



THE UNIVERSITY OF
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**Report on
Relating the Occupational English Test (OET) to the
Common European Framework of Reference (CEFR)**

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Executive summary

This report presents an overview of activities undertaken in the interests of establishing linkage between the Occupational English Test (OET) for overseas trained health professionals applying to practice their profession in Australia and the Common European Framework of Reference (CEFR) widely used in European countries and elsewhere as means of indicating what level of language proficiency a test is pitched at, and, by implication, what standards can be expected of test-takers passing the test.

The steps in the linking process were closely aligned with those recommended in the CEFR Manual, involving familiarization with the CEFR scale, specification of test content and format according to parameters deemed relevant by CEFR designers and empirical validation. Only one step in the process was omitted.

Results of the other three steps are summarized briefly below. Step One involved a workshop in which relevant OET and Language Testing Research Centre staff were familiarized with CEFR descriptors with a view to considering how these applied to the OET. Step Two involved detailing the content and format of the OET using the CEFR descriptors as a point of reference, to arrive at a conclusion about the best fit between the task and a CEFR band level or cluster of levels. The third step standardization, was not undertaken for this first phase of the linking process however the OET Centre has committed to undertaking this at a later date. Finally, the outcomes of Step Four, the empirical validation of the OET, are reported with reference to both quantitative and qualitative test internal studies exploring the internal validity of the OET on the one hand, and, on the other, a test external comparison of the scores of 52 test takers who took the OET and another CEFR linked test, the IELTS, in close succession.

Some difficulties were encountered in carrying out Steps Two and Four in particular given the inevitable discrepancy between the CEFR descriptors, which refer to general language proficiency, and the specific nature of the OET tasks which elicit profession-specific language skills. The latter are not well represented on the CEFR, making it difficult to claim strong linkage between the test and the scale. It is for the same reason, we believe, that there is a high rate of classification error between the IELTS and the OET. It is not a question of one test being more or less difficult than the other, each is designed to measure different skills. Nevertheless, by mapping the average grade on the OET (across all language skills) against the IELTS overall bandscore and by drawing on the claims of equivalence between IELTS levels and CEFR bands, it can be tentatively claimed that the OET elicits performances ranging from A2 to C2 as described the CEFR, and that a B grade on the OET (the level required by most accrediting authorities) is roughly equivalent to the C2 level on the CEFR.

The procedures described above only constitute a partial linking exercise. We therefore recommend that the OET Centre take the following steps in the near future to strengthen the claim of linkage to the CEFR.

1. Conduct the standard-setting exercises outlined in Step 3 for both productive and receptive sections of the test. This involves using a group of teachers familiar with the CEFR in the standard-setting process.

2. Collect data from a larger number of test takers taking both the OET and another specific purpose test previously linked to the CEFR, when available. The data used for the purpose of this study was collected in 2007. Since then reporting for IELTS speaking and writing has become more detailed.

Overview

To claim that an assessment is linked to the CEFR, a formal linking study needs to be conducted (Figueras, N., North, B., Takala, S., Verhelst, N. and Van Avermaet, P., 2005). The procedures for linking a test to the CEFR are outlined in the following documents published by the Council of Europe:

Council of Europe 2002: Relating language examinations to the Common European Framework of Reference for Languages: learning, teaching, assessment (CEFR). DGIV/EDU/LANG 2002, 15. Strasbourg: Language Policy Division.

Council of Europe 2003: Relating language examinations to the Common European Framework of Reference for Languages: learning, teaching, assessment (CEFR). Manual: Preliminary Pilot Version. DGIV/EDU/LANG 2003, 5. Strasbourg: Language Policy Division.

Council of Europe 2005: Reference supplement to the preliminary version of the manual for relating examinations to the Common European Framework of Reference for Languages: learning, teaching, assessment. DGIV/EDU/LANG 2005, 13. Strasbourg: Language Policy Division.

To be able to claim that a test is linked to a certain level of the CEFR, the following four steps need to be undertaken:

- Stage 1: Familiarization
- Stage 2: Specification
- Stage 3: Standardization
- Stage 4: Empirical validation

This report is divided into three sections: First, the necessary procedures for each stage of the linking process, as outlined in the Council of Europe documents, are briefly summarized. Then, the steps undertaken to linking the OET to the CEFR are presented. The final section presents a summary of recommendations for future linking activities.

Summary of steps of linking a test to the CEFR

The following section briefly outlines the procedures for each of the stages of linking an examination to the CEFR. These procedures are summarized from the Council of Europe documents.

Stage 1: Familiarization

Stage 1 is designed to familiarize individuals involved in the linking process with the CEFR. The CEFR manual on relating language examinations to the Common European Framework of Reference proposes a list of activities which those involved in the first stage of relating an examination to the CEFR should undertake. The activities are divided into two groups:

Introductory activities

This involves discussion and familiarization of a number of CEFR summary scales as well as the self-assessment grid. Some initial discussion about salient features in the

scale and differences between different scale levels can draw participants to features of the scales.

Qualitative analysis of the CEFR scales

This involves participants sorting a number of scales into piles by levels. The scales are chopped into its constituents for this task.

The manual advises that users should select two activities from each of the two groups above before the Specification process.

Stage 2: Specification

This phase involves a detailed description and content analysis of the examination and test tasks in question in order to relate them to the CEFR from the point of view of their coverage. It presents an integrated process going from general to specific. The manual specifies that the procedures can be done either by discussion, or by an individual followed by discussion.

The content analysis takes as its main reference point the CEFR itself. Supplementary reference points are provided by a series of content specifications related to the CEFR, which have been developed in association with the Council of Europe.

The content analysis involves the following activities:

- 1) Filling in a number of checklists with details about the content of the language examination
- 2) Using relevant CEFR descriptors to relate the language examination to the levels and categories of the CEFR

These activities are designed to give examination providers the opportunity to:

- Increase awareness of what is involved in developing language examinations of high quality;
- Increase the awareness of the importance of a good content analysis of examinations;
- Become familiar with and use the CEFR in planning and describing language examinations and of the importance of relating language examinations to the CEFR;
- Describe and analyse in a detailed way the content of the examination or test tasks in question;
- Provide evidence of the quality of the examination;
- Provide evidence of the relation between examinations and the CEFR;
- Provide guidance for item writers;
- Increase the transparency for professional teachers and testers, for examination users and the test takers about the content and quality of the test, and about the relation of the examination to the CEFR.

The content analysis process is structured in two phases:

- 1) A general description of the examination or test tasks involved
- 2) A detailed description of the examination or test tasks involved

Stage 3: Standardization of judgements

Stage 3 involved a standard-setting exercise with teachers familiar with the CEFR.

The teachers are to meet and complete four steps outlined below:

- 1) Familiarization in work-shops: same as Stage 1 above
- 2) Training: different for productive and receptive skills:
 - a. Performances (writing and speaking): standardisation with material published by the Council of Europe
 - b. Tasks and items (reading and listening): using calibrated items published by Council of Europe to assess difficulty of items
- 3) Benchmarking performances: applying consensus reached in training stage to the local tasks and items
- 4) Standard-setting: process of setting cut-off scores for the different grades from a test
 - a. Judgement process – judging the difficulty of items in a workshop with reference to calibrated samples and previously benchmarked items
 - b. Data analysis to validate the accuracy of the standards

Stage 4: Empirical validation

The manual divides this stage into two steps: internal validation and external validation.

Internal validation:

This step sets out a thorough research agenda for the test to be linked to the CEFR. Suggested activities include statistical analyses to provide feedback to item-writers and feedback for standard-setting, Qualitative analyses of the test through (a) reflection, which includes verbal reports of test takers and assessors, rater diaries and learner diaries; (b) Analyses of test taker discourse, test language, as well as of the discourse of the interaction between examiners and test takers; (c) analytical frameworks for the design of data collection instruments and task characteristic frameworks. The CEFR also suggest quantitative analyses in the form of Generalizability studies to analyse results and design of more effective testing arrangements, factor analyses to establish the best way of score reporting and item response theory to compare performances on different tests and to calibrate items and build item banks.

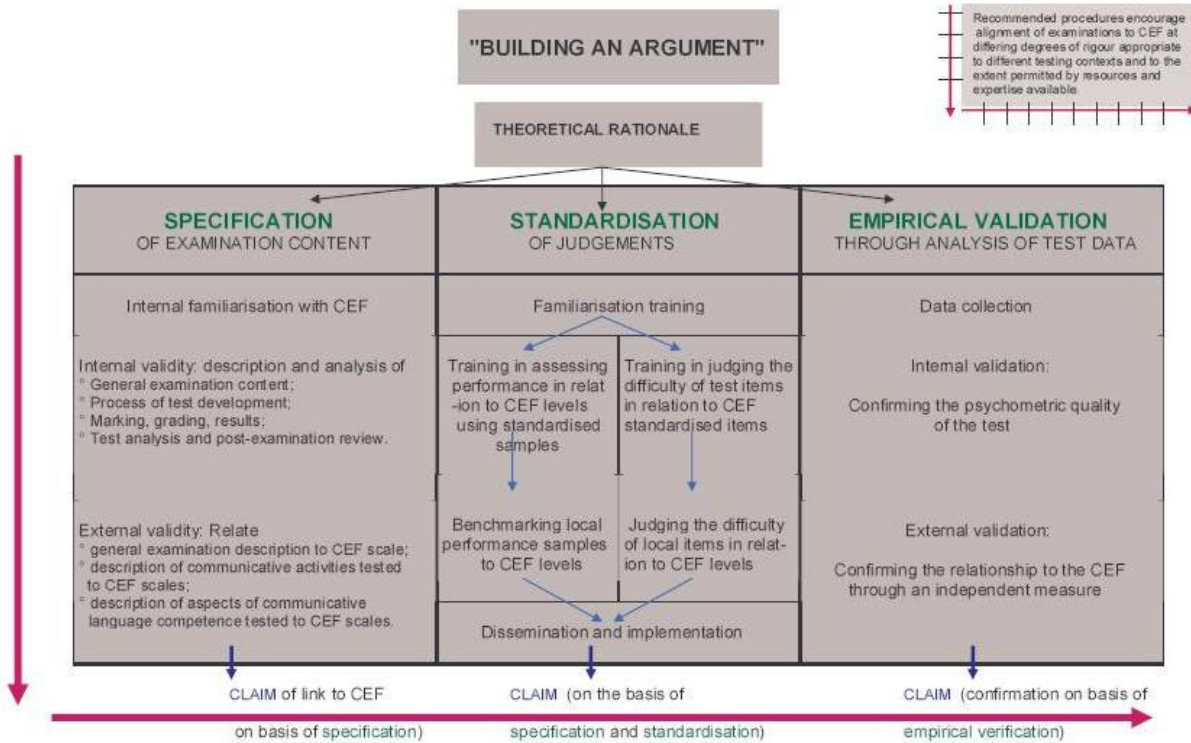
External validation:

This step provides independent evidence that a test is comparable to the CEFR by comparing results to an already linked test. This involves a group of test takers taking both the OET and another already linked test. Results are then compared:

- a. By correlation
- b. By matching classifications to CEFR levels

Figure 1.1 below (from the manual on linking examinations to the CEFR) provides an overview of the different phases of linking a test to the CEFR.

FIGURE 1.1: VISUAL REPRESENTATION OF PROCEDURES TO RELATE EXAMINATIONS TO THE CEF



Summary of steps undertaken to link the OET to the CEFR

Overview

Linking a test of English for specific purposes (ESP) such as the OET to the CEFR is not without its problems, as the CEFR is a general framework and not specifically designed to cater for ESP tests (such as the OET). To be able to link a test, the wording in the various sets of descriptors in the CEFR needs to be used to map performances to the different levels of the CEFR. However, due to the way the CEFR descriptors were developed, the level descriptions are not always coherent across levels, and this proved to be a particular problem for linking the OET. For example, many of the descriptors make references to work-related language abilities only at certain levels (e.g. in Level B2), but not at other levels.

Also, due to resource constraints, a full linking study as outlined in the manual published by the Council of Europe was not possible. Stages 1 and 2 were completed in full. Stage 3 was not completed due to the reasons outlined below. Stage 4 was completed in part. Referring back to Figure 1.1 above, the claims of linking the OET to the CEFR are therefore based on specification and empirical validation, not on standardization.

All the procedures that were completed are described below. Recommendations for future linking activities are outlined.

Stage 1: Familiarization

Familiarization was undertaken at the OET Centre on August 10th, 2009. Four staff members of the OET Centre and two staff members from the LTRC took part in the activities.

The following activities were undertaken:

Introductory activities

- a) PowerPoint presentation introducing the CEFR. This included slides on the following topics:
 - a. What is the CEFR
 - b. Why was the CEFR developed
 - c. Content of the CEFR
 - d. Applications of the CEFR
 - e. Process of linking tests to the CEFR
- b) Discussion of the CEFR levels as a whole using the global scale (Table 1. Common Reference Levels: global scale) and in particular Section 3. 6 (Content coherence). Participants highlighted the sections most relevant to the OET. This was followed by a discussion of the usefulness of the descriptors to the type of language tested by the OET and problems of linking a specific purposes test to a global framework like the CEFR.
- c) Self-assessment of own language level in a foreign language – using Table 2 (ELP grid). This was again followed by a discussion of CEFR.

Qualitative analysis of the CEFR scales

- d) Sorting into piles by level or rank order the individual descriptors from different CEFR scales. For this exercise, scales particularly pertinent to the OET were chosen. The following scales were sorted in pairs followed by a discussion:
 - a. Overall spoken interaction
 - b. Spoken fluency
 - c. Overall oral production
 - d. Overall listening comprehension
 - e. Overall reading comprehension
 - f. Reading for information and argument
 - g. Overall written interaction
 - h. Overall written production

The discussion after each sorting exercise showed that candidates were generally able to sort the descriptors into a rank order, but had at times problems choosing the appropriate CEFR level that related to each descriptor. The discussion also focused on the fact that many of the descriptors do not describe the types of language the OET elicits, which target workplace communication..

Stage 2: Specification

As mentioned earlier, the content analysis involves the following activities:

- 1) Filling in a number of checklists with details about the content of the language examination

- 2) Using relevant CEFR descriptors to relate the language examination to the levels and categories of the CEFR

The activities were conducted by staff members of the OET Centre and a staff member at the Language Testing Research Centre. The forms were divided depending on the different areas of expertise. For example, information relating to score reporting and development of speaking and writing tasks (which is done in-house at the OET Centre) was completed by OET Centre staff, while the forms relating to the OET reading and listening tests which are developed at the Language Testing Research Centre, were completed by LTRC staff. During the collating process, content coherence was ensured. The completed forms can be found in Appendix 1 of this report.

Again, it was found that many of the scales pertinent to the different forms were not relevant to the construct of the OET. Wherever necessary, this was noted. Also, the OET is designed to assess proficiency at more than one level of the CEFR. While the most important cut-score is between Levels B and C on the OET, the 'pass mark' for the different professions is set by the professional boards and differs slightly across professions. The OET assesses a range of levels on the CEFR (as the empirical investigation in Stage 4 will show). It was therefore not possible to limit the discussion to one level as some of the forms seem to require.

Stage 3: Standard-setting

Stage 3, Standard-setting, was not undertaken for the purpose of this linking exercise. The manual on relating an examination to the CEFR proposes different types of exercises for productive and receptive skills. Productive skills are linked via benchmark material published by the Council of Europe while receptive skills are linked using calibrated items also published by the Council of Europe. We propose that the OET Centre consider undertaking such a standard-setting exercise at a later stage to strengthen the linking process.

The OET Centre decided not to conduct a standard-setting exercise for listening and reading as the different versions are not routinely equated and therefore setting a standard on one form would be relatively meaningless for other versions of the test. Once the practice of formally equating test versions is introduced, the OET Centre is committed to having a standard-setting exercise conducted.

Stage 4: Empirical validation

As mentioned above, the manual divides this stage into two steps: internal validation and external validation.

Internal validation

Internal validation sets out a thorough research agenda for the test which is to be linked to the CEFR based on a view that before any external linking can be undertaken, the user needs to be assured that the test is carefully designed and is measuring candidates' ability accurately. Many of the projects listed in the manual on relating examinations to the CEFR, are projects which have been undertaken by researchers working on the OET over the years, others are conducted on a regular basis when new test versions are trialled and when the results of operational versions are analyzed. The original version of the OET is described in a PhD thesis and

subsequent articles by McNamara (1990a; 1990b; 1991) and a summary of OET validation studies and associated references is included in the OET technical manual. The OET Centre has also set up a Memorandum of Understanding with the University of Melbourne's Language Testing Research Centre governing an ongoing program of validation research.

a. Quantitative analyses

Analyses making use of both Classical Test Theory (CTT) as well as Rasch analyses are conducted on a regular basis by highly trained language testing professionals at the Language Testing Research Centre at the University of Melbourne as part of the trialling of the reading and listening tests as well as for all test sections after each operational administration of the test. Test properties are recorded in reports and feedback is provided to item-writers as part of the revision process for individual test forms.

A particular strength of the OET is the attention paid to the scoring process. A number of research studies have examined OET rater behaviour, including stability of rater judgements over time (Lumley & McNamara, 1995), examination of potential biases in the use of the rating scale (Iwashita & Grove, 2003), and the responsiveness of raters to feedback about their accuracy and consistency (Knoch, 2009).

Other quantitative studies include an investigation of the test taker perceptions regarding the relevance of the OET text topics and task types for the intended purpose and, in the interests of updating the design of the reading component of the test, a survey of the diverse range of reading tasks and reading skills which health professionals require to carry out their professional role (described in Elder, Harding, & Knoch, 2009).

b. Qualitative analyses

The manual on relating examinations to the CEFR points to the importance of supplementing quantitative analyses of score data with qualitative investigations. Several such studies have been conducted in relation to the OET including an investigation of the authenticity of OET tasks in relation to real world tasks within the health profession (Lumley & Brown, 1996; McNamara, 1997), validity checks on the relationship between the criteria used by ESL experts and those applied by health professionals in judging task performance (Elder et al., 2009; Lumley, Lynch, & McNamara, 1994; Ryan, 2007) and introspective studies on raters' decision making processes when allocating scores (Harding & Ryan, 2009).

Apart from introspective studies, thorough analyses of the discourse produced by test takers, and the language in the tasks have also been conducted. For example, Knoch (2008) conducted a study of the language used in the writing prompts which identified factors which appeared to impact on difficulty. Another study by Chan (2006) investigates whether the OET rating criteria for speaking (e.g. intelligibility, appropriateness) discriminate successfully between able and less able candidates. Studies such as these form the basis of ongoing revisions to the test specifications and rating criteria in order to enhance the quality of the test.

External validation

External validation involves administering the test that is to be linked to the CEFR to a test that has already been linked.

External validation involves two aspects:

1. Correlation of test scores of the two tests
2. Matching classifications to CEF levels

Data for this phase was drawn from a previous benchmarking study (Elder, 2007) comparing the OET to the IELTS. For this study, 52 test takers sat both the IELTS and the OET within a few weeks. Linking the OET, a test of English for specific purposes for health professionals to the CEFR using a test such as the IELTS, a general purpose test, is not without its problems, and others have previously pointed out that a comparison of the two tests is difficult considering the different constructs they are designed to measure. However, no other test comparable to the OET has been linked to the CEFR, and therefore IELTS was an obvious choice considering its widespread use. Also, IELTS is accepted by a number of the health professional boards as an alternative to the OET.

According to the IELTS website, IELTS band levels and the CEFR levels compare in the following way (Table 1):

IELTS	CEFR
9	
8.5	
8	
7.5	C2
7	
6.5	C1
6	
5.5	B2
5	
4.5	
4	B1
3.5	
3	A2

Table 1: Comparison of IELTS scores and CEFR levels

Unlike IELTS, OET test takers do not receive an overall score. Scores are reported for each sub-test separately. For this reason, a comparison of scores for each sub-test was conducted to establish score comparisons first for each individual skill. Each of these is reported in turn below. Then IELTS overall scores were compared to OET overall scores (which were based on the lowest grade for each test taker).

Correlations between IELTS and OET scores

The correlational table shown below (Table 2) is taken directly from the OET-IELTS comparison study conducted by Elder (2007).

	IELTS Listening	IELTS Reading	IELTS Speaking	IELTS Writing	OVERALL IELTS Band
OET Listening	.67**	.41**	.59**	.61**	.68**
OET Reading	.64**	.42**	.11	.24	.53**
OET Speaking	.47**	.28*	.48**	.53**	.57**
OET Writing	.42*	.27	.06	.23	.34*

**significant at the 0.05 level (2-tailed) **significant at the 0.01 level (2 tailed)*

Table 2: Correlations between IELTS and OET scores

Table 2 above shows that the correlations between the different test forms are generally modest with the two listening tests correlating the highest (at $R=.67^{**}$). The lowest correlation is between the two writing tests ($R=.23$). This shows that the two tests tap into some common underlying abilities but that there is also a large amount of unexplained variance which can be attributed to the different underlying constructs the two tests are designed to measure, as well as the different response methods used in the tests.

Cross-classification of scores

In the following section, the scores of individual test takers taking the two tests have been cross-tabulated first for each of the four skills, and finally using the overall scores.

1. Reading

Table 3 below is a cross-tabulation of test takers' scores on the OET and IELTS reading tests.

IELTS \ OET	A	B	C	D
4.5	0	0	0	1
5	0	4	2	0
5.5	0	2	7	0
6	1	8	3	1
6.5	0	8	2	0
7	2	3	1	0
7.5	3	1	1	0
8	1	0	0	0
8.5	1	0	0	0

Table 3: Comparison of OET and IELTS reading scores

The data from the 52 test takers shows that when the results on the two reading tests are compared, a direct score comparison is not always simple. For example, four test takers scoring a 5 on IELTS received B's on OET, while one test taker scoring a D on OET, received a 6 on IELTS reading. There are two reasons for the variation in the scores from the two tests: Firstly, there is a large margin of error as the sample size was only 52. Secondly, as mentioned above, the constructs and formats of the two tests differ substantially, and therefore variation in the data is to be expected. Based on the results in Table 3 above, the scores for reading were equated in the following manner (Table 4):

IELTS	OET
4.5	D
5-5.5	C
6-7	B
7.5-8.5	A

Table 4: Score comparison Reading

2. Listening

Table 5 below is a cross-tabulation of the results on the two listening tests.

IELTS \ OET	A	B	C	D
4	0	0	1	0
4.5	0	2	0	1
5	0	2	2	1
5.5	0	7	0	0
6	0	4	1	1
6.5	0	8	1	0
7	4	6	0	0
7.5	3	4	0	0
8	0	0	0	0
8.5	1	1	0	0

Table 5: Comparison of IELTS and OET listening scores

The variation in the data that was observed in the reading results can again be seen in the scores from the two listening tests. For example, of those test takers who scored an IELTS 4.5, two received a B on the OET, and one a D. Based on the overall trends observed in the listening data set, the following score comparison was made (Table 6):

IELTS	OET
4-4.5	D
5	C
5.5-7	B
7.5-8.5	A

Table 6: Score comparison Listening

Table 6 shows that the OET B category is broad, encompassing IELTS scores ranging from 5.5 to 7.

3. Writing

Table 7 below shows the crosstabulation of the OET and IELTS writing scores.

OET \ IELTS	A	B	C	D
5	2	6	10	2
6	1	10	6	2
7	1	6	1	1
8	0	4	0	0

Table 7: Comparison of IELTS and OET Writing scores

The data set used for this study was collected before IELTS changed from full to half band scores on the writing and speaking tests. As a result, only full IELTS scores are available for the candidates. Again, it is clear that the scores on the two tests are not clearly comparable. This is especially salient in the lower IELTS categories. Of the candidates who scored a 5 on IELTS, two received an OET A, six a B, ten a C and two a D. A summary of Table 7 above results in the following score comparison for writing (Table 8).

IELTS	OET
5	C
6-8	B

Table 8: Score comparison Writing

Again, it is apparent how wide the OET B category is as test takers scoring between 6 and 8 on the IELTS are included here. Unfortunately, insufficient data was available at OET Levels A and D.

4. Speaking

Table 9 below presents a cross-tabulation of the speaking scores of the 52 test takers.

OET \ IELTS	A	B	C	D
5	0	2	2	0
6	0	9	4	1
7	5	11	1	2
8	4	11	0	0

Table 9: Comparison of IELTS and OET Speaking scores

As was apparent for the other skills described above, a clear comparison is not possible for speaking either. A tentative summary of Table 9 is presented in Table 10 below.

IELTS	OET
5	C
6-8	B

Table 10: Score comparison Speaking

5. Overall comparison

Unlike IELTS, OET does not report a summary grade. However, candidates need to achieve a certain minimum grade (usually a B) on all sub-tests to be granted registration by the respective professional boards. For this reason, the overall IELTS score was compared to the lowest OET grade to come up with an overall comparison table (Table 11 below).

IELTS \ OET	B	C	D
5	0	2	1
5.5	2	3	4
6	2	7	3
6.5	5	7	0
7	5	3	1
7.5	3	3	0
8	1	0	0

Table 11: Comparison of IELTS and OET Overall scores

Table 11 shows that there was not sufficient data from the 52 test takers to make claims about OET Levels A and E. The scores available show that when the lowest OET Grade for each test taker is used to compare IELTS and the OET, a broad comparison of the levels can be made in the following way (Table 12):

IELTS	OET
5	D
5.5-6.5	C
7-7.5 (8)	B

Table 12: Score comparison Overall

Table 13 below, presents a comparison of the IELTS and OET scores mapped onto the CEFR levels. Because no data from the current study was available at OET Levels A and E, we can only estimate where the transition points in the data set are to these levels. Table 13, therefore, needs to be read with caution as its generalisability can only be shown by a larger comparison study which was beyond the scope of this project.

IELTS	CEFR	OET2
9		A
8.5		A
8		A
7.5	C2	B
7		B
6.5	C1	C
6		C
5.5	B2	C
5		D
4.5		D
4	B1	D
3.5		E
3	A2	E

Table 13: Comparison of IELTS band levels, CEFR levels and OET scores

The manual on linking an examination to the CEFR also requires a calculation of the number of miscalculations. As Table 13 is only an approximation of the data presented in Table 11, it is important to acknowledge what percentage of test takers cannot be classified according to the IELTS-OET comparison table set out in Tables 12 and 13. Based on the data set used for this report, 25 of the 52 test takers would be mis-classified, which is 48% of all the test takers. A better classification rate would only be possible if stronger correlation coefficients were observed between the two tests. A larger data set would have made a regression analysis possible, which would have improved the accuracy of classification.

As mentioned above, there are several reasons for the large margin of error (in this case the percentage of misclassifications). Firstly, it is due to the two different constructs of the tests, IELTS being a test of English for academic purposes and the OET a test for specific purposes. Secondly, although both tests are designed to assess the same four skills, the task formats differ and test takers are therefore likely to follow different processes when responding to the two tests. Finally, the sample of 52 test takers used in this comparison is not large enough to make meaningful comparisons. The manual published by the Council of Europe recommends using IRT and linear regression to link the two tests, however the sample size in this case was too small to use these procedures. Future linking activities will seek to collect a larger data set.

Recommendations for future linking activities

The linking procedures described above only constitute a partial linking exercise. We therefore recommend, and the OET Centre is committed to, the conduct of the following procedures in the future to be able to claim that the OET is fully linked to the CEFR.

1. Conduct the standard-setting exercises outlined in Step 3 for both productive and receptive sections of the test. This involves using a group of teachers familiar with the CEFR in the standard-setting process.

2. Collect data from a larger number of test takers taking both the OET and another specific purpose test previously linked to the CEFR when available. The data used for the purpose of this study was collected in 2007. Since then score reporting for IELTS speaking and writing has become more detailed in the meantime.

Summary

This project reports on procedures undertaken to claim partial linkage of the OET to the Common European Framework of Reference (CEFR). Because Stage 3: Standardization was not undertaken and Stage 4, external validation, was only undertaken on a small group of test takers, only partial linkage can be claimed (i.e. linkage based on specification and some empirical verification). Further activities need to be undertaken to be able to claim full linkage to the CEFR.

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Appendix 1: Forms completed for Stage 2 - Specification

GENERAL EXAMINATION DESCRIPTION		
General Information		
Name of examination	Occupational English Test (OET)	
Language tested	English for Health Professionals	
Examining institution	The OET Centre	
Date of this version	August 2009	
Type of examination	<input checked="" type="checkbox"/> International <input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Institutional	
Purpose	Assessing the English proficiency of overseas-trained health professionals	
Target population	<input type="checkbox"/> Lower Sec <input type="checkbox"/> Upper Sec <input type="checkbox"/> Uni/College Students <input checked="" type="checkbox"/> Adult	
No. of test-takers per year	Approx. 10,000 p.a.	
What is the overall aim?		
The test measures the language competency of health professionals who are seeking registration and the ability to practise in an English-speaking context. It is designed to ensure that language competency is assessed in a relevant professional context.		
What are the more specific objectives? If available describe the needs of the intended users on which this examination is based.		
It is designed to ensure that language competency is assessed in a relevant professional context.		
What is/are principal domain(s)?	<input type="checkbox"/> Public <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Occupational <input type="checkbox"/> Educational	
Which communicative activities are tested?	<input checked="" type="checkbox"/> 1 Listening comprehension <input checked="" type="checkbox"/> 2 Reading comprehension <input checked="" type="checkbox"/> 3 Spoken interaction <input checked="" type="checkbox"/> 4 Written interaction <input checked="" type="checkbox"/> 5 Spoken production <input checked="" type="checkbox"/> 6 Written production <input checked="" type="checkbox"/> 7 Integrated skills <input type="checkbox"/> 9 Spoken mediation of text <input type="checkbox"/> 10 Written mediation of text <input checked="" type="checkbox"/> 11 Language (e.g. Grammar, Vocabulary, Cohesion) <input type="checkbox"/> 12 Other: (specify): _____	Name of Subtest(s) Listening Reading Speaking Writing _____ _____ _____ _____

Form A1: General Examination Description

Give name and duration of test subtests	<i>Name of Subtest</i> 1 Listening 2 Reading 3 Speaking 4 Writing	<i>Duration of Subtest</i> Approx. 50 minutes 60 minutes Approx. 20 minutes 45 minutes
What type(s) of test tasks are used?	<input checked="" type="checkbox"/> Multiple choice <input checked="" type="checkbox"/> True/False <input checked="" type="checkbox"/> Matching <input type="checkbox"/> Ordering <input checked="" type="checkbox"/> Gap fill sentence <input checked="" type="checkbox"/> Sentence completion <input type="checkbox"/> Gapped text / cloze, selected response <input checked="" type="checkbox"/> Open gapped text / cloze <input checked="" type="checkbox"/> Short answer to open question(s) <input checked="" type="checkbox"/> Extended answer (text / monologue) <input checked="" type="checkbox"/> Interaction with patient & examiner <input type="checkbox"/> Interaction with peers	Subtests used in (Write numbers above) ① ② ① ① ① ① ① ② ① ④ ③
What Information is published for candidates and teachers?	<input checked="" type="checkbox"/> Overall aim <input checked="" type="checkbox"/> Principal domain(s) <input checked="" type="checkbox"/> Test subtests <input checked="" type="checkbox"/> Test tasks <input checked="" type="checkbox"/> Sample test papers <input type="checkbox"/> Video of format of oral	<input checked="" type="checkbox"/> Sample answer papers <input type="checkbox"/> Marking schemes <input type="checkbox"/> Grading schemes <input type="checkbox"/> Standardised performance samples showing pass level <input type="checkbox"/> Sample certificate
What is Reported?	<input type="checkbox"/> Global Grade <input checked="" type="checkbox"/> Grade per subtest	<input type="checkbox"/> Global Grade plus graphic profile <input type="checkbox"/> Profile per subtest

Form A1: General Examination Description (continued)

Test development	Short description and/or references
What organisation decided that the examination was required?	<input type="checkbox"/> Own organisation/school <input type="checkbox"/> A cultural institute <input type="checkbox"/> Ministry of Education <input type="checkbox"/> Ministry of Justice <input checked="" type="checkbox"/> Other: specify: The OET was designed under contract to the Australian Federal Government in the 1980's _____
If an external organisation is involved, what influence do they have on design and development?	<input type="checkbox"/> Determine the overall aims <input type="checkbox"/> Determine level of language proficiency <input type="checkbox"/> Determine examination domain or content <input type="checkbox"/> Determine exam format and type of test tasks <input type="checkbox"/> Other: specify: _____
If no external organisation was involved, what other factors determined design and development of examination?	<input checked="" type="checkbox"/> A needs analysis <input type="checkbox"/> Internal description of examination aims <input type="checkbox"/> Internal description of language level <input type="checkbox"/> A syllabus or curriculum <input type="checkbox"/> Profile of candidates It was determined at a government level that language tests of a general nature were insufficient to test language requirements of medical professions
In producing test tasks are specific features of candidates taken into account?	<input type="checkbox"/> Linguistic background (L1) <input type="checkbox"/> Language learning background <input type="checkbox"/> Age <input type="checkbox"/> Educational level <input type="checkbox"/> Socio-economic background <input checked="" type="checkbox"/> Social-cultural factors <input type="checkbox"/> Ethnic background <input type="checkbox"/> Gender
Who writes the items or develops the test tasks?	Reading and Listening – developed by the Language Testing Research Centre, University of Melbourne Professional writers and Subject Matter experts engaged by the OET (Writing and Speaking)
Have test writers guidance to ensure quality?	<input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Guidelines <input checked="" type="checkbox"/> Checklists <input checked="" type="checkbox"/> Examples of valid, reliable, appropriate tasks: <input type="checkbox"/> Calibrated to CEF level description <input type="checkbox"/> Calibrated to other level description: _____
Is training for test writers provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are test tasks discussed before use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	<input type="checkbox"/> Individual colleagues <input checked="" type="checkbox"/> Internal group discussion <input type="checkbox"/> External examination committee <input type="checkbox"/> Internal stakeholders <input type="checkbox"/> External stakeholders
Are tests tasks pre-tested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how?	Tasks are pre-tested on approximately 40 test takers in the case of the receptive skills. The pre-

	test results are subjected to a statistical analysis to evaluate item properties. Productive tests are trialled internally; pilot studies are used as basis for ongoing version generation.
If no, why not?	n/a
Is the reliability of the test estimated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how?	<input checked="" type="checkbox"/> Data collection and psychometric procedures <input type="checkbox"/> Other: specify: _____
Are different aspects of validity estimated?	<input type="checkbox"/> Face validity <input checked="" type="checkbox"/> Content validity <input checked="" type="checkbox"/> Concurrent validity <input type="checkbox"/> Predictive validity <input checked="" type="checkbox"/> Construct validity
If yes, describe how?	This is discussed in more detail in the description of Stage 4 of the report

Form A2: Test Development

Marking: Subtest	<i>Listening</i>
How are the test tasks marked?	For receptive test tasks: <input type="checkbox"/> Optical mark reader <input checked="" type="checkbox"/> Clerical marking (an answer key is provided but decisions need to be made by trained examiners)
Where are the test tasks marked?	<input checked="" type="checkbox"/> Centrally <input type="checkbox"/> Locally: <input type="checkbox"/> By local teams <input type="checkbox"/> By individual examiners
What criteria are used to select markers?	Qualified and experienced ESL/EFL teachers
How is accuracy of marking promoted?	<input checked="" type="checkbox"/> Double-marking of approximately 10% <input checked="" type="checkbox"/> Training of markers/raters <input checked="" type="checkbox"/> Moderating sessions to standardise judgements <input checked="" type="checkbox"/> Using standardised examples of test tasks: <input type="checkbox"/> Calibrated to CEF <input type="checkbox"/> Calibrated to another level description <input checked="" type="checkbox"/> Not calibrated to CEF or other description
If double rated, what procedures are used when differences between raters occur?	<input type="checkbox"/> Use of third rater and that score holds <input type="checkbox"/> Use of third marker and two closest marks used <input checked="" type="checkbox"/> Average of two marks <input type="checkbox"/> Two markers discuss and reach agreement <input type="checkbox"/> Other: specify: _____
Is inter-rater agreement calculated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No because only performances around cut-score get double-marked

Form A3: Marking (Listening)

Marking: Subtest	Reading
How are the test tasks marked?	For receptive test tasks: <input checked="" type="checkbox"/> Optical mark reader (multiple-choice questions) <input checked="" type="checkbox"/> Clerical marking (open-ended cloze questions)
Where are the test tasks marked?	<input checked="" type="checkbox"/> Centrally <input type="checkbox"/> Locally: <input type="checkbox"/> By local teams <input type="checkbox"/> By individual examiners
What criteria are used to select markers?	
How is accuracy of marking promoted?	<input checked="" type="checkbox"/> Regular checks by co-ordinator <input type="checkbox"/> Training of markers/raters <input type="checkbox"/> Moderating sessions to standardise judgements <input type="checkbox"/> Using standardised examples of test tasks: <input type="checkbox"/> Calibrated to CEF <input type="checkbox"/> Calibrated to another level description <input type="checkbox"/> Not calibrated to CEF or other description
If double rated, what procedures are used when differences between raters occur?	<input type="checkbox"/> Use of third rater and that score holds <input type="checkbox"/> Use of third marker and two closest marks used <input type="checkbox"/> Average of two marks <input type="checkbox"/> Two markers discuss and reach agreement <input type="checkbox"/> Other: specify: _____
Is inter-rater agreement calculated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – not necessary – objectively scored

Form A3: Marking (Reading)

Marking: Subtest	Speaking
How are the test tasks marked?	For receptive test tasks: <input type="checkbox"/> Optical mark reader <input type="checkbox"/> Clerical marking For productive or integrated test tasks: <input checked="" type="checkbox"/> Trained examiners <input type="checkbox"/> Teachers
Where are the test tasks marked?	<input checked="" type="checkbox"/> Centrally (in Melbourne) <input type="checkbox"/> Locally: <input type="checkbox"/> By local teams <input type="checkbox"/> By individual examiners
What criteria are used to select markers?	Qualified and experienced ESL/EFL teachers and examiners
How is accuracy of marking promoted?	<input type="checkbox"/> Regular checks by co-ordinator <input checked="" type="checkbox"/> Training of markers/raters <input checked="" type="checkbox"/> Moderating sessions to standardise judgements <input type="checkbox"/> Using standardised examples of test tasks: <input type="checkbox"/> Calibrated to CEF <input type="checkbox"/> Calibrated to another level description <input type="checkbox"/> Not calibrated to CEF or other description
Describe the specifications of the rating criteria of productive and/or integrative test tasks.	<input type="checkbox"/> one holistic score for each task <input checked="" type="checkbox"/> marks for different aspects for each task <input type="checkbox"/> rating scale for overall performance in test <input checked="" type="checkbox"/> rating grid for aspects of test performance <input type="checkbox"/> rating scale for each task <input checked="" type="checkbox"/> rating grid for aspects for each task <input checked="" type="checkbox"/> rating scale bands are defined, but not to CEF <input type="checkbox"/> rating scale bands are defined in relation to CEF
Are productive or integrated test tasks single or double rated?	<input type="checkbox"/> Single rater <input type="checkbox"/> Two simultaneous raters <input checked="" type="checkbox"/> Double marking of scripts / recordings <input type="checkbox"/> Other: specify: _____
If double rated, what procedures are used when differences between raters occur?	<input type="checkbox"/> Use of third rater and that score holds <input type="checkbox"/> Use of third marker and two closest marks used <input type="checkbox"/> Average of two marks <input type="checkbox"/> Two markers discuss and reach agreement <input checked="" type="checkbox"/> Other: specify: Fair score produced by multi-faceted Rasch measurement program FACETS is used – third rating is triggered if a candidate is found to be misfitting based on the first two ratings
Is inter-rater agreement calculated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form A3: Marking (Speaking)

Marking: Subtest	Writing
How are the test tasks marked?	For receptive test tasks: <input type="checkbox"/> Optical mark reader <input type="checkbox"/> Clerical marking For productive or integrated test tasks: <input checked="" type="checkbox"/> Trained examiners <input type="checkbox"/> Teachers
Where are the test tasks marked?	<input checked="" type="checkbox"/> Centrally (Melbourne) <input type="checkbox"/> Locally: <input type="checkbox"/> By local teams <input type="checkbox"/> By individual examiners
What criteria are used to select markers?	Qualified and experienced ESL/EFL teachers and examiners; on going reliability monitoring
How is accuracy of marking promoted?	<input type="checkbox"/> Regular checks by co-ordinator <input checked="" type="checkbox"/> Training of markers/raters <input checked="" type="checkbox"/> Moderating sessions to standardise judgements <input type="checkbox"/> Using standardised examples of test tasks: <input type="checkbox"/> Calibrated to CEF <input type="checkbox"/> Calibrated to another level description <input type="checkbox"/> Not calibrated to CEF or other description
Describe the specifications of the rating criteria of productive and/or integrative test tasks.	<input type="checkbox"/> one holistic score for each task <input checked="" type="checkbox"/> marks for different aspects for each task <input type="checkbox"/> rating scale for overall performance in test <input checked="" type="checkbox"/> rating grid for aspects of test performance <input type="checkbox"/> rating scale for each task <input checked="" type="checkbox"/> rating grid for aspects for each task <input checked="" type="checkbox"/> rating scale bands are defined, but not to CEF <input type="checkbox"/> rating scale bands are defined in relation to CEF
Are productive or integrated test tasks single or double rated?	<input type="checkbox"/> Single rater <input type="checkbox"/> Two simultaneous raters <input checked="" type="checkbox"/> Double marking of scripts / recordings <input type="checkbox"/> Other: specify: _____
If double rated, what procedures are used when differences between raters occur?	<input type="checkbox"/> Use of third rater and that score holds <input type="checkbox"/> Use of third marker and two closest marks used <input type="checkbox"/> Average of two marks <input type="checkbox"/> Two markers discuss and reach agreement <input checked="" type="checkbox"/> Other: specify: Fair score produced by multi-faceted Rasch measurement program FACETS is used – third rating is triggered if a candidate is found to be misfitting based on the first two ratings
Is inter-rater agreement calculated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form A3: Marking (Writing)

Grading: Subtest _____	Listening
Are pass marks and/or grades given?	<input type="checkbox"/> <i>Pass marks</i> <input checked="" type="checkbox"/> Grades
Describe the procedures used to establish pass marks and/or grades and cut scores	Cut-scores are set in the following manner: Speaking and Writing cut-scores are calculated based on the fair average generated by a FACETS analysis. These cut-scores are then converted according to a fixed formula to grades. The average percentage of candidates scoring each grade is then used to set the cut-scores for Listening and Reading.
If grades are given, how are the grade boundaries decided?	See above
If only pass / fail is reported, How are the cut-off scores for pass / fail set?	n/a
How is consistency in these standards maintained?	The Speaking and Writing cut-scores are fixed. The Reading and Listening cut-scores are based on the percentage of candidates scoring at each grade level on average in the Speaking and Writing sub-tests.

Form A4: Grading (Listening)

Grading: Subtest _____	Reading
Are pass marks and/or grades given?	<input type="checkbox"/> Pass marks <input checked="" type="checkbox"/> Grades
Describe the procedures used to establish pass marks and/or grades and cut scores	Cut-scores are set in the following manner: Speaking and Writing cut-scores are calculated based on the fair average generated by a FACETS analysis. These cut-scores are then converted according to a fixed formula to grades. The average percentage of candidates scoring each grade is then used to set the cut-scores for listening and reading.
If grades are given, how are the grade boundaries decided?	See above
If only pass / fail is reported, How are the cut-off scores for pass / fail set?	n/a
How is consistency in these standards maintained?	The Speaking and Writing cut-scores are fixed. The Reading and Listening cut-scores are based on the percentage of candidates scoring at each grade level on average in the Speaking and Writing sub-tests.

Form A4: Grading (Reading)

Grading: Subtest _____	Speaking
Are pass marks and/or grades given?	<input type="checkbox"/> Pass marks <input checked="" type="checkbox"/> Grades
Describe the procedures used to establish pass marks and/or grades and cut scores	Cut-scores are set in the following manner: Speaking and Writing cut-scores are calculated based on the fair average generated by a FACETS analysis. These cut-scores are then converted according to a fixed formula to grades. The average percentage of candidates scoring each grade is then used to set the cut-scores for Listening and Reading.
If grades are given, how are the grade boundaries decided?	See above
If only pass / fail is reported, How are the cut-off scores for pass / fail set?	n/a
How is consistency in these standards maintained?	The Speaking and Writing cut-scores are fixed. The Reading and Listening cut-scores are based on the percentage of candidates scoring at each grade level on average in the Speaking and Writing sub-tests.

Form A4: Grading (Speaking)

Grading: Subtest _____	Writing
Are pass marks and/or grades given?	<input type="checkbox"/> Pass marks <input checked="" type="checkbox"/> Grades
Describe the procedures used to establish pass marks and/or grades and cut scores	Cut-scores are set in the following manner: Speaking and Writing cut-scores are calculated based on the fair average generated by a FACETS analysis. These cut-scores are then converted according to a fixed formula to grades. The average percentage of candidates scoring each grade is then used to set the cut-scores for Listening and Reading.
If grades are given, how are the grade boundaries decided?	See above
If only pass / fail is reported, How are the cut-off scores for pass / fail set?	n/a
How is consistency in these standards maintained?	The Speaking and Writing cut-scores are fixed. The Reading and Listening cut-scores are based on the percentage of candidates scoring at each grade level on average in the Speaking and Writing sub-tests.

Form A4: Grading (Writing)

Results	Short description and/or reference
What results are reported to candidates?	<input type="checkbox"/> Global grade or pass / fail <input checked="" type="checkbox"/> Grade or pass / fail per subtest <input type="checkbox"/> Global grade plus profile across subtests <input type="checkbox"/> Profile of aspects of performance per subtest
In what form are results reported?	<input type="checkbox"/> Raw scores <input type="checkbox"/> Undefined grades (e.g. "C") <input checked="" type="checkbox"/> Level on a defined scale <input type="checkbox"/> Diagnostic profiles
On what document are results reported?	<input type="checkbox"/> Letter or email <input type="checkbox"/> Report card <input checked="" type="checkbox"/> Certificate / Diploma Statement of Results
Is information provided to help candidates to interpret results? Give details.	Qualitative feedback is available for the Writing and/or Speaking sub-test and is provided only when the candidate's grade is below the standard required by the relevant professional assessing authority. The feedback consists of a brief written report that provides information against the assessment criteria. No modification to results is possible. Qualitative feedback must be ordered within three weeks of the date of online publication of results.
Do candidates have the right to see the corrected and scored examination papers?	No
Do candidates have the right to ask for remarking?	No because Speaking and Writing sub-tests are routinely double-marked. Listening is 2nd marked as required (around the cut-score).

Form A5: Reporting Results

Test Analysis and Post-examination Review	Short description and/or reference
Is feedback gathered on the examinations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	<input checked="" type="checkbox"/> Internal experts (colleagues) <input checked="" type="checkbox"/> External experts (Language Testing Research Centre, University of Melbourne) <input type="checkbox"/> Local examination institutes <input type="checkbox"/> Test administrators <input type="checkbox"/> Teachers <input type="checkbox"/> Candidates
Is the feedback incorporated in revised versions of the examinations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is data collected to do analysis on the tests?	<input checked="" type="checkbox"/> On all tests <input type="checkbox"/> On a sample of test-takers: How large: _____. How often: _____ <input type="checkbox"/> No
If yes, indicate how data are collected?	<input checked="" type="checkbox"/> During pre-testing <input checked="" type="checkbox"/> During live examinations <input type="checkbox"/> After live examinations
For which features is analysis on the data gathered carried out?	<input checked="" type="checkbox"/> Difficulty <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Reliability <input checked="" type="checkbox"/> Validity
State which analytic methods have been used (e.g. in terms of psychometric procedures).	Both classical test theory and Rasch analysis are used routinely to analyse the data after each administration of the test.
Are performances of candidates from different groups analysed?. If so, describe how.	This is not routinely done, but some DIF studies have investigated e.g. the performance of different health professions on the test.
Describe the procedures to protect the confidentiality of data.	Stored in secured electronic storage that is password protected
Are relevant measurement concepts explained for test users? If so, describe how.	Yes; via website. For each sub-test a simplified explanation is given to candidates.

Form A6: Data Analysis

Rationale for making decisions	Short description and/or reference
Give the rationale for the decisions that have been made in relation to the examination or the test tasks in question.	Decisions made in accordance with current language testing methodology and practice in consultation with test-takers, assessors and administrators; feedback garnered.

Form A7: Rationale for Decisions

<i>Initial Impression of Overall CEF Level</i>		
<input type="checkbox"/> A1	<input type="checkbox"/> B1	<input checked="" type="checkbox"/> C1
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> A2	<input type="checkbox"/> B2	<input checked="" type="checkbox"/> C2
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Short rationale, reference to documentation		
Candidates taking the OET range widely in terms of their English proficiency. Candidates achieving grades A and B on the OET will be around the C1 and C2 level of the CEFR.		

Form A8: Impression of Overall Examination Level

	Listening – Section A (note-taking)
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Domain: Occupational domain</p> <p>Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional ○ Institution: Doctors practice; practice of health professional ○ Persons: Health care professional and patient ○ Events: Health professional and patient consultation ○ Operations: Note-taking during consultation ○ Text: Patient history
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	Health care – consultation with patient
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	Understanding a patient / health care professional conversation and taking relevant notes
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.2.1 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ The ability to discriminate between the distinctive sounds of the target language ➤ The ability to recognize the functions of stress and intonation to signal the information structure of utterances ➤ The ability to identify words in stressed and unstressed situations ➤ The ability to recognize reduced forms of words ➤ The ability to distinguish word boundaries ➤ The ability to recognize typical word order patterns in English ➤ The ability to understand vocabulary (general, technical and colloquial) ➤ The ability to detect key words and phrases ➤ The ability to guess the meaning of novel lexical items from the contexts in which they occur ➤ The ability to recognize grammatical word classes ➤ The ability to recognize syntactic patterns and devices ➤ The ability to recognize cohesive devices in spoken discourse ➤ The ability to recognize elliptical forms of grammatical units and sentences ➤ The ability to detect sentence constituents, and to distinguish between major and minor constituents

	<ul style="list-style-type: none"> ➤ The ability to detect meanings expressed in differing grammatical forms/sentence types (i.e., that a particular meaning may be expressed in different ways) ➤ The ability to recognize the communicative functions of utterances, according to the context of the consultation, the participants and their goals ➤ The ability to infer links and connections between events ➤ The ability to deduce causes and effects from explicitly described events ➤ The ability to recognize coherence in discourse, and to detect such relations as main idea, supporting idea, given information, new information, generalization, exemplification ➤ The ability to process speech at different rates ➤ The ability to process speech containing pauses, errors and corrections ➤ The ability to extract information relevant to headings provided for note-taking ➤ The ability to take notes while listening in real time
<p>What text-types and what length of text are the test takers expected to be able to handle? The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	<p>Interaction between health professional and patient; short extracts from the conversation are played once followed by time to complete the notes. Each extract is approximately 1-2 minutes long</p>
<p>What kind of tasks are the test takers expected to be able to handle? ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference.</p>	<p>Note-taking as common in professional contexts of health professionals</p>
<p>After reading the scale for Overall Listening Comprehension, given below, indicate and justify at which level(s) of the scale the subtest should be situated. ➤ The sub-scales for listening comprehension in CEF 4.4.2.1 listed after the scale might be of help as a reference.</p>	<p>Level: B2+ to C2</p> <p>Justification (incl. reference to documentation)</p> <p>All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET listening Part A section will be located at Levels C1 and C2. The scale ‘Listening to a conversation between native speakers’ is the most relevant to this task, but ‘Overall Listening comprehension’ was also used.</p>

Form A9: Listening Comprehension (Section A – note-taking)

	Listening – Section B (Lecture)
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Domain: Occupational / educational domain Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / Education institution / professional development ○ Institution: Doctors practice; workplace of health professional / educational institution ○ Persons: Health care professional / lecturer ○ Events: Professional Development lecture ○ Operations: Lecture ○ Text: quasi-authentic text
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	<p>Health care – lecture</p>
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	<p>Understanding a lecture relevant to professional background</p>
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.2.1 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ The ability to discriminate between the distinctive sounds of the target language ➤ The ability to recognize the functions of stress and intonation to signal the information structure of utterances ➤ The ability to identify words in stressed and unstressed situations ➤ The ability to recognize reduced forms of words ➤ The ability to distinguish word boundaries ➤ The ability to understand vocabulary (general, technical) ➤ The ability to detect key words and phrases ➤ The ability to guess the meaning of novel lexical items from the contexts in which they occur ➤ The ability to recognize grammatical word classes ➤ The ability to recognize syntactic patterns and devices ➤ The ability to recognize cohesive devices in spoken discourse ➤ The ability to detect sentence constituents, and to distinguish between major and minor constituents ➤ The ability to detect meanings expressed in differing grammatical forms/sentence types (i.e., that a particular meaning may be expressed in different ways) ➤ The ability to recognize the communicative functions of utterances, according to the context of the

	<p>consultation, the participants and their goals</p> <ul style="list-style-type: none"> ➤ The ability to infer links and connections between events ➤ The ability to deduce causes and effects from explicitly described events ➤ The ability to recognize coherence in discourse, and to detect such relations as main idea, supporting idea, given information, new information, generalization, exemplification ➤ The ability to process speech at different rates ➤ The ability to process speech containing pauses, errors and corrections ➤ The ability to distinguish main and supporting ideas ➤ The ability to extract main ideas ➤ The ability to extract specific details ➤ The ability to infer meaning
<p>What text-types and what length of text are the test takers expected to be able to handle? The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	<p>Lecture / presentation Length of text: approximately 15 minutes in total. The text is presented in chunks of approximately 1-2 minutes with time for test takers to complete the tasks for each section.</p>
<p>What kind of tasks are the test takers expected to be able to handle? ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference.</p>	<p>Education – completing lecture notes, diagrams, short answer questions, multiple choice questions, true/false/not given, flowcharts, table completion, etc.</p>
<p>After reading the scale for Overall Listening Comprehension, given below, indicate and justify at which level(s) of the scale the subtest should be situated. ➤ The sub-scales for listening comprehension in CEF 4.4.2.1 listed after the scale might be of help as a reference.</p>	<p>Level: B2+ to C2</p> <p>Justification (incl. reference to documentation)</p> <p>All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET listening Part B section will be located at Levels C1 and C2. The scale ‘Listening as a member of a live audience’ is the most relevant to this task, but ‘Overall Listening Comprehension’ was also used.</p>

Form A9: Listening Comprehension (Section B – lecture)

	Reading – Section A (Multiple-choice reading task)
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Domain: Occupational / educational domain</p> <p>Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / Education institution / professional development ○ Institution: Doctors practice; workplace of health professional / educational institution ○ Persons: Author of texts for health care professionals ○ Events: Reading for professional development ○ Operations: Reading ○ Text: quasi-authentic text
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	Specific-purpose education / professional development
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	Understanding a text typical of those found in journals of health care professionals
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.2.2 might be of help as a reference 	<ul style="list-style-type: none"> ➤ Understanding main ideas ➤ Locating specific information ➤ Differentiating main ideas from supporting information ➤ Identifying underlying concepts ➤ Drawing logical inferences ➤ Understanding a range of general and medical vocabulary ➤ Using contextual clues to determine the meaning of lexical items ➤ Identifying the underlying theme of a paragraph or text ➤ Recognizing paraphrase ➤ Understanding cohesion between parts of a text through lexical and grammatical cohesion devices
<p>What text-types and what length of text are the test takers expected to be able to handle?</p> <p>The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	Quasi-authentic text on general health care topics Two texts are provided, each is 600 to 800 words long.
<p>What kind of tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference. 	Answer multiple choice questions
<p>After reading the scale for Overall Reading Comprehension, given below, indicate and justify</p>	Level B2+ to C2

<p>at which level(s) of the scale the subtest should be situated.</p> <ul style="list-style-type: none"> ➤ The sub-scales for reading comprehension in CEF 4.4.2.2 listed after the scale might be of help as a reference. 	<p><i>Justification (incl. reference to documentation)</i></p> <p>All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET reading Part A section will be located at Levels C1 and C2. The scale ‘Reading for information and argument’ is the most relevant to this task, but ‘Overall Reading Comprehension’ was also used’</p>
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Form A10: Reading Comprehension (Part A)

	Reading – Section B (Summary reading task)
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Domain: Occupational / educational domain Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / Education institution / professional development ○ Institution: Doctors practice; workplace of health professional / educational institution ○ Persons: Author of variety of texts for health care professionals ○ Events: Reading to summarize ○ Operations: Reading to summarize <p>Text: 3-5 quasi-authentic text</p>
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	<p>Summarizing information from a variety of text types for a third party (e.g. a patient, a colleague, self)</p>
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	<p>Extracting salient information from a range of text types</p>
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.2.2 might be of help as a reference 	<ul style="list-style-type: none"> ➤ Locating specific information in a range of source texts ➤ Understanding the relationship between different types of information ➤ Understanding the conventions of different text types ➤ Identifying underlying concepts ➤ Drawing logical inferences ➤ Synthesizing information from different sources ➤ Differentiating main ideas from supporting information ➤ Identifying, distinguishing and comparing facts from a variety of text types ➤ Understanding the presentation of textual and numerical data ➤ Summarizing information for a non-medical audience ➤ Using contextual clues to determine text meaning and to supply missing information ➤ Recognizing paraphrase ➤ Using appropriate spelling and word forms
<p>What text-types and what length of text are the test takers expected to be able to handle?</p> <p>The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	<ul style="list-style-type: none"> ● government leaflets ● case studies ● graphs / tables / charts / diagrams ● abstracts of research studies

	<ul style="list-style-type: none"> • information from MIMS, Australian Handbook of medicines or similar • short articles from medical magazines • extracts from medical textbooks / clinical handbooks • magazines published by professional organisations • workplace memos • Consensus reports • Patient records <p>The length of the input texts can differ; however the total number of words in the reading input is about 650 words.</p>
<p>What kind of tasks are the test takers expected to be able to handle?</p> <p>➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference.</p>	<p>Complete a summary gap-fill</p>
<p>After reading the scale for Overall Reading Comprehension, given below, indicate and justify at which level(s) of the scale the subtest should be situated.</p> <p>➤ The sub-scales for reading comprehension in CEF 4.4.2.2 listed after the scale might be of help as a reference.</p>	<p>Level B2+ to C2</p> <p>Justification (incl. reference to documentation)</p> <p>All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET reading Part B section will be located at Levels C1 and C2. The scale 'Reading for orientation' is the most relevant to this task, but 'Overall Reading comprehension' was also used'.</p>

Form A10: Reading Comprehension (Part B)

Spoken Interaction	Short description and/or reference
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Domain: Occupational / educational domain Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / professional development ○ Institution: Doctors practice; workplace of health professional ○ Persons: colleagues; other health professionals; patients/carers ○ Events: patient consultation ○ Operations: discussing patient details
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	<p>Health and body care; professional medical services</p>
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ Imparting professional advice to patient ➤ responding to patient concerns and questions; ➤ reassuring, justifying; expressing a viewpoint ➤ seeking information from patients; ➤ making suggestions ➤ eliciting patient concerns; worries etc
<p>What kind of communicative activities and interaction strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.3.1 and 4.4.3.5 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ Consultation; ➤ information exchange; ➤ discussion; goal orientation (satisfying patient needs) ➤ judging what can be presupposed ➤ asking for clarification ➤ asking for elaboration ➤ communication repair ➤ cooperating
<p>What kind of texts and text-types are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference. 	<p>Role-play cards (patient background) Task instructions (bullet point)</p>
<p>What kind of tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference. 	<p>Read a role-play card (instructions) read brief background notes on a patient; candidates then participate in 2 role-plays of approx. 5 minutes duration for each</p>
<p>After reading the scale for Overall Spoken Interaction, given below, indicate and justify at</p>	<p>Level B2+ to C2</p>

<p>which level(s) of the scale the subtest should be situated.</p> <ul style="list-style-type: none"> ➤ The sub-scales for spoken interaction in CEF 4.4.3.1 listed after the scale might be of help as a reference. 	<p><i>Justification (incl. reference to documentation)</i></p> <p>All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET Speaking will be located at Levels C1 and C2. The scale ‘Information Exchange’ and ‘interviewing and being interviewed’ have particular relevance to the Speaking sub-test.</p>
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Form A11: Spoken Interaction

Written Interaction	Short description and/or reference
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / ○ Institution: Doctors practice; workplace of health professional / educational institution ○ Persons: Health care professional; educational or government organisation ○ Events: post consultative evaluation ○ Operations: writing letter of referral <p>Text: quasi-authentic text</p>
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	<p>Health and body care; professional medical services</p>
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ Write brief letter of referral (incl.) ➤ Summarise and synthesise case notes ➤ Writing brief patient history; highlighting salient points based on case notes ➤ Communicate requests to a medical colleague
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.3.1 might be of help as a reference. 	<p>Correspondence by letter Conveying written request appropriate for target reader (i.e. health professional/colleague)</p>
<p>What kind of texts and text-types are the test takers expected to be able to handle?</p> <p>The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	<p>Case notes relevant to their specific profession Written instructional rubric Professional letter conventions</p>
<p>What kind of tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference. 	<p>Read and interpret case notes (incl. note form and universal symbol conventions related to their profession) Write a 180-200 word letter</p>
<p>After reading the scale for Overall Written Interaction, given below, indicate and justify at which level(s) of the scale the subtest should be situated.</p> <ul style="list-style-type: none"> ➤ The sub-scales for spoken interaction in CEF 4.4.3.4 listed after the scale might be of help as a reference. 	<p>Level B2+ to C2</p> <p>Justification (incl. reference to documentation) All scale levels are relevant to the skills tested in this section. A test taker achieving A and B on the OET Writing will be located at Levels C1 and C2. The scale ‘correspondence’ and ‘notes messages and forms’ have particular relevance to the Writing sub-test.</p>

Spoken Production	Short description and/or reference
<p>Which situations, content categories, domains are the test takers expected to show ability in? Table 5 in CEF 4.1 might be of help as a reference</p>	<p>Domain: Occupational / educational domain Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / professional development ○ Institution: Doctors practice; workplace of health professional ○ Persons: colleagues; other health professionals; patients/carers ○ Events: patient consultation ○ Operations: discussing patient details
<p>Which communication themes are the test takers expected to be able to handle? ➤ The lists in CEF 4.2 might be of help as a reference.</p>	<p>Health and body care; professional medical services</p>
<p>Which communicative tasks are the test takers expected to be able to handle? ➤ The lists in CEF 4.3 might be of help as a reference.</p>	<ul style="list-style-type: none"> ➤ Imparting professional advice to patient ➤ responding to patient concerns and questions; ➤ reassuring, justifying; expressing a viewpoint ➤ giving information to patients;
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle? ➤ The lists in CEF 4.4.1.1 might be of help as a reference.</p>	<ul style="list-style-type: none"> ➤ Consultation; ➤ information exchange; ➤ discussion; goal orientation (satisfying patient needs) ➤ judging what can be presupposed ➤ asking for clarification ➤ asking for elaboration ➤ communication repair ➤ cooperating
<p>What kind of texts and text-types are the test takers expected to be able to handle? ➤ The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.</p>	<p>Role-play cards (patient background) Task instructions (bullet point)</p>
<p>What kind of tasks are the test takers expected to be able to handle? ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference.</p>	<p>Read a role-play card (instructions) read brief background notes on a patient; candidates then participate in 2 role-plays of approx. 5 minutes duration for each</p>
<p>After reading the scale for Overall Spoken Production, given below, indicate and justify at which level(s) of the scale the subtest should be situated. ➤ The sub-scales for spoken production in CEF 4.4.1.1 listed after the scale might be of help as a reference.</p>	<p>Level B2+ to C2</p> <p>Justification (incl. reference to documentation)</p> <p>All scale levels are relevant to the skills tested in this section. B2 descriptors has relevance to 'his/her field of interest' in terms of OET task type</p>

Written Production	Short description and/or reference
<p>Which situations, content categories, domains are the test takers expected to show ability in?</p> <ul style="list-style-type: none"> ➤ Table 5 in CEF 4.1 might be of help as a reference. 	<p>Situations:</p> <ul style="list-style-type: none"> ○ Location: Workplace of health professional / ○ Institution: Doctors practice; workplace of health professional / educational institution ○ Persons: Health care professional; educational or government organisation ○ Events: post consultative evaluation ○ Operations: writing letter of referral <p>Text: quasi-authentic text</p>
<p>Which communication themes are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.2 might be of help as a reference. 	<p>Health and body care; professional medical services</p>
<p>Which communicative tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.3 might be of help as a reference. 	<ul style="list-style-type: none"> ➤ Write brief letter of referral (incl.) ➤ Summarise and synthesise case notes ➤ Writing brief patient history; highlighting salient points based on case notes ➤ Communicate requests to a medical colleague
<p>What kind of communicative activities and strategies are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.4.1.2 might be of help as a reference. 	<p>Correspondence by letter Conveying written request appropriate for target reader (i.e. health professional/colleague)</p>
<p>What kind of texts and text-types are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference. 	<p>Case notes relevant to their specific profession Written instructional rubric Professional letter conventions</p>
<p>What kind of tasks are the test takers expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The description in CEF 7.1, 7.2 and 7.3 might be of help as a reference. 	<p>Read and interpret case notes (incl. note form and universal symbol conventions related to their profession and write a 180-200 word letter</p>
<p>After reading the scale for Overall Written Production, given below, indicate and justify at which level(s) of the scale the subtest should be situated.</p> <ul style="list-style-type: none"> ➤ The sub-scales for spoken interaction in CEF 4.4.1.2 listed after the scale might be of help as a reference. 	<p>Level B2+ to C2</p> <p>Justification (incl. reference to documentation)</p> <p>C1 scales resonate with letter writing characteristics ‘supporting views; relevant examples, rounding off with an appropriate conclusion; while work-related synthesising from ‘a number of sources’ and clear detailed texts...related to his/her field of interest is more applicable at B2 level.</p>

Integrated Skills Combinations		Subtest it occurs in
Listening and Note-taking	<input checked="" type="checkbox"/>	Listening Part A
Listening and Spoken Production	<input type="checkbox"/>	
Listening and Written Production	<input type="checkbox"/>	
Reading and Note-taking	<input type="checkbox"/>	
Reading and Spoken Production	<input type="checkbox"/>	
Reading and Written Production	<input checked="" type="checkbox"/>	Writing
Listening and Reading, plus Note-taking	<input type="checkbox"/>	
Listening and Reading, plus Spoken Production	<input type="checkbox"/>	
Listening and Reading, plus Written Production	<input type="checkbox"/>	

Form A15: Integrated Skills Combinations

	<i>Listening and note-taking</i>
Integrated Skills	<i>Short description and/or reference</i>
Which skills combinations occur? ➤ Refer to your entry in Form A15.	Listening and note-taking
Which text-to-text activities occur? ➤ Table 6 in CEF 4.6.4 might be of help as a reference.	Input text: spoken conversation in L2 Output text: written notes in L2 (language and meaning preserving)
Which situation, content categories, domains are the test takers expected to show ability in? ➤ Table 5 in CEF 4.1 might be of help as a reference.	Domain: Occupational domain Situations: <ul style="list-style-type: none"> ○ Location: Workplace of health professional ○ Institution: Doctors practice; practice of health professional ○ Persons: Health care professional and patient ○ Events: Health professional and patient consultation ○ Operations: Note-taking during consultation ○ Text: Patient history
Which communication themes are the test takers expected to be able to handle? ➤ The lists in CEF 4.2 might be of help as a reference.	Health care – lecture
Which communicative tasks are the test takers expected to be able to handle? ➤ The lists in CEF 4.3 might be of help as a reference.	Understanding a lecture relevant to professional background
What kind of texts and text-types are the test takers expected to be able to handle? ➤ The lists in CEF 4.6.2 and 4.6.3 might be of help as a reference.	Interaction between health professional and patient; short extracts from the conversation are played once followed by time to complete the notes. Each extract is approximately 1-2 minutes long
After reading the scales for Processing Text, given below, plus Listening/Reading Comprehension and Written Production given earlier, indicate and justify at which level(s) of the scale the subtest should be situated. ➤ The sub-scale for Note-taking in CEF 4.6.3 might also be of help as a reference.	<i>Level B2+ to C2</i> <i>Justification (incl. reference to documentation)</i> A test taker achieving A or B on the OET listening Part A section will be located at Levels C1 and C2. The scale ‘Listening to a conversation between native speakers’ is the most relevant to this task, although this scale only refers to note-taking on a lecture, not a conversation as is the case in this task.

Form A16: Integrated Skills (Listening and note-taking)

<i>Linguistic Competence</i>	<i>Listening</i>
<p>What is the range of lexical and grammatical competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.1 and 5.2.1.2 might be of help as a reference. 	<p>Test takers need to be able to comprehend a wide range of lexical and grammatical elements typical of those encountered in the work place of health professionals. Any of the items listed in 5.2.1.1 and 5.2.1.2 might occur in the recordings of the listening test as these are based on quasi-authentic speech and not manipulated to include any particular items. A high frequency of medical-specific vocabulary will be found in the listening material.</p>
<p>After reading the scale for Linguistic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p> <p><i>Justification (incl. reference to documentation)</i></p> <p>A test taker achieving A or B on the OET listening section will be located at Levels C1 and C2.</p>
<i>Socio-linguistic Competence</i>	<i>Listening</i>
<p>What are the socio-linguistic competences that the test takers are expected to be able to handle: linguistic markers politeness conventions, register, adequacy, dialect/accent, etc?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.2 might be of help as a reference. 	<p>Socio-linguistic competence is especially relevant to Section A of the Listening test – the consultation of a health professional with a patient. Test takers will encounter linguistic markers of social relations, politeness conventions and possibly different accents, although none of these aspects are explicitly tested</p>
<p>After reading the scale for Socio-linguistic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p> <p><i>Justification (incl. reference to documentation)</i></p> <p>A test taker achieving A or B on the OET listening section will be located at Levels C1 and C2.</p>
<i>Pragmatic Competence</i>	<i>Listening</i>
<p>What are the pragmatic competences that the test takers are expected to be able to handle: discourse competences, functional competences?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.3 might be of help as a reference. 	<p>Discourse competence will be needed in both sections of the listening test, especially in the lecture (Part B). Functional competence will come to play more in Part A, the consultation between a health professional and a patient.</p>
<p>After reading the scale for Pragmatic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p>

	<p>Justification (incl. reference to documentation)</p> <p>As this is a listening test, the scales provided are not relevant., however, a test taker achieving A or B on the OET listening section will be located at Levels C1 and C2.</p>
Strategic Competence	Listening
<p>What are the strategic competences that the test takers are expected to be able to handle?</p> <p>➤ The discussion in CEF 4.4.2.4. might be of help as a reference.</p>	<p>All receptive strategies noted under 4.4.2.4 are relevant to the OET listening test.</p>
<p>After reading the scale for Strategic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	Level B2+ to C2
	<p>Justification (incl. reference to documentation)</p> <p>A test taker achieving A or B on the OET listening section will be located at Levels C1 and C2.</p>

Form A19: Aspects of Language Competence in Listening (continued)

<i>Linguistic Competence</i>	<i>Reading</i>
<p>What is the range of lexical and grammatical competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.1 and 5.2.1.2 might be of help as a reference. 	<p>Test takers need to be able to comprehend a wide range of lexical and grammatical elements typical of those encountered in the work place of health professionals. Any of the items listed in 5.2.1.1 and 5.2.1.2 might occur in the readings as these are based on quasi-authentic materials and not manipulated to include any particular items. A high frequency of medical-specific vocabulary will be found in the reading material.</p>
<p>After reading the scale for Linguistic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p> <p><i>Justification (incl. reference to documentation)</i></p> <p>A test taker achieving A or B on the OET listening section will be located at Levels C1 and C2.</p>
<i>Socio-linguistic Competence</i>	<i>Reading</i>
<p>What are the socio-linguistic competences that the test takers are expected to be able to handle: linguistic markers politeness conventions, register, adequacy, dialect/accent, etc?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.2 might be of help as a reference. 	<p>Sociolinguistic competence does not come into play much in the reading material – this section is therefore left empty</p>
<p>After reading the scale for Socio-linguistic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level</i></p> <p>N/a</p> <p><i>Justification (incl. reference to documentation)</i></p> <p>n/a</p>
<i>Pragmatic Competence</i>	<i>Reading</i>
<p>What are the pragmatic competences that the test takers are expected to be able to handle: discourse competences, functional competences?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.3 might be of help as a reference. 	<p>Discourse competence and functional competence both come into play in the reading test. Especially in the multiple choice question reading tasks, discourse competence is important.</p>
<p>After reading the scale for Pragmatic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p>

Form A19: Aspects of Language Competence in Reading

	<p>Justification (incl. reference to documentation)</p> <p>A test taker achieving A and B on the OET listening section will be located at Levels C1 and C2.</p>
Strategic Competence	Reading
<p>What are the strategic competences that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The discussion in CEF 4.4.2.4. might be of help as a reference. 	<p>All receptive strategies noted under 4.4.2.4 are relevant to the OET listening test.</p>
<p>After reading the scale for Strategic Competence in Table 4.3, indicate and justify at which level(s) of the scale the examination should be situated.</p>	Level B2+ to C2
	<p>Justification (incl. reference to documentation)</p> <p>A test taker achieving A and B on the OET listening section will be located at Levels C1 and C2.</p>

Form A19: Aspects of Language Competence in Reading (continued)

<i>Linguistic Competence</i>	<i>Short description and/or reference</i>
<p>What is the range of lexical and grammatical competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.1 and 5.2.1.2 might be of help as a reference. 	<p>Test takers need to be able to interact using a wide range of lexical and grammatical elements typical of those encountered in the work place of health professionals. A high frequency of medical-specific vocabulary will be found in the speaking role-play guide and writing case notes material.</p>
<p>What is the range of phonological and orthographic competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.4 and 5.2.1.5 might be of help as a reference. 	<p>Demonstrated range of intonation and stress patterns required to interact with patients in consultative setting. Sufficient ability for continuous writing appropriate for letter format; consistent paragraphing, punctuation and spelling</p>
<p>After reading the scales for Range and Accuracy in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.</p> <ul style="list-style-type: none"> ➤ The scales for Phonological Control in CEF 5.2.1.4 and for Orthographic Control in 5.2.1.5 might also be of help as a reference. 	<i>Level B2+ to C2</i>
	<p><i>Justification (incl. reference to documentation)</i></p> <p>Relevant descriptors to OET include ‘finer shades of meaning’ while B2 has direct reference to ‘standard layout’ appropriate for letter-writing task.</p>
<i>Socio-linguistic Competence</i>	<i>Short description and/or reference</i>
<p>What are the socio-linguistic competences that the test takers are expected to be able to handle: linguistic markers politeness conventions, register, adequacy, dialect/accent, etc.?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.2 might be of help as a reference). 	<p>Appropriate politeness markers, greetings, degree of familiarity and register as might be encountered in patient-health professional interactions.</p>
<p>After reading the scale for Socio-linguistic Competence in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<i>Level B2+ to C2</i>
	<p><i>Justification (incl. reference to documentation)</i></p> <p>Candidates achieving A and B for socio-linguistic competence will show: pB2: phonological control reference to ‘finer shades of meaning’. B1 reference to salient politeness conventions</p>
<i>Pragmatic Competence</i>	<i>Short description and/or reference</i>
<p>What are the pragmatic competences that the test takers are expected to be able to handle: discourse</p>	<p>Functional competencies include those</p>

<p>competences, functional competences?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.3 might be of help as a reference. 	<p>associated with eliciting patient information; suasion, repair; clarification; confidence in turn-taking; logical ordering and register</p>
<p>After reading the scale for Fluency in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p>Level B2+ to C2</p>
	<p>Justification (incl. reference to documentation)</p> <p>Candidates achieving A and B in OET will demonstrate aspects of fluency strongly aligned with higher end bands for this scale.</p>

Form A20: Aspects of Language Competence in Interaction

Strategic Competence	Short description and/or reference
What are the interaction strategies that the test takers are expected to be able to handle? <ul style="list-style-type: none"> ➤ The discussion in CEF 4.4.3.5 might be of help as a reference. 	Appropriate framing; execution to be able to anticipate and fulfill conventions for patient/health professional interactions
After reading the scale for Interaction in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.	Level B2+ to C2
	Justification (incl. reference to documentation) Reference vocational fluency and accuracy although B1 reference to ‘professional field’ closer to OET purpose

Form A20: Aspects of Language Competence in Interaction (continued)

<i>Linguistic Competence</i>	<i>Short description and/or reference</i>
<p>What is the range of lexical and grammatical competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.1 and 5.2.1.2 might be of help as a reference. 	<p>Test takers need to be able to interact using a wide range of lexical and grammatical elements typical of those encountered in the work place of health professionals. A high frequency of profession-specific vocabulary will be found in the speaking role-play guide and writing case notes material. A range sufficient to demonstrate assumed subject matter knowledge; weighted lexis towards medical terms; a range of grammatical resources to convey information of a health related nature</p>
<p>What is the range of phonological and orthographic competence that the test takers are expected to be able to handle?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.1.4 and 5.2.1.5 might be of help as a reference. 	<p>Demonstrated range of intonation and stress patterns required to interact with patients in consultative setting. Sufficient ability for continuous writing appropriate for letter format; consistent paragraphing, punctuation and spelling</p>
<p>After reading the scales for Range and Accuracy in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.</p> <ul style="list-style-type: none"> ➤ The scales for Phonological Control in CEF 5.2.1.4 and for Orthographic Control in 5.2.1.5 might also be of help as a reference. 	<p><i>Level B2+ to C2</i></p>
	<p><i>Justification (incl. reference to documentation)</i> N/A</p>
<i>Socio-linguistic Competence</i>	<i>Short description and/or reference</i>
<p>What are the socio-linguistic competences that the test takers are expected to be able to handle: linguistic markers politeness conventions, register, adequacy, dialect/accent, etc?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.2 might be of help as a reference. 	<p>Appropriate politeness markers, greetings, degree of familiarity and register as might be encountered in patient-health professional interactions. Less emphasis is placed on colloquialisms and idiomatic awareness.</p>
<p>After reading the scale for Socio-linguistic Competence in Table 4.5, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p><i>Level B2+ to C2</i></p>
	<p><i>Justification (incl. reference to documentation)</i> Less relevance in descriptors to the sociolinguistic competencies OET candidates are required to demonstrate; these lie more in terms of professional conduct associated with formality and appropriateness in terms of the specific patient health professional relationship</p>

Pragmatic Competence	Short description and/or reference
<p>What are the pragmatic competences that the test takers are expected to be able to handle: discourse competences, functional competences?</p> <ul style="list-style-type: none"> ➤ The lists in CEF 5.2.3 might be of help as a reference. 	<p>Functional competencies include those associated with eliciting patient information; suasion, repair; clarification; confidence in turn-taking; logical ordering and register as well as cause and effect relating to medical conditions and medication advice</p>
<p>After reading the scale for Pragmatic Competence in Table 4.4, indicate and justify at which level(s) of the scale the examination should be situated.</p>	<p>Level B2+ to C2</p>
	<p>Justification (incl. reference to documentation)</p> <p>B2 is close to OET purpose in terms of stronger candidates being able to ‘intervene appropriately’, and ‘adjust’ according to recipient.</p>

Form A21: Aspects of Language Competence in Production

C2				
C1				
B2.2				
B2				
B1.2				
B1				
A2.2				
A2				
A1				
Overall	Listening	Reading	Speaking	Writing

Form A23: Graphic Profile of the Relationship of the Examination to CEF Levels

Form A23 is a graphic profile of the relationship of the OET to the CEFR. Successful test takers (i.e. test takers scoring at Levels A and B) are generally located at levels C1+ to C2 on the CEFR (darker shaded area).