and an awareness of current research studies in the field.

8 STAKEHOLDER FEEDBACK

8.1 Number of candidates requiring English language test outcomes

The number of applicants for registration has a strong impact on the degree of risk the regulatory bodies are dealing with. In the UK, the General Medical Council was dealing with very large numbers of applicants requiring an English language test (approximately 10,000) and this number was reported to be growing.

The UK's position as part of the European Union (EU) has played a part in the growth of the number of professionals requiring language testing. A previous study in this area raised a safety issue related to the legal right of UK regulators to impose language testing on applicants for registration from the EU (Merrifield 2008, p. 40). This reportedly became a major risk management issue for the health care sector.

According to the respondents, the issue came to a head with a widely-publicised tragedy which occurred in 2008 when a German doctor acting as a locum in the UK misread the instructions on medication and accidentally overdosed a patient, causing his death. The actions of the overseas-trained doctor were widely reported in the British media and a subsequent coronial enquiry found that the doctor had "unlawfully killed" the patient (Meikle and Campbell 2010). Feedback from interviews with UK stakeholders indicated that the tragedy had been something of a turning point in regulation, leading to changes.

A subsequent consultation process by the UK Department of Health (2015) concluded that "the regulators [should be enabled] to carry out proportionate checks on professionals where there is concern around their English language capability. These will help strengthen provisions which already exist to prevent patients from being put at risk of harm from professionals who do not have the necessary knowledge of English language".

Following this, health regulators were given the right to language test in cases where a concern had been raised about the performance of a health professional. All UK participants in the study raised this as a most welcome regulatory change. A clear implication of this is that there will be much stronger demand for language testing in the UK in the coming years.

In Canada, the number of test candidates annually numbered between 150 and 400 per organisation. New Zealand numbers were much smaller, apart from the Medical Council of NZ (approximately 600). Other organisations had between five and 30 requiring an English test.

The Australian Association of Social Workers dealt with between 330 and 400 applicants who required an English language test. The numbers for other Australian professional regulators are unknown, but in the health registration area, numbers would be expected to be in line with Canada.

8.2 Stakeholder attitudes and perceptions – IELTS

The question of whether IELTS and similar general purpose tests were "fit for the purpose", which has been raised as an issue for several years, was addressed in a review of standards commissioned by the UK's GMC (Berry et al 2013). The review determined that, while IELTS did not test specific medical language, it was considered to be a reliable instrument for the assessment of the English language competency of international doctors. Stakeholder comments supported this, describing the IELTS test as objective, reliable, secure and easily accessible.

Feedback on the testing systems used by professional organisations is included in Table 6 below.

	Advantages or disadvantages of the IELTS test – General comments
United Kingdom	Only that IELTS is generic. No issues from clients. No issues – it works, it's a good tool. IELTS is reliable, uniform and accessible. Would like to have veterinary surgeon/ nursing-specific content in the IELTS test (2 comments). No complaints. Most feedback is from candidates who have failed to achieve the required levels of IELTS. Anecdotally, some state a preference to TOEFL. Cost has been raised as a factor by a small number. Some have stated a preference for a test targeting clinical language. Any consideration by IELTS to develop a test version tailored to the healthcare professions? Some candidates have presented false results documents – two in the last three years. These can be picked up through consultation with IELTS.
Canada	One applicant commented to the effect that the IELTS test is not easy, listening is heard once only, no assistance [to understanding] of body language and context. Time frame for completion of writing does not give time for review, not allowed use of dictionary ... Would like to know more about the use of IELTS for domestic applicants (College of Registered Nurses of Manitoba) as this is the main challenge in language testing. No complaints. Some applicants prefer CELBAN as it is believed to be easier.
Australia	Can experience a long waiting list to sit for the test, which delays registration. N/A
New Zealand	OET is better tailored to the target language of the profession. Anecdotal evidence suggests that it would be helpful if written passages in IELTS had an occupational link. IELTS is objective, reliable and widely available so will continue to use it. IELTS is adequate and reliable assessment of skills. Security measures involved in IELTS testing mean that the potential for fraud is significantly lower than other assessment systems. Applicants do not always have access to a test site. Failed applicants occasionally complain that IELTS outcomes do not adequately represent their skills. The first year of practice is under supervision and regular reports on progress are tabled regarding competency. No specific feedback on new registrants but routine monitoring may raise competency issues. Newly registered OTs have a supervision period during which their communication skills are assessed.

Table 6: General feedback about English language testing from respondents and test-takers

Some professional organisations reported receiving falsified documents from potential registrants, but the majority was familiar with the test report verification service online, and appreciated the fact that it was available to them.

There were some reservations expressed by professional organisations about the use of a computer interface for the speaking component of a language test, although most acknowledged that this was not their area of expertise. Feedback on the interview process indicated a general preference for a face-to-face interaction, based on the fact that health professionals needed to have effective interpersonal communications

Specific comments are set out in Table 7 below.

	Do you think there is a difference between a face-to-face interview and a computer interface interview?
United Kingdom	I have no expertise so no comment. Face-to-face is preferred for medical staff who are dealing with patients (2 comments).
Canada	This needs to be explored further. No comment. Communication happens between people, so as a personal view face-to-face is preferable, especially if the test-sitter is nervous.
Australia	No comment.
New Zealand	Preference for face-to-face. Face-to-face is preferred because it more accurately reflects real life and the tester can be more flexible according to the responses received. Computer interface only if it is a real time chat as in Skype.

Table 7: Respondents' comments on face-to-face interviews as opposed to computer interface interviews

Test security was a strong argument in favour of IELTS in all four countries. There were reports of an incident of fraud in language testing in the UK involving ETS testing of potential immigrants which was widely reported (ICEF Monitor 2014), and potentially very damaging. IELTS security arrangements and fraud prevention measures were viewed by respondents as effective and efficient.

8.3 IELTS training and support

Training and support activities offered by IELTS stakeholder relations officers were appreciated by staff of professional organisations, but not all were aware of the assistance, particularly in New Zealand. Stakeholder relations staff were responsible for regular email contact, organising seminars and information sessions, and providing specific support for organisations seeking professional input. A challenge for IELTS staff lies in the fact that the IELTS database was found to include a number of outdated registration details. The consequence of this was that electronic messages about training and support may not reach stakeholders.

A Canadian respondent stated that he would like more knowledge "in order to understand the tools used in IELTS", and another suggested that the name and contact details of a stakeholder relations officer would be helpful.

Regarding the IELTS website, most respondents found the verification service easily accessible and efficient.

There was a sense that for many respondents, regular but not frequent contact would be preferred unless there was a reason for contact on matters like reviews of standards.

Specific comments on IELTS training and support and on the website are set out in Table 8 below.

	Comments on training, advice and support from IELTS	Comments on the IELTS website
United Kingdom	Workshops available. Not regular contact. Have access to seminars but don't use them regularly. GMC staff has attended IELTS seminars. Twice a year there are meetings between GMC managers and stakeholder relations staff. Regular newsletters. Assistance on possible fraudulent IELTS test reports.	Difficult to navigate. Could have more information available. Health organisations are seeking to align the IELTS levels accepted and are attending forums to discuss – it would be useful for IELTS staff to be engaged in these. No need to access it – clients are directed to it.
Canada	Current use of website is to establish verification service of applicants. Assistance was provided during the review of standards for nursing organisations in 2010. Would welcome contact in order to understand the tools used in IELTS. Email and a specific contact name of an IELTS stakeholder relations officer would be helpful.	Accessed for verification of test results.
Australia	Information sessions attended from time to time. Want a good understanding of how the test is run so would like some PD.	Useful to verify test results. Helpful to verify test outcomes.
New Zealand	No training or support received. Most useful are email updates. Staff attends workshops when offered in Wellington. No regular interaction with IELTS.	Have not accessed IELTS website. Only for verification.

Table 8: Respondents' comments on training and support, and use of the IELTS website

9 CONCLUSIONS AND RECOMMENDATIONS

It was clear that in the past six to eight years professional associations in the four countries involved in this project had developed a more informed view about English language tests in general and the regulations on English language testing in their registration process. Most were also more knowledgeable about the IELTS test.

The willingness of stakeholders to participate in the research was driven to some extent by how many non-native English-speaking professionals they dealt with in any given year. This ranged from less than 20 for some Canadian and New Zealand regulators to as many as 10,000 doctors in the UK. Management of English language standards is a critical aspect of risk management for regulatory agencies, and the larger the number of potential registrants, the greater is the responsibility of stakeholders and testing organisations to maintain regular contact. While many appreciated the support provided by the IELTS partners, some were not aware of the strategies employed by the IELTS partners to provide information services, training and support.

Accordingly, it is recommended that the IELTS database of professional organisations be more closely managed so that it provides up-to-date contact details of stakeholders, and all test users have access to IELTS information, support and training.

There was a general view at association level that, in cases where administrative staff had limited expertise in language assessment, IELTS and similar testing systems provide them with a reliable and effective tool with accurate and secure outcomes.

During the research, however, a question was raised in relation to IELTS test score reports. Evidence of competence in the IELTS test has traditionally required a single test report which shows an overall score and a score for each of the skills, taken from one sitting of the test. This report could be verified online by the receiving organisation. This has now been questioned by stakeholders, some accepting two or more reports from tests taken over various periods of time. It is recommended that, as a risk management strategy, the IELTS partners develop a firm policy on appropriate use of test reports and advise all stakeholders of this.

The main competitors to IELTS in the professional registration sector were the TOEFL iBT and, to a lesser degree, the relatively new PTE-A and the OET, the last of which was preferred by some stakeholders because it incorporated profession-specific content. It is likely that the current trend to broaden the range of tests accepted in Australia and potentially in the UK may provide opportunities for alternative international tests to gain market share.

There was evidence that many of the professional organisations conducting English language testing employed a consultative approach to standard-setting, maintaining formal and informal links with other regulatory bodies both within their own country and internationally. There was also an awareness that review of the English language testing standards should form part of regular overall review processes by bodies responsible for accreditation, regulation and education of professionals, even though changes were not always warranted. It is recommended that the IELTS partners seek to play a consultative role in these review processes.

The complexity inherent in arriving at levels of concordance of tests constructed and scored in diverse ways was raised as an issue for organisations which accepted a range of English language tests. Pearson and ETS had both published concordance tables on their websites which included their assessment of concordance with IELTS scores. These were inconsistent. It is recommended that IELTS undertake its own research to determine the concordance between IELTS and alternative tests accepted by stakeholders.

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REFERENCES

AHPRA, 2015, *English Language Skills Registration Standards, Consultation Report,* May 2015.

Berry, V, O'Sullivan, B & Rugea, S, 2013, *Identifying the appropriate IELTS score levels for IMG applicants to the GMC register,* Centre for Language Assessment Research, University of Roehampton.

Blackmore, B, Gribble, C, Farrell, L, Rahimi, M, Arber, R & Devlin, M, 2014, *Australian international graduates and the transition to employment*, Final Report for the ARC Linkage Project LP0990815, funded by the Australian Research Council and IDP Pty Ltd.

Creswell, J, 2009, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Third Edition, SAGE Publications.

ETS, 2010, *ETS Linking TOEFL iBT Scores to IELTS Scores – A Research Report,* retrieved 24 Nov 2015 from < https://www.ets.org/s/toefl/pdf/linking_toefl_ibt_scores_to_ielts_scores.pdf>

Hawthorne, L & To, A, 2013, *English Language Skills Registration Standards: Australian and Global Comparative Assessment, Executive Summary*, AHPRA.

ICEF Monitor, 2014, *http://monitor.icef.com/2014/07/british-investigation-alleges-systemic-fraud-in-uk-language-testing/* accessed August 2015.

Malone, M & Montee, M, 2014, 'Stakeholders' Beliefs About the TOEFL iBT® Test as a Measure of Academic Language Ability', in *TOEFL iBT® Research Report,* No. RR–14-42.

Merrifield, G, 2008, 'An Impact Study into the Use of IELTS by Professional Associations and Registration Entities – Australia, New Zealand and the USA', in *IELTS Research Reports,* Volume 8, J Osborne (Ed.), IELTS Australia, Canberra

Merrifield, G, 2011, 'An Impact Study into the Use of IELTS by Professional Associations and Registration Entities – Canada, the United Kingdom and Ireland', in *IELTS Research Reports,* Volume 11

Pearson, 2012, *PTE Academic Score Guide V4,* retrieved 25 Nov 2015 from <http://pearsonpte.com/wp-content/uploads/2015/11/PTEA_Score_Guide_05Nov15.pdf > pp. 47–50.

Taylor, L & Chan, S, 2015, *IELTS Equivalence Research Project (GMC133),* Centre for Research in English Language Learning and Assessment (CRELLA).

Meikle, J & Campbell, D., http://www.theguardian.com/society/2010/feb/04/gps-doctors, *Overdose inquest finds German doctor Daniel Ubani incompetent,* accessed 15 October 2015.

UK Department of Health, 2015, *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484176/MRPQ_acc.pdf*, accessed December 2015.

APPENDIX 1: QUESTIONNAIRE

IELTS RESEARCH PROJECT – GUIDING QUESTIONS FOR INTERVIEWS CONDUCTED WITH PROFESSIONAL ASSOCIATIONS 2015

IELTS Research Project
Interviews

Name of Organisation ……

Brief explanation of the aims and purpose of the organisation

……

……

Date(s) of interview(s) ……

1. Introduction

- Explanation of the objectives of this study
- Reference to the significance of this study to IELTS Australia and Cambridge ESOL
- Brief background to the development and scope of use of IELTS

2. Guiding questions - IELTS

2.1 What is the purpose of your organisation's use of IELTS?

- Registration to practise a profession
- Eligibility to sit for an examination to assess capability to practise a profession
- Assessment for migration purposes
- Assessment for membership of a professional organisation
- Other ……..…..

2.2 What levels of IELTS are required by your organisation?

IELTS Module	Overall Band Score	Minimum Reading	Minimum Writing	Minimum Speaking	Minimum Listening
General Training					
Academic					

2.3 IELTS assesses all skills at a single sitting, unlike some assessment systems in which candidates can present with the best results of each of the four skills (Reading, Writing, Speaking, Listening) of two or three or more sittings. Is this consistent with the way your organisation uses IELTS band scores?

2.4 What other professional requirements are there in addition to the IELTS test requirements?

2.5 How many clients/members (approximately) will have their English language proficiency assessed in any one year?

2.6 Is this number increasing or decreasing?

2.7 Who is responsible for making decisions on English language assessment levels?

2.8 What training/briefing/support has been provided for the person or persons responsible for setting the appropriate IELTS test levels?

3. Guiding questions – Alternative language assessment systems/strategies

3.1 What other language assessment systems/strategies are accepted? What are the levels accepted?

✓	**TEST**	**LEVEL(S) REQUIRED**
	Test of English as a Foreign Language (TOEFL) and Internet-based TOEFL (iB TOEFL)	
	Test of Spoken English (TSE)	
	Test of Written English (TWE)	
	Test of English for International Communication (TOEIC)	
	Cambridge Certificate of Advanced English (CAE)	
	Cambridge Certificate of Proficiency in English (CPE)	
	CELBAN	
	MELAB	
	Trinity College Tests	
	Pearson Test of English	
	NAATI	
	International Second Language Proficiency Ratings (ISLPR)	
	Professional English Assessment for Teachers (PEAT)	
	Occupational English Test (OET)	
	Other	

3.2 In your view, what are the advantages and disadvantages of each? Which assessment systems/strategies suit your organisation best and why?

3.3 The IELTS Speaking test is a face-to-face interview, and is conducted by a certified Examiner. The aim is to make it interactive and to replicate real life conversations. Some testing systems, however, conduct speaking tests using a technology interface. Do you consider that the two systems of testing speaking are equally valid?

3.4 Have you received any training or advice from the alternative testing systems accepted by your organisation:
- 3.4.1 for advice on setting minimum threshold levels for acceptance/registration?
- 3.4.2 for reviewing threshold levels?

3.5 Will your profession continue to accept other language testing or assessment systems as equivalent to IELTS? If so, which ones?

4. Review of assessment levels

4.1 Have the minimum acceptable IELTS levels been reviewed?
- 4.1.1 If so,
  - a. When?
  - b. Why were they reviewed?
  - c. What did the review process consist of?
  - d. What was the outcome?

- 4.1.2 If not, is it planned to review it? Why or why not?

4.2 Are you aware of any gaps or inadequacies in the IELTS testing system for the purposes of your profession?

5. Client feedback

5.1 Have candidates expressed a preference for a particular test? If so, which one and why?

5.2 Have you had any feedback about how the candidates perceive the IELTS test?

5.3 IELTS tests are held in **over 1,000 locations** in 140 countries, with **tests up to four times a month.**
Do your candidates have easy access to test centres?

5.4 Is there a strategy in place to follow up newly registered individuals or to seek feedback from their employers once they are in the workplace, to ensure that they are coping in terms of language skills?
If so, please describe it.

6. Guiding questions – Ongoing support

6.1 Have you received any information or support from the IELTS administration when making the decision on threshold levels of IELTS?

6.2 What form of engagement with IELTS staff is most useful to you?

6.3 Have you accessed the IELTS website to resolve any questions you may have?
If yes, what was the nature of your question(s), and were you able to find the information you were looking for?

6.4 Will you continue to use the IELTS test as an English language assessment instrument? Why or why not?

7. Research
7.1 Do you know of any published research, articles or discussion papers relating to English language competency or testing and assessment by professionals in your field, academics, government or other relevant bodies? If so, please provide a copy or access details (name, author, publisher, year).

8. Do you have any further comments or issues you wish to raise?

Thank you for your time.
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APPENDIX 2: THE UK – SUMMARY OF OUTCOMES

	General Dental Council (GDC)	General Medical Council (GMC)	General Optical Council (GOC)	General Pharmaceutical Council (GPC)	The Royal College of Ophthalmologists (RCO)	Royal College of Veterinary Surgeons (RCVS)
Aims and purpose of organisation	Protection of the public. Aim is to regulate all dental professions, to set standards for 106,000 professionals.	Protection of the public. Aims are to set standards for doctors, monitor and improve education, and to act on threats to patients.	Protection of the public in the context of optometry and dispensing optometry. Assess overseas applicants and investigate complaints.	Represents pharmacists and pharmacy technicians. Aims are to regulate practice and pharmacies through its inspectorate.	Aim is to regulate training throughout the UK. Members are professionals who deliver the training.	Aims are to regulate veterinary education and practice and to enhance animal health and welfare.
Reason for use of IELTS	Registration to practise a profession	Registration to practise a profession. Eligibility to sit for an exam to assess capability to practise.	Regulation of the professional standards of overseas professionals.	Registration to practise a profession. Parts of country not well serviced by pharmacists so recruiting EEA pharmacists.	Registration to practise a profession. Eligibility to sit for an exam to assess professional capability.	Registration to practise a profession.
IELTS minimum standards Multiple standards for different professions	E.g. Dental Nurses, Technicians **General Training Overall: 6.0** Reading: 5.5 Writing: 6.0 Speaking: 6.0 Listening: 5.5	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	E.g. Dentists **Academic Overall: 7.0** Reading: 6.5 Writing: 6.5 Speaking: 6.5 Listening: 6.5	**Overall: 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting is desired position.	One sitting.	One sitting but can make more than one attempt.	One sitting.	One sitting.	One sitting.
Number of candidates	Approx. 250. Numbers are static.	Approx. 10,000. Increasing following new powers to require EEA doctors to show language proficiency where a concern is raised.	Unknown. Number is decreasing.	Approx. 150 Declining slightly as the market is reaching saturation.	Approx 20–30. Numbers are increasing slightly.	Less than 50 per year.
Other English language tests accepted	No other tests are accepted.	No other tests accepted at the time of writing, but discretion to consider special cases.	No other tests are accepted.	No other tests are accepted.	No other tests are accepted.	No other tests are accepted.

	General Dental Council (GDC)	General Medical Council (GMC)	General Optical Council (GOC)	General Pharmaceutical Council (GPC)	The Royal College of Ophthalmologists (RCO)	Royal College of Veterinary Surgeons (RCVS)
Standard-setting body	General Dental Council has a policy team and a standards team.	The GMC makes decisions on standards, engages the services of researchers and seeks advice from IELTS stakeholder relations staff, where necessary.	Board of the GOC.	General Pharmaceutical Councils.	General Medical Council.	Council including Deans of veterinary schools.
Most recent review of IELTS standards	A review was conducted 2 years ago. Due for another review. May consider alternatives in new standards. Awaiting outcomes of review by GMC before conducting their own review.	In 2014 a decision was made on minimum levels based on research into test equivalents, reference to other similar regulatory bodies internationally and consideration of the best interests of the UK's health sector.	Unknown.	Last reviewed 2009–10 to reduce the variability between health care providers. Aim was to standardise the required levels. Plans are to review education standards, incl language communication, again in 2016–17.	Last reviewed in 2014, when minimum levels were increased by 0.5 to 1.0. Regular reviews are planned.	Unknown.

APPENDIX 3: CANADA – SUMMARY OF OUTCOMES

	Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)	College and Association of Registered Nurses of Alberta (CARNA)	College of Occupation-al Therapists of British Columbia (COTBC)	College of Physicians and Surgeons of Newfound-land and Labrador (CPSNL)	College of Registered Nurses of Manitoba (CRNM)	National Association of Pharmacy Regulatory Authorities (NAPRA)	Nurses Association of New Brunswick (NANB)
Aims and purpose of organisation	Protect and serve the public. Ensure professional standards are maintained.	Regulation of nurses and provision of a voice for the nursing profession. Ensure quality practice in nursing.	Represent occupational therapists. Work towards unification of provincial bodies.	Represent the medical practice in the interests of the public.	Mandated to represent the registered nurses of Manitoba.	National group representing all the provincial and territorial pharmacy regulatory authorities.	Regulatory body for registered nurses and nurse practitioners in New Brunswick.
Reason for use of IELTS	Registration to practise a profession.	Registration to practise a profession. Support of members.	Regulation of the professional standards of occupational therapists.	Registration to practise a profession.	Registration to practise a profession. Eligibility to sit for an exam to assess professional capability.	Registration to practise a profession.	Registration to practise a profession.
IELTS minimum standards	**General Training Overall: 8.0** No minimum subscores	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	Academic Overall: 8.0 No minimum subscores	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Overall: 7.0** Reading: 7.0 Writing: 6.5 Speaking: 7.5 Listening: 7.0	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5	**Pharmacist Overall: 6.5 - 7.5** Reading: 6.0 Writing: 5.5-6.5 Speaking: 5.5-6.5 Listening: 6.0 **Pharmacy Technologist Overall: 5.5-6-5** All skills: 6.0	**Overall: 7.0** Reading: 6.5 Writing: 7.0 Speaking: 7.0 Listening: 7.5
No. of sittings	Results of one sitting but may sit more than once to achieve overall 8.0.	One sitting.	One sitting.	One sitting.	One sitting.	One sitting.	One sitting.
Number of candidates	10 to 15. Increasing as international applicants grows.	Approx 200. Steady for the last 4–5 years.	Unknown.	Approx. 250.	Unknown.	Unknown.	Less than 20**.** Steady.
Other English language tests accepted	TOEFL & iBTOEFL Overall: 100 Speaking: 26/30 Writing: 26/30	CELBAN Reading: 8 Writing: 7 Speaking: 8 Listening: 10	iBTOEFL Overall: 92 Reading: 22 Writing: 22 Speaking: 26 Listening: 22	iBTOEFL In accordance with national standards	CELBAN Reading: 8 Writing: 7 Speaking: 8 Listening: 10	iBTOEFL **Pharmacists** Overall: 97+/-5 Speaking: 27+/-2 Writing: 25+/-3	CELBAN Reading: 8 Writing: 7 Speaking: 8 Listening: 10

						Pharmacy Technologist Overall: 91+/-5 Reading: 22+/-2 Writing: 25+/-3 Speaking: 23+/-2 Listening: 21+/-2	
			CanTEST Reading: 4.5 Writing: 4.0 Speaking: 4.5 Listening: 4.5			CanTEST **Pharmacists** Reading: 4.5 Writing: 4.5 Speaking: 4.5 Listening: 4.5 **Pharmacy Techn** Reading: 4.5 Writing: 4.0 Speaking: 4.5 Listening: 4.5	
						MELAB **Pharmacists** **Overall: 85+/-3** Writing: 82+/-3 Speaking: 3+ **Pharmacy Techn** **Overall: 81+/-3** Reading: 83+/-4 Writing: 80 Speaking: 3+ Listening: 80+/-3s	
Test standard-setting body	Canadian Alliance of Audiology and Speech-Language Pathology Regulators. Review process is under way.	Council of CARNA and national working group.	Unknown.	Deputy Registrar and college.	A national working group. Consistent standards were set for all Canadian nursing organisations.	NAPRA members.	Provincial/ territorial regulatory bodies for nursing.
Most recent review of IELTS standards	Working towards national language proficiency standards and a review of language tests to be approved.	Last reviewed in 2010 by national working group.	Reviewed in 2013.	Recently reviewed by Federation of Medical Regulatory Authority Canada (FMRAC).	Last reviewed in 2010 by a national working group.	Reviewed in 2009 to differentiate between pharmacists and pharmacy technicians. A workshop for health professionals was conducted with assistance of a testing expert.	Last reviewed in 2010.

APPENDIX 4: AUSTRALIA – SUMMARY OF OUTCOMES

	Australian Association of Social Workers (AASW)	Australian Community Workers Association (ACWA)	Australian Health Practitioner Regulation Agency (AHPRA)
Aims and purpose of organisation	Development of policy, support of research into mental health issues, advocacy, campaigning on issues affecting refugees, indigenous people etc, professional development.	Skills assessment, accreditation of courses, overall management of welfare staff, maintenance of database of community workers.	AHPRA was established under law in 2010 as a regulatory body for health professions in Australia. It regulates the following professions by establishing minimum standards in conjunction with Boards, including English language testing instruments and minimum standards: Chinese Medicine Board, Chiropractic Board, Dental Board , Medical Board, Medical Radiation Board, Nursing and Midwifery Board, Occupational Therapy Board, Optometry Board, Osteopathy Board, Pharmacy Board , Physiotherapy Board, Podiatry Board, Psychology Board.
Reason for use of IELTS	Qualification assessment for migration.	Membership.	Application for initial registration as a health professional.
IELTS minimum standards	**General Training** **N/A**	**General Training** **Overall: Not stated** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**General Training** **N/A**
	Academic **Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Academic** **Overall: Not stated** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Academic** **Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting.	Up to four sittings over 12 months, within the three years prior to application to ACWA.	Two sittings within a six month period, and: ▪ A minimum of 7.0 overall in each sitting ▪ Minimum of 7.0 in each component "across the two sittings" (AHPRA 2015) ▪ No less than 6.5 in any subscore.
Number of candidates	Between 330 and 400.	Unknown.	Unknown.
Other English language tests accepted	N/A		**Occupational English Test (OET)** (not available for chiropractic, osteopathy or psychology) Minimum of B in each of the four components Two sittings within six months.
		Pearson Test of English (PTE) Academic Reading: 65 Writing: 65 Speaking: 65 Listening: 65	**Pearson Test of English (PTE) Academic** Overall: 65 Reading: 65 Writing: 65 Speaking: 65 Listening: 65 Two sittings within six months.
		Cambridge Certificate of Advanced English (CAE) Reading: 185 Writing: 185 Speaking: 185 Listening: 185	
		TOEFL iBT Reading: 24 Writing: 27 Speaking: 23 Listening: 24	**TOEFL iBT** Overall: 94 Reading: 24 Writing: 27 Speaking: 23 Listening: 24 Two sittings within six months.
Test standard-setting body	The Board.	A reference group is formed to consider appropriate test outcomes.	AHPRA and individual health Boards.
Most recent review of IELTS standards	Investigated alternative tests following Dept of Immigration review in 2010.	Last reviewed in 2010 by national working group.	Revised standards introduced 1 July 2015.

APPENDIX 5: NEW ZEALAND – SUMMARY OF OUTCOMES

	Dietitians Board of NZ	Medical Council of New Zealand	Midwifery Council of New Zealand	Occupational Therapy Board of NZ	Social Workers Registration Board of NZ	Veterinary Council of New Zealand
Aims and purpose of organisation	Protection of the health and safety of the public. Regulatory authority established under legislation.	Protection of the health and safety of the public by ensuring doctors are competent and fit to practise.	Responsible for the health and safety of women and their babies.	Health regulatory authority for occupational therapists to ensure that the health of the public is protected.	To protect the safety of the public, to ensure social workers are competent to practise. To enhance professionalism.	Protection of the public interest by regulation, assessment of training and monitoring standards.
Reason for use of IELTS	Eligibility to sit for an examination which is a gateway to registration.	Registration to practise and eligibility to sit for an entrance examination.	Registration to practise.	To assess fitness for registration as an occupational therapist.	Registration to practise.	Registration to practise, eligibility to sit for an exam to assess capability to practise.
IELTS Minimum standards	**General Training*** **Overall 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0 *Module is not specified	**General Training** **N/A**	**General Training** **N/A**	**General Training** **N/A**	**General Training** **N/A**	**General Training** **N/A**
	Academic* **Overall 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0 *Module is not specified	**Academic** **Overall: Not specified** Reading: 7.0 Writing: 7.0 Speaking: 7.5 Listening: 7.5	**Academic** **Overall 7.5** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Academic** **Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Academic** **Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0	**Academic** **Overall: 7.0** Reading: 7.0 Writing: 7.0 Speaking: 7.0 Listening: 7.0
No. of sittings	One sitting.	One sitting.	A pass may be achieved over a number of sittings not more than 12 months apart.	One sitting.	One sitting.	One sitting.
Number of candidates	Up to 5, static.	Approx 600.	Approx 30, static numbers.	Up to 5, static numbers.	Up to10, stable.	Unknown.
Other English language tests accepted	No other tests accepted.	**Occupational English Test (OET)** Medical module A or B in each of the four components within one sitting.	**Occupational English Test (OET)** Nursing module A or B in each of the four components within one sitting.	No other tests accepted.	No other tests accepted for registration.	**Occupational English Test (OET)** Veterinary science module A or B in each of the four components in one sitting.
Test standard-setting body	The Board.	The Medical Council.	The full Council. Staff are trained and advise the Council.	The Registrar.	The Board.	The Council.
Most recent review of IELTS standards	Not recently reviewed. IELTS operates as a gateway to registration.	2014 – OET was added.	Levels were reviewed in 2005 when the Council was established. Victoria Uni of Wellington assisted by consultation. No perceived need to review levels at this stage.	Last review was in 2012. The score of 7.5 was dropped to 7.0 as it was considered to be excessive.	Last reviewed by Policy Committee in August 2015. No changes were made to established minimum scores.	No requirement for a review.

APPENDIX 6: COMMENTS FROM STAKEHOLDERS

	Advantages or disadvantages of the IELTS test – General comments
United Kingdom	Only that IELTS is generic. No issues from clients. No issues – it works, it's a good tool. IELTS is reliable, uniform and accessible. Would like to have veterinary surgeon/ nursing-specific content in the IELTS test (2 comments).
Canada	One applicant commented to the effect that the IELTS test is not easy, listening is heard once only, no assistance (to understanding) of body language and context. Time frame for completion of writing does not give time for review, not allowed use of dictionary ... Would like to know more about the use of IELTS for domestic applicants (College of Registered Nurses of Manitoba) as this is the main challenge in language testing.
Australia	Can experience a long waiting list to sit for the test, which delays registration.
New Zealand	OET is better tailored to the target language of the profession. Anecdotal evidence suggests that it would be helpful if written passages in IELTS had an occupational link. IELTS is objective, reliable and widely available so will continue to use it. IELTS is adequate and reliable assessment of skills. Security measures involved in IELTS testing mean that the potential for fraud is significantly lower than other assessment systems.
	Is there a difference between a face-to-face interview and a computer interface interview?
United Kingdom	I have no expertise so no comment. Face to face is preferred for medical staff who are dealing with patients (2 comments).
Canada	This needs to be explored further. No comment. Communication happens between people, so as a personal view face-to-face is preferable, especially if the test-sitter is nervous.
Australia	No comment.
New Zealand	Preference for face-to-face. Face-to-face is preferred because it more accurately reflects real life and the tester can be more flexible according to the responses received. Computer interface only if it has real time chat as in Skype.
	Have you had any client feedback? Is the test easily accessible?
United Kingdom	No complaints. Most feedback is from candidates who have failed to achieve the required levels of IELTS. Anecdotally, some state a preference to TOEFL. Cost has been raised as a factor by a small number. Some have stated a preference for a test targeting clinical language.
Canada	No complaints. Some applicants prefer CELBAN as it is believed to be easier.
Australia	No real follow-up apart from anecdotal.
New Zealand	Applicants do not always have access to a test site. The first year of practice is under supervision and regular reports on progress are tabled regarding competency. Failed applicants occasionally complain that IELTS outcomes do not adequately represent their skills. No specific feedback on new registrants but routine monitoring may raise competency issues. Newly registered OTs have a supervision period during which their communication skills are assessed.

	Comments on training, advice and support from IELTS
United Kingdom	Workshops available. Some candidates have presented false results documents – 2 in the last 3 years. Not regular contact. Have access to seminars but don't use them regularly. GMC staff has attended IELTS seminars. Twice a year there are meetings between GMC managers and stakeholder relations staff. Regular newsletters. Assistance on possible fraudulent IELTS test reports. Any consideration by IELTS to develop a test version tailored to the healthcare professions?
Canada	Current use of website is to establish verification service of applicants. Assistance was provided during the review of standards for nursing organisations in 2010. Would welcome contact in order to understand the tools used in IELTS. Email and a specific contact name of an IELTS stakeholder relations officer would be helpful.
Australia	Information sessions attended from time to time. Want a good understanding of how the test is run so would like some PD.
New Zealand	No training or support received. Most useful are email updates. Staff attends workshops when offered in Wellington. No regular interaction with IELTS.
	Comments on the IELTS website
United Kingdom	Difficult to navigate. Could have more information available. Health organisations are seeking to align the IELTS levels accepted and are attending forums to discuss – it would be useful for IELTS staff to be engaged in these. No need to access it – clients are directed to it.
Canada	Accessed for verification of test results.
Australia	Useful to verify test results. Helpful to verify test outcomes.
New Zealand	Have not accessed IELTS website. Only for verification.