



The consequences of English language testing for international health professionals and students: An Australian case study



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ABSTRACT

Aim: To discuss the perceptions about the International English Language Testing System (IELTS) and its impact on migration and practice of migrant health professionals in Australia.

Methods: Thematic analysis of interviews with 14 health industry participants and 35 migrated health professionals in Australia.

Results and discussion: Language testing is a barrier to health professional registration for migrant health workers in Australia. While two English language tests are recognised by the registration authorities in Australia, it is the International English Language Testing System that is most commonly used. This paper reports that study participants had underlying negative perceptions of the International English Language Testing System which they report, affect their move to Australia.

These negative perceptions are caused by: frustration due to changes to processes for migration and registration; challenges regarding the structure of IELTS including timing of when test results expire, scoring requirements, cost, and suitability; and the resulting feelings of inadequacy caused by the test itself.

Conclusion: This study has shown that some respondents have experienced difficulties in relation to the International English Language Testing System as part of their migration process. It was found that there is very little research into the effectiveness of the IELTS as it is currently administered for overseas health care professionals. Several recommendations are provided including areas for further research.

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What is already known about the topic?

- While a significant proportion of migrant health workers to Australia are from English speaking countries the

market for students from non-English-speaking backgrounds is still quite large.

- Although different countries have different testing requirements, the common tests used to assess English language ability include the International English Language Testing System (IELTS) and Occupational English Test (OET). Of these the IELTS is used more widely.
- Three key themes emerged from the evidence of an Australian Senate Inquiry, including difficulties in

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achieving the English Standard at the level required; an inappropriate focus on academic English language skills rather than general communication; and the limited validity (2 years) of English language test results for the purposes of medical registration. These themes were confirmed in this study.

What this paper adds

- Clear themes through a thematic analysis of qualitative data revealed a negative perception of the International English Language Testing System (IELTS).
- Recommendations from this study include: Universities and registration authorities to provide more extended language, social and health support appropriate for people from different countries; Clear communication, especially in overseas Australian Embassies, of migration and registration requirements; Australian Medical Council review individual cases and length of time for skill assessment to ensure the two year expiration date on the IELTS testing is manageable; Research into the impact of concurrent scoring of level 7 on all four components; Research and discussion on alternative measures of English language proficiency that may be more suitable to clinical settings.

1. Introduction

International recruitment and migration of health workers such as nurses and doctors, is widespread in developed nations, and is in keeping with a global increase in the migration of skilled and qualified workers (OECD, 2002, 2010). Among the top destination countries are the United States of America, Canada, Australia, Ireland, Norway, and the United Kingdom (Buchan et al., 2003).

Achieving language competency in the destination country has been a hurdle which many migrants find difficult to scale (Dumont et al., 2008). Studies have shown that people are more likely to migrate to countries where the language is linguistically closer to their native language (Adsera and Pytlikova, 2012; Grignon et al., 2012; OECD, 2002). While a significant proportion of migrant health workers move from and to English speaking countries such as Australia, North America, and the United Kingdom, the market for students from non-English-speaking backgrounds is still quite large (Buchan and Sochalski, 2004; Grignon et al., 2012; Health Workforce Australia, 2013; OECD, 2010).

With this global market, language competence has become a priority as health care workers need to be able to communicate safely with patients and co-workers, help patients make informed decisions and keep clear patient records.

Although different countries have different testing requirements, the common tests used to assess English language ability include the International English Language Testing System (IELTS), Occupational English Test (OET), Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE) (Grignon et al., 2012; Wette, 2011).

This study examines the perceptions of health professionals and students regarding English language testing requirements, namely IELTS, as it is the most widely used testing system. As a top destination for health care professionals and an English speaking country, Australia is well placed to provide a case study of English language requirements and the impact on migration.

2. Background

In Australia, migrant health professionals make up a significant proportion of the health workforce (Brunero et al., 2008). Daly et al. (2011a)¹ reported that the proportion of the medical workforce in Australia born overseas was above average and between five and six thousand overseas trained nurses join the Australian workforce annually (Daly et al., 2011a). International medical graduates accounted for approximately 13.42% of the total Australian medical workforce in 2005–06 (National Health Workforce, 2009).

Migrant health professionals enter the health workforce through two main pathways: As students and as overseas trained health professionals (Grignon et al., 2012; Daly et al., 2011a,b).

Student visas, particularly for nursing, are considered a pathway to meeting professional registration requirements (Daly et al., 2011a). Australia is considered among the countries that are known for institutions that provide “medical and other health professional education to an international clientele of foreign students as an export industry” (Grignon et al., 2012). Health Workforce Australia reported an increase of greater than 500 per cent (from 397 to 2579) in the number of full-fee paying overseas students commencing enrolments over the period 2002–2011, with overseas students accounting for 15% of all commencing enrolments in general nursing courses (Health Workforce Australia, 2013). They also reported a seven-fold increase in the number of overseas enrolments competing for initial registration as a nurse, from 302 in 2002 to 2144 in 2011 (Health Workforce Australia, 2013).

Overseas trained health professionals may enter Australia through the nominated occupations visas programme which provides an easier migration process for migrants who are skilled in occupations that are difficult to source from the local labour market (Department of Immigration and Citizenship, 2009). In keeping with other growth trends, there has been an increase in the number of registered nurses (RN) who received their first qualification overseas, from 14% in 2004 to 16% in 2009. In both 2004 and 2009, the proportion of registered nurses in the Australian workforce who received their first qualification in UK/Ireland (7%) and New Zealand (2%) remained constant. However, there was a slight increase in those who received their first qualification in Asia from 3% to 4% (Health Workforce Australia, 2013).

¹ The data set for this report was collected for the original research on Mobility of Health Professionals reported in both Daly et al. (2011a,b).

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