Australian Nursing and Midwifery Federation submission

Ahpra and the National Boards Public consultation on two further possible changes to the National Boards' English language skills requirements

14 September 2023





Australian Nursing and Midwifery Federation submission

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 322,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback to Ahpra and the National Boards public consultation on two further possible changes to the National Boards' English language skills requirements.



CONSULTATION QUESTIONS

Possible change 1: setting the minimum requirements for the writing component of an English language test from 7 to 6.5 IELTS equivalent and 7 in each of the other three components (reading, speaking and listening) with an overall score requirements of 7.

 Do you support reducing the score for the writing component of IELTS by half a band to 6.5 (or equivalent for other accepted English language tests) as proposed in the Kruk review? Why or why not?

Yes.

Reducing the writing score to an IELTS of 6.5 (or equivalent for other accepted tests) whilst maintaining the requirement for an overall band score of 7, with no less than 7 for reading, speaking and listening as proposed in the Kruk review will provide additional flexibility and consistency with other countries who have already reduced the writing score. Early research demonstrates there is no evidence of an increase in complaints received or any negative impact on the delivery of care. This change will assist with responding to workforce needs, contribute to workforce mobility and improve the attractiveness of Australia as a destination country without compromising safety for those receiving health and aged care.

Possible change 2: expanding the range of recognised countries where available information supports.

1. Do you support adding proposed countries where evidence supports doing so as proposed in the Kruk review, such as those listed in Appendix A?

Appendix A:

Proposed additional recognised countries

- Antigua and Barbuda
- Anguilla
- The Bahamas
- Barbados
- Belize
- Bermuda
- British Indian Ocean Territory



- Cayman Islands
- Dominica
- Falkland Islands
- Gibraltar
- Grenada
- Guernsey
- Guyana
- Isle of Man
- Jamaica
- Jersey
- Malta
- Saint Helena, Ascension and Tristan da Cunha
- St Kitts and Nevis
- St Lucia
- St Vincent and the Grenadines
- Trinidad and Tobago
- US Virgin Islands

Yes. However, the above is a modest list and, it is our understanding that there is a very small proportion of applicants from these countries. As such, whilst we are supportive of the proposal for the above inclusions, we do not anticipate this will be of benefit to the vast majority of applicants who are currently required to undertake an English language skills test in order to meet the NMBA *English language skills registration standard*.

2. Are there any countries missing where evidence supports inclusion?

The ANMF recommend the addition of an exemption for those whose only language is English regardless of their country of birth. That is, if they can demonstrate their schooling was in English and their primary or only language is English they should be exempt from the English language skills test. Where the English language skills standard is met for registration there isn't a further requirement for English language testing for visa/migration purposes, thereby removing duplication.

The list of recognised countries should be periodically reviewed and expanded.



3. If these two changes are adopted to the ELS standards would they result in any potential negative or unintended effects for people vulnerable to harm in the community?^[1] If so, please describe them.

^[1] Such as children, the aged, those living with disability, people who have experienced or are at risk of family and domestic violence.

An ethical consequence, unintended or intended, is that the proposed English language skills changes will feed into the global "hunger games". According to the International Council of Nurses, wealthier countries, including Australia, are increasing the workforce at the expense of poorer countries. This is a band aid solution to addressing the nursing and midwifery workforce crisis in Australia. Longer term workforce planning, including federal government investment strategies, should be our national focused response that leaves a minimal footprint on poorer countries' nursing and midwifery workforce¹.

Conversely, however, the ANMF is aware of applicants with a wealth of experience as health practitioners and/or cultural and multilingual/bilingual skills and knowledge, who have only narrowly missed meeting the rigid requirements of the NMBA *English language skills registration standard*. As health practitioners, nurses and midwives are acutely aware of the importance of health education, information, and the delivery of care in people's preferred language. A lack of culturally appropriate information (both spoken and written), culturally responsive health care and systemic barriers to navigating the health care system exist for those in our community from culturally diverse backgrounds. To advance health equity for all people in Australia, these barriers must be addressed by increasing the number of health practitioners in the workforce who are skilled in person-centred and culturally responsible and responsive multilingual healthcare delivery. These modest structural changes to the English language skills standards will have a positive impact on the breadth of nursing and midwifery applicants, and therefore the health of our communities.

¹ International Council of Nurses. (2023). *Recover to rebuild: Investing in the nursing workforce for health system effectiveness*. https://www.icn.ch/sites/default/files/2023-07/ICN_Recover-to-Rebuild_report_EN.pdf



4. If these two changes are adopted to the ELS standards, would they result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them

The ANMF is not aware of, nor do we foresee, any negative or unintended effects for Aboriginal and Torres Strait Islander Peoples if these two changes to the English language skills standards are adopted.

Whilst outside the scope of this review, the ANMF request that the NMBA consider and remove the requirement for education to be continuous, in order for it to be an appropriate pathway for applicants, as is in the current standard. The ANMF has raised with Ahpra and NMBA representatives on numerous occasions that this is an unreasonable requirement that results in applicants being subject to discrimination. There are a range of reasons that future nurses and midwives would be required to pause their education, including but not limited to carer responsibilities, parental leave, ill health, family/community deaths, elderly carer responsibilities, cultural responsibilities, gender disparities and inequality, socio-economic risks and low income, social isolation, limited community resources, disability and environmental impacts (including natural disasters). Applicants for nursing and/or midwifery registration are disproportionately negatively impacted by this provision, compared with other health professions, as they are predominantly female and therefore more likely to have gaps in education or take on part time education due to caring responsibilities.

The rigid requirement for education to be continuous is baseless and precludes valued workers from pursuing employment opportunities in nursing and midwifery. The ANMF requests review of this requirement as a priority, in addition to our support for the above changes.

CONCLUSION

Thank you for this opportunity to provide feedback to Ahpra and the National Boards for the public consultation on two further possible changes to the National Boards' English language skills requirements. The ANMF supports these modest changes and urges further review of the limited and inflexible definition of continuous education and consideration of the definitions impact on potential registrant's ability to demonstrate they have met Ahpra and the National Board's English language skills registration standard.