Nursing & Midwifery Council

Test of competence 2021

Nursing
Test Specification for Candidates

V 1.1

Contents

1 Introduction

1.1 About this document

This document sets out the test specification for the new Test of Competence 2021 (ToC 21), which comes into effect in August 2021.

The current test of competence will be available to those who have already taken parts of the test before August 2021. Candidates should make sure they know which test of competence they are required to take. For more information, please visit www.nmc.org.uk/toc.

1.2 What is a test specification?

A test specification is the key document which defines the purposes of a test, how the test is designed, what it will assess and how, and how results will be produced and presented.

1.3 Purpose

This document sets out the specification for a test of competence which nurses who trained outside the European Economic Area (EEA) need to complete before being admitted to the Nursing and Midwifery Council (NMC) register.

The purpose of the ToC 21 is to ensure that nurses who qualified outside the EEA have the required levels of knowledge, understanding and application (primarily demonstrated through the CBT) and the required skills (primarily demonstrated through the OSCE) to practise safely in the UK. The test of competence can also be used by nurses who wish to return to practice having been out of clinical practice for a period of time. The use of the ToC 21 will allow them to return to practice in the UK by demonstrating up-to-date knowledge, understanding, application and skills.

Please note: This document must be read alongside:

- 'Future nurse: Standards of proficiency for registered nurses'
- The Test of Competence 2021 blueprint
- The NMC code

1.4 Who can take the test of competence?

In the UK, the NMC approves programmes against the Future Nurse standards for pre-registration nursing programmes and standards of proficiency for registered nurses (2018). Applicants to the nursing part of the register who trained outside the UK will follow an alternate route to the register. This includes an evaluation of the qualification they hold. If that qualification is not comparable to the NMC's Future Nurse standards of proficiency and pre-registration nursing programmes, the applicant will be required to complete a test of competence. This test specification sets out the assessment design for those nurses who qualified outside the EEA and whose course the NMC has judged not to be comparable. The ToC 21 will also be used with nurses who wish to return to practice in the UK.

2 Test design

The ToC 21 is a two-part test comprising an objective computer-based test (the CBT) and a practical objective structured clinical examination (the OSCE).

Applicants will normally undertake the CBT prior to undertaking the OSCE, and they may take the CBT in their home country.

The ToC 21 assesses candidates across the seven platforms set out in the Future Nurse standards. It also assesses the candidates' knowledge and expertise in the procedures and skills identified in annexes A and B.

The ToC 21 has been designed to ensure that the patient safety proficiencies (identified as 'PSP' in the test blueprint produced by the NMC) are addressed. These patient safety proficiencies cover issues of safety and must be passed by the candidate to ensure public safety. A number of PSP statements will be covered in every test of competence.

In addition, the OSCE assesses the candidate's literacy in professional and technological language through written, spoken and digital communication and understanding. Candidates' language skills are formally assessed through a separate mechanism[1] but some elements of communication skills are assessed through the OSCE. Numeracy skills are assessed explicitly in the ToC 21 through Part A of the CBT and also through a number of OSCE stations.

The questions in the CBT and the candidate materials in the OSCE are written using simple language where possible, except where technical language is used that we can reasonably expect candidates to be familiar with.

All questions comply with 'The Code' (NMC 2018).

Table 1: Overview of test design for ToC 21

Component	DESIGN	MARKS	TIMING
CBT (computer-based test)	Part A: Numeracy	15	30 minutes
	Part B: Clinical	100	2 hours and 30 minutes
OSCE (objective structured clinical examination)	10 stations: • 4 station 'APIE' consisting of: - Assessment - Planning - Implementation - Evaluation • 4 skills stations consisting of: 2 pairs of 2 skills • 1 professional behaviours station • 1 critical appraisal station.	Variable by station, according to task-specific criteria.	Up to 2 hours and 45 minutes APIE stations: • Assessment: 20 minutes • Planning: 14 minutes • Implementation: 15 minutes • Evaluation: 8 minutes Skills stations, professional behaviours and critical appraisal stations: • Up to 20 minutes for each pairing.

[1] See here for more information: https://www.nmc.org.uk/registration/joining-the-register/english-language-requirements/accepted-tests/

3 Test content

The knowledge, understanding and skills to be assessed in the ToC 21 are set out in the Future Nurse standards. Much of the content is generic so it applies to all fields of nursing: adult nursing; mental health nursing; learning and disability nursing; and children's nursing.

Questions for the CBT will be written to apply across multiple fields where possible. Similarly, the OSCE stations, both APIE and skills stations, will be written to be generic, where possible.

3.1 Field-specific content

90% of the content in the ToC 21assesses generic content which could be assessed in any of the four nursing fields: adult nursing, mental health nursing, learning and disability nursing, and children's nursing. For the CBT clinical component, 10% of the questions in the bank and in each test are field-specific. These 10% of questions assess across a range of platforms or annexes.

For the OSCEs, the majority of skills stations are generic, although field-specific versions have been developed where needed. Some additional APIEs have parallel, but slightly modified, versions to ensure that they are appropriate for different fields.

The table below provides examples of the areas of content that may be specific to different fields and are covered in the field-specific versions.

Table 2: Examples of field-specific content

Adult nursing	Children's nursing	Mental health (MH) nursing	Learning disabilities (LD) nursing
• European legislation • Maternity health	• European legislation • Maternity health • Children Act 1989 • Human Rights Act 1998 • Child and adolescence, specific to consent	• The Equality Act 2010 and reasonable adjustments for MH • Mental Health Act 1983 • Human Rights Act 1998	• The Equality Act 2010 and reasonable adjustments for LD • International policy on the rights of people with learning disabilities • Mental Capacity Act 2005 and mental health law as it relates to LD
• Genomics	• Genomics including embryology • Inherited congenital conditions	• Genomics linked to MH conditions	• Genomics – specific syndromes and development through childhood to adult life
• End-of-life care	• End-of-life care specific to children	• End-of-life care specific to MH	• End-of-life care specific to LD

	• Play therapy	• Aware of the principles of cognitive behavioural therapy (CBT) and talking therapies	• Theories of learning disabilities (including intelligence; social functioning; neurological processes etc)
• Long-term and life-limiting conditions in adults	• Long-term and life-limiting conditions in childhood	• Long-term MH conditions	• The Learning Disability Mortality Review (LeDeR) programme
• Comorbidity and polypharmacy	• Child-specific pharmacology	• Psycho-pharmacology	• Learning disabilities and comorbidities
• Cardiac monitoring	• Cardiac monitoring	• Recovery principles	• Functional analysis of behaviour
• Blood transfusions	• Blood transfusions	• Self-harm and suicide risk assessment specific to MH	• Managing mental health in people with learning disabilities
• Chest auscultation	• Chest auscultations	• Working in challenging situations, for example with individuals who are violent • Understanding of de-escalation • Distress tolerance	
• Pathogenesis and immunology	• Pathogenesis and immunology		• Diagnostic overshadowing
• Ageing and care of the older person	• Child development	• Ageing and care of the older person with MH problems	• Human development and the impact of neurological anomalies
• Recognising the deteriorating adult • A–E assessment • National early warning score (NEWS)	• Recognising the child physiological differences in deterioration • A–E assessment • Specific vital signs parameters for different ages – newborn to adolescent	• Recognising acute mental health conditions, for example psychosis, schizophrenia, and personality disorder	• Care of the deteriorating patient with LD
• Social stigma	• Differences in family cultures	• Social stigma	• Health passports
• Dementia care	• Neonatal care	• Dementia care	• Social theories relating to disability (including normalisation; social model of disability)

• Managing transitions between services and multi-professional teams	• Managing the transition from child to adult services	• Child and adolescence MH	• Managing transition in LD
	• Awareness of neurodiversity (autism etc.)		• Awareness of neurodiversity (autism etc.)

4 The computer-based test (CBT)

The CBT is a two-part examination, comprising one test of 115 questions. The candidates will be given 3 hours to complete the test, with Part A taking 30 minutes and Part B taking 2.5 hours. Part A will comprise a 15-mark numeracy test made up of constructed one-number answers. Part B will be a 100-mark clinical assessment made up of four-option, multiple-choice questions with one single correct answer.

4.1 Content of the Part A: Numeracy

The CBT Part A: Numeracy includes applied numeracy questions covering content from across the platforms that is required of a nurse, for example drug calculations used for dispensing. It may also be necessary for the correct unit to be given. The questions are generally at the 'apply and analyse' level of Bloom's taxonomy [2].

Table 3: Content and coverage of CBT Part A: Numeracy

	Apply and analyse	Number of questions
Measuring the correct dose	2	2
Metric units	2	2
Oral medications	4	4
Injections	3	3
Intravenous infusions	3	3
Fluid balance	1	1
Total	**15**	**15**

4.2 Content and skills coverage of Part B: Clinical

The selection of questions for the CBT Part B: Clinical has been balanced to reflect the relevance of proficiencies across the seven platforms. That is, platforms with a larger number of statements have more questions assessing them than the platforms with fewer statements. The number of marks for each platform is given in the table below. Each test will contain questions from a wide range of different statements within the platform.

The annexes will be assessed by the inclusion of a number of questions specifically targeting them. The number of such questions is detailed in the table below.

The questions in the CBT Part B address the full range of Bloom's taxonomy, i.e. remember, understand, apply, analyse, evaluate and create. For the sake of simplicity and manageability in test construction, these levels have been grouped in pairs. The number of marks for each pair of skills from the taxonomy is given in the table below. By design, the questions are weighted to the lower levels of Bloom's in contrast to the OSCE, which

[2] Bloom, B. S., Engelhart, M.D., Furst, E. J., Hill, W.H., Krathwohl, D. R. (1956) 'Taxonomy of educational objectives: The classification of educational goals' Handbook I: Cognitive Domain, New York, David McKay Company

assesses the higher levels. Overall, across the full assessment, there is a greater weighting to the higher levels to reflect the demands of the Future Nurse standards.

Table 4: Content and skills coverage of CBT Part B

Number of sections	Remember and understand	Apply and analyse	Evaluate and create	Number of questions
Platform 1: Being an accountable professional	6	6	5	17
Platform 2: Promoting health and preventing ill health	4	3	3	10
Platform 3: Assessing needs and planning care	5	5	4	14
Platform 4: Providing and evaluating care	5	5	5	15
Platform 5: Leading and managing nursing care and working in teams	4	3	3	10
Platform 6: Improving safety and quality of care	4	3	3	10
Platform 7: Co-ordinating care	4	3	3	10
Annexe A	3	2	2	7
Annexe B	3	2	2	7
Total	**38**	**32**	**30**	**100**

5 The objective structured clinical examination (OSCE)

5.1 OSCE design

The OSCE is a practical examination, comprising 10 stations for all fields of nursing.

1. Four of the stations are linked together around a scenario: the APIE (one station for each of assessment, planning, implementation and evaluation, delivered in that sequence and with no stations in between).
2. Four of the six remaining stations will take the form of two sets of two linked stations, assessing skills.
3. In each OSCE, one station will specifically assess the professional behaviours and values associated with Platform 1: Being an accountable professional, and the related skills around communication set out in annexe A. One station will also specifically assess critical appraisal of research and evidence, and associated decision-making. These two stations will be written stations delivered together, although not linked in terms of content.

Each station is assessed both against specific criteria and with a holistic judgement. The holistic judgement is used primarily for standards-setting and maintaining. See the section on standards and results below for more information about this.

The rationale for the use of OSCEs as part of the ToC 21 is to provide a holistic and realistic focus on assessment of performance rather than specific elements. The OSCE represents the complex demonstration, application and synthesis of care delivery required from a registered nurse in the relevant field of practice. The OSCE stations do not generally include test items that operate below the Bloom's taxonomic level of analysis and evaluation, because such lower levels can be assessed more simply in the CBT.

The candidates' expertise in the procedures and skills identified in annexes A and B is tested in the OSCEs; however, any single OSCE will not assess all areas.

The OSCE requires the applicant to demonstrate literacy in professional and technological language through written, spoken and digital communication and understanding. Although numeracy skills are assessed explicitly in the CBT Part A, some numeracy skills are also assessed in the OSCEs.

This method will ensure valid assessment by using a range of day-to-day scenarios where the candidate can be assessed on their knowledge, skills, behaviours and values. Manikins may be used to simulate the patient service user. Where necessary, actors are used as part of the stations.

All OSCE stations comply with 'The Code' (2018).

5.2 OSCE timings

The OSCE for nursing is carried out over a total assessment time of no more than 2 hours and 45 minutes.

The APIE stations last for:

- Assessment station: 20 minutes
- Planning station: 14 minutes
- Implementation station: 15 minutes
- Evaluation station: 8 minutes

There will be about 4 minutes between stations, for the stations to be reset and the candidates or assessors to move between the stations, if required.

Each pairing of skills stations will last for up to 20 minutes in total, with about 4 minutes in between the pairings. The pairing of the critical evaluation and professional behaviours stations will also last for 20 minutes.

5.3 Station assessment focus: APIEs

All OSCE stations are mapped to ensure that we have a suitable coverage across different:

- Contexts
- Specific nursing events
- Platform statements, and
- Annexe statements.

Each APIE station is composed around assessable actions that are linked to statements from the standards. This ensures that, across an APIE, we are assessing a range of standards, and that the APIE stations can be paired with skills stations that complement the assessed standards. Overall, we will ensure that a wide range of standards are assessed across the 10 stations in an OSCE, as well as these standards being assessed in a range of different contexts.

5.4 Station assessment focus: Skills stations

As with the APIEs, the skills stations are written to elicit assessable actions, linked to a range of platform statements and annexe statements. They are set within a range of different scenarios/contexts. Four of the skills stations will be linked in pairs and delivered in two sets of two stations. The two remaining skills stations will be stand-alone stations, delivered together, that assess behaviours and values, and critical appraisal of research.

Although set within scenarios in some cases, it is the generic transferable skills that are being assessed, such as communication, manual dexterity and aseptic technique. The marking criteria will focus specifically on the generic skills rather than the scenario area.

5.5 Marking of the OSCEs

Each OSCE station will be assessed against up to 20 statements from the standards.

Each statement will be marked against a 'demonstrated/partially demonstrated/not demonstrated' scale or a 'demonstrated/not demonstrated' scale. Each statement may have a different weighting when being combined, as appropriate to reflect the relative importance of that statement in the assessment of the station.

Scores from the judgement against each statement will be totalled and the pre-set pass mark for that station will be used to allocate a pass/fail decision for the station.

The station is based on a skill specified in the standards; the assessment criteria are based on current best clinical practice in demonstrating that skill. The clinical best

evidence being used for each station is set out in the reading lists on the candidate support sites. Statements may be grouped together in the mark scheme to make marking easier.

The assessor will also make a holistic judgement about the performance of the candidate in that station. The holistic judgement will be made against the following scale:

- Fail
- Borderline pass
- Pass
- Good pass
- Excellent pass.

An overall level-based description of competence is available against which the holistic judgement is made. This holistic judgement is used for standards-setting for the station and ensuring that it functions as expected.

All stations need to be passed in order for the OSCE to be passed.

We also use a 'red flag' system. The above marking occurs as set out; however, in addition to this, the assessor has the option to raise a red flag if any candidate demonstrates a behaviour that they consider to be unsafe or unacceptable and which leads them to think that the candidate should not pass the station, irrespective of other performance demonstrated on that station. A list of agreed red flag behaviours for each station will be published with the candidate support materials. This list will be modified as and when new red flag behaviours are agreed.

We specify which APIEs can be used with which skills stations. There is some flexibility – for example, a single APIE can be paired with different skills station pairings – but in each approved grouping, a wide range of standards will be assessed, in a range of different contexts.

The permitted groupings of stations are also determined by the relative demand of the different stations. This means that easier stations are paired with more demanding stations to ensure that any grouping of stations is of comparable difficulty. This will ensure fairness to all candidates.

6 Standards and results

6.1 Setting and maintaining standards

6.1.1 CBT

We use the Angoff method to set the initial standard for the CBT, and statistical techniques to maintain the standard across different test forms and over time. Each part of the CBT will be standardised separately – that is, we will set one standard for the CBT Part A: Numeracy and a different standard for the CBT Part B: Clinical.

Ongoing analysis will be conducted on the performance of candidates in the CBT to ensure that the questions and tests function as expected. Action will be taken to address any issues that are highlighted during this process.

The current pass mark for Part A numeracy is 87% (candidates must get 13 out of 15 questions correct).

The current pass marks for Part B clinical vary across nursing strands to reflect the different difficulty of the tests but are generally set within a range of 60%-70%.

6.1.2 OSCE

Results will be collected in the OSCEs from checklists and from holistic scoring. Information from the two sets of results will be used along with professional judgement to agree a passing mark for each station.

We will review the performance of stations used in multiple OSCEs to evaluate the comparability of standards across different station combinations.

The pre-set pass marks vary across stations but are generally set within a range of 60%-90 % depending on the station type and demands.

6.2 Format and provision of results

6.2.1 CBT

Candidates will be notified of their results in the CBT on the same day via an exam report shared at the end of the exam. The exam result on their Pearson VUE account and NMC online account will also be updated within 48 hours of the test being taken. Results will be given as a pass/ fail decision on each of Part A: Numeracy and Part B: Clinical separately. The candidate has to pass both parts of the CBT before they can be accepted onto the NMC register for nurses.

6.2.2 OSCE

Candidates will be notified of their results in the OSCE within 5 working days of the test being taken. When new content is introduced there may be an additional delay of 5 working days. Results will be given as a pass/fail decision on each station. The candidate has to pass all 10 stations before they can be accepted onto the NMC register for nurses. Written feedback will be provided for stations which are failed.

7 Administration

7.1 Computer-based tests

The CBT components will be taken in computer-based testing centres. These are located internationally, and candidates generally (but not always) take the CBT component in their home country. The tests are available on demand. Test forms are allocated randomly by the test delivery system.

Part A and Part B will be taken in a single sitting but will be awarded separately. If a candidate fails either part, they need only re-sit the part they have failed.

7.2 OSCE component

The OSCE component is delivered in clinical centres in a number of locations around the UK.

A lead assessor will oversee the test day, with trained assessors at each station making the assessment judgements. Each station will have a camera and sound system installed. The built-in cameras will record the interactions and will be used to review the examination afterwards for quality-assurance purposes. The consent of the candidate to filming will be obtained prior to the commencement of the OSCE. Consent will also be sought to sharing data with the data processor so that necessary analyses can take place. The videos are used for examination and reviewing purposes by the test development agency, the delivery partners and the NMC.

Candidates will be under exam conditions for the demonstration of practice so that they cannot discuss the stations and activities with each other. An actor or manikin is used to play the part of the individual in receipt of nursing care on some of the stations, to simulate real-life situations.

Stations will be allocated by the test delivery centre on a random basis, ensuring that the grouping rules stipulated by the test development partner are followed and that the different station combinations are used by equal numbers of candidates over time.

7.2.1 OSCE equipment list

Candidates are informed about the equipment they must be familiar with via the candidate support materials.

7.3 Re-sits, exceptional circumstances and reasonable adjustments

More information about the administration of the ToC 21, including information about the re-sit arrangements and the policies around exceptional circumstances and reasonable adjustments, can be found in the administration guides for the CBT and for the OSCE. These documents are listed in the section on support materials below and can be located on the delivery partner candidate support sites.

8 Support materials

A comprehensive set of support materials is available to support the ToC 21. These are made freely available to candidates to view, via the test delivery centre support sites. The materials are designed to familiarise the candidates with what they can expect in the ToC 21 in terms of standards, content and format.

All candidates will have access to the same materials. This will ensure equity of access and opportunity for candidates to prepare for theToC 21.

The following materials are available:

General materials:

Future Nurse standards
NMC blueprint
Test specification (this document)
Candidate journey
Overview documentation about nature of care in UK
Chief examiner's report (after a period of live test use)

For the CBT:

Candidate information booklet for the NMC test of competence for nursing and midwifery: The computer-based test (CBT)
Practice questions (in the Pearson Vue test engine)

For the OSCE:

Preparing for your OSCE examination
Sample materials (including forms that we use in the OSCEs)
Marking guidance including guidance on red flag use
Reading lists
Top tips