

1 An impact study into the use of IELTS by professional associations and registration entities: Canada, the UK and Ireland

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Grant awarded Round 13, 2007

This study examines the history and rationale for selection of IELTS as a language benchmarking system for professional associations, and explores the main competitors to IELTS in global testing for professionals in Canada, the UK and Ireland.

[Click here to read the Introduction to this volume which includes an appraisal of this research, its context and impact.](#)

ABSTRACT

IELTS was originally designed to assess English language skills for entry to courses of academic study. However, the use of IELTS for professionals seeking registration or membership of professional association has been growing over the past decade. This study was designed to examine language testing for professionals in three global markets: one relatively new market, Canada, and two traditional markets, the UK and Ireland.

The key objectives of the study were to examine the history and rationale for selection of IELTS as a language benchmarking system for professional associations, to explore the main competitors to IELTS in global testing for professionals, to determine the minimum band scores being used as criteria for registration or membership of professional associations, the decision-making policies and the perception of its fitness for the purpose. This was a qualitative study which included desk research of alternative examinations and assessment systems and the targeted associations, and identification of key contacts, followed by semi-structured interviews conducted face-to-face, by telephone and by email.

The study found that the range of assessments accepted by professional associations varied according to the country. In the UK, eight out of ten associations listed IELTS as the only acceptable assessment system of English language competency, and association staff tended to be well-informed about IELTS and familiar with the band scores.

In Canada, the range of testing systems used was more diverse, with some nationally-produced benchmarking systems also accepted. The majority of registering bodies, however, reported that most applicants presented with either the IELTS or the Educational Testing Service's (ETS) tests. The main challenge to IELTS' market share is the roll-out of iB TOEFL, which tests integrated skills and has largely replaced TOEFL, particularly in Canada where ETS is highly respected.

The UK and Ireland, as members of the EU, are bound by legislation which prevents them from asking for a language assessment from professionals of the EU. Accordingly, the responsibility for ensuring that individuals have the appropriate language skills to operate in an English-speaking context has been shifted from the regulatory body to employers. This may be a potential growth market for IELTS in those countries.

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1 INTRODUCTION

Much has been written recently about the role English will play in post-modernist times. English language is becoming a lingua franca for many countries, primarily due to the use of global communication tools such as the internet. Academics write that the role of English language is changing to meet the demands of ever changing global communication strategies. Some argue that if English is spoken fluently and well and can be used in the electronic arena, then there is a reduced need for a first language in many contexts.

This would suggest that the role of language testing is likely to become increasingly important. Bodies such as medical boards, nursing registration authorities, veterinary registration authorities, pharmacy boards and other occupational regulatory bodies have recognised that English language communication in an English language employment culture is critical to the public good. It therefore serves the public interest to ensure that individuals seeking to move from non-English speaking professional environments to English-speaking work contexts are able to communicate effectively in English. Further, there is recognition that in the global context, skills and employment mobility are now critical and will become more so in the future as currently disadvantaged peoples seek to move to the developed world to practise their profession.

The International English Language Testing System (IELTS) was originally intended and designed as a set of international benchmarks to assess an individual's proficiency for academic study in English-speaking teaching contexts. This test, in addition to other international tests designed for a similar purpose, has now been adopted by a number of professional associations throughout the English-speaking world as a reliable means of assessing the quality of communication in English language for the professional workplace. The growing trend for IELTS to be adopted by users outside of academia, including governments, professional organisations and employers, may constitute a risk for the test owners if the assessment system cannot be validated for the purposes for which it is being used.

A previous study by this author (2008) focused on the use of IELTS to assess occupational communication skills in Australia, New Zealand and the USA. This study seeks to build on the former research parameters and outcomes, focusing this time on Canada, the UK and Ireland.

In Canada, the number of bodies registered as accepting IELTS has grown from five to ten in the last four years. In the UK and Ireland the number of registered users in this category has grown from nine in 2004 to thirteen in 2009, most of these in the UK.

The majority of associations, as was found in Australia, New Zealand and the USA (Merrifield 2008), represent the health professions and so the accuracy of the assessment tool constitutes high stakes to both the sector and to IELTS. If the number of users continues to grow at the rate it is currently growing, development of a body of knowledge of what is happening in the professional world is an important aspect of risk management for the managing partners. The IELTS partners need to understand the non-expert's perception of how good the "fit" is, the means by which entry level band scores are established, how often minimum levels are revisited and what support might be needed from the IELTS administration. This report addresses these issues.

The second main area of risk to IELTS is the competitive environment in which it operates. Prior to the global expansion of IELTS, the best language assessment tools available and accessible were traditionally the Test of English as a Foreign Language (TOEFL) and the Cambridge ESOL (English for Speakers of Other Languages) suite of tests. The TOEFL is designed and operated by Educational Testing Service (ETS) and has been available internationally for many years, particularly in Asia and the Americas. Recently a new international testing system has been launched, the Pearson Test of English (PTE), which has introduced high level technology to address some of the very complex and difficult issues inherent in international language testing, like identity verification of candidates. The impact of this testing system has not yet been felt.

This report examines the major competitors to IELTS in the Canadian and European contexts, and attempts to identify attitudes to IELTS and its competitors as effective benchmarking tools.

2 OBJECTIVES, SCOPE AND APPROACH

2.1 Objectives

Key issues to be considered in this study were:

- value of IELTS as key indicator
- value of IELTS in comparison with its main competitors
- appropriateness of the test for the purpose of association membership or registration
- perceptions of IELTS by key stakeholders
- variations in awareness and understanding of IELTS between users
- initiatives to enhance recognition, understanding and reach of IELTS.

In accordance with the key issues, the objectives of this study were to:

- explore the history and rationale for selection of IELTS as a criterion for membership or entry to a profession
- identify minimum IELTS band scores being used as criteria for membership of professional associations or for registration
- identify the main competitors to IELTS and make a broad assessment of the risk they constitute to IELTS' market share
- assess the overall degree of understanding of the test by professional association staff and identify similarities and differences between countries studied
- identify perceptions of users on how well IELTS fits the purpose
- develop an understanding on whether or not IELTS should actively seek to extend the reach of the test in non-academic sectors
- make recommendations if appropriate on the development of educational and marketing programs to enhance understanding of the test, its outcomes and its appropriate uses.

2.2 Approach

This was a qualitative study; that is, an inquiry process to seek and report the views of individuals in their natural setting, examining personal experience with a variety of approaches which may be historical, textual or interactional (Creswell 1994; Denzin & Lincoln 1994). It should be noted that outcomes are reported in the form of case studies which may exemplify attitudes and approaches but which could not be used as valid bases for generalisation.

The research consisted of:

- desk research of alternative examinations and assessment systems
- desk research of target organisations that are registered with IELTS
- development of a list of key contacts to be invited to contribute to the research
- telephone and electronic contact to establish a relationship, to introduce the aims and purpose of the project and where possible, to set up interviews

- conduct of semi-structured face-to-face, telephone and electronic interviews with key contacts
- follow-up by telephone and email.

2.3 Scope

The study focused on Canada, the United Kingdom and Ireland. Professional associations and registering or licensure bodies which formally accepted IELTS formed the basis for initial contact. This meant that the organisations had officially included IELTS as the language assessment benchmarking system, or one of two or more systems, as part of their criteria for assessing language skills, and had established a formal relationship with IELTS which allowed them to access information and secure verification links for checking candidate outcomes.

The initial list of contacts was as follows:

2.3.1 Canada

- Association of Registered Nurses of Newfoundland and Labrador
- British Columbia College of Teachers
- College of LPNs of British Columbia, Burnaby
- College of Pharmacists of British Columbia
- College of Registered Nurses of Manitoba
- National Association of Pharmacy Regulatory Authorities
- College of Nurses of Ontario
- Ontario College of Pharmacists
- Ontario College of Teachers
- College of Registered Nurses of British Columbia

2.3.2 The United Kingdom

- British Acupuncture Council
- Chartered Institute of Marketing
- Faculty of Public Health
- General Dental Council
- General Medical Council
- General Optical Council
- Health Professions Council
- Nursing and Midwifery Council
- Professional Linguistic Assessment Board
- Royal College of Veterinary Surgeons
- Royal Pharmaceutical Society of Great Britain

2.3.3 Ireland

- Irish Nursing Board/ An Bord Altranais
- Irish Medical Council
- Pre-Hospital Emergency Care Council

2.4 Responses

A total of 24 professional associations were approached to seek their participation and response to the study. Of these, 14 agreed to actively participate and the remainder were investigated primarily through desk research. The PLAB, which is an examination taken by medical professionals in the UK, was considered together with the General Medical Council.

There were some key constraints, however, in conducting a research project in which professional people were asked to participate in a study which focused on an area which was outside the bounds of their qualifications and expertise. In the UK in particular, contact with several professional associations for interview could not be made, and some indicated that they were unable to fully participate.

Possible reasons for this were as follows:

- Firstly, the 21st century workplace is characterised by staff who are “time poor” and who are dealing with a broad range of demands on their time. Some individuals may therefore have been reluctant to participate in a research project which they may have seen as not value-adding to their job or workplace.
- Secondly, the typical workplace for the associations being targeted in the project used electronic means to mass-communicate, making use of websites, email contact and virtual switchboards. Security firewalls on websites and email accounts, and limited options on the virtual switchboard, tended to be a barrier to communication, even in the case where a key contact had been identified.
- Thirdly, some staff in these organisations indicated that they were reluctant to be interviewed, even in an informal manner, on a subject about which they had limited knowledge.
- Finally, some of the smaller organisations were largely staffed by Council members who were still practising their profession and lending their expertise on a voluntary or consultancy basis, and were unavailable for what they saw as an extraneous matter.

In addition, some areas to be explored in the study depended upon historical records. Many of the professional associations and regulatory bodies approached had been operating for many years. Staff turnover and loss or lack of historical records meant that early policy and aspects of the history of the organisation (for example, the initial decision-making process on use of IELTS for language assessment) could not be determined.

Those who participated fully contributed valuable information and were generally pleased to have the opportunity to discuss their needs and gain some feedback about management of English language assessment by other similar organisations.

3 NATIONAL AND INTERNATIONAL TESTS

In the three countries on which this study focused, English language testing and assessment has been in place for many years. Professional mobility is increasing, encouraged by access and equity legislation and political policies which encourage migration of the educated and the skilled. This in turn is increasing the need for internationally accessible English language testing systems.

The associations examined in this study varied quite widely in the choice of national and international tests which they considered met their needs, generally stipulating somewhere between one and four language assessment options. By far, however, the most comprehensively used assessment systems were IELTS and the various forms of the TOEFL.

The full range of assessment systems accepted was as follows:

- International English Language Testing System (IELTS)
- The Test of English as a Foreign Language (TOEFL) in its various modes:
 - Paper-based TOEFL
 - Computer-based TOEFL
 - Internet-based TOEFL (iB TOEFL)
 - The Test of Written English (TWE) (combined with TOEFL)
 - The Test of Spoken English (TSE) (combined with TOEFL)
- Cambridge ESOL Tests
- Trinity College London Integrated Skills in English (ISE)
- The Test of English for International Communication (TOEIC)
- The CanTEST
- The Canadian English Language Benchmark Assessment for Nurses (CELBAN)
- The Michigan English Language Assessment Battery (MELAB)

3.1 International English Language Testing System (IELTS)

IELTS was originally established in the late 1980s and according to the IELTS website, at the time of writing was available in 500 locations in 120 countries throughout the world. It is jointly managed by IDP:IELTS Australia, the University of Cambridge ESOL Examinations and the British Council, and in mid-2009 IELTS candidature reached the one million mark.

It was designed initially with an Academic Module with specific purpose content intended to test language proficiency for entry to studies in English, and a General Training Module which was aimed primarily at vocational language use. The specific purpose content was revised in subsequent versions of the test.

Recognition of IELTS globally has grown to well over 6,000 institutions and professional bodies as well as government immigration authorities. Recognition of the test in the USA, a relatively new and potentially very large market, had grown to over 2,000 institutions and professional bodies by 2009.

The test consists of an extended reading and listening test, a writing test in the form of an essay or report, and a speaking test between candidate and examiner in the context of a real-time and real-life discussion. Candidates are able to sit the test as often as they wish and are able to access their results

in a short timeframe of 13 days. Institutional and professional users are able to access candidate results directly through an online verification service.

Some of the perceived advantages of IELTS are:

- a very short waiting time to sit the test, broad accessibility and frequent test dates
- productive skills assessed through authentic writing tasks and a real-life person-to-person interview, which is a strong advantage of the test for professional associations
- security and integrity of the test
- research to underpin the quality assurance processes
- brief turnaround between sitting the test and accessing the outcomes.

3.2 Test of English as a Foreign Language (TOEFL, iB TOEFL)/Test of Spoken English (TSE)

TOEFL is owned and operated by Educational Testing Service, which is based in the USA. The test has been in place as a paper-based test for many years and includes Listening, Structure, Reading and Writing modules. A speaking assessment was not included in the original paper-based test, and had to be taken as a separate (largely optional) process (the Test of Spoken English) at a limited number of access centres.

There are now revised TOEFL versions which give candidates a choice between the paper-based version (plus a Test of Spoken English (TSE)), a computer-based version and an internet-based version, which makes it more accessible on a global basis.

The internet-based TOEFL (iB TOEFL) was introduced in 2005 in response to concerns about the accessibility of the paper-based TOEFL and TSE, and was extended to include a speaking component. The format was revised to include an integrated tasks model, with all skills tested in one sitting. Originally better-known and more popular in the USA and Canada, the TOEFL is now offered and recognised in 130 countries by over 6,000 institutions and organisations, according to the ETS TOEFL paper *Comparing TOEFL iBT and IELTS* (Rev: March 2009).

The integrated tasks include a Reading-Listening-Writing task, and the productive skills of Writing and Speaking are conducted on a computer interface, encrypted for security and scored by between three and six human raters. Scores are generally available two weeks after the test.

As with IELTS and other language assessment instruments, the iB TOEFL is designed to assess language proficiency within academic contexts. Since its introduction in 2005, ETS has sponsored research into such focus areas as validity and reliability of scores, comparison between human interactive scoring and E-rater scoring of components of the test, validity of the iB TOEFL for academic entry and the use of E-rater for assessing written texts. The use of iB TOEFL scores for entry to professions does not at this stage appear to have been a focus for research.

Since the introduction of the iB TOEFL, use of the assessment system has grown, and in 2009 a verification service for receiving institutions to gain direct online certification of candidate outcomes was launched. This is a service which IELTS has had in place for some time and is highly valued by users concerned about the security and reliability of certification.

Despite recent growth in candidature numbers for the various forms of the TOEFL, its popularity for language assessment is traditionally strongest in the Americas and parts of Asia. The TOEFL in its various forms is accepted by all Canadian professional associations involved in this study, one UK body and two Irish associations.

The paper-based version of the test is to be phased out, as is the computer-based version, as the necessary internet technology becomes available in developing countries. This will eradicate the necessity for candidates to engage in a two step process to complete their TOEFL assessment, which is time-consuming and could not always be completed in one day.

However, the previous study (Merrifield 2008) revealed reservations about the semi-direct approach to the Speaking test, in which candidates are responding to spoken stimuli rather than engaging in a face-to-face co-constructed dialogue, as is the case with other tests such as IELTS and the Cambridge tests. This remains an issue for professional associations in the countries involved in this study.

3.3 Cambridge ESOL Tests

The Cambridge English language assessment examinations and tests are administered by Cambridge ESOL, a Department of Cambridge Assessment and part of Cambridge University. The suite of Cambridge tests is varied in its focus and has grown over a 150 year history to be one of the most highly respected testing systems in the world, with particular focus on the European context. IELTS is one of the assessment systems managed by Cambridge ESOL, in joint partnership with IDP: IELTS Australia and the British Council. However, a broad range of other tests offered by Cambridge ESOL have been used for many years by employers, in particular the Cambridge Proficiency in English (CPE) and Cambridge Advanced English (CAE) examinations.

Cambridge ESOL boasts a candidature of over three million in 2,500 centres covering 130 countries (Annual Review 2008), including IELTS, and has recently undergone review processes of some of the major tests to keep them current. The tests cover a broad demographic in terms of age as well as country of origin, and are widely recognised by governments and universities, particularly in Europe.

Computer-based versions of four of the tests were introduced in 2008. In addition, online marking for writing scripts for the Certificate in Advanced English (CAE) test was put in place to reduce the time taken for candidates to access their results. There is now a three week turn-around for results to be provided to candidates. These strategies will allow Cambridge ESOL to expand its examination dates, extend its reach and streamline application and marking processes.

The tests are supported by funded research and feedback, and there are strong quality assurance processes in place. Cambridge ESOL also makes a point of the fact that all its tests include a face-to-face interview, a feature which tends to be highly rated by professional bodies.

Despite the strong reputation of these tests, only one professional body based in Britain listed the CAE and the CPE among the accepted language assessment systems.

3.4 Trinity College London Integrated Skills in English (ISE)

The Trinity College suite of tests has been in place for approximately 50 years. These examinations assess all four macroskills in an integrated and interactive testing situation, and are recognised internationally by academic institutions mainly based in the UK, North and South America and parts of Europe.

As part of the assessment, candidates prepare a portfolio of a varied sample of classroom work in addition to tasks completed under examination conditions. There are five levels of the ISE examinations. The portfolio forms the basis for the oral interview, whose broad aim is to conduct an unscripted conversation to replicate as far as possible real-life exchanges. While assessment levels are frequently moderated, this introduces an element of subjectivity in assessing language competency, but is consistent with what many users of international language tests see as authentic communication.

Quality assurance procedures include occasional visits to test centres, monitoring a small sample of interviews, both live and recorded, re-scoring of approximately 10% of written tests and portfolios, an annual moderation session and professional development event for examiners, and statistical monitoring.

Despite a good network of test centres within the UK and some international availability of the test, only one respondent included the ISE III/IV as an alternative to IELTS. It is unlikely that it would be taken up by professional bodies generally because the process is lengthy and difficult for overseas professionals to access.

3.5 Canadian English Language Benchmark Assessment for Nurses (CELBAN)

In Canada, control of language testing, professional standards and licensure has traditionally been devolved to the provinces, unlike the UK and Ireland, where there is national regulation.

However, an overarching body in Canada funded jointly by four of the larger provinces and the Department of Citizenship and Immigration Canada established the Centre for Canadian Language Benchmarks (CCLB) in the early 1990s, and the Canadian Language Benchmarks (CLB) were introduced in 1996. The purpose of developing the benchmarks was not to produce a language assessment test, but to devise a scheme which would act as a national standard for the description and measurement of second language proficiency. It was primarily intended to focus on education and the workplace for migrants settling in Canada, and to provide a practical curriculum guide. The benchmarks range from 1 to 12, one being the lowest level of communication and 12 being the highest.

The CELBAN was an assessment system created as an extension of this project to assess specific purpose English language skills of overseas trained nurses seeking licensure in Canada.

The CELBAN was developed as an alternative to more generic English language assessment systems like IELTS and TOEFL, and evaluates the four macroskills of speaking and listening, reading and writing. The CELBAN is now administered by the Canadian English Language Assessment Services (CELAS) Centre, originally established in Winnipeg in 2004. The main disadvantage of the use of this test is that the CELAS Centre is the only location in which the test can be taken.

The CELBAN is recognised by 10 Canadian provinces. In order to sit the tests, candidates must be qualified offshore and be in the process of applying for registration in Canada. Many of the provinces have their own registration body for nurses, and so a new assessment system like the CELBAN requires recognition by each of these bodies, and this recognition is growing. A primary feature of this test is that it has nursing-specific content, while the more global assessment systems do not, and this is seen by professional nursing associations in Canada as a major advantage.

However, the fact that it is only available within Canada means that overseas applicants for registration, many of whom complete a language assessment prior to applying for registration or recognition from offshore, need to look for an alternative. IELTS and TOEFL, with their international accessibility, are the primary alternative choices.

3.6 Canadian Test of English for Scholars and Trainees (CanTEST)

The CanTEST was developed by the Language Testing Service of the University of Ottawa as a tool for assessment of English language skills in both the academic and the professional arena. It is matched against Canadian Language Benchmarks 6 to 11 and is one of the approved tests for CLB. Assessment tests are offered at approved test centres in nine cities throughout Canada.

According to the University of Ottawa website, the CanTEST was designed for two main purposes: to assess whether a candidate is able to meet fluency requirements for entry to post-secondary education and training courses, and to test language proficiency for professional registration.

It is constructed of a listening test with approximately 40 multiple choice or short answer questions, reading tests which include a skimming and scanning exercise and a multiple choice and short answer section, a writing test of 45 minutes in the form of an essay and a 15 minute face-to-face interview with two assessors.

The outcomes are a set of scores, called Band Levels, for each macroskill on a range of one to five. The Band Levels are described as Novice (1), Very Basic User (2), Limited User (3), Competent User (4), Very Good User (5) and Fluent User (5+). Candidates receive an “Unofficial Score Report” after the test and the official report is sent directly to their institution or association of choice.

Candidates may register separately for either the Writing or Speaking components, or all three skills tests for Listening, Reading and Writing. There is a six week waiting period to retake the Speaking test, and candidates may not retake the Reading and Listening test within three months of sitting.

The CanTEST is accepted by the national body for pharmacy regulation in Canada, and the two Canadian pharmacy associations, but like the CELBAN, it has limited accessibility and is little known outside of Canada.

3.7 Michigan English Language Assessment Battery (MELAB)

The MELAB is an assessment system designed to assess language competency for entry to education programs and entry to professional training or work. It is administered by the English Language Institute of the University of Michigan in the USA, and is available at 32 locations in 20 provinces in the USA, and 14 approved locations in six provinces in Canada.

The test consists of a composition, a Listening test and a written test, with an additional optional Speaking test available at some testing centres. Scores on the first three parts are averaged to reach a final score, and scores are issued within eight to ten weeks. Candidates receive an unofficial score and official scores are sent directly to the institution or professional body listed by the candidate in their registration form.

The MELAB can be re-taken every two months, up to six times per year, and results can take up to two months to be issued. It is accepted by eight Canadian associations.

This test is appropriate for North American residents, but is not available internationally. Its limited accessibility and long waiting period for results mean that it could not be considered a serious competitor to IELTS.

3.8 Test of English for International Communication (TOEIC)

The TOEIC test was originally designed as an assessment of language skills for the workplace. It is run by ETS, as is the TOEFL, and is internet-based. Originally a Listening and Reading test, it has now had Speaking and Writing skills added to make it more comprehensive.

It is best recognised in the USA and Canada, where it has recently formed an new agreement with an associate, AMIDEAST, aimed at making it more competitive and extending its reach in the USA. AMIDEAST has formerly managed educational services including English language testing primarily in the Middle East and North Africa.

Three Canadian professional associations and one in the UK named the TOEIC as one of its recognised language assessment systems.

4 PROFILES OF PROFESSIONAL ASSOCIATIONS: CANADA, THE UNITED KINGDOM AND IRELAND

4.1 Profiles of professional associations – Canada

Canada is unique in that it has a dual language policy, English and French, and also has an indigenous population whose several languages are recognised in Canada. In such a multilanguage culture and environment, awareness of the significance of language competency for professionals is therefore deeply entrenched in regulation and legislation.

Professional organisations responsible for registration in Canada require evidence of an acceptable language fluency level in at least one of the two official languages, either English or French. Historically, Canada's political process has devolved control and monitoring of professional skills, training, standards and registration to the provinces. This means that for many occupations there is no standard national policy on minimum English language skills for professional registration. Politically, however, Canadian government legislation is moving towards reducing barriers and increasing mobility throughout Canada by establishing common standards for professions such as health care and education, and it is to be expected that this will include language assessment.

In this context, the larger provinces are collaborating so that standards become more uniform nationally. There are now organisations established in Canada which have a national mandate for regulation and accreditation. The Canadian Council for Accreditation of Pharmacy Programs (CCAPP), for example, is the Canadian accrediting body for courses of study in pharmacy, and only accredited courses with the CCAPP imprimatur or those accredited by the American equivalent (Accreditation Council for Pharmacy Education) are acceptable to provincial regulatory bodies. The Pharmacy Examining Board of Canada (PEBC) has a dual role in that it is a national examining board for the pharmacy profession and it also assesses the validity of pharmacy qualifications.

In the field of nursing, there has been a move in Canada to form a national organisation which will work towards developing a national set of standards and criteria for practising nurses. To date this has resulted in the CELBAN, which is outlined in 3.4 above.

It has been pointed out above that one of the critical factors in deciding whether or not to use a language assessment tool is accessibility. In Canada, there is accessibility to IELTS testing in the southern provinces and in the main towns. However, the northern parts of Canada, which are less densely populated, tend to have far more limited access to English language testing and the IELTS test in particular. That being said, the vast majority of people seeking registration are overseas applicants for whom evidence of acceptable English language skills is a prerequisite to applying for registration. This means that most will need to present evidence of an appropriate language assessment prior to leaving their own country.

As is the case in the USA, TOEFL has a very strong position in Canada as a trusted and reliable testing system. The introduction of the iB TOEFL strengthened the position of ETS because it has made the test more accessible globally, and it includes testing of all four skills. However, there is still a perceived advantage in the IELTS system of assessment because of the work that has been done on test quality and security of outcomes.

At the time of the study, 10 Canadian organisations were registered with IELTS. Of these, five were colleges of nurses, three were pharmacy professional associations and two were colleges of teachers.

4.1.1 Nursing organisations

The five nursing associations registered with IELTS were all established as provincial self-regulatory bodies under Canadian Health Professions legislation with a mandate to protect the public interest. Each association is responsible for establishing nursing standards of practice for the province, assessing fitness to practice, approving education and training courses for the industry (including assessing overseas qualifications for equivalence) and supporting registered nurses in meeting their standards. They are also responsible for conducting hearings on complaints against registered nurses. Since their authority is limited to the province in which they operate, this does not necessarily mean that there is consistency either in the standards of practice required for registration, or in the minimum standard of language competency.

With the exception of Quebec, provincial nursing associations require a language competency assessment as a prerequisite to sitting for the Canadian Practical Nurse Registration Examination (CPNRE). As the name suggests, success in this examination allows an international nurse to practise in Canada. However, policies vary on language assessments for applicants from English-speaking countries, or those who have been educated or have practised in an English-speaking environment. Despite variations in policy and standards, registration is generally, but not automatically, recognised from province to province.

Professional nursing associations which have an inbuilt process of review of standards have conducted research or gained expert advice on language needs for the profession. For those engaged in mental health, high level oral communication skills are critical. Nurses working in clinical environments need to be able to use and understand technical language, in addition to communicating directly with a very broad spectrum of clients, their families and advocates, and other health professionals. Writing is critical for completing accurate charts and records, and proficiency in reading is needed for deciphering doctors' orders, understanding care plans, dealing with medications and understanding a range of important medical records.

Although the range of acceptable tests is similar for each of the nursing regulatory bodies, there is significant variation in the minimum standards set in all assessment systems apart from the CELBAN (see Table 7 below).

4.1.1.1 *College of Registered Nurses of Manitoba*

The College of Registered Nurses of Manitoba (CRNM) began operating as a regulatory body almost a century ago and became a College in the year 2000. It is controlled by a Board of Directors consisting of both registered nurses and public representatives.

Evidence of English language competency is required from potential registrants from non-English language backgrounds and those qualified offshore. Applicants professionally trained within Canada are generally exempt. Numbers of applicants for nursing registration have reportedly increased significantly in recent years from approximately 150 per year to over 400, which is attributed to an open door policy by Canadian immigration, coupled with active recruitment of healthcare workers, particularly in Manitoba. Ninety percent of applicants for registration are required to provide evidence of an acceptable English language fluency assessment.

The college officially accepts a suite of tests including TOEFL, the MELAB, the TOEIC and the CELBAN. As an alternative, it also accepts satisfactory completion of the Academic English Program for College and University Entrance (AEPUCE), a course offered by some universities in Winnipeg. While other evidence of fluency may be put forward by applicants, a formal assessment result is preferred by the college, and an IELTS Test Report tends to be the most commonly presented document.

It is not known how long IELTS has been accepted by the college. Acceptable band scores are an overall score of 6.5, with a minimum of 7.0 in Speaking. Applicants for registration may provide this evidence by presenting an amalgam of assessment outcomes achieved in successive tests over a two-year period.

4.1.1.2 College of Registered Nurses of British Columbia

The College of Registered Nurses of British Columbia (CRNBC) is a self-regulatory body with a mandate under Canadian Health Professions legislation to protect the public through regulation of registered nurses. It tends to deal with large numbers of new applicants for nurse registration with approximately 1200 international applicants in 2008.

It operates under bylaws which describe “fitness to practice”, and evidence of language fluency is a prerequisite to registration.

Evidence of English language competency is required by all applicants for registration, regardless of their country of origin. The minimum overall score accepted in IELTS is 6.5, with a minimum of 7.0 in Speaking and no less than 6.0 in the other three macroskills. A candidate may combine two test outcomes if they have satisfactory scores in Speaking in one test and the other three skills in another. The association representatives were unclear on the reasons for this, saying that the minimum scores had been decided upon many years ago.

Also accepted are the various modes of the TOEFL (plus the TSE where applicable), the Canadian English Language Benchmark Assessment for Nurses and the Michigan English Language Assessment Battery. There is a preference for the CELBAN because it was specifically designed for nurses and has occupation-specific content, a perceived short-coming in each of the other accepted tests.

As with some other associations, there was the opportunity in the past for applicants to plead their case rather than sitting for international assessments in English language. However, this is no longer practised because it was considered to be open to subjective judgments, whereas an international assessment score is not.

The majority of applicants present an IELTS Test Report.

4.1.1.3 Association of Registered Nurses of Newfoundland and Labrador

This organisation’s statement of entry-level nurse competencies does not make reference to language skills, but the requirements for registration for international nurses specify a range of acceptable language assessment systems and outcomes.

The IELTS requirement is an overall score of 6.5, with a minimum of 7.0 in Speaking. There are no minimum standards specified for the Listening, Reading or Writing skills. The association also does not specify whether potential registrants should complete the General Training Module or the Academic Module, or whether both are acceptable.

Other acceptable tests are all versions of the TOEFL (plus the TSE where applicable), TOEIC (plus the TSE), the CELBAN and the MELAB.

4.1.1.4 College of LPNs of British Columbia, Burnaby

This association represents and regulates the practices of Licensed Practical Nurses (LPNs), who are generally one year trained and responsible to Registered Nurses or Physicians.

Evidence of English language competency for overseas trained LPNs is required as a prerequisite to sitting for the Canadian Practical Nurse Registration Examination.

The acceptable testing systems are the Academic Module of the IELTS, the TOEFL (plus the TSE where applicable) and the CELBAN. IELTS minimum band scores are an overall outcome of 6.0, with a minimum of 7.0 in Speaking and 6.0 in each of the other skills.

4.1.1.5 College of Nurses of Ontario

The College of Nurses of Ontario (CNO) is the registering body for both Registered Nurses and Registered Practical Nurses in the province, dealing with over 150,000 nurses.

Evidence of English language competency is part of the entry-to-practice requirements. Applicants for registration must gain at least IELTS 7.0 in Speaking, with a minimum of 6.5 in each of the other skills and an overall score of 6.5. The CNO does not appear to specify the Module applicants should take. The TOEFL, TOEIC, CELBAN and MELAB are also acceptable.

4.1.2 Pharmacy organisations

Canada's National Association of Pharmacy Regulatory Authorities (NAPRA) was established in 1995 as a voluntary organisation with the overarching role of bringing together provincial authorities. Its main aim was to establish a national voice for the pharmacy profession in Canada, and to facilitate development of best regulatory practice. It has 13 pharmacy regulatory authority members and is governed by a board of 24 Directors and administered by an Executive Committee.

In 2000, a mutual recognition agreement for the pharmacy profession in Canada was signed by nine provincial regulatory authorities in a move to adopt common licensing requirements for pharmacists new to Canada. One of the major aims in forming this agreement was to facilitate free movement of pharmacists within Canada, and to remove potentially discriminatory requirements between provinces.

With its principal mandate the protection of the public, NAPRA established an entry-level set of professional competencies for pharmacists, and a National Model Licensing Program which included standards for language competency was published in 2006. This stated that applicants who were educated in Canada or the USA in pharmacy may not be required to provide evidence of English language competency, and where evidence of English language competency was required, documentation should reflect a language assessment conducted in the two years leading up to the application for registration.

As a guide to provincial regulatory authorities, NAPRA's policy is to accept iB TOEFL, paper-based and computer-based TOEFL, MELAB, IELTS, and the CanTEST. Guidelines on acceptable levels of achievement were established as set out in Table 1 below.

While it was not possible to interview a representative of NAPRA, it could be assumed that the equivalencies for each of the language assessment systems accepted for benchmarking by its members may either be historically based or perhaps the result of research.

In the case of IELTS, a minimum of 6.0 in each of the macroskills is required; if a band score lower than 7.0 is achieved in one or more macroskills then this would need to be compensated for by scores of 7.5 or above in one or more macroskills. An overall band score of 7.0 is deemed to be sufficiently high to indicate that a pharmacist is able to communicate on a variety of levels and with a broad range of interlocutors.

This national approach has guided the provincial authorities in the standards of English language required.

4.1.2.1 Ontario College of Pharmacists

The Ontario College of Pharmacists (OCP) is a self-regulatory body funded by public membership fees, and its role is to register pharmacists as a prerequisite to practising. Members include pharmacists, pharmacy students and interns, and membership will shortly be extended to pharmacy technicians.

The role of the college is to maintain quality standards, and it operates as a gateway to pharmacy practice through setting and monitoring professional standards. It operates as a complaints review body. It also works in cooperation with education providers of CCAPP or ACPE accredited courses, and sponsors the conduct of accredited communication skills programs.

As in other states, the Ontario College of Pharmacists operates under the NAPRA framework. A satisfactory result in IELTS or another accepted assessment system is a pre-registration requirement.

The college considers language proficiency to be a vital skill for registered pharmacists, who are required to communicate with patients with a broad range of demographics as well as fellow professionals. It has been using IELTS for a period of five years, and took on the NAPRA standards in 2006 following training and advice from a leading academic at the University of Toronto.

TEST		MINIMUM SCORE
iB TOEFL Internet-based	Speaking	27
	Writing	25
	Reading	Unspecified
	Listening	Unspecified
	Total	97
TOEFL Computer-based	Writing	26
	Test of Spoken English (TSE)	50
	Total	237
TOEFL Paper-based	Test of Written English (TWE)	5
	Test of Spoken English (TSE)	50
	Total	580
IELTS Academic Module	Speaking	6.0
	Writing	6.0
	Reading	6.0
	Listening	6.0
	Overall band	7.0
MELAB	Written composition	82
	Listening comprehension	Unspecified
	Grammar, cloze, reading, vocabulary, comprehension	Unspecified
	Oral component	3+
CanTEST	Total	85
	Speaking	4.5
	Writing	4.5
	Reading	4.5
	Listening	4.5

Table 1: Minimum standards of English language competency for the Canadian pharmacy profession as set down by the National Association of Pharmacy Regulatory Authorities (NAPRA)

It is interesting to note that the Ontario College of Pharmacists departs from the NAPRA standards in the respect that it allows applicants for registration who have an IELTS band score of 5.5 in one or

more of the macroskills to take an option of mounting an argument for its acceptability. Most present a test result, however.

According to college representatives, feedback from candidates indicates that many have a preference for IELTS, as they perceive it to be easier than alternative assessment systems. While some candidates question the relevance of IELTS because it does not include professional content, the college supports a more general context, taking the view that professional content is addressed in the training programs, and it is more important in language assessment to assess fluency and acculturation.

4.1.2.2 College of Pharmacists of British Columbia

The College of Pharmacists of British Columbia (CPBC) has a mandate to protect the public of the province by setting standards of practice for pharmacists and for the operation of pharmacies. International applicants for registration are required to successfully complete a National Qualifying Examination and a Jurisprudence Examination, and provide evidence of language competency whether or not they have studied in an English speaking country.

Evidence of English language competency is consistent with the criteria set down by NAPRA. In order to develop a good understanding of band score levels and to arrive at levels which were appropriate for pharmacists, the organisation sought advice from an experienced academic who had a background in working with IELTS.

The college does not have a role in monitoring registrants after they commence practising. However, it does act as a grievance resolution body in cases where formal complaints are made. Some of these relate directly to communication skills, in particular, that communicative competency is not regarded as being sufficiently high to deal with the demands of the profession on a day-to-day basis.

The organisation did not consider that there was a need for direct communication with or support from IELTS administration.

4.1.3 Associations of Teachers

4.1.3.1 British Columbia College of Teachers

The British Columbia College of Teachers (BCCT) is a self-regulatory body funded by member fees. The college is responsible for certification of individual teachers in public schools and some private schools prior to teaching in Canada. It also approves teacher education programs.

When assessing eligibility for teacher certification the college examines academic background, professional competency and evidence of professional practice within the previous 10 years. While there is provincial autonomy in education, in the interests of labour mobility the provincial Colleges of teachers are seeking to move to a common standard. Language skills are considered to be crucial for maintaining professional standards in the classroom.

Evidence of English language competency must be provided with either an IELTS Test Report or the outcomes from any of the three versions of the TOEFL. Currently, the college accepts an IELTS standard of 6.5 in the Academic Module with no less than 6.0 in the Reading and Listening components and a minimum of 7.0 in Writing and Speaking. The macro skills of speaking and writing were considered more important than the receptive skills because of the need for teachers to speak professionally, to confer with parents, to communicate with children and to write reports. These scores must be gained within one sitting of the IELTS. Acceptable language assessment is required for all applicants for certification whose education was not conducted in English. At the time of the study, between 150 and 200 candidates annually were required to present a language assessment report.

The band scores required were reviewed upwards in 2007 to bring them into line with other similar organisations. IELTS test centres are available in British Columbia at the Simon Fraser University and the Victoria University. TOEFL, on the other hand, which is also accepted by the BC College of

Teachers, is available at 50 centres throughout British Columbia. However, many applicants for registration gain evidence of language competency prior to moving to Canada, so that the availability of IELTS internationally works in its favour.

The BC College of Teachers has not requested or received specific support from IELTS administration apart from a package of information provided in 2003 when the original minimum standards were set. It was considered that occasional updates would be helpful.

There were no immediate plans to reassess the testing systems which were accepted. Any feedback about the testing system or any complaints against a particular teacher would be considered by the employer rather than the College of Teachers. The only perceived drawback of IELTS was the lack of subject specific content for those teaching in a particular discipline.

4.1.3.2 Ontario College of Teachers

The Ontario College of Teachers (OCT) is responsible for regulation of teachers in publicly funded schools in the province, and it sets standards of practice and conduct, certifies teachers and accredits teacher education programs.

Evidence of English language competency must be provided prior to certification for all applicants educated in non-English language contexts. This College has set the IELTS levels for individual macro skills a little higher than the British Columbia College of Teachers. The overall minimum standard required in IELTS Academic Module is 7.0, with a minimum of 6.5 in Reading and Listening and a minimum of 7.0 in Speaking and Writing. The iB TOEFL is also acceptable.

4.2 Profiles of professional associations – The United Kingdom

Professional associations and registration bodies in the UK which require an IELTS score from examination candidates, potential members of the organisation or professionals seeking registration are generally within the health care professions. For these professions, the UK has a relatively complex and diverse network of regulators, and all have responsibility for setting standards and regulation of those standards. Membership or registration is individual, and some associations have both a representative role for members and an arbitration role in that they investigate complaints against practitioners, potentially resulting in sanctions which may include suspension or striking-off.

Some association representatives put the view that with its National Health Service, the UK is an attractive destination for migrants. Since the establishment of the European Union, increasing numbers of health professionals have been entering the UK from Europe and further afield in search of a better lifestyle and work in their chosen profession. High level communication skills are considered crucial if the UK is to protect its reputation as a quality health provider.

However, it appears to be a source of some frustration to regulators that under European Law, professionals from within the European Economic Area (EEA) entering Britain are exempt from having to provide evidence of English language competency on the grounds that it may be discriminatory. This was considered by many of the professional associations involved in this study to be a high risk policy for the UK, given the vital importance of effective communication when serving public health interests.

There was an indication from some organisations that pressure may be brought to bear on European governments to review this aspect of the legislation. Some suggested that if changes should be made, a possible outcome may be to require professional associations to accept a broader range of assessment systems rather than focusing on IELTS as the only acceptable system, as is the practice for many associations.

Under current law, however, the only solution to this issue, according to association representatives, was to place the responsibility for assessment of language skills on employers. Professional associations and registration bodies would then only deal with issues arising from a poor standard of communication in English in cases where a formal complaint was made to the association as the body responsible for grievance resolution.

4.2.1 The British Acupuncture Council

The British Acupuncture Council (BAcC) is a voluntary organisation which is self-regulating and acts as the guiding body for acupuncture practice in the UK. It is a representative body for members, but more importantly, is perceived as having a role as a protector of the public. In the absence of statutory regulation of acupuncture in the UK the BAcC has established standards for acupuncturists. When statutory regulation is introduced in 2012 it is expected that an English language level will be established as a minimum requirement for all international candidates from outside the European Economic Area.

The perceived language needs of acupuncturists include proficiency in communicative skills for the purpose of effective record-keeping, providing advice and explanations to patients and understanding a patient's health and medical history. While there is no current policy on whether the minimum standard of IELTS should be gained in one sitting of the test, the perception of the BAcC is that this would better reflect the way skills are used in acupuncture practice.

Evidence of English language competency in the form of an IELTS outcome is a requirement for entry to membership of the BAcC. The current understanding is that acupuncturists should have an overall minimum of IELTS 6.5. The module was not specified and so it is assumed that this applies to either the General Training Module or the Academic Module. No other formal language assessment systems are currently accepted.

4.2.2 Chartered Institute of Marketing

The Chartered Institute of Marketing (CIM) is a global organisation for professional marketers with a role in training, development and representation of the profession of marketing. It also accredits professional training courses and sets standards in the marketing industry within the UK. Individuals draw benefits from membership of the Institute including career and professional development, job search and marketing resources.

The establishment of minimum language assessment standards for this organisation appears to relate to entry to courses of training; that is, the purpose of the use of IELTS in this case is to assess the individual's ability to deal with academic study rather than performance of a profession.

Evidence of English language competency for the CIM is required in one of two forms. An overall IELTS level of 6.5 is required for entry to courses, but the criteria do not appear to draw a distinction between the General Training Module and the Academic Module of IELTS. The only other language assessment system accepted is the Trinity ISE III/IV. Trinity College London has equated this to a range of 6.5 to 7.5 in IELTS (Papageorgiou 2007). The minimum standards of IELTS were established after some initial web-based research.

4.2.3 Faculty of Public Health

The Faculty of Public Health (FPH) is a charitable organisation and is responsible for setting standards for medical specialists in the public health arena. It is a joint faculty of the Royal Colleges of Physicians of London, Edinburgh and Glasgow, and has a membership of over 3000.

The criteria set for applicants wishing to take specialist training in public health include an appropriate degree and at least three years of experience, in addition to evidence of English language proficiency.

The perceived language skills required by Medical Specialists are included in detailed criteria for applicants wishing to train as specialists, indicating that a good deal of research and analysis has been put into determining the language skills required to be a competent medical specialist. Evidence of an understanding of the principles of scientific research and evidence-based practice, the ability to communicate effectively with a variety of individuals and groups, particularly in written and spoken English, and the ability to operate functionally in such areas as building rapport, persuasion and negotiation are required.

The association views the productive skills of written and spoken English to be particularly important. The requirement is that they should achieve in a single sitting of IELTS an overall score of 7.0, with a minimum of 7.0 in each of the four macroskills. This does not apply, however, to applicants who have gained their undergraduate degree in an English-medium university.

As an alternative to an IELTS Test Report, there is provision for making representations to the Faculty if an applicant believes that he or she can provide evidence of English language fluency by alternative methods. Most applicants, however, present with an IELTS test outcome.

No other language assessment system is accepted.

4.2.4 General Dental Council

The General Dental Council (GDC) is responsible for the registration of all dental professionals who wish to work in the UK, including dentists, dental hygienists, dental therapists, dental nurses, dental technicians and orthodontic therapists. It sets standards for the dentistry profession and assesses individuals' fitness to practise.

The Council offers an Overseas Registration Examination which tests the clinical skills and knowledge of any dental professionals who are from outside the European Economic Area, and whose qualifications have been gained from a country where there is no existing recognition of equivalency.

All dentists from outside the EEA who wish to apply for the overseas registration examination are required to provide an IELTS Test Report Form as evidence that they have achieved the minimum standard of communicative competency as set down by the GDC. There has been a steady increase in numbers applying for registration in recent years.

The perceived language skills required by dental workers include the proficiency to interact with the public at all levels, from children and families to those from multicultural backgrounds. Proficiency in clinical and technical language is also critical, although this is not tested by an assessment system such as IELTS.

The GDC has a quality assurance process in place for approval of pathways into dental professions. Minimum standards of English language were most recently established by a Registration Committee after consultation with IELTS test professionals. These standards were last reviewed in 2000 for dentists, and 2003 for other dental professions, and a further review is due to be completed in 2010.

The minimum standards required vary according to the specific professional area. For a dentist, the minimum requirement is an overall band score of 7.0 in the Academic Module, with no score lower than 6.5 in any macroskill. The assessment must have been taken in a single test within the previous two years.

Dental nurses, on the other hand, require an overall band score of 6.0 with a minimum of 6.0 in Speaking and Writing and 5.5 in Reading and Listening, again emphasising the greater importance of the productive skills. IELTS is the only English language assessment system accepted by the council, although this may be subject to change if council policies or European legislation prompt a broadening of current criteria.

4.2.5 General Medical Council and the Professional Linguistic Assessment Board

The General Medical Council (GMC) is the regulatory body responsible for setting standards for medical practice in the UK, and it controls the register of doctors and specialists approved to practise in the UK. The council also plays a role in resolving complaints by holding disciplinary hearings.

Although the Professional Linguistic Assessment Board (PLAB) is registered with IELTS as a professional body, it is in fact the body which oversees assessment of medical graduates. The PLAB examination is a means by which international medical graduates demonstrate that they are appropriately qualified and experienced to practise as doctors in the UK. Applicants for registration complete a PLAB examination, which includes a written test and a set of clinical scenarios, provided they have met the minimum English language requirements. Many will also have had 12 months postgraduate clinical experience.

Evidence of English language competency must be provided in the form of an IELTS Test Report, or by providing evidence that they have been educated or have practised in a country where English is the first language.

However, interestingly, the alternatives to IELTS are not valid if an applicant has sat for the IELTS test and failed to achieve the minimum band scores required by the Council. This effectively blocks applicants from taking alternative pathways to achieve registration, and would appear to be a strong vote of confidence in the IELTS testing system and the reliability of test outcomes.

The minimum requirement is an overall score of 7.0 with minimum of 7.0 in Speaking and 6.0 in the other three macroskills. These outcomes must be obtained in a single sitting of the test.

4.2.6 General Optical Council

The General Optical Council (GOC) is the registration body for optometrists, dispensing opticians, student opticians and optical businesses and manages a registration of over 23,000 professionals. Overseas applicants for registration from outside the EEA are referred to the College of Optometrists, which is responsible for assessing the minimum criteria for registration.

A satisfactory IELTS Test Report allows potential registrants to sit for an entrance examination which is the gateway to applying for registration to practise in the UK.

The College of Optometrists requires that overseas optometrists have a minimum band score of 7.0 overall, with a minimum of 7.0 in Speaking and scores of no less than 6.0 in the other macroskills. It does not indicate whether this refers to the General Training or the Academic Module. No other language assessment systems are accepted.

4.2.7 Health Professions Council

The Health Professions Council (HPC) describes itself as a regulator which was set up to protect the public by establishing a set of standards for training, professional skills and behaviour for health professionals other than doctors, nurses and pharmacists. It boasts a registration of over 200,000 professionals from 14 professions, including for example Chiropodists, Dietitians, Paramedics and Practising Psychologists. It also has a role in hearing complaints and conducting public hearings to assess fitness to practise.

An English language proficiency assessment is required for all applicants for registration for whom English is not their first language.

The perceived language skills required by health professionals are encapsulated in documents setting out competency standards for each of the professions, produced when a review of standards took place in 2005. Analysis of communicative competency expected of a health professional was undertaken at that time and was included under published standards of practice.

Standards of proficiency for health professionals include the ability to demonstrate effective and appropriate skills for providing information and advice, for professional instruction and for provision of a professional opinion to a range of interlocutors including patients, their families and carers, and colleagues. Practitioner communication skills also require effective non-verbal communication, and the awareness that effective communication may be affected by a number of factors including age, culture, gender and socio-economic status.

Evidence of English language competency must be provided in the form of an IELTS Test Report or a satisfactory score in a number of alternative tests.

The minimum band scores for Speech and Language Therapists is an overall score of 8.0 in the Academic Module with no score below 7.5. This is particularly high in comparison with other regulatory bodies, and the reason is that language communication is a core competency for speech and language therapists. The equivalent in Cambridge ESOL examinations is the CPE, and a score of 118/120 overall in the iB TOEFL.

For other practitioners, the minimum band scores are an overall 7.0, with no score less than 6.5. This is perceived as equivalent to the Cambridge Advanced English test or 100 in iB TOEFL.

4.2.8 Nursing and Midwifery Council (NMC)

The Nursing and Midwifery Council has as its primary aim safeguarding the health and well-being of the public. It does this through registration, setting standards of education, training and conduct, and ensuring that practitioners in nursing and midwifery maintain their skills and knowledge. It also has a role in investigating complaints of misconduct, which may come from employers, from other nurses or midwives or from the public.

Nurse and midwife training programs within the UK must be approved by the Council. In cases where overseas nurses and midwives are insufficiently qualified, they may be given access to a pre-registration program of two years. Generally, the minimum training program is three years.

This organisation is dealing with very large numbers of nurses and midwives, having a database of approximately 630,000, and requiring practitioners to renew their registration every three years. However, the number of overseas nurses and midwives entering the UK and seeking work in the field has been dropping in the past five years, from 10,000 in 2003 to approximately 500 in the first half of 2009. This was attributed at least in part to an initial influx at the beginning of the 21st century from EEA countries when border restrictions were relaxed.

All overseas nurses apart from those from the EEA are required to do an English language assessment, including those whose first language is English (eg Australians, Canadians, etc). Decisions on acceptable levels and review of those levels are made by the NMC Council of 14 members.

Research was conducted by the NMC into the language needs of nurses and midwives in order to establish minimum standards of English language communication. They need to be able to communicate effectively with patients of all ages and sociocultural backgrounds, as well as foreign nationals. Practitioners also need mastery of medical terms and jargon, and a good understanding of Latin-based technical language.

After taking into account the outcomes of research into language needs and the standards of practice, the NMC established a minimum standard for IELTS of 7.0 overall in the Academic Module, with a minimum of 7.0 in each of the four macroskills. These levels represent an increase from a minimum of 6.5 overall and a minimum in each of the skills of 5.5 in either the Academic Module or the General Training Module. The revision was a result of feedback from trainers and employers, and the new standards are considered to be much more appropriate.

4.2.9 Royal College of Veterinary Surgeons

The Royal College of Veterinary Surgeons sets and monitors standards for veterinary surgeons in the UK as a statutory regulator. It is also a Royal College for advisory services and scholarships, and a charitable trust with an educational charter.

In order to be registered, veterinary surgeons qualified outside the UK and EEA in non-approved courses are required to pass a Statutory Examination for Membership prior to gaining the right to practise in the UK.

The perceived language skills required by Veterinary Surgeons are included in the core standards for the profession. In relation to language and communication, a core standard, according to the college's website, states that a practice "must have an effective policy for communication with clients", and must demonstrate the basic communicative competency to enable them to communicate effectively with a range of people, including clients, the public, colleagues and regulatory authorities. While the policy does not go into detail of what this may involve, it does acknowledge the need for functional skills such as listening effectively and responding sympathetically to clients and others, and a need to be able to select appropriate language to suit the audience and the context in which they are communicating.

Prior to taking the Statutory Examination for Membership, applicants for registration are required to provide an IELTS assessment of an overall band score of at least 7.0 in the Academic Module. No other language assessment systems are currently accepted.

4.2.10 Royal Pharmaceutical Society of Great Britain

The Royal Pharmaceutical Society of Great Britain was originally established to lead and regulate the pharmacy profession, to maintain a register of practising pharmacists and to act as the representative body for individual pharmacists. Following a government review of the organisation and its aims in 2007, however, it has been working on an eventual division of the dual roles of regulation and representation.

All non-EEA international pharmacists must provide a satisfactory English language assessment in addition to an appropriate qualification.

The society estimates that approximately 180 candidates per year are required to provide evidence of English language competency out of a total of 400 to 500 (including those from the EEA), and the majority of IELTS test takers sit the test in their own country prior to applying to the society for registration.

There are currently no plans to extend the range of language assessment systems which are acceptable, although this may be necessary if European legislation or government policy is reviewed. IELTS is considered by the Society to suit their purposes very well.

The purpose of the organisation's use of IELTS is twofold: to assess an individual's English language level for registration, and to assess language skills as a prerequisite to sitting for an examination to assess capability to practise.

The Society has been using IELTS as its English language benchmark since 2002. The minimum acceptable assessment is 7.0 in the Academic Module in each of the four macroskills. These levels have been revised from an overall level of 7.0 because the Society considered proficiency in all four skills to be critical for a practising pharmacist.

No other English language tests are currently accepted.

4.3 Profiles of Professional Associations – Ireland

Irish regulatory bodies making use of IELTS are exclusively related to the health professions. Like the UK, Ireland is a member of the European Union and is bound by the same legislation barring Irish associations from making an English language proficiency assessment mandatory, and so evidence of English language proficiency is only sought from professionals wishing to practise from non-EU countries.

This has meant that responsibility for language assessment for EEA nationals has been devolved to the employer.

4.3.1 Irish Nursing Board (An Bord Altranais)

The Irish Nursing Board was established under Irish legislation in 1950 to maintain a register of nurses, midwives and individuals in ancillary health occupations. It is also responsible for maintaining a Code of Practice and Ethics and to assess fitness to practise of individuals.

There has been a drop in the number of overseas applicants registered in the last five years, according to Register Statistics 2008 published on the Irish Nursing Board website, with new registrations in 2008 of non-EU applicants numbering just over 500 out of a total of 2199, approximately half the number registered in 2004. This is consistent with the trend reported in the UK.

In addition to IELTS the Board also accepts the various modes of TOEFL (combined with the TWE and TSE where necessary), or the iB TOEFL (minimum of 88), as alternative assessment systems.

The Board has set the minimum IELTS standard required for nurse and midwife registration as an overall 7.0 in the Academic Module, with a minimum in Writing and Speaking of 7.0 and in Reading and Listening of 6.5, thus giving greater weight to the productive skills than the receptive skills for nurses.

4.3.2 Irish Medical Council

The Irish Medical Council (IMC) was established under Irish legislation in 1978 with its main purpose being the protection of the interests of the public in health matters. It is responsible for quality assuring graduate programs, for setting and maintaining standards of practice and assessing fitness to practise for both doctors and specialists through an examination.

Doctors from non-English speaking countries are required to provide an IELTS Test Report prior to applying for registration. According to statistics on the IMC website, as of January 2009 there were almost 700 temporary registrations (that is, doctors under supervision) for the previous year, the vast majority coming from the Sudan, Nigeria, Pakistan and India. Approximately 300 to 400 of these were required to provide language competency certification.

The perceived language skills required by doctors and specialists involve high level communication on technical matters, and effective communication with patients with varying levels of understanding. They also include skills in advising patients of diagnoses and breaking bad news in language the patients are able to understand.

The Medical Council conducted a review of standards for registration of doctors in the lead-up to June 2009, and language skills formed part of that review with a Working Group researching best practice.

Prior to June 2009 the IELTS band scores required were an overall score of 7.0 in the Academic Module, with a minimum of 7.0 in Speaking and 6.0 in the other three macroskills.

In revised standards which were implemented in mid-2009, however, these minimum scores were increased to an overall score of 7.5 and a minimum of 7.0 in all four macroskills. These minimum standards are required in one sitting of the IELTS and were revised upwards to bring them into line with international best practice.

4.3.3 Pre-Hospital Emergency Care Council

The Pre-Hospital Emergency Care Council (PHECC) is responsible for emergency services in Ireland such as ambulance services and paramedics. It is an independent statutory agency which sets standards of practice for emergency care, and has a role as an accreditation body for education and training. It also assesses fitness to practise and conducts hearings on formal complaints about practitioners.

The Council includes in its Code of Conduct and Ethics the statement that in the interests of safe practice, a registered practitioner should be competent in communicating effectively with patients and families, and be particularly concise in seeking informed consent for his or her actions.

The PHECC recommends that employees should have a minimum of 6.5 IELTS; whether this applies to the General Training Module or the Academic Module, or to both, was not specified. No other language assessment systems are recommended by the Council, but the TOEFL test may be acceptable on application. Threshold levels for the TOEFL are not published, but are available on application.

Because of EU legislation, the need for language assessment by the PHECC has been reduced considerably, the responsibility having been delegated to employers. However, there is the possibility that a registered practitioner may be subject to a “fitness to practise” enquiry by PHECC if language skills are lacking. Responsibility for the communication skills of employees represents high stakes to employers. If a complaint were to be made about a practitioner’s fitness to practise which related to English language skills, this would be considered by the PHECC and the provider would be held responsible, possibly resulting in withdrawal of approval to practice, which would prevent the employer from operating. This has reportedly not occurred to date.

5 OUTCOMES OF THE STUDY

5.1 Summarising comments – Canada

Eight of the ten associations involved this study were public health-related. The Canadian associations were the most diverse of the three countries in terms of the language assessment systems that were accepted. Because of the provincial nature of regulation in Canada, there was also greater variation between associations in the minimum levels of IELTS which were accepted.

IELTS is the predominant testing system for professional associations in Canada, despite Canada’s long history of using Educational Testing Service tests. IELTS has built a market advantage by ensuring that it maintains a broad testing network, prompt reporting of results, tight test security and reliable outcomes.

5.1.1 Minimum IELTS band scores

Of the ten associations involved in the study, eight were clear in their publicity about the fact that the Academic Module was more appropriate for their purposes than the General Training Module. However, two of the ten associations did not make a distinction between the Modules, and the general understanding of the differences between the two tests appeared to be relatively superficial.

Table 2 below sets out the minimum levels established by each of the associations.

Two associations did not specify a minimum band score for Reading, Writing and Listening. All five of the nursing associations, however, had established a higher minimum outcome for the Speaking test, highlighting their perception that oral communication skills were a priority.

In overall scores, six of the respondents specified a minimum overall score of 6.5, and the other four, three of these involving pharmacy and one representing teachers, required an overall band score of 7.0. One association indicated that applicants had the option of presenting a case to a specially convened Committee to argue that 5.5 should be accepted. This was reportedly a relatively rare occurrence.

At least three of the associations indicated that they would accept the best result of two or more tests, provided they had been completed in the previous two years. This may be due to the fact that the associations are accustomed to dealing with tests that have separate components which may be taken individually.

Minimum IELTS levels	General Training Module					Academic Module				
	Overall	Reading	Writing	Speaking	Listening	Overall	Reading	Writing	Speaking	Listening
College of Registered Nurses of Manitoba	N/A	N/A	N/A	N/A	N/A	6.5	No min specified	No min specified	7.0	No min specified
College of Registered Nurses of British Columbia	N/A	N/A	N/A	N/A	N/A	6.5	6.0	6.0	7.0	6.0
Association of Registered Nurses of Newfoundland and Labrador	Module is not specified					Module is not specified 6.5	No min specified	No min specified	7.0	No min specified
College of LPNs of British Columbia, Burnaby	N/A	N/A	N/A	N/A	N/A	6.5	6.0	6.0	7.0	6.0
College of Nurses of Ontario	Module is not specified					Module is not specified 6.5	6.5	6.5	7.0	6.5
National Association of Pharmacy Regulatory Authorities	N/A	N/A	N/A	N/A	N/A	7.0	6.0	6.0	6.0	6.0
College of Pharmacists of British Columbia	N/A	N/A	N/A	N/A	N/A	7.0	6.0	6.0	6.0	6.0
Ontario College of Pharmacists	N/A	N/A	N/A	N/A	N/A	7.0	6.0 Can argue case for 5.5			
British Columbia College of Teachers	N/A	N/A	N/A	N/A	N/A	6.5	6.0	7.0	7.0	6.0
Ontario College of Teachers	N/A	N/A	N/A	N/A	N/A	7.0	6.5	7.0	7.0	6.5

Table 2: Minimum levels of achievement in IELTS required by professional associations and registration bodies in Canada.

Three associations had reviewed the minimum levels, either raising them or putting in place minimum scores for each macroskill in addition to an overall score. This was seen as minimising the risk of a registrant presenting with one particularly low skill competency, thus potentially interfering with their fitness to practise.

The organisations which responded to the study were unanimous in their strong appreciation of the IELTS verification service, indicating that the security of this system gave them “peace of mind”.

Although there is reportedly general acceptance of nursing practitioners from province to province in Canada, it is interesting to note from Table 2 that the language assessment levels they require differ somewhat. In the case of pharmacy professionals, however, the fact that there is an overarching body which sets benchmarks for pharmacists on a national basis means that the required language assessment levels have been standardised.

5.1.2 Alternative language assessment systems accepted – Canada

All Canadian associations accepted at least one other test in addition to IELTS, most commonly the iB TOEFL. There appeared to be far more consistency in the minimum scores required in these alternative tests, the only deviation being those required by the College of Nurses of Ontario, which took into account a Standard Error of Measurement when setting minimum standards.

The numbers tested annually could be anything from just over 100 (for example, the College of Pharmacists of British Columbia) to in excess of 1000 (for example, the College of Registered Nurses of British Columbia), with numbers reportedly increasing from year to year because of the government’s open door policy for certain professions.

Many of the Canadian associations accepted up to four or five alternative testing systems.

Table 3 below sets out the alternative assessment systems and language levels accepted by Canadian professional bodies.

For Canadian associations, the perceived advantages of IELTS were as follows:

- wide accessibility throughout the world
- frequency of testing dates
- online validation of band scores
- reliability
- live examiners using “real day-to-day” English in interpersonal interactions.

However, they also had a history of working with the ETS tests, and expressed confidence in their reliability.

Minimum standards of assessment (other than IELTS)	TOEFL paper-based test	TOEFL, computer-based test	IB TOEFL	TSE	TWE	TOEIC	CELBAN	MELAB	CanTest	Other
College of Registered Nurses of Manitoba	550 plus TSE	213	79 *S 26	50		730 plus TSE	*R 8 *W 7 *L 9 S 8	83 S 3		Approved 3-month training course
College of Registered Nurses of British Columbia	550 plus TSE	213	RWL 60 S 26	50			R 8 W 7 L 9 S 8	83 S 3		
Association of Registered Nurses of Newfoundland and Labrador	550 plus TSE	213 plus TSE	86 R 20 W 20 L 20 S 26	50		800	R 8 W 7 L 9 S 8	83		
College of LPNs of British Columbia, Burnaby	550 plus TSE	213 plus TSE	80 S 26	50			R 8 W 7 L 9 S 8	83 S 3		Completion of Grade 12 English
College of Nurses of Ontario	537 RWL each 53	203 LW RWL each 20	74 RWL 60 S 26	50		720 LW 350	R 8 W 7 L 9 S 8	75 S 3		
National Association of Pharmacy Regulatory Authorities	580	237 W 26	97 W 25 S 27	50	5			85 S 3	R 4.5 W 4.5 L 4.5 S 4.5	
College of Pharmacists of British Columbia	580	237	97 W 25 S 27	50	5			85	R 4.5 W 4.5 L 4.5 S 4.5	
Ontario College of Pharmacists	580	237	97 W 25 S 27	50	5			85	R 4.5 W 4.5 L 4.5 S 4.5	Objective evidence of language proficiency
British Columbia College of Teachers	580	237	98 R 23 W 25 L 23 S 27	50						Minimum three credit units of study
Ontario College of Teachers			103 R 24 W 28 L 23 S 28							

* R=Reading, W=Writing, L=Listening, S=Speaking

Table 3: Minimum levels of achievement in assessment systems other than IELTS required by professional associations and registration bodies in Canada.

5.2 Summarising comments – the United Kingdom

As was the case with Canada, eight of the ten UK registered professional bodies were involved in public health. Most had either conducted research or sought advice from language experts in order to establish minimum standards of language proficiency in IELTS. Many were also guided by equivalent organisations in-country or overseas, and some had attended a briefing session run by IELTS in an effort to develop a better understanding of what the various band scores represented.

There appeared to be a clear understanding by the UK associations about the importance of high quality communication skills, and many of the associations had conducted research into the language needs of their profession, although this was generally functionally based and driven by the need to set language proficiency standards.

5.2.1 Minimum IELTS band scores

Table 4 below sets out a comparison of IELTS test outcomes required by UK professional organisations.

Minimum IELTS levels	General Training Module					Academic Module				
	Overall	Reading	Writing	Speaking	Listening	Overall	Reading	Writing	Speaking	Listening
British Acupuncture Council	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5
Chartered Institute of Marketing	6.5					6.5				
Faculty of Public Health	N/A	N/A	N/A	N/A	N/A	7.0	7.0	7.0	7.0	7.0
General Dental Council - Dentists - Dental Nurses	N/A	N/A	N/A	N/A	N/A	7.0 6.0	6.5 5.5	6.5 6.0	6.5 6.0	6.5 5.5
General Medical Council Professional Linguistic Assessment Board	N/A	N/A	N/A	N/A	N/A	7.0	6.0	6.0	7.0	6.0
The College of Optometrists	7.0	6.0	6.0	7.0	6.0	7.0	6.0	6.0	7.0	6.0
Health Professions Council - Speech and Language Therapists - All other professions	N/A	N/A	N/A	N/A	N/A	8.0 7.0	7.5 6.5	7.5 6.5	7.5 6.5	7.5 6.5
Nursing and Midwifery Council	N/A	N/A	N/A	N/A	N/A	7.0	7.0	7.0	7.0	7.0
Royal College of Veterinary Surgeons	N/A	N/A	N/A	N/A	N/A	7.0				
Royal Pharmaceutical Society of GB	N/A	N/A	N/A	N/A	N/A	7.0	7.0	7.0	7.0	7.0

Table 4: Minimum levels of achievement in IELTS required by professional associations and registration bodies in the UK.

Three of the ten UK associations examined did not specify which module of IELTS was appropriate, which suggests that either the General Training Module or the Academic Module would be acceptable. This may indicate a limited understanding of the purpose and levels of the two test modules.

Secondly, eight of the ten associations had set individual minimum scores for each of the four macroskills in addition to a minimum overall standard. Only two relied on a single overall score. Both of these were outside the public health sector, one involving veterinary practitioners and the other a marketing organisation.

Minimum band scores were generally in the range of 6.0 to 7.0. The only exception applied to Dental Nurses, for whom the minimum band scores were 5.5 for the receptive skills of Reading and Listening. This may be due to the fact that they were generally regarded as support staff whose direct interaction with patients was likely to be less intensive than Dentists, Medical Specialists, Nurses and the equivalent. All others involved in the health professions required 6.5 or 7.0, with a minimum of 8.0 for Speech and Language Therapists, which is a language intensive occupation.

Three associations required a higher band score in Speaking than the other macroskills, which tends to highlight the importance placed on oral skills in communicating with the public about health matters.

At least three organisations had reviewed the required band scores set when they had first used IELTS, by changing from one overall score to minimum scores in each of the macroskills, or by increasing minimum levels across the skills.

All of those interviewed required minimum scores to be achieved in one sitting of the test, with outcomes valid for two years from the time of taking the test.

5.2.2 Alternative language assessment systems accepted – The United Kingdom

It is interesting to note from Table 5 below that of the ten associations involved in the study, only two accepted alternative language assessment systems. Since most organisations had been using IELTS for many years, this would appear to suggest that the testing system suited the needs of the organisations well and was considered to be fit for the purpose.

The associations interviewed reported that the numbers requiring testing fluctuated, but could be from a few hundred to over 2000.

Most organisations expressed their satisfaction with the IELTS assessment system and had no direct plans to review their decision on acceptance of the test or on levels required apart from reconsideration during regular reviews. This places IELTS in a strong position in the UK.

None of the associations reported disciplinary hearings which were prompted by poor language skills. It would seem that if such issues are raised, they are dealt with at employer level.

Several associations demonstrated a good understanding of the functional language needed for their profession.

Minimum standards of assessment (other than IELTS)	TOEFL paper-based test	TOEFL – computer-based	IB TOEFL	TSE	TWE	TOEIC	TRINITY College Ldn	CAMBRIDGE SUITE	Other
British Acupuncture Council									No other tests accepted. Evidence of UG or PG qual
Chartered Institute of Marketing							ISE III/IV		Recommendation by educationalist. Eng lang qualification.
Faculty of Public Health									No other tests accepted. Evidence language skills OR UG medical training in English
General Dental Council									No other tests accepted.
General Medical Council, PLAB									No other tests accepted.
The College of Optometrists									No other tests accepted.
Health Professions Council - Speech and Language Therapists	670	290	118/ 120			990		CPE	Hong Kong E AA
- All other professions	600	250	100/ 120			810		CAE	
Nursing and Midwifery Council									No other tests accepted
Royal College of Veterinary Surgeons									No other tests accepted
Royal Pharmaceutical Society of GB									No other tests accepted

Table 5: Minimum levels of achievement in assessment systems other than IELTS required by professional associations and registration bodies in the UK.

5.3 Summarising comments – Ireland

Ireland is not at this time a significant market for IELTS in terms of professional associations, with only three associations registered as IELTS test users. One of these, the regulatory body for emergency medical staff, attracted most of its international registrants from the European Economic Area, and as they were exempt from the requirement to provide a language assessment, the need for language testing was minimal.

5.3.1 Minimum IELTS band scores

The minimum standards for IELTS for each of the three associations registered in Ireland are shown in Table 6 below.

Minimum IELTS levels	General Training Module					Academic Module				
	Overall	Reading	Writing	Speaking	Listening	Overall	Reading	Writing	Speaking	Listening
Irish Nursing Board/ An Bord Altranais	N/A	N/A	N/A	N/A	N/A	7.0	6.5	7.0	7.0	6.5
Irish Medical Council (IMC)	N/A	N/A	N/A	N/A	N/A	7.5	7.0	7.0	7.0	7.0
Pre-Hospital Emergency Care Council (PHECC)	N/A	N/A	N/A	N/A	N/A	6.5				

Table 6: Minimum levels of achievement in IELTS required by professional associations and registration bodies in Ireland.

In setting its minimum levels for language proficiency, the Irish Nursing Board made a distinction between the productive skills and the receptive skills, requiring a higher level in the minimum scores for the Writing and Speaking tests.

At least one of the three Irish organisations, the Irish Medical Council, had undergone a process of review of the minimum levels of IELTS to bring them into line with international best practice. The outcome was to increase minimum levels by between 0.5 and 1.0 band scores; that is, the overall minimum of 7.0 in the Academic Module was increased to 7.5, and the Listening, Reading and Writing band scores were increased from 6.0 to 7.0, in line with the previously established Speaking score. It is a higher overall level than the minimum standards in place for its UK counterpart, the General Medical Council of the United Kingdom, but the Council believes it is more appropriate for its practitioners.

All associations required the minimum levels of IELTS to be achieved in one sitting of the test.

5.3.2 Alternative language assessment systems accepted – Ireland

Table 7 below sets out the alternative testing systems accepted by Irish professional bodies.

The only alternative tests acceptable for these organisations were the TOEFL tests, which were perceived as being almost as widely available as IELTS but less compact and less easily interpreted. IELTS was seen as a good quality, reliable and internationally accessible English language assessment with a person-to-person interview perceived as an advantage.

The number of applicants requiring a language test was reportedly decreasing. Candidate feedback indicated that some considered it to be a difficult test in view of the requirement of most associations to achieve the minimum band scores in one sitting of the test.

<i>Minimum standards of assessment (other than IELTS)</i>	<i>TOEFL paper-based test</i>	<i>TOEFL, computer-based test</i>	<i>IB TOEFL</i>	<i>TSE</i>	<i>TWE</i>	<i>TOEIC</i>	<i>TRINITY College London</i>	<i>CAMBRIDGE SUITE</i>	<i>Other</i>
Irish Nursing Board/ An Bord Altranais	570 R 56 TWE Structure 56 L 56 TSE	230 R 22 TWE L 22 Structure 23 TSE	88 R 21 W 19 L 22 S 26	50	5.5				Test results within last two years OR evidence of practice in English language since taking test.
Irish Medical Council									No other tests accepted.
Pre-Hospital Emergency Care Council (PHECC)	May be accepted. Levels advised at time of applying.	May be accepted. Levels advised at time of applying.	May be accepted. Levels advised at time of applying.						Other testing systems may be accepted.

* R=Reading, W=Writing, L=Listening, S=Speaking

Table 7: Minimum levels of achievement in assessment systems other than IELTS required by professional associations and registration bodies in Ireland.

It was considered by one association that a more focused medical context, rather than the general academic focus, would be preferable.

One association indicated that more contact with IELTS administration, particularly on distinguishing between the various band scores and locating accessible testing centres, would be appreciated.

The online verification service was considered to be a major advantage.

5.4 General outcomes

5.4.1 Main competitors to IELTS

The major competitor to IELTS in the countries included in this study was the TOEFL, and in particular the iB TOEFL. Canadian associations have been using TOEFL in its various forms for many years and are familiar with ETS, the organisation offering the tests. Past forms of the TOEFL have been limited by the fact that there was a limited network of testing centres and the test did not include an integrated speaking component, and so candidates were obliged to take a separate oral test, which was inconvenient and time-consuming.

With the introduction of the iB TOEFL, access to the test in countries with the required technology was improved, and all skills were covered in one test. However, from the point of view of professional associations, IELTS has maintained an advantage over iB TOEFL to date for the following reasons:

- IELTS has a very extensive network of available testing centres, and test dates are frequent so that it is easily accessible to candidates. The iB TOEFL has not yet reached the same level of accessibility;
- IELTS has a high level of security, and the online results verification service is seen as a major positive factor. However, this will also become available for users of the iB TOEFL following the launch of a similar service in late 2009;
- IELTS has a face-to-face interview which is seen by many professional associations as superior to communication on a computer interface, as is the case with the iB TOEFL.

It is the last of the above points which continues to constitute a significant marketing advantage for IELTS. Despite the spread of electronic communication, there remains a strong scepticism about claims that communicative competency can be assessed through an electronic interface with the same accuracy and authenticity as a person-to-person exchange. This will no doubt be further tested when the Pearson Test of English, which has no person-to-person communication, becomes more widely recognised. In the meantime, conducting interviews as real time conversations with an interlocutor is a valuable marketing point for IELTS in maintaining or increasing its market share.

It was interesting that in the UK, most organisations accepted the IELTS test exclusively. The Cambridge ESOL tests are also internationally available, and yet only one user listed these tests in their standards. There was a suggestion from some associations that if European legislation should be amended so that European professionals from non-English language backgrounds were required to demonstrate English language competency, this may prompt a broadening of the range of tests accepted, including the Cambridge tests.

Of the other tests discussed earlier in this report, the national ones such as the CanTEST and the CELBAN are clearly serving a need in Canada. The CELBAN for nurses has the advantage of being profession-specific and is currently accepted by 10 provinces. However, the disadvantages are that:

- it is available in nine cities throughout Canada, but is currently unavailable as an offshore pre-departure test
- it can be taken a maximum of three times, with a three month waiting time between re-sittings.

The CanTEST is seen as an appropriate test for Canadian post-secondary course admission or for registration purposes. However:

- it is generic in language focus
- it is available in only five approved locations

- it is unavailable offshore, where most registration applicants are located
- there is a waiting period of six weeks to three months to retake the test, depending on the skills required
- the MELAB is similarly limited.

In addition, it is difficult for local tests to provide the same support to candidates in terms of practice materials and preparation courses as the international testing systems. It is unlikely that they will gain market share outside the countries in which they are offered.

5.4.2 Rationale for selection of IELTS

Some associations used IELTS for more than one purpose, depending on the role or roles of the organisation. These are shown in Table 8 below.

<i>Role of the language assessment</i>	<i>Number of associations</i>		
	Canada	UK	Ireland
Registration to practise a profession	7	6	3
Eligibility to sit for examination to assess capability to practise a profession	4	5	1
Eligibility to enter professional training program	1	4	0

Table 8: The role of language assessment in professional associations

Many of the individuals interviewed, particularly in Canada and Ireland, while very well-informed about the professional qualifications they were expecting of registrants, were aware of the importance of English language communication skills but had only a basic understanding of the English language assessment tools their organisation was accepting. International testing and assessment systems vary widely in format and outcomes, but there is consistency in the characteristics and values sought by users who are not language experts.

Essentially, organisational users are seeking an assessment tool that allows them to meet all purposes. They need to be able to set realistic standards in simple terms, to understand without requiring detailed linguistic knowledge the language competencies signified by the attainment levels, to use or recommend a quality product to clients and to be assured that they are dealing with overseas professionals in a fair and equitable way.

In terms of quality, the most desirable characteristics of a viable assessment system appear to be:

- global reliability of outcomes, so that whether a candidate sat for a test in China, the Philippines or Canada, the assessment would not differ
- global accessibility for the many professionals who apply for registration from their home country
- brief turnaround between taking the assessment and reporting of candidate outcomes
- security and quality of the testing instruments and outcomes statements
- regular training of assessment staff and facilitators to ensure that equivalent conditions and standards are used for all candidates in all locations

- security of candidate identification procedures
- both internal and external quality assurance processes
- international content that is not culture-bound
- a strong research base to underpin the system
- sufficient flexibility to adjust to the changing global community.

Furthermore, language assessment differs from more traditional educational content testing in that it does not provide a pass/fail outcome, but rather a score or set of scores (or band scales, in the case of IELTS). This means that for the non-linguist, there must be very clear plain English guidelines about what a particular score or band means in terms of language competency. IELTS is perceived as meeting all the above criteria.

In addition, because of its very broad international appeal in the professions, it allows users to compare their needs and criteria with other similar organisations on a global basis.

The only circumstances in which associations may consider a change away from IELTS would be:

- if there were major changes to the test so that it was no longer meeting the needs of the association and the profession
- if there were serious complaints from candidates about the test which were upheld after investigation
- if there were serious breaches in reliability and security of outcomes
- if there were changes in European Union legislation which affected language assessment or the choice of language assessment systems, or required a broadening of the range of acceptable systems, for European professionals entering the UK and Ireland.

5.4.3 Review of minimum standards of IELTS

Decision-making on tests and review of appropriate levels was generally the responsibility of the governing body of the association, assisted by a registration department or registration working group. The original decision on levels, at the time of taking up IELTS as a language benchmark, was in many cases unknown because of staff turnover. Whether or not the standards had been reviewed was also unknown for some associations.

This raises an interesting point. Knowledge of language assessment systems generally rests with an administrative person or small team who work with registration matters. This means that if the person or team members leave the association, or change jobs, that knowledge is lost, and records may also be lost. According to the respondents none of the organisations were in direct contact with IELTS administration. Although they could access information packs on IELTS, consult the website or choose to attend group briefings from time to time, it would seem opportune to keep IELTS at the forefront of accepted testing systems by maintaining personal contact with responsible registration staff.

The main strategies used to establish and review minimum standards of IELTS are set out in Table 9 below.

Decision-making process	Number of associations		
	Canada	UK	Ireland
Consulted IELTS administration	0	0	0
Consulted an expert in the field	2	2	0
Conducted a formal inhouse research project	3	4	2
Board/Council aligned levels with other similar organisations	2	2	1

Table 9: Decision-making strategies for establishing minimum levels in IELTS

Four Canadian associations have reviewed IELTS standards since establishing them, including NAPRA, two have not conducted a review, and four do not know. Of the four which reviewed standards, three left them unchanged and one increased the band scores by 0.5 in the productive skills.

In the UK, three associations have reviewed IELTS levels required, three have not, and four do not know. Of those which reviewed standards, one made a decision to no longer accept the General Training Module, and increased the scores by 0.5 to 7.0 in all skills. One changed from a single overall outcome to minimum standards in all four macroskills, and one left them unchanged.

One Irish association has reviewed the levels, increasing them by a full band score, to 7.0 overall and 7.0 in each of the macroskills. One left the standards unchanged at 6.5, and one does not know.

Although none indicated that the association had made direct contact with IELTS administration, a number said that they had received an informative information package.

5.4.4 Consideration of IELTS as fit for the purpose

The fact that associations are reviewing standards and making decisions on increasing minimum levels for individual skills, as pointed out in 5.4.3 above, is an indication that knowledge of the test and the band scores is growing, and there is confidence in the testing system.

Respondents were in general very satisfied with the IELTS test and its fitness for the purpose. Although the health professions in particular would prefer some content relating to the profession, IELTS is clearly meeting the needs of the organisations involved in this study.

5.4.5 General feedback

None of the associations interviewed received a great deal of feedback about the English language assessment. Some individual candidate comments were as follows:

- a minimum assessment of 6.5 or 7.0 in each of the skills is deemed to be too high by some applicants, especially in one sitting of the test;
- a small number have expressed a preference for the TOEFL test, which some applicants perceive as being easier than IELTS, but this test is not currently acceptable to many of the associations interviewed;
- some candidates (for example, Chinese candidates entering the health professions) have claimed that the requirement to sit for an IELTS test is potentially racist. The counterargument to this is that health professionals in particular practising in an English-speaking country must be able to communicate effectively with patients, colleagues and statutory authorities;

- some members of organisations who were dealing with IELTS on a regular basis expressed a wish to experience the test for themselves so that they were more familiar with the tasks that candidates were expected to handle.

5.4.6 Risk management and opportunities

Some comments and issues raised by association staff in relation to the IELTS test are set out in Table 10 below. The most significant of these is the perceived preference by many associations involved in health care for subject-specific content in language tests. Historically, the IELTS test used to have discipline-specific modules of the test (IELTS 2009, History of IELTS). It may be timely to revisit this in test review processes.

Feedback on IELTS – Issues	Number of associations		
	Canada	UK	Ireland
Possible substitution of candidate		1	1
Unreliability of assessment in some countries where IELTS is conducted (eg India, China)	1		1
Lack of subject specific content of test for professions (especially health-related)	2	3	1
Lack of availability of the test in some source areas for applicants (eg Northern Canada, West Africa, Central America)	2		1
Fraudulent results document received		1	
Does not test “fitness to practise”	1		
Some language in the test is not international (eg boot of car, petrol ...)	1		

Table 10: Feedback on IELTS – Issues

The other issues raised appear to be minimal, given the small number of organisations which raised them.

The fact that there are two modules of the IELTS test, one of which, the general Training Module, is little used by professional associations, tends to complicate matters in that associations and regulatory bodies do not always specify whether they accept the Academic Module or the General Training Module, or both. While IELTS information packages make it clear that the Academic Module is more appropriate for professions, this is a potential area for misunderstanding for test candidates. The Modules target different levels and contexts of English language competency, and it would be useful to provide information and clarification about the distinctions between the two Modules, particularly those involved in public health, an acknowledged high risk area.

Finally, there was an identified trend for some associations, particularly in Canada, to accept the best outcomes from two or more IELTS tests. It would be in the interests of IELTS administration to consider its position on this, if it has not already done so, so that advice can be given to associations considering it.

6 CONCLUSIONS

The UK and Ireland are traditional markets for IELTS in the academic arena, and use of IELTS as an entry criterion to professional workplaces is a relatively recent growth market. In the English-speaking Canadian context, the increase in acceptance of IELTS has also been significant.

All participants interviewed demonstrated a strong concern for maintaining the integrity of their standards of practice, and this included language competency. Many had either looked to other similar organisations when making a decision on the minimum levels of English language competency they would require, or had sought advice from experts or academics familiar with the IELTS test and descriptors of levels.

The UK is a particularly strong market for IELTS, and stakeholder satisfaction is evident in the fact that association staff are knowledgeable about the test and its outcomes, and sufficiently confident of its reliability to use it exclusively as their English language assessment benchmark. Associations which specified IELTS as the only acceptable language assessment system and those which processed high numbers of applicants tended to have a more detailed knowledge of the test and the band scores.

European legislation which exempts European nationals from language assessment has posed a problem for many of the UK and Irish associations. As language testing has now been largely devolved to employers, this is a potentially new market for IELTS in the UK and Ireland. In addition, if there should be review of European Union legislation on language testing, it would be in the interests of the IELTS partners to lobby policymakers to position IELTS as the major international English language testing system accepted.

Canada is a growing market for the IELTS, which has been challenging the more traditional TOEFL and TOEIC tests in the country. Associations are becoming more familiar with IELTS and what the band scores signify, and are developing trust in the system and the outcomes. Security is also a high priority, particularly for the health professions. Provincial regulatory bodies can be targeted with information packages and seminars to assist them in decision-making on standards and to further familiarise them with IELTS.

Providers were generally clear in their understanding of the general day-to-day communication patterns between professionals and those with whom they would come into contact. However, none of the respondents was able to reference any in-depth research into the language skills required to operate effectively in the profession which they represented. Given that this is a relatively new use of IELTS, it may be to the advantage of the IELTS partners to develop a body of research which could then feed into the writing of content and questions for future tests.

For some associations, there appears to be a lack of understanding of the difference between the General Training Module and the Academic Module. Education and information packages would go some way towards remedying this issue, which constitutes a risk for both associations and IELTS.

The most common attitude of participants in this study tended to be that IELTS was designed and run by professionals in the field of linguistics and language assessment, and as long as it was working for the associations, it was an effective tool and they would continue to work with it.

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APPENDIX 1: PROFESSIONAL ASSOCIATIONS AND LANGUAGE ASSESSMENT WEBSITES

Association of Registered Nurses of Newfoundland and Labrador
www.arnnl.nf.ca/ [Accessed August 2009]

British Acupuncture Council
www.acupuncture.org.uk/ [Accessed July 2009]

British Columbia College of Teachers
www.bcct.ca/ [Accessed August 2009]

Cambridge ESOL
www.cambridgeesol.org/exams/ [Accessed July 2009]

Canadian English Language Benchmark Assessment for Nurses
www.celban.org/celban/ [Accessed August 2009]

Centre for Canadian Language Benchmarks
www.language.ca/ [Accessed August 2009]

Chartered Institute of Marketing (CIM)
www.cim.co.uk/ [Accessed June 2009]

College of Licensed Practical Nurses of British Columbia
www.clpnbc.org/ [Accessed August 2009]

College of Nurses of Ontario
www.cno.org/international_en/reqs/req4_lang/testing.htm [Accessed May 2009]

College of Pharmacists of British Columbia
www.bcpharmacists.org/ [Accessed May 2009]

College of Registered Nurses of British Columbia
www.crnbc.ca/ [Accessed August 2009]

College of Registered Nurses of Manitoba
www.crnmb.mb.ca/ [Accessed May 2009]

Faculty of Public Health UK
www.mmc.nhs.uk/ [Accessed August 2009]

General Dental Council, UK
www.gdc-uk.org/ [Accessed June 2009]

General Medical Council, UK
www.gmc-uk.org/ [Accessed August 2009]

General Optical Council UK
www.optical.org/ [Accessed August 2009]

Health Professions Council, UK
www.hpc-uk.org/ [Accessed August 2009]

Irish Nursing Board
www.nursingboard.ie [Accessed May 2009]

Irish Medical Council
www.medicalcouncil.ie/registration/statistics_page06.asp [Accessed May 2009]

National Association of Pharmacy Regulatory Authorities
www.napra.ca/ [Accessed July 2009]

Nursing and Midwifery Council, UK
www.nmc-uk.org/ [Accessed August 2009]

Ontario College of Pharmacists
www.ocpinfo.com/ [Accessed August 2009]

Ontario College of Teachers
www.oct.ca/ [Accessed July 2009]

Pre-Hospital Emergency Care Council, Ireland
www.phecit.ie/ [Accessed June 2009]

Professional Linguistic Assessment Board, UK
www.gmc-uk.org/doctors/plab.asp [Accessed June 2009]

Royal College of Veterinary Surgeons, UK
www.rcvs.org.uk/ [Accessed August 2009]

Royal Pharmaceutical Society of Great Britain
www.rpsgb.org.uk/ [Accessed August 2009]

APPENDIX 2: ACKNOWLEDGEMENTS

The researcher would like to convey special thanks to the following professionals for their time and generous assistance.

UNITED KINGDOM

John Wheeler

Secretary and Chair, Admissions Committee
British Acupuncture Council

Patrick Kavanagh

General Dental Council

Oliver Campbell

Interim Team Manager
Nursing and Midwifery Council

Linda Price

Education Policy Advisor, Education Department
Chartered Institute of Marketing (UK)

Martha Pawluczyk

Royal Pharmaceutical Society of Great Britain

IRELAND

Ruth Thompson

Executive Officer, Education and Training
Medical Council

Barry O’Sullivan

Deputy Director and Registrar
Pre-Hospital Emergency Care Council

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Corey Sigurdson

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College of Registered Nurses British Columbia

Doreen Leong

Director, Registration/Special Projects
College of Pharmacists of British Columbia

Christyna Schillemore

Manager, Registration Programs

Diana Spizzirri

Registration Advisor

Deborah Byer

Registration Program Assistant

Ontario College of Pharmacists

Beverley Maxwell

Director of Certification

British Columbia College of Teachers

My thanks go to the Project Manager, IELTS **Jenny Osborne**, for her patience and assistance throughout this project.

APPENDIX 3: GUIDING QUESTIONS FOR INTERVIEWS CONDUCTED WITH PROFESSIONAL ASSOCIATIONS.

Questions for interviews conducted with professional associations and professional registration bodies.

IELTS Research Project

Interviews

Name of Organisation

Brief explanation of the aims and purpose of the organisation

.....

1. Introduction

Explanation of the objectives of this study

Reference to the significance of this study to IELTS Australia and Cambridge ESOL

Brief background to the development and scope of use of IELTS

2. Guiding questions – IELTS

2.1 What is the purpose of your organisation's use of IELTS? (please provide details)

Registration to practise a profession

Eligibility to sit for an examination to assess capability to practise a profession

Assessment for migration purposes

Membership of a professional organisation

Other

2.2 What levels of IELTS are required?

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

2.3 IELTS assesses all skills at a single sitting, unlike some assessment systems in which candidates can present with the best results of each of the four skills (Reading, Writing, Speaking, Listening) of two or three or more sittings. Is this in line with the way your organisation uses IELTS band scores?

2.4 What other professional requirements are there?

2.5 How many clients (approximately) will have their English language proficiency assessed in any one year?

2.6 Is this number increasing or decreasing?

2.7 How was the decision made on the appropriate threshold levels?

2.8 Who is responsible for making decisions on English language assessment levels?

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

2.10 Has your organisation's decision on acceptable IELTS levels been reviewed?

- 2.10.1 If so,
- Why was it reviewed?
 - What did the review process consist of?
 - What was the outcome?
- 2.10.2 If not, is it planned to review it? Why or why not?
- 2.11 Are you aware of any gaps or inadequacies in the IELTS testing system for the purposes of your profession?

3. Guiding questions – Alternative language assessment systems/strategies

- 3.1 What other language assessment systems/strategies are accepted? What are the levels accepted?

✓	TEST	LEVEL(S) REQUIRED
	Test of English as a Foreign Language (TOEFL) and Internet-based TOEFL (iB TOEFL)	
	Test of Spoken English (TSE)	
	Test of Written English (TWE)	
	Test of English for International Communication (TOEIC)	
	Cambridge Certificate of Advanced English (CAE)	
	Cambridge Certificate of Proficiency in English (CPE)	
	CELBAN	
	MELAB	
	Trinity College Tests	
	Other	

- 3.2 In your view, what are the advantages and disadvantages of each? Which assessment systems/strategies suit your organisation best and why?
- 3.3 Have candidates expressed a preference for a particular test? If so, which one and why?
- 3.4 Have you had any feedback about how the candidates perceive the IELTS test?
- 3.5 Is there a strategy in place to follow up newly registered people or to seek feedback from their employers once they are in the workplace, to ensure that they are coping in terms of language skills? If so, please describe it.
- 3.5.1 If not, would this be useful?

- 3.5.2 What focus area(s) would be most useful to get feedback on (eg using technical vocabulary and language, language for dealing with general enquiries, using non-technical language when dealing with the young/aged/people of non English speaking backgrounds/professional to professional ...)

4. Guiding questions – Ongoing support

- 4.1 Did you receive any information or support from the IELTS administration when making the decision?
- 4.2 Have you had any follow-up briefing or support from IELTS administration?
If yes, what support was given?
If not, would it be useful to you? What form of support would be most useful?

5. Alternative language assessment systems

- 5.1 Will you continue to use the IELTS test as an English Language assessment instrument?
Why or why not?
- 5.2 Will your profession be accepting other language testing or assessment systems as equivalent to IELTS (eg iB TOEFL, TOEIC, the new Pearson Test of English, profession-specific assessment, ...)?

6. Research

- 6.1 Do you know of any research, articles or discussion papers that have been published into English language competency or testing and assessment in your profession by professionals in your field, academics, government or other relevant bodies? If so, please provide a copy or access details (name, author, publisher, year).

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

Thank you for your time.

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APPENDIX 4: ACRONYMS

ACPE	Accreditation Council for Pharmacy Education (USA)
AEPUCE	Academic English Program for College and University Entrance (Canada)
ARNNL	Association of Registered Nurses of Newfoundland and Labrador
BCCT	British Columbia College of Teachers
CAE	Certificate in Advanced English (Cambridge ESOL)
CanTEST	Canadian Test of English for Scholars and Trainees
CCAPP	Canadian Council for Accreditation of Pharmacy Programs
CCLB	Centre for Canadian Language Benchmarks
CEFR	Common European Framework of Reference
CELBAN	Canadian English Language Benchmarks Assessment for Nurses
CLPNBC	College of LPNs of British Columbia, Burnaby
CPNRE	Canadian Practical Nurse Registration Examination
CNO	College of Nurses of Ontario
CPE	Certificate of Proficiency in English (Cambridge ESOL)
CRNBC	College of Registered Nurses of British Columbia
CRNM	College of Registered Nurses of Manitoba
EEA	European Economic Area
ESOL	English for Speakers of Other Languages
ETS	Educational Testing Service
IELTS	International English Language Testing System
FCE	First Certificate in English (Cambridge ESOL)
iB TOEFL	Internet-based Test of English as a Foreign Language
IMC	Irish Medical Council (Ireland)
ISE	Integrated Skills in English Examinations (Trinity College London)
MELAB	Michigan English Language Assessment Board
OCP	Ontario College of Pharmacists
OCT	Ontario College of Teachers
PEBC	Pharmacy Examining Board of Canada
PHECC	Pre-Hospital Emergency Care Council (Ireland)
PLABE	Professional Linguistic Assessment Board Examination (UK)
TOEFL	Test of English as a Foreign Language
TOEIC	Test of English for International Communication
TSE	Test of Spoken English
TWE	Test of Written English