New Zealand Nurses Organisation

Submission to the Pharmacy Council of New Zealand

on the

English Language Policy for New Zealand and Australian Pharmacy Graduates Applying For Registration As Intern Pharmacists

November 7 2008

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SUMMARY

1. The New Zealand Nurses Organisation welcomes this opportunity to comment on the above and congratulates the Pharmacy Council for addressing this important issue.
2. NZNO is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals who constitute a significant part of the modern healthcare team.
3. NZNO strongly supports the Pharmacy Council's proposed policy of removing the requirement for external English language tests in favour of self and subsequent assessment of sufficient ability to comprehend and communicate in English without risking the health and safety of the public. We believe that occupational communication skills are best assessed in the workplace, and that practise, guidance and support from colleagues are more effective pathways to language proficiency than academic language courses and tests.

DISCUSSION

Workforce implications

4. The wider picture painted by the 2007 OECD report *Health Workforce and International Immigration: Can NZ compete?*[1] indicates that New Zealand's health system is particularly vulnerable to policy issues which impact on migrant health professionals who comprise a large part of the health workforce.
5. English language requirements are an intrinsic part of the registration process for all the countries with whom New Zealand competes for health professionals and there is increasing evidence that the International English Language Test System, though widely used, is an inappropriate discriminatory tool. Introducing evidence-based policy, sound support and quality assessment systems to ensure skilled migrants have and can gain the English language proficiency they need to practise safely, could be a key determinant in recruiting and retaining sought-after "globally mobile" health professionals.

[1] Dumonte, Jean-Christophe, Zurn, Pascal 2007 *Health Workforce And International Migration: Can New Zealand Compete?* OECD, DELSA/ELSA/WP2/HEA(2007)3

6. We applaud the Council's emphasis, in keeping with that of the Health Practitioners Competence Assurance Act (2003), of supporting practitioners to gain the competencies they need and believe that, when required, the Intern Training Programme, and remedial programmes will adequately fulfill that purpose.
7. Providing a supportive supervised environment where appropriate language and cultural communication proficiency can be nurtured, while utilising clinical skills is a sound, socially just, strategy which will attract and retain skilled migrants, reducing the risk to public safety that the high turnover of migrant staff currently imposes.
8. We believe that the additional benefits from the languages, skills and connections that migrants bring to our multicultural society should be embraced and leveraged to ensure a high level of participation and contribution in both work and community settings. Secure, involved and valued migrants have an incentive to communicate effectively.

International English Language Test

9. NZNO's experience with nurses sitting the International English Language Test is consistent with the Council's assessment:
   - that the level of pass does not give a robust indication of the level of understanding or communication competence in a New Zealand health setting;
   - that it unfairly penalises many for whom it is a second language but who may have been educated in or mainly speak English; and
   - that it imposes additional costs on the migrant and regulatory authority, without regard to public safety.
10. Although it is often held up as the "International Gold Standard" for English language communication, there is, in fact, no evidence that it is an effective discriminant or predictor of success for migrants in any country or occupation. That is hardly surprising because it was not developed for that purpose.
11. Communication difficulties with migrant health professionals are frequently reported and alluded to by both public and staff, in spite of the fact that to be registered they must have achieved a level 7 or higher pass in the Academic IELT. It is clearly not feasible to keep raising the pass level (the Department of Labour only requires skilled migrants to have a level 6.5 pass in the General IELT), yet there is obviously

a risk to public safety if communication difficulties in the workplace are not identified and addressed systematically.

12. Equally problematic is the way in which the IELT arbitrarily excludes a significant number of perfectly competent skilled health workers, which is both ethically and economically unsound. There is ample research evidence that academic tests are discriminatory and not reflective of cognitive ability for those for whom English is a second language (ESL), especially for those who are older. In a health context it is far more important that a professional can understand and communicate effectively rather than 'correctly'.
13. There is also evidence of growing concern internationally that it is inappropriate and unsafe to rely on the IELT to indicate a level of English language proficiency pertinent to any particular occupation or culture. Language is culturally diverse and constantly changing. For that reason, Canada is developing its own culturally appropriate alternatives to 'standardised' language tests, and there are concerted moves in both academic and business circles to develop occupationally relevant tests.
14. There has been a large increase in nurses sitting the Occupational English Test (OET) in Australia, for instance; but, while arguably more relevant and 'safe' , the OET is even more expensive than the IELT, can only be sat at certain times and is not designed for New Zealand settings either.
15. Money spent on costly examination-driven English language schools promoting expensive patented foreign tests which may bear little relation to the communication requirements of the profession or culture certainly contributes to the big business behind the test and its international status, but does little for migrant professionals or the New Zealand health system. We question whether any responsible authority should be supporting this system.
16. The IELT does not measure up to the standards of transparency and accountability of our own education system: there is no feedback mechanism other than a single (subjective) mark, and consistency cannot be guaranteed.
17. There are many accounts of migrants getting quite different marks for the same test – passing one week and failing the next (this may be the reason the Nursing Council of New Zealand has modified its requirements recently, now allowing candidates to pass each of the tests within a one year period).

18. International concern has also been expressed over marked discrepancies in test results from one country to another, especially in the oral tests where accents make a huge difference to intelligibility. Filipinos for instance can easily understand other Filipinos speaking English with an American accent, which is familiar to them, but New Zealanders find it most difficult. Filipinos may pass the oral IELT in the Philippines, but fail the same test in New Zealand. Either way the test is not a measure of their English language proficiency here and presents either a risk, if they are registered, or injustice and lost opportunity if they are not.

Cultural Safety

19. Effective communication does not depend on language skills alone but also on cultural awareness and understanding. NZNO has previously drawn attention to the way in which the IELT is being used as a proxy for cultural competence, the assumption being that fluency in written and spoken English automatically confers an ability to work in *any* English-speaking system.
20. Since Irihapeti Ramsden's seminal article *"Cultural Safety in Nursing Education*" was first published in 1993, the concept of cultural safety developed by Māori nurses has led the way in establishing globally that all health care is provided in a social as well as an institutional context. Cultural competence is embedded in the competencies required by all regulated health professionals in Aotearoa, yet there are few opportunities let alone requirements for migrants to familiarise themselves with basic aspects of New Zealand culture, such as Treaty of Waitangi, or the health system.
21. Such a gap could easily be addressed with simple online information packages and self-testing, several of which are freely available[2] and recommended by some responsible authorities (RAs).

Consistent English Language Policy

22. NZNO believes that it would be useful for all RAs to have a common English Language Policy, consistent with the common regulation they share under the HPCAA (2003), and encourages the Pharmacy Council to lead discussion on this.

[2] http://www.tepapa.govt.nz/TreatyResource/pdfs1/resources.pdf.

23. The current range of tests and pass levels accepted by the 17 RAs is confusing (especially with the dual regulation of some health professionals) and, ironically for evidence-based professions, the rationale for requiring them is not based on any evidence.
24. We note that this proposal is in marked contrast to the recent NCNZ decision (in the interests of "fairness") to require *all* overseas nurses from January 2009 to have a level 7 IELT pass, in spite of the fact that by far the majority of overseas trained nurses registered here come from the United Kingdom! Workforce shortages and lower wages compared with many OECD countries are common across all health professions in New Zealand and it makes sense to have a consistent, workable, safe language policy to attract migrant professionals and try to limit their high turnover.
25. We believe that the Pharmacy Council's proposal is a move in the right direction, while the NCNZ's approach will prove to be a barrier.

CONCLUSION

26. In conclusion, NZNO recommends that you:
    - **note** our strong support for this proposal to amend the current English language policy and particularly removing the IELTS as a screening mechanism;
    - **note** our support for the Intern Training Programme and remediation opportunities which will supporting migrant practitioners to develop the full range of communication skills needed to practise safely in New Zealand
    - **note** our support for trusting professionals for a statement of ability to comprehend and communicate safely in English (that is fitness to practise in a new Zealand health setting), backed by assessment in the work environemtn prior to registration;
    - **agree** that a consistent English Language Policy for all health professionals would be useful; and
    - **note** our support for the pharmacy council leading the development of such a policy**.**

ABOUT THE NEW ZEALAND NURSES ORGANISATION

27. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.

28. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.