

AHPRA Public Consultation - Review of *English language skills registration standard*

Submission from Doone Lamb – English Language Tutor

I prefer Option 2 preferred for teaching practice.

I have been teaching English as a second language to adults for nearly 30 years in Australia and Taiwan. I am also a trained patient advocate with a special interest in spoken communication. My OET experience of more than 16 years is in both teaching and assessing.

The proposed revised standard option 2 would have great benefits for teachers, students and, in the long term, for patients. The research seems to have concentrated on testing rather than language acquisition. All tests require strategies, and the repetition needed to maintain strategies for sub-tests already passed is a great waste of time for candidates and teachers. Time would be better spent on really improving areas of weakness in language rather than aiming to scrape through all four sub-tests in one sitting.

Because I spent six years teaching English to Chinese speakers in Taiwan, and also because my first degree was in Music, I spend much time in teaching better pronunciation, especially to speakers of South East Asian languages -- Chinese, Japanese, Korean and Burmese. Pronunciation takes considerable time and practice. It is often neglected by many teachers, as it requires individual, one-on-one work. Acquiring better pronunciation is very much like learning a musical instrument; the skills demanded are aural, physical and interpretive.

The people I tutor are mostly candidates who have failed a component of the OET test. Before candidates were required to achieve A or B in all skills at one sitting, I was able to help some candidates go from D to A or B in Speaking. An A rating in the Speaking component of OET is rare now, and I am convinced this is because the candidates I teach cannot devote sufficient time to pronunciation and communication because of the requirement to re-sit all skills simultaneously.

Question 8 of Questions for Consideration asks if anything is missing. This comment may be beyond the scope of the review, but I am suggesting that in the future, continued language and cultural awareness could be encouraged or demanded. Too often, once registration is achieved, some health professionals use English for work only and seem to regress in their use of English.

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