

Investigating the use of IELTS in determining employment, migration and professional registration outcomes in healthcare and early childcare education in Australia

Authors: Cate Gribble, Jill Blackmore, Anne-Marie Morrissey and Tanja Capic, Deakin University

Grant awarded: 2013

Keywords: “IELTS test, workplace language skills, English language requirements in medicine, nursing and early childhood education, overseas trained professionals, Australian hospitals and childcare centres, international doctors and nurses, assessing language skills of international professionals, skilled migration, international student migration”

Abstract

Focusing on two professional fields that are critical to Australia’s future – health and early childhood education – the study provides key insights into the many challenges facing overseas-trained professionals and international graduates transitioning into the Australian labour market.

The study highlights the complex language requirements in the professions of medicine, nursing and early childhood education and explores the implications for stakeholders. Employers require graduates to have high-level English language skills, and universities are increasingly expected to ensure international students graduate with the required English language proficiency.

The study also reveals highly differentiated labour markets. While metropolitan hospitals are turning away both domestic and international graduates, some rural hospitals are predominantly staffed by international doctors and nurses. Early childhood education also faces skill shortages in rural areas and some areas are struggling with how to stem the flow of graduates into the primary sector.

Finally, the study highlights the many challenges facing overseas-trained/international graduates transitioning into the labour market. For participants in this study, the challenges of working in their profession in Australia are many and varied. These challenges include workplace discrimination, isolation and extreme frustration when unable to work in their area of qualification.

Acknowledgements

The research team gratefully acknowledges the support of the British Council, Cambridge English Language Assessment, and IDP: IELTS Australia, who funded this research.

We are grateful to the participating hospitals, healthcare organisations, childcare providers, academics, government representatives and industry associations who volunteered their time and expertise and provided valuable insights.

Finally, our thanks go to the many overseas-trained nurses, early childhood teachers and international graduates who generously agreed to speak to us about their experiences of transitioning into the Australian workplace.

Publishing details

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AUTHOR BIODATA

Cate Gribble

Dr Cate Gribble is a Senior Research Fellow in the Faculty of Arts and Education at Deakin University in Melbourne. Her current research focuses on international student mobility, migration and employability. In 2015, Cate was awarded the inaugural World Association for Cooperative Education (WACE) research award to investigate international students' experiences of work integrated learning (WIL) in Australia and Canada. Other current projects include an investigation of employability in different cultural contexts (funded by the UK Society for Research in Higher Education) and 'New Colombo Plan: Australians as international students in Asia' with colleagues from Deakin University and the University of Adelaide.

Jill Blackmore

Professor Jill Blackmore is Alfred Deakin Professor in the Faculty of Arts and Education, Deakin University, Director of the Centre for Research in Educational Futures and Innovation and Fellow of the Academy of Social Sciences. Her research interests include, from a feminist perspective, globalisation, education policy and governance across education in universities, TAFE, schools and community; local/global articulations of internationalisation; educational restructuring, organisational change and innovation; educational leadership and spatial redesign; teachers' and academics' work and equity policy.

Anne-Marie Morrissey

Dr Anne-Marie Morrissey is a Senior Lecturer in Early Childhood Education in the School of Education at Deakin University. Prior to her university work, Anne-Marie had extensive experience as an early childhood teacher and centre director in preschools, childcare centres and schools in Australia and the United Kingdom. She also had involvement in national quality assurance processes through 11 years' experience as a moderator with the former National Childcare Accreditation Council. Anne-Marie has played a key role in several research projects. She is a Chief Investigator on the Victorian State Wide Professional Mentoring Program for Early Childhood Teachers, a \$1.3 million partnership with Victoria University and the Department of Education and Early Childhood Development.

Tanja Capic

Ms Tanja Capic received her Bachelor of Arts with Distinction from Deakin University in Melbourne in 2012, majoring in Psychology and Sociology. In 2014, she received her first-class Honours in Psychology at the same university. Her Honours thesis concerns the temporal stability of subjective wellbeing and its mood core. She was awarded a write-up scholarship from Deakin University in 2014 to edit her Honours thesis for publication, which was submitted for publication this year. Tanja currently works as a Research Assistant both in the School of Psychology and the School of Education at Deakin University. Her main areas of interest are quality of life, mental health and migration.

IELTS Research Program

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

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

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INTRODUCTION FROM IELTS

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

A significant body of research has been produced since the research program started in 1995, with over 100 empirical studies receiving grant funding. After a process of peer review and revision, many of the studies have been published in academic journals, in several IELTS-focused volumes in the *Studies in Language Testing* series (www.cambridgeenglish.org/silt), and in the *IELTS Research Reports*. Since 2012, individual reports have been published on the IELTS website after completing the peer review and revision process.

Previous IELTS funded research studies have inquired about the language skills needed by professionals in education (Murray, Cross & Cruickshank, 2014) and healthcare (Sedgwick, Garner & Vicente-Macia, 2016), sectors in which sizable numbers of international migrants participate. This study looks into the same fields, but engages with a wider range of stakeholders (employers and employees, government and professional bodies), and situates those language requirements against the backdrop of larger Australian social and economic realities. In so doing, it provides insight into the issues that need addressing.

The study shows that there are shortages in the two professions, which can be the result of a lack of skills in particular specialisations (e.g. mental health and aged care), of unwillingness among professionals to locate away from metropolitan areas, or of uncompetitive pay and working conditions (i.e. in the case of early childhood education, compared to primary schools). These are matters for which policy levers should be available, though of course it will take some time for their effects to feed through. In the meantime, these shortages are being filled by internationals, both those trained inside and outside of Australia.

As these professions require a high level of communicative skill, tests of English language proficiency such as IELTS have come to play a role in the regulation of international workers' entry into the labour force. In this regard, we would argue for IELTS or any other similar test to be used appropriately. We would recommend that required band scores be set according to the actual language requirements for doing a job which, as we discussed in our introduction to Sedgwick et al. (2016), could well be different across language skills. Raising or lowering them for other reasons can only confuse things, or lead to ineffective policy prescriptions.

To give an example, some professionals are perceived not to be at an acceptable standard, so the call is made to raise the required band score. However, it would appear from this report that many issues people have in dealing with these professionals stem not from a lack in language ability but from a lack in certain cultural knowledge and ways of being. Thus, providing professionals with support in learning local culture and professional expectations might be a more appropriate response, whereas raising the required band score would achieve nothing except to turn away qualified professionals.

Correct identification of the problem aids in the identification of correct solutions to the problem, and in that regard, this report has certainly proved invaluable. Indeed, the report also details how international professionals are subject to discrimination and bullying in the workplace, for which solutions are also needed. This is a report that all stakeholders should read, and can only be to the benefit of everyone.

**Dr Gad S Lim, Principal Research Manager
Cambridge English Language Assessment**

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GLOSSARY OF TERMS

Early childhood education

Sessional preschool or kindergarten: an early childhood program that runs half or full-day ‘sessions’ for children 3 to 5 years. The Australian Commonwealth Government’s universal access policy requires that every 4–5 year-old have access to 15 hours of preschool education per week.

Long day care: An education and care program providing up to 10–12 hours per day of care for children from birth to six years for parents and carers who are working, studying, etc. These centres usually include a funded preschool program for 4–5 year-olds in the year before school. Funding is for an early childhood teacher.

Early Learning Centre: may apply generally to an early childhood education and care program, but more specifically refers to a program for 3–6 year-olds within a private school.

Not-for-profit provider: organisations such as charities, churches, community organisations, universities, and government agencies such as local councils that provide early childhood education and care services that are not-for-profit.

For-profit provider: an individual or commercial organisation that runs single or multiple early childhood education and care services for profit.

Early Childhood Teacher (ECT): A teacher with a specialist undergraduate or postgraduate degree in early childhood education; a primary teacher and/or children’s services diploma qualified educator currently qualified under ACECQA’s ‘working towards’ provisions to work in the role of ECT.

Diploma or Certificate III: A certificate or diploma in children’s services obtained through a TAFE college or a registered training organisation (RTO).

Educator: A broad category that includes all staff working in an early childhood education and care program.

Healthcare

Consultant: a senior doctor who practises in one of the medical specialties.

General Practitioner (GP): A general practitioner is a physician who does not specialise in one particular area of medicine. GPs provide routine healthcare and assess and treat many different conditions, including illnesses and injuries. GP work is also called ‘family medicine’ in other countries.

Nurse Unit Manager (NUM): the registered nurse in charge of a ward or unit or group of wards or units in a public hospital or health service or public health organisation.

Medicare: Medicare is a publicly funded universal healthcare scheme in Australia.

Personal Care Attendant (PCA): Provides routine personal care services to people in a range of healthcare facilities or in a person’s home.

ABBREVIATIONS

ACEQA	Australian Children’s Education & Care Quality Authority
AHPRA	Australian Health Practitioner Regulating Authority
AITISL	Australian Institute for Teaching and School Leadership
AMA	Australian Medical Association
ANMF	Australian Nursing and Midwifery Federation
ATRA	Australasian Teacher Regulatory Authorities
DEECD	Department of Education and Early Childhood Development
DEEWR	Department of Education, Employment and Workplace Relation
ELICOS	English Language Intensive Course for Overseas Students
EYLF	Early Years Learning and Development Framework
GP	General Practitioner
HMO	Hospital Medical Officer
HWA	Health Workforce Australia
ICU	Intensive Care Unit
IELTS	International English Language Testing System
IMG	International Medical Graduate
NUM	Nurse Unit Manager
OET	Occupational English Test
PCA	Personal Care Attendant
PR	Permanent Residency
RTO	Registered Training Organisation
RN	Registered Nurse
VCAA	Victorian Curriculum and Assessment Authority
VEYLDF	Victorian Early Years Learning and Development Framework
VIT	Victorian Institute of Teaching

1 INTRODUCTION

Current and predicted skill shortages in the health and early childhood sectors call for policy that will promote the attraction and retention of skilled labour in a highly competitive global labour market.

Rapid growth in temporary and provisional skilled migration in the past two decades poses significant challenges for national regulators attempting to maintain occupational standards while taking advantage of the increase in skilled migrants in areas of skill shortages (Hawthorne 2013). Australia, like many developed nations, faces current and predicted skill shortages in key areas, requiring policy that will promote the attraction and retention of skilled labour in a highly competitive global labour market. In Australia, there has been a large increase in the levels of skilled migration, placing pressure on the Australian Government to ensure that its regulatory systems are aligned with the global labour market.

English language competency has emerged as a critical factor in determining successful labour market outcomes for overseas-trained professionals and Australian international graduates (Arkoudis et al. 2009, Birrell and Healy 2008, Blackmore et al. 2014, Farrell et al. 2011, Murray et al. 2014). A significant trend has been the emphasis on English proficiency and language standards for professional practice. English proficiency is an area of focus in Australia with both the Government and regulatory authorities reassessing policies to ensure they accurately reflect the standards for professional practice (Public Policy Forum 2011).

The English standards required for international graduates and overseas-trained professionals continue to be the subject of much debate between the various stakeholders. Employers, professional bodies and government departments see it as their role to ensure that those entering the Australian labour market in fields such as healthcare and early childhood education and care possess the necessary English language competency required by the profession. As the 'gate keepers', professional bodies such as the Australian Children's Education & Care Quality Authority (ACEQUA), the Nursing and Midwifery Board of Australia (NMBA) and the Australian Institute for Teaching and School Leadership (AITSL), in consultation with their members, are required to establish the nature of these language requirements and to specify how best to determine the competency of Australian-trained international graduates and overseas-trained professionals seeking to enter the Australian workforce.

Government departments, such as the Department of Immigration and Border Protection (DIBP) also play a role in determining language standards of prospective skilled migrants. When applying for an Australian work visa, overseas-trained professionals and Australian international graduates must meet language requirements.

In addition, many employers also have their own English language standards, which international graduates or overseas-trained applicants must meet. In some cases, an international graduate or overseas-trained professional will have to satisfy the language requirements of three distinct stakeholders – government, employer and professional body – prior to entering the Australian labour market. The other major stakeholder group comprises the international graduates and overseas-trained professionals themselves, who are required to satisfy the requirements of the other three stakeholders if they are to transition successfully into the labour market. Universities also have a significant stake in English language competency and are under growing pressure to ensure that international students graduate with the level of English language competency required for professional registration.

In many cases, there is a lack of agreement between the key stakeholders as to what constitutes satisfactory English language competency in a particular profession. How to determine a candidate's language proficiency and communication skills for professional practice is also contentious. In healthcare, English language proficiency is closely linked to patient safety, and language requirements are considered a critical safety measure (Rumsey et al. 2015). However, while there is agreement that patient safety is paramount, many overseas-trained nurses and international graduates have expressed concerns around the use of IELTS including the scores required of successful candidates, timing of when test results expire, cost, suitability, as well as frustration due to changes to the processes for migration and registration (Rumsey et al. 2015). Studies have also found that despite passing language tests, many overseas-trained healthcare professionals continue to experience language-related challenges in clinical practice (Philip et al. 2015, Wette 2011). Questions have been raised around the use of proficiency tests such as IELTS and OET by registration bodies as "their sole measure of communicative ability and mastery of relevant professional discourses in healthcare contexts" (Wette 2011, p 201).

In teaching, there are indications that despite having high expectations surround the language proficiently levels and communication skills of overseas-trained teachers, employers in Australian primary and secondary schools have very low level of awareness of language proficiency entry requirements for registration and limited understanding of the IELTS (Murray et al. 2014).

International graduates can also be left frustrated when they are unable to demonstrate a particular standard of English language competency required for professional registration as stipulated by a professional body, despite having Australian qualifications in their field. This was the situation for many international nursing students who graduated from Australian universities in mid-2010 only to find that they were required to provide evidence of English language proficiency for registration (Collins 2010).

Employers facing labour shortages can also be in conflict with registration authorities if English language requirements prevent them from hiring staff. In 2013, the Australian industry group called for an easing of English language requirements for foreign workers on 457 visas, describing the 457 visa program as a “crucial economic shock absorber” (Hepworth 2013). (The 457 visa is the most commonly used program for Australian or overseas employers to sponsor skilled overseas workers to work in Australia temporarily.) Employers in the childcare industry are concerned that new English-language requirements under the new national standards will make it even harder to attract staff (Karvelas 2012).

In Australia, the International English Language Testing System (IELTS) has been widely adopted by key stakeholders in a number of professions as a means of determining the English language skills of Australian international graduates and overseas-trained professionals wishing to gain professional registration and transition into the Australian labour market. This study will provide important insights into the use of IELTS in assessing English language levels for the purposes of registration and employment, as well as the role of IELTS in shaping the supply of skilled labour in the health and early childhood fields.

1.1 Aims of this project

The aim of this study is to investigate the role that IELTS plays in affecting the supply of skilled labour and determining the employment outcomes of international graduates and overseas-trained professionals in the healthcare and early childhood education and care professions in Australia. The project outcomes will inform policy-makers and professional organisations, as well as IELTS, as to the various uses of IELTS as a predictor of employability.

The project investigated the following key questions.

1. What English language capabilities are required for overseas-trained professionals and Australian international graduates to successfully transition into the Australian workplace in the health and early childhood and care professions? How are these English language capabilities determined and by whom?
2. What role does IELTS play in determining the employment and professional registration success of international graduates and overseas professionals in the healthcare and early childhood education and care fields?
3. How effective is IELTS in determining language capabilities for the purposes of employment in the healthcare and early childhood and care fields?

These questions emerged from prior studies by the research team (Blackmore et al. 2014). This research identified English language competency as a critical factor in determining successful labour market outcomes for overseas-trained professionals and Australian international graduates.

2 RESEARCH DESIGN

The study incorporated qualitative research methods to investigate the role of IELTS in determining employment and migration outcomes of overseas-trained graduates in health and early childhood. It was carried out in three phases.

Phase 1 of the study involved analysis of the criteria that are used to determine the registration of professionals in each of the three selected professions: early childhood education and care, nursing and medicine. The aim was to establish where IELTS is situated in policy related to the migration and recruitment of professionals both in Australia and internationally. It entailed drawing on documents produced by key stakeholders surrounding the role of IELTS in the registration of overseas-trained professionals and Australian international graduates in the health and early childhood education fields. Stakeholders included industry bodies, relevant government departments, commentaries on the debate appearing in newspapers and in published academic research. A comparison of language requirements in the professions under examination was also carried out.

Phase 2 consisted of gathering empirical data via structured and semi-structured interviews with key stakeholders in the fields of early childhood education, nursing and medicine. Research was conducted in metropolitan Melbourne, as well as two regional sites: Regional A and Regional B. Regional A is a large Victorian town located approximately 90 minutes from Melbourne. Regional B is a mid-size Victorian town located approximately three hours drive from Melbourne. Purposive and snowball sampling, both forms of non-probability sampling, were used to select participants for this project in each of the three sites. The advantage of purposive sampling is that it allows the researcher to concentrate on key themes by hand-picking those with knowledge and experience in key areas, leading to greater understanding of the central issues under investigation.

Interview subjects included professional bodies, employers, academics, overseas-trained graduates and Australian international graduates. Every attempt was made to select overseas-trained graduates and Australian international graduates from a range of backgrounds in order to identify particular issues facing those from specific language backgrounds. Prior research conducted by this research team and others suggests that the issues surrounding the transition into Australian employment vary depending on an individual’s language and/or cultural background (ARC 2010–2013, Hawthorne 2012).

When attempting to recruit participants in both metropolitan and regional hospitals, the challenge of locating the right people within the hospital structure took considerable time and effort. Hospitals are busy workplaces and many staff were slow to respond to our emails and phone messages or were simply too busy to participate in an interview.

The research team was reliant on hospital staff (e.g. Nurse Unit Manager or the Medical Workforce Unit) to refer international graduates or overseas-trained staff for interviews. In the case of three metro hospitals, staff in managerial positions did not refer participants, despite numerous requests. The case of Regional Hospital B is an excellent example of the challenges involved in this type of research. The hospital was first approached in April 2014 and invited to participate in the study. The research team was referred to various staff within the hospital over a seven-month period. Finally, in December 2014, the hospital requested that, in addition to having been granted ethics clearance by Deakin University, the project seek approval from the hospital's ethics committee. We complied with this request, ethics approval was granted and the team travelled to the hospital and carried out interviews almost 12 months after the initial request. There were similar challenges recruiting participants in early childhood education, particularly as our aim was to include a broad range of providers in both metropolitan and regional centres.

To recruit participants from the early childhood education sector, the team drew on the expertise and networks of one of the team members who has been involved in the sector for many years. The aim was to include participants from different types of centres (long day care, council-run, for-profit, not-for-profit, etc.) in both metropolitan Melbourne and regional Victoria. This involved contacting centres, inviting the director to participate, emailing details about the project and arranging an interview. During the interview with the director, a request for interviews with overseas-trained teachers or international graduates employed at their centre was made. The research team experienced significant difficulties recruiting participants, which can be largely attributed to the hectic pace of work in the early childhood sector.

Our project aimed to investigate the impact of the proposed changes to language requirements for overseas-trained early childhood teachers and international graduates in Victoria. However, the introduction of the new English language requirements was not going to take effect until 30 September 2015. Consequently, while we were able to investigate the views of key stakeholders on this issue, as well as their responses to the anticipated changes, the actual impact of the changes on the sector was beyond the time-frame of this project. Nevertheless, it has been flagged as an area requiring further investigation.

Despite the challenges, the project was highly successful in recruiting a range of participants in a variety of workplaces in both metropolitan and regional Victoria. For example, in health we interviewed representatives at four metropolitan and two regional hospitals, three aged care centres, and two GP providers.

Similarly, in early childhood education, we interviewed a range of providers, including council-run, community, not-for-profit and commercially operated centres in metropolitan and regional Victoria.

This dataset enabled the project to delve into the experiences of overseas-trained staff, international graduates and employers in a range of locations and workplaces. While the focus of this research was on English language proficiency and the role of IELTS in determining both employment and migration outcomes, the nature of qualitative research means that other important issues surfaced during interviews. This resulted in the project exploring issues beyond what was originally planned.

In *Phase 3*, all interviews were audio-recorded and outsourced for transcription. The transcripts were imported into NVivo software and coded using a number of key themes to ease the identification and selection of relevant information. The themes were derived from both the questions and from key concepts that emerged from the interviews. Manual coding, a standard method of coding data in NVivo, was used to code the data provided via semi-structured and open interviews with all participants. In accordance with ethics requirements, all participants were provided with pseudonyms which are used in any references or quotations in this report.

2.1.1.1 Note about participant terminology

Nursing: We refer to nurses who have completed their nursing qualifications overseas before migrating to Australia as **Overseas-Trained Nurses**. We refer to nurses who have completed their training in Australia as international students as **Australian International Graduates**.

Medicine: We refer to doctors who have completed their medical qualifications overseas before migrating to Australia as **International Medical Graduates (IMG)**. IMG is a commonly used term both in Australian healthcare settings and in the literature. We refer to doctors who have completed their training in Australia as international students as **Australian International Graduates**.

Teaching: We refer to teachers who have completed their teaching qualifications overseas before migrating to Australia as **Overseas-Trained Teachers**. We refer to teachers who have completed their training in Australia as international students as **Australian International Graduates**.

3 SAMPLE

The sample for this research comprised participants from the professions of nursing, medicine (doctors) and early childhood teaching. Their characteristics are reported in the following subsections and represented in Table 1, which appears after Section 3.3. A fourth section of the sample consisted of participants from employers, government bodies and industry associations in the fields of health and early childhood education.

3.1 Nurses

A total of 26 nurses, aged between 26 and 72 years and predominantly female, were interviewed as part of this study.

- 21 nurses were overseas trained.
- Five nurses had completed a nursing qualification at an Australian tertiary institution.

Those who had trained overseas had an average of five years' work experience before coming to Australia. All of the overseas-trained nurses and two of the Australian-qualified nurses were working in their area of qualification at the time of the interview. Three of the locally trained nurses were working below their level of qualification as personal care attendants (PCAs).

Most of the overseas-trained nurses had permanent residency or citizenship status. Three were on a working visa while another was on a regional sponsorship visa. Three of the locally trained nurses had permanent residency or citizenship, one was on a skilled, recognised-graduate visa and one remained on a student visa.

The overseas-trained nurses were predominantly from India and most were working in either Regional City A or Regional City B. In contrast, the Australian international graduates were located in Melbourne.

Regarding language proficiency tests, 15 of the overseas-trained nurses had completed IELTS only, one nurse had done both IELTS and OET, while one nurse had provided evidence of language proficiency via ELICOS. The other four had not done an English test. Among the international graduates, one had completed IELTS, two had completed both IELTS and the OET, while the remaining two had not yet completed a test.

3.2 Doctors

In medicine, 13 doctors were interviewed as part of this study.

- 11 doctors were overseas trained.
- Two doctors were trained at an Australian tertiary institution.

Eight of the sample were male, five were female. Participants came from six countries: Bangladesh, India, Iran, Nigeria, Sri Lanka, the Philippines and the Netherlands.

All of the overseas-trained doctors had worked for an average of approximately 6.5 years prior to coming to Australia. Nine of the 11 overseas-trained doctors were working in their field of qualification at the time of the interview, while only one of the two locally trained doctors was employed.

Of the 11, seven were living in regional Victoria and four in Melbourne. Seven of the overseas-trained doctors had permanent residency or citizenship while three were on a work visa and one was on a partner visa.

All of the overseas-trained doctors and international graduates had sat the IELTS test, while five had completed the OET as well.

3.3 Early childhood teachers

Ten early childhood teachers were interviewed for this study.

- One teacher was overseas trained.
- Nine teachers were locally trained.

All of the participants were female. The average age of locally trained teachers was around 37.5 while the overseas-trained teacher was 45 years old.

Most of the international graduates were from China while the overseas-trained teacher was from India. Two of the early childhood teachers had citizenship, two had permanent residency visas while the remainder were still on temporary visas or student visas.

The overseas-trained teacher had not done any form of language testing while five of the international graduates had completed IELTS only, one had completed both IELTS and OET and three had not done any form of language testing.

	Nurses		Doctors		Early Childhood Educators	
Total sample per profession (N)	26		13		10	
	Skilled migrants	Locally trained	Skilled migrants	Locally trained	Skilled migrants	Locally trained
Sample size (N)	21	5	11	2	1	9
Overseas experience	Yes – 10 No – 2	–	Yes – 11	–	Yes – 1	–
Length of overseas experience Mean (min-max)	5.03 yrs (0 y – 17 y)	–	6.72 yrs (2 mths – 12 y)	–	5 yrs (5 y – 5 y)	–
Practising their profession in Australia (N)	Yes – 21	Yes – 2 No – 3	Yes – 9 No – 2	Yes – 1 No – 1	Yes – 1	Yes – 4 No – 4
Residency status (N)	C – 7 PR – 10 WV – 3 RSM – 1	C – 1 PR – 2 SRGV – 1 SV – 1	C – 5 PV – 1 PR – 2 WV – 3	SV – 2	C – 1	C – 1 TV – 2 SV – 4 PR – 2
Gender (N)	F – 17 M – 4	F – 4 M – 1	F – 4 M – 7	F – 1 M – 1	F – 1 M – 0	F – 8 M – 0
Age Mean (min-max)	38 yrs (26–72)	38.4 yrs (23–62)	36.05 yrs (26–63)	44.5 yrs (43–46)	45 yrs	37.63 yrs (23–46)
Country of origin (N)	India – 12 Other – <3	China – 2 Other – <2	Nigeria – 3 Other – <3	Iran – 1 Philippines – 1	India/NZ – 1	China – 6 Other – <2
Employment location (N)	Metro – 6 Regional – 15	Metro – 5 Regional – 0	Metro – 4 Regional – 7	Regional – 1 Not employed – 1	Regional – 1	Metro – 3 Regional – 1 Not employed – 5
English language tests completed (N)	IELTS – 15 IELTS & OET – 1 Other – 1 No test – 4	IELTS – 1 IELTS & OET – 2 No test – 2	IELTS – 8 IELTS & OET – 3	IELTS – 1 IELTS & OET – 1	No test – 1	IELTS – 5 IELTS & OET – 1 No test – 3

C – Citizens; PR – Permanent Residents; WV – Working Visas; SRGV – Skilled Recognised Graduate Visa; SV – Student Visa; PV – Partner Visa; TV – Temporary Visa; RS – Regional Sponsored Migration

F – Females; M – Males

IELTS – International English Language Testing System; OET – Occupational English Test

Table 1: Professional sample characteristics by occupation and training

3.4 Employers, government bodies and industry associations

Table 2 below provides an overview of the fourth section of the sample. Further details about the locations from which the employer and organisational participants were drawn appear in the following two subsections.

Organisation type	Organisation sample (N)	Location (N)	Industry sector
Aged Care Services	3	Metro – 1 Regional – 2	Health
Hospital	6	Metro – 5 Regional – 4	Health
GP Training Provider	2	Regional – 2	Health
Health Workforce Agency	2	Regional – 2	Health
Government Agency/Department	2	Metro – 4	Health/ECE
Local Council	1	Regional – 1	ECE
ECE Providers	10	Metro – 7 Regional – 3	ECE
ECE Industry Association	1	Regional – 1	ECE
Tertiary Education Provider	1	Metro – 1	ECE

*ECE – Early Childhood Education

Table 2: Sample of organisations by industry and location

3.4.1 Health

Healthcare interviews with overseas-trained doctors and nurses, clinical educators, administrators and staff in human resource were conducted over three sites: metropolitan Melbourne, Regional A and Regional B. Four hospitals in Melbourne participated in the study as well as one in each of the regional sites.

The study also included three aged care providers (one in Melbourne, one in Regional A and one in Regional B) and two GP training organisations (one in Regional A and one in Regional B). Interviews were also conducted with the Australian Health Practitioners Regulating Authority (AHPRA) and representatives from the Victorian Department of Health. One academic with expertise in medical linguistics who had worked with international medical graduates was also included in the sample.

Metro Melbourne	Regional A	Regional B
Metro Hospital A	Regional Hospital A	Regional Hospital B
Metro Hospital C	Regional Aged Care A	Regional Aged Care B
Metro Hospital D	GP Training Provider A	GP Training Provider B
Metro Hospital E		
Metro Aged Care		
AHPRA		
Victorian Department of Health		
Academic: medical linguistics		

Table 3: Employer, government and industry association interview sample: healthcare

3.4.2 Early childhood education

A range of employers were included in this study to represent the diversity in the early childhood education sector. As with healthcare, interviews were conducted in Melbourne and in the regional sites. Early childhood providers for this study included for-profit/non-profit, church/community-run, independent, non-denominational charity-run kindergarten and long day care, council-run kindergarten and private long day care.

In addition, the Australian Children’s Education & Care Quality Authority (ACECQA), the Victorian Institute of Teaching (VIT) and local council representatives were included in the sample (see Table 4).

Metro Melbourne	Regional A	Regional B
Not-for-profit kindergarten and childcare provider, western suburbs	Not-for-profit kindergarten & long day care, Regional A	Council run sessional kindergarten, Regional B
Not-for-profit kindergarten and childcare provider, Melbourne	Community Kindergarten Association, Regional A	For-profit long day care and kindergarten, Regional B
Not-for-profit inner city childcare cooperative	For-profit kindergarten and childcare provider, Regional A	Early Childhood Services Manager, local council, Regional B
For-profit kindergarten and long day care, northern suburbs Melbourne		
For-profit kindergarten and long day care, bayside suburbs, Melbourne		
Large, national for-profit, long-day care		
Not-for-profit kindergarten and long day care, western suburbs, Melbourne		
Australian Children’s Education and Care Quality Authority (ACECQA)		
Victorian Institute of Teaching		
University A		

Table 4: Employer, government and industry association interview sample: early childhood education

4 THE EARLY CHILDHOOD EDUCATION CONTEXT

The early childhood education and care field in Australia has faced a period of change in recent years. Policies designed to improve quality in the sector have seen the introduction of State and Commonwealth curriculum and quality frameworks, as well as the introduction of a National Quality Framework and progress towards the provision of universal access to a year of preschool education for 4-5 year-olds.

Impetus for these policies has come from two directions. One is the growing research on the importance of investment in quality education and care in the first five years of life for later life and educational outcomes (Heckmann 2010). The other is the demand for childcare services to support workforce participation for parents, particularly for women. The Australian Children's Education and Care Quality Authority (ACECQA) oversees and regulates early childhood education and care services for children birth-to-eight years across Australia, and also approves and accredits early childhood teacher courses and qualifications. The sample in our research is indicative of the feminised workforce in early childhood.

Early childhood education and care covers a range of types of services and programs. These include long day care, sessional or extended-day kindergartens, early learning centres in private schools, family day care programs, early intervention services, and playgroups. Programs can be run by not-for-profit organisations, community-based organisations, public or private schools, local government, or operate as individual for-profit centres, or as part of a commercial chain.

Staff working in early childhood education and care programs can have a range of qualifications. They include Certificate and Diploma qualifications obtained through Technical and Further Education (TAFE) colleges or Registered Training Organisations (RTOs), and degree-qualified early childhood teachers (ECTs) who have obtained an undergraduate or postgraduate teaching qualification from a university. In general, teachers working in early settings are expected to have specialist early childhood teaching qualifications. However, due to current difficulties in recruiting ECTs to work in childcare settings and in rural and regional areas, ACECQA has implemented a temporary provision allowing primary and diploma qualified educators who are 'working towards' an early childhood teaching degree, to work in the role of an ECT (<http://www.acecqa.gov.au/actively-working-towards-an-approved-qualification>).

Those working in management roles, such as managing a commercial chain or a 'cluster' (a group of centres) or coordinating an individual centre, may or may not have qualifications in early childhood education and care. Early childhood teachers will have different roles and responsibilities, and face different challenges, according to the varied contexts in which they work.

For example, an ECT working in a sessional kindergarten in Victoria will have significant responsibilities not only for providing an educational program, but also responsibilities around administration, meeting quality assurance and regulatory demands, supervising other staff, and establishing effective working relationships with families, community and other professionals. They may report to a parent-run committee, local government, or other form of management such as cluster management. Unless they are the coordinator, an ECT working in a childcare centre will have fewer administrative and management responsibilities. Their primary responsibility is likely to be the running of a funded preschool program within the centre. However, they will still need to establish good working relationships with family and community, and also work with and supervise a diverse range of staff with various qualifications. There is also a likelihood that the ECT in a childcare centre will take on the mandated role of educational leader in the centre, requiring them to take a lead in quality education provision across all the centre programs.

In addition to challenges arising from specific contexts, ECTs face demands and challenges common across the early childhood education and care sector. They are often professionally isolated, either because they are working in a small stand-alone kindergarten or preschool, or because they are the only teacher in a childcare centre (Nolan, Morrissey and Dumenden 2013). They are required to provide for a diversity of child and family backgrounds, cultures, abilities and needs. Most will be working with children with additional needs, with or without specialist support. Many early childhood education and care professionals also face stress, heavy workloads, and low pay and status.

Policy changes and pressures for quality improvement have also increased the demands on staff. At the same time, there are high rates of staff turnover, particularly in childcare centres (United Voice 2014). Poor pay and conditions have been identified as a major factor in staff turnover and shortages of high quality applicants for positions. For example, degree-qualified early childhood teachers will often receive lesser pay and conditions than their colleagues in sessional preschools and primary schools. In addition, the early childhood workforce is overwhelmingly female (Australian Bureau of Statistics 2010), which is seen as one of the factors in the low status and poor conditions accorded to staff working in early childhood education and care (United Voice 2014).

In 2013 the Australian Children's Education and Care Quality Authority (ACECQA) announced changes to English language requirements for early childhood teachers. In January 2013, under new national standards, migrants with a formal childcare qualification were now required to achieve an IELTS score of 7 for Reading and Writing and 8 for Speaking and Listening (ACECQA 2012). The early indications suggested that the new English language requirements will have a widespread impact on a sector already plagued by persistent staff shortages in particular areas.

Australia is currently facing a shortage of early childhood educators, particularly in long day care centres (Rouse, Morrissey and Rahimi 2012). According to research conducted by the Australian government, most employers recruiting for long day care centres “continued to experience significant difficulty recruiting degree-qualified staff and many vacancies remained unfilled or were filled with compromise applicants” (Australian Government 2014). The Department of Education, Employment and Workplace Relations (DEEWR) expects early childhood (pre-primary school) teachers to experience the strongest growth of any teaching occupations between 2011–12 and 2016–17 (DEEWR 2011). A significant factor in this will be new regulations in regard to staff qualifications, such as the State of Victoria’s Department of Education and Early Childhood Development requirement for every childcare centre to employ a degree qualified teacher by 2014 (Grarock and Morrissey 2013).

According to the CEO of the Australian Childcare Alliance, an industry association representing the majority of private providers, the decision to set new English language standards will cause stress to the industry and prevent many excellent childcare educators with English as a second language from entering the sector, denying Australian children “rich cultural benefits” (Karvelas 2013). However, ACECQA has defended the decision stating that the new IELTS requirements align early childhood educators with the teacher registration requirements in all Australian States and Territories (Karvelas 2013).

Our study aimed to further understand the English language capabilities required by overseas-trained teachers and international graduates in the early childhood and care professions, as well as the role of IELTS in determining the employment and professional registration outcomes.

While English language proficiency requirements for registration purposes were only introduced for early childhood education teachers in September 2015, they have been in place for primary and secondary teachers since 2010. Murray et al.’s (2014) study of the use of IELTS scores for measuring the language proficiency of overseas-trained teachers in Australia and New Zealand and the use of these scores in decision-making about workplace readiness provides important background to our investigation of the impact of new language requirements on early childhood education. Their study highlighted that employers of primary and secondary teachers exhibited limited knowledge of both language proficiency entry requirements and of IELTS, yet they had high expectations surrounding the English language proficiency of overseas-trained teachers. The study highlighted the importance of educating employers about what IELTS does and does not claim to assess, as well as recommending bridging programs designed to further develop overseas-trained teachers’ English language proficiency once in the workplace (Murray et al. 2014).

Importantly, Murray et al.’s study found that employers are of the view that when determining whether a candidate has the necessary English language proficiency to teach in the Australian school setting, language test results are not sufficient. Practicums or relevant work experience are considered an important element in determining effective teaching practice. Other studies examining the role of language testing in determining language proficiency and communication for professional purposes have found that language tests are often not designed to assess the communication skills required in specific professional contexts. These requirements include specific communication techniques, relevant cultural knowledge and professional competence, along with advanced English language proficiency (Wette 2011).

While the intention of this study was to investigate the impact of English language standards associated with registration requirements for degree-qualified early childhood teachers, the new proposed changes were not scheduled to take effect until September 2015. Consequently, the focus of this study is on how those working in the sector (overseas-trained teachers, Australian international graduates, employers, government) view the new language requirements and what impact they think the changes will have on the sector in both the short and longer term.

5 KEY FINDINGS IN EARLY CHILDHOOD EDUCATION

5.1 Skill shortages in early childhood education

Interviews with a range of early childhood education providers revealed that most employers had experienced difficulties recruiting *quality* early childhood teachers. While there appears to be no shortage of staff at both the degree-qualified level or at Certificate/Diploma level, the standard of graduates at all levels is of concern for early childhood education providers ranging from council-run kindergartens, through childcare cooperatives to commercially run long day care centres.

There are particular concerns around the standards of Certificate and Diploma-qualified staff, which were not within the scope of this study. (This study focused on early childhood education teachers. Issues around the standard of Certificate and Diploma trained staff in early childhood education were raised in interviews with employers. This has been flagged as an area requiring further investigation.)

While sessional kindergartens appear to have little difficulty recruiting early childhood teachers, all of the long day care centres included in this study spoke of a shortage of high quality early childhood education teachers. The Head of People and Culture at a large for-profit provider of early childhood education operating at a national level believes that skill shortages in the sector are a major issue:

I can absolutely assure you, there's an absolute shortage of both currently qualified, and practising early childhood teachers, and a shortage of people coming through, looking to gain their qualification. They may well be diploma qualified, and looking to upgrade to a teaching degree, to a four-year degree, or coming through on a pure bachelor's degree, doing their four-year degree and so forth. On all levels, there's an absolute shortage of good quality people coming through.

When asked about the factors contributing to shortages in long day care, most employers attributed recruitment difficulties to salary and conditions. Concerns around pay and conditions in the early childhood education sector have come to the fore as many centres struggle to implement the government's National Quality Framework. Long day care centres have been hardest hit with many struggling to retain staff due to low wages and lack of career progression (Tarrant 2012). In their submission to the Early Childhood Development Workforce Productivity Commission, GoodStart Childcare stated that the pay disparity, the imbalance in conditions such as hours of work, leave provisions, paid programming and professional development time and opportunities, and perceived "status and professionalism" of the childcare sector pose barriers in both the attraction and retention of early childhood workers (GoodStart Education 2011, p 1).

One regional long day care provider interviewed for this study also noted that the distinct workplace environment of the long day care setting deters many early childhood education teachers. In long day care, the early childhood teacher needs to work as part of a team, sharing the outdoor spaces and working collaboratively with other staff. In contrast, a sessional kindergarten teacher often has a great deal of autonomy, as well as more planning time and often a higher salary. Long day care centres, such as this provider in regional Victoria, struggle to compete with stand-alone kindergartens due to differences in pay and conditions:

We're paying more than what the award states that we need to pay because if that's what everyone else is getting why would you come and work somewhere where the pay is lower? Also a lot of the time, those teachers don't get the same programming time that they would get like at a stand-alone kindergarten. Our teacher has twelve and a half hours of programming time a week which is in line with the kindergarten award as well. Whereas there are a lot of centres that don't have that provision available for their teachers to do that, so that's a big struggle.

Director, private long day care centre, Regional A

The other issue exacerbating the shortage of high quality early childhood education teachers is the flow of high-performing graduates to the primary school sector. According to United Voice union, which includes workers in the early childhood sector, inadequate wages have resulted in a well-established pattern of early

childhood teachers working in early childhood education and care until they find a position in the school system (Aston 2014). A number of tertiary institutions offer dual sector teaching degrees providing graduates with the option of work in both the early childhood education and primary sectors. Some employers spoke of attempting to recruit a high-quality student who had been at their centre on placement, only to find the graduate had accepted a position as a primary teacher. This was the cause of much frustration amongst employers in the early childhood education and care sector:

The school sector is seen as being considerably more attractive, because there is a perception that the money is much better in schools, the appeal of getting 12 weeks holiday, of having the curriculum set, so they'll work with older age groups and so forth. If someone has the option to go and do early childhood in an early learning setting, or to a school, we're finding they're tending to go to the school environment.

Head of People and Culture, national, for-profit, long day care

The year before last, I interviewed eight graduates who applied for three full-time positions going, and I ended up offering a position to every one of the eight and was turned down by all eight. We didn't get one of them; they all went in to primary school.

Manager, Community Kindergarten Association, Regional A

There were some indications that skill shortages in early childhood are greater in regional locations. International graduates typically struggle to secure sponsorship. However, two of the recent graduates interviewed for this study were able to secure employer sponsorship in regional locations, one in Queensland and one in Victoria.

The issue of skill shortages in regional Australia was noted by one employer in regional Victoria who raised concerns about the quality of graduates coming through the education and training system as a result of what was perceived to be hasty efforts to respond to increased need for professionals prompted by rapid population growth in some regional areas:

(Regional City A) is growing very fast and we've doubled the numbers in most of our kinders through this organisation. We've had to put on a lot of staff. We've gone from 20-something staff to 45 in the last couple of years. So what worries me is that there's been a rush on trying to get graduates through and there's government subsidies, which is nothing wrong with that, but it just seems to me, the RTOs are pushing people through really fast.

Not-for-profit kindergarten and long day care, Regional A

Again, the quality of Diploma and Certificate-qualified early childhood staff trained at registered training organisations (RTO) in Victoria was raised on numerous

occasions during the course of this study and, while beyond the scope of the study, it has been flagged as an issue requiring further investigation.

5.2 Key language requirements in early childhood education and care

A key impetus for this research was to investigate what impact the introduction of new language requirements was having on the sector. As of 30 September 2015, all early childhood teachers in Victoria are required to register with Victorian Institute of Teaching (VIT). (See Figure 1.) Overseas-trained teachers and international graduates are now required to provide proof of English language proficiency. According to VIT, English language proficiency can be demonstrated by one of the following:

- (i) An academic version of the International English Language Testing System (IELTS) Test Report Form (TRF) that shows a score of at least 7.0 for both Reading and Writing; and a score of at least 8.0 for both Speaking and Listening.

The IELTS test scores must appear on a single IELTS TRF and be the result of a test undertaken during the 12-month period prior to submitting an application

or

- (ii) An applicant has completed at least four full years of study in higher education (university) in Australia, Canada, the Republic of Ireland, New Zealand, the United Kingdom or the United States of America. This study must have resulted in award of qualification(s) comparable to the educational level of an Australian bachelor degree or higher and must include a recognised initial teacher education qualification (See www.vit.vic.edu.au/registering-as-a-teacher/registration-categories/early-childhood-teacher).

Our conversations with both ACECQA and the Victorian Institute of Teaching indicate that the rationale behind the decision to raise the IELTS level of early childhood teachers in Victoria is to align the early childhood sector with both the AHPRA Skilled Migration requirements and the ATRA Teacher Registration requirements for English language. According to the Victorian Institute of Teaching, the decision to require all early childhood

education teachers to register is an important step towards professionalising the early childhood teaching sector:

So it's about once you're registered, about continuing professional development, remaining up-to-date and so renewing once every 12 months, which is exactly the same for primary and secondary teachers.

Representative, Victorian Institute of Teaching.

The new registration requirements for all early childhood teachers brought in on 15 September 2015 allow that, if an early childhood teacher can provide evidence (letter from employer) of having been employed or engaged as a qualified early childhood teacher in the two-year period between 1 October 2013 and 30 September 2015, he or she will be able to apply for registration as an early childhood teacher under transitional provisions that will not require evidence of an IELTS score (www.vit.vic.edu.au). However, international students who are currently completing studies in Australia or overseas-trained teachers who are considering migrating to Australia, are now required to fulfil all registration requirements which include providing evidence of English language proficiency. The Victorian government has canvassed early childhood education providers about the new registration requirements for early childhood teachers and reports favourable responses. According to the Government, providers believe that the decision is a timely move towards protecting their profession and ensuring that early childhood teachers are well qualified.

Employers from a range of early childhood settings were interviewed as part of this study. While most were unaware of the proposed introduction of English language requirement for registration (IELTS scores of 7.0 for Reading and Writing and 8.0 for Listening and Speaking), the majority believed that robust language requirements in the sector were a positive development. Employers also supported the decision by ACECQA to bring registration requirements for early childhood education in line with those for primary and secondary education, believing that this move would contribute to the professionalisation of the sector.

The following section discusses the views of employers and international graduates on the proposed introductions of English language requirements for registration.

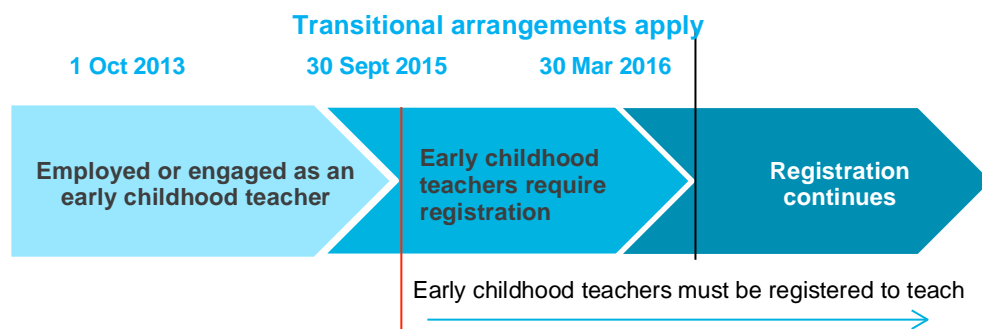


Figure 1: Early childhood teacher timeline for registration (www.vit.vic.edu.au)

5.3 Views on introduction of English language requirements for registration

5.3.1 Employers

Interviews with employers revealed low levels of awareness of the introduction of language requirements in early childhood education. None of the employers interviewed for this study were aware that the Victorian Institute of Teaching were requiring overseas-trained teachers and Australian international graduates to provide evidence of English language proficiency, such as IELTS level 7.0 for Reading and Writing and level 8.0 for Speaking and Listening, as a registration requirement. Despite having little or no knowledge of either language requirements or the IELTS test, most employers were supportive of any attempts to raise the language requirements of skilled migrants in early childhood education. In the context of continuing skills shortages, most employers felt that the introduction of language requirements would help maintain standards within the sector:

I can see why they've introduced high language requirements because they need to be. Early childhood teachers have got to be writing all the time, they're talking all the time, so I can see why they've set it like that. And if you look at what the focus is now, early childhood is so important, those years before they even go to school. If you've got the level of teachers down here, well how are you extending those children and providing suitable programs? It all is intertwined really. So, that doesn't surprise me that they've made it an emphasis.

Director, childcare cooperative, inner Melbourne

While employers were generally supportive of any attempts to lift the professional standards, several noted that there needs to be a balance. These employers commented that language requirements need to ensure that early childhood teachers have the requisite language skills to carry out their professional duties, however, they should not be so high that otherwise talented and competent candidates would be disqualified from entering the profession:

We need to be seen as more professional in everything we do. Part of it comes through the way we speak, the way we write, so through the language. So I don't see anything wrong with having a higher standard of literacy and language. But I also don't see any problem with recruiting people from overseas either, because I think they do bring a depth to what we're already doing and ideas that we might not have thought of and ways of doing things that we haven't done. So it's a balance.

Early Childhood Services Manager, local council, Regional B

It's curious, because it has to be high enough to require a high level of proficiency, language and comprehension, and conversation and so forth, but it mustn't be so unrealistically high, that it precludes our ability to employ good candidates.

Head of People and Culture, national, for-profit, long day care

Some employers felt that there should be the provision for overseas-trained teachers or international graduates to receive extra language training if they were unable to meet language requirements but fulfilled other key criteria:

Just because they might not exhibit a level 8, they may well then exhibit level 7 proficiency, and maybe that's not such a bad standard after all, and maybe there could be some of the incentives for employers, quid pro quo, that if we work with the 7s, bump some financial support for employers to provide existing services to newly arrived employees, or employees not of primarily English speaking backgrounds, maybe that wouldn't be a bad way to go as well?

Head of People and Culture, national, for-profit, long day care

It's a difficult one because you don't want to disregard people. If someone was brilliant in everything and they were able to articulate all the requirements of the position really well and you felt like they were a good fit and then you find two months into their employment that their written ability was not flash, I would hope that we would feel comfortable enough to be able to go to that person and say listen we need to support you in getting some further training in this.

Non-profit, early learning and care organisation, Melbourne

These comments indicate that while English language proficiency and communication skills are highly valued in early childhood education, they must not preclude otherwise promising candidates from entering the labour market. They also suggest a willingness among employers to provide overseas-trained teachers and international graduates with the opportunity to further develop their English language proficiency within the context of the workplace. Murray et al. (2014) also identified a need for bridging programs to further develop overseas-trained teachers' English language proficiency once in the workplace.

5.3.2 Overseas-trained teachers and Australian international graduates

Most of the overseas-trained teachers and Australian international graduates also agreed that high levels of English language were a requirement of their profession. However, a number of Australian international graduates were concerned that the proposed IELTS requirements were too high and would be unattainable for many Australian international graduates.

Notably, there was a concern that these requirements would have a negative impact on those graduates from China:

Actually it's very reasonable because we are working in a childcare and the communication skill is very important. If you cannot understand what other people talk to you or give them proper reaction and explain some things properly, there will be have a very bad effect with your work. So you better make sure your listening and speaking skills achieve a certain level to make sure you have a good working skills with other people, involve children's parents and other colleagues. I think reasonable. As for reading and writing, because it's not everyday duty at least in the speaking are more popular when you're using the childcare.

Shelly, Australian international graduate, China

Other Australian international graduates questioned why an early childhood teacher needed language levels that were higher than those required of nurses or doctors. Despite having completed her secondary education and a tertiary qualification in Hong Kong, this early childhood education graduate from an Australian university was concerned she would not be able to satisfy the language requirements for IELTS:

And I'm very curious why even the nursing student, the medical student, they don't have to be that high. It's really hard, the full band is 9 and then we have to get an 8, and especially for Speaking, yeah Speaking and Writing – it's like these two, I think there's the weakest part as for like for a Chinese student. Even for me I'm coming from Hong Kong, I have the English training or English education for a long time but it's still like not enough.

Amy, Australian international graduate, Hong Kong

Some overseas-trained teachers already had exposure to IELTS via the permanent residency application process and had struggled to achieve required scores, even though the language requirements for immigration purposes were lower than those required for teacher registration. One Malaysian early childhood education teacher who is currently working in the sector said that she had tried to achieve a score of 7 in each of the four bands but gave up after multiple attempts and instead successfully organised to have her Australian cousin sponsor her.

I'm quite unlucky with IELTS because each time I tried, I couldn't get all 7 in all areas. My latest is three 7s and one 6. That's why I decided to get my cousin to sponsor me to get extra points.

Jenny, Australian international graduate, Malaysia

5.3.3 Early childhood teaching academics

Most overseas-trained early childhood teachers and international graduates already employed will be exempt from providing evidence of language proficiency. However, current and future international students will be required to fulfil language requirements and the new registration requirements are likely to have a significant impact. In the university sector, early childhood academics interviewed were concerned that many international graduates would struggle to meet the requirements for registration.

A survey of entry requirements for early childhood education reveals a range of requirements for entry into early childhood teaching courses. IELTS requirements for undergraduate degrees in early childhood or dual early childhood/ primary degrees at universities in Victoria range from a minimum of 6.5 (with no scores below 6.5) to an overall score of 7.5 (with no scores below 7). For Postgraduate Diploma or Master of Teaching courses in early childhood education or dual early childhood/primary courses, requirements range from a minimum overall IELTS of 7 (with no score below 6.5), to a minimum overall score of 7.5, with minimum scores of 8 for Speaking and Listening, and 7 for Reading and Writing.

An early childhood academic at University A commented that most of the international students in the school of education at her university enrol in the Master of Teaching and the majority are from China or parts of South East Asia.

She noted that international students often choose to enrol in early childhood education rather than primary or secondary teaching because up until now there has been no registration requirement for early childhood teachers. There are also concerns within the university sector that the decision to introduce language requirements as part of registration for early childhood teachers will have significant impact on current students, who may struggle to achieve the required IELTS scores. These graduates will be qualified to teach but unable to register and therefore ineligible for post-study employment. The new requirements are also likely to have an effect on future enrolments in early childhood education courses at Victorian universities.

Research indicates that the English language proficiency of international students in Australia can sometimes plateau during their time at university, particularly if they are operating primarily in their native language both on campus and in the community (Craven 2012). Experts also emphasise the importance of providing international students with ongoing language support during their studies to encourage the further development of their English language proficiency (Arkoudis et al. 2014, Bartel 2015). This early childhood academic noted that it should not be assumed that international students will progress a band level in IELTS over the course of an 18-month to 2-year program:

To enter the program, they've got to have an average of 7. But they have to exit on 7 and 8 in order to register. Because it's assumed there is some IELTS god, guru out there who has made some suggestion that if you do a fulltime on campus English, you will improve by 0.5 of a doodamalackey in six months, or whatever, some fictitious formula is. So they're making some bare assumptions that if you come in on 7 and you come in on 6.5 and 7.5, you'll leave on 7 and 8 to get, or whatever it is that you'll get.
Early childhood academic A

This perspective is confirmed by other research which finds many international students struggle to improve their English language skills while at university (Benzie 2010, Dunworth et al. 2014).

The introduction of English language requirements for early childhood teacher registration are likely to have significant ramifications for the tertiary education sector, resulting in a number of possible scenarios with far-reaching consequences. If international students enter early childhood teacher education programs with IELTS scores lower than the scores required for registration, the onus will be on the institution to provide sufficient language support so that international students are able to meet registration requirements. This suggests the resourcing of English language support in many universities will need to be strengthened.

Some institutions may respond by raising English language requirements for entry into teaching programs to match those mandated for registration. This course of action would most likely impact on enrolment numbers, and may therefore be considered undesirable by institutions depending on fee revenue from international students. Institutions may also decide to market their teaching degrees in countries where English-medium schools and universities are prevalent (e.g., the Philippines, Singapore, Malaysia).

The other scenario is that international students will continue to study early childhood education at Victorian institutions but end up working below their level of qualification if they are not able to register. Currently, early childhood teachers are not required to register in Queensland or the ACT so international graduates may also be able to find work in these States.

5.4 Key communication requirements for early childhood teachers in Australia

Research has shown that quality early childhood education and care supports positive long-term outcomes for children (Heckman et al. 2010). The skills and capacities of staff are a crucial element in this. Particularly important is the ability of early childhood teachers to engage in effective pedagogical interactions with children, communicate with families and other professionals, and to enact educational leadership within their centres (Sylva et al. 2003). The prevailing view of employers is that early childhood teachers require sophisticated English language skills in all domains: listening, speaking, reading and writing.

The following section outlines the English language requirements of early childhood teachers according to both employers and overseas-trained/international graduates.

5.4.1 Communicating with young children

Communicating with the children is probably first and foremost. I mean if they can't communicate with the children and make their needs known and get the children to understand what they're saying, then it's just not going to happen.

Council kindergarten, Regional B

Unsurprisingly, employers in the early childhood education sector rate the ability to communicate with children as fundamental to an early childhood teacher's role. However, a number of employers noted that differences in approaches to early childhood education can make adjusting to the language and communication requirements of the Australian early childhood education setting challenging. One employer believes that at university, more focus needs to be placed on the practical skills required in early childhood, such as reading a story or singing songs.

She noted that while graduates (both international and domestic) are very familiar with Australian early childhood policy documents, such as the Early Years Framework, and are comfortable following procedures and providing documentation, their capacity to interact with children is sometimes limited:

I think we're finding that graduates struggle quite a bit to actually say well, OK, we've got a group time, what are we going to do? How are we going to keep them all engaged?

Community Kindergarten Association, Regional A

While both domestic and international graduates encounter difficulties adjusting to the early childhood education setting, the challenges are often greater for international graduates and overseas-trained early childhood teachers. Early childhood teachers need to have the language skills to operate effectively in early childhood settings that are often fast paced, stressful and emotional. Some overseas-trained teachers and Australian international graduates admitted that initially they found communicating with very young children challenging:

When I work with kinder children they have more ability about language and they're asking so many questions and even some words you don't know what they mean. So the beginning of my working here, I have so many things to learn and a lot of pressure in my heart.

Shelly, international graduate, China

The view of Australian international graduates, employers and academics is that international graduates need more instruction and practice in how to speak with young children and in the sort of language that is required and expected in early childhood settings. This has

implications for universities who may need to provide international students with extra support in order for them to experience successful teaching placements.

5.4.2 Communicating with families, staff and external professionals

While communicating with young children is fundamental to early childhood education, early childhood teachers must have the language skills to span a range of contexts. Interviews with employers revealed the complex language requirements of Australian early childhood settings. Early childhood teachers must have the capacity to speak with children, families, staff and other professionals, and be able to confidently calibrate their language accordingly (Arthur et al. 2015).

Employers emphasised that communication skills were fundamental to the role of early childhood educators:

I think it's such a massive part of an educator's role, to be able to competently communicate with a family, resolve conflict, make them feel safe and secure that they're sending their child somewhere, and a lot of people are quick to jump to assumptions when somebody doesn't have the best verbal communication skills.

For-profit, long day care and kindergarten, northern suburbs, Melbourne

Verbal communication is probably the biggest though, because we have so many conversations with each other, with parents, with the children day to day; if you can't comprehend what somebody else is saying, or if you can't effectively communicate, it causes a lot of conflict. I've got a room that has a couple of international employees in it, and they're forever finding it frustrating that they can't get their point across, and people are not listening to them because they're not articulating themselves well enough.

Not-for-profit kindergarten and childcare provider, Melbourne

Australian international graduates also spoke of the challenges associated with interacting with other staff. Louise Hard (2010) has identified that early childhood staff who are stressed and suffering low status and morale, may exhibit two types of negative and aggressive behaviours towards colleagues. Horizontal violence (a term from the nursing literature) involves bullying and harassment (often subtle), directed 'horizontally' towards colleagues. In early childhood settings, the victims can be co-workers or pre-service teachers on professional experience placement. 'Crabs in a bucket' syndrome specifically involves the bullying or harassment directed towards those who 'stand out' from others or fail to conform to established group expectations by seeking to take initiative or implement change (Hard 2010). Teachers who seek to lead and make changes for quality improvement, as often required by their role, are particularly vulnerable to this sort of workplace harassment.

While the sort of negative staff behaviours identified by Hard can face anyone working in early childhood education and care, international graduates and students may face specific challenges in this respect. As the early childhood teacher, international graduates can often be in a leadership role and be expected to provide supervision and guidance to other staff in the room. Several participants spoke of the tact and diplomacy required in managing staff who were sometimes older and more experienced and, in some cases, reluctant to accept change, particularly if it involved initiative and leadership from an overseas-trained teacher or international graduate.

Because I'm a room leader, I need to communicate with my teaching assistant and that's also an important part because it could be someone who has 10 or 20 years' experience. Obviously she's more experienced than me, but she's an assistant. So how can I make this person work collaboratively with me, and to make her believe that I have the ability to be the room leader, and also learn from her. Just because she's more experienced, I can't be saying, "Okay, you run the room". Because I'm actually the teacher, but I need to also learn from her because she's got more experience, so that's where it's sort of a balance.

Wendy, international graduate, China

We further explore workplace discrimination and bullying in early childhood education later in this report.

This study incorporated childcare settings across Melbourne and in regional Victoria. Many of the centres catered for families from a range of cultural and socio-economic backgrounds, and early childhood teachers needed the language skills to be able to communicate effectively with a diverse range of families.

We've got a couple of centres that have high ESL families and we have illiterate families and we have the low socio-economic families that really can't understand any big words. So whoever they are and whichever families they've got, they've got to write to the level that people can understand. So you have to write it professionally. There's this huge push that teachers get recognised as professionals, but there's a balance between being recognised as a professional and writing words that people can't understand just so you can show off some knowledge. Does that make sense?

Early Years Service Provision Coordinator,
Local Council, Regional B

In both regional sites, employers spoke of early childhood teachers being required to deal with the complex issues facing families. Employers spoke of staff needing to work with families with low levels of literacy and a range of social issues. For example, in one centre, it is commonplace to have children involved in court orders so staff must be able to read, understand and act on court orders. Managing these situations requires high-level communication skills as well as an understanding of

these issues and the role and responsibilities of the early childhood teacher.

There's family violence, all sorts of things that are just circling in extended families just through generation and generation. That's a lot of what we deal with as well. We've had families where we've had to fill in the enrolment forms for them. Sit down with them and read them out and give them a really in-depth understanding of what they're actually signing so that they know the expectations because they haven't been able to.

Even to be able to read court orders. We have children obviously that have got court orders. Over the years we've had quite a few children that have been engaged with child protection.

Private long day care, Regional A

While more formal academic language may be required when communicating with external experts or colleagues, everyday language is critical.

They've got to have very, very strong conversational language. I think it's that professional language rather than academic language, and that's quite challenging because there's quite a lot of professional jargon. So I think they've got to be able to communicate what they know professionally in a conversational way, which is quite challenging. Because they've either learnt it academically, like they've learnt the theory, but they then struggle to translate that into everyday conversational language that is meaningful to their families and co-educators.

Early Childhood Academic B, University A

A number of international graduates spoke of the need for conversational language skills in order to communicate with children and their families (Arthur et al. 2015). One overseas-trained teacher talked about the importance of being able to initiate conversation with parents and being able to converse on a range of topics:

You need to know how to open a conversation. You may be an excellent teacher but if you do not know how to communicate with parents, that's where you'll definitely not do well. With the children as well: talk about footy, talk about cricket. You may not be interested in it, but you need to know about it.

Layla, overseas-trained teacher, Regional A.

Such comments also assume that the international teacher needs to be enculturated into particular notions of what it is to be Australian.

5.4.3 Importance of written communication skills

Written documentation is a key requirement in all Australian early childhood settings. Early childhood teachers are required to write school transition statements, prepare applications for additional kindergarten funding for children with additional needs, prepare individual portfolios, write letters to parents regarding excursions or events taking place at the centre, as well as incident reports if an accident takes place on the premises. All of these tasks require high levels of written language skills. Importantly, early childhood teachers need to write for a range of audiences, often within the same document. For example, when preparing a school transition statement, the kindergarten teacher must write about the child using professional language that can be interpreted by both the school and the child's family.

Employers spoke of the need to maintain a high standard in all written documentation. One employer commented that families were very quick to provide feedback on any poorly written document, such as an excursion notice that was sent home. Often early childhood teachers are required to prepare written documentation in a short time-frame, limiting opportunities for them to seek assistance or obtain proofreading. For example, if an accident occurs, a report must be submitted within 24 hours of the event. The teacher must be able to accurately fill out a form and submit within a short time-frame.

Finally, employers were also of the view that the quality of written documents that were sent externally reflects on the professionalism of the kindergarten. As a result, employers were adamant that early childhood teachers needed high levels of written English skills so that they could prepare documentation that reflected positively on their centre:

And they need to do reports that go to school, so that comes from our organisation that is seen by many primary schools. So, they do that report that goes to the primary schools and that's got our name on it, so they've got to be able to. And often in that kinder year, there might be a parent who brings in, say, a psychologist. They've got to be able to read the report, they've got to write a response, and that's our name on the line with all those external things that they are writing or doing.

Not-for-profit inner city childcare cooperative

5.4.4 Poor communication skills can compromise safety

In the early childhood settings, poor communication skills can result in the safety of children being compromised. Consequently, employers interviewed for this study believed that high-level communication skills are required in order for early childhood teachers to be able to interpret a procedure manual which is often highly technical, follow an emergency plan and accurately administer a medical action plan.

They need to be able to accurately administer a medical action plan. I guess some phrasing there could be critical in terms of if they've interpreted a sentence one way and it actually means something slightly different when you're talking about whether or not to administer medication could be quite critical for a child's welfare.

Not-for-profit kindergarten and childcare provider,
Melbourne

In summary, those entering the field via the Australian tertiary education sector must have the skills not only to cope with high-level academic learning in order to understand the theory underpinning Australian approaches to early childhood education but also to cope with the demands of teaching placements which involve high levels of communication with children, parents and colleagues. Overseas-trained early childhood teachers must adapt to the Australian early childhood education setting, which can be in sharp contrast to approaches to early childhood in other countries with regard to roles, responsibilities and expectations.

5.5 Key challenges facing overseas-trained teachers and international graduates

5.5.1 Adjusting to play-based learning

The major early childhood curriculum frameworks, the national *Early Years Learning and Development Framework (EYLF)* and the state-based *Victorian Early Years Learning and Development Framework (VEYLDF)*, mandate integrated teaching and learning approaches, with an emphasis on intentional teaching through play-based pedagogy in the early years (Commonwealth of Australia 2009; DEECD 2011). This play-based approach is neither wholly teacher-directed nor just about free play, although it may include both these elements. It involves a careful calibration of teaching approaches along a continuum of “guided play and learning” towards “child-directed play and learning” and “teacher-led learning”, according to the strengths, interests and development of the child (DEECD and VCAA 2014).

From the perspective of international graduates and overseas-trained teachers, adjusting to Australia's play-based approach to early childhood education is challenging. This was particularly the case for international graduates from Asia, where the approach to early childhood education provides a stark contrast to the Australian context. Interestingly, Murray et al. (2014) also found that overseas-trained teachers in the primary and secondary sector often came from countries where the teacher-fronted classroom tended to be more common, so that adjusting to Australia's learner-centred approach in schools could provide challenges.

Here an Australian international graduate describes her experience in an early childhood setting in China, which contrasted sharply with her Australian placement:

In China, I notice the children in childcare they all follow the teacher. For example, the drawing class, children sit together and the teacher is standing at the front and teacher draw at the front and you have to copy what teacher is teaching you, you draw it exactly the same what the teacher draw. Who draws the most similar with what teacher did, is the winner. Here, you can't make children do something exactly the same like teacher do. They're not teaching you, they just provide activities to the children, allow them to explore by themselves.

Shelly, Australian international graduate, China

In response to difficulties experienced by international students adjusting to the play-based approach in Australia during their placement, academics at one Victorian university introduced a special class targeting international students studying the Masters of Teaching (Early Childhood) in order to address concerns around the skills required in their placements. International students were provided with an additional class that involved learning important practical skills, such as how to read a story during group time, as well as guidance on how to interact with small children:

It's very much, much more everyday sort of social things they need to learn. So if a child talks to you, what sort of feedback do you give, and it was really difficult for them.

Early Childhood Academic B

While some Australian international graduates find it challenging to adjust to the play-based approach, many choose to study in Australia in order to learn more about the theory and practice of play-based learning, which is often not a feature of early childhood education in their own country. For example, Wendy had attempted to incorporate a play-based approach when teaching at an international school in China. Frustrated by the parents' focus on academic learning, she decided to come to Australia to study a Master of Teaching (Early Childhood Education) to further develop her understanding of play-based learning, with the ultimate goal of introducing the approach to the early childhood setting in China.

In China, the methodology I use is kind of like play-based learning. But the parents focus more about academic achievements and I found it's really frustrating. The rich Chinese parents send their children to international school so that they can learn more English, they can have maybe a better beginning, or can be more competitive in the future compared to their peers. However, I found out they don't want their child to learn English in a happy way, but they just want to see the grade, if it's HD; if it's pass, they want their child to achieve a higher

score, and I found it really hard when you're actually using play-based learning and you want all the individuals to be engaged in the learning. Sometimes the children get a bit frustrated, and they even get depressed, because their parents are asking too much of them, their achievements and stuff. So I wanted to do a bit of further studies in different countries, maybe an English based country so that I can understand more about why do they want the children to learn in a play-based learning environment.

Wendy, international graduate China

Other Australian international graduates from China also commented that there are very few opportunities to study any form of early childhood education in China:

In China there not many places or universities to study early childhood education. They don't really think it's a very important subject for people to learn or to know a little bit more about early childhood education. So that's why I saw in Australia you've got those courses, and then I was thinking that if I can have a try, so I came here.

Nicky, international graduate, China

5.5.2 How employers in early childhood assess the language skills of early childhood teachers

Interviews revealed that employers in the early childhood sector do not use IELTS or any other language test to assess the language skills of overseas-trained teachers or international graduates. When asked how they determine whether a prospective employee has the requisite language skills, most employers said this was done via the interview:

I guess I've recruited for long enough now that you tend to get a feel if someone is having difficulty understanding your questions. And if their comprehension is an issue then perhaps I would want to flesh that out a little bit further and I might drill down and ask a few more questions than I normally would if I felt there was an area of concern.

Not-for-profit kindergarten and childcare provider, Melbourne

I suppose we will do an assessment during the interview process, and if we were having a lot of trouble, I suppose, in understanding their English or we would think about how that might impact on the children in our services and families in our services, but our requirement is that they have that qualification and that they're eligible to teach in Australia, and really, that we don't think the communication barrier is too great.

Community Kindergarten Association, Regional A

It's only through the interview, it's only through the face to face, it's only through comprehending and answering the interview questions and so forth.

We don't run any of our own international English, or English language tests or anything like that. It's – dare I say, it's not so much hit and miss, but it's not something that we deliberately focus on, because I think you will get a sense pretty early on if the person just can't communicate, we're less likely to employ them. That's where we will intervene.

Large, national for-profit, long day care

Apart from looking at the written application, most employers do not assess an applicant's written English skills during the interview process. Most said that the job application provided some insights into a candidate's abilities, although conceded that candidates could seek help with their resume or cover letter. However, there were some indications that employers thought some sort of written assessment might be a valuable inclusion, particularly for Certificate IV and diploma qualified staff:

We don't really do a written test or exam or whatever you might call it, which might be something that we need to look into doing. However, usually I can gauge how well someone comprehends things through a phone interview or through a verbal face-to-face interview.

For-profit kindergarten and long day care, northern suburbs, Melbourne

It's interesting, we don't have any formal requirements that we ask of them. Having said that, we recently were reviewing the way we recruit, particularly childcare staff and more your Cert IIIs and your diplomas, to add a written component into the recruitment process so that we can actually not assess but at least get an idea of their abilities before they start. Because what we often find is once they're already in a position, it's not until they've got, for want of a better term, their feet under the desk type thing and are up and running that you then say "you need to start filling out some portfolios", "you need to write a letter to the parents advising of this excursion" and all of a sudden their written ability becomes very apparent. That's probably not so much the case with the teacher's side of things.

Not-for-profit kindergarten and childcare provider, Melbourne

Interviews with employers revealed varying levels of rigour in the recruitment process. While some employers relied on 'gut feeling' and getting a sense of the candidate's language and skills and general aptitude during a face-to-face interview, one centre had adopted a more systematic and thorough approach to recruitment. The decision to develop a more comprehensive recruitment process was the result of the centre experiencing the negative consequences of recruiting someone who was unsuitable for the role:

So, it's quite a vigorous interview process because we recently hired someone that didn't work out, and then we were without someone for a while, and now we've re-hired, but that can be really upsetting to parents and children in that year before school because the bonds have been broken and you've got to rebuild relationships and things like that. So, we try and be as thorough as we can before hiring to get the right person.

Not-for-profit inner city kindergarten and long day care

To avoid the consequences of hiring someone without the requisite skills, knowledge and attributes, the centre adopted a more rigorous approach to recruitment. Candidates are required to bring examples of their work, such as session planning, to the interview. This portfolio should include handwritten work, as this is often considered a better indicator of language than typed notes. Candidates attend a pre-interview session so that they spend some time in the kindergarten room, which also gives the Director an opportunity to explain the expectations of the position, as well as to see how the candidate responds to children and staff in the room. Following the pre-interview session, the candidate attends an interview with the Director, centre manager and a committee member. A second interview may also be required. As with Murray et al.'s (2014) study of the primary and secondary sectors, our study found that employers in the early childhood education and care sector are likely to draw on a range of methods when recruiting teachers.

5.6 Summary

According to submissions to the inquiry into Early Childhood Education and Care by the Productivity Commission, higher expectations for the learning and development outcomes for all Australian children demand higher expectations of the early childhood workforce. The Early Years Workforce Strategy published by the Australian Government in September 2012 noted that there is now "increasing recognition that the work of caring for and educating young children is complex and requires enhanced qualifications and ongoing professional development" (Australian Government 2012a). The importance of the early years is now well recognised throughout Australia and the rest of the world and there is growing momentum in the efforts to professionalise the early childhood education sector.

Interviews revealed support among employers for the introduction of English language requirements for overseas-trained early childhood teachers in Victoria. Employers at a range of early childhood education settings were interviewed, including council-run and commercial long day care. All employers believed that communication was central to early childhood education and that early childhood teachers required high level English language skills across the four domains of reading, writing, listening and speaking in order to

operate effectively. Most employers believed that the introduction of English language standards would help ensure that those teachers entering the profession from non-English speaking backgrounds had English language skills that would allow them to succeed in the Australian early childhood sector.

Employers considered the introduction of English language standards as part of registration requirements a further step towards the professionalisation of the early childhood sector, bringing early childhood teachers in line with their primary and secondary teacher peers.

Attracting high quality graduates to the sector is a major concern for employers who spoke of a brain drain of talent to the primary sector, lured by better pay and conditions. Despite support for measures designed to improve the standard of early childhood education teachers, employers were also quick to point out that the requirements should not be so high as to exclude overseas-trained teachers or international graduates.

A number of employers recognised the benefits of diversity in the workplace and commented on the rich array of experiences that overseas teachers and international graduates bring, which enhances programs.

It is important to note that while employers were supportive of measures to lift English language standards among overseas-trained staff and international graduates, none of the employers were familiar with the IELTS test or knew about the proposed IELTS levels required for registration from 30 September 2015 onwards. Thus, while they supported lifting English standards in principle, they were unable to comment with authority on the proposed IELTS levels required for registration and whether they matched the language skills required of early childhood teachers. Similarly, Murray et al. (2015) found low levels of awareness of IELTS in their investigation of employers in the primary and secondary education sectors. Therefore, it would be worthwhile revisiting employers in the sector once the real impact of the changes has had time to take effect.

While employers were supportive of the introduction of language requirements for registration, the two early childhood education academics interviewed for this study had serious concerns about the impact that the changes would have on international students and the tertiary sector more broadly. The academics believed that many of their current international students would struggle to meet the proposed IELTS requirements for registration upon graduation. They also felt the introduction of registration requirements for early childhood teachers would have widespread ramifications, including a drop in the number of overseas students enrolling in early childhood teaching and international teaching graduates working below their level of qualification because they are unable to achieve registration. Further investigation of the impact of the introduction of English language requirements on Australian institutions offering undergraduate and postgraduate qualifications in early childhood education is required.

Although beyond the scope of this study, the sector has expressed alarm at the quality of graduates emerging as early childhood educators from a growing number of Registered Training Organisations (RTOs) in metropolitan Melbourne and regional Victoria. This issue was raised in almost every employer interview conducted for this study. Employers spoke of interviewing Certificate and Diploma-qualified graduates from RTOs who had poor professional knowledge and weak English language proficiency.

6 THE HEALTH CONTEXT

Australia's health system is grappling with multiple challenges, including a rapidly ageing population, a crisis in mental healthcare, lengthy waiting lists for elective surgery and a dramatic increase in chronic diseases such as heart disease and diabetes. Consequently, demand for healthcare in Australia is increasing and skill shortages or recruitment difficulties are affecting a number of health-related areas. Skilled labour shortages in the health professions are predicted to persist in the coming decades (National Health Workforce Taskforce 2009).

Labour forecasting indicates that Australia will continue to rely on overseas-trained doctors, nurses and midwives to meet workforce shortages. According to the report *Health Workforce 2025 – Doctors, Nurses and Midwives*, while the short-term supply of nurses in Australia is stable, by 2025 there will be a significant shortfall of more than 109,000 nurses. The mental health and aged care sectors are particularly vulnerable to skills shortages. Although the short-term supply of doctors is stable, there is maldistribution across Australia (Health Workforce Australia 2012). Almost 40% of Australia's 75,000 doctors are trained overseas. About 68% of overseas-trained doctors work in major cities and less than one-third work in rural and remote areas. However, those working outside major regional cities make up almost half the medical workforce in those areas (Hyland 2011).

The widespread view is that Australia will continue to be reliant on overseas-born health workers. The nation's ageing patient and practitioner base, reduced hours worked by younger cohorts, the growing feminisation of medicine, limited access to internship places, and distribution challenges have been identified as the key reasons behind this trend (Hawthorne 2012). The continued reliance on foreign health workers means that improving the employment outcomes of overseas-trained doctors and nurses and Australian international nursing and medical graduates should be a priority.

English language competency plays a key role in determining graduate job access and mobility within work (Arkoudis et al. 2009). In the health professions, English language is also a matter of patient safety with the potential for serious consequences resulting from communication difficulties (Slade et al. 2008). Accordingly, the English language levels of overseas-trained health workers and Australian international nursing and medical graduates have undergone scrutiny by key stakeholders.

In 2010 the Nursing and Midwifery Board of Australia (NMBA) introduced new rules for registration in Australia. The NMBA now requires all nurses to provide evidence of English language competency by achieving a minimum score in the IELTS examination (academic module) of 7.0 in each of the four components (Listening, Reading, Writing and Speaking) or completion and an overall pass in the Occupational English Test (OET) with grades A or B only in each of the four components (NMBA 2010). Those who have completed both their secondary education and nursing or midwifery education program in Australia are exempt. While this change has been met with widespread approval, and brings Australian standards in line with the United Kingdom and New Zealand, some have suggested that a language test focusing on testing language used in the workplace is needed. For example, the Canadian English Language Benchmark Assessment for Nurses (CELBAN) was introduced to assess specific purpose English language skills of overseas-trained nurses seeking licensure in Canada (Merrifield 2012).

International medical graduates must also attain an IELTS score of 7.0 before being assessed for registration. Other acceptable evidence of English language proficiency includes certified copies of OET results, with grades A or B, a pass in the Professional Linguistic Assessment Board (PLAB) in the United Kingdom (PLAB pass letter) or a pass in the New Zealand Registration Examination (NZREX) in New Zealand (AMC 2012). There is some debate in the medical profession as to whether an IELTS score of 7.0 is high enough. For instance, the Royal College of Surgeons has indicated that it does not believe this standard reflects the language skills necessary for working in the Australian healthcare system and that a higher IELTS score should be required of medical specialists. It recommends that “international medical graduates be encouraged to improve their language skills and that education providers and jurisdictions develop courses to assist in this regard” (Royal Australasian College of Surgeons 2011, p 1).

Ongoing debate surrounds the language proficiency of overseas-trained health professionals in Australia. Research by Lynch et al. (2012) suggests that IELTS is not an adequate test of English used in the workplace by nurses and recommends that the current English language testing process be reviewed. A 2011 Federal Parliamentary Inquiry heard that the English skills of some overseas-trained doctors working in South Australia are inadequate and that overseas-trained doctors who were being placed in remote locations were not being provided with adequate support (Australian Government 2012b). The use of language proficiency tests such as the IELTS to assess the professional communication skills of doctors in Australia’s patient-centred medical system has also been questioned.

Communication in healthcare requires a high level of language fluency but also sound knowledge of informal language and local colloquialisms, cultural beliefs and practices in order for doctors to engage effectively with patients and other health professionals (Woodward-Kron et al. 2007). These are skills and competencies that are difficult to ascertain in any language test. Rather than relying solely on language tests, some experts advocate collaboration between language specialists and medical educators to help overseas-trained health professionals become proficient in the sophisticated, learned literacy that is at the core of patient-centred medicine (Philip et al. 2015, Wette 2011)

Within this context of debate and change in the health sector, our study identified the perspectives on English language requirements and demands of practitioners, their employers, educators and associations in the professions of medicine and nursing. The reporting of the findings focuses first on doctors, then on nurses.

7 KEY FINDINGS IN MEDICINE

7.1 Skill shortages in a differentiated labour market

Interviews with healthcare providers in both metropolitan Melbourne and in two regional centres revealed a highly differentiated labour market, prone to cyclic labour shortages and vulnerable to larger global events, such as the 2008 Global Financial Crisis. Despite recent investment in training local medical graduates, most of those interviewed were of the view that Australia would continue to rely on overseas-trained health professionals as well as international graduates, particularly in regional areas. This view is backed up by other research in the field, which suggests that Australia’s reliance on overseas-trained medical graduates is likely to persist rather than decrease in the foreseeable future owing to a combination of factors including medical workforce maldistribution, skill shortages in certain speciality fields and growing Australian demand for international medical students (Hawthorne and Hamilton 2010).

Certain areas of medicine which continue to experience chronic staff shortages, such as aged care and mental health, will remain reliant on overseas-trained medical staff as well as international graduates. Since 2004, the number of medical school places has increased by 150% (Rollins 2015). However, rather than ease skill shortages, the rapid expansion in the number of doctors being trained nationally has resulted in a training bottle-neck with medical graduates struggling to find internship positions. Meanwhile, skill shortages persist, particularly in regional Australia. The current situation has led the AMA to call on the Government to use overseas-trained doctors to address immediate service gaps while devising and executing a clear, long-term plan to train the doctors needed to satisfy future demand (Rollins 2015).

Our interviews revealed that while in the past hospitals in metropolitan Melbourne have been heavily reliant on overseas-trained doctors, this situation seems to have eased somewhat in recent years. Interviews with recruiters and senior managers in four major metropolitan hospitals suggest that the decision to open up more places for domestic students to study medicine has resulted in many hospitals being less reliant on International Medical Graduates (IMGs):

For a lot of years, the health system in Australia has relied heavily on international graduates because there just have not been enough locally trained doctors. Probably eight to ten years ago, the government actually recognised this properly and really upped the number of places in universities for medical students, for local medical students. And as such, the number of medical students coming out of universities is significantly higher. And that was done to address the shortage of doctors, primarily to address the shortage of doctors in regional areas, but the shortage of doctors across the board.

Director, Medical Workforce and Support,
Metro Hospital A

While most of the Melbourne hospitals were experiencing a decline in the number of IMGs, certain speciality areas remained heavily reliant on them. The issue of shortages in speciality areas was brought to the fore in February 2015 after the death of three trainee psychiatrists in Melbourne hospitals. The workload faced by trainees in a public hospital system, which is under stress, was raised as a concern by the chairman of the World Medical Association Council (Medew 2015). One spokesperson from a major metropolitan hospital said that despite shortages in medical graduates easing, her hospital had had the largest number of resignations in the first half of the year. She had also received numerous requests from other health services in urgent need of IMGs, suggesting that shortages in medicine are ongoing:

If you read the papers, they'll tell you that we don't need international medical graduates anymore and we've got so many graduates, we're drowning in them basically and yet in the last three or four weeks, I've had numerous requests from other health services saying: do you have any IMGs because we're desperate.

Medical Clinical Educator, Metro Hospital C

She went on to explain that she believes Australia will continue to rely on IMGs. A key reason for this ongoing dependence on overseas-trained doctors was the unwillingness of Australian graduates to work in certain areas of medicine, such as psychiatry and aged care. This tendency for IMGs to work in areas that are often more demanding has significant implications:

I mean these are jobs that Australian graduates just don't want and the other thing is that we hire these IMGs. We give them the worst jobs with the least supervision. They're always on night shift because they're the ones people quit on. So we take the least-equipped person and put them in the hardest position and then say, "Oops you failed". It's not appropriate.

Medical Clinical Educator, Metro Hospital C

The issue of IMGs working in fields of shortage such as psychiatry in under-serviced sites has been raised in other studies. Hawthorne notes that IMGs compensate for an exodus of domestic psychiatrists from the public sector and regional practice. Consequently, many IMG psychiatry specialists work in rural areas where mental health services are struggling to meet demand for their services. IMGs working in skill shortage speciality areas such as psychiatry in rural and regional Australia must also contend with limited urban amenities and are often on call 24 hours per day, 7 days a week (Hawthorne 2012).

Despite the increase in the number of doctors now being trained in Australia, there are concerns that graduates are not filling labour shortages in regional and rural areas where the need is greatest.

A number of interviews with workforce managers suggest that the increase in the number of university places was creating greater competition for positions in metropolitan hospitals. High-performing graduates are successfully securing positions in metropolitan hospitals, leaving those unable to find work in the city settling for work outside the major cities or choosing to do general practice.

Certainly, all these extra doctors didn't instantly fix the problem. What they are currently doing is increasing the competition for places in the hospitals, which means people who don't get jobs are going to more rapidly decide that general practice is what they should be doing. And rightly or wrongly there is a hierarchy of what people think they can be, and rightly or wrongly general practice sits near the bottom. It's like well I can't do this, I can't do this, I'll do general practice and they take a while to come to it, a lot of them. And that's about ease of entry, ease of access, all that sort of stuff. But increasingly, the young today want to work in the city.

Metro Hospital A

Heightened competition for positions at metropolitan hospitals results in many IMGs deciding to go into general practice, often in rural locations. This trend raises concerns for AHPRAH:

Whereby you'd often have a lot of overseas doctors working in hospitals, they're now finding they can't get jobs in the hospitals or they had a job in the hospital and they can't get a second year or a third year in the hospital and they're going into the rural general practice area, which is a risk because they're much less supervised. You haven't got the infrastructure of a hospital around you. But certainly the demand for overseas doctors is decreasing at the moment.

Australian Health Practitioner Regulation Agency

7.2 IMGs in rural and regional locations

Critical skill shortages in rural and regional Australia have been the subject of debate for many years. Previous governments have attempted to address issues of maldistribution through various policy initiatives, including the 10-year moratorium, which restricts IMGs access to Medicare provider numbers, subsequent cash rebates and therefore the ability to practise independently until a 10-year compulsory rural placement has been fulfilled (Terry et al. 2012). Most recently, the Australian Health Minister announced changes to the workforce classification systems which aim to encourage doctors to work outside big cities. However, some experts in the field believe much more needs to be done if the maldistribution of doctors in Australia is to be fixed. Experts in rural medicine believe that without long-term investment in rural health, Australia will fail to benefit from the large increase in graduating doctors from Australian institutions (AMA 2014).

Incentives and programs to work in rural areas, social support services for doctors, their partners and their families and support for new graduates to develop the skills and confidence to handle the challenges of rural medicine are some of the recommended measures (AMA 2015). In 2014, the West Australian Government stopped the recruitment of overseas-trained doctors for junior positions in Perth hospitals following the sharp increase in WA medical graduates. However, while there are enough locally-trained doctors to fill those roles in Perth, regional and remote communities will continue to rely on overseas doctors. Again, the training and supporting of doctors in rural practice emerges as an issue, particularly when many are overseas-trained (ABC News 2014).

Our study revealed that while the increase in the number of domestic medical graduates has eased shortages, many are of the view that regional and rural health services will continue to rely on overseas-trained doctors into the future.

Two regional hospitals were interviewed for this study. Regional Hospital A is located 1.5 hours from Melbourne, has approximately 750 beds and employs around 4,000 staff. It is located in a large regional city which has good education options from school through to tertiary and is well serviced in terms of recreation, the arts and housing, making it an attractive option for medical graduates.

Regional Hospital A is already witnessing the effects of the increased number of doctors graduating from Australian universities:

Well I think it's our general feeling that the requirement for overseas-trained doctors is going to reduce overall as the massive number of interns flow out to nooks and crannies, the outer metropolitan and the regional and maybe even eventually the rural areas. It's been our experience that a sufficient number of interns have wanted to continue on with us to fill more of our jobs.

Medical workforce unit, Regional Hospital A

While Regional Hospital A has experienced a reduction in reliance on IMGs, this is not the case for GP clinics both in the town and surrounding areas. Conversations with the workforce manager for the GP industry association body revealed GP services in the region currently rely heavily on IMGs and this reliance is likely to continue into the future. The workforce manager explained that the majority of Australian graduates are not interested in working in regional areas which is the main factor driving rural Australia's continuing dependence on IMGs:

The need for IMGs in rural areas is going to continue, yes, because your average Aussie-trained doctor doesn't really want to work in the bush. There are a lovely cohort of unique, mainly country-based, people who decide to train in medicine and then stay as a quality GP in the country. But there's just not enough of those to service all the needs of the country people.

Workforce Manager, GP Training Provider A

Regional Hospital B is located approximately three hours from Melbourne. Regional Hospital B is the largest employer in the region, with more than 2,000 employees. While Regional Hospital B has also reduced its reliance on IMGs, interviews revealed that limited opportunities for junior doctors to pursue further specialist training means that the hospital would continue to rely on IMGs to fill gaps in the future.

About five to seven years ago, the IMG rate was at 85% simply due to the fact Regional B is not an employer of choice. We don't attract local graduates purely for what we can offer as far as training, vocational training. There's been a big push to try to improve those arrangements, but nothing's sort of come of it. So I think we're currently sitting at about 60% IMGs this year.

Manager Medical Workforce and Education Unit,
Regional Hospital B

7.3 Views on IELTS in the medical profession

Within the medical profession, there is a general view that Australia will continue to rely on IMGs to fill skill shortages in key areas, particularly in regional and rural areas. A key aim of this study was to investigate how IELTS is used to determine employment outcomes in health and the efficacy of IELTS in establishing whether a candidate has the required language proficiency to transition successfully into the Australian healthcare setting. While in Australia, IMGs must be able to demonstrate English language skills at IELTS academic level 7.0 or the equivalent, in all four bands, the UK has lifted its score requirements to at least 7.0 in each of the four areas tested (Speaking, Listening, Reading and Writing) and an overall score of at least 7.5 after a study found that the current minimal level of proficiency required of 7.0 is no longer adequate (GMC 2014).

Other studies have found that English testing is a powerful barrier to entry into the profession, with one report indicating that a pass rate of only 43% was the Occupational English Test norm for medical applicants, rising to 52% in 2011 (Hawthorne 2012).

Other research indicates that, even after satisfying language requirements, many IMGs require additional support in the workplace to overcome language and cultural issues. Some experts advocate the provision of integrated language and intercultural communication support to facilitate transition into the Australian healthcare setting (Wette 2011, Woodward-Kron et al. 2007). An investigation into complaints against overseas-trained doctors found a lack of support, mentoring and orientation programs for IMGs who were often working in rural and remote areas. Other reports suggest that passing an English exam does not automatically equate to communication skills for the workplace.

The AMC has advocated *in situ* language assessment and has introduced workplace-based assessment tests, which aim to check the clinical and communication skills of overseas-trained doctors working on temporary registration (Carisbrook 2012).

The following section examines the views on IELTS requirements for IMGs in Australia.

7.3.1 Employers

The Medical Board of Australia requires international medical graduates to provide proof of English language proficiency for all registration categories unless it has granted an exemption (www.amc.org.au/assessment/elp). Therefore, any IMG applying to work in an Australian healthcare setting will have met English language proficiency requirements as part of the registration process.

Interviews for this study revealed that, while employers were largely satisfied with the IELTS levels mandated for registration, some were of the view that the levels could be higher. The Director, Medical Workforce and Support at Metro Hospital A was of the view that English language proficiency was of critical importance and indicated that the IELTS levels required for registration could be higher. However, he also conceded that raising IELTS levels may also disadvantage some highly capable candidates:

It probably should be higher really. I mean, what we are doing is we are employing doctors to deal with sick people. So, they should probably be at 8.

You know, their English should be as good as ours. Well, probably better. There are enough little issues that you have got to think 7 possibly isn't enough, but having said that, making it higher than 7 might knock off some people who are really great.

Director, Medical Workforce and Support,
Metro Hospital A

The workforce manager for a GP training provider was also of the view that the Speaking and Listening requirements could be higher. She spoke of feeling more confident when she read an application where the candidate had received an IELTS 8.0 for Speaking and Listening.

A Well, the standard of English of some people and the thickness of the accent of some people. I think for the medical context that one needs to really be able to clearly understand someone who's going to be a medical practitioner and so maybe 8 or so could be the benchmark.

Q So, you would nominate a higher IELTS?

A I would, yes. Because just from my experience talking to candidates, I see the CVs come in and I say, "Oh, they got an 8 for Speaking," and it makes me feel more confident.

Others noted that in recent years, the standard of English language proficiency of IMGs coming through the system appears to have improved, suggesting that the current IELTS requirements are appropriate.

When we're talking the numbers that we recruit, I wouldn't say that it's been an issue. I think it's at probably the right level for medical. But there has been in, over the last say eight years that I've been involved there might have been one or two that have started and I've gone mmm, how did they pass the IELTS? So I think it's pretty good when you're looking at the numbers that we're talking about to have one or two come through. I'd like it to be 100% good but, yeah, I think it's not too bad.

Medical Clinical Educator, Metro Hospital C

Notably, one metropolitan hospital had introduced its own IELTS requirements, which were higher than those required for AMA registration. The hospital justified the decision to require an overall IELTS score of 8.0 by saying that doctors operating in the Australian healthcare setting need high levels of English proficiency. The hospital also uses IELTS scores as a point of differentiation in the recruitment process and a way of improving its chances of hiring the best possible candidates from a growing pool of applicants.

I mean there are two reasons for this. You know merit-based systems, the people with the higher marks should get more consideration and you can say, "I don't agree with any of that". You're right but the people who get distinctions in the Australian universities, they get a job at Metro Hospital C and the people who get passes don't get a job at Metro Hospital C. That's just basically what it is. There's a cut-off for everything. The other thing is, you have to control the input to your system and we've published that we want IELTS 8 and we want you to be the top 25% of the AMC exam.

Medical Clinical Educator, Metro Hospital C

It was in the same interview that the issue of feedback on the IELTS was raised. While a number of overseas-trained graduates who had been unsuccessful in achieving the necessary scores indicated that feedback would be helpful, Medical Clinical Educator Metro Hospital C hospital also suggested that some feedback on what the test results revealed about the strengths and weaknesses of a candidate's language skills would be of value.

I think the numbers are rubbish and it should have comments and that's true of every assessment I've ever seen. If you just want to say competent or incompetent then just call it pass or fail. Don't call it 7, 8 or 9 because it doesn't mean anything. What would be more valuable would be a comment. This person's spoken English is excellent, however they cannot spell. Right, perfect. Or their written English is fantastic but grammar and spelling let them down or something like that, because that doesn't matter to me because we have a spell check on a computer.

7.3.2 International Medical Graduates (IMG)

Views on IELTS among IMGs interviewed for this study were mixed. Some were of the opinion that no test is perfect and that as an indicator of language proficiency IELTS was 'good enough'. All of the IMGs agreed that doctors required high levels of English language requirements to operate effectively in the Australian healthcare system and were generally supportive of current IELTS requirements. IMGs were quick to emphasise the importance of doctors having high-level speaking and listening skills:

I mean I think the main part is speaking, because that's the first communication that we have with the patient. You should have really good skills in speaking and of course you have that reasonable writing skills, because you have to communicate with other lifestyle services, other specialists, but I think reading is not that important, you have to have somehow basic reading skills, but I'm thinking of mainly it's speaking.

Ali, IMG, Iran

The most common criticism surrounded the Reading and Writing components of IELTS, which many believed were too difficult and did not relate to the written communication skills required in the medical profession. This international graduate from the Netherlands commented that while the Speaking and Listening components of the IELTS test were appropriate, she had difficulty understanding the relevancy of the Reading and Writing components to either her professional or personal life:

I think verbally that reflected really well. I just remember the writing assignments were just very schoolie, like write about, I don't know, American pineapples and it was very odd subjects. I mean for them to look at how you put your sentence structure together, maybe that was all they needed to know. But it was a bit odd. There was really a kind of a format that they wanted you to use and that's just not something I use either in my private life or in my medical care.

Lotte, IMG, The Netherlands

A number of IMGs believed there was an element of luck involved when sitting the IELTS exam, as this IMG explains:

My personal experience overall was it's a fair exam, or tries to be a fair exam. It's probably also my personal experience as well, but especially if you're doing academic one, depends what the topic of the reading you get. If you're lucky enough to be familiar with that topic – it might be, by accident, in your field of expertise then obviously it's much, much easier for you. So for example, if I get a topic in medicine, I can just breeze through and answer the questions not reading the text, but if I get something about engineering then it would be much more difficult.

Praveen, IMG, Bangladesh

In addition to seeking participants' views on IELTS requirements, this study also explored participants' views on the role of communication in healthcare more broadly. While language testing provides an estimation of a candidate's language proficiency, there are indications that many IMGs require ongoing support and training to successfully transition into the Australian healthcare setting (Wette 2011, Woodward-Kron et al. 2007).

This is particularly the case in rural and remote areas where IMGs may have less support and the language and cultural challenges may be more acute (RDAA 2012). The following section examines the key communication requirements in medicine and explores some of the challenges that IMGs face when transitioning into the Australian healthcare setting.

7.4 Communication requirements in medicine

Communication is at the heart of healthcare. It has been well documented in the literature that issues associated with speech and language are critical to the process of integration for IMGs (McGrath et al. 2013, Pilotto et al. 2007, Wette 2011, Woodward-Kron et al. 2007). IMGs must adjust to practising medicine in an English-language environment and the Australia healthcare setting. Communication in healthcare is complex and even IMGs who are highly proficient in English may experience difficulties at a more subtle level, such as reading non-verbal cues and responding with cultural appropriateness (Pilotto et al. 2007). IMGs require high levels of English language proficiency and will often require further assistance to develop skills in communicating with patients and interacting effectively with a range of people. Research highlights the importance of identifying and overcoming problems associated with language in order to facilitate workplace integration and assist IMGs to reach their full professional potential (McGrath et al. 2013).

Interviews with employers, government, industry associations and employees carried out as part of our study confirmed the high level of importance placed on communication skills in the Australian healthcare setting. From the Victorian Government's perspective, it is critical that both doctors and nurses have the capacity to communicate with patients, who often enter the health system with concerns and fears.

Having a workforce that's able to convey their plans and communicate effectively with the patient is absolutely paramount to ensuring patients' care is not at risk and to ensure that they're understanding the instructions.

Workforce Manager, Victorian Department of Health

Victorian hospitals now have a multicultural patient base and staff and it is imperative that key messages are not lost in language. Having a workforce that is able to convey and communicate key messages effectively with the patient is vital to ensure that patients are not at placed at risk. The following outlines the key communication requirements for doctors Australian healthcare settings.

7.4.1 Conveying complex health issues to patients who may have low levels of health literacy

The communication that takes place in Australian healthcare settings requires exchanging often complex, sensitive information with patients, families, colleagues and other professionals. IMGs need to be conscious of the subtle and pragmatic changes within interactions in the healthcare settings (Pilotto et al. 2007). IMGs require the communication skills to make appropriate choices around their choice of medical terminology, the way of explaining, the register, the amount of information given, and the degree of empathy to be used (Pilotto et al. 2007). Doctors need to calibrate their communication style according to the situation, and for some IMGs this is challenging. A representative from a GP industry association explained that many IMGs struggle to adjust to their new work setting and, when taken out of their comfort zone, revert to medical jargon, leaving patients and their families confused. She described appropriate communication as a learned skill for many international medical graduates adjusting to Australia's patient-centred approach to medicine.

Often IMGs have very good command of the clinical language but struggle to translate important information into language that the patient and their family will understand. The Medical Clinical Educator at Metro Hospital B gave the example of an IMG needing to explain the effects of the anticoagulant drug Warfarin:

Everybody's heard that Warfarin thins your blood. It doesn't thin your blood. That's a stupid thing to say but how can you explain to me what Warfarin does? It stops the coagulation pathway, correct, but the patient doesn't understand that. So how can you explain to the patient what Warfarin does?

In both GP clinics and in the hospital settings, doctors are often dealing with sick elderly people who may also be from a non-English speaking background. Interviews carried out for this study confirmed the importance of summarising, paraphrasing and repeating back key information and confirming the patient has understood. According to employers, being able to communicate on a range of levels is critical for IMGs. One interview cited the example of the CEO in a small regional hospital heavily reliant on IMGs bringing his 13 year-old daughter to interviews. The rationale was that an IMG who can communicate with a 13 year-old is more likely to be able to calibrate language to suit the situation.

7.4.2 Communication skills for high pressure situations

In the hospital setting, IMGs need to be able to operate in sometimes very tense and emotional situations and require the language skills to cope. In Australia, many medical and nursing staff receive verbal de-escalation training, however IMGs are often untrained in verbal de-escalation and can struggle in highly charged and emotional situations. Verbal de-escalation involves using language and non-verbal communication to de-escalate a potential aggressive and dangerous situation (Richmond et al. 2012).

A number of employers also referred to the importance of telephone communication for doctors. Without the non-verbal cues, telephone communication can be challenging for IMGs. Often telephone conversations occur in high stress situations when the IMG is required to convey critical information to senior doctors, as this IMG explains:

The most difficult part of the job for me as emergency doctor was communicating over the phone with the more senior doctors who might not necessarily be really into repeating what they said. I didn't have the facial expressions to come with the conversation. That was probably the hardest part, which took me a good couple of years to get used to and feel comfortable.

Iman, IMG Iran

Two hospitals spoke of the value in using the ISBAR (Identify, Situation, Background, Assessment and Recommendation), a mnemonic originally created to improve safety in the transfer of critical information in the military. The ISBAR encourages IMGs to get to the point quickly in urgent situations, something that many IMGs struggle to do.

It's the headline and you don't get told that at the end when you're half asleep. I've had that situation where IMGs have told me everything including the patient's pets and what they like to do on a weekend, and then ended with "and she's not breathing".

Clinical Educator, Metro Hospital B

The difficulties IMGs face in adjusting to less hierarchical healthcare systems has emerged as a challenge both in Australia and other countries such as the UK and Canada with implications for induction, education and training of IMGs (Hall et al. 2004, Morrow et al. 2013, Woodward-Kron 2007). Often IMGs come from hierarchical hospital settings where doctors in senior positions are treated deferentially by more junior colleagues. Junior doctors would not have the opportunity to speak with a senior consultant and the expectation that in Australia they directly approach the consultant can be daunting.

IMGs interviewed for this study spoke of the challenge in adjusting to the flatter hierarchy of Australian hospitals.

In my country, it's much more hierarchical. You don't just go chat to the consultant. But over here, when I'm working in emergency I have to approach the consultant.

Emmanual, IMG, Nigeria

IMGs who come from more hierarchical societies may also struggle to assert their authority in often stressful situations. However, it is critical that IMGs are provided with the training and support to know when to intervene when they have concerns and how to advocate on a patient's behalf. One interview described the importance of providing IMGs instructions in "Graded Assertiveness" so that they knew when it was both appropriate and necessary to assert their authority. As the scenario below explains, the inability to speak out can have serious and sometimes life-threatening consequences.

How do you assert what you need or what your patient needs? How do you advocate for the patient? So the obvious one is neurosurgical. Neurosurgical registrars, well we give them a bad reputation because we use them in all our role plays. They are short and grumpy, not short of stature, short of patience and rude on the phone, but if you don't get out the bit about the patient has a bleed in their brain and they're rapidly decreasing conscious state, then you haven't got to where you want. An IMG will ring you up and say, "Hello doctor, thank you for taking my call. I'm really glad you took my call and I need to talk to you about Mr so and so and he is 45 years old" – so five minutes down the track you still don't know what they want. So that's what we try to teach them. That's graded assertiveness.

Medical Clinical Educator, Metro Hospital C

7.4.3 Adjusting to patient-centred healthcare

A number of studies have identified adjusting to the patient-centred model of care, considered a standard of practice in Australia, the UK and North America, as a major challenge for IMGs (Hall 2004, Morrow et al. 2013, Woodward-Kron 2007). To operate effectively in Australia's patient-centred healthcare settings, IMGs require high-level English language proficiency. However, as Wette argues, effective patient-centred communication is not limited to language but "involves a number of interconnected abilities that includes an advance level of English proficiency, adept use of specific communication techniques, relevant cultural knowledge, and clinical competence" (Wette 2011, p 207).

IMGs interviewed for this study referred to the high levels of patient–doctor communication required in Australia. The constant need to update patients on what was happening and answer their questions was often in sharp contrast to healthcare settings in their own country.

Here the Clinical Educator from Metro Hospital C illustrates how liaising with families who have a child with asthma requires the IMG to provide written and verbal instructions to children and their families to ensure an asthma management plan is followed through.

They have to give verbal and written instructions. How to do it, how to engage the parents to make sure the plan gets followed through. So there's a lot of talking and telling them what's going to happen and explanations and all that kind of stuff but more than that, it's the reasons why you do that. It's not just to be nice. It's because if you actually want the parent to give the child the medication, you have to give them certain skills, give them certain information. A lot of the countries they come from, if the doctor says do it, the patient does it and that's not what happens in Australia. You have to negotiate with your patients.

Medical Clinical Educator, Metro Hospital C

An IMG from Iran explained that Australian patients have high expectations around communication. They expect you to be able to communicate in a very reassuring manner, to explain their condition, to understand their pain and symptoms. He explained that communication skills required in the Australian healthcare setting go beyond the verbal. Non-verbal communication is also critical.

Cultural understanding is also important, like when to smile, when not to smile, where to be more empathetic with the patient. I think knowledge is important, but with the knowledge, if you don't have any empathy or a proper manner – so communication skills – I think my patients would be more frustrated and they wouldn't be happy.

Iman, IMG, Iran

The patient-centred approach was viewed by some IMGs as a positive feature of the Australian healthcare setting and one that this Nigerian doctor hoped to take with him when he returned home.

It's good because if you are doing something for someone, you have to keep the person abreast of the situation. So I think it's the better way. I think it's one of the things I might have to give back to my community when I eventually get back home. Let's start to think this way. Where every step, we'll give the patients their updates.

Emmanuel, IMG, Nigeria

7.4.4 Listening, inferring and seeking clarification

The patient-centred approach to medicine also requires high-level listening skills to interpret what a patient is saying and respond appropriately. Differences in the doctor–patient power dynamic have been highlighted as a challenge for IMGs (McGrath et al. 2013, Morrow et al. 2013). For example, IMGs may not be used to including patients in discussion of treatment plans, which is now the norm in countries such as Australia. Woodward-Kron et al.'s (2007) study noted that many IMGs were unfamiliar with taking a social history of patients, a fundamental component of the psycho-social approach to medical interviewing. According to a number of employers interviewed for this study, IMGs often come from hierarchical healthcare settings where the doctor talks and the patient listens. As this health educator explains, slowing down and listening is often a challenge for IMGs.

Listening is so therapeutic. Funnily enough, that's one of the other things some of the IMGs fall down in, is listening. Because some of them are just overly talkative. Rapid fire, da-da-da-da-da, this, this, this. Instead of recognising that the listening is part of therapy.

Workforce Manager, GP Industry Association

The ability to elicit information and listen for meaning was also identified as a key skill in psychiatry and aged care, areas of healthcare that are common destinations for IMGs due to ongoing skills shortages. In psychiatry, IMGs must have the skills to be able to seek information without using clinical language. Unlike in other areas of medicine, psychiatry examinations are entirely verbal and require high-level language skills and cultural knowledge. Similarly, aged care requires IMGs to employ a range of communication strategies to reach a diagnosis. Here the Clinical Educator at Metro Hospital C describes the complex language skills required by doctors working in aged care.

So in aged care, IMGs often struggle. I ask them how would you know if this patient was demented, what would you ask them about because you can't walk up to someone and say are you demented? So you have to ask them about their life to try to work out if they're demented and the thing that we mostly do, is we say do you do your own shopping? Who pays the bills for you? Or talk about something like that and then we work out what they're capable. IMGs often don't understand that when I'm asking this old man about the football and whether he ever gets to go and who takes him and how does he pay for his ticket and "gee they've got a bit expensive lately, haven't they", that I'm not actually just having a chat. I'm trying to ascertain how much support he needs and how cognisant he is of things like money and current prices and stuff like that because that will tell me how much he can do for himself.

Medical Clinical Educator, Metro Hospital C

7.4.5 The ways healthcare providers determine communication skills of doctors

So I've just been going through rounds of interviews this last couple of weeks. Seeing what somebody's communication style is, whether they can communicate, is one of the crucial – it's a make or break – a deal breaker basically, at the interview stage.

Medical Education, Metro Hospital B

While all applicants must satisfy language requirements, employers adopt additional methods to ascertain whether a prospective employee has the necessary language skills to meet the requirements of the workplace. The application letter provides initial information on an applicant's language proficiency and is used as a screening tool by many hospitals who receive a high volume of applications.

We might have some email exchanges with them, and you can sort of tell some of these people just don't get it. If we get to the point of actually wanting to speak to them, so we might decide yep the letter sounds all right, the CV seems all right, let's interview this person, then you're talking to them. So, then you are getting an idea of their comprehension and their spoken English. And we do – I mean, phones aren't good obviously, but we do enough of it to be able to know that this difficult conversation is nothing to do with the phone and everything to do with the fact that you are just not understanding what we're having to say. You know if you've got a bad line or a bad applicant, if that makes sense.

Director, Medical Workforce and Support,
Metro Hospital A

Written applications reveal a certain amount about a candidate's communication skills and most hospitals use initial emails and written applications as a screening tool when deciding on which candidates to progress through to the next stage. However, it is in the interview that the hospital has the opportunity to establish whether an applicant has the language proficiency required in the Australian hospital setting. The hospitals varied in how they evaluated an applicant's communication skills.

And we will also interview them repeatedly, repeatedly, repeatedly and that's the best. We ask them quite hard questions in the interview. Not medical questions. We ask them what would you do if you saw somebody behaving badly in the hospital and that's sort of, they need to have a depth of language that can moderate between good and bad. There has to be a whole lot of words in between good and bad that they know how to use because you say your white cell count's two. Is that good? No that's bad. That's not the language we want you to use.

Medical Clinical Education, Metro Hospital C

Some hospitals have a structured approach to interviewing where candidates are scored on both communication skills, as well as their clinical knowledge. As this recruiter in a metropolitan hospital explained, candidates with weak communication skills have been weeded out by the interview stage. Interviewers are trained to assess clinical knowledge and communication skills separately, and the overall performance is discussed by the interview panel at the end of the interview.

We separate out the answers to the communication, we score the communication separately, and we teach our interviewers to score on the content, not so much the delivery of the answer. And then you score separately for communication.

Workforce manager, Metro Hospital D

One hospital uses structured behavioural interviewing when assessing a candidate's overall suitability, including their language proficiency, for a position in the hospital. The Medical Clinical Educator at Metro Hospital B explains the hospital's approach to interviewing.

Structured behavioural interviewing focuses on the idea that you decide what you need. You make a list of five things that you expect this person to have. It might be integrity, initiative, proactivity, flexibility, whatever the things are. The candidate doesn't know what those words are. Let's say you wanted to focus on communication skills. You don't ask, "Do you have good communication skills?" Because everybody says, "Yes". Instead, you hide that. You've got communication skills on your little sheet of paper. You ask them something where communication skills would inevitably be demonstrated. So you say, "Tell me about a time when you had to persuade somebody to do something that they didn't want to do, which was for their own good". Then they talk about that and if through that you think, this person has good communication skills, you'll tick that. If they did it by lying to the person, then you put a cross next to your integrity. They never find out that those are the things you're looking for and so they don't have the opportunity just to say, "Yes, I'm good at X. Yes, I'm good at Y". It's always based on what they did do, rather than what they hypothetically would do.

Probably the most rigorous selection process was evidenced at Metro Hospital C, which uses observerships in its Emergency Department as a way of assessing prospective doctors. Applicants who make it through the initial selection process (including providing evidence of IELTS 8.0) are then invited to participate in an observership. This unpaid work requires the IMG to shadow an Emergency Physician over three weeks. The aim is to evaluate the IMG's clinical management of patient care and also acts as an orientation into the Australian Health system.

At the end of the three weeks, the IMG is assessed by the Clinical Educator during a two-hour meeting where the information they have collected on each patient during observership is discussed. According to the clinical educator, observerships are particularly useful in determining a candidate's skills and knowledge in areas such as psychiatry and aged care which are often viewed differently in other cultural contexts. Here, the Clinical Educator describes how the observership provides insights into both the IMG's clinical knowledge and their capacity to communicate with and relate to patients.

At the end of the three weeks, I have a two-hour meeting with them and we go through each of the patients that they've collected information on. I ask them what they observed in the psychiatric assessment, what sorts of questions are asked. I ask them things like, how would you decide if this patient was delusional and then I ask them what sort of questions would you ask the patient to decide if they had this or that. So I get a good idea of whether they can, not only do they understand the medicine and the clinical details but could they relate back to a patient and particularly a patient that they've seen.
Medical Clinical Educator, Metro Hospital C

7.5 Summary

Communicating successfully in patient-centred healthcare settings requires high levels of language and communication skills. As outlined by Wette, these skills include the ability to: establish initial rapport; identify reasons for consultation; explore the presenting concern(s); provide appropriate information and a clear structure to the consultation; use appropriate non-verbal behaviours; maintain rapport; achieve a shared understanding incorporating the patient's perspective; negotiate management and close the session in a satisfactory way (Wette 2011).

In healthcare, weak communication skills can have very serious consequences and employers stressed the importance of IMGs having strong English language and communication skills that would allow them to cope in highly stressful and emotional situations. The prevailing view is that the current levels of language test scores for registration are appropriate, although some interviews suggested that English language requirements could be even higher. One metropolitan hospital had introduced its own IELTS score of 8.0 in an attempt to select the best applicants from an expanding pool. Nevertheless, the employers interviewed appeared to lack awareness of the half-bands that exist in IELTS. When discussing raising language standards the employers referred to raising the standard by one band, for example from 7.0 to 8.0. However, in other jurisdictions, raising IELTS requirements by half a band is deemed a more appropriate response. For example, the United Kingdom's General Medical Council recently adjusted IELTS requirements from an overall 7.0 with no skill below 7.0 to an overall 7.5 with no skill below 7 (GMC 2014).

While employers noted that English language requirements provided an indication of a candidate's level of English proficiency, rigorous interview procedures had been adopted in a number of settings in order to establish whether a candidate had the necessary communication skills to cope with the demands of a busy hospital or GP practice. In addition, a number of employers and IMGs noted the need for ongoing training as IMGs adjusted to cultural differences and overcame communication challenges. As noted by Cushing et al. (2014, p 332) "communication is not simply a matter of language alone, but encompasses cultural variations in interpersonal relationships, doctor-patient relationships, models of care, social norms and lifestyle behaviours".

IMGs often face significant challenges as they modify their working practices according to Australian expectations. For example, the nuances of social relationships must be learnt in order to facilitate open communication, which is critical in avoiding risks associated with face-saving behaviour. The hospital managers in this study spoke of the importance of providing IMGs with ongoing support and training in areas such as graded assertiveness, speaking on the telephone and the communication expectations of doctors in Australia's patient-centred healthcare system. The need to provide IMGs with ongoing training and support has been identified in other studies (McGrath et al. 2013, Wette 2011, Woodward-Kron et al. 2007).

While language testing such as IELTS provides a guide to the English language communication skills of IMGs, the complex communication skills required for IMGs to successfully transition into Australian healthcare settings are often determined via rigorous interviews and enhanced through ongoing training and support in the workplace. While the interviews carried out for this study may not be informed by expert knowledge in linguistics, in many cases they are based on identified communication skills that are important to the particular workplace and professional role.

8 KEY FINDINGS IN NURSING

8.1 Skill shortages in a differentiated labour market

Recent reports in the media indicate that many nursing graduates struggle to find employment. According to the Australian Nursing and Midwifery Federation (ANMF) about 8,000 Australian students graduate with a nursing qualification each year, but there are around 3,000 nurses who cannot find work (ABC News 2014). The ANMF has been highly critical of hospitals recruiting overseas nurses as temporary skilled migrants on 457 visas when local graduates are unable to find work (ANMF 2014). However, according to the Australian Hospitals Association, overseas nurses are essential to fill highly specialised roles (ABC News 2014). In interviews with senior hospital management, the general view is that the current over-supply of graduate nurses is temporary. The average age of nurses in Australia is 44.6 years, with two in five nurses aged 50 years or over, suggesting increased demand for graduates in future (Health Workforce Australia 2012).

In nursing, participating in the graduate year program is the preferred route for both domestic and international graduates as it is well supported, includes professional development and provides new graduates with training in a range of speciality areas. However, entry into the graduate year program is highly competitive. For example, Victoria uses a computer match system to allocate graduate year places. Priority is given to domestic graduates or those on permanent residency visas, which means that international graduates are only eligible for places once all domestic graduates have been placed. While the Australian Health Practitioner Regulation Agency (AHPRA), the government's regulating body, concedes that many international graduates are missing out on the graduate year program, they are of the view that there are employment opportunities in other settings, particularly outside the metropolitan areas:

There's been increasing numbers of people missing out on graduate year programs but then the question is are they still actually getting jobs in other situations? I think people are not getting employment in places that they want to. So if they went out to the country areas they would find work or if people were prepared to move interstate they would probably find work.

Interview with AHPRA

According to the Victorian Government, the State is experiencing a maldistribution of nursing labour, rather than a shortage or over-supply. While metropolitan hospitals are often spoilt for choice when it comes to hiring both graduates and experienced nurses in speciality areas, rural areas frequently struggle to fill vacancies.

The Victorian Government also noted the impact of the Global Financial Crisis on the labour market, with many nurses choosing to remain in the workforce and vacancy rates remaining low.

So obviously we're projecting a nursing shortage. HWA have put out the 2025 Report that we're going to have a nursing shortage, although their data is a little out due to the GFC hit. A lot of people stayed in nursing so in fact, at the moment, we've got very low vacancy rates and graduates are struggling to get employment nationally. In midwifery, we're not seeing a shortage of midwives but we're seeing a maldistribution for rural services, metro and some other issues in metro in terms of where they work, labour ward or postnatal, all those sorts of maldistributions.

Interview with Victorian Department of Health

The issue of shortages in a differentiated labour market was echoed by the Director of Nursing in a major metro hospital, who explained that despite the increase in graduates coming through the system, the hospital continues to rely on overseas-trained staff to fill shortages in speciality areas:

It's about experience and skills – you can't have 80% of your staff as Year 1s, or Year 2s. It comes back to that challenge of when is your ageing workforce going to retire? Because we have a set number of nurses we can employ, and if people don't move, we can't employ more. So yes, there are a heap of graduates coming through, but the real concern is, all of a sudden your ageing workforce suddenly resign, you have got no middle workforce.

That's the part that keeps me awake at night.

Director of Nursing, Metro Hospital B

Interviews with the aged care providers in both Melbourne and in the two regional sites, revealed persistent skill shortages leading to a reliance on overseas-trained nurses. For example, approximately 40% of nursing staff at Regional Aged Care B are overseas trained, predominantly from Kerala in southern India. The facility manager (also from Kerala) explained that due to the centre's positive experience of hiring staff from Kerala, word spreads within the community leading to more nurses from Kerala successfully applying for positions at Regional Aged Care B. She also commented that the tendency for Indian nurses to remain with the same employers is also considered positive:

When we do these interviews, I think the management is more happy with the Kerala nurses. When we do the interview, it's pretty clear. Maybe they are more suited to the role, you know, or they have some experience with aged care sector. The other thing is we won't just leave the job and go somewhere. If we settle in a job, I think we do stay there for a while. We won't move as often as the Australian people do.

At Regional Aged Care A, the reliance on overseas-trained nurses is due to difficulties in recruiting local nurses, but also because many of the overseas-trained nurses applying for positions were well suited to the demands of aged care. Many come from cultures where the elderly are revered and treated with high levels of respect and dignity. Other research has found collectivist cultures have a more positive influence on nursing students' attitudes toward the elderly compared with individualist cultures (Xiao et al. 2013). Our study suggests that the attitudes and skills of overseas-trained nurses are often valued in aged care:

It's quite difficult to attract motivated and experienced staff into this area so if we actually have somebody who comes on the casual bank, who is really motivated and interested in aged care, we try and hold on to them. And so we actually have a couple of fantastic RNs who are Indian, at the moment, and two in particular, and they're absolutely spot on with their nursing care. Really, really great, so we are happy to have them.
Regional Aged Care A

Managers in aged care believe that skills shortages in the sector will persist into the future. They attribute this trend to growing demand for aged care services, an ageing nursing population and the poor reputation of aged care among nursing graduates. Residence Manager at Metro Aged Care said that the growing number of residents with dementia was also adding pressure to the already stressed aged care sector. Approximately 70% of residents at Metro Aged Care suffered from dementia and the Residence Manager believes that staff skilled in dementia care and end-of-life palliative care will be in high demand in the next five to ten years.

Regional Hospital B continues to rely on overseas-trained nurses. While the situation has eased in recent years, the hospital struggles to attract local graduates:

And pretty much a few times a year you'll see a letter to the editor in the Australian Nursing Midwifery Journal, "I'm a graduate nurse, I can't get a position, I'm going to go and work at Coles" and you think, why are these people not applying for these jobs that we're advertising?
Nurse Unit Manager, Regional Hospital B

According to the Nurse Unit Manager, in the last 18 months hospital management have been discouraging the sponsorship of nurses on 457 visas and promoting the recruitment of local graduates. This move is largely in response to the greater supply of local graduates, as well as a growing awareness of the broader responsibilities that come with sponsoring overseas-trained staff. Hospital staff have been made aware of not only the cost of sponsoring a nurse on a 457 visa but also the associated obligations to nurses and their families if the arrangement does not work out.

We went through a process when we were quite desperate for nurses and we were quite supportive of the 457 visa. Now the focus has really shifted to employing our own grads, so there's a lot more resistance. There have to be reasons for sponsorship and why we can't actually fill it with our own local grads. It's much easier to employ a local resident than a 457 visa, and management have highlighted some of the stuff we weren't aware of, the obligations of 457 visa. If the person doesn't work out we have an obligation to send them and their families home, and there's a whole heap of stuff related to it.
Nurse Unit Manager, Regional Hospital B

While the hospital is reducing its overall reliance on overseas-trained graduates, management believe that they will continue to sponsor nurses with specialist skills, such as midwifery and neonatal care, due to shortages in these specialised areas.

At Regional Hospital A, the director of nursing believes that shortages are cyclic. In the past two years, the hospital has gone from being highly reliant on overseas-trained nurses to witnessing a strong growth in local graduates coming through the system. Despite the renewed supply of domestic graduates, many in the nursing profession are of the view that skills shortages will continue to wax and wane. The ageing nursing workforce was noted in many interviews, leading to many predicting future skills shortages as older nurses reach retirement.

I've been in my role for two years and so when I came into the role we had an absolute shortage in the casual workforce, and so I started to recruit particularly Indian nurses who were available to be on the bank and for the nursing support unit. Now that has eased off a little bit like the medical workforce. That has eased off a bit and yeah, probably in the last 12 months there have been more of the Australian nurses coming through the universities, but I believe that will wane again. I guess you just need to look at the dynamics of the workforce itself, you know, that ageing population of our nursing workforce. At some stage there's going to be a lot that are leaving.
Director of Nursing, Regional Hospital A

8.2 Views on IELTS

The introduction of a National Accreditation and Registration Scheme on 1 July 2010 provided the impetus for the ANMC to develop nationally consistent standards and criteria for registration and migration of nurses and midwives into Australia (ANMC 2009). The second of six standards developed by the ANMC relates to English language proficiency, stating that the applicant "meets English Language Proficiency requirements for the nursing and midwifery professions".

The challenge facing the ANMC (2009, p 18) was to “develop draft standards within a process that is flexible enough to cope with change but rigid enough to satisfy the requirements of ‘protection of the public’ and maintenance of professional standards”. In the final report, the ANMC explained the rationale behind setting the language requirements at an IELTS band 7 and straight B grades on the OET as the required English language standard for registration and migration purposes. The report noted that globally, Nursing and Midwifery Councils have accepted an IELTS test score of 6.5 to 7 prior to being eligible for registration. While the report noted the plethora of language tests available, IELTS and OET were chosen as they are the most common. The report also referred to an OET/IELTS benchmarking study which concluded that although the two tests are approximately equal in degree of difficulty and do test some common features, they are not strictly equivalent in what they measure. The ANMC decided that the IELTS and OET tests provided the best fit for the Australian context (ANMC 2009).

The introduction of the English Language Skills Registration Standards had immediate ramifications in the Victorian health sector. The requirement that international students who were currently studying for a nursing qualification provide proof of English language proficiency in order to register led to an outcry among some international students who felt they had enrolled under one set of rules only to have new requirements introduced midway through (Thomas 2012).

The following section examines how the current IELTS requirements for registration as a nurse in Australia are viewed by participants in this study.

8.2.1 Employers and academics

The 2010 decision by the AHPRA to require international nursing graduates to achieve an IELTS of 7.0 across all four bands was met with widespread approval by hospitals and nursing academics interviewed for this study. Many of them had nominated communication skills as a key issue for international nursing students and believed that in the past language requirements for international nursing students were too low. As with early childhood education, employers, managers and academics in nursing believe that raising English language requirements was also an important part of lifting the professional standards of nursing and ensuring that any nurse entering the profession in Australia had the skills and knowledge to operate effectively in the Australian hospital setting.

A number of employers noted that since the changes were introduced in 2010, concerns around language had subsided, which some attributed to the introduction of stricter English language requirements.

I think the ramifications for us is that we have nurses who were better able to communicate in the environment in which they work. I know that the language barriers have settled a bit since then.

Director of Nursing, Metro Hospital C

Notably, views on IELTS requirements for registration differed slightly in the aged care sector where skill shortages persist. While the hospitals in our study told of a sufficient supply of suitably qualified nurses, particularly in metropolitan Melbourne, employers in the aged care sector experiencing ongoing skill shortages were less convinced that the introduction of higher language requirements was a positive development. In Metro Aged Care, the manager spoke of having a number of staff who had been caught by the 2010 decision to require international nurses to have an IELTS score of 7.0. Some staff had commenced working as personal care attendants at Metro Aged Care and had returned to study at a diploma or bachelor level in nursing. However, despite qualifying as nurses at an Australian institution, they could not register because they were unable to achieve the required IELTS scores. This was the cause of much frustration on the part of the employer and staff member.

We have a number of people, especially at the diploma level, who got through their diploma or degree, but when they sat the IELTS, they couldn't get through. Now I'll cite an example of a woman that's been with us for a number of years, she works on night duty, her manager heaps praise on her, she does a good job. They have no difficulty with her communication skills. She sat the IELTS three times and she's failed each time – she just can't get through it. And that's not a one-off either, I've had a number of managers come to me and say is there anything else we can do to support this person, because we want to keep them on?

Manager, Metro Aged Care

The solution according to some employers is for educational institutions offering diploma or bachelor qualifications in nursing to ensure that international students meet language proficiency requirements for registration prior to entry. According to the Manager of Metro Aged Care, this would avoid international students qualifying as nurses but being unable to meet registration requirements therefore denying them the opportunity to work in their field of qualification:

I would like to give the feedback that the person should not be set up to fail, their language skills should be tested before they even start the diploma or the bachelor degree.

Manager, Metro Aged Care

Some institutions have raised IELTS requirements for entry into their nursing programs. For example, the university included in this study raised IELTS requirements for international students entering the Bachelor of Nursing degree as a result of having a number of nursing graduates caught in limbo after the 2010 change in language requirements for registration. While nursing academics interviewed for this study are now confident that international graduates will be eligible to work upon graduation, the decision has had repercussions in regard to international student enrolments in the School of Nursing. After witnessing the difficulties Chinese students faced, both while studying and achieving IELTS requirements for registration, the School of Nursing has shifted its marketing focus from China to the Philippines. Academics cited strong English skills and general aptitude for nursing among Filipino nurses as the reason behind the shift in marketing focus.

We were there on a study tour in the Philippines and ended up doing an exhibition and we were inundated with interest. So there's a lot of interest there. I mean the Philippines educate nurses for export and it's one of their highest export dollar earners. I think the Filipino background tends to transition very well. I don't think communication is ever really a problem. And they do make lovely nurses.
Nursing Academic, University A

While University A has introduced an IELTS 7.0 requirement for entry into nursing, English language requirements for entry into nursing at some other educational providers remain lower than for registration. This indicates that international graduates from some institutions may qualify to practise as nurses in Australia but be unable to work if they cannot meet language requirements for registration.

8.2.2 Overseas-trained nurses and Australian international graduates

Other studies have highlighted concerns around language testing for migration and registration purposes among overseas-trained nurses. Rumsey et al. (2015) found that while there is an understanding from both overseas-trained nurse and industry spokespeople that patient safety is paramount, and that speaking English is important, many have negative perceptions around IELTS. 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 (Rumsey et al. 2015). Many of these findings are also reflected in our study.

Overseas-trained nurses and Australian international graduates interviewed for this study raised a number of concerns surrounding the IELTS requirements for nursing registration.

Some felt the IELTS levels required were too high. Criticism of the Reading and Writing components of the IELTS was common among international nurses, with many feeling that the Reading and Writing proficiency score of IELTS 7.0 was excessively high and did not match with the language requirements in the workplace. This response from a nurse working in Metropolitan Hospital B was typical of many of the nurses interviewed for this project:

Personally I'm not a fan of IELTS test myself, but the reason is it's ridiculous you know. It's a ridiculous test. Look, I'll tell you an example, I am a nurse; if you ask me a nurse specific question or general question I'll be able to answer it. If you ask me something about how to get a licence in Switzerland or how to go trekking in Nepal, how am I going to answer it?
Ritesh, overseas-trained nurse, India

Others felt that because IELTS is not discipline specific, the test could not assess the professional language skills of nurses. For example, Lucy, an international nurse from China, who had previously registered and practised as a nurse in the USA, sat the IELTS exam multiple times before successfully completing the OET. She believes that the OET was a more appropriate method of testing the communication skills of nurses for the workplace.

It doesn't mean even they don't pass that they can't practise. It doesn't mean that. Some of them are like me, and I didn't reach 7 but I'm very, very confident in clinical. Very confident. I can give education to a patient and communicate with the doctor, nurses and even I give some education to the young nurses, I have no problem at all. When I was in a clinical practice and I was very, very confident and give education to patient, and I got a very high mark and I have a lot of compliments from clinical placements.
Lucy, Australian international graduate, China, Metro Hospital B

Other international nurses felt that the requirement of a level 7.0 in all four bands to be achieved in the one sitting was problematic. A number of nurses spoke of achieving level 7.0 in three bands but a lower score in the fourth band. On further attempts, they might achieve the level 7.0 in the fourth band but have a lower score in another band on which they had previously scored a level 7.0. This requirement that an IELTS score of 7.0 must be achieved in all four bands in the one sitting was raised as an issue in our interview with AHPRA, who agreed that the issue was cause for concern and was currently under review.

What I see in front of me quite often is someone who repeatedly does the IELTS and they might have a whole list. They've done it, six or seven or eight or ten times and it goes up and down all over the place. One time they'll get a 7 in three of the components and miss out on one and they might get a 5. The next time around, that 5 is turned into a 7.5 but they've missed out on something else.

Most often they'll get three 7s and 6.5 and that'll vary across each of the bands. It's not consistent. It's not consistently the Reading or the Writing or the something. We are changing the standard, though, potentially, so if you miss out on a 7 but get it in a previous test within two months. But that hasn't been approved yet but that's what they're mooting.
Interview with AHPRA

Notably, in New Zealand the requirement that all IELTS modules must be passed in a single sitting was modified relatively recently by the Nursing Council of New Zealand (NCNZ) to allow passes in all subjects within a year (NZNO 2010). (*Editor's note: since the writing of this report, AHPRA has amended its policy in this regard, and now accepts scores from more than one sitting provided certain conditions are met.*)

Some nurses are able to avoid doing a language test by providing evidence that they had completed at least five years of full-time equivalent combined secondary and/or tertiary and/or vocational education taught and assessed solely in English, in a recognised country. Maria, a nurse from India who was sponsored by a Regional Hospital B was unable to achieve a score of 7.0 in each band of the IELTS. After attempting the IELTS test without success, she found out that she could provide proof of English language competence because she had completed her education in English in India. While Maria concedes that an IELTS score of 7.0 in Speaking and Listening is probably warranted in her profession, she believes that a 7.0 in Reading and Writing is too high and, in her case, the cause of a lot of stress:

Speaking should be a 7, yeah, that's true. Because otherwise if you're communicating to the other people, they won't understand what's going on. And Listening also, they can put a 7, and if it's possible, a 6.5 at least for Reading and Writing. Because most of the people, if they're eligible they'll get a 6.5 in Writing and Reading. It's my opinion, I didn't get a 7 in writing so it was really hard for me so I'm really frustrated with that.

Maria, overseas-trained nurse, India,
Regional Hospital B

Another two nurses at Regional Hospital B were also unsuccessful in getting the required IELTS score but were also able to bypass the requirement because they had studied in India and worked in the UK. Like Maria, Tessa felt the IELTS requirements of 7.0 in Speaking and Listening was justified but she was highly critical of the Reading and Writing components of the IELTS test.

In IELTS the Writing and Reading that's when they demand more than we actually need, especially the Writing. They are just giving a subject, and we need lots of general knowledge to make an essay or something like that. Yeah, that's different.

But Speaking and Listening I say that's okay, what they give, but Reading is really something that's very hard, really tough. Something we can't understand, you know, some really comprehensive things, you can't understand the really complicated.
Tessa, overseas-trained Nurse, India,
Regional Hospital B

Nurses from China expressed the concern that they were particularly disadvantaged when it came to sitting the IELTS test. While one Chinese nurse agreed that strong communication skills were essential for nurses working in Australia, she had decided that the OET exam was a better option for her due to its focus on occupational English.

A *Honestly quite hard for Chinese, maybe not really hard for the Filipinos, but for Chinese really, really hard. But I think if you wanted to be a nurse I think it's a basic requirement. For nurses really important to communicate with staff, with the patient. The communication is quite important. Yes it's hard, but we need to do that.*

Q *So you mentioned before that you were going to sit the OET, not the IELTS?*

A *Yes OET, because OET is more practical, it's occupational English test, it's focused on the medical things. The IELTS is broader than the OET, we need to know some other things not medical things*
Vera, overseas-trained nurse, China,
Metro Hospital B

The issue of Chinese students being disadvantaged was also raised by Ana, a Filipino nurse who described being in a class with students from China and the additional challenges Chinese students faced around meeting language requirements for registration.

Well, because I had Chinese classmates and they were really very good in the clinical skills, but they just can't pass the IELTS. I don't know, it's just although I'm speaking for them because I think it's just unfair. They've graduated, they've passed essays and yeah, it's just I feel so sorry for them because they couldn't register because of the IELTS.
Ana, overseas-trained nurse, the Philippines,
Regional Hospital A

Ana argued that if high-level language proficiency was so important in nursing then Australian educational institutions should only accept students who have an IELTS of 7.0 across the four bands.

It is important that we be able to communicate effectively for the patients. Communication is vital like for the handover and things like that, but – it's impossible for like my Chinese friend who can't pass the IELTS and who couldn't work here.

They shouldn't have accepted her as a student in the first place. I mean, she's just an average citizen there in China, so it's like so unfair. I think Australia, for international nurses and I've actually read about it, that it's the most expensive for foreign students to study here in Australia.

Ana, overseas-trained nurse, the Philippines,
Regional Hospital A

We interviewed two students who had qualified as nurses in Australia but had been unable to practise due to their inability to achieve the required scores in either IELTS or OET. Milla, a 45 year-old nurse from Bosnia, had lived in Australia for over 25 years. After working as a PCA at Metro Aged Care, Milla decided to study nursing. She successfully completed her nursing qualification but has been unable to register. Milla's employer is keen to employ her as a nurse and has supported her efforts to sit for the IELTS test. However, despite sitting both the IELTS and OET multiple times, Milla has been unable to achieve the required results:

Twice I've done IELTS test and then I've done OET tests as well. And the OET test I failed five times and twice in IELTS and I just gave up. I mean it was disappointing. I mean I think when you are 40, you are not learning any more like you used to, you know what I mean? I mean the brain is not basically functioning any more as it used to and I think I don't have a problem with English, I do have a problem with all of these test conditions. That's what I have a problem with. I get anxious, I get so stressed and it's hard.

Milla, Australian international graduate, Bosnia,
Metro Aged Care

Interviews with employers and academics reveal support for the current language requirements for registration. While overseas-trained nurses consider high levels of English language proficiency critical to their occupation, a number had doubts that IELTS 7.0 in Reading and Writing was warranted in nursing.

The following section examines the key language requirements in nursing.

8.3 Language requirements in nursing

The importance of clear communication in patient-centred healthcare setting is well established (Muller 2015), as is evidence of language difficulties among overseas-trained nurses both in Australia and other countries (Muller 2015, Philip et al. 2015, Rumsey 2015), and the subsequent stress this can place on both individual nurses and healthcare teams (Xiao et al. 2014). Communication in nursing is complex and involves skills to communicate appropriately with patients, their families and other health professionals in a wide range of circumstances (Philip et al. 2015). Interviews with nurses, educators and employers in a range of healthcare settings revealed the high priority placed on communication skills.

From the Government's perspective, communication skills are closely linked to the safety and wellbeing of patients and the Government is keen to ensure that the English language skills of overseas-trained nurses do not jeopardise patient safety:

I suppose we're interested in communication in relation to safety, patient safety. They need verbal and written communication to be able to understand...so understanding written information, being able to write things effectively that other people can understand. The other thing as well I suppose is the understanding of non-verbal communication as well, picking up on nuances in body language and other sorts of things like that.
Interview with AHPRA

Interviews with nurses and employers revealed the complex language requirements of the workplace. The following section outlines the key communication requirements in nursing in Australia.

8.3.1 Communication with a range of professionals in a team environment

Interviews consistently reinforced the importance of nurses having high-level communication skills in order to be able to operate effectively in Australian healthcare settings. Nurses are expected to have communication skills that will span a range of situations and settings, and the capacity to switch from one style of communication to the other in a short space of time. They need to have the language skills and the confidence to communicate with other professionals including doctors, allied health professionals and members of the nursing team. Nurses must also advocate on behalf of the patient and make sure that decisions are made in the patient's best interests. Both nurses and managers referred to team-work and the importance of being able to communicate and work together to ensure the best outcomes for patients.

We can't do nursing as our own; it's a team. It's a team effort. So that's very important there. Like, we have to do the reference to dieticians, physio, occupational social work, so it's a team effort, and we need to be doing follow-up things. What has happened after that referral or review, what's the stage that has come into the medication? Like, each and everything we should be knowing the clinical current situation of the patient and even if we do the handover, it must be clear. Each and every thing, the handover sheet; that needs to be updated now so everything should be clear. And also cooperating the family in the care. So sometimes we must be doing patient education, family education.

Lucy, international graduate, China,
Metro Hospital B

The importance of team work also came across in comments from employers in the aged care sector. At metro aged care, one manager spoke of the importance of everyone working together to support each other.

Well, the culture here is not hierarchical, it's very much a team approach, it's respect for one another, there's no distinction between housekeeping, catering, nursing, we are all one team, we all help one another. I wouldn't ask any one of my staff members to do anything that I wouldn't do myself. When the chips are down, I can also get out on the floor and get my hands dirty. So it is about respecting every single person across all of the shifts, it doesn't matter what time of the day you work, but you still need to be able to come to work and have a laugh, have fun, but come with the right attitude when you walk in the door. It's not just, about you, it's about us. It's about everybody.

Manager, Metro Aged Care

8.3.2 Questioning and seeking clarification

Many of the interviewees emphasised the importance of nurses being skilled in asking questions and seeking clarification when in doubt. As other studies have found, seeking clarification in unfamiliar situations is an important communication strategy in nursing and a skill that overseas-trained nurses often lack. The cultural hierarchies practised in the country of origin may hinder overseas-trained nurses from engaging in open communication with members of the healthcare team who are perceived to be in senior positions (Philip et al. 2015).

A common concern among managers and nurse educators was that many overseas-trained nurses come from countries where nurses are expected to defer to more senior staff and open communication between members of the healthcare team is not encouraged. For some staff this was a major concern and raised critical issues around patient safety:

Like speaking up to the doctors. Like if I can't understand a drug chart. I suppose I had this experience with some Japanese nurses in a hospital I worked at. If they couldn't understand what was on the drug chart they'd try and work it out. They'd say I think it's this and they'd take a bit of a guess at it, and then when I came here I was really pushing it. Don't do that, you know. You must understand what's actually written, but they're not used to actually not challenging doctors.

Nurse Educator, University A

I find that communication is the really critical issue here, and being able to think for themselves and speak out. They have to be able to speak out. Ask questions. And not just go along with what they've been told. And not say this is what they say and not question anything because they just follow, follow, follow. And sometimes if they follow, they can make mistakes as well. So if they are not sure, they have to be clear with what they are doing, and if you don't know, you always ask, you see.

For example, even like a medication, they are giving it for someone for hypertension. You have to find out what is the potassium level. Maybe it's not necessary, why are you giving this medication, things like that. And then mistakes are being made and they are blamed.

Deputy Director Nursing, Metro Hospital D

8.3.3 Written communication skills

Following policy and procedure and providing accurate documentation are integral to nursing. Nurses interviewed for this study commonly referred to documenting patient notes and sending emails to doctors. While many nurses were of the view that written communication skills were less important than speaking and listening skills, one overseas-trained nurse said that he considered writing to be a critical skill in nursing and an important part of his day-to-day job. He noted that many of the notes taken are legal documents so being able to write accurately using appropriate vocabulary and grammar is essential. This point was also made by a manager at Regional Hospital A:

I mean, sometimes these notes go outside the organisation to Courts, to the Coroner, and you know, often I look at stuff and I just feel that they appear unprofessional and reflect back. You know, something like, "the patient is hurting in the back". That's a bad example, but if you're sending that off to a legal firm...

Nurse Unit Manager, Regional Hospital A

In nursing, poor written communication can have very serious consequences. One nurse spoke of the importance of writing very clearly and accurately in any progress notes or observations and making sure there is no ambiguity. She explained that the notes must be very clear so that the nurse on the following shift is able to provide continuing care for the patient. Written skills were emphasised by employers in the aged care sector where high levels of documentation are required:

You write progress notes every day, how the patient has been doing, how you've been caring for the patient. And if someone is to come and take over from you, you need to write good English, good grammar, something that everyone else can read. Not end up with people assuming that maybe you wanted to say this or that.

Manager, Regional Aged Care A

8.3.4 Communicating with patients and relatives

In Australia, developing rapport with the patient is an important part of the patient-centred approach to healthcare and one which requires high-level language skills and cultural knowledge. The ability to communicate on a range of topics such as family, sport or the weather in order to put the patient at ease is a behaviour that is valued in Australian healthcare settings. Previous studies have indicated the importance of enabling overseas-trained nurses to cultivate the ability to have social talk with patients to develop a sense of patient centeredness (Philip et al. 2015).

While many of the nurses interviewed felt confident using technical medical language, they were less confident when communicating with patients. Nurses spoke of coming from cultures where there was not the expectation that nurses engage in casual conversation with patients and their families. Roles were clearly defined and theirs was to provide medical care while the patient's family was responsible for feeding, showering and keeping the patient company. There was little expectation that interaction between the nurse and the family should extend beyond medical-related information and instructions.

One nurse manager described many of the international nurses as being task-oriented rather than patient-centred. He explained that overseas-trained nurses are efficient in carrying out tasks and completing patient observations. However, their lack of willingness or capacity to communicate with patients at a deeper level means that they sometimes fail to pick up on important cues related to the health status of a patient.

One of the big skills that is specific to nursing is to be an advocate. So in order to be an advocate for the patient you have to be able to understand the Doc. You then have to be the interpreter, for want of a better term, for their medical stuff, to the patient. For example, one nurse, her communication and relating to the patients was weak. Like if I went and checked her charts, they're all filled in, the Obs are done, everything's, like she has provided the care, all the task stuff, but it's the extra stuff. The escalating care if needed and the communication. It's the science of nursing they can do, the art of nursing is quite difficult.

Nurse Unit Manager, Regional Hospital B

8.4 Determining the language proficiency of nurses

When determining whether an overseas-trained nurse has the required language proficiency, most of the healthcare providers believe the interview provides a good indication of English language proficiency and overall communication skills. Most hospitals use a combination of clinical and behavioural questions as a way of determining the aptitude of a candidate. Regional Aged Care A and Metro Aged Care both require candidates to complete a writing task to assess their written language including grammar and the ability to navigate a form. Metropolitan hospitals often recruit nurses on to the casual nurse bank as a way of trialling a nurse before hiring them into a permanent position. In regional hospitals, where skill shortages have been an issue over the years, word of mouth plays an important role in recruitment. Both regional hospitals spoke of seeking and receiving recommendations from overseas-trained nurses on staff leading to regional hospitals recruiting high numbers of nurses from certain countries, and often from particular regions.

While the face-to-face interview was considered a useful tool in determining language proficiency and general aptitude, one regional hospital spoke of having to vary their interview questions and technique in order to determine whether a candidate was suitable. The Nurse Unit Manager at Regional Hospital B explained that many overseas nurses were too rehearsed in their interviews, having prepared and practised their answers drawing on the experience of their friends and relatives already employed at the hospital.

Well when they do the interview, you can tell, the interview responses, like the first time you interview them you go, wow these people know what's going on. And it's like, this is cool. But then the next time you do a set of interviews, they're actually saying all exactly the same thing. Like, they actually know all the answers and they know how to do that quite well. So then you've got to filter out, okay, so you throw in another sort of dynamic into the interview and it alters it a little bit. If you ask about consumer-focused, patient-centred care, that throws them right off. They just don't have any idea. Whereas policy, procedure, guideline, oh they know all that.

Nurse Unit Manager, Regional Hospital B

In aged care, while nurses are expected to have sound clinical knowledge and good communication skills, there is a greater emphasis on overall fit and a strong desire to work in aged care and make a difference to the lives of residents. Employers in the aged care sector spoke of the challenges in working in the sector and emphasised that nurses who displayed an aptitude and a genuine desire work with the elderly were highly sought after.

We want all of our residents to be treated with dignity, respect, compassion, love. They're our core values and even with mentoring some nurse aren't going to get that.

Manager, Regional Aged Care A

Metro Aged Care spoke about using the interview to really explore why a nurse wants to work in aged care and whether they have a genuine interest in the sector. According to all three aged care managers, finding the right staff is a major challenge. A senior manager at Metro Aged Care spoke of using the interview to delve into the candidate's motivation for applying for a position in aged care.

So I will ask them to tell me a story, "Why do you want to work in aged care?" And if I get stories, you know, around family, caring for older family members, and things that resonate with our organisation and our person-centred care approach. It's about their life stories and the respect, the genuine respect for people and the elderly. That will always come through in people's stories. For me it's the time. It really is the time to find the right people. Because you're not only recruiting for the ability to do the job, you're recruiting for culture and culture's a really big thing. That can, that's one of the hardest things that it takes you to fill in a residency is the culture of your workplace.

Manager, Metro Aged Care

Importantly, if there were concerns around an applicant's language skills but they were otherwise the right 'fit' for the organisation, Metro Aged Care would be prepared to hire them on a six-month probation, signalling the difficulties for employers in aged care in attracting suitable staff.

9 EMERGING ISSUES

9.1 Discrimination and workplace bullying

One of the most disturbing findings of this study was the prevalence of discrimination and workplace bullying in the fields of early childhood and health. Many overseas-trained professionals and international graduates work hard over many years to meet criteria and be eligible to work in Australia. However, many continue to face challenges once employed in their field in Australia as they attempt to integrate into the Australian workplace and further their careers. The picture painted by those interviewed for this study is of work environments that are often hostile and unwelcoming places for non-Anglo-Saxon staff. Racism and discrimination are common and largely unrecognised by management.

In health, there appears to be a tendency to blame any discord in the workplace on the tendency of overseas-trained staff to mix mainly with other staff from the same cultural background and to speak in their native language. Concerns around career progression were also raised by participants in this study.

In early childhood, universities can find discrimination on the part of early childhood education and care centres in accepting or rejecting pre-service teachers for professional experience placements, and in staff treatment of students during placement. International teaching graduates in early childhood struggle to assert their authority over junior staff.

In nursing, a workplace culture that rewards assertiveness, direct communication and confident, extroverted personalities, acts as a barrier to career progression for many skilled migrants coming from cultural backgrounds with different social norms.

In medicine, complex and onerous registration requirements as well as a 'boys club' mentality in some speciality areas are resulting in available medical skills and expertise being under-utilised.

The following section discusses some of the examples of racism, discrimination and workplace bullying that emerged as a result of the study.

9.1.1 Early childhood education

Q. What about examples of discrimination in the workplace?

A. Oh shocking, oh shocking.

Q. Tell me about that.

A. Centres who say we won't take our international students, they're too hard, shocking discrimination by the placements.
Academic University A.

Available research into the experiences of overseas-trained teachers in both Australia and other destinations, such as the UK and Canada, indicates that discrimination presents a barrier to employment in the first instance or a constraint on their working lives once in a job (Cho 2010, Collins and Reid 2012, Schmidt 2012). Our study suggests that discrimination in the field of early childhood education in Australia is an issue requiring further investigation.

In early childhood, the two academics interviewed spoke of the difficulty they faced when finding teaching placements for international students. Some centres flatly refused to take international students citing poor English language and communication skills as the reason.

While other centres accepted international students and provided students with the extra support often required, the academics said they had to be careful not to over-rely on the same centres for fear of exhausting resources and goodwill. As a result, finding appropriate placements for international students can be problematic for universities. The academics also spoke of centres who resented being sent an international student and responded by providing only limited support to the student and therefore jeopardising the success of the placement. Other centres, while largely supportive, found the extra work burdensome and sometimes refused students.

So you've sent me an international student, they're hard work and I don't want one, and so they'll set the student up to fail. The centres that are really supportive say look, thanks, I just can't do it again, don't send me an international student. As much as I love having them, I just need a rest.

Academic, University A

When speaking to employers, issues of discrimination both among staff and between parents and staff emerged. A number of international early childhood teachers struggled to assert their authority. As the kindergarten teacher, they are often expected to supervise more junior staff, however, several reported having difficulties exercising authority. As discussed earlier, overseas-trained teachers or international graduates who seek to lead and make changes for quality improvement, as often required by their role, are particularly vulnerable to workplace harassment. In one of the regional settings, an overseas-trained kindergarten teacher struggled to maintain her position of seniority in her centre. Despite being at the centre for 10 years, she described an undercurrent of racism where more junior staff were reluctant to take directions from her:

Racism is there, no doubt about it. So as long as I'm the underdog, as long as I don't question people, as long as I stay quiet, things are fine, but the minute I assert myself and talk to people about how to, as a team, run the show, they don't like it. So there is an undertone of racism, no matter where we are. We can't stop that.

Layla, overseas-trained early childhood teacher, Regional Victoria

Another international graduate described being required to take on duties that her Australian-born team members would not be expected to tolerate. According to this overseas-trained teacher, Asian staff are expected to accept conditions or criticism that other staff would not, which she attributed to their reluctance to stand up for themselves or cause conflict.

Because I'm Asian and for Asian people like me, basically we've been told that if there's a problem comes up just listen, just take it and that's it. We don't complain.

Jenny, international graduate, Malaysia

Other overseas-trained teachers spoke of families having a preference to talk with Australian-born teachers. Staff described being ignored by families when they greeted them as they dropped off or collected their children. Others spoke of parents directly seeking out a local staff member when they have an issue they wish to discuss indicating they lacked confidence in the overseas-trained teacher or international graduate:

I think most of them are quite friendly but some parents when I just started my work, I had a very strong Chinese accent. Some parents they notify they're not that happy that I'm talking with their children in that kind of accent. They don't tell it to me straight away. They talked to my room leader and the director so that I notice there is some unfairness. I try my best but I cannot do anything better for them at that moment. That's why I wish I can improve my English language, try to make them happy.

Shelly, international graduate, China

Some employers interviewed for this study were aware of the importance of taking action and nipping any signs of racism in the bud:

I have a service where there's a Vietnamese educator and I don't know that there's real discrimination but I know that people have to stop and think about how they respond to her based on some aspects that are quite cultural to her. So how she deals with different things. And I know that there has been a bit of eye-rolling and that sort of thing but the idea is that well, she's one of us. So I don't know that I'd call it discrimination but I think it could easily get to that if it wasn't dealt with properly.

Not-for-profit kindergarten and childcare provider, Melbourne

According to another employer, international staff have to work harder than local staff to convince families of their professional competency. There was the prevailing view among many employers that families are often skeptical of international staff and harboured concerns around their English language competency. Here an employer described the action they took when parents complained about a Japanese-trained kindergarten teacher:

The area manager needed to, I guess, address those concerns with parents and reassure them that she is very much qualified to do the job and to basically give her a chance. It has almost been bordering on a racism type situation. It's not through any fault of their own but it's automatically made harder for them to prove themselves especially with parents.

Not-for-profit kindergarten and childcare provider, western suburbs, Melbourne

9.1.2 Medicine

The topic of racism in healthcare has long been the subject for discussion and debate in both Australia and other countries. In Australia, many overseas healthcare professionals experience direct and indirect discrimination and racism from colleagues, patients and relatives (AMNC 2009). Racial discrimination from co-workers and patients has also been noted in a number of reports on overseas-trained nurses (Wellard and Stockhausen 2010). In the UK, studies suggest that racism is entrenched in health workplaces, while a report from the New Zealand Nurses Organisation described tales of racial discrimination, of nurses landing the worst shifts, and a glass ceiling on careers (Hunt 2007; Allan, Cowie and Smith 2009, Robinson 2012). Our research on overseas-trained doctors and nurses reflects many of these findings.

Amongst the IMGs interviewed for this study, a number had experienced discrimination either at work, in their local communities or both. One IMG in Regional A struggled to find suitable rental accommodation for his young family. It was only after his plight was featured on the front page of the local newspaper that the family was offered a house to rent. Another IMG, who transferred from Brisbane to a small Victorian town, spoke of being discriminated against by her employer because she had relocated without her husband. Convinced the IMG would not settle in the town unless her husband moved with her, the GP practice manager refused to refer patients. The subsequent low patient load made her position untenable leading to her resignation and return to Brisbane.

Much has been written about the complicated bureaucracy that IMGs must negotiate in order to practice in Australia. In 2012, the Standing Committee on Health and Ageing tabled its report on the inquiry into registration processes and support for overseas-trained doctors entitled *Lost in the Labyrinth: Report on the inquiry into registration process and support for overseas-trained doctors*. The report found that while Australia is heavily reliant on the skills of overseas-trained doctors, who account for 40% of the clinicians in regional Australia, these professionals are also subjected to an enormous amount of red tape and administrative hurdles to have their overseas qualifications recognised (Australian Government 2012b). Interviews for this study revealed concerns around the registration process for IMGs. According to a GP training organisation in regional Victoria, for IMGs entering the Australian labour market, discrimination is a serious problem.

Look, you know, there is a huge amount of discrimination that occurs, in terms of these overseas-trained doctors. No one argues that they have to be tested or that this country has to be satisfied that their qualifications and experience are of the standard that we want but there is an awful lot of hoops that they have to jump through.

There are things that happen, the time lapse and then they're asked to go and get information from overseas. By the time the information comes from overseas and it's put to the board that's assessing their qualifications, the time that they had to get that information has passed and so then they have to reapply and it's a nightmare for them.

GP Training Provider Regional B

We interviewed Raj, an overseas-trained doctor from Sri Lanka for this project. At the time of the interview, Raj was 63 years old. He had completed his orthopaedic surgery training in Sri Lanka and the UK and had worked in both countries for over 30 years. At the age of 55, he and his wife and three children left Sri Lanka due to the civil war. He initially settled in Tasmania, where he had family, but was unable to find work for two years, forcing him to rely on money sent from family in Sri Lanka. After two years he found work in Victoria as a locum at Regional Hospital A where he has continued to work as an orthopaedic registrar for the past seven years. As Raj explains, he is overqualified for this position but is unable to work at a higher level:

Yeah, because my current role is a registrar which I finished about 20 years ago. Yeah, that's the reason why the hospital are keeping me. It's really frustrating to me, because I know of very junior people working as consultants. I just tell you this but I never talk, but between you and me I never talk about this, but sometimes even at operations, so sometimes I help them. They can't do certain things I help them, but I am just a registrar holding the retractors. I mean that's the reason why I'm getting this job every year, and I'm doing the clinics. All the clinics I am doing, my colleagues know that they never get this experience from another registrar.

Despite his passion for orthopaedic surgery and wealth of experience, Raj has made the decision to retrain as a GP. To work as an orthopaedic surgeon in Australia would require Raj to complete another seven years of training. Raj explained that he had already undertaken orthopaedic training twice, once in Sri Lanka and again in the UK, and at the age of 63 he was unwilling to embark on a further seven years of training. When asked whether the requirement to do further training resulted from the period of two years in Tasmania where he was unable to find work, Raj responded that this was part of the problem but he believes there are other factors at play.

- Q. So this is all because you couldn't find work in that first two years? That's why?*
- A. Yes. That's probably one thing went wrong. The other thing is that, you know orthopaedics is not like other specialties. Orthopaedics is something that no one can get in. It's like a club. So they don't give us many chances. I know so many orthopaedic surgeons come from other countries, but where do they get a chance to continue as an orthopaedic surgeon? So that goes in certain fields like orthopaedic or plastics.*

It's sort of a club. It's a very exclusive club. There's a lot of money is going there, going on with the operations. So that's the thing. That's what my understanding is.

This view is supported by the representative from the GP training provider who believes that doctors from certain backgrounds, such as the UK, receive preferential treatment to those from other countries.

Sometimes you think The White Australia Policy is alive and well. And the other thing is that I've seen it where some overseas-trained doctors from countries that are more culturally acceptable here will get an awful lot of help to get their qualifications and everything put through the system.
GP Training Provider B

9.1.3 Nursing

Horizontal (or lateral) violence is a widely reported phenomenon in the nursing literature which is broadly defined as “nurse-on-nurse aggression, resulting in destructive behavior of nurses against each other” (Rittenmeyer 2012, p 2). While this study did not set out to examine the incidence of horizontal violence in Australian healthcare settings, the nature of the qualitative interviews resulted in discrimination and workplace bullying surfacing as a key issue. Nurses interviewed for this study were employed in both metropolitan and regional hospitals. While the study included three aged care settings, we were only able to interview two nurses employed in these settings. Most of the overseas nurses were employed in the two regional settings and one metropolitan setting.

Our interviews revealed significant racism and workplace bullying in both Regional Hospital A and B and Metro Hospital B. While incidents of racism and workplace bullying were both commonplace and a high concern among the nurses that we interviewed, employers were either unaware of the issue or displayed a tendency to minimise the serious nature of racism in the workplace. When discussing the relationships between local and international nurses, employers tended to lay blame on the international nurses, attributing any tension or problems to the tendency for international nurses to converse in their native language:

There's pockets, I call it pockets of tension really, and it's been brought up, you know, sometimes they'll speak in the foreign language and other staff won't like it. They often segregate to their cultures, for want of a better term, which is difficult.
Nurse Unit Manager, Regional Hospital B

You get a lot of exclusion complaints. It used to be the Chinese; I can remember one ward nurse I managed that did his entire handover in Mandarin. Everything is in Mandarin, and the only time they spoke English was when they talked to the patients, even the doctors were Chinese on the ward and they all spoke Mandarin.

Nurse Unit Manager, Metro Hospital B

While discrimination and workplace bullying were not of major concern to employers interviewed for this study, this was in sharp contrast to the interviews with international nurses at two regional and one metropolitan hospital. These interviews revealed serious allegations of discrimination and workplace bullying. The majority of the nurses interviewed had experienced discrimination in some form, ranging from relatively minor incidents, such as being excluded from conversations in the tearoom, to persistent bullying that resulted in two nurses suffering serious emotional breakdowns.

Many of the international nurses spoke of feeling unwelcome in the workplace. They spoke of being looked down upon by local nurses or feeling the need to prove themselves to more senior local nurses who seemed to doubt their professional competency.

Well I'll just put it this way, they [local nurses] give you the look like you don't know anything. They look at you from head to toe and think "Hmm, does she know something?"

Patricia, international graduate, Chile,
Metro Hospital B

While many nurses spoke of being made to feel inferior by local staff or of an unfriendly atmosphere in the workplace, one of the most common forms of discrimination related to international nurses being given difficult patients or having to do work that would not be expected of local nurses. There was a feeling among international nurses that their strong work ethic and unwillingness to complain led some managers to take advantage of them by assigning them difficult patients or unpopular work:

Q. So can you give me an example of something that your manager would do that would make you feel like they were treating you differently?

A. It's like give the patient – like I always be inside the High Dependency Unit (HDU). Always in HDU. It's almost like forever, and the other people just move along in some easy group and never been sent to the difficult group.

Q. Oh, okay. So they give you the patients that require more work?

A. Yes. A lot of the Chinese do not know how to say no.
Lucy, international graduate, China,
Metro Hospital B

The experiences of Pauline, a 70-year old nurse from Malaysia, are revealing. While she is Malaysian and trained overseas, her 30 years of experience in Australia means that she is viewed by many international nurses as the interface between them and management. The interview with Pauline provides important insights into the challenges facing international nurses in Australia.

Pauline has risen through the ranks at Metro Hospital B and now holds a largely administrative role. At the hospital, many of the international nurses treat Pauline as a confidante and come to her for advice when they are experiencing problems. According to Pauline, there is a high degree of segregation in the workplace, as well as a tendency for international nurses to be given difficult patients, which she attributes to the reluctance of international nurses to speak up if they are unhappy with a situation. According to Pauline, because her workplace remains largely white Anglo-Saxon at senior levels, international nurses do not feel comfortable raising issues with management and many resort to taking sick leave when they are not coping.

They don't vocalise, speak out. And their only resort is they take sick leave. When they get upset they take sick leave. And I tell them try not to take sick leave if it's just because of that unless it's a big issue. They just talk to me and I have to calm them down. No, they haven't complained because all those people on top are white, you know, so then they feel they cannot connect as well.

Two of the nurses interviewed for this study, May and Amaka, suffered stress-related breakdowns as a result of bullying and harassment in the workplace. May, an international nurse from East Asia, works at Metro Hospital B. She experienced ongoing bullying in her position in the Intensive Care Unit (ICU) which resulted in her decision to move to a different area of the hospital. According to May, the nursing profession in Australia is a hostile environment for international nurses, who face high levels of discrimination and many barriers to career progression. From her experience, May believes Australian hospitals prefer nurses who are confident, assertive and favour direct communication, which disadvantages Asian nurses who often come from cultures that value reserve, deference and respect for seniority. This finding concurs with other research showing that Asian professionals face barriers to career progression and are under-represented at senior levels in many Australian organisations (DCA 2014).

They like certain personality there. When I put my resignation letter some people talked to me about this that I wasn't the first one. There's quite many Asians before me went through this experience. They like people very assertive and very strong personality. If they see somebody very quiet they will put them under spot monitoring, keep them intimidated, make them resign one day. I think they're sort of enjoying it. I don't know how they are doing this in the workplace.

May, international graduate, Korea, Regional Hospital B

In our interview, May describes how she was bullied and intimidated by four senior members of staff at Metro Hospital B: the nurse unit manager, an associate nurse unit manager and two educators.

May was working in ICU at the time and she describes how the duties she was required to carry out took their toll on both her physical and mental health.

Look you know how hard work it is in ICU. It's very physically demanding, it's emotionally draining sometimes because a lot of patients, you know, I don't know how can I explain to you but it can be quite draining work and they gave all this hard work to me. Patient allocation, they are very hard on me, they give me a hard time. It shouldn't have really happened but when I look back now I should stand up more. I could do that now but back then I was so naïve and I didn't know what was my rights. So, I left after one year and I went to dialysis and I'm at the Metro Hospital B in Renal Service now. May, international graduate, Korea, Regional Hospital B

While May is no longer working in ICU, issues surrounding workplace bullying are also prevalent in her current position in the Renal Service raising concerns about the workplace culture at Metro Hospital B.

A. *It's as bad as the Intensive Care Unit. This department also has group bullying sometimes but they're not that bad. They are manageable.*

Q. *But still, it doesn't sound ideal.*

A. *Oh, work bullying is everywhere to be honest. May, international graduate, Korea, Regional Hospital B*

The other serious case of discrimination and workplace bullying involves a Nigerian nurse in Regional Hospital B. Amaka was a midwife who had trained in Nigeria and worked in Saudi Arabia and the West Indies. Amaka and her family moved to Australia after her husband had been offered a position as a cardiologist at Regional Hospital B. Soon after, she successfully applied for a position at the same hospital. While she was employed as a general nurse, Amaka was hopeful to work again as a midwife, which she described as her real passion. She investigated Australian rules regarding registering as a midwife and found that if she completed a month-long bridging course at a Melbourne university she would be qualified to work as a midwife.

According to Amaka, Regional Hospital B refused to release her from her position in order to travel to Melbourne to do the bridging course. The matter culminated in a lecturer from the university in Melbourne travelling to Regional Hospital B to resolve the issue but the hospital refused to release Amaka.

A. *Usually when you are coming as a midwife from an overseas, you have to do about a whole year of bridge course, but with my experience, and these letters that they received from all the areas that I've practised as a midwife, they were happy and they just wanted me to just spend only one month, which was*

really good. But then, so when I told the hospital that this was my – the reply of the letter that I had from the university and the Nursing Board of Victoria, they didn't want me to go. They refuse to release me to go. Yes, they didn't allow me to go

Q. And you don't know why?

*A. Well it was a racial thing.
Amaka, overseas-trained graduate, Nigeria,
Regional Hospital B*

Prevented from practising midwifery and traumatised by her encounters with hospital management, Amaka fell into a deep depression. She explained that the only reason she stayed working at the hospital was because her husband and children were settled and she felt it would be wrong for everyone to move. Instead, she describes how she remained working as a nurse in the special care nursery, enduring continual discrimination and bullying:

*Well in the hospital it was, at the beginning, it was like, a daily thing. With bullying and discrimination but unfortunately, again, the manager that was heading the station care nursery at that time she was really another big problem. So yeah, it was really tough for me. And sometimes, when I'm go in, my heart, I would be feeling as if I'm having palpitation. As soon as I enter sometimes I would feel as if I'm sweating, and sometimes I have to actually be drinking cold water, I will run to the toilet and I will come back; and then I remember several times I'd say to my husband, I said, "Do I have to die before you know that I've been in this place?" And he would say to me, "No. You will get over it." Now I wasn't sure whether to go to HR because nobody told me anything, I didn't know who to report to so I was just swallowing it alone.
Amaka, overseas-trained graduate, Nigeria,
Regional Hospital B*

The cases of Amaka and May offer important insights into the challenges facing international nurses working in an often hostile and discriminatory environment where bullying behaviour is frequently tolerated. The international nurses interviewed for this study are a very vulnerable group. Often international nurses are young and living way from home for the first time. Others have left partners and children in their home country until they are settled. None of the international nurses we interviewed had voiced concerns to their employers or the union and were largely unaware of their work rights. This suggests there is a clear need for the union and educational providers to ensure that international nurses are well informed of Australia's anti-discrimination laws and are encouraged and supported in any attempts they make to raise concerns surrounding discrimination and bullying behaviour.

The interviews also suggest that the 'bamboo ceiling' that exists in professions such as finance and law, may also be prevalent in nursing. After over 30 years working in the health sector in Australia, Pauline believes that discrimination remains prevalent and that the pathway to career advancement for international nurses is not for the faint hearted.

I think we have to work doubly as hard as the whites. That's how I felt. Even up to now too I can see what's happening. I think we have to work double harder than them. It's sort of a subtle thing but it still happens.

Pauline, Metro Hospital B

9.2 Concerns over certificate and diploma level graduates in early childhood education

Huge, probably more so with the certificate qualified I'd say more the entry level, but the diplomas are certainly up there as well. There's a lot of the little stand-alone RTO type things that are just pushing people through and they're not up to scratch. And that's not just necessarily language but across the board. I had someone the other day that we interviewed that I think she was only Cert III but she's like what do you mean the national quality framework?

*For-profit, early learning and care organisation B,
Melbourne*

Concerns surrounding the quality of graduates from the growing number of private providers have been increasing since qualifications in the sector became mandatory. Furthermore, there have been reports that some childcare centres have started unofficial blacklists of training providers they will not use because their graduate quality is so poor (ABC News 2014c). While beyond the scope of this project, the language skills and overall competency of Certificate and Diploma-qualified staff in the early childhood education sector emerged as a major issue. All employers in both metropolitan and regional Victoria interviewed for the study raised concerns about the proliferation of RTOs offering substandard qualifications in early childhood education. Issues surrounding RTOs emerged in August 2015 when policed raided two RTOs in Melbourne suspected of operating an immigration racket (Towers 2015).

A number of employers interviewed for this study were wary of applicants who had completed their qualifications at RTOs. For example, one employer spoke of an institute in Melbourne that specialised in heavy vehicle licenses but also offered a certificate level program in aged care and children's services. However, students graduated without any knowledge of the regulations governing early childhood in Australia.

Yes, the quality of some training is just atrocious and look, for instance, in [name of suburb] – not very far from us – we’ve got the [name of RTO] that will give you a Certificate III in Children’s Services but you don’t get a copy of the Framework. Not-for-profit kindergarten and childcare provider, western suburbs, Melbourne

Issues surrounding the quality of RTOs have been noted by the Federal Government with a Senate inquiry into the operation, regulation and funding of private vocational education and training (VET) providers in Australia reporting entrenched allegations of exploitation and profiteering (Commonwealth of Australia 2015). On 24 November 2014, the Senate referred the Senate inquiry to the Education and Employment References Committee for further inquiry and a report by 16 September 2015. In its submission to the inquiry, the ACTU reported a recent audit by Australian Skills Quality Authority (ASQA) of 77 colleges offering childcare qualifications found that 80% were providing substandard, “woefully inadequate” training. A fifth remained substandard, even after being given a chance to rectify problems.

The ACTU submission reported that the most common failures related to assessment methods and the use of ‘recognition of learning’ to fast-track students and that substandard training has led to a complete lack of confidence from the sector itself in the quality of graduates from many private training providers. Our research indicates that the quality of training provided by some RTOs is of major concern to those working in the early childhood education sector.

10 CONCLUSION

English language competency has emerged as a critical factor in determining successful labour market outcomes for overseas-trained professionals and Australian international graduates (Arkoudis et al. 2009, Birrell and Healy 2008, Blackmore et al. 2014, Farrell and Giri 2011). However, reports of poor English language skills hindering labour market integration of skilled migrants have raised questions surrounding the English language requirements for both migration and professional registration (Birrell et al. 2007). The English language skill level of international students has also come under scrutiny with reports suggesting that international students are graduating without the necessary English language proficiency for employment in their profession (Arkoudis et al. 2009, Barthel 2015). Recent changes to English language requirements for registration in nursing and the proposed introduction in early childhood education and care are part of a move towards stronger selection policies that include a requirement of high-level English proficiency.

Our study investigated how English language requirements using testing systems such as IELTS impact on the supply of skilled labour. It also examined the effectiveness of IELTS in determining the English language proficiency of skilled migrants, as well as exploring the broader communication requirements in the professions under investigation. Greater nuanced knowledge of the specific language requirements of the health and early childhood sector will benefit employers, professional bodies and the tertiary education sector, as well as overseas-trained professionals and Australian international graduates intending to transition into the Australian labour market.

The results of this study found that high levels of English language proficiency are a critical requirement in nursing, medicine and early childhood education. Interviews with employers, government, industry associations, overseas-trained professionals and international graduates reflect the view that communication is at the heart of their professions. Interviews highlighted the complex language requirements in each profession, including the need to calibrate language to a range of situations and communicate effectively in often stressful and emotional situations. Importantly, interviews with employers in both health and early childhood education stressed that weak English language proficiency can have serious safety implications. Failure to understand a court order in a childcare centre, question more senior staff or properly document patient notes in a hospital were commonly cited examples.

In both nursing and medicine, proof of English language proficiency is a professional registration requirement for overseas-trained nurses and doctors and international graduates. In both professions, the view of healthcare providers is that the introduction of English language requirements has been an important step towards ensuring that skilled migrants have the necessary English language proficiency to successfully transition into the Australian labour market. Employers in nursing and medicine were largely satisfied with current English language requirements. While in medicine, there were some suggestions that the IELTS requirements could be higher, others felt that higher language requirements may eliminate quality candidates. In sum, the majority of employers and managers in healthcare were satisfied with the status quo.

In contrast, the views of overseas-trained graduates and international graduates were mixed, with many participants feeling that IELTS 7.0 in Reading and Writing was an unnecessarily high requirement for healthcare and that the assessment tasks do not reflect the types of reading and writing required in the workplace. Others commented that the requirement that a score of IELTS 7.0 be achieved in all four bands in the one sitting was unreasonable. (As noted in the relevant section, this requirement has been changed since the writing of this report.)

In early childhood education, the introduction of English language proficiency requirements for registration did not take effect until 30 September 2015. Therefore, the study sought to canvas the sector's views on the then proposed changes. Employers in the early childhood education and care sector were largely supportive of the introduction of English language requirements, believing this was an important step towards the professionalisation of the sector. However, none of those interviewed was familiar with the IELTS test or the levels required for registration, and most were surprised when they were told the requirements for early childhood teachers were higher than those for registration in nursing and medicine. In fact, most employers knew very little about the proposed changes at all. This finding suggests that employers would benefit from more information on the new language requirements for registration, including education on what the IELTS test does and does not claim to assess.

In contrast, international graduates and academics interviewed for this study were very concerned about the broader impact of the proposed changes and believed that many international students currently studying early childhood education teaching would struggle to meet registration requirements. The full impact of new English language requirements in early childhood education will only become evident in mid-2016. Until then it is a case of 'watch this space'.

In healthcare, English language proficiency tests such as IELTS are just one of the many tools and techniques used to assess the language capabilities of prospective employees. Application letters, phone/Skype interviews and face-to-face interviews are commonly used methods to determine whether a candidate has the communication skills required in the workplace. In medicine, a number of hospitals use rigorous interview procedures to determine whether an IMG has the language skills fit for purpose. One hospital in our study uses a three-week unpaid observership to examine the professional competency of IMGs, including communication and language proficiency. In nursing, casual positions are offered as a way of trialling new recruits.

In early childhood education, where there are currently no registration requirements, interviews are the main method of assessing the language and communication skills of overseas-trained teachers and international graduates. Currently, there are no formal language requirements and none of the employers interviewed uses language testing in their recruitment procedures. Some employers use multiple interviews, room visits and require evidence of written communication skills as part of their recruitment procedures.

This study revealed that Australian employers in healthcare and early childhood education have very high expectations of English language proficiency and communication skills in the workplace. However, despite meeting these requirements and successfully obtaining work in their field in Australia, many of the overseas-trained professionals and international graduates we interviewed experienced challenges when communicating in the workplace. This suggests that while IELTS entry requirements, interview procedures and observerships provide employers with a good indication of a candidate's language and communication skills, further induction and professional development may also be required.

The study highlights the complex, sophisticated language and communication skills required of skilled migrants in workplaces that are often culturally very different from what they may have previously experienced. Notably, it was only in medicine that there was evidence of IMGs receiving professional development in key communication areas, such as speaking on the telephone and graded assertiveness.

Our study highlights the many challenges that skilled migrants face as they attempt to transition into the Australian labour market. Many participants in this study spoke of experiencing different social and cultural practices and unfamiliar work environments. Often skilled migrants struggle with personal issues, such as being separated from partners and children, financial stress, loneliness and isolation. While the focus of this study is on the English language and communication skills required by overseas-trained professionals and international graduates to successfully transition into the labour market, there is evidence to suggest that other factors are impeding their labour market integration.

In Australia, it is expected that skilled migrants meet strict conditions in order to work. However, our study suggests that after meeting these conditions and successfully obtaining work, skilled migrants and international graduates often face a hostile reception in the Australian workplace. There is strong evidence in this study of discrimination and workplace bullying in early childhood education and healthcare, with the cases reported in nursing being the most alarming. Integration is not a one-way street, and there is evidence to suggest that Australian employers must work harder to stamp out discrimination and create inclusive working environments that acknowledge and respect cultural diversity. The tendency of many employers to give preference to Westernised workplace models which over-value self-promotion and assertive direct communication, while under-valuing and misinterpreting quiet reserve, deference and respect for seniority, suggests Australian workplaces are failing to leverage the talent in their midst.

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APPENDIX 1: INTERVIEW QUESTIONS

Overseas-Trained Nurses/Doctors/Early Childhood Educators

Biographical

- Name
- Age
- Gender
- Country

Prior education and work experience

1. Where and when did you complete your education?
2. Have you previously worked in your field either in Australia, your home country or another country? Describe any prior work experience.
3. Why did you decide to come to Australia? How long do you plan to stay in Australia?

Recruitment

4. Who is your current employer and how long have you been in your current role?
5. What is your visa status? Were you required to provide IELTS test results for visa purposes?
6. How did you find your current position? (agency, internet, networks, etc.). Describe the recruitment process?
7. Was your language competency assessed? If so, describe the assessment process.
8. What are the conditions of your current position (contract, permanent position, etc.)?
9. Did you have any induction or training after commencing in your current role?

Workplace language and communication

10. What are the key communication requirements in your workplace?
11. How well did your training prepare you to communicate effectively in English in the workplace?
12. Have you encountered any difficulties communicating in your workplace?
If so, can you describe these difficulties?
13. How has your workplace supported you in overcoming any language or communication difficulties?
If so, how? If not, how could you have been better supported?
14. Do you think you would benefit from ongoing language training
(e.g. understanding colloquial language, technical terminology, etc.)
15. Have you experienced discrimination in the workplace? If so, please describe the nature of the discrimination.

IELTS

16. When and where did you sit the IELTS test for professional registration?
17. Did you sit the academic or professional IELTS?
18. How many times did you sit the test before you achieved the required scores?
19. How did you prepare for the IELTS test?
20. How much money have you spent on IELTS (preparation, sitting the test, etc.)
21. In your opinion, how well does IELTS determine the language requirements for your workplace?
22. Do you think the current IELTS scores required for registration in your profession are appropriate?
If yes, why? If not, why not?
23. In your opinion, how do you think the workplace communication competency of overseas-trained graduates/international graduates should be assessed?
24. How can employers best determine whether overseas-trained graduates/international graduates have the communication skills required for the workplace?

Employers – Nursing

1. Have you hired overseas-trained nurses (OTN)/ Australian international nursing graduates? Why/Why not?
2. How do OTN/Australian international graduates compare with domestic graduates?
Would you seek to employ OTN/ international graduates again? Why or why not?
3. From your experience, how well do OTN/Australian international graduates adapt to the workplace?
What are the major issues OTN/international graduates face when adapting to the workplace?
4. What are the critical language requirements of graduates in your workplace?
5. How do you determine whether an OTN/Australian international nursing graduate is able to meet those critical language requirements? Is it via IELTS? Other testing? Interview, etc.?
6. In your experience, do OTN/Australian international graduates typically meet those requirements?
If not, where do they experience difficulties?
7. Are OTN/Australian international graduates from particular language and/or cultural backgrounds better able to adapt to the workplace than others?
8. What is your view on the 2010 decision by the NMBA to raise the IELTS level to 7 in all four bands?
What have been the current/future ramifications for your workplace?
9. Did you have any input into the decision by the NMBA to raise the IELTS requirement for registration?
10. How well does IELTS assess prospective employees' communication competency?
11. Is the current mode of language assessment adequate? If not, what suggestions would you make for improving the way OTN/international graduates are assessed? (e.g. a nursing specific language assessment tool?)
12. What can universities do to enhance the communication skills of international nursing graduates?
13. What challenges and opportunities do you see in relation to the employment of overseas-trained nurses and/or Australian international graduates?
14. What are some of the future issues for overseas-trained nurses and/or Australian international graduates finding work in Australia?

Employers – Medicine

1. Have you hired international medical graduates (IMG) Australian international medical graduates? Why/Why not?
2. How do IMG/Australian international graduates compare with domestic graduates?
Would you seek to employ IMG/Australian international graduates again? Why or why not?
3. From your experience, how well do IMG/Australian international graduates adapt to the workplace?
What are the major issues IMG/Australian international graduates face when adapting to the workplace?
4. What are the critical language requirements of graduates in your workplace?
5. How do you determine whether an IMG/Australian international graduate is able to meet those critical language requirements? Is it via IELTS? Other testing? Interview, etc.?
6. In your experience, do IMG/Australian international graduates typically meet those requirements?
If not, where do they experience difficulties?
7. Are IMG/Australian international graduates from particular language and/or cultural backgrounds better able to adapt to the workplace than others?
8. Are you satisfied with the current IELTS requirements for registration? If not, why not?
9. How well does IELTS assess prospective employees' communication competency?
10. Is the current mode of language assessment adequate? If not, what suggestions would you make for improving the way IMG/international graduates are assessed? (e.g. a medicine specific language assessment tool?)
11. What can universities do to enhance the communication skills of international medical graduates?
12. What challenges and opportunities do you see in relation to the employment of IMG and/or Australian international graduates?
13. What are some of the future issues for IMG and/or Australian international graduates finding work in Australia?

Employers – Early Childhood Education

1. Have you hired overseas-trained early childhood educators/ Australian international graduates? Why/Why not?
2. How do overseas-trained early childhood educators/Australian international graduates compare with domestic graduates? Would you seek to employ overseas-trained early childhood educators/Australian international graduates? Why or why not?
3. From your experience, how well do overseas-trained early childhood educators/ international graduates adapt to the workplace? What are the major issues overseas-trained early childhood educators/ Australian international graduates face when adapting to the workplace?
4. What are the critical language requirements of graduates in your workplace?
5. How do you determine whether a graduate is able to meet those critical language requirements? Is it via IELTS? Other testing? Interview, etc.?
6. In your experience, do overseas-trained early childhood educators/ Australian international graduates meet those requirements? If not, where do they experience difficulties?
7. Are there differences in the way overseas-trained early childhood educators/ Australian international graduates from particular countries/language backgrounds able to adapt to the workplace?
8. What is your view on the 2013 decision by the AECQA to raise the IELTS levels for registration to 7.0 for Reading and Writing and 8.0 in Speaking and Listening? What have been ramifications for your workplace? What are the future ramifications?
9. Did you have any input into the decision by ACECQA to raise the IELTS requirements for registration?
10. How well does IELTS assess a prospective employee's communication competency?
11. Is the current mode of language assessment adequate? If not, what suggestions would you make for improving the way overseas-trained early childhood educators/Australian international graduates are assessed? (e.g. occupation specific language assessment tool?)
12. What can universities do to enhance the communication skills of Australian international early childhood education graduates?
13. What challenges and opportunities do you see in relation to the employment of overseas-trained early childhood teachers and/or Australian international graduates?
14. What are some of the future issues for overseas-trained early childhood teachers and/or Australian international graduates finding work in Australia?