



# FINAL REPORT

## HARMONIZING LANGUAGE PROFICIENCY STANDARDS FOR OCCUPATIONAL THERAPISTS IN CANADA



**ACOTRO**

ASSOCIATION OF CANADIAN OCCUPATIONAL THERAPY  
REGULATORY ORGANIZATIONS

## WHO WE ARE

Established in 1989, the Association of Canadian Occupational Therapy Regulatory Organizations has a membership comprised of the ten provincial occupational therapy regulatory bodies in Canada. Our members work to protect the public by fulfilling their statutory mandate to regulate the practice of occupational therapy in their respective jurisdictions. Together, we work to promote consistency and excellence within the occupational therapy regulatory environment across Canada.

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## EXECUTIVE SUMMARY

The Canadian health regulatory system protects the safety of the public through provincial legislation. A central function of occupational therapy regulators is to ensure that applicants have the knowledge, skills, and abilities required to practise safely, effectively, and ethically. Their regulatory duty is to certify only individual applicants who have the capability to fulfill their professional role (ACOTRO, 2010). Proof or evidence of language skills appropriate to professional practice as an occupational therapist is one of these criteria. While some Canadian health professions have pan-Canadian language proficiency requirements for international applicants, occupational therapists do not.

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is the national organization of occupational therapy regulators in Canada. ACOTRO promotes consistency and excellence within the occupational therapy regulatory environment across the country. In 2010, ACOTRO members signed the Labour Mobility Support Agreement (LMSA), which, among other objectives, seeks to enable labour mobility by working toward a common approach to language proficiency standards (ACOTRO, February 2010). In an effort to develop and implement harmonized credentialing practices nationally, ACOTRO embarked on a three-phased pan-Canadian initiative aimed at harmonizing the way in which the qualifications and competencies of Internationally-Educated Occupational Therapists (IEOTs) interested in working in Canada are assessed. This project report represents one component of that project.

This project, the *Harmonizing Language Proficiency Standards Project*, initiated and completed in 2011, provides recommendations and a model harmonized language proficiency standard for IEOTs seeking licensure in the Canadian context. Findings of this report are based on (a) a scan of the language testing and standard setting literature, (b) a review of best practices in setting language proficiency standards and policy, and (c) the policy and practices of health regulators across Canada and internationally. The result is a selection of approved tests and cut scores that reflect the minimum requirements for practice in occupational therapy.

A complete and clearly stated language standard, including how it must be demonstrated and the reason it is required, ensures transparency and fairness for applicants and accountability for regulatory organizations. It is recommended that ACOTRO provide such a language standard as a model for its provincial members. Because best practices indicate that formal standard setting research provides the strongest evidence to support cut score decisions, the tests and cut scores included in the new standard are recommended as a reasonable interim standard while the member organizations discuss and implement a standard setting study. The results of such a study will validate the recommendations and corroborate or indicate adjustments to the cut scores recommended in this report. It is also

recommended that this standard setting study include the Language Assessment for Physiotherapists and Occupational Therapists in order to support the validation of the tool for high stakes use.

To summarize, three major recommendations are made in this report.

### 1 A Harmonized Language Proficiency Standard for ACOTRO.

ACOTRO encourages and supports harmonized standards by proposing a policy statement. This national language standard includes a preamble that explains and situates the policy within the regulatory framework and lists approved language proficiency tests and cut scores to be applied as a minimum standard. Provincial members endorse and adopt the standard as appropriate to their jurisdictions. The standard sets out:

#### a. A Common List of Approved Language Proficiency Tests.

*ACOTRO's Language Standard includes a list of standardized language assessments based on clear and informed criteria. Recommended English tests are: TOEFL iBT, IELTS Academic (AC), and CanTEST. The recommended French test for those provinces that require it is: TestCan.*

#### b. Harmonized Cut Scores. ACOTRO's Language Standard includes a reasonable and fair set of harmonized cut scores, as proposed in this report and agreed upon by ACOTRO members.

### 2 Conduct a Standard Setting Study to Validate the Standard.

ACOTRO conducts a formal standard setting study to validate the language proficiency tests and cut scores established during this research study.

### 3 Support the Profession-Specific Language Test for Occupational Therapists. ACOTRO continues to support the ongoing development of the Language Assessment for Physiotherapists and Occupational Therapists and any additional research required to validate the test for higher stakes purposes with a view to implementing it in future.

Harmonizing the existing language proficiency standards for IEOTs was facilitated by the similarities in regulations and policies across Canada. ACOTRO members who currently have a language proficiency policy in place have agreed in principle to the recommendations arising from this study. Provinces that do not currently have a language proficiency requirement and/or policy will look to the recommendations in this report to assist in developing one.

This standard represents a significant step toward harmonizing the way in which the qualifications and competencies of occupational therapists are assessed across the country. Although language proficiency is only one aspect of the credentialing process, it is nevertheless an important component of the process. The direction proposed as a result of the findings of this report is collaborative, based on best practices, and motivated by fairness.



# OVERVIEW

## PROJECT BACKGROUND

ACOTRO is the national organization of occupational therapy regulators in Canada. The membership comprises the occupational therapy regulatory bodies of ten Canadian provinces who work together to protect the public by fulfilling their statutory mandate to regulate the practice of occupational therapy in their respective jurisdictions. ACOTRO promotes consistency and excellence within the Canadian occupational therapy regulatory environment.

Labour market information indicates there is strong current, and anticipated, demand for occupational therapists in Canada. There is also a rising trend in international and inter-provincial mobility among professionals. In February 2010, ACOTRO members signed the *Labour Mobility Support Agreement* (LMSA) in support of the Agreement of Internal Trade (AIT). With heightened governmental interest in supporting the integration of IEOTs and renewed pressure to reduce barriers to the movement of professionals inter-provincially (the revised Agreement on Internal Trade, 2009), there is impetus for effective processes to facilitate professionals' movement into, and within, the country.

ACOTRO's commitment to facilitating the mobility of professionals across provincial boundaries led to a three-phase project to review the ways in which IEOTs are accredited. This project, the *Harmonizing Language Proficiency Standards Project*, is a component of this three-phase pan-Canadian initiative aimed at harmonizing the way in which the qualifications and competencies of IEOTs interested in working in Canada are assessed.

The mandate of this part of the project was to:

- *Conduct an environmental scan regarding English and French language proficiency testing to support an analysis and comparison of:*
  - *the benefits and disadvantages of differing assessment tests,*
  - *differing provincial policies and practices/procedures within their broader IEOT assessment process, and*
  - *practices from other sectors and in the literature.*
- *Conduct interviews with registrars from occupational therapy regulatory bodies to gauge readiness for, and challenges to, harmonization;*
- *Provide recommendations for standardizing proficiency tests and minimum acceptable test scores, along with associated policies or bylaws;*
- *Provide recommendations on an implementation strategy for the new harmonized language proficiency standard.*

A methodology to address the mandate determined the structure for the study. The following section describes this.

## METHODOLOGY

This project was completed over five months, from October 2011 to February 2012. During that time a language assessment consultant completed the following tasks:

- 1 Environmental scan** of existing practices within occupational therapy nationally and internationally described current policies and practices. The result was a description of the language proficiency requirements for registration, language assessment tools/tests used, and alternate means of gathering evidence of language proficiency. This exercise identified gaps and needs.
- 2 Interviews with registrars across Canada** to determine readiness and barriers to harmonizing language standards and the way in which language proficiency is demonstrated by IEOTs. These interviews helped identify common practices, challenges, and successes.
- 3 Research on best practices** from other health sector regulators and the literature regarding setting and implementing language proficiency standards within the context of regulated professions. This guided the analysis of existing practices, and informed the recommendations.
- 4 Recommendations** on how to implement the proposed harmonized standards. These recommendations were accompanied by appropriate consultations with ACOTRO and practical templates for use by members intending on implementing the proposed language standards and policy.

The work of the consultant was based on the methodology outlined above and was informed by several background documents provided by ACOTRO, including:

- *Labour Mobility Support Agreement* (February 2010) Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)
- *Assessing the Competence of Internationally Educated Occupational Therapists for Practice in Canada: Towards a Common Approach and an Assessment Toolkit* (May 31, 2008) College of Occupational Therapists of British Columbia (COTBC)
- *Benchmarking Language Demands of Occupational Therapists and Physiotherapists* (June 2010) Canadian Alliance of Physiotherapy Regulators, College of Occupational Therapists of Ontario, College of Physiotherapists of Ontario
- *Overview of English Language Fluency Requirements of Occupational Therapy Regulatory Organizations* (2010) College of Occupational Therapists of Manitoba (COTM), which provided information about the language policies of ACOTRO members.

The work was guided by a Language Proficiency Steering Committee, a sub-Committee of the ACOTRO Board. Reports for each component of the project were reviewed by the Steering Committee and revised reports were delivered in writing or as a presentation to the ACOTRO Board.

## ABOUT THIS REPORT

This report summarizes the findings of the scan, provides an analysis of the current state of language proficiency standards in occupational therapy in Canada, and outlines a proposed approach for ACOTRO. It is intended as a public document through which ACOTRO can share the principal learnings of the study with stakeholders.



# ENVIRONMENTAL SCAN

## THE PAN-CANADIAN CONTEXT

The foundation for a discussion on pan-Canadian language standards must include the socio-economic and political context in which these standards are set and enforced. The Canadian language context is rooted in historic, political, and socio-economic traditions that relate to bilingualism, multiculturalism, immigration, regulatory practices in the health sector, and pan-Canadian labour mobility.

The Official Languages Act of 1969 established Canada's bilingualism. After that time Canada's two official languages have been English and French. Of interest to this study is the fact that bilingualism exists differently across the country: Quebec's official language is French, New Brunswick's official languages are French and English, while British Columbia's official language is English. In addition to official bilingualism there are numerous unique aboriginal languages spoken in Canada as well as an increasing number of immigrants who are considered to be "allophones"<sup>1</sup> whose first language is neither of Canada's official languages of English and French (Statistics Canada Census, 2001; Zietsma, 2010).

Professionals are now the largest group of immigrants coming to Canada, with increasing numbers intending to work in regulated professions. In 2006, of the 1.5 million university-educated, working-age immigrants (15 years of age and over) to Canada, 41 per cent had studied in fields that would typically place them in regulated occupations compared to 39 per cent of Canadian-born university graduates (Zietsma, 2010). Human resource shortages in the health sector are projected to continue as boomers exit the labour market and the view presides that an aging population, as well as falling fertility rates has encouraged dependence on immigration for growth in the Canadian workforce. Internationally educated health professionals (IEHPs) are seen to help address workforce needs in the health sector and their integration is encouraged by various levels of government. The rise in health professionals coming to Canada highlights the similarities and differences in the registration criteria across the provinces as immigrants sort through the various provincial requirements pertaining to the demonstration of language proficiency.

Occupational therapy is a regulated health profession in all Canadian provinces. The Canadian health regulatory system protects the safety of the public through provincial legislation. In each province, health professions are guided by regulation

to ensure profession-specific issues are addressed. These regulations contain provisions that establish registration criteria (educational and experiential qualifications and exams), scope of practice, controlled acts (if any), standards of practice, codes of ethics, and right to title/use of title for each profession. The registration of occupational therapists is therefore controlled by criteria set out in legislation and/or regulation as well as policies established by regulatory organizations, or provincial Colleges in the respective jurisdictions. Proof or evidence of language skills appropriate to professional practice as an occupational therapist is one of these criterion.

In addition to the labour market information indicating the current and anticipated demand for occupational therapists in Canada, there is increased international and inter-provincial mobility among professionals. With heightened governmental interest in supporting the integration of IEOTs and renewed pressure to reduce barriers to the movement of professionals inter-provincially (the revised Agreement on Internal Trade, 2009), there is an impetus for effective processes to facilitate professionals' movement into, and within the country. Recent initiatives geared at harmonizing regulated professions and trades standards across the provinces support government priorities to ensure increased efficiencies in the way Canada's workers are able to address skills shortages across the country.

In this context of bilingualism, increasing multiculturalism, immigration, pan-Canadian labour mobility, and IEHPs seeking access to regulated health professions, issues of access, fairness, and due process are brought to the forefront. Clear, fair, and objective standards are common goals for all stakeholders.

## LANGUAGE PROFICIENCY STANDARDS

Language ability, like professional competency, is recognized as an essential skill required for safe and effective professional practice. Applicants for professional licensure for whom English is a native or primary language as well as the language of instruction and practice are assumed to be competent communicators and may be exempted from the language proficiency requirement. (In provinces where English and French are both acceptable, this applies to French-speaking applicants too.) Applicants who have not completed an occupational therapy program and/or practised in English or French are required to provide evidence of language proficiency in keeping with the regulator's standards.

Regulators use English or French language proficiency tests as a way to operationalize their language standards. By approving

<sup>1</sup> Profile of Languages in Canada: English, French and Many Others, 2001 Census  
<http://www12.statcan.ca/english/census01/products/analytic/companion/lang/contents.cfm> on Oct 28, 2011.

a particular test and establishing a cut score (the requisite minimum score), regulatory bodies establish an objective and reliable method for demonstrating language competency in the profession. The assumption underlying this practice is that meeting the minimum requisite score on a test demonstrates that the applicant's language is strong enough for professional practice, and conversely, not meeting the minimum score indicates that the language skills of the applicant are too weak for professional practice. The use of objective, third party, standardized language proficiency test scores as evidence of language proficiency in English or French is the established practice among regulators, health and others. The tests most commonly used by health regulators in Canada and occupational therapy regulators internationally are (in alphabetical order):

- *CanTEST (The Canadian Test of English for Scholars and Trainees)* a test for applicants "to meet admission requirements of Canadian post-secondary institutions" but is also used to meet "requirements of professional licensing associations".
- *CELBAN (The Canadian English Language Benchmarks Assessment for Nurses)* is Canada's nursing-specific language proficiency test based on the Canadian Language Benchmarks (CLB).
- *IELTS (The International English Language Testing System) – Academic or General Training Modules* – is used for "admission to undergraduate and postgraduate courses". A secondary use of IELTS AC is professional accreditation.
- *MELA (The Michener English Language Assessment)* is a Canadian occupation-specific language assessment for allied health occupations. It is also referenced to the CLB.

- *MELAB (The Michigan English Language Assessment Battery)* "an advanced-level battery of English language proficiency tests for adult non-native speakers of English who will need to use English for academic purposes at the college and university level". MELAB is "also used for certification of English proficiency for various organizations and licensing professionals".
- *OET (The Occupational English Test)* is an Australian language assessment for immigrating health professions (including occupational therapists).
- *OQLF Test* is a test of the office québécois de la langue française (OQLF), an agency of the Quebec government which has, as one of its mandates, the evaluation of competence in French by candidates to professional orders of Quebec.
- *TESTCan (Test pour étudiants et stagiaires au Canada)* is the French version of CanTEST.
- *TFI (Test de français international)* is an internet-based test that evaluates the French level of non-francophones as it is used in the international workplace.
- *TOEFL®iBT (Test of English as a Foreign Language – Internet Based)* is a standardized English language proficiency test that will "measure the ability to use and understand English at the university level". A secondary use of the test is professional licensure. Several TOEFL related tools were also identified, but these are no longer in use and should be deleted from regulators' policies (TOEFL®PBT, TOEFL®CBT, TWE, TSE).
- *TOEIC (Test of English for International Communication)* comprises two tests: a paper-based listening and reading test for "people who use English in the workplace and everyday life" and an online speaking and writing test that "measures proficiency in business English, at intermediate to advanced levels". A secondary purpose of the TOEIC is licensure.

The environmental scan helped describe the use of these language proficiency tests by health regulators across Canada and internationally:

**TABLE 1: STANDARDIZED LANGUAGE PROFICIENCY TESTS COMMONLY USED BY HEALTH REGULATORS**

Language Proficiency Test	Canadian occupational therapy regulators:	Other health regulators in Canada:	Occupational therapy regulators in other English speaking countries:
CLB-Referenced	✓ (test unspecified)	✓ MELA, CELBAN	
IELTS GT		✓	
IELTS AC	✓	✓	✓
TOEFL	✓ iBT, CBT, PBT	✓ iBT, CBT, PBT	✓ iBT, PBT
MELAB	✓	✓	
TOEIC		✓	
OQLF	✓		
CanTEST	✓	✓	
TESTCan	✓		
TFI		✓	
OET			✓



Academic purpose language proficiency tests (TOEFL, IELTS, CanTEST, and MELAB) are approved language tests for registration in occupational therapy. One regulator had a tentative practice of utilizing CLB scores from English as a Second Language (ESL) sources. Other health regulatory bodies use language tests for general workplace purposes (TOEIC) or CLB occupation-specific tools (CELBAN, MELA). While in Australia the occupation-specific OET is commonly used by a variety of health professions, in Canada a system for occupation-specific language testing is still under development. The Language Assessment for Physiotherapists and Occupational Therapists is a recently developed occupation-specific language proficiency test that is not yet available for commercial use.<sup>2</sup>

Most of the language proficiency tests used by occupational therapy regulators and other health regulatory bodies are tests of language proficiency for academic purposes. As seen in the description of the tests scanned for this report (more detailed descriptions appear in Appendix A), all tests have a specific purpose. Large-scale academic language tests such as the TOEFL and IELTS have been considered appropriate as proof of language proficiency for professional practice because they are standardized, secure, and perceivably reliable and valid. Regulators use these third-party language assessments for language competence to ensure objectivity in their registration processes. In this context, the use of available academic-purpose language proficiency test is defensible.

However, academic purpose language tests do focus on aspects of language use that demonstrate a student's ability to succeed in post-secondary education setting. Although generalizations about a person's overall language abilities can be made based on performance on an academic language proficiency test, academic texts and tasks may be sufficiently different from the language needed to practise occupational therapy (and overly challenging) as to keep out applicants who do indeed have acceptable language abilities for the workplace. In the absence of occupation-specific language testing, regulators continue to rely on third party language assessments – usually academic purpose tests – that are secure, reliable, accessible, and valid. When these tests are used, it is critical that regulators be clear about what the test is actually able to demonstrate, that the purpose for their use is known and explained, and that cut scores are fair and reasonable.

Tests are designed to capture a sample performance so that generalizations about the test-taker's overall abilities can be

made. For example, results of the National Occupational Therapy Certification Examination (NOTCE) do not demonstrate a test-taker's complete knowledge base, but it provides a reasonable sample of knowledge, sufficiently reliable to demonstrate readiness for occupational therapy practice. This assumption is possible for many reasons including the fact that NOTCE test specifications are based on the national profile of occupational therapy practice, providing strong face validity, and test items are standardized and approved by content experts. If this logic is applied to the language tests, their ability to support generalizations about a test-taker's ability to perform occupational therapy duties is weak.

A best practice in setting standards indicates that language proficiency requirements should be supported by evidence that the level of proficiency demonstrated by the test results reflects the level required to practise the profession (Ontario Office of the Fairness Commissioner (OFC), 2010; American Educational Research Association (AERA) American Psychological Association (APA); and National Council on Measurement in Education (NCME), 1999. Recent recommendations also encourage the use of occupation-specific language assessments where they are available (OFC, 2010; von Zweck, 2006). The argument for occupation-specific language testing is that fairness is achieved with tests that evaluate communication within an authentic context and for a specific purpose.

The scan demonstrated a common selection of language proficiency tests across occupational therapy regulators in Canada. While some of the test information in policies is out-dated and inaccurate and harmonization would simply involve correcting the out-dated information (i.e., TOEFL®PBT, TOEFL®CBT, TWE, TSE are no longer available), the harmonization process required selecting an agreed upon set of tests, and establishing common cut scores. This was facilitated by the commonalities in test choice and cut scores.

## LANGUAGE PROFICIENCY STANDARDS FOR OCCUPATIONAL THERAPY

Although the tests and cut scores used as demonstration of English and/or French language proficiency were reasonably similar, the scan revealed that language proficiency standards among ACOTRO members varied somewhat. Firstly, not all provinces have had to consider the need for language proficiency testing as they receive few or no IEOT applications. Secondly, not

<sup>2</sup> The *Language Assessment for Physiotherapists and Occupational Therapists* (LAPOT) was developed through a joint project of The Alliance in partnership with the College of Occupational Therapists of Ontario (COTO) and the College of Physiotherapists of Ontario (CPO). The tool is an online language assessment comprising a series of integrative communicative tasks aligned with the CLB and which reflect the competencies of both occupational therapy and physiotherapy. The test has yet to be implemented, and validity research, such as standard setting study, has yet to be completed to ensure that the standards set by the test meet the standards expected by ACOTRO.

all provincial regulatory agencies have a formal language policy, and given the small number of IEOT applicants in some areas, individualized approaches to determining language proficiency are possible. The provinces that receive a greater number of IEOT applicants (Ontario, B.C.) rely more strictly on the language-testing model. Given immigration patterns and labour mobility, many provinces are likely to experience an influx of immigrants and may be searching for language proficiency policies and practices that can ease the processing of larger numbers of IEOT applications. Registrars from these less experienced provinces expressed willingness to learn from other provinces and to implement a national, harmonized standard.

In 2010, ACOTRO conducted a study to examine and compare language proficiency requirements and policies across Canada and explored whether such requirements are enshrined in provincial regulation or in policy. That study showed that only five provinces had official language standards, and the minimum scores on the tests (i.e., cut scores) varied by province. More importantly, however, the report identified that language proficiency standards appeared more frequently in policies and bylaws enacted by regulatory councils or committees. Because they are entrenched in policy rather than regulation, it will be possible to make changes in the standards and policies recommended as a result of this study without the need to propose major changes to health regulations, which is a time consuming endeavour. This was corroborated in the interviews with registrars completed for this current study.

The following table (Table 2) illustrates the similarities and differences in the cut scores enforced by ACOTRO members' language standards. Cells in which more than one number appears show the range of differences while cells where only one cut score is shown indicate cut scores that were already the same across all regulatory boards. It is important to note that test results are reported for language sub-skills (speaking, listening, reading, and writing), so that a minimum score for one skill can be different from another skill (e.g., speaking can be higher than writing).

## PROFESSION-SPECIFIC LANGUAGE ASSESSMENTS

The emergence of health-specific language assessments in Canada is fairly recent and reflects a series of socio-economic and applied linguistic trends. The evolution of patient-centered care and higher levels of education required of health practitioners contribute to more demanding levels of communicative competence. Canada's increasing reliance on internationally educated health professionals to fulfill current and predicted human resource shortages in the health sector provides good reason for government-supported initiatives regarding language assessment for health professions. In the language testing sector there is a greater emphasis on evidence-based test validation (Wier, 2004). Validity evidence now includes more than quantitative factors (such as psychometric analysis) and takes into account variables such as context, for example, and the relationships between the test construct and the reasons for testing, and the consequences of the test results. For this reason there is a trend toward specific-purpose testing.

These trends are combined with observations by test-takers that academic purpose tests may be testing skills that are not necessary for a target profession and are therefore creating barriers to fair access. Health employers have continued to report that IEPs have communication difficulty in the workplace even after having met traditional language proficiency standards. It may be that test scores on academic or business purpose tests do not necessarily guarantee the level, or perhaps the type of language proficiency sought by the health sector. It could also be that the cut scores are not set appropriately. Occupation-specific language testing offers a possible solution.

Occupation-specific or profession-specific assessments share many characteristics with general English language proficiency tests. Both are tests designed to assess overall levels of language proficiency by measuring how a test-taker performs speaking, listening, reading, and writing tasks. Most modern language tests use both integrative and skill-specific language tasks. Integrative tasks involve using one skill (for example reading) to gather

**TABLE 2: TESTS CURRENTLY ACCEPTED BY OCCUPATIONAL THERAPY REGULATORS ACROSS CANADA**

Scores by Skill Area	TOEFL	IELTS AC	MELAB	CanTEST	TESTCan
Overall Score	92	7.0-7.5	82, 83, 90	N/A	N/A
Speaking Score	26	7.0-7.5	3.0-4.0	4.5	5
Listening Score	20-22	N/A	N/A	4.5	5
Reading Score	20-22	N/A	N/A	4.5	5
Writing Score	20-22	7.5	N/A	4.0	5

information, and another (for example, writing) to communicate the same information, usually for a specified purpose (for example, to provide instructions). Any language assessment, whether general or occupation-specific, must be psychometrically analysed for reliability and put through a test validation process if it is to be recognized as valid and reliable and used for high stakes purposes. Finally, formal tests are standardized regardless of how general or specific they may be.

Occupation-specific assessments are unique for several reasons. The most important reason from the perspective of the test-taker is that it recognizes background knowledge that the test-taker brings to the test experience; this is perceived by test-takers as being fair and reasonable. Research indicates that test-takers perform better on language tests where the content and context are familiar, so there is support for the argument in the literature. A second unique characteristic of profession-specific testing is that it is precise since it is informed by a language needs analysis. In this sense a profession-specific test measures the critical communicative features of the target situation and is perceived as demonstrating “situational authenticity”. Test users (for example, regulators or employers) can presume a more direct relationship between competencies demonstrated on an occupation-specific test and the target situation, which supports the validity of the test.

There are three established occupation-specific language tests that are used by regulators. Two of these are Canadian-made tests, the other is an occupation-specific test for medical professions out of Australia, the Occupational English Test (OET). Australia led the health-specific language testing trend with OET, developed in the 1990s, validated through academic research, supported financially by the Australian and New Zealand governments, and accepted by numerous health regulators in the region. This type of wide interdisciplinary, international effort and support has not yet been seen in North America, although several smaller profession-specific language test development projects have been funded since 2003 in Canada. CELBAN, for example, is the Canadian English Language Benchmarks Assessment for Nurses. It was developed by the Centre for Canadian Language Benchmarks (CCLB) and Red River College (Manitoba) under the advisory of nursing professionals and regulators. CELBAN is accepted as proof of proficiency across Canada, although there are slight differences in the requisite listening cut scores across the provinces<sup>3</sup>: This demonstrates that even with an occupation-specific test designed by practitioners, provincial regulators maintain the right to determine provincial policy. MELA is an occupation-specific language assessment for allied health occupations developed at the Michener Institute for

Applied Health Sciences (Ontario). Like CELBAN it is also CLB-referenced. Standard setting studies that included a concurrent determination of cut scores for TOEFL, IELTS and MELA were conducted by Canadian Society for Medical Laboratory Sciences (CSMLS) and CMRTO and resulted in the adoption of the MELA as an acceptable proof of language proficiency along with the other international tests.

In 2009, The Canadian Alliance of Physiotherapy Regulators (The Alliance), the College of Occupational Therapists of Ontario (COTO), and the College of Physiotherapists of Ontario (CPO) partnered in a project to develop a profession-based language assessment in Physiotherapy and Occupational Therapy. The tool is an online language assessment process comprising a series of integrative communicative tasks aligned with the CLB and which reflect the professional communication competencies of the two professions. The Language Assessment for Physiotherapists and Occupational Therapists offers the possibility for a relevant and fair process for demonstrating language proficiency. However, in order for ACOTRO to implement the test as one of the acceptable tools used by IEOTs to demonstrate language proficiency, a standard setting process is required. This will validate the use of the test as a gatekeeping tool and help establish cut scores that are defensible and fair.

## EXAMPLES OF HARMONIZED LANGUAGE PROFICIENCY POLICIES AND PRACTICES

Several national regulatory agencies have pan-Canadian registration standards in place. Notable and relevant examples are the Canadian Society for Medical Laboratory Sciences, the National Association of Pharmacy Regulatory Authorities (NAPRA), and the Canadian Alliance of Physiotherapy Regulators (The Alliance).

The CSMLS is the national credentialing association for Canadian medical laboratory technologists. It administers the national certification examination and conducts the Prior Learning Assessment (PLA) for internationally educated medical laboratory technologists (IEMLTs). A component of the IEMLT credentialing process is the assessment of language proficiency appropriate for professional practice. In 2007, the CSMLS conducted an evidence-based study to help establish fair and defensible language proficiency standards. The project began with a benchmarking study identifying the levels of English language proficiency required for IEMLT success in the workplace (CSMLS, 2009). The study's report stressed the need to establish cut scores on language tests used for certification that would more closely reflect the proposed benchmarks. In 2009, the CSMLS conducted

<sup>3</sup> Some regulators accept a score of 9 in listening as a minimum, while others require 10.

a standard setting study that analysed and compared TOEFL, IELTS, and MELA (CSMLS, 2009) in order to discover how the level of language proficiency established in these tests reflected the level of language ability required to practise the profession. The study resulted in a set of cut scores for each test. In this manner the CSMLS put in place a language proficiency policy that was based on evidence from the standard setting project with cut scores approved by the registration committee. The policy establishes TOEFL iBT, IELTS academic (AC), IELTS general training (GT), CanTEST, and MELA as acceptable evidence of language proficiency, with specific cut scores for each.

NAPRA is an umbrella association of pharmacy regulatory authorities that enables members to take a national approach in addressing common issues and offers a number of advantages to its members such as harmonization of standards with greater credibility, dependability, and acceptance. In 2006 NAPRA completed a standard setting study that resulted in a model language proficiency standard for consideration by provincial pharmacy regulators across Canada to use in the licensure of pharmacists. The proposed standards sets out principles that guide language proficiency policies, including a description of applicants who must demonstrate English or French language proficiency, as well as when, during the registration process, language proficiency should be demonstrated. The document also describes acceptable “triggers” to signal a need for a language proficiency test. Finally, a list of four English language tests (with accompanying cut scores) and two French-language tests are provided. These are: TOEFL, IELTS AC, MELAB, CanTEST for English and TESTCan and OQLF for French. The NAPRA model specifically acknowledges the unique requirements of the province of Quebec.

The Alliance is the national federation of provincial/territorial physiotherapy regulators. The Alliance, on behalf of most physiotherapy regulators, administers the Physiotherapy Competency Examination to determine a candidate's readiness for safe, effective, and independent physiotherapy practice. The Alliance is also responsible for establishing whether the education and qualifications of internationally educated applicants are substantially equivalent to those of Canadian educated physiotherapists. The Alliance adopted a policy, effective Jan 1, 2010, where credentialing candidates who have not completed physiotherapy education 100 per cent in English or French must complete a language test. TOEFL, MELAB, CanTEST, IELTS, TOEIC are the acceptable English language tests, French language candidates are asked to contact The Alliance for information. The Alliance does not provide information to substantiate their requisite cut scores, but a recent benchmarking study, in which occupational therapists also participated, provides a useful language profile (CCLB, 2010).



# LANGUAGE PROFICIENCY POLICIES AND PRACTICES

A language proficiency policy is a statement by the regulator of the language proficiency requirements for professional registration based on the legislation. Language proficiency policies describe what is considered to be adequate evidence of language proficiency for registration purposes. Generally, the policy will list the approved tests and cut scores, possible exemptions, and some alternatives.

## PRIMARY LANGUAGE

Most language proficiency policies for regulated health professions stipulate that proof of language proficiency is necessary for applicants whose first language is not English (or French where appropriate). When applying, IEOT candidates are asked to report on their first and additional languages. For many applicants, English may not be the first language, but it may be the language spoken at home, the language of instruction, or the language of professional practice. Country lists are sometimes used to identify candidates who originate from countries where English or French are official languages. The challenge for regulators is how to assess and compare the English (or French) language proficiency of applicants who speak multiple languages or who come from bilingual or multilingual environments and consider English to be a primary language. In some instances these applicants experience difficulties related to professional communication that seem to be linked to language ability. Occupational therapy regulators agree that this is an area that requires additional attention.

## TESTIMONIALS FROM ACADEMIC OR WORKPLACE SUPERVISORS

In terms of work experience in English, there is a generally accepted hypothesis that exposure to the occupational therapy context in the target language will assist in the development of language proficiency. Testimonials from practicum supervisors are sometimes used as evidence of language proficiency. In some provinces signed “declarations” or “attestations” obtained in Canada are considered as acceptable evidence of language proficiency. This has been a tentative practice as there is concern regarding the responsibility placed on the employer/supervisors to conduct an objective evaluation of language skills. Registrars also indicated that these approaches are not always a sufficiently reliable means of determining level of language proficiency. Some candidates who have been exempted in this manner experience difficulties in their ability to communicate in a professional setting. Additionally, this is a model that works well only in provinces where a lower number of applicants allows for a more individualized approach to registration.

## CREDENTIAL EVALUATION REPORT

Registration policies for occupational therapists (and also for most other regulated health professions) also accept a credential evaluation report indicating that the language of instruction was English (or French) as sufficient evidence of proficiency. In some provinces, occupational therapy programs recognized by the World Federation of Occupational Therapists (WFOT) are considered to meet provincial standards in keeping with the Canadian Association for Occupational Therapy (CAOT) requirements for eligibility to write the National Occupational Therapy Certification Examination (NOTCE). In other provinces, a credentials evaluation by a recognized service<sup>4</sup>, such as CEFABQ, ICAS, ICES, IQAS, and WES<sup>5</sup>, is required. Many of the registrars interviewed stated that a credentials evaluation report testifying to the completion of an occupational therapy curriculum in English is not always a reliable indicator of English language proficiency. They reported that some candidates who have been exempted in this manner experience difficulties in their ability to communicate in a professional setting. This may be explained by the fact that many countries have English as one of its official languages, but does not confirm that education is provided primarily in English nor that professional practical experience was completed primarily in English. In other words, the applicant may be conversant in English, but have limited experience using English to the standard expected in the Canadian occupational therapy essential competencies. (This may be true for French as well, although this was not raised in interviews with registrars nor is it documented in the literature reviewed.)

Language policies for IEOTs do not exist in isolation. They function in consort with credentials evaluations, participations in upgrading programs and professional internships. A standardized language proficiency indicator is seen as an elegant response to the challenge of professional communication competence, but there are other options to consider. The standardized language proficiency test seems like an appropriate solution, but there are cases where this may not be a suitable approach. The occupation-specific language and communication assessment tool may provide an appropriate alternative, but there are issues of access and reliability. The following questions emerge: Can the applicant take this test worldwide? How is test security guaranteed? How do we know whether it is in fact an appropriate replacement for the current practices? One solution that has worked well for pharmacists has been a mandatory profession-specific bridging program for all international pharmacy graduates, in which communication is embedded ([www.ipgcanada.ca](http://www.ipgcanada.ca)).

<sup>4</sup> Membership with The Alliance of Credential Evaluation Services of Canada assures service users that the evaluation of foreign qualifications by member organizations is effective, accurate, and efficient.

<sup>5</sup> International Qualifications Assessment Service (IQAS), (Alberta, Saskatchewan, Northwest Territories and Yukon); Centre d'expertise sur les formations acquises hors du Québec (CEFAHQ); World Education Services-Canada (WES) is recognized by the Government of Ontario; International Credential Assessment Service of Canada (ICAS); International Credential Evaluation Service (ICES) in British Columbia.

# BEST PRACTICES

## GUIDANCE FROM RESEARCH AND PRACTICE

Reports in several health professions indicate how important language skills are to successful integration in professional practice and point to the limitations of standardized language assessments (von Zweck, 2007). Government statistics demonstrate that the health sector is already providing good support to IEHPs. Many health professions have made significant headway in occupation-specific language assessments (CSMLS, 2009). There is a well-established tool for nurses (CELBAN) and medical technologists (MELA). An occupation-specific language and communication test for physiotherapists and occupational therapists has been recently developed. Immigrants to Canada in health professions had higher match rates than those who studied to be teachers, engineers, and lawyers (Zietsma, 2010). Successful and promising practices in the language and communication proficiency testing and assessments, range from a growing awareness of how to use standardized language proficiency tests for high stakes purposes such as professional registration to the development of standardized occupation-specific language and communication assessment tools.

The collection of data and the subsequent analysis of the information collected for this report were framed by the principles observed in the following standards and guidelines:

- *Canadian Language Benchmarks (2000)*, the Canadian scale of language proficiency that provided the framework for the profession-based Language Assessment for Physiotherapists and Occupational Therapists study;
- *Ethical Guidelines for the Use of Language Proficiency Test*, guidelines produced by the Association of Teachers of English as a Second Language of Canada (TESL Canada) on language proficiency test use for decision-making in relation to immigrant access to institutions of higher learning, professions, or immigration;
- *Registration Practices Assessment Guide for Health Regulatory Colleges* provided by the Office of the Fairness Commissioner, Ontario ([www.fairnesscommissioner.ca](http://www.fairnesscommissioner.ca));
- *The Standards for Educational and Psychological Testing*, a set of testing standards developed jointly by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME); and
- Wier (2005) *Language Testing and Validation* and Cizek & Bunch (2007) *Standard-Setting: A Guide to Establishing and Evaluating Performance Standards on Tests* seminal sources in the research of valid usage of language test results.

## BEST PRACTICES IN TESTING STANDARDS FOR PROFESSIONAL LICENSURE

The survey of current practices and research in language standards and testing, as well as a review of recommendations from Fairness Commissioners and other reports related to language proficiency standards for health professions in Canada led to a compilation of recommended components for a complete, clear, fair, and reliable language proficiency policy:

- 1 Criteria that language qualifications are based on:** include information about how the policy operationalizes legislative requirements (making reference to the regulation) and supports professional competency standards.
- 2 How the criteria are linked to the requirements/standard:** when language proficiency is a requirement, describe how the level of proficiency required reflects the level required to practise the profession and include reference to supporting evidence-based research.
- 3 Where appropriate, language tests assess occupation-specific language skills:** occupation-specific language assessments support fairness because they test communication within an authentic context and for a specific purpose. Where occupation-specific language and communication assessment tools are available, their use is encouraged.
- 4 How the standard is measured:** a standard is operationalized through a performance measure that yields evidence of, in this case, language ability. A description of the tests accepted as adequate evidence of language proficiency, and the cut scores that mark the minimum competency standard must be included.
- 5 Contact Information for third party assessments:** include ways in which candidates can get more information about the language test including the cost, scheduling, location, how to prepare, and how to register.
- 6 Clear criteria for identifying who must provide evidence of language proficiency:** whether proficiency in one or both of Canada's official languages is required, and what constitutes reasonable evidence of language proficiency is clearly stated in the policy, including possible exemptions.
- 7 Acknowledge and support Labour Mobility Support Agreements:** acknowledge the impact of the agreements on international applicants who cross provincial borders and set standards that are harmonized.

- 8 Acknowledge Quebec's unique system:** authorization to practise occupational therapy in Quebec is issued by the Ordre des ergothérapeutes du Québec in keeping with Quebec's language legislation (Article 35 of the Quebec Charter of the French Language, R.S.Q.c.C-11).
- 9 Describe the registration pathway:** international applicants must prepare numerous documents and complete at least one professional practice exam, if registering to practise anywhere in Canada with the exception of Quebec. If possible and/or necessary, best practices recommend that a clear description about where along the registration pathway an applicant must provide evidence of language proficiency.
- 10 Accessibility:** all the steps in the registration process are described clearly on the regulatory body's website, including any qualifications for assessment processes such as language testing.

A complete and clearly stated language standard, including how it must be demonstrated and the reason it is required, ensures transparency and fairness for applicants and accountability for regulatory organizations. As the national association for occupational therapy regulators in Canada, ACOTRO is well positioned to take a role in supporting excellence in regulatory practice by setting a pan-Canadian language proficiency standard. This approach is consistent with the objectives of the Labour Mobility Support Agreement (LMSA) that, among other objectives, seeks to enable labour mobility by working toward a common approach to language proficiency standards.

## BEST PRACTICES IN SELECTING TESTS AND SETTING CUT SCORES

In many cases the practices of regulatory boards, at least in terms of language proficiency standards, are based on those of their academic counterparts. This may have been adequate when international applicants were largely recent graduates, or those heading into higher level education programs in Canada. Today, language proficiency standards are gatekeeping measures faced by immigrants, many of whom are mature, experienced professionals who have been invited to bring their skills into Canada. A new language standard and method to demonstrate it may be required for this group.

Interviews with ACOTRO members indicate that some of the standards currently used were based on environmental scans of what other similar organizations are doing or on precedents set by other comparable organizations. For example, the tests and cut scores used as the minimum requirements of the post-secondary institution offering the professional training program may be adopted for the purposes of professional registration.

In other cases a review of the language standards of like professions will yield a set of language test scores, and even inform other aspects of the language standard, such as which English speaking countries will be considered for an approved exemptions list. While these approaches make sense intuitively, they will not stand up against recommended practices.

Another way to set a standard based on different tests is to refer to score comparison or equivalence charts but there are several drawbacks to this approach. Firstly, the testing and measurement communities view that this approach is unreliable because it overlooks the actual test constructs and is, at best, a superficial comparison. Additionally, equivalency charts commonly demonstrate the equivalence between two tests' overall scores and make it difficult to accurately compare additional tests and also to compare skill-specific scores (i.e. the speaking, listening, reading, and writing sub-components).

The language testing and competency assessment literature considers standard setting to be a reliable and valid practice in establishing cut scores for high stakes assessments (AERA, APA & NCME, 1999; Cizek & Bunch, 2007; Wier 2004). When results are being used to determine entry into a post-secondary program of study or into a profession, there must be a point on the score scale where the minimally competent person is situated. This is the case for each individual test, as each test has a unique score distribution. Standard setting allows for the balance between keeping out only those who would be unable to practise safely, and letting in those who can successfully contribute. Most professional practice exams cut scores are set using an Angoff or modified-Angoff standard setting methodology. The same approach is recommended for language proficiency testing. Standard setting methodologies and toolkits exist to support organizations in setting cut scores for language proficiency tests (Cizek and Bunch, 2007).

There are numerous examples of this type of study used in regulated health professions. One is the American National Council of State Boards of Nursing (NCSBN) study that resulted in the release of a language policy rationale in 2005. The study required a panel of nurses to review both IELTS and TOEFL and recommend cut scores. The recommendations were then reviewed and approved by the Board. The study is described in academic articles and exemplifies a best practice. Several studies have been conducted in Canada as well: CSMLS, NAPRA, and CMRTO. Although these organizations used different standard setting methods, the resulting standards are defensible cut scores for professional registration. It is recommended that ACOTRO promote consistency among its members through a common set of tests and cut scores, and encourage excellence in practice by validating these through a standard setting study.

## RECOMMENDATIONS

The primary recommendation arising from this research study is that ACOTRO should encourage and support harmonized standards by establishing a model standard on which provinces can base their own policies. This national language standard should include a preamble that explains and situates the policy within the regulatory framework. The standard also lists approved language proficiency tests and cut scores to be applied as a minimum standard. The recommendation for implementation is that provincial members will endorse and adopt the standard as appropriate to their jurisdictions.

### A COMMON SELECTION OF TESTS AND CUT SCORES

This harmonized test selection and the cut scores were arrived at based on:

- a language proficiency standards currently in use by occupational therapy regulators;*
- b a comparative analysis of occupational therapy language and communication competencies and the qualities and characteristic of the various language proficiency tests currently in use; and*
- c reference to concordance and equivalency tables available from existing research and test documentation.*

### STANDARD SETTING TO SELECT A TEST AND SET CUT SCORES

Recommended best practices in testing (language or professional competency assessment) stress that any test used to determine who gets access to professional practice must be demonstrably linked to the requirements of the profession. Professional practice examinations are designed to reflect an appropriate balance of professional competencies and often the passing cut score (standard) is set by content experts. In the case of language assessments, this practice is not always upheld. For example, the cut scores listed below are not supported by research, and there is no documentation about how they relate to the language demands of the profession.

Although standard setting is recommended to establish fair and defensible cut scores, it is a time and resource intensive endeavour. In most methodologies, each test requires 1-2 days to review, with additional preparation time beforehand. About 15 panellists are suggested. The costs for planning, travel, accommodation, meals, meetings, and reporting can add up to a significant expense that might be prohibitive for most individual organizations. However, this might be achievable as a collective. Consider though that standard setting helps to establish an objective and defensible standard.

### OCCUPATION-SPECIFIC LANGUAGE ASSESSMENTS

Although a profession-specific testing system is recommended and preferable, it is also critical that any test used for high stakes purposes be supported by an infrastructure that can guarantee its ongoing reliability, security, and validity. For this reason it is recommended that ACOTRO provide ongoing support to the development and piloting of the Language Assessment for Physiotherapists and Occupational Therapists. Most tests require an implementation period of 3-5 years<sup>6</sup>, so it is possible that this profession-specific assessment will not be sufficiently established for a while yet, but it holds great potential as an elegant solution to verifying the language ability of IETs.

The adoption of a profession-specific test should not preclude the use of other tests. The example of OET in Australia and New Zealand is a case in point. The OET is a health professions specific assessment which is endorsed for demonstration of English language proficiency for professional registration, but the IELTS is also an option. Similarly, in Canada many nursing regulators have included CELBAN (Canadian English Language Benchmarks Assessment for Nurses) along with other approved tests. This is necessary to ensure fair access to tools used to demonstrate English language proficiency. Neither the OET nor the CELBAN have an international network of testing sites, so access is limited. It is critical that access to language proficiency tests, both in terms of location and in terms of scheduling, does not create a barrier to other steps required in the registration process such as the formal evaluation of credentials, the professional competency exam, and the practicum placement.

**TABLE 3: HARMONIZED CUT SCORES FOR OCCUPATIONAL THERAPY**

Language Test	TOEFL	IELTS AC	CanTEST	TESTCan
Minimum Overall	92	7.0	-	-
Minimum Speaking	26	7.5	4.5	4.5
Minimum Listening	22	7.0	4.5	4.5
Minimum Reading	22	7.0	4.5	4.5
Minimum Writing	22	6.5	4.0	4.0

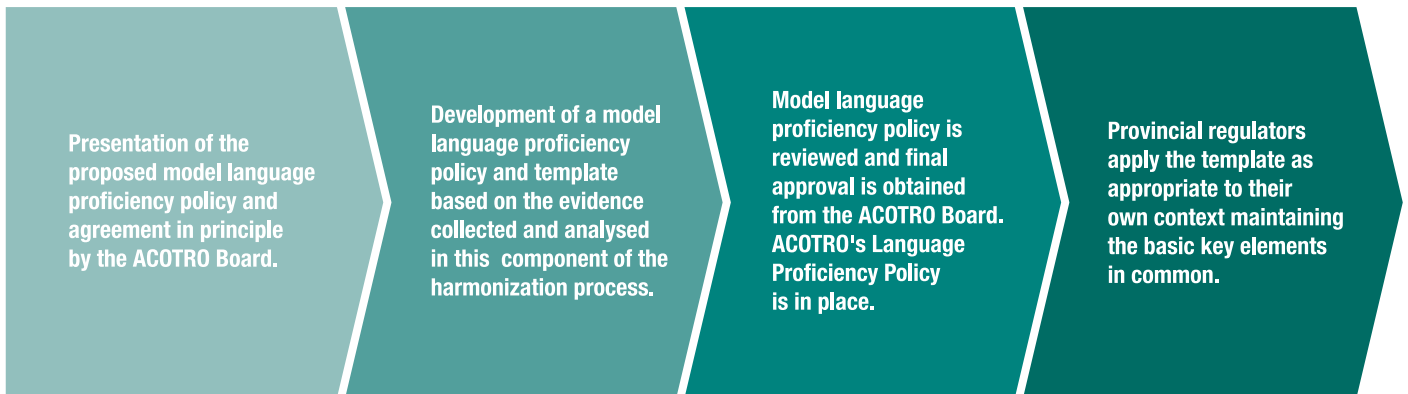
<sup>6</sup> The MELA test for allied health professions based in Toronto was developed in 2005 and is being formally launched in January 2012.



## IMPLEMENTATION

The final result of this project was a *Harmonized Language Proficiency Standard for Occupational Therapists in Canada*. This document clearly defines the language proficiency standard approved by ACOTRO and has been accepted as a tool to harmonize the minimum language requirements for IEOTs and to provide guidelines on the content and structure of a language proficiency

The below implementation process is recommended:



This harmonized standard represents a significant step toward harmonizing the way in which the qualifications and competencies of internationally educated occupational therapists interested in working in Canada are assessed across the country. Although

policy. The intent of the document is not prescriptive, but rather descriptive. It provides a common language proficiency standard and an agreed upon set of principles that provinces can draw from. Going forward, the recommendation is for ACOTRO, as the centralized association for the provincial regulators, to be the steward of the standard, provide leadership and guidance on the issue, and encourage ongoing discussion about quality improvement in relation to how IEOTs are required to demonstrate language proficiency.

language proficiency is only one aspect of the credentialing process it is nevertheless an important component of the process. The direction proposed as a result of the findings of this report is collaborative, based on best practices and motivated by fairness.

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## APPENDIX A: LANGUAGE PROFICIENCY TESTS

Occupational therapy regulators in Canada use up to six different standardized language proficiency tests for English and French. Among related health occupations in Canada and occupational therapy regulators in other English speaking countries nine English language

proficiency tests were identified in total, three of which are occupation-specific. In addition to these, three French language tests were identified. The following is a list and a brief description of the language proficiency tests reviewed for this paper (listed alphabetically):

TEST	DESCRIPTION
CanTEST	The Canadian Test of English for Scholars and Trainees (CanTEST) was developed by the University of Ottawa and is maintained by the Official Languages and Bilingualism Institute (OLBI) at that university. The original purpose of the test is “to meet admission requirements of Canadian post-secondary institutions” but is also used to meet “requirements of professional licensing associations”. CanTEST scores are reported on a 5-band scale.
CELBAN	The Canadian English Language Benchmarks Assessment for Nurses (CELBAN) was developed in partnership by the Centre for Canadian Language Benchmarks (CCLB) and Red River College (Manitoba) under the advisory of Nursing professionals and regulators. It is Canada’s nursing-specific language proficiency test. The speaking component is an occupation-specific role play, and the writing section is an occupation-specific documentation task. Scores are referenced to the Canadian Language Benchmarks 7-10. CELBAN is accepted by nursing regulators as one of the ways in which an internationally educated nurse (IEN) demonstrates language proficiency, and is a preferred test for placement into bridging and upgrading programs. CELBAN cut scores are set by each province.
IELTS AC	The International English Language Testing System (IELTS) was developed by, and is maintained through, a partnership between the University of Cambridge ESOL and the British Council, Australia. It is an English test that attempts to include British, Australian, and American accents and content in the listening and reading passages in an effort to address a wide audience of test-takers. IELTS AC is the academic version of the test and is used for “admission to undergraduate and postgraduate courses”. A secondary use of IELTS AC is professional accreditation. IELTS is rated on a 9-point band scale.
IELTS GT	This is the “General Training” version of the IELTS, and is used for “school, work or migration”. The structure and format of IELTS GT and AC are the same; the difference lies in the task-types (e.g., write a short letter of request in the GT, write a short essay in AC). Citizenship and Immigration Canada has approved IELTS GT results for demonstration of proficiency for the point system in the skilled immigrant class. A secondary use of IELTS GT is accreditation for some occupations. It is rated on the same 9-point band scale as the IELTS AC.
MELA	The Michener English Language Assessment (MELA) is a Canadian occupation-specific language assessment for allied health occupations. The speaking component is an occupation-specific role play, and the writing section includes occupation-specific tasks. It is accepted as proof of language proficiency by four regulatory bodies in Ontario (College of Medical Laboratory Technologists of Ontario – CMLTO, College of Medical Radiation Technologists of Ontario – CMRTO, College of Respiratory Therapists of Ontario – CRTO, and College of Massage Therapists of Ontario – CMTO), and one pan-Canadian body (CSMLS). Scores are referenced to the Canadian Language Benchmarks 7-10.
MELAB	The Michigan English Language Assessment Battery (MELAB) is a test originally developed by the University of Michigan for international applicants, and is currently part of the University of Cambridge ESOL test battery. It is “an advanced-level battery of English language proficiency tests for adult non-native speakers of English who will need to use English for academic purposes at the college and university level”. MELAB is “also used for certification of English proficiency for various organizations and licensing professionals”.
OET	The Occupational English Test (OET) was developed by researchers at the University of Melbourne, Australia for immigrating health professionals (including occupational therapists). The speaking component is an occupation-specific role play, and the writing section is an occupation-specific documentation task.
OQLF Test	The office québécois de la langue française (OQLF) is an agency of the Quebec government which has, as one of its mandates, the evaluation of competence in French by candidates to professional orders of Quebec.
TESTCan	Test pour étudiants et stagiaires au Canada (TESTCan). This is the French version of CanTEST. It shares the characteristics of the English test.
TFI	The Test de français international (TFI) is maintained and administered by Educational Testing Services (ETS), USA. Like TOEFL, it is an internet based test. Unlike TOEFL, it evaluates the French level of non-francophones as it is used in the international workplace. In this sense it is more like TOEIC than TOEFL.
TOEFL@IBT	The Test of English as a Foreign Language (TOEFL) is a standardized English language proficiency test developed and maintained by Educational Testing Services (ETS) in the USA. The test purpose is to “measure the ability to use and understand English at the university level”. A secondary use of the test is professional licensure. TOEFL is the most established English language proficiency test in the world, dating back to 1964. TOEFL has evolved over the years from a paper-and-pencil grammar test (PBT) to a comprehensive integrative online test (iBT). TOEFL’s fame and importance is both its strength and weakness. The online tests are easy to score centrally, so a certain level of security is guaranteed, but thousands of test centres across the world host the test on a contractual basis. The speaking component is characterized by a somewhat impersonal computer interface. The overall TOEFL score is a maximum of 120, with each subcomponent being worth 30 points.
TOEFL@PBT	This is the older paper-based version of the TOEFL which has been discontinued for general use, but is available for locations where internet access is not guaranteed. TOEFL PBT does not have a speaking component, and the reading and writing components are much more grammar-based than the TOEFL iBT.
TOEIC	The Test of English for International Communication (TOEIC) was developed by, and is administered through, Educational Testing Services (ETS), USA. TOEIC comprises two tests: a paper-based listening and reading test for “people who use English in the workplace and everyday life”, and an online speaking and writing test that “measures proficiency in business English, at intermediate to advanced levels”. A secondary purpose of the TOEIC is licensure.

As indicated in the test descriptions above, some of the tests listed are international language proficiency tests commonly used for academic purposes, others are Canadian-based tools developed specifically in reference to the Canadian Language Benchmarks, and some are occupation-specific. Most of the large international standardized language proficiency tests are academic

purpose, reflecting the critical mass of test-takers (those seeking admissions into post-secondary institutions in English-speaking countries). Fewer tests are specialized and targeted to profession-specific communicative competence, such as that required for nursing or occupational therapy.

## APPENDIX B: COMPARING AND SELECTING LANGUAGE PROFICIENCY TESTS

### CRITERIA FOR COMPARING AND SELECTING LANGUAGE PROFICIENCY TESTS

The decision of what type of language proficiency test to accept as reasonable evidence of language proficiency will be informed by the relationship between a number of different characteristics relevant to the test-taker, the purpose for which the test is being taken, and test qualities. A preliminary review of variables that are critical in the realms of language testing, standards, and issues of access and fairness, has yielded the following list of characteristics to be considered in the analysis phase of the project.

#### TEST PURPOSE AND CONSTRUCT

- *Content relevance (domain of test relates to job analysis and/or purpose for which results are being used);*
- *Test construct (the language skills and tasks tested) reflect language competencies for occupational therapy as determined in the benchmarking study.*

#### VALIDITY AND RELIABILITY

- *There is evidence of reliability (Standard Error of Measurement (SEM) available, inter-rater reliability, psychometric studies);*
- *There is some validity evidence (e.g., scores are linked to likelihood of success);*
- *The test is standardized secure.*

### OBJECTIVITY, FAIRNESS AND TRANSPARENCY

- *Evidence of accessibility, accommodations, and appeals policy;*
- *Communication (information available to test-takers) and opportunity to practise (test-taker);*
- *Clarity and usefulness of score reports;*
- *Transparency (of test format, scoring procedures, or reliability studies);*
- *Test bias, difficulty level, length, and method.*

#### LOGISTICS

- *The cost is reasonable and competitive;*
- *The test is accessible across Canada;*
- *The test administrator is reputable and reliable;*
- *Standard-setting resources are available.*



## APPENDIX B: COMPARING AND SELECTING LANGUAGE PROFICIENCY TESTS

### TEST EVALUATION GRID

	TOEFL	IELTS	MELAB	CanTEST	PT/OT
Tests all 4 language skills	✓	✓	✓	✓	✓
Reports all 4 language skills	✓	✓	x	✓	x
Test bias	Academic/US	Academic/UK General/UK	Academic/US	Academic/CAN	OT PT
Test difficulty level	Int. – Adv.	Basic – Adv.	Int. – Adv.	Int. – Adv.	Int. – Adv.
Test length	3 hrs.	~ 3 hrs.	3.5 hrs.	~ 3 hrs.	4 hrs.
Test method	Internet-based	Paper-based	Paper-based	Paper-based	Computer-based
Speaking test	monologic computer	interactive interview	interactive separate interview	interactive interview	monologic computer
The cost is reasonable and competitive	\$225	\$285	\$170	\$210-240	N/A
The test is reliable and valid	✓	✓	✓	✓	N/A
There is reliability for IEOT purposes	N/A	N/A	N/A	N/A	✓
There is validity for IEOT purposes	N/A	N/A	N/A	N/A	✓
It is a standardized and secure test	✓	✓	✓	✓	✓
There is an appeals policy	✓	✓	✓	✓	N/A
There is accommodation for special needs	✓	✓	✓	✓	N/A
There is test information for test-takers	✓	✓	✓	✓	N/A
There is test information for institutions	✓	✓	✓	✓	N/A
There are opportunities for practice	✓	✓	✓	✓	N/A
Score reports are secure and timely	✓	✓	✓	✓	N/A
The test format/scoring is transparent	✓	✓	✓	✓	N/A
The test is accessible internationally	✓	✓	x	x	N/A
The test administrator is reputable	✓	✓	✓	✓	N/A
Standard-setting resources available	✓	✓	x	x	N/A
Equivalent French Form or test	x	x	x	✓	x

### LEGEND

✓	True and verified
x	Untrue
N/A	Information not available; unable to verify