Language competency can mean different things to different people. A dentist and dental nurse for example, will use a completely different vocabulary to discuss the care of a patient to the one they will use when explaining the treatment and prognosis to the patient and his or her family. A different approach also needs to be adopted when giving emotional and palliative support to the patient and his or her relatives.

Socio-economic change over the past 65 years has allowed international migration and led to multicultural societies that would have been unthinkable two generations ago. Improvements in transport links, combined with changes in political and social attitudes towards professional and skilled migrant workers, have presented significant opportunities to those wanting to work abroad. There are a number of professional qualifications that are accepted globally, allowing dental practitioners to work without having to retrain before applying for new overseas posts.

But what about language skills? It is widely acknowledged that it is only a matter of time before all members of our profession, not just those from outside the EU, will have to demonstrate that they are proficient in English if they wish to practise in the UK. A dentist needs to be able to communicate on social, palliative and clinical levels using appropriate language for all three. For example, good social English is not specific enough when having to ask a patient appropriate questions during a consultation, and a dentist and dental nurse need to use specific clinical vocabulary to communicate effectively during a procedure.

Dentistry differs from other health professions in that much of what a dentist does is procedural. It does not just entail consultation: it also entails explaining to every patient what is being done, why it is being done and what the experience is likely to be. Treatment plans and alternatives need to be clearly explained and understood. Records have to be maintained accurately and be fully comprehensible to another dentist if it is a group practice. Letters of referral must be comprehensive and unambiguous.

Another factor that is relevant to the UK, Australia and New Zealand is that all three countries have a large number of immigrants, so it is not at all uncommon to have the situation in which neither dentist nor patient has English as his or her first language. In this situation, competency has to be at a high level. Workarounds such as telephone-based interpreter services have been trialled but often dismissed as unsuitable, as they rely on the interpreter having profession-specific vocabulary in multiple languages.

In order to work in many English-speaking countries, dental professionals whose first language is not English and have not trained on a course taught in English often need to demonstrate a level of competency by way of an International English Language Testing System (IELTS)* examination or similar. However, the required IELTS score varies from country to country. Overseas-qualified dentists from outside the European Economic Area whose qualifications are not currently exempt from submitting an Overseas Registration Examination (ORE) can be registered with the GDC once they have passed the ORE, although this might change in the next several years. The UK government is currently consulting on changes to the Medical Act 1983 that would make a dentist or dental nurse with a single accredited qualification acceptable for full registration with the General Dental Council (GDC). However, the required IELTS score varies from country to country and from country to country.

Dentists need to be able to communicate on social, palliative and clinical levels.

*IELTS is jointly managed by the British Council, IDP: IELTS Australia and Cambridge English Language Assessment.
be an opportunity to make language proficiency requirements at entry more industry-specific.

With this in mind, it is instructive to review how tighter English language controls have already been implemented in Australia. The Australian Dental Council (ADC) requires overseas-trained dental practitioners to complete a three-part exam, one part being a dental practitioners to complete. The Australian Dental Council has been implemented in Australia.

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Trends & Applications

Cambridge English Language Assessment's Occupational English Test (OET)**, which differs from IELTS in providing a profession-specific, fit for purpose assessment that uses typical clinical scenarios to test knowledge and use of language. OET includes four subtests (on listening, reading, writing and speaking) and, uniquely, all of these tests are rooted in the context of working as a dentist and using specific language that is relevant to being effective as a dentist.

A typical example in the den-tistry speaking examination pre-sents the candidate (who plays the role of a dentist) with the scenario of a parent of a six-year-old boy who grinds his teeth at night, asking for advice about this problem. The parent is on a limited income and is very concerned about the extent of possible treatment. In this example, the candidate is required to explain the boy’s problem, tell the parent ways of dealing with the problem, and reassure the parent about his or her concerns.

In the context of the clinical scenario, the candidate must demonstrate that he or she not only understands the vocabulary, but also can recognise the context and subtle variations of the conversation and respond accordingly. This particular scenario includes language functions concerning asking for advice, expressing concern, and looking for reassurance that would be common in a clinical communication event. The candidate’s use of language must demonstrate that he or she understands that he or she is not a friend putting an arm around the parent’s shoulder but a professional giving advice tailored to the parent’s circumstances in a competent and authoritative manner.

Several years ago, the ADC identified that a lack of confidence in English was by far the most common cause of failure among candidates. As a result, the ADC raised the entry require-ment from OET Grade C to Grade B in each of the OET subtests. Subsequently, the requirement has been raised further to grades of A or B. Personal experience also highlights cases in which, despite demonstrating the required language skills prior to entry, clinically excellent fifth-year dental students had English language skills that were inadequate and not fit for purpose. Rather than indi-cating any failure in teaching, this simply reinforces the need to provide specific training in clinical communication skills.

By introducing enhanced language testing requirements, it is vitally important to ensure that examinations are not only fit for purpose, but also adminis-tered, fair and secure. Cambridge English Language Assessment’s experience in running global, high-stakes, secure examinations, such as IELTS and OET is the best and meets very high standards in terms of authentication, security, reliability and validity. The organisa-tion’s expertise and reputation can help provide regulators with a high level of confidence.

One issue that we are very aware of in the UK is increasing pressure on limited resources leading to restructuring within the National Health Service. With global issues of an ageing popula-tion, people living longer and a greater need for health care, there is going to be more scrutiny on regulators to recruit internationally to meet the resourcing needs. Testing language compe-tency and communication skills is fundamental to this changing landscape in health care, and examinations such as OET are becoming increasingly important in this, in terms of not just regulation, but also ensuring patient safety and patient outcomes.

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