

Speaking sub-test: Assessment criteria and level descriptors

Linguistic Criteria

Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	 Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. L1 accent has no effect on intelligibility. 	 Completely fluent speech at normal speed. Any hesitation is appropriate and not a sign of searching for words or structures. 	 Entirely appropriate register, tone and lexis for the context. No difficulty at all in explaining technical matters in lay terms. 	 Rich and flexible. Wide range of grammar and vocabulary used accurately and flexibly. Confident use of idiomatic speech.
5	 Easily understood. Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. Minimal strain for the listener. 	 Fluent speech at normal speed, with only occasional repetition or self- correction. Hesitation may occasionally indicate searching for words or structures but is generally appropriate. 	 Mostly appropriate register, tone and lexis for the context. Occasional lapses are not intrusive. 	 Wide range of grammar and vocabulary generally used accurately and flexibly. Occasional errors in grammar or vocabulary are not intrusive.
4	 Easily understood most of the time. Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener. 	 Uneven flow, with some repetition, especially in longer utterances. Some evidence of searching for words, which does not cause serious strain. Delivery may be staccato or too fast/slow. 	 Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity. Lapses are noticeable and at times reflect limited resources of grammar and expression. 	 Sufficient resources to maintain the interaction. Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. Meaning is generally clear.
3	 Produces some acceptable features of spoken English. Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener. 	 Very uneven. Frequent pauses and repetitions indicate searching for words or structures. Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener. 	• Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression.	 Limited vocabulary and control of grammatical structures, except very simple sentences. Persistent inaccuracies are intrusive.
2	 Often unintelligible. Frequent errors in pronunciation /stress/ intonation and/or L1 accent cause severe strain for the listener. 	 Extremely uneven. Long pauses, numerous repetition and self-corrections make speech difficult to follow. 	Mostly inappropriate register, tone and lexis for the context.	 Very limited resources of vocabulary and grammar, even in simple sentences. Numerous errors in word choice.
1	Almost entirely unintelligible.	 Impossible to follow, consisting of isolated words and phrases and self- corrections, separated by long pauses. 	 Entirely inappropriate register, tone and lexis for the context. 	Limited in all respects.
0	Candidate does not provide any response.			

Clinical Communication Criteria

In the roleplay, there is evidence of the test taker...

Indic	ators		
A. Indicators of relationship building			
A1	initiating the interaction appropriately (greeting, introductions, nature of interview)		
A2	demonstrating an attentive and respectful attitude		
A3	adopting a non-judgmental approach		
A4	showing empathy for feelings/predicament/emotional state		
B. Indicators of understanding & incorporating the patient's perspective			
B1	eliciting and exploring the patient's ideas/concerns/expectations		
B2	picking up the patient's cues		
B3	relating explanations to elicited ideas/concerns/expectations		
C. Indicators of providing structure			
C1	sequencing the interview purposefully and logically		
C2	signposting changes in topic		
C3	using organising techniques in explanations		
D. In	D. Indicators for information gathering		
D1	facilitating the patient's narrative with active listening techniques, minimising interruption		
D2	using initially open questions, appropriately moving to closed questions		
D3	NOT using compound questions/leading questions		
D4	clarifying statements which are vague or need amplification		
D5	summarising information to encourage correction/invite further information		
E. Indicators for information giving			
E1	establishing initially what the patient already knows		
E2	pausing periodically when giving information, using the response to guide next steps		
E3	encouraging the patient to contribute reactions/feelings		
E4	checking whether the patient has understood information		
E5	discovering what further information the patient needs		
	Scoring		
3 – Adept use 2 – Competent use			
1 – Partially effective use			
0 – Ineffective use			