CAMBRIDGE ENGLISH
Language Assessment
Part of the University of Cambridge

Using English for Professional Purposes

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The policy context

International health workforce mobility

- e.g. 36% of UK doctors are International Medical Graduates (IMGs) (Australia: 40%)

Screening of migrant health workforce prior to registration

- involves measures of clinical communicative competence, e.g. general test (IELTS) or profession-specific test (Occupational English Test, OET)

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Pathways to registration (Pill, 2013)

Table 2.1: Summary of tests in three countries for IMGs' full registration to practise

	Australia	UK	USA
Tests taken by	IMGs on standard pathway	IMGs from outside EEA and Switzerland	all local graduates and IMGs
English language test	OET or IELTS	IELTS	–
Tests of professional competence: (i) Knowledge	AMC CAT MCQ examination	PLAB Part 1	USMLE Step 1; Step 2 CK
(ii) Skills and applied knowledge	AMC clinical examination	PLAB Part 2	USMLE Step 2 CS[a]
(iii) Applied knowledge for unsupervised practice			USMLE Step 3

[a] Including assessment of spoken English proficiency

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The policy question…

Need to ‘get it right’ about who to admit, who to exclude

Involves balancing

- patient safety standards vs
- not creating unreasonable restrictions on IMGs’ access to clinical experience

By what **criteria** should candidates be judged?

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The Occupational English Test

Specific-purpose English (ESP) test for health professionals (McNamara 1996), currently used in Australia and NZ

4 skills test designed to assess the readiness of candidates to manage the communicative tasks of the health workplace

- Speaking, writing – communicative tasks specific to each profession
- Listening, reading – communicative tasks common to all health professions

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Test task: role-plays between health professional and patient
– profession-specific

Test content: common situations encountered in the workplace
– accuracy and currency confirmed by health professional advisors

Assessment: ***linguistic*** criteria applied by ***language professionals*** to audio recorded performances of interaction

Overall Communicative Effectiveness
Intelligibility
Fluency
Appropriateness of Language
Resources of Grammar and Expression

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Answering the policy question through research

3 yr study of ‘indigenous’ assessment criteria for judging communication in medical workplace

Study 1: eliciting and analysing health professionals HP judgements of actual clinical communication

What do (HPs) themselves value in communication with patients?

Result: model of what HPs value (Pill 2013) – shows strong differences from linguistic criteria

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Two new criteria?

Study 2: Can this model inform OET criteria?

Two proposed new criteria:

- *Clinician engagement*
- *Discourse management*
- (Focusing on linguistic evidence of each)

OET raters subsequently shown to be able to consistently rate performances against these new criteria

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Future directions

- Indigenous criteria for judging written clinical communication (3 yr study now funded)
- Inter- and intra-professional spoken clinical communication
- English as a lingua franca communication in the health workplace

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Is ESP testing worth it?

Clear advantages of specific purpose testing over general purpose testing, though more resource intensive

High stakes professional contexts make this expense justifiable

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