

# Stakeholders' perceptions of the Occupational English Test (OET): An exploratory study

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## Context of the study

The purpose of this exploratory study is to seek stakeholders' perceptions with regard to the appropriateness of the Occupational English Test (OET) to the healthcare sector, and to examine whether OET is an indicator of workplace readiness in terms of language proficiency. Stakeholders in this study consist of: OET test takers, teachers who prepare candidates for OET, employers and healthcare regulatory bodies who decide on the provisional registration of healthcare professionals. The study is exploratory in nature as it will be complemented with a cross-design where performance on OET can be compared to performance on other language exams used for the same purpose.

## Description of OET

OET falls under the category of English for Specific Purposes (ESP). The test is designed to meet the specific needs of the healthcare sector in 12 healthcare professions, namely, dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology and veterinary science. It assesses the English language competence of healthcare professionals who have gained their qualifications and training outside an English-speaking country.

It assesses four language skills: reading, listening, speaking and writing. The Speaking and Writing sub-tests are tailored to each profession, unlike the Listening and Reading sub-tests. While the latter are firmly grounded in the healthcare domain, in terms of topics, content, language and some tasks (e.g. note-taking while listening), they are not as profession specific as the productive skills tests. The largest groups of test takers are nurses (47%), doctors (23%), dentists (20%), and pharmacists (6%)<sup>1</sup>.

Recognised by 30 regulatory healthcare bodies in Australia, New Zealand and Singapore, the Australian Department for Immigration and Citizenship (DIAC), universities and education providers (see Appendix 1), OET is currently available up to 10 times a year in 20 countries around the world (see Appendix 2 for a full list of countries and cities). The largest candidature is in Australia. Originally designed by Professor Tim McNamara of the University of Melbourne under contract to the Australian Federal Government in the late 1980s, OET is now owned by Cambridge Boxhill Language Assessment, a joint venture between Cambridge English and the Box Hill Institute in Melbourne, Australia. This recently formed strategic alliance is 'aimed at increasing the

availability of the test to candidates in the UK, Europe and North America' (Cambridge English Language Assessment 2013), specifically in the countries with demand for foreign healthcare workers.

## Research questions and design

The key research questions are:

- What is the intended impact of using an ESP test, namely OET, when assessing the language ability of healthcare professionals?
- To what extent is OET an appropriate language examination for the health sector in terms of its construct validity (i.e. content, skills/abilities assessed, format)?
- To what extent are OET test takers perceived as ready for the workplace in terms of their English language ability and their confidence in using English in a healthcare context?

Qualitative and quantitative data were simultaneously collected in a mixed methods research design (MMRD). The analysis of each data strand was carried out independent of the other but when interpreting the results information was drawn from both strands. This approach enabled building a rich picture and the triangulation of information derived from multiple data sources enhanced confidence in the findings (see Greene, Caracelli and Graham (1989) for a discussion on reasons for mixing methods). Qualitative data collection instruments comprised interviews with representatives of healthcare regulatory bodies in Australia. Surveys were used in the quantitative analyses. These were administered to OET test takers, to teachers who prepare candidates prior to sitting for OET and to healthcare professionals.

Accordingly, the study sample included: (a) 585 OET test takers who currently work in private practices, hospitals, health centres, or research institutes – the majority of test takers work in Australia and New Zealand; (b) 27 OET teachers – the majority of whom work in Australia and New Zealand; (c) 40 healthcare professionals working in Australia – mostly medical doctors and a few pharmacists; and (d) two representatives of the healthcare regulatory bodies in Australia.

## Key findings

### Intended impact of using an ESP examination

Being intended for 'people who have trained as medical and health professionals in one country and wish to gain

<sup>1</sup> Based on January 2008–May 2013 data.

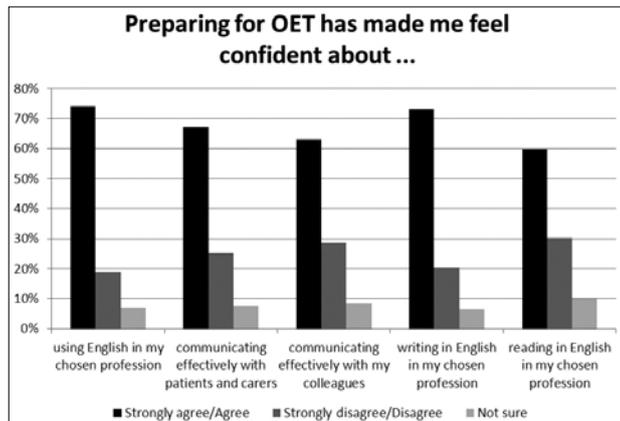
provisional registration to practise their profession in an English speaking context' (The University of Melbourne 2009:1), it is to be expected that the OET would be taken by those who wish to gain professional registration and find a job in the healthcare sector. A vast majority of the respondents in the present study have indeed taken the test for those two tightly linked purposes (see Table 1). To a small extent, OET also appears to be used for university admission, as reported by 1% of the respondents, as well as for immigration or application for permanent residency in Australia.

**Table 1: Reasons for taking the OET**

I have taken the OET ... (more than one option can be selected)	Number of responses
... for the purposes of professional registration	540 (78%)
... for employment purposes	121 (18%)
... to enrol at a university	10 (1%)
Other (immigration or permanent residency application)	17 (2%)
<b>Total</b>	<b>688 (99%)*</b>

\*Percentages do not sum to 100 due to rounding.

Thirty-two percent of the test takers who responded believe that, as a result of preparing for OET, their ability to use English in their health-related context has improved a lot; 29% believe that they have experienced a moderate improvement; 16% believe that they have experienced a slight improvement while 19% believe they have not improved at all. However, there was a marked increase in their perception of confidence gained as a result of preparing for OET, as Figure 1 shows.



**Figure 1: Confidence after preparing for the OET**

### Appropriateness to healthcare context

Both OET test takers and teachers believe that the major strength of OET is its relevance for the healthcare sector in terms of topics, language, tasks, scenarios and the language ability/skills its tasks require. The relevance of OET for the healthcare sector has a positive impact on the test takers because: a) preparation for OET prepares the test takers for performing language-mediated tasks in their chosen profession, b) OET test takers find the topics interesting, and as a result, they engage more with test preparation and OET tasks, and c) their familiarity with terminology and content reduces their anxiety while carrying out written and spoken

tasks. Similarly, representatives of regulatory bodies appear to value the relevance of OET test to the healthcare context. The representatives stated that *if testing is congruent with practice, that's terrific*; but they pointed out that OET is not expected to test clinical communication skills.

### Language as an indicator of workplace readiness

The overseas healthcare professionals who have taken OET are perceived as sufficiently able users of English in their workplace, as there has been no feedback to the contrary.

Some of the quotes provided by the stakeholders in this study demonstrate the usefulness of OET in terms of workplace readiness:

*As an employee (nurse) in a hospital you are expected to function almost a hundred percent from day one, meaning that you are expected to understand both patients and staff, the latter often speaking very fast and with lots of abbreviations. Preparing for OET helped a lot.*

*It helped me to communicate with patients and work mates effectively and correctly. Because I have gained a lot of good communication styles in a very professional and elegant way.*

*I took patient's history exactly the same way as been taught in OET courses e.g. The patient's pain complain[t] history is the same I used it with my patients ...*

*OET helped me in gaining communication skills with patients and other health professionals. Now I can use some expressions in calming patients, showing empathy to patient which I knew but never used before.*

Table 2 displays health professionals' percentage agreement with the questionnaire statement indicating the ability of OET test takers to use English in a health-related workplace. The percentage agreement column sums up the figures for the 'strongly agree' and 'agree' categories.

**Table 2: The ability of OET test takers to use English in a health-related workplace**

The employees/colleagues who have taken OET ...	Percentage agreement
... use English effectively in their health-related workplace.	93%
... communicate well with their colleagues.	83%
... understand well what they are told by their colleagues.	83%
... perform well at the writing tasks in their health-related workplace.	83%
... understand well what they read in their health-related workplace.	80%
... communicate well with their patients.	68%
... understand well what they are told by their patients.	65%

After overseas health professionals have been employed, the regulatory boards will receive comments on their language skills. The most common feedback received focuses on the employees' ability to deal with idioms and slang. The board is aware that this is a delicate issue:

*It's a very fine line ... because there's a ... sense that you need to be able to speak in non-medicalise, but at the same time you need to know when. The level of formality needs to vary. And that must be tricky for a non-native speaker.*

## Conclusion

Looking at data provided by the various stakeholders, several themes emerged with regard to the strengths gained and demonstrated by OET test takers within the workplace. OET test takers are perceived as effective communicators who are able to communicate with stakeholders in the healthcare sector on matters that are both technical and emotional and who can use lay language so that patients can easily understand what they are saying. Another theme which kept emerging from the interviews and open-ended comments on surveys is the need to understand Australian slang, cultural peculiarities, and different accents in order to be able to work better within an Australian context.

These findings provide a useful insight into the appropriacy of OET for healthcare professionals. Further studies will consider candidate performance on OET and similar exams used for the same purpose.

## References

- Cambridge English Language Assessment (2013) Australian test of medical English to go global, *Cambridge English News*, available online: [www.cambridgeenglish.org/news/view/australian-test-of-medical-english-to-go-global/](http://www.cambridgeenglish.org/news/view/australian-test-of-medical-english-to-go-global/)
- Greene, J C, Caracelli, V J and Graham, W F (1989) Toward a conceptual framework for mixed-method evaluation designs, *Educational Evaluation and Policy Analysis* 11 (3), 255–274.
- The University of Melbourne (2009) *Occupational English Test*, Melbourne: The OET Centre.

## APPENDIX 1: Institutes and organisations that recognise OET

### Australia

#### **Australian Department of Immigration and Citizenship (DIAC)**

OET is accepted by DIAC for various visa categories including skilled migration and student visas.

#### **Boards and Councils**

*Australian Health Practitioner Regulation Agency (AHPRA)*

National agency responsible for the registration and accreditation of 9 of the 12 health professions in Australia. These Boards are:

- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia

Other regulatory authorities that recognise the OET:

- Australasian Veterinary Boards Council (AVBC)
- Australian and New Zealand Podiatry Accreditation Council (ANZPAC)
- Australian Dental Council
- Australian Institute of Radiography (AIR)
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council

- Australian Physiotherapy Council (APC)
- Australian Veterinary Boards Council (AVBC)
- Dieticians Association of Australia (DAA)
- Occupational Therapy Council (Australia and NZ) (OTC)
- South Australian Medical Education and Training (SA MET) Health Advisory Council (HAC)
- Speech Pathology Australia

#### **Universities, Education and Recruitment**

- Australian College of Nursing
- Australian Catholic University
- Curtin University
- C.Y. O'Connor Institute
- Deakin University
- Monash University
- Perth Institute of Business and Technology (PIBT)
- Southern Cross University
- Tafe NSW
- The University of Queensland
- University of Newcastle
- University of Notre Dame Australia
- University of South Australia
- University of the Sunshine Coast
- University of Western Sydney
- Geneva Health
- Latitudes Group International
- Recruit-A-Doc

## New Zealand

- Australian and New Zealand Podiatry Accreditation Council (ANZPAC)
- Dental Council of New Zealand
- Nursing Council of New Zealand
- Occupational Therapy Council (Australia and NZ) (OTC)
- Pharmacy Council of New Zealand

- Physiotherapy Board of New Zealand
- Veterinary Council of New Zealand

## Singapore

- Allied Health Professions Council
- Singapore Medical Council

## APPENDIX 2: OET administration venues

### Africa

**Egypt**  
Cairo

**South Africa**  
Pretoria

### Asia

**India**  
Bangalore  
Chennai  
Kolkata  
Mumbai  
New Delhi

**Japan**  
Tokyo

**Pakistan**  
Islamabad  
Lahore

### Europe

**Germany**  
Berlin  
Oldenburg

**Italy**  
Catania  
Pisa  
Telese Terme  
Trieste

**UK**  
London  
Melton Mowbray

**Ukraine**  
Kharkiv

### Middle East

**Iran**  
Tehran

**Saudi Arabia**  
Eastern province

**UAE**  
Dubai

### North America

**Canada**  
Vancouver

**USA**  
New York

### Oceania

**Australia**  
Adelaide  
Brisbane  
Darwin  
Melbourne  
Perth  
Sydney

**New Zealand**  
Auckland  
Christchurch  
Hamilton  
Palmerston North

### South America

**Argentina**  
Cordoba

**Chile**  
Vina Del Mar

### South East Asia

**Philippines**  
Manila

**Hong Kong**  
Singapore