

5. An impact study into the use of IELTS as an entry criterion for professional associations – Australia, New Zealand and the USA

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ABSTRACT

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This qualitative study examines the use of IELTS to assess English language competence for membership of professional associations or as a criterion for registration in Australia, New Zealand and the United States of America.

The research project was a qualitative study which examined the use of IELTS to assess English language competence for membership of professional associations or as a criterion for registration. The study focused on two traditional markets, Australia and New Zealand, and a newer market, the USA. This was timely research as, when it was approved in December 2005, there had been a significant increase in the use of IELTS in the academic arena in the previous two to three years but not in its use by professional associations. The majority of organisations recognising IELTS operated in the health care sector.

Questions guiding the research related to reasons for selecting IELTS, comparing IELTS with other acceptable language assessment systems, perceptions of the fitness of IELTS for the purpose and the levels of support required and provided by IELTS administration. The approach and methodology involved desk research and face-to-face interviews with key staff in professional associations.

The research found that in Australia and the USA, most were well-informed about IELTS. All associations in Australia and New Zealand had reviewed their original decisions on acceptable levels. US associations had sought advice from IELTS International and consulted comparable associations before setting their standards. Most provided applicants with a choice of language proficiency testing systems, primarily the Occupational English Test in Australia and New Zealand and TOEFL in the USA. Associations in Australia and New Zealand would like regular, but not frequent, contact from IELTS on updates and changes.

The research makes a number of recommendations including that a process of test validation of IELTS be undertaken for each of the professions currently using IELTS, and that standards and policies for IELTS support of non-academic users of the Test be developed. Other recommendations include educational programs to explain IELTS to key staff and initiatives to identify potential users such as the State Registration Boards in the USA.

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Glenys Merrifield has been involved in international education, and in particular the TESOL sector, since 1975, initially in the United Kingdom and then in Australia. She has owned her own business in the international English language teaching sector, is an experienced manager and 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 the international student sector in Australia and the Adult Migrant English Program. She has a consultancy company and has conducted research and project management for the international education industry in Australia, New Zealand and Canada related to professional development, quality assurance in ELT and other aspects of international education.

1 OUTLINE OF STUDY

1.1 Introduction

One of the major emerging features of global life in the late 20th century and early 21st century is the increase in mobility which has been made possible by broadening patterns of communication and the breaking down of borders between countries and cultures. The spread of the web and internet communication through continuing development of cutting edge technologies, led largely by the United States of America (USA), has built the predominance of English language as the medium of science, technology, education, economics and politics. Student mobility for education purposes has been a major growth market for two decades, with a focus on English-speaking countries such as the United Kingdom (UK), the USA, Australia, Canada and New Zealand as primary destinations of choice. Early issues related to the quality of outcomes in programs of study delivered and assessed in English, and comparability between programs within and between destination countries, has meant that an international benchmark for English language competency levels was required.

Concurrent with the growth in mobility of students for education purposes was a relaxation of impediments to immigration and a subsequent increase in the number of trained professionals wishing to migrate and seek work in their profession in English-speaking countries. English language competency for professions, particularly high-stakes community roles like nursing, medicine and veterinary care, has emerged as a crucial criterion for entry to English-speaking countries as an immigrant and to taking up a professional role.

Many language assessment models have been designed over the years for the purpose of either admission to study programs or admission to professions. Most of these have been abandoned for reasons one can only speculate about. But paramount among them must be the fact that in order to retain credibility, language proficiency assessment systems which provide an international benchmark must include:

- continual validation for the purpose(s) for which they are used for both test-takers and those accepting the outcomes
- development of a suite of tests and tasks which can be rotated
- marketing and dissemination of information and updates to stakeholders
- a broad network of approved test centres to provide high levels of accessibility
- external quality control processes for tests
- external quality control processes and procedures for test centres
- ongoing training and accreditation of test writers and assessors
- dispute resolution and appeals procedures
- test security processes and procedures
- review processes which include external research and development.

The above features are comprehensive and costly and require the contribution of expertise and credentials in language assessment. Few government or commercial bodies have been able to make the ongoing commitment of expertise and resources to maintain up-to-date and cutting edge assessment systems.

However, there are three dominant international English language testing entities which have been successful in setting international benchmarks for English language competency. The US-based Educational Testing Service (ETS) has had recognition in the USA and source countries for overseas students seeking educational programs in the USA for many years. It offers a broad suite of testing services but for non-native speakers of English it has offered the Test of English as a Foreign Language (TOEFL) for many years and, more recently, the revamped internet-based TOEFL

(iB TOEFL), the Test of English for International Communication (TOEIC), the Test of Spoken English (TSE) and the Test of Written English (TWE).

University of Cambridge ESOL Examinations (Cambridge ESOL) is one of the three examination boards which make up Cambridge Assessment (formerly known as the University of Cambridge Local Examinations Syndicate – UCLES). Cambridge ESOL offers a broad range of tests of English for speakers of other languages which is available throughout the world, including the First Certificate in English (FCE), the Certificate in Advanced English (CAE), the Certificate of Proficiency in English (CPE) and the suite of Business English Certificates (BEC). These tests are accepted by many employers and for entry to courses of education in various parts of the world.

Cambridge ESOL also has joint ownership, along with IELTS Australia and the British Council, of the International English Language Testing System (IELTS).

All of the above organisations are highly regarded internationally and have extensive experience in language testing. The tests are supported by research and provide test-takers with credentials which have strong credibility, as they are believed to be based upon exacting standards and to produce reliable and authoritative outcomes.

In addition to these internationally benchmarked testing services, there are nationally-based tests which have been developed and designed for a specific purpose and are also regarded as having high reliability. For example, the Occupational English Test (OET) in Australia was designed to test language proficiency for the health professions, and is accepted by Australian and New Zealand professional associations, and medical bodies in the USA and the UK have devised their own focused testing systems which suit their purposes. However, IELTS is growing in popularity as an international benchmark for purposes of language assessment for immigration and entry to professions.

1.2 Objectives, scope and approach

1.2.1 Objectives

It is the growth in popularity of IELTS for purposes other than entry to academic study that led to the development of this impact study. The objectives of the study were to:

- determine the reasons for selection of IELTS as a criterion for membership of professional organisations
- identify the main competitors to IELTS
- assess the overall degree of understanding of the Test by professional association staff (eg overall band scores versus skill band scores, Academic versus General Training, etc)
- gain an understanding of what the expectations are of candidates who reach the required level
- gain an understanding of candidate perceptions of the Test, including their view of its appropriateness for this purpose and its value to them as individuals
- identify perceptions of both users and candidates of how IELTS could better fit the purpose for which they are using it
- compare perceptions and the depth of understanding of IELTS by professional associations in each of the countries studied
- develop recommendations on whether or not IELTS should actively seek to extend the reach of the Test in non-academic sectors
- make recommendations on the development of educational and marketing programs to enhance understanding of the Test, its outcomes and its appropriate uses.

1.2.2 Scope

The scope of the study was limited to Australia, New Zealand and the USA and focused on all professional associations registered with IELTS at the time the study was approved.

Australia

- Australian Medical Council
- Australian Nursing and Midwifery Council
- Australian Pharmacy Examining Council Inc
- Engineers Australia
- Migration Agents Registration Authority
- CPA Australia
- Association of Chartered Certified Accountants
- Accounting and Finance Association of Australia and New Zealand

New Zealand

- Nursing Council of New Zealand
- Pharmacy Council of New Zealand
- Veterinary Council of New Zealand
- New Zealand Teachers Council

USA

- American Association of Veterinary State Boards (AAVSB), PAVE program
- American Veterinary Medical Association (AVMA), Educational Commission for Foreign Veterinary Graduates (ECFVG) – Doctors of Veterinary Medicine (DVM)
- Commission on Graduates of Foreign Nursing Schools (CGFNS)
- International Commission on Healthcare Professionals (ICHP)

Additional associations which had registered as accepting IELTS as one of a suite of English language assessment systems during the course of 2006 were also contacted. These included:

- International Monetary Fund (USA)
- Institute of International Education (USA).

These two organisations and Australia's CPA Australia, Association of Chartered Certified Accountants and the Accounting and Finance Association of Australia and New Zealand, declined to participate in the study. Their response to initial contact indicated that they did not work directly with the IELTS testing system and were therefore not familiar enough with it to participate.

1.2.3 Approach

This study was qualitative. The findings as represented in the summaries of interviews are the result of semi-structured interviews with key individuals in each association. Because qualitative research does not permit generalisations from its findings (Burns 1999, p 23), it must be stressed that the participants' views represent a sample and cannot be construed to represent those of the sector.

Two data collection methods were used:

1. desk research to examine documentary data, including policies, protocols, correspondence, evaluation of assessment programs
2. semi-structured interviews with key stakeholders, including:
 - industry professionals with expertise in English language assessment, and in particular with the major assessment systems being scrutinised
 - directors and staff of professional associations who worked with IELTS and other language assessment systems.

One of the objectives of this study was to identify individuals for interview who had successfully entered their professional workplace, and to conduct interviews with them. It was intended that the interviews would help to develop an understanding of professional candidate attitudes to, and experience of, IELTS, and their views on how effective IELTS was as a test of English language proficiency for their particular occupation.

However, this proved to be impractical within the scope of this study for a number of key reasons.

- a. Most of the associations interviewed did not have a system in place to follow up applicants. Their contact with candidates generally occurred at the initial registration stage, because evidence of appropriate language skills was only required when first entering the profession or being initially assessed for migration.
- b. Some associations had no direct contact with applicants. Their role generally involved doing a desk assessment of entry criteria for individuals applying from overseas.
- c. All associations interviewed were bound by privacy legislation and so could not provide contact details of past registrants.
- d. The best opportunity to access candidates was at the time of registering for IELTS. However, most would not have experienced an English-speaking workplace at the time of registering for the examination, and would therefore not have had the opportunity to form a view on how well IELTS tested their language needs for their profession.
- e. The USA does not have federal control of registration: this was devolved to the States Registration Boards. Because of this, US associations did not in fact register applicants. Their role was to provide applicants with an authority to take to the State Registering Board in the location they wished to work. Many of these Boards had also developed a further set of requirements, depending on the State, and so no information was available on professionals who may have completed the registration process.

Accordingly, it was not possible to make contact with a sufficiently large sample of test-takers who were overseas trained professionals experienced in the destination workplace and who could make a significant contribution to the study. Some candidate views were recorded, however, through anecdotal feedback provided by professional association staff during structured interviews.

1.3 National and international tests

1.3.1 IELTS

IELTS is owned and administered by a partnership of IDP: IELTS Australia, the British Council and Cambridge ESOL and has been operating since 1989. It is widely acknowledged that one of the main advantages of using a language competency assessment such as IELTS is that it is an international testing system with a very broad network of testing centres; the IELTS website at the time of writing (<http://www.ielts.org/>) stated that the testing system is now recognised by “over 3800 educational institutions, government agencies and professional organisations across 120 countries around the world, and conducts over 500,000 tests...every year”. The partnership of IELTS Australia, the British Council and Cambridge ESOL is a highly respected one. There is a commitment to funding ongoing external research, test validation and training of an extensive team of professional item-writers and Examiners.

The number of candidates sitting the IELTS Test globally has grown exponentially since its introduction in 1989. Originally intended and designed as a test to assess a candidate’s proficiency in English and capability to undertake study in the English medium, in the last decade it has been adopted by organisations and government entities other than academic providers for substantively different purposes. IELTS is currently providing a measure of language competency as one of the

criteria for assessment for immigration, for employment purposes, for registration as a professional and as an entry criterion to courses conferring professional credentials, designed and run by professional associations.

The use of IELTS by professional associations, according to *IELTS Band Score Requirements 2004*, is currently limited to seven countries, most English-speaking, and Canada and Brazil. One of the potentially largest growth markets for IELTS by virtue of its population size and cultural mix is the USA, where confidence in IELTS as a testing system for language skills has experienced rapid growth in the academic sector, and a number of professional associations or registration bodies have followed the lead of the UK, Australia and New Zealand and added IELTS to their suite of language assessment instruments. Many of these represent the health care professions like nursing, medicine, pharmacy and veterinary practice, where English language competence or lack of it represents high stakes.

There is no question that IELTS is highly regarded as an English language testing system in its role of assessing competency for entry to academic studies. The Academic module includes tasks which model academic tasks, and while there is a subjective component of examining the productive macroskills of speaking and writing, there is regular training of Examiners and a system of moderation in place.

The question of whether the IELTS testing system is appropriate for testing broader skills such as those required for a professional operating as a doctor, nurse, veterinary surgeon, engineer, teacher or accountant arises because there is little research available which focuses on validating the testing system for these purposes. According to O'Loughlin (2006):

Language for Specific Purposes (LSP) ... is an established branch of applied linguistics. Within LSP a common distinction is made between languages for academic purposes and languages for occupational purposes. Assessments in language for academic purposes generally focus on whether students have the language skills to commence higher or vocational education, whereas assessments in language for occupational purposes (or the workplace) are typically designed to assess whether an individual has the language skills to assume the relevant professional or vocational duties. Most well-known assessments of LSP are proficiency tests which aim to assess an individual's readiness to operate successfully in a particular academic or workplace setting. These tests are normally performance-based assessments in the sense that they require test-takers to achieve particular communicative functions rather than simply display their linguistic knowledge.

Professionals interviewed during this study pointed out that there were very significant differences between the written language required for writing an academic text and that required by a doctor writing up a patient case study, or communicating a diagnosis in a report to a colleague. An academic or tertiary student needs spoken language of discussion and argument and presentation skills, whereas a pharmacist requires language for interaction with the public, including asking accurate and appropriately-worded personal questions to ascertain symptoms, and giving advice to customers ranging from young children to the elderly, often with a variety of language and cultural backgrounds. While IELTS includes an interactive language component, health professionals argued that this lacked the specific and more relevant context of a test such as the Occupational English Test (OET) (see 1.3.2 below for details).

Most of the professional organisations registered as accepting IELTS also accept other testing systems as alternatives, commonly the OET in Australia and New Zealand, and the internet-based Test of English as a Foreign Language (iB TOEFL), the Test of Written English (TWE) and Test of Spoken English (TSE) in the USA.

However, IELTS has a number of advantages over its competitors. Some of these advantages are:

- easy accessibility to the Test by most candidates because of the extensive network of test centres available to them
- frequency of test dates, so that candidates can access the Test with a broad choice of test dates
- rapid turn-around time for results to be provided to candidates
- ongoing research into language testing
- trialling and validation of test questions and tasks under the supervision of the partners.

During the first decade of the operation of IELTS, issues with test security and the authenticity of credentials issued arose. Test and document security are major issues in this era of increasing document fraud. Anecdotal feedback from professional associations consulted during this project indicates that these issues have now been largely solved by strategies put in place by the joint owners of IELTS. If organisations suspect fraud, they have access to direct and secure strategies for verifying candidate test results through the online *IELTS Test Report Form (TRF) Verification Service*, a factor appreciated by many of the people interviewed in the project.

1.3.2 Occupational English Test (OET)

The Occupational English Test is an Australian-designed test which is used by professional associations in Australia and, to a lesser extent, New Zealand. It includes a simulated consultation designed to test the oral/aural skills of candidates in a range of occupational contexts, primarily in health care, and thus provides a focused performance-based task.

Performance tasks are directed primarily at the health professions: doctors, veterinary surgeons, occupational therapists, nurses, dieticians, radiographers, dentists, optometrists, speech pathologists and pharmacists.

Many argue that this specificity, where it is based on analysis of workplace language behaviour and patterns of communication, produces a more relevant assessment of linguistic competence for the professional. However, the linguistically competent professional also needs to interact with colleagues, patients, clients and business contacts, which requires broader English language skills.

Some issues related to the OET were identified by industry professionals and professional associations during structured interviews. These have yet to be validated, but included the following.

- The strong cultural environment related to medical and hospital contexts in the OET may disadvantage candidates from non-Australian or New Zealand ethnic backgrounds.
- There may be tension between the objectives of assessing English communication skills versus medical knowledge.

1.3.3 Test of English as a Foreign Language (TOEFL, iB TOEFL)

TOEFL, designed and run by the US-based Educational Testing Services, has been in existence since 1964, and has been the most prolific testing system in use in North America. Its network also extends to a number of countries from which individuals were USA-bound for study or immigration purposes.

The main criticism of the original version of the test by professional organisations related to the fact that it did not test all skills, so that candidates had to take an additional speaking and writing test, usually the Test of Spoken English (TSE) or Test of Written English (TWE), also offered by ETS.

However, a reviewed version of the test, iB TOEFL, and a new paper-based test include integrated skills which make it more appropriate to the needs of organisations accepting it. It contains a variety of task types. A good body of research and validation has been put into the development of the constructs and discourse types in the test (www.ets.org/Media/Research/pdf/TheResearcher2005.pdf).

The iB TOEFL is being progressively rolled out and will eventually be available in an extensive network of locations. For the present, it is not as broadly available as IELTS, but once it becomes more accessible, it may be a strong competitor to IELTS, particularly in North America and the countries linked to North America by immigration or international education.

Issues identified by industry professionals and professional associations about TOEFL during informal interviews included the following.

- The former version of the TOEFL was considered by many to be too grammar-based to adequately assess English communication skills.
- TOEFL was considered to have a strong academic focus in its settings.
- The availability of the test was an issue in countries outside the USA.
- TOEFL did not test all skills. Those who chose to accept the test generally required the TSE and TWE in addition. This was time-consuming.
- The iB TOEFL speaking component is semi-direct in that the test-taker responds to spoken stimuli. It does not involve a co-constructed dialogue in a direct exchange by a real-time interlocutor as it would in normal person-to-person interaction.

1.3.4 Other

National Accreditation Authority for Translators and Interpreters Ltd (NAATI) (Australia):

This is an Australian organisation which approves training courses for interpreters and translators and provides an accreditation service for them, mostly for workforce purposes, and so its purpose is very different from that of an international language proficiency test. While it is a private company, it operates under the auspices of the Australian Government. It was accepted by only one of the associations in this study and, given its functions, could not be considered to be a serious competitor to IELTS.

International Second Language Proficiency Ratings (ISLPR) (Australia): As the name suggests, this is a language proficiency rating system which was designed to assess migrant English language in Australia, and its use is still primarily in the area of migrant language education. It is not easily accessible, and the assessment is done on a one-to-one basis and so the process tends to be lengthy and expensive.

Professional English Assessment for Teachers (PEAT) (Australia): This test was designed by the University of New South Wales Institute of Languages (UNSWIL) specifically for overseas-trained teachers wishing to teach in New South Wales. It is funded by the NSW Department of Education. It is only available through the UNSWIL on specified dates.

It is accepted by the New Zealand Teachers Council as one of several English language options. However, whilst in some respects it may be considered to be more appropriate for the specific language skills required by teachers, difficulty in accessing it for any candidate outside New South Wales means that very few candidates take advantage of it, most opting for IELTS or iB TOEFL instead.

2 OUTCOMES OF INTERVIEWS WITH PROFESSIONAL ASSOCIATIONS – AUSTRALIA, NEW ZEALAND AND THE USA

Given that the IELTS Test was initially designed to test English language competency for further studies and this remains its primary purpose, candidature numbers within Australia, New Zealand and the USA have largely reflected the trends observed in the education market. According to data provided by Cambridge ESOL on candidature numbers in the years 2004 to 2006, both Australia and the USA have seen significant growth of 100% and 109% respectively. New Zealand, where export education has seen a decline, reflects this in a drop of 53% in in-country candidature (see Figure 1).

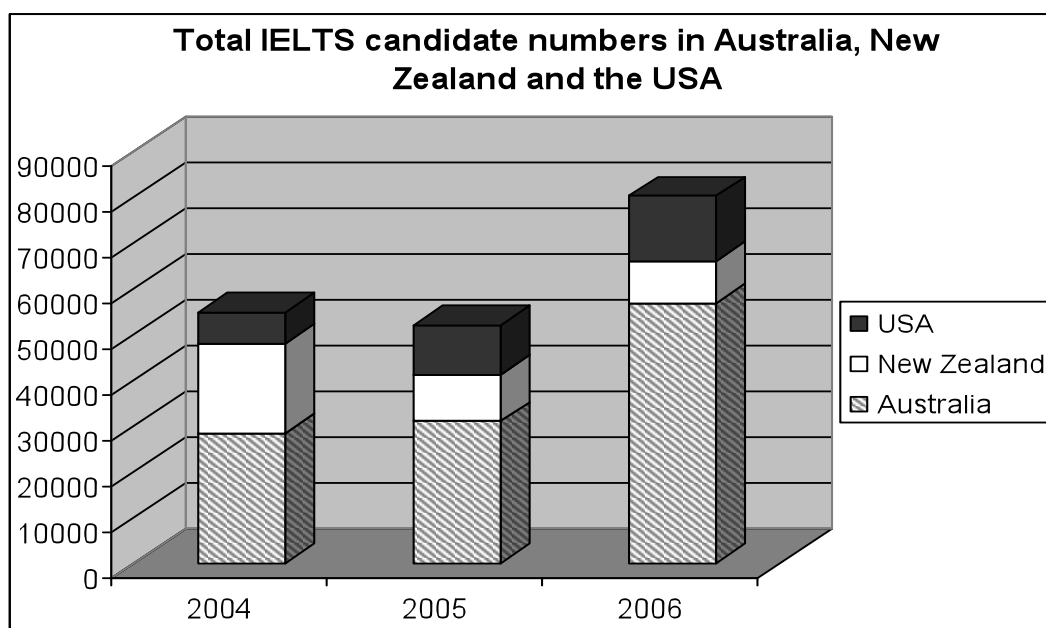


Figure 1: Total IELTS candidate numbers in Australia, New Zealand and the USA.
Source: Analysis of candidate reasons for taking IELTS in the USA, New Zealand and Australia (2004-2006): Cambridge ESOL

During the same period, candidate numbers of those taking the Test for professional reasons showed very significant growth, particularly in the USA. It should be kept in mind that this is indicative only, as many offshore professionals considered as part of this study would not be included because they will have taken the Test in their country of origin. There were also very significant numbers of people taking the Test for migration purposes, which may include professionals intending to seek registration. These numbers have not been included here (see Figure 2).

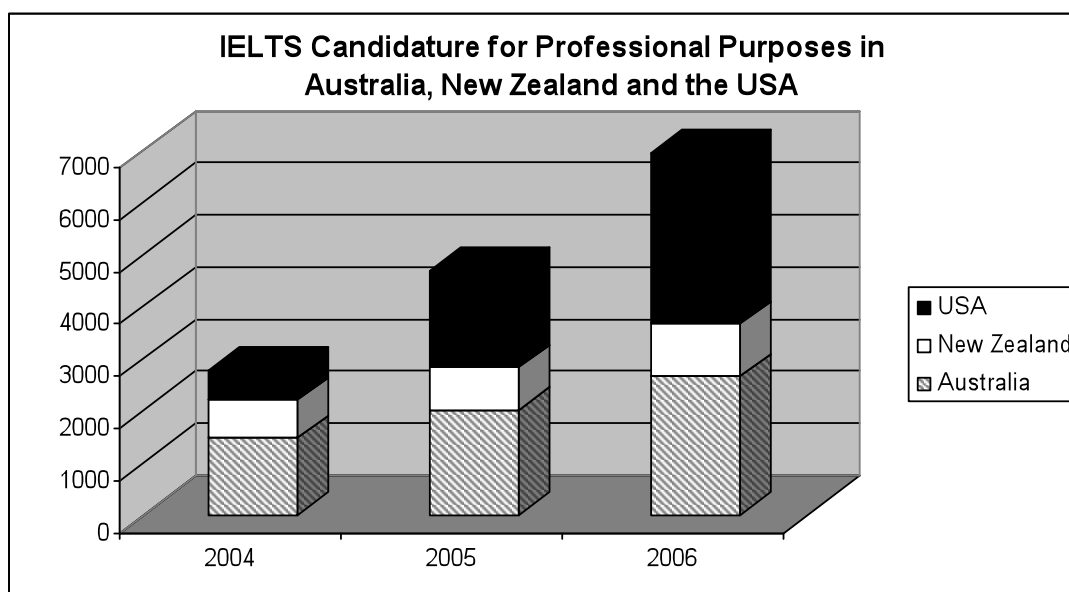


Figure 2: IELTS candidature for professional purposes in Australia, New Zealand and the USA. Source: Analysis of candidate reasons for taking IELTS in the USA, New Zealand and Australia (2004-2006): Cambridge ESOL

With numbers taking the Test for professional purposes showing steady growth in Australia (100% between 2004 and 2006), and growth somewhere in the vicinity of 500% in the USA over the period, this is an area to support and develop.

The content related to the registered professional associations which follows in Sections 2.4.1 to 2.4.3 has two sources: information from websites and documents provided by the associations interviewed, and records of discussions during face-to-face interviews. This includes the information under the heading “Language Needs of [profession]”. Interviewees’ perceptions of the major language needs of professionals in their respective fields were explored to attempt to gain an understanding of whether research had been done to underpin the decision on the IELTS levels of achievement appropriate to the profession. A separate language needs analysis has not been conducted but would be an extremely useful means of making a judgement related to the appropriateness of IELTS for language competency in the professions in this study. A summary of outcomes of the interviews is Appendix 5.

2.1 Australia

Australia’s IDP Education: IELTS Australia is one of the partners responsible for developing IELTS as an alternative to other assessment systems less easily applicable internationally for the purpose of entry to academia. Australia has a strong position as an international student destination and a reputation for a long and distinguished history in applied linguistics and English language teaching and research. The IELTS Test therefore has a strong following in Australia and easy access to test support services.

Records of interview with Australian professional associations follow.

2.1.1 Australian Medical Council (AMC)

The Australian Medical Council (AMC) is an independent body whose mission is to protect public health and safety through setting standards of training, education and practice for medical personnel. One of its main roles is to assess overseas trained doctors wishing to practise in Australia and to advise State and Territory Medical Boards on approaches to registering medical practitioners. Applicants

must go through a process to gain AMC certification, after which they approach the State and Territory Boards for registration to practise as medical practitioners.

The assessment includes provision of evidence of English language competence, a recognised qualification allowing them to practise in the country in which they trained, a satisfactory pass in a Multiple Choice Question (MCQ) test conducted in Australia, a supervised clinical practice of 12 months and a Stage 2 examination. The entire procedure may take from two to five years. The English language test is the first procedure and most take it overseas. Technically it is only valid for two years, and applicants may be required to provide a more up-to-date language test by the State Boards if the certification process takes longer than two years.

Most applicants take the English language test in Australia. Most overseas doctors also complete a bridging program run by an approved education provider.

The AMC originally set the minimum IELTS level at an overall band score of 7.0 in the Academic module, with a minimum in any one component of 6.5. However, following negative feedback from the bridging course providers, consultation with IELTS administration was sought on reviewing this and the outcome was that the minimum requirement was changed by the AMC to 7.0 in each macroskill. However, the State Boards have discretion in accepting lower language levels. The AMC examines between 1300 and 1500 applicants per year.

2.1.1a Perceived language needs of doctors

Medicine is a high-stakes occupation for language skills. Approximately 70% of complaints received by the AMC about doctors are language-related (but dealing with broader communication skills rather than just English language proficiency), and a significant proportion of what the organisation termed “bad events” are a result of poor communication.

Poor language skills can put patients at risk. The main danger to patients is in the handover from one health care professional to another. Writing tends to be the most problematic macroskill, and speaking and reading are considered to be the two most important skills.

2.1.1b Comments on the English language assessment

The IELTS requirement of 7.0 in all macroskills was reviewed because of feedback on poor language skills from individuals running the bridging programs. Eighty per cent of applicants now take the IELTS Test rather than the alternative, the OET, largely because of the frequency of the test dates. Other advantages are the speed with which candidates get their results and the system of verification of results through the online service.

The OET is considered to have an advantage over IELTS in that it is profession-specific, and candidates may sit for only one or two components if they have previously failed to gain the required outcome. The AMC does not get feedback from candidates on the tests unless there is a complaint, and so did not have a view on which of the tests suited their needs better.

2.1.2 Australian Nursing and Midwifery Council (ANMC)

The Australian Nursing and Midwifery Council (ANMC) was established as a peak body to develop and facilitate a national regulatory system for nurses and midwives. At this stage, it does not have a role in registering nurses but there are plans in place to develop a national approach to registration by 2008. One of its roles is to assess overseas nurses and midwives for migration. For this purpose, it requires proof of identity and evidence of appropriate qualifications, any current registration, employment status and English language proficiency.

The ANMC rarely has direct contact with candidates and does not have a role in following up people approved for permanent residence. Registration is provided by the States and Territories.

The Council accepts IELTS, requiring a minimum of 7.0 overall, with 7.0 in the productive skills of Writing and Speaking and 6.5 in Reading and Listening. This was reviewed with the assistance of IELTS administration from the original level of 6.5 overall, as a result of a number of complaints from clinics and hospitals about English language competency of overseas trained nurses.

The only alternative English language proficiency test is a B pass in the OET.

2.1.2a Perceived language needs of nurses and midwives

The ANMC agreed that the main danger to patients is in the handover from one health care professional to another, and so high-level reading and writing skills are critical. Social interaction with patients and technical communication with colleagues is also important.

2.1.2b Comments on the English language assessment

Particular strengths of IELTS for the ANMC are the frequency of test dates and the online verification service. The OET is favoured for its health profession basis but is not as easily accessible.

2.1.3 Australian Pharmacy Examining Council Inc (APEC)

The Australian Pharmacy Examining Council (APEC) originally operated under the umbrella of the National Office of Overseas Skills Recognition (NOOSR). It was established as an incorporated body in 1996.

Its role is to assess overseas-trained pharmacists for registration to practise in Australia. The assessment includes provision of evidence of English language competence, a recognised qualification allowing them to practise in the country in which they trained, satisfactory pass in a Multiple Choice Question (MCQ) test, a supervised clinical practice of 12 months and a Stage 2 examination. The English language test is the first procedure and most take it overseas.

The OET was taken up by APEC in the late 1980s because of its occupation-specific context, and it was used exclusively as evidence of English language competency until 1997. However, its drawbacks in terms of the time required to take the test, infrequency of test dates and the long turn-around period for results to be produced, meant that there were delays in the processes leading to registration. Because of this, APEC/NOOSR sought advice on other testing systems and their comparability with the OET to test competency to sit the Multiple Choice entry test which was a preliminary to registration as a pharmacist. The outcomes were that, while IELTS was designed to test academic English, it had the required rigour and met current accepted assessment theory and practice, and so it was accepted as an alternative to the OET.

The individuals interviewed were not aware of any ongoing contact from IELTS. However, they did not feel that this was necessary.

2.1.3a Perceived language needs of pharmacists

Contexts of English language communication include pharmacies, hospitals and aged care facilities. The language needs of candidates as articulated by the Council staff were, primarily, day-to-day communication involving advice on medications, listening skills for all ages, from small children to the aged, dealing with clients from a range of ethnic backgrounds, report writing, and reading skills, particularly focused on reports and medical journals. Continuing education is a requirement for retaining registration.

2.1.3b Comments on the English language assessment

The IELTS requirements were 7.0 overall, with no less than 6.0 in any one skill. This had been reviewed twice since being established as a response to reported difficulties of some overseas-trained professionals coping with the training and clinical practice. Candidates must have completed the English language requirement within a two-year window.

Feedback from candidates has not indicated a preference for one or the other test, although informal feedback indicates that some applicants who have taken both found the OET more demanding. The Council had recently been invited to a forum on the OET in which they were invited to share their views and any concerns about the OET.

One perceived advantage of the OET was that candidates could sit individual components at any time, whereas those taking the IELTS Test must complete all skills each time they sit.

However, at the time of the study, IELTS was the preferred option because of its frequency of test dates, test security and quick communication of outcomes. This has meant that IELTS has grown in popularity for both candidates and the Council.

2.1.4 Migration Agents Registration Authority (MARA)

A system of registration of migration agents was first established in 1992, and the Migration Agents Registration Authority was set up six years later as a private non-profit company administered by a Board of Directors. The Authority deals with 300 to 400 new applications for registration per year, about 30% from solicitors. Between 20 and 40 applicants annually require IELTS scores.

An English language requirement for migration agents was established as a result of a case which went before the Administrative Appeals Tribunal. The case involved a migration agent with very low level of language proficiency who was sanctioned by the Authority. The agent appealed against the sanction to the Administrative Appeals Tribunal, and as part of the ruling on the case, the Tribunal made it mandatory that an internationally recognised English standard be established for migration agents.

The decision on use of IELTS and minimum band score levels was made by the Board of MARA after research by the secretariat. The IELTS requirement was set at an overall score of 6.0 in either the General Training or the Academic module because it was equivalent to the level of exit from secondary school studies, and the Authority wished to avoid complexity.

Recent changes in the nature of individuals entering the field and the method of dealing with migration cases have meant that MARA's processes needed to be reviewed. Under previous processes, a migration agent would conduct a desk audit of an applicant, which required good level reading skills, and so the examination for entry to the field was a multiple choice test designed to test reading skills. However, an increase in the complexity of the role led to greater complexity being required in language skills.

Accordingly, with a view to changing the perception of the migration agent role from a vocation to a profession, a graduate diploma to be delivered in English was developed by MARA's specialists in educational policy development. At the beginning of 2006, tenders were called for from education providers for delivery of the course, and the first graduate diploma was run at Macquarie University in July 2006. Delivery of the graduate diploma will also be conducted by Victoria University, Murdoch University, the Australian National University and Griffith University. This qualification will be mandatory as a prerequisite to registration.

This will obviate the need for an English language requirement to be set by MARA, as minimum English proficiency levels will be set by the education provider as a prerequisite for the course. This means that IELTS assessments will no longer be required by MARA.

2.1.4a Perceived language needs of migration agents

The role of migration agents is to liaise with the Australian Department of Immigration and Citizenship and the Migration Tribunal, and to deal with stakeholders and government in writing and by telephone. Cases and written submissions need to be developed and presented both orally and in writing. There is a particular focus on skilled migration and spouse migration.

2.1.4b Comments on the English language assessment

A broad range of language skills will be included in the qualifying course as preparation for the profession. Any English language test would therefore require a broad range of activities and tasks to adequately test communication competence. As applicants will be trained through the graduate diploma course, the English language competence will be assessed by the training provider.

2.1.5 Engineers Australia

Engineers Australia is responsible for assessing applicants for migration. Engineering is included on the list of occupations in demand for skilled migrants by the Australian Department of Immigration and Citizenship. Engineers Australia assesses approximately 6000 per year, and English language competency is included in the competency standards for engineers.

Sixty per cent of applicants are overseas at the time of applying, and therefore take their English language test overseas rather than in Australia. Most onshore applicants are engaged in undergraduate or masters degrees. Applicants who are studying in the English medium or have completed a course of study in English are not asked to provide evidence of English language competency.

The accepted level of IELTS is an overall 6.0 in either the General Training or the Academic module. The decision-making body or individual on the minimum level was unknown, as it had been determined several years ago. Suggestions of raising the acceptable level, for example to 7.0 rather than 6.0, were considered to be unlikely because it would disadvantage most Eastern European and Indian skilled migrants.

2.1.5a Perceived language needs of engineers

Required language competency for engineers includes social and technical communication. Specific language needs, according to Engineers Australia, relate to safety on the worksite.

2.1.5b Comments on the English language assessment

Engineers Australia does not accept TOEFL because not all skills are tested. IELTS is the only language assessment system accepted, and no distinction is made between the General Training and the Academic modules of the IELTS Test. Approximately 80% of applicants for migration take the General Training module. Concerns expressed included inconsistency in results on successive tests, and the fact that the Reading component tends to present particular problems. It was suggested by the interviewee that this may be caused by the topic areas and issues presented in the Reading component.

The English language assessment tends to take up a considerable proportion of time for Engineers Australia, particularly with applicants who do not achieve the required outcomes on IELTS but are persistent in arguing their case for acceptance.

2.2 New Zealand

Historically, New Zealand has largely followed Australia's lead in English language education and language proficiency assessment. IELTS candidature in New Zealand has mainly focused on the international education sector, specifically higher education. However, international education is a volatile industry and is always likely to be so. Education New Zealand statistics indicate that the number of full fee-paying students in New Zealand between 2000 and 2005 grew from just under 40,000 in 2000/1 to peak at over 80,000 in 2003/4, then in the nine months to March 2005 dropped to just under 58,000, of whom over half were Chinese (2006 cited Merrifield, 2006a).

This pattern inevitably has an effect on candidature for English language tests. IELTS candidature in New Zealand continued to decline in 2005 and 2006 but the decline slowed during 2006. This pattern is unlikely to change in the short term.

As in Australia, the professions which require IELTS are mainly health and veterinary professions, in which communicative competency is critical for the safety of the community.

2.2.1 Nursing Council of New Zealand

The Nursing Council of New Zealand is a statutory authority established to set and monitor standards for nurses. Overseas-trained nurses are required to demonstrate English language competency by the completion of an approved assessment. There are also nominated institutions throughout New Zealand which are approved as competency assessment centres, a prerequisite for entry to nursing courses.

Two tests are accepted by the Nursing Council – IELTS and the OET. Initially, the required levels in IELTS were 6.5 in the Academic module for Listening and Reading, and 7.0 for Speaking and Writing. These levels were increased as a result of negative feedback on language competency skills from the nursing sector and the training programs. The required levels are now a minimum of 7.0 in all four macroskills. Levels have been set through a consultative process with Australian and comparable New Zealand organisations, rather than internal research. Australian and New Zealand nursing bodies convene twice a year to benchmark.

The main source countries for overseas nurses are Australia, the UK, the Philippines and India. Overseas-trained nurses seeking registration in New Zealand are required to do a six to eight week study program, all of which must be approved by the Council.

2.2.1a Perceived language needs of nurses

The language needs of nurses were not discussed in detail. Once nurses are registered, employers follow up on any issues or difficulties, including language competency. The Council does not generally have further contact.

2.2.1b Comments on the English language assessment

The Nursing Council has had a number of fraudulent IELTS reports. The online verification service was considered to be very valuable. There was also a seminar run by IELTS administration in 2006 which was much appreciated as a means of educating the associations on the differences between band scores, which is considered to be complex by the organisations.

2.2.2 Pharmacy Council of New Zealand

The Pharmacy Council of New Zealand was established in the early 2000s under legislation (the *Health Practitioners Competence Assurance Act 2003*). Its broad responsibilities are to protect the public and promote good practice in pharmacy. It is also responsible for registration of pharmacists, the setting of educational standards for pharmacists and the establishment of the scope of practice and guidelines for good conduct. It took over the assessment of credentials in 2005 from the Pharmaceutical Society, at which time the standards were significantly increased as a result of poor language competence of pharmacy interns.

Pharmacists in New Zealand are required to hold an annually renewable license to practise, whether or not they are actively practising. As of June 2006, there were 2800 practising pharmacists in New Zealand and a further 1000 registered. This represented an increase of 2% over the previous year. Approximately 6% of practising pharmacists were of non-English speaking backgrounds (Pharmacy Council of New Zealand *Workforce Demographics as of 30 June 2006*).

The Council deals with approximately 190 applicants annually, of whom 40% require an English language assessment. Most applicants are applying from overseas. This means that they will have completed their pharmacy credentials overseas and will either complete an English language assessment or provide a testimonial from an employer or colleague.

2.2.2a *Perceived language needs of pharmacists*

The language needs of pharmacists are perceived to be relatively broad and sophisticated, representing high stakes in terms of patient safety. The distinction was made between language competence and communicative competence, and it was pointed out that in order to function effectively as a pharmacist, an individual required very strong communicative skills for a range of customers of differing ethnic backgrounds, social backgrounds, ages and levels of literacy.

2.2.2b *Comments on the English language assessment*

The English language requirement of 7.5 in the Academic module with a minimum of 8.0 in Speaking reflects the complexity of the language requirements for pharmacists. No other language test is listed as formally acceptable. However, during the interview, the Council's professional standards adviser indicated that an A or B pass in each module of the Occupational English Test would generally be acceptable.

It is interesting to note that the Council introduced some flexibility into the IELTS requirement in that the achievement levels may be made up of the best of two or more sittings of the IELTS Test, provided they were no more than three years old. The view was put that while the language needed most by pharmacists was conversational English, it would be an advantage if IELTS included test modules tailored to the needs of health care professionals in the style of the OET so that specific occupational skills could be tested.

The alternative to an IELTS score, as stated above, is a testimonial validating language skills from a pharmacist employer or staff member who had worked with the applicant for at least a year.

The only issue raised in relation to IELTS was the high cost.

2.2.3 **Veterinary Council of New Zealand**

The Veterinary Council of New Zealand deals with a very small number of applicants for registration requiring an English language level, generally only about 10 per year, and 60% to 70% of these take IELTS before travelling to New Zealand.

The Veterinary Council of New Zealand is regulated by legislation in the form of the *Veterinarians Act 1994*. This states that:

No person who has obtained his or her degree or diploma in veterinary science outside New Zealand shall be registered under this Act unless the Council is satisfied that the person has adequate communication skills in the English language to enable him or her to practise as a veterinarian in New Zealand (Section 11(2) and (3)).

The question of defining "adequate communication skills" is left to the discretion of the Council, and the requirements apply to all applicants from overseas. Accordingly, the Council set a policy that they would accept minimum levels in either IELTS, TOEFL or the OET for candidates who studied in a non-English speaking environment. Evidence of adequate levels of English allows candidates to sit for a Preliminary Examination, required as a pre-requisite for registration. Test results have a two-year lifetime. Candidates who have studied in the English language medium may apply to the Council for exemption from the English language test requirement.

2.2.3a *Perceived language needs of veterinarians*

The language needs of veterinarians were not strongly articulated. However, there is clearly a body of technical language required as well as general communication skills with a range of speakers.

2.2.3b *Comments on the English language assessment*

Reasons for selecting IELTS in 1995 were:

1. For New Zealanders it was considered to be more accessible than the OET, which was primarily available in Australia. Most candidates for the Entry Examination did an English language test overseas and the extensive network of IELTS test centres meant the Test was easily accessible to most candidates.
2. The focus of the Academic module is on academic language, which is considered to be consistent with the veterinary clinical context.
3. There is a perception that the Test has high reliability.
4. It tests all skills, unlike the former TOEFL.
5. There is access to document verification.

The minimum acceptable level was revised by the Council in 2001 from an overall score of 6.5 to an overall score of 7.0. This was a result of comparing levels accepted by similar Australian associations rather than workplace issues. Potential issues about the use of an overall score rather than establishing minimum skills scores are minimised by the Council's Entry Examination which requires candidates to orally explain prognoses or diagnoses, and includes a written multiple choice test in which fine language distinctions are made between answer choices. Candidates are limited to two attempts to pass the Entry Examination.

The OET was considered a preferable test for the Council because of its occupation-specific context. However, its availability was limited and so the greater proportion of candidates presented to the Council with an IELTS score.

2.2.4 **New Zealand Teachers Council**

The New Zealand Teachers Council is the registering authority for teachers in New Zealand. Applicants for teacher registration have to be able to show that they are "fit to be a teacher", which includes an assessment of overseas academic qualifications for equivalence by the New Zealand Qualifications Authority, personal checks and an assessment of English language communication skills where warranted.

At the time of the interview there were approximately 2000 teachers per year who applied for registration. The Council did not have access to numbers of teachers who applied annually for registration with an English language requirement.

If a teacher could provide evidence that English was the official language of their home country, or English was their language of training, an assessment may be waived. Otherwise, they had a choice of a number of options:

- IELTS – Minimum of 7.0 in each macroskill
- ISLPR – Minimum of 4.0 in each macroskill
- PEAT – Minimum of Band A
- Cambridge First Certificate in English (FCE) – Minimum of B Grade pass
- Cambridge Certificate in Advanced English (CAE) – Minimum of B Grade pass.

In reality, however, the accessibility and frequency of the IELTS Test and the speed with which results were made available meant that 98% of applicants for registration took the IELTS Test, the majority in New Zealand.

2.2.4a Perceived language needs of teachers

The language needs of teachers are many and varied. Depending on the level of school education at which they are working, their needs will range from technical language related to the subjects they teach, informal language of the age group or groups taught, language register appropriate to discussing issues with parents, report writing and assessment language.

2.2.4b Comments on the English language assessment

Issues raised were as follows:

1. Candidates for IELTS were, at times, intimidated by having to take the Test, and the Council had received feedback to the effect that candidates would have liked more support and assistance immediately before taking the Test.
2. Candidates were restricted to three sittings of the IELTS Test. Their next choice, if they could access it, was the ISLPR.

2.3 United States of America

Information about the history of the growth of IELTS in the USA was sought through IELTS International. However, no background information was made available.

Cambridge ESOL statistics on candidate numbers and reasons for sitting the Test from 2004 to 2006 (see Figures 1 and 2 above) indicated that IELTS candidature has grown very strongly in the USA in the last three years, in particular through acceptance as a language assessment system by the Department of Homeland Security for immigration purposes, and for certification for entry to the health professions, particularly nursing.

In the past 20 years TOEFL has had a strong position in the USA as the most prolific language testing system. IELTS has been challenging this position in the last six years, particularly since the TOEFL had become dated and in need of renewal. Following the development of the iB TOEFL, there will no doubt be a resurgence of interest in the test as a serious contender in the language assessment business.

It should be noted that, whilst the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the International Commission on Healthcare Professionals (ICHP) are separate organisations, they are co-located and work very closely together. The two organisations therefore chose to be interviewed together.

2.3.1 American Association of Veterinary State Boards (AAVSB) / Program for the Assessment of Veterinary Education Equivalence (PAVE program)

The American Association of Veterinary State Boards (AAVSB) is one of two veterinary assessment bodies in the USA. The Program for the Assessment of Veterinary Education Equivalence (PAVE program) is the assessment arm of the AAVSB with the role of assessing the credentials of overseas-trained veterinarians. The staff operating the PAVE program work with English language testing systems and have some familiarity with how they operate. Applicants for the PAVE program may be overseas or onshore, and may be engaged in, but not necessarily having completed, a credential in veterinary science. As in many other sectors in the USA, central control of the veterinary profession's entry requirements has never existed, control resting with the States, and it is unlikely that national consistency will be achieved in the short term. This means that once through the PAVE program, applicants take their credentials to the State Registration Boards, which set their own registration requirements.

The PAVE programs require that an English language assessment be provided by all applicants, whether or not they are natives of English-speaking countries. Even US nationals must complete an English assessment (and interestingly, being brought up and educated in English in a country like the

USA or Canada does not always guarantee an advantage, according to the PAVE Program Administrator).

Of the 200 to 300 annual applications, the vast majority provide an IELTS score. The minimum as set by the Committee (and advised by the secretariat) is 7.0. IELTS was selected on the basis of its use by other similar organisations, and research into the major tests. Assistance from IELTS International was sought and the association receives ongoing email updates from IELTS International.

The association does not follow up successful graduates. Graduates apply to State Licensing Boards for initial registration and re-registration after the initial assessment, and any complaints related to language competency also go to the State Boards.

2.3.1a Perceived language needs of veterinarians

A mix of technical and communicative competence is needed. Much of the required communication is with customers.

2.3.1b Comments on the English language assessment

The English language assessment must have taken place within the previous two years in order to be valid. IELTS is preferred by many because the alternative has in the past required two tests, TOEFL and TSE.

Advantages of IELTS are its accessibility and quick output of results. The Association has not had any issues with the IELTS Test since introducing it, and its experience with candidates while they are involved in the PAVE program has validated the requirement of 7.0 as an appropriate overall minimum score.

2.3.2 American Veterinary Medical Association / Educational Commission Foreign Veterinary Graduates (AVMA/ECFVG)

The American Veterinary Medical Association (AVMA) is an alternative organisation to the American Association of Veterinary State Boards discussed above. It was established in 1973 and it has a role of accrediting training organisations as well as providing a certification service. The Coordinator of the ECFVG works with candidates while they are completing the application and certification service.

TOEFL was the only test accepted initially, and the association now also accepts the iB TOEFL. IELTS was introduced as an accepted test of English in 2003. Candidates who are educated in English-speaking education systems are exempt. The English requirement is generally the first step in a four-part process leading to certification, including verification of credentials and taking a written and clinical examination.

The association deals with approximately 500 applicants per annum, of whom approximately 250 have to take an English language test. Approximately 50% take IELTS rather than other tests.

The required levels of achievement in language tests were established after research on each of the systems being considered and consultation with each of the test administrations. Other equivalent professional associations were also consulted.

2.3.2a Perceived language needs of veterinarians

Language needs include informal communication with clients of all different ages and ethnic backgrounds, including farmers, clinic and kennel staff, technicians, consulting veterinarians and pet owners. Language focus may be on technical language for diagnosis and treatment plans, requesting consent for treatments, report-writing and record-keeping.

The most critical skill is speaking, in which candidates require a higher result than the other macroskills.

2.3.2b Comments on the English language assessment

The minimum level accepted for IELTS is an overall band score of 6.5 in the Academic module, with a minimum of 7.0 in Speaking, 6.5 in Listening and 6.0 in Writing.

The association would like the IELTS Test to be more accessible in the USA. Apart from this, the only other issue is that the AVMA is dealing with an appeal lodged by a candidate who has claimed that the IELTS administration is racist after the candidate failed to achieve the required levels in four successive tests.

2.3.3 Commission on Graduates of Foreign Nursing Schools (CGFNS) and International Commission on Healthcare Professionals (ICHP)

The Commission on Graduates of Foreign Nursing Schools (CGFNS) is a federally-managed screening service responsible for assessing and verifying credentials for nurses and health care professionals, particularly those educated outside the USA. It is co-located with the International Commission on Healthcare Professionals and the two organisations work closely together. As with the other US associations interviewed as part of this study, it conducts a certification process, after which the candidate approaches a State Licensing Board to go through a process of registration to practise as a health carer in the particular State. The two Commissions deal with up to 45,000 individuals in any one year. The majority are from the Philippines, India, Canada, Korea, Ukraine and Nigeria and most require an English assessment.

The CGFNS certification applies to a number of health care professions, including registered nurses, vocational nurses, physical therapists, occupational therapists, clinical laboratory technicians, language pathologists, audiologists, medical technologists, medical technicians and physician assistants. These professionals are seeking an occupational visa for migration purposes and there is a legal mandate to assess English language proficiency as part of the process. There are also occupational knowledge tests to complete or a standards assessment once the initial qualifications have been verified.

At the time of the interview, the minimum requirement was an overall score of 6.0 in the General Training module for vocational nurses and medical technicians, and 6.5 in the Academic module for all other professions. The minimum requirement for Speaking was 7.0 for all occupations and there had been discussion about setting minimum band scores for all macroskills.

Also accepted were TOEFL, iB TOEFL and TOIEC. The State Licensing Boards may set additional requirements for a license to practise, and only a minority of these Boards recognise IELTS. There were discussions in progress by the National Consolidated State Boards of Nursing, comprising representatives of 54 States and Territories, to seek to develop policy on a set of universal requirements. However, this was an advisory body which did not have the authority to impose regulation.

2.3.3a Perceived language needs of nurses and other health professionals

Health professionals need to be able to understand and communicate symptoms, medical conditions and test results, and to interpret doctors' orders, often in a stressful situation. They communicate at all levels with patients, their families, and other health professionals, and there is often a rich ethnic mix. Critical skills are speaking, with a need for both colloquial and technical language, reading and listening. Telephone communication regarding test results, medications and other medical matters is also an issue.

2.3.3b Comments on the English language assessment

The majority of candidates take TOEFL. In 2002 to 2001, long waiting lists for TOEFL and high failure rates in the TSE led to delays in the assessment process. The IELTS Test was considered as an alternative and then adopted in 2002 after consultation with IELTS International. A perceived advantage was that IELTS was more “compact”, which meant candidates could take the whole test in one sitting.

The perception of the Association (untested) is that applicants with an IELTS Test result tended to get a higher score in Speaking but the Reading and Writing components were considered to be more difficult. Applicants may combine the results from two or more tests over a two-year period to reach the required levels in all skills.

While the IELTS Test was included as an alternative test for most of the health professions, it was not acceptable for occupational therapists and physical therapists, as their governing bodies did not consider that the Test had sufficient rigour.

Support from IELTS International had been extremely helpful in setting standards. The IELTS will continue to be used as long as it is acceptable by the Department of Homeland Security.

3 OUTCOMES OF THE STUDY

3.1 Reasons for selection of IELTS as an entry criterion

The perceived advantages of IELTS which were raised during interviews were common to most or all associations.

- The joint owners have strong credibility.
- The Test is standardised, moderated and reliable.
- It has broad accessibility through the extensive network of test centres throughout the world.
- The frequency of test dates means that the sometimes lengthy processes of registration or immigration are not unduly delayed.
- The Test is “compact”, ie all modules can be taken on the same day, unlike its main competitors.
- Security of outcomes: results can be verified quickly and easily through the online verification service.
- Support is available from test administration if requested.
- Information packs and back-up materials are accessible on the IELTS website.
- Equivalence: other comparable associations accept IELTS as one of their language testing systems.

There were also some perceived disadvantages as noted in Table1 below.

Feedback on IELTS – Issues	Number of associations		
	Aust	NZ	USA
High cost		1	
Unreliability of Speaking assessment		1	1
Lack of rigour of test for health professions*			1
Lacks specific health care focus	3	3	
Concerns about availability of the test in Australia due to growing demand	1		
IELTS Examiners not considered to be supportive pre-test		1	
Intimidating		1	
Poor accessibility			1
Applicants did poorly in Reading. Topic areas may not be appropriate	1		

*Where the term “health professions” is used in this section it includes veterinary science.

Table 1: Feedback on IELTS issues

3.2 The main competitors to IELTS

The main competitors to IELTS are the OET, accepted in Australia and New Zealand, and TOEFL, broadly accepted in the USA and by one association in each of Australia and New Zealand.

Perceived advantages of the OET, accepted by all health care professional associations in Australia (3) and New Zealand (3), included the following:

- Candidates are able to take individual components at any time, whereas those taking the IELTS Test must complete all skills tests each time they take the Test.
- The OET has an advantage in the area of health care in that it is content-specific for a number of professions.
- For those candidates who must reach a minimum outcome in each macroskill rather than an overall outcome, the OET is considered to be a cheaper and less onerous option because where there is failure to reach the required level in one skill, an individual component could be taken rather than re-taking the whole test.

Several associations in all three countries have resolved this issue by developing a policy that the best result in each macroskill in any two or more IELTS Tests taken in the last two years would be accepted. This does not affect the cost to the candidate of taking successive tests, but gives greater flexibility in the outcomes.

Disadvantages of the OET, raised by all health care associations in Australia and New Zealand, included infrequency of the test dates, lack of accessibility of test centres, and time taken to complete the various components of the test and to receive results meant delays in the assessment process.

The TOEFL, the main competitor to IELTS in the USA, was considered to be reliable, but a perceived disadvantage was that it did not test all skills and so either the TWE or the TSE, or both, were required as additions. The association staff did not appear to be well-informed about the iB TOEFL. However, as it becomes better known and gains credibility, it may become a strong competitor particularly in the US market, which is a very substantial one for English language testing.

3.3 Overall degree of understanding of IELTS by professional association staff

3.3.1 Distinction between the General Training module and the Academic module of IELTS

Only two associations overall did not make a distinction between the General Training module and the Academic module of IELTS, accepting them as equivalent. Both of these were Australian-based and dealt with non-medical professions (engineers and migration agents).

3.3.2 Levels of understanding in Australia, New Zealand and the USA

Australian and US associations working in the health care professions tended to have at least one staff member who was well-informed about IELTS. They had a good general understanding of the Test and what could be expected of candidates who reached the minimum standards set by their decision-making body. IELTS minimum standards had been set by research into language testing, liaison with IELTS administration and consultation with other equivalent associations.

New Zealand associations tended to follow Australia's lead in setting standards where an equivalent body or bodies existed. There tended to be regular contact between Australian and New Zealand associations on a range of policy matters, partly because there were mutual recognition arrangements in place for professionals.

However, because English language testing is not part of the core business of the associations, familiarity with, and knowledge of, the Test generally rested with one or two individual staff members whose task it was to deal with candidates requiring English language assessment.

The implications of this are that should the staff member leave or move to another position within the association, it is likely that this knowledge would be lost. It is therefore in the interests of IELTS administration to maintain contact with the association representative(s) and to offer training should the person be replaced.

3.4 Factors affecting the degree of understanding and knowledge of IELTS

Some key factors were identified as affecting how thorough a knowledge of IELTS association staff had. These included the following.

3.4.1 How "high stakes" the profession was

It was considered that language test reliability for health professionals constituted extremely high stakes in the association mission to protect the well-being of the community. Where there were language problems which may affect communication and potentially put at risk the health or well-being of clients, greater attention was given to the establishment of minimum levels.

3.4.2 Complaints from the workplace

Complaints from the workplace prompted some associations to research the Test, consult with other associations and review their policies on language proficiency levels in Australia and New Zealand. In all, three of the four Australian associations and all four of the NZ associations had reviewed their IELTS standards policy on at least one occasion. Of these, three Australian and one New Zealand association reviews had been complaints-driven. Only two of the associations overall had a regular policy to review language proficiency levels.

Other reasons given for reviewing the minimum standards were:

- to give the profession greater credibility (Aust, 1)
- to make the standards equivalent to a similar association (NZ, 2)
- as part of a routine policy check (NZ, 1).

In all cases, levels were either reviewed to higher levels or the outcome was to change from an overall minimum score to a minimum standard in each skill.

Changes to minimum scores after review	No. of associations	
	Aust	NZ
General Training module to the same score in Academic module	1	
Overall 7.0 to 7.0 in each macroskill	1	
From 6.5 to 7.0 overall	1	1
From 6.5 overall to 7.0 in all skills		1
From GT 6.0 overall to Acad mod 7.5 with min 8.0 in Speaking and 7.0 in other skills		1
No change		1
IELTS no longer used. Graduate diploma course to be completed instead.	1	

Table 2: Changes to minimum scores after review

None of the US associations had reviewed their standards for IELTS. This may be attributed to the fact that IELTS had been recognised by the US for a shorter period of time than in the other countries, or that associations had researched and consulted more thoroughly, or both. One US association, however, was considering moving from an overall band score to a minimum in each skill.

3.4.3 The number of applicants assessed annually

The higher the number of applicants assessed, the more significant language testing tends to be and the more familiar staff and policy-makers need to be with testing systems.

For example, one New Zealand association dealt with 10 to 15 applicants per year. Given the small numbers, standards were set by reference to those adopted by similar associations.

By contrast, two joint US associations and one Australian association dealt with 35,000 and 1500 applicants respectively. They had consulted and researched language testing thoroughly to establish standards, and showed a heightened understanding of the language skills expected of candidates in the workplace.

3.5 Perceptions of the extent to which IELTS fits the purpose

Professional associations interviewed did not express reservations on the fitness for the purpose of IELTS. Health care associations which accepted the OET and were familiar with its content generally believed that it had a minor advantage in that it was profession-specific, but there was no evidence that candidates who took IELTS were in any way disadvantaged. There was general acknowledgement that profession-specific testing should be established and conducted by association-specific experts.

As pointed out above, the associations did not follow up applicants except in rare circumstances where a complaint reached them from the workplace.

4 CONCLUDING COMMENTS AND RECOMMENDATIONS

Whilst IELTS was designed for, and is appropriate to, the academic context, it is clearly serving a need for professions which require practitioners to demonstrate evidence of adequate English language proficiency. Most professional associations interviewed have expressed their satisfaction with the reliability of the Test and support received from the administration when needed. Use of IELTS for academic entry and for migration assessment purposes in Australia and New Zealand keep it at the forefront of accepted tests in those countries.

However, this is not the case in the USA. While the number of applicants for most associations generally had not shown significant growth, the Commission on Graduates of Foreign Nursing Schools and International Commission on Healthcare Professionals in the USA, which at the time of writing jointly dealt with 35,000 per year, were expecting an increased demand for English language testing. The view was put to the researcher that as long as the Department of Homeland Security (DHS) accepted IELTS, they would continue to accept it.

In addition, some progress has been made in the recognition of IELTS by State Registering Boards in the USA since this research was commissioned. For example, recognition of IELTS by State Boards of Nursing has spread in the two years to 2007 through the advocacy of the national advisory body, the National Council of State Boards of Nursing (NCSBN). The State Boards are the bodies in direct contact with candidates, and those which are likely to receive feedback from the workplace. With 54 States separately providing registration and follow-up services in a whole range of professional areas, there is broad potential for extending the reach of the Test in the USA.

In a very significant market for IELTS, its major competition in the USA is the relatively new iB TOEFL. The iB TOEFL has not yet gained a strong footing but as an American-designed test run by trusted language assessment provider ETS, it may become a formidable challenger to IELTS International's market share.

If IELTS is to continue to seek to extend the reach of the Test in non-academic sectors, it would be in the interests of the owners to forestall questions of its validity and to continue to upgrade its support services to users and potential users of the testing system. The addition to the IELTS website of the user-oriented Band descriptors for Speaking and Writing components of the Test, and the "IELTS Scores Explained DVD" made available by IELTS as a resource for stakeholders are positive moves, as are standard-setting exercises undertaken by the IELTS partners.

The outcomes of this research could be seen as prompting a change of position for IELTS. In the past, the testing system has been criticised for keeping crucial information about the Test confidential, including what is meant by the band scores. The rating scale band descriptors for Speaking and Writing have only recently been made public, and stakeholders who are experts in the ELT field have had difficulty interpreting the scores. This difficulty is intensified for the general community, and this is reflected in the fact that almost all the longer-term users in this study found it necessary to raise their minimum standards after some experience of using the Test.

This strategy for maintaining test security may have a negative washback effect on sectors like professional associations considering whether or not they will accept the Test. Professional association staff are not language experts, but must be able to understand what it means to be an English language speaker at band score 6.0, or 7.0, or 7.5, if they are to recommend acceptance of the Test as evidence of English language proficiency.

Therefore, the following recommendations are made.

- A process of test validation of IELTS be undertaken, including an analysis of language skills for the workplace for each of the professions represented by the professional associations which use it.
- Standards and policies be developed related to IELTS support of non-academic users of the Test, if indeed this does not already exist. A support plan might include regular contact with the key staff member who works in the area of language testing, the offer of training for new staff, delivery of updates through email, occasional workshops and information packages.
- Educational and marketing programs be developed for current users to enhance understanding of the Test, its outcomes in terms of what is meant by the band scores and differences between them, and appropriate uses for the Test, and that these be targeted at key staff who deal with IELTS.
- Initiatives be developed to identify potential users like the State Registration Boards in the USA, and further steps taken to enhance recognition, understanding and reach of IELTS.

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- Beryl Meiron, Manager, IELTS International, USA
- Catherine Elder, the University of Melbourne.

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- Pharmacy Council of New Zealand website, <<http://www.pharmacycouncil.org.nz/>>

APPENDIX 1: INTERVIEWS CONDUCTED WITH PROFESSIONAL ASSOCIATIONS

Australia

- **Australian Medical Council Inc**
Ian Frank, Chief Executive Officer
Megan Lovett, Examinations Coordinator, MCQ (Multiple Choice Questions)
Sue Lock, Credentialing Services Coordinator
- **Australian Nursing and Midwifery Council**
Judy Conroy, International Section Manager/RN/RM
- **Australian Pharmacy Examining Council Inc**
Michele Kingi, Manager
- **Engineers Australia**
Paul Gillespie, Associate Director, Overseas Qualifications Assessment
- **Migration Agents Registration Authority**
Venie Ann Moser, Executive Officer

NB: The researcher was advised that the Association of Chartered Certified Accountants (ACCA Australia and New Zealand), CPA Australia and the Accounting and Finance Association of Australia and New Zealand (AFAANZ) were unable to take part in the study because the associations did not have involvement with language testing or setting or administering IELTS scores.

New Zealand

- **Nursing Council of New Zealand**
Barry Ayling, Registration Manager
- **Pharmacy Council of New Zealand**
Jan Clare, Professional Standards Adviser
- **Veterinary Council of New Zealand**
Julie Haggie, Registrar
- **New Zealand Teachers Council**
Cynthia Shaw, Manager, Policy & Strategic Development
Anna Gruner, Research Analyst
Jenny Thomas, Manager Registration

USA

- **American Association of Veterinary State Boards (AAVSB), PAVE program**
Robyn Kendrick, Executive Director
Erin Jones, Program Administrator, PAVE Program
- **American Veterinary Medical Association (AVMA), Educational Commission for Foreign Veterinary Graduates (ECFVG) – Doctors of Veterinary Medicine (DVM)**
Dr Beth Sabin, Assistant Director, Education and Research Division
Mary Barbosa, ECFVG Coordinator
- **Commission on Graduates of Foreign Nursing Schools (CGFNS) and International Commission on Healthcare Professionals (IHP)**
Donna Rae Richardson, Director of Governmental Affairs and Professional Standards
Marta Laferty, Manager of Document Processing
Amos F Sydnor, Manager, Credentials Department
Dorothy McBride, Manager of Quality Assurance

NB: The researcher contacted two additional organisations which were registered with IELTS during 2006, the Institute of International Education and the International Monetary Fund. The researcher was advised that the two organisations were unable to take part in the study because the associations did not themselves deal directly with IELTS or English language testing.

APPENDIX 2: ENGLISH LANGUAGE PROFICIENCY TESTS ACCEPTED BY PROFESSIONAL ASSOCIATIONS

Australia

Association	Tests accepted	Minimum levels
Australian Medical Council http://www.amc.org.au/	IELTS	Minimum of 7.0 in all skills in Academic module. Assessment document not more than two years old.
	Occupational English Test (OET)	Grades A and B only in all four components
	Professional Linguistic Assessment Board Examination (UK)	Pass
	English Language component of the New Zealand Registration Examination (NZREX).	Pass
Australian Nursing and Midwifery Council http://www.anmc.org.au/	IELTS	Overall minimum of 7.0, with a minimum of 7.0 in productive skills (Writing and Speaking), and 6.5 in receptive skills (Listening and Reading) in the Academic module, the test having been taken within the two years prior to the application for registration (last reviewed April 2006).
	Occupational English Test (OET) for Nurses	B pass or above for all four sections of the test, the test having been taken within two years of the application for registration (last reviewed April 2006).
Australian Pharmacy Examining Council Inc http://www.apec.asn.au/englreq.htm	IELTS	Overall minimum of 7.0, with no individual Band Score less than 6.0, Academic module
	Occupational English Test (OET)	Minimum score of B in all four components within the last two years
Engineers Australia http://www.engineersaustralia.org.au/	IELTS	A minimum score of 6.0 in each of the skills in either the Academic module, or the General Training module
Migration Agents Registration Authority http://www.themara.com.au/Online/default.asp	IELTS	A minimum overall score of 6.0 in the Academic module, or 6.0 in the General Training module
	Occupational English Test (OET)	Pass
	NAATI	Level 3, 4 or 5
	TOEFL	Minimum score of 213
Association of Chartered Certified Accountants (ACCA Australia and New Zealand) http://australia.accaglobal.com/	X	Advised that the ACCAANZ does not deal directly with IELTS or other English language assessment systems.
Accounting and Finance Association of Australia and New Zealand http://www.afaanz.org/	IELTS	Advised that the AFAANZ does not deal directly with IELTS or other English language assessment systems.

CPA Australia http://www.cpaaustralia.com.au	IELTS	Advised that the CPA Australia does not deal directly with IELTS or other English language assessment systems. An IELTS band score is an Aust Govt requirement for immigration. In order to sit the International Qualifying Examination (IQE), candidates must have a minimum overall band score of 6.0 in the Academic module with no individual score less than 6.0.
	TOEFL/TWE	Paper-based test: A minimum score of 550 with a score of 5 or better in the Test of Written English. Computer-based test: gain a minimum score of 213 with a score of 5 in essay writing.

USA

Association	Tests accepted	Minimum levels
American Association of Veterinary State Boards (AAVSB), PAVE Program http://www.aavsb.org/PAVE/PAVEHome.aspx	IELTS	Minimum passing score is 7.0. PAVE Candidates must take the Academic Module
	TSE TOEFL	Minimum passing score for TSE is 50. Minimum passing score for TOEFL is 220 (computer-based). Minimum passing score for IBT TOEFL is 83 (TSE is not required if taking the IBT TOEFL).
American Veterinary Medical Association (AVMA), Educational Commission for Foreign Veterinary Graduates (ECFVG) – Doctors of Veterinary Medicine (DVM) http://www.avma.org/default.asp	IELTS	Academic module overall band score of 6.5. Minimum of: Listening, 6.5; Writing, 6.0; Speaking 7.0
	TOEFL TWE TSE	CB TOEFL, 213 TWE, 4.0 TSE, 50
	Internet-based TOEFL	80 overall, Listening and Speaking 26, Writing 17
	Canadian Academic English Language (CAEL) Assessment	60
Commission on Graduates of Foreign Nursing Schools (CGFNS): International Commission on Healthcare Professionals (IChP) http://www.cgfns.org/	IELTS	A minimum overall band score of 6.5 in the Academic module
	TOEFL	Paper version, 540 Computer based version, 207
	iB TOEFL	83
	TOEIC	725

New Zealand

Association	Tests accepted	Minimum levels
Nursing Council of New Zealand http://www.nursingcouncil.org.nz/	IELTS	Minimum of 7.0 in all skills in Academic module. Assessment document not more than two years old.
	Occupational English Test	Grades A and B only in all four components
	Educational Commission for Foreign Medical Graduates (USA) (US Medical Licensing Examination)	Includes a Clinical Skills Assessment including communication skills in English – a replacement for TOEFL – Three part holistic examination measures spoken English proficiency, communication/interpersonal skills etc, but no longer accepted because it does not test all four skills. TOEFL is also no longer accepted.
	Professional Linguistic Assessment Board Examination (UK)	Pass
	English Language component of the New Zealand Registration Examination (NZREX)	Pass
Pharmacy Council (instead of Pharmaceutical Society of New Zealand) http://www.pharmacycouncil.org.nz/index.asp	IELTS	An overall band of 7.5 in the Academic module, with a minimum of 8.0 in Speaking and 7.0 in Listening. Scores may be an aggregate of the highest band score in any test taken in the last three years.
	Occupational English Test	Grades A and B only in all four components
Veterinary Council of New Zealand http://www.vetcouncil.org.nz/	IELTS	An overall band score of 7.0 in the Academic module
	TOEFL TSE TWE	Paper-based test: Minimum of 570. iB TOEFL: Minimum of 230 TSE: Minimum of 50 TWE: Minimum of 4
	OET	A or B pass in each component
New Zealand Teachers Council http://www.teacherscouncil.govt.nz/about/	IELTS	A minimum of 7.0 in each skill in the Academic module
	International Second Language Proficiency ratings (ISLPR)	A minimum of 4.0 in each macroskill
	Cambridge Certificate of Advanced English (CAE)	Minimum of Grade B pass
	Cambridge Certificate of Proficiency in English (CPE)	Minimum of Grade B pass
	Professional English Assessment for Teachers (PEAT)	Minimum of band A

APPENDIX 3: GUIDING QUESTIONS FOR INTERVIEWS CONDUCTED WITH PROFESSIONAL ASSOCIATIONS

IELTS Project Association interviews

The following format was used as a guide in face-to-face and telephone interviews with key staff of the professional associations consulted as part of this study.

1. Introduction

- Explanation of the objectives of the study
- Background to the development and 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
- € Membership of a professional organisation
- € Other

2.2 What levels of IELTS are required?

IELTS module	Overall Band Score and/or Macroskill minimum score	Band Score required
General Training module	Overall score	
	- Reading	
	- Writing	
	- Speaking	
	- Listening	
Academic module	Overall score	
	- Reading	
	- Writing	
	- Speaking	
	- Listening	

2.3 What other professional requirements are there?

2.4 How many clients will have their English language proficiency assessed in any one year?

2.5 Is this number increasing or decreasing?

2.6 How was the decision made on the appropriate levels?

2.7 Who was responsible for making the decision?

2.8 Was any advice or support requested or received from IELTS Australia/Cambridge ESOL, or any other organisation, in making the decision on appropriate levels?

2.9 Has your organisation’s decision on acceptable IELTS levels been reviewed?
If so, what did the review process consist of and what was the outcome?
If not, is it planned to review it?

2.10 Are you aware of any gaps in the test for the purposes of your profession?

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
	Occupational English Test (OET)	
	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)	
	NAATI	
	International Second Language Proficiency Ratings (ISLPR)	
	Cambridge Certificate of Advanced English (CAE)	
	Cambridge Certificate of Proficiency in English (CPE)	
	Professional English Assessment for Teachers (PEAT)	
	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 Have candidates expressed a preference for a particular test? If so, which one and why?

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

3.5 Is there a strategy in place to follow up newly registered people or to seek feedback from their employers once they are in the workplace, to ensure that they are coping in terms of language skills?

4. Guiding questions – Ongoing support

4.1 Did you receive any information or support from the IELTS administration when making the decision?

4.2 Have you had any follow-up briefing or support from IELTS administration? If not, would it be useful to you?

4.3 Have you had any complaints about the language levels of those who have attained the required level and are in the workforce? If so, how do you respond to them?

4.4 Will you continue to use the IELTS test as an English Language assessment instrument?

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

Thank you for your time.

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APPENDIX 4: SUMMARY OF OUTCOMES OF INTERVIEWS

	AUSTRALIAN ASSOCIATIONS					NEW ZEALAND ASSOCIATIONS				AMERICAN ASSOCIATIONS		
	Aust Medical Council	Aust Nursing and Midwifery Council	Engineers Australia	Migration Agents Registration Authority	Aust Pharmacy Examining Council Inc	Pharmacy Council of New Zealand	Veterinary Council of New Zealand	Nursing Council of New Zealand	New Zealand Teachers Council	American Assoc Veterinary State Boards/PAVE	American Vet Medical Assoc/Ed Commiss Foreign Vet Grads	Commiss on Grad of Foreign Nursing Schools AND International Commission on Healthcare Profs (co-located)
Purpose of use of IELTS												
1. Registration to practise a profession				✓				✓	✓			
2. Eligibility to sit for exam to assess capability to practise a profession	✓				✓	✓	✓			✓	✓	✓
3. Assessment for migration		✓	✓									✓
4. Membership professional organisation												
5. Other												
Minimum IELTS levels												
General Training module Overall	N/A	N/A	6.0	6.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.0 for Vocational Nurse and Medical Technician
GT Reading			6.0									
GT Writing			6.0									
GT Speaking			6.0									7.0 in any test in last two years
GT Listening			6.0									

Academic module Overall		7.0	6.0	6.0	7.0	7.5	7.0			7.0 in a test or tests within last 2 years	6.5	6.5 all other professions. IELTS not accepted for physical therapists and occupational therapists
Acad Mod Reading	7.0	6.5	6.0		6.0	7.0. Highest band score in any test over last two years accepted		7.0	7.0			
AM Writing	7.0	7.0	6.0		6.0	7.0. Highest band score in any test over last two years accepted		7.0	7.0		6.0	
AM Speaking	7.0	7.0	6.0		6.0	8.0. Highest band score in any test over last two years accepted		7.0	7.0		7.0	7.0 in any test in last 2 years
AM Listening	7.0	6.5	6.0		6.0	7.0. Highest band score in any test over last two years accepted		7.0	7.0		6.5	
Other professional requirements	Verific of medical qual, MCQ test, clinical exam in hospital	Verified quals, ID, Registrat'n details, employ'm't details	Undergrad or post-grad degree, Dept of Immigration and Citizenship requirem'ts	Moving towards mandatory Grad Dip and away from other requirements	Qualification, Multiple Choice Exam, Clinical practice	Pharmacy qualification in country of origin, Structured Pre-Registration Program of 40 wks and then exam	Primary Vet degree, proof of good standing, Entry Examination,		Qualification equiv to NZ standard of teacher Qualification	University level Veterinary Diploma or degree. Pass in preparation program and multiple choice test run by PAVE. 9 mths – a year clinical practice	Quals assessmt for equiv or ECFVG Cert, MCQ exam, clinical science test	Approved and recognised credentials. Professional knowledge test.
No. Assessed annually	1300-1500	Info unavailable	6000	20-40	Info unavailable	75	10+/-	600 English of total of 12,000	Information unavailable	200-300	500, 50% take Eng test	45,000, majority do English assessmen
No. increasing or decreasing	Stable	Unavailable	Unknown	Stable	Info unavailable	Increasing slightly	Stable	Stable	See above	Stable	Stable	Increasing demand for English lang testing

How was decision on levels made?	Under advice and consultat'n with IELTS Admin on what levels mean	Staff looked at other similar assocs, info pack	Unknown	Based on secondary school exit levels	Advice given by test providers and language testing professionals	Based on other similar organisations, esp Aust and NZ health care orgs.	Based on Australian professional assocs	Based on discussion with Australian prof assocs and other similar orgs	Based on Australian professional assocs	Research by staff, info provided by IELTS Int'l, proposal put to PAVE Committee for approval	Staff contacted all test providers for info, contacted other orgs. IELTS Int consulted	Consulted with IELTS International reviewed materials, consulted Councils in UK, Canada, Aust.
Who made decision?	Council	Council	Unknown	MARA's Board	Council	Council	Council & registration Committee	Council	Council	PAVE Committee	AVMA Council	Dept of Homeland Security
Advice or support requested or received?	Yes	No	Unknown	Contacted IELTS once	Received an info pack	Not requested	Not requested	Not requested	Not requested	Yes, from IELTS Int. Information provided on meaning of levels.	Yes, advice and info on levels	Yes, see above
Decision reviewed?	Yes	Yes	No	Yes, to Grad Dip requirement. IELTS will not be required	Yes, twice	Yes, initially accepted GT module 6.0	Yes, in 2001 after 6 years	Yes	Yes, in 2003 and 2005.	No, it has always been 7.0	No, same since 2003	No, but may review it shortly
How/why was it reviewed?	Complaints from stakeholders	Complaints	N/A	To give greater credibility to the profession	Candidates had diffic with MC Exam & clinical practice	Prior to 2004, Responsibility of Pharmaceutical Council.	To match Aust industry standards	Negative feedback from workplace	Routine check	N/A	N/A	N/A
What was outcome?	From overall 7.0 to min 7.0 in all skills	Incr from 6.5 to 7.0	N/A	IELTS assessment no longer needed by MARA	Raised to 7.5, then dropped again to 7.0 with no score lower than 6.0	Increased from GT 6.0 to current levels	Raised from 6.5 to 7.0 overall	Raised from 6.5 to 7.0 in all skills	No change considered to be warranted	N/A	N/A	N/A
Plans to review it?	No	No	No	See above	No	No	No	No	Regularly as needed	Yes, to set minimums in each macroskill	No	Yes
Alternative language assess't systems/ strategies						Other tests not easily accessible						

OET	Yes, A or B pass in all components	Yes, B pass in all comp	No	Yes, pass	Yes, A or B pass in all components	Yes, B pass in each module	Yes, A or B pass	Yes, A or B pass in all comps	No	No	No	No
TOEFL	No	No	No	Yes, min 213	No	No	Yes, min 230	No	No	Yes, CBT TOEFL 220	Yes, CBT 213	Yes, 197 – 220, paper-based 540 - 560.
iB TOEFL	No	No	No	No	No	No	Yes, min 210	No	No	Yes, 90 L-26, S-26, W-20, R-18	Yes, 80 L & S-26 W-17	Yes, 79 to 89, Speaking 26
TSE	No	No	No	No	No	No	Yes, min 50	No	No	Yes, with TOEFL, 50	Yes, min 50	Yes, 50
TWE	No	No	No	No	No	No	Yes, min 4.0	No	No	No	Yes, 4.0	Yes, 4.0 to 4.5
TOEIC	No	No	No	No	No	No	No	No	No	No	No	Yes, 700 to 725
NAATI	No	No	No	Level 3, 4 or 5	No	No	No	No	No	No	No	No
ISLPR	No	No	No	No	No	No	No	No	No	Minimum of 4.0 in each macroskill	No	No
CAE	No	No	No	No	No	No	No	No	No	B pass minimum	No	No
CPE	No	No	No	No	No	No	No	No	No	No	No	No
FCE	No	No	No	No	No	No	No	No	No	B pass minimum	No	No
PEAT	NO	No	No	No	No	No	No	No	No	No	No	No
Other	NZREX (NZ) PLABE (UK)	No	No	No	No	Testimonial - pharmacist with year working with candidate in English	No	No	No	Professional English Assessment for Teachers (PEAT) (Aust) Band A Minimum	No	Canadian Academic English Language Assessm (CAEL) 60
Assessment systems/ strategies which suit your organisation best	Only IELTS, OET	Only IELTS, OET	IELTS only	Graduate Diploma with Edn Provider to set entry levels	Only IELTS, OET	IELTS, OET	IELTS, OET	IELTS, OET	IELTS, PEAT	IELTS because of its accessibility and frequency	IELTS, iB TOEFL	IELTS ("compact" and easy access to results) and TOEFL/TWE/TSE

Candidate preferred test(s)	Unknown	Unknown	No choice given	Unknown	OET is more difficult, but can sit indiv modules	Unknown	IELTS because of accessibility	No feedback received	IELTS because of accessibility	Unknown. Most do IELTS because of accessibility	Half take IELTS, half TOEFL	Unknown
Feedback from candidates on IELTS?	No	No	Only from those who failed to reach required level	No	No	No, unless they fail	Only if close failure to meet required levels	No	Candidates find the test intimidating, Examiners not supportive or helpful pre-test	None received	iB TOEFL not as "friendly" as IELTS	None formally received
Follow-up of newly registered people	No, they go to State Boards	No	No, no further contact	No, unless a complaint is made	No, unless a complaint is made	No, unless a complaint is made	No	No	No, unless a complaint is made	Not possible. They go to State Registration Boards for registration.	Not possible. They go to State Boards for registration	No, they go to State Boards for registration
Support from the IELTS administration when making the decision?	Yes	No	Unknown	No	Info pack	No	No	No	Not requested	Yes, an info pack received	Yes, info pack and recommendations	Yes, very helpful
Follow-up briefing or support from IELTS admin?	Yes, at request of Council	No	No	No	No	No	No	Yes, IELTS seminar attended, very helpful	Yes, IELTS seminar attended, very helpful	Yes, emailed newsletter once or twice a year	No	Yes, IELTS Int'l keeps in touch
Would it be useful?	Yes, from time to time	Maybe	Probably	Not necessary with change to Grad Dip	Not necessary	Yes, would like some updates. Have had materials from Uni of Wellington on IELTS band scores which were useful.	Yes, would like workshops for Prof. assocs on levels, updates to testing system, moderation of test centres. Would also like email updates.	Yes	Regular (but not frequent) updates would be good	Yes, when review takes place. Not workshop that would require travel. Low budget organisation. Emailed updates are sufficient.	Yes	Yes, especially if they decide to review minimum band scores.
Any complaints about the language levels from workplace?	Yes. Communic skills critical for doctors	Yes, many. Response is they have a policy	Not to Engineers Australia	No	Yes, some	Yes. Need is for colloquial English and checking understanding.	No	Yes, prior to increase in levels	No	No – little contact with graduates once through the PAVE program	No, these go to State Boards	These go to the State Boards
Will you continue to use the IELTS?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Aware of the verification service?	Yes	Yes	Yes	N/A	Yes	No	Yes	Unknown	Unknown	No, but not aware that fraudulent results have been presented. Will certainly check the service for future applicants	Yes	Yes
Any further comments or issues?	No	No	Reading component may not have approp topic focus	No	No		IELTS website has not updated required band score from 6.5 to 7.0.	No	No	NB All candidates, whether English speaking or not, must do an English assessment	Would like IELTS to be more easily accessible in USA	No.

APPENDIX 5: ACRONYMS

AAVSB	American Association of Veterinary State Boards (USA)
AVMA	American Veterinary Medical Association (USA)
CGFNS	Commission on Graduates of Foreign Nursing Schools (USA)
CAE	Certificate in Advanced English
CPA	Certified Practising Accountants (Australia)
CPE	Certificate of Proficiency in English
DHHS	Department of Health and Human Services (USA)
DHS	Department of Homeland Security (USA)
DVM	Doctors of Veterinary Medicine (USA)
ECFMG	Educational Commission for Foreign Nursing Graduates (USA)
ECFVG	Educational Commission for Foreign Veterinary Graduates (USA)
ESOL	English for Speakers of Other Languages
ETS	Educational Testing Service
IELTS	International English Language Testing System
FCE	First Certificate in English
OET	Occupational English Test
iB TOEFL	Internet-based Test of English as a Foreign Language
ICHP	International Commission on Healthcare Professionals (USA)
ISLPR	International Second Language Proficiency Ratings
LSP	Language for Specific Purposes
NAATI	National Accrediting Authority for Translators and Interpreters
NOOSR	National Office of Overseas Skills Recognition
NZREX	New Zealand Registration Examination (NZ)
OET	Occupational English Test (Australia)
PEAT	Professional English Assessment for Teachers
PLABE	Professional Linguistic Assessment Board Examination (UK)
TOEFL	Test of English as a Foreign Language
TWE	Test of Written English
TSE	Test of Spoken English
UNSWIL	University of New South Wales Institute of Languages