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### **Educating the Nurse of the Future - Independent Review of Nursing Education Submission**

I have heard it rumoured that international nursing students (i.e. or any student who has English as an Additional language, and do not meet the nursing registration language requirements) will need an IELTS 7.0 or equivalent proof of English proficiency in order to commence their nursing degrees.

I have spent a decade supporting the international nursing student cohort currently undertaking a nursing degree at Flinders University. This demographic comprises nearly 1000 students. I also support the language development of local students for whom English is a second language. I research in the area of international nursing students' linguistic needs and on language testing. I have published widely across not only my own area, but in nursing and health, and higher education. I have won many awards, including a national best practice award for my international nursing student program, a national teaching citation, and I was a finalist in the national Hesta awards. I have been asked to speak twice at the Occupational English Test forum about my knowledge gained from working with international nursing students. Please see my webpage for further information: <https://www.flinders.edu.au/people/amanda.muller>.

I feel I am adequately qualified to comment on this issue, from the point of view of being inside the university and working on a daily basis with students. I am writing as a concerned professional, not on behalf of my university.

I have a number of points I would like to put forward for consideration. These matters may be relevant to the English standards applied to both students and nursing registration. Please do not hesitate to contact me for further information or clarification.

#### Establishing English proficiency

1. The timing of a test is important, and the language requirement needs to be balanced out with the natural language development of English learners. It is not reasonable to expect full fluency or thought in English (i.e. IELTS 7.0) when you have not had the chance to be immersed in an English-speaking environment. The international students' first placements are low stakes and heavily supervised, and occur later in the semester or year. My personal estimation, not based on any particular study, is that they need at least three months to adjust to Australian English.

I argue that, under the right conditions, it is probably best practice to let international students commence nursing study with an IELTS 6.5 in all bands BUT ONLY if their language and this student demographic is specifically supported with the help of TESOL qualified language specialists. This is not guaranteed in Australian universities. It takes a strong resource commitment to focus on this group. (see my article on adequate support: Murray, N. & Müller, A. (2019) "Developing academic literacy through a decentralised model of English language provision", *Journal of Further and Higher Education*, <https://www.tandfonline.com/doi/full/10.1080/0309877X.2018.1483015>)

A generic service is not enough! Specialised qualified support needs to be established fully when conducting course accreditation reviews. If properly supported, international students can outperform local students. I believe that the mandate for proper support and quality English proficiency outcomes should come from course accreditation processes, if ANMC desires, rather than setting a blanket IELTS test score.

(see Müller, A., Arbon, P. and Gregoric, C. (2015) "A school-based approach to developing the English proficiency of EAL university students." *Journal of Academic Language and Learning*, 9(2) A63-A78. <http://journal.aall.org.au/index.php/jall/article/view/338>.)

2. If IELTS 7.0 is established as an entry standard for commencing student nurses, what will ANMC do about the national current practices of accepting around 70 equivalent forms of proof of English proficiency? Will you accept the ELICOS English College equivalence pathway?  
(see my article on this: Müller, A. (2017) "English test for international students isn't new, just more standardised", *The Conversation*, <http://theconversation.com/english-test-for-international-students-isnt-new-just-more-standardised-85603>)
3. If you do accept equivalence from other sources such as through an ELICOS, how will you know if this pathway is properly calibrated to be equivalent to the standardised and impartial IELTS test? (My study had an unexpected incidental finding that there will be a number of students who may not reach the test standards: see Müller, A. & Daller, M. (2019) "Predicting international students' clinical and academic grades using two English language tests (IELTS and C-test): a correlation research study", *Nurse Education Today*, 72, 6-11. doi: <https://doi.org/10.1016/j.nedt.2018.10.007>)
4. The same can be said for equivalence between tests. There has not been any equivalence testing of the performance of IELTS, OET, PTE, and TOEFL for clinical performance. We are unsure of how much these overlap in terms of the type of English they test and the purposes the results have validity for.  
(Please see my article for an example of how equivalence can be established, Müller, A. & Daller, M. (2019) "Predicting international students' clinical and academic grades using two English language tests (IELTS and C-test): a correlation research study", *Nurse Education Today*, 72, 6-11. doi: <https://doi.org/10.1016/j.nedt.2018.10.007>).
5. A final anecdotal point can be made about recognising English as the Language of Instruction when it is conducted in typically non-English-speaking countries (i.e. China, or countries such as India/Nepal where there is great variability in the quality of the English being used to instruct). It is a problematic pathway, and if the candidate's English is adequate, they should easily pass an IELTS or equivalent test.

#### More test-based issues

1. The Occupational English Test is the only test of clinical language is the one created for that purpose, thus it is acceptable, for ANMC's purposes of patient safety, to use this for university entry into a health course if the universities agree to it.  
(Please see this article for an explanation of this point: <https://theconversation.com/using-university-language-tests-for-migration-and-professional-registration-is-problematic-87666>)
2. The appropriate test for readiness to enter the academic realm is IELTS test. It was designed to measure general academic language ability of international students commencing a university degree, so it is odd that it is used for professional registration purposes.  
(Please see my article on this point: Müller, A. (2016) "Language proficiency and nursing registration." *International Journal of Nursing Studies*, 54, 132-140. doi: 10.1016/j.ijnurstu.2015.01.007)
3. Since IELTS is used for registration and possibly university entry, why isn't ANMC adopting the 7.5 score recommendation for communicatively demanding environment? I have found preliminary evidence of an exponential relationship between the IELTS bands and error rate.  
(Please see my article on this point: Müller, A. (2015) "The differences in error rate and type between IELTS writing bands and their impact on academic workload." *Higher Education Research and Development (HERD)*, 34(6), 1207-19  
<https://www.tandfonline.com/doi/full/10.1080/07294360.2015.1024627>)