

**Report on the outcomes  
of the consultation  
about competency  
testing for overseas  
nurses and midwives**

January 2014

## Contents

Executive summary .....	3
Introduction .....	4
Background.....	4
Engaging stakeholders .....	4
Methodological approach.....	4
Findings .....	4
The respondents .....	4
Responses to the survey questions.....	5
Figure 1: Breakdown of responses to each part of question 3 .....	6
Figure 2: Breakdown of responses to each part of question 4 .....	7
Figure 3: Breakdown of responses to each part of question 6 .....	8
Figure 4: Breakdown of responses to each part of question 7 .....	10
Themes identified from the analysis .....	11
Meeting public protection requirements.....	11
The need for change? .....	11
Language testing .....	11
Ensuring cultural competence.....	12
The perceived value of supervised practice .....	12
The impact of changing to a competency test .....	13
Workforce implications .....	13
Ensuring equality of access .....	13
The requirement for completion of a set number of hours .....	13
Recommendations.....	13
Conclusion .....	14
ANNEXE ONE .....	15
Demographic Data .....	15

## Executive summary

- 1 This report presents the outcomes of the analysis for our consultation proposing competency testing for non-European Economic Area ('overseas') trained nurses and midwives who wish to practise in the United Kingdom.
- 2 We commissioned the consultation as part of a review of our overseas registration policies and processes. We are proposing to replace the overseas nursing programme (ONP) and adaptation to midwifery programme (AMP) with a competency test. All overseas nurses and midwives would take the test after they have proven that they meet our registration and education requirements and have demonstrated the required competence in English.
- 3 The consultation ran for nine weeks, from 30 August 2013 to 31 October 2013. Using an online survey, we asked for comments about entry requirements, content, structure, management and delivery of the test and how it should be funded.
- 4 Through a targeted communications plan we gathered the views of a range of interested stakeholders. We analysed 605 responses to the online survey and 79 email responses. The demographic data shows that international and national perspectives were represented.
- 5 The results were analysed using a mixed-methods approach. We appointed an external advisor to ensure independence in reporting and to confirm that the findings were robust and reliable.
- 6 The findings indicated that there is broad agreement with the principles underpinning the competency test and the minimum requirements for registration. There was overwhelming support for the current pre-registration competencies to be the benchmark for the requirements of the new competency test.
- 7 The two options for a competency test included an online test and an objective structured clinical examination (OSCE). Option two also included a period of supervised practice. Responses in favour of the two options were divided equally, but nurses who trained outside the European Economic Area were more likely to disagree with a period of supervised practice. Comments indicate that supervised practice is a contentious issue.
- 8 There was no overall agreement about the implementation and management of the test, but further information around issues concerning accountability, decision making and security arrangements were requested.
- 9 Although the responses offered no clear consensus about the competency test, six recommendations emerged from the report. These relate to our use of terminology, the importance of evidence-based decision making and the need for continuing engagement with all relevant stakeholders.

## **Introduction**

- 10 This report presents the findings from our consultation proposing competency testing for non-European Economic Area ('overseas') trained nurses and midwives who wish to practise in the United Kingdom.

## **Background**

- 11 We began a review of our overseas registration policy and processes in February 2013. As part of our registration improvement programme, we recognised the need to explore possible options to increase assurance about overseas applications that lead to UK registration as a nurse or a midwife. Health minister Dan Poulter has publicly expressed his support for our work to strengthen registration for overseas applicants.
- 12 We reviewed the approaches of other health regulators, both in the UK and internationally, and found potential value in using a competency test. These regulators included the General Medical Council, the General Dental Council, the Nursing and Midwifery Irish Board, the National Council of State Boards for Nursing and the College for Registered Nurses in British Columbia.
- 13 We propose that the ONP and AMP programmes are replaced by a more robust process, with a competency test at its core. Each profession would continue to be assessed against profession-specific requirements.

## **Engaging stakeholders**

- 14 We developed a targeted communications plan to gain views from a range of stakeholders. We engaged with these stakeholders using various means including social media, our email newsletters, the nursing press and via web links to professional body and NHS employer's websites.
- 15 Respondents were asked to complete an online survey which included a mix of multiple choice and open-ended questions. Responses could also be submitted via email.

## **Methodological approach**

- 16 We analysed the data from all the responses using a mixed-method approach. We agreed this with the external advisor who monitored the process through weekly meetings.

## **Findings**

### **The respondents**

- 17 We analysed 605 responses from the online survey. The number of answers to each question varied as only question 11 was compulsory.
- 18 389 responses were received for question 11 which asked 'Are you responding as an individual or an organisation?' The majority of survey responses came from

individuals, with 51 (13 percent) coming from organisations. 10 percent of email responses were from organisations.

19 More details of the demographic data can be found in Annexe one.

## **Responses to the survey questions**

### **Question one: Do you agree or disagree with the principles underpinning the competency test?**

20 More than 70 percent of respondents agreed or agreed strongly with the principles underpinning the competency test, compared with just over 20 percent who disagreed or disagreed strongly; nine percent were neutral.

21 12 percent of online respondents commented on this question.

22 The role of the employer in satisfying themselves that an individual is safe to practise was seen as important. However, two organisations challenged the assumption that all registrants work in direct employment and indicated the need to consider how the effectiveness of independent practitioners would be assured.

### **Question two: Do you agree or disagree that the overseas trained nurses and midwives must meet the minimum requirements before taking any competence test?**

23 Nearly 80 percent of respondents agreed or agreed strongly (78 percent) that overseas trained nurses and midwives must meet the minimum requirements before taking any competence test. 16 percent disagreed or disagreed strongly and five percent were neutral.

24 12 percent of online respondents commented on this question. Concerns were mainly focused on the need to meet minimum language requirements. The issues around language testing and the English international language testing system (IELTS) were common and are discussed further on page 11.

25 Two organisations recommended that screening for any fitness to practise sanctions imposed on an applicant should include all countries where the applicant has practised, not just their home country. One organisation suggested that health and good character and fitness to practise sanctions should be checked prior to testing and again prior to registration.

26 The use of the term 'good health' was criticised by two organisations as discriminatory and they recommended that 'good' should be removed from our requirements.

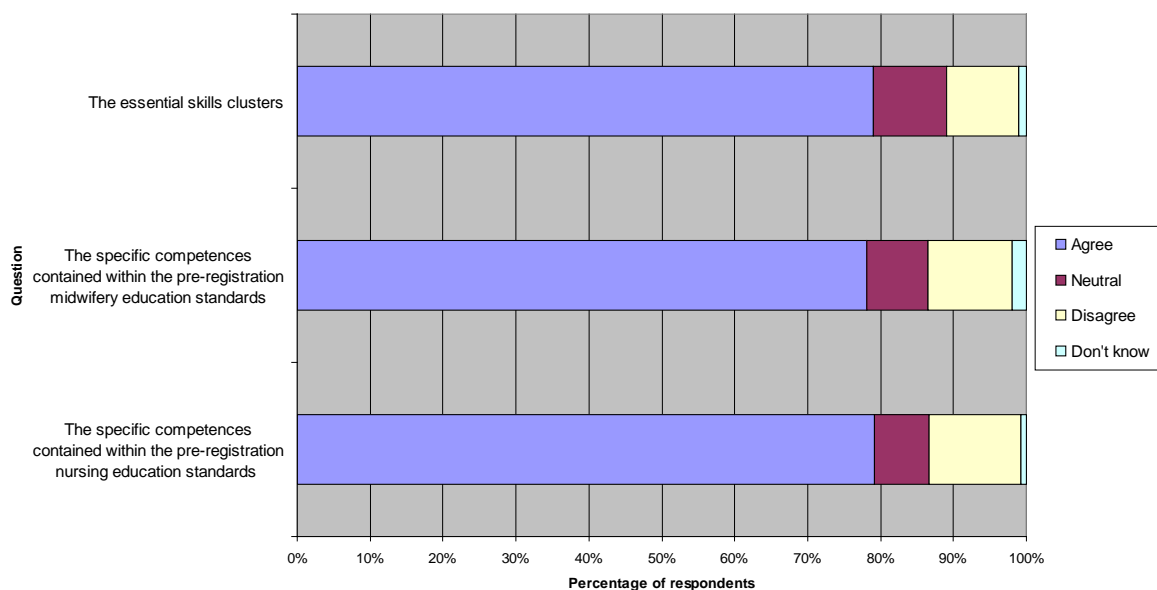
**Question three: Do you agree or disagree that the competency test should address:**

**The specific competencies contained within the pre-registration nursing education standards?**

**The specific competencies contained within the pre-registration midwifery education standards?**

**The essential skills clusters?**

Figure 1: Breakdown of responses to each part of question 3<sup>1</sup>



27 Nearly 80 percent of respondents agreed or agreed strongly with each question.

28 Seven percent of online respondents commented on this question. Comments indicated that there is a need to consider what can be usefully assessed. Concerns about how cross-cultural understanding, communication and compassion would be tested were raised by both individuals and organisations. The links to revalidation were also raised.

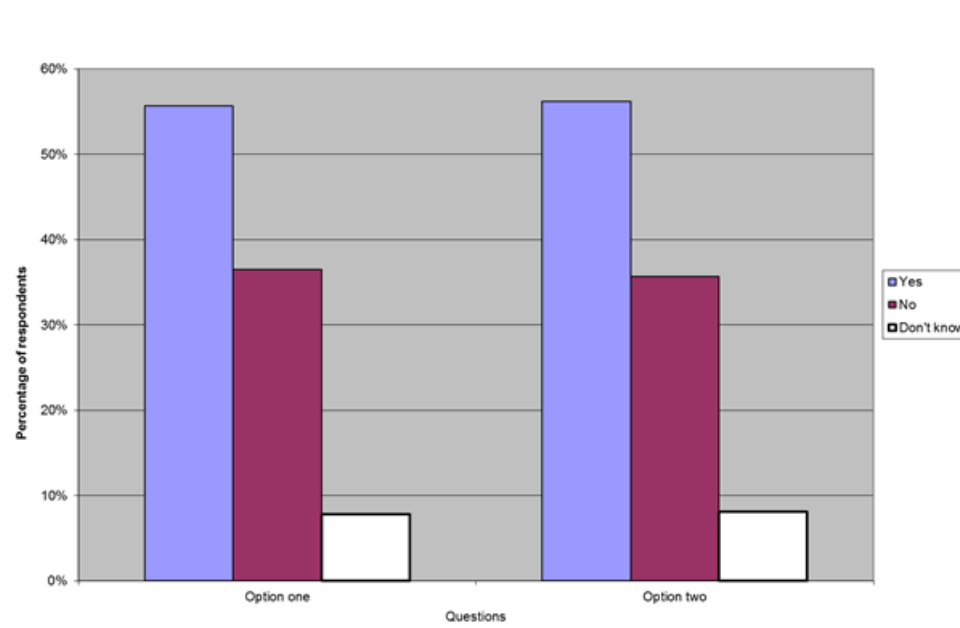
<sup>1</sup> 'Agree' and 'agree strongly' have been collapsed into one group 'agree', as has 'disagree' and 'disagree strongly' into 'disagree'.

**Question 4: Having considered the two options for testing the competence of overseas trained nurses and midwives, do you support:**

**Option one: A two part examination of theory and performance**

**Option two: A three part examination of theory and performance**

Figure 2: Breakdown of responses to each part of question 4



- 29 Nurses and midwives who trained outside the European Economic Area were more likely to support option one than those who are UK trained.
- 30 Nurses who were UK trained were more likely to support option two than nurses and midwives who trained outside the European Economic Area; 14 percent of online respondents commented on this question. The majority of comments related to supervised practice. Overseas respondents did not tend to support a period of supervised practice, but UK respondents comment that supervised practice enables competency to be fully and appropriately tested. This is discussed further on page 12.
- 31 Some organisations indicated that further information about the content and management of the OSCE would be helpful. For example, how would the NMC ensure a consistent approach to OSCEs when practice varies across settings and organisations? Other comments, mainly from overseas respondents, raised questions about the value of an OSCE to predict performance in care settings.

**Question five: If you have any suggestions for different approaches for testing the competency of overseas trained nurses and midwives, please outline these below. Please include any reasons or evidence to support your proposal.**

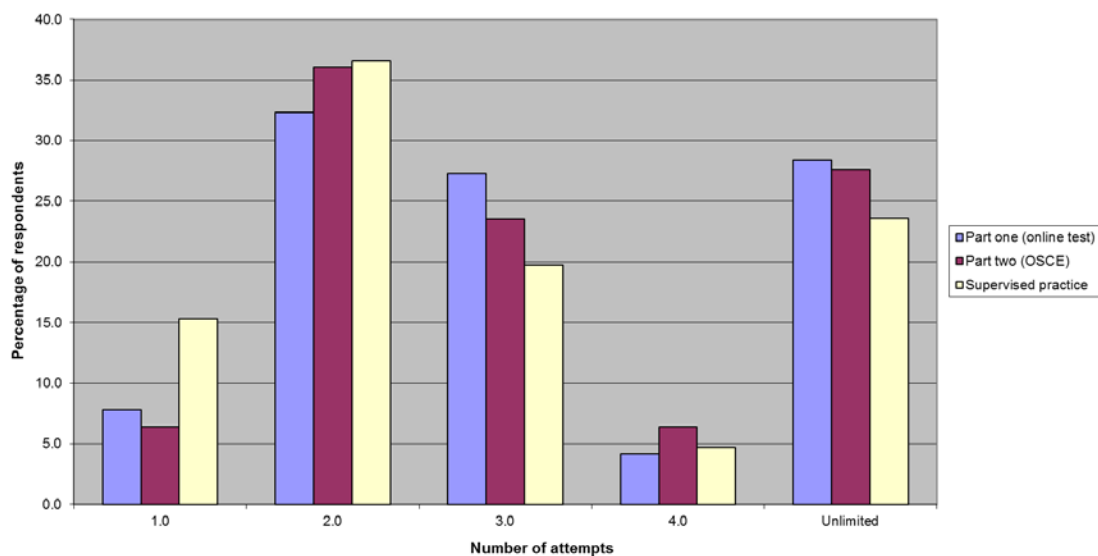
- 32 18 percent of online respondents commented on this question. While some respondents gave a rationale for their suggestions, there was no empirical evidence presented to support ideas.

33 Some respondents identified the need for a longer period of supervision or a probationary period in an approved setting, using sign off mentors; others noted the importance of testing the application of theory to practice. Additional issues raised included:

- 33.1 the importance of addressing mandatory training;
- 33.2 testing the ability to undertake drug calculations and care planning;
- 33.3 the need for applicants to understand the differences across the four countries of the UK, particularly in relation to legislation;
- 33.4 the importance of checking understanding of the supervisory framework for midwives; and
- 33.5 offering applicants a choice between the OSCE or completion of a practice portfolio. The use of video to increase the reliability of OSCEs across sites was also suggested.

**Question 6: How many attempts should an applicant be offered to enable them to achieve a pass in a part of the test?**

Figure 3: Breakdown of responses to each part of question 6



34 12 percent of online respondents commented on this question. There were a variety of opinions on the number of attempts an applicant should be allowed to re-sit part of the test.

- 34.1 Education institutions tended to favour two attempts. They argued that this aligns with their current assessment regulations for pre-registration courses.
- 34.2 Where three or more attempts were chosen this was believed to improve personal reflection on learning.



- 34.3 Comments indicated that there would need to be a sufficient amount of questions available for use in the tests if multiple attempts were allowed. This would prevent applicants from learning how to pass the test through trial and error rather than through further study.
- 34.4 Concerns around the number of attempts at supervised practice related to the process of supervision, the availability of mentors and the need for applicants to be able to adapt their practice to the UK context.
- 35 There were suggestions that we should learn from tests already in use, such as NCLEX/CRNE requirements<sup>2</sup> and the GMC PLAB<sup>3</sup> test. Respondents want there to be clear guidance about the required time that will be allowed between successfully completing each stage of the test and between an unsuccessful attempt and the opportunity to re-sit.

**Question seven: Should applicants be able to take part one of the test in designated centres overseas?**

- 36 74 percent of respondents said that applicants should be able to take part one of the test overseas; 26 percent disagreed.
- 37 15 percent of online respondents commented on this question. Individual and organisational respondents expressed concerns about issues relating to accountability, decision making and security arrangements of the online tests. Organisations were particularly concerned about what would be in place to support applicants to prepare appropriately for the UK healthcare and regulatory context and the type of feedback that might be offered to unsuccessful candidates. It was suggested that there would need to be an appeals mechanism and processes to ensure transparency and fairness for applicants.
- 38 Education institutions wanted to understand what their role might be in the new arrangements.

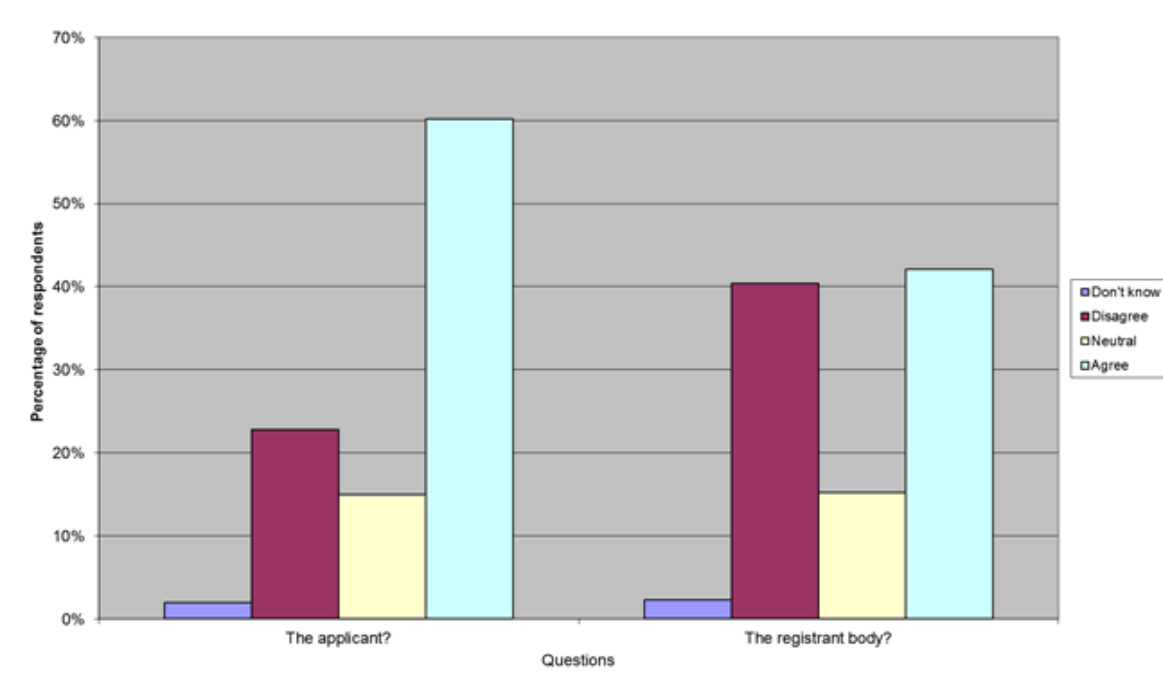
---

<sup>2</sup> These requirements can be found at: [http://www.michigan.gov/lara/0,4601,7-154-35299\\_63294\\_27529\\_27542-76124--,00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27529_27542-76124--,00.html)

<sup>3</sup> Professional and Linguistics Assessment Board test for international medical graduates

**Question eight: Do you agree or disagree that the cost of sitting the test should be met by the applicant in full or the registrant body (through fees raised by the NMC)?**

Figure 4: Breakdown of responses to each part of question 7



- 39 Nurses and midwives who were UK trained were more likely to agree that the cost should be met by the applicant, while those who trained outside the European Economic Area were more likely to agree that the cost should be met by the registrant body.
- 40 12 percent of online respondents commented on this question. These related to concerns that cost should be fairly determined and not offer a barrier to overseas registration. Equally, there was anxiety that this initiative should not affect current registration fees. There were suggestions that funding could be shared between the applicant and the sponsor or employer, or be subsidised from the public purse.
- 41 Other concerns included whether the tests might become a commercial and profit-making enterprise for either the NMC or a designated provider. Suggestions also indicated the need to consider subsidies for disadvantaged applicants and allowing the applicant to pay for each stage of the test separately.

**Question nine: The competency test could be developed for additional registration purposes. Your comments are welcomed on the potential value this might offer the NMC in assuring protection of the public.**

- 42 19 percent of online respondents commented on this question. These included suggestions that the competency test might be useful in assessing competence for readmission to the register or where there are proven fitness to practise concerns. It might also be used to quality assure students exiting their pre-registration

training or for revalidation, where professional development opportunities might be difficult to access. It could also be developed for specific fields of practice.

- 43 One organisation stated that the effectiveness of the test should first be established before it is used for other purposes.

**Question ten: If you have any further comments relating to the consultation, please do so below.**

- 44 15 percent of online respondents commented on this question. Many respondents used this question to reiterate points made previously in their consultation response (particularly around language testing) but some also offered additional comments.
- 45 A number of educational institutions raised concerns about how the change would affect their business.
- 46 There was a suggestion that we should consider a bridging programme for overseas trained nurses with UK health care experience.

## **Themes identified from the analysis**

- 47 We developed some common themes after analysing the ideas and opinions expressed in the free text. Verbatim quotes are used to illustrate points raised.

### **Meeting public protection requirements**

#### **The need for change?**

- 48 There were requests for more explanation about the reasons for changing from the current educational programmes to a competency test. Some felt it is unclear how this will be a more appropriate and proportionate method of assuring that overseas registrants will be safe and effective practitioners. This is particularly evident within organisational responses, although some individual nurses do also question the need for change.

48.1 *"We are disappointed that the consultation did not contain an evidence review of the current system and in particular the Overseas Nurses Programme."* (Professional body/union)

48.2 *"...it remains unclear how the NMC has reached the decision that current ONP programmes are failing to meet standards in relation to Fitness to Practice [sic]."* (Education provider)

- 49 However, there is recognition from some organisations that there is value in assessing individual competency and that we are reflecting the international trend towards competency testing for overseas applicants.

#### **Language testing**

- 50 Language testing is raised throughout the online survey (over 70 responses) and within the email responses (51 responses). The majority of those who believe that

the IELTS score should be reduced or not required are overseas respondents. Some commented that it is unfair that European Union nurses are treated differently from overseas applicants. Many individuals (predominately from Australia, New Zealand, Canada and the USA) believe that only those applicants whose training was not undertaken using English should be tested. Others argue that IELTS does not reflect mastery of language and other approaches should be considered.

50.1 *“The limitations of IELTS for assessing 'communicative competence' for clinical competence needs to be considered; further assessment via OSCEs and supervised practice could be beneficial.”* (Organisation)

51 Other respondents, particularly organisations, state that IELTS should be maintained.

51.1 A professional body/union *“...agrees that there should continue to be a requirement to have completed a language test. However, once the new competency tests have been introduced a review period should be agreed for relooking at IELTS and the way overall that language ability is assessed throughout the process.”* (Professional body/union)

### **Ensuring cultural competence**

52 Organisations were particularly concerned about issues of cultural difference in clinical contexts between the UK and the applicant's home country. They stress the importance of cultural adaptation for safe and effective practice and the importance of capturing this through the assessment process.

52.1 *“Cultural differences in how care is delivered can present significant challenges to those coming from overseas.”* (Registered midwife)

52.2 *“We would welcome the opportunity to further discuss how administration of the competency test can be as inclusive as possible, and take account of cultural differences.”* (Professional body/union)

### **The perceived value of supervised practice**

53 There were 40 comments from the survey and over 50 email responses about supervised practice, with most of them coming from overseas.

54 10 organisations wanted further information about how supervised practice contributes to public protection. They also asked for more information about the duration of a supervised practice placement and how placements would be managed. Many individuals commented that supervised practice is a poor indicator of ability and problematic in relation to placements.

54.1 *“As a result of the current requirements these nurses need to complete a supervised practice placement... this is deterring a large number of good quality and highly competent practitioners from coming to work in the UK at a time when the NHS is desperately under staffed and following on from the Francis report.”* (Recruitment agency)

55 Those in favour of supervised practice were predominately UK based. For these respondents, supervised practice is seen as the most reliable means to assess interpersonal skills and cultural adaptation.

55.1 *“A supervised period of practice enables both the assessment of practical competencies, but also allows observation of communication skills, and interaction with colleagues, patients and carers. Potential employers would be better able to assess compliance with the six C's through observation.”*  
(NHS employer)

## **The impact of changing to a competency test**

### **Workforce implications**

56 Many respondents expressed concern about how the changes might affect the recruitment of overseas nurses and midwives. Individual nurses, particularly those from overseas, often expressed anxiety that the NHS will not have enough staff following the change.

57 Organisations identified the need to consider the immigration status of applicants and how visa requirements would be met to enable applicants to attend UK centres for the OSCE element and supervised practice placements.

### **Ensuring equality of access**

58 Professional bodies, unions and regulators emphasised the importance of ensuring we are compliant with the Equality Act 2010. Within both the online and OSCE elements of the test, the questions must not contain any bias that could lead to different outcomes for certain groups of applicants. There would also need to be a process for dealing with requests for reasonable adjustments.

### **The requirement for completion of a set number of hours**

59 We have reviewed and strengthened how we assess that an applicant has met the requirement for completing a set number of hours in theory and practice within their pre-registration education programme. This change forms part of our review of overseas registration processes and was one of the recommendations from independent auditors. While not explicitly addressed within the consultation, many of the individual responses via email, and three in the online survey, raised concerns about the changed requirement for training hours. There were strong views on how this will affect overseas nurses, particularly from those who trained in Australia, Canada, New Zealand and the USA.

## **Recommendations**

60 The requirements for overseas registration should be reviewed to strengthen the statement around fitness to practise and to change the term ‘good health and good character’ to ‘health and good character’. The use of the term ‘overseas’ should also be reviewed as a number of respondents found the term demeaning.

61 No clear model for the competency test emerges from the consultation. There does appear to be divided opinion around option one, which is mainly favoured by

overseas respondents, and option two, which organisations prefer. Whichever option is chosen, there needs to be a strong rationale for moving away from the current model to a competency test. We would need to demonstrate how competency testing is a more proportionate and risk-based response to managing overseas registration. There would be value in analysing competency testing models in use by other health regulators, both in the UK and internationally, to support evidence-based decision making.

- 62 If option one is chosen, the rationale for not requiring a period of supervised practice must be clearly made. The assessment of cultural adaptation and different fields of practice need to be considered. The practicalities of relying on an induction period with an employer would need to be explored for those nurses and midwives who are not directly managed by a nurse or midwife.
- 63 The competency test may affect UK recruitment of overseas nurses and midwives. We will need to assess the potential impact on timeframes from application to registration, immigration and visa implications and affordability. We should also clarify whether the competency test will replace the need for a specific number of training hours to be met before an overseas applicant can apply for registration.
- 64 There is no agreement about the number of attempts that should be allowed for the test. The GMC have recently commissioned research about this issue and these findings should inform any decision we make.
- 65 A detailed communications plan will need to be drafted and implemented. If the competency test is to be developed, this would need to include:
  - 65.1 an understanding of the impact on approved education institutions currently running ONP or the AMP programmes;
  - 65.2 an explanation of transition arrangements; and
  - 65.3 greater detail about the issues concerning accountability, decision making and security arrangements for testing, both nationally and internationally.

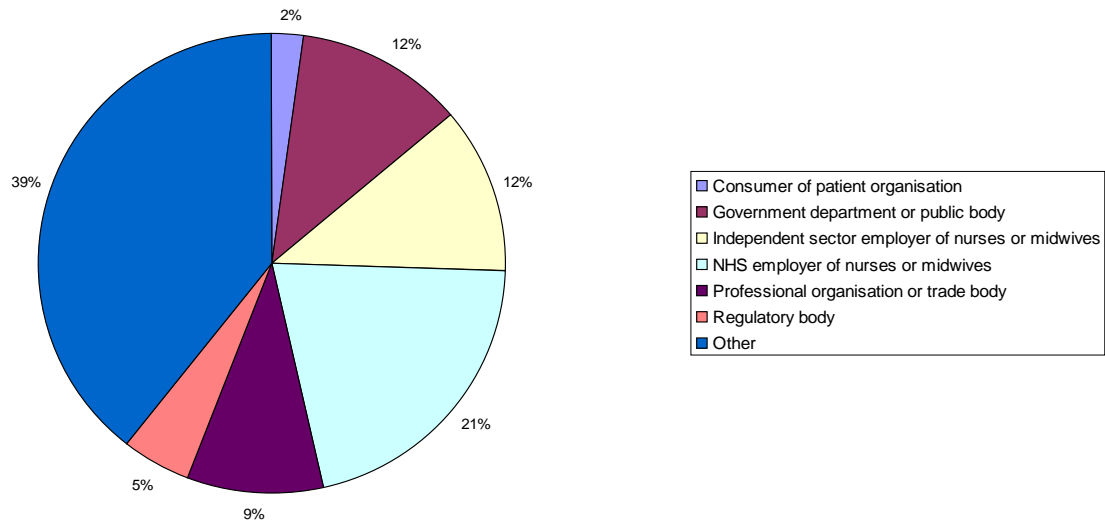
## Conclusion

- 66 The consultation allowed us to engage with many relevant stakeholders. This is reflected in the number of responses to the online survey (605) and email responses (79). There were responses from 58 organisations.
- 67 The comments show that there is no consensus about whether competency testing should replace the current arrangements or which model is preferred. Further evidence for the change is requested. There are noted differences in how overseas respondents view the proposed changes, compared with organisations and UK-based respondents.
- 68 The consultation findings offer valuable insight to inform our future decision making.

# ANNEXE ONE

## Demographic Data

Figure A: Organisational responses to online survey by type



- 1 Of the seven organisations who sent email responses, four were education providers, two were professional bodies/unions and two were healthcare regulators.
- 2 The demographic questions were not mandatory so this profile of respondents is not representative of all those who engaged in the consultation.
- 3 The average response rate to the demographic questions was 55 percent, which is within the expected range for this type of question.
- 4 Of the 349 respondents, the majority was aged between 20 and 60 (94 percent).

Figure B: Respondents by age

20–29	16%
30–39	27%
40–49	32%
50–59	18%
60+	4%
Prefer not to answer	2%

- 5 Of the 355 respondents, 70 percent were women, 25 percent were men and five percent preferred not to answer.

- 6 322 respondents gave 344 responses to the ethnicity question (respondents were able to give more than one ethnicity). Therefore the table adds up to more 100 percent.

Figure C: Respondents by ethnicity

White	50%
Mixed/multiple ethnic groups	6%
Asian/Asian British	45%
Black/African/Caribbean/Black British	4%
Other ethnic group	3%

- 7 Of the 304 respondents, the majority said that they had undertaken their training outside of the EEA (57 percent), compared with 40 percent in the UK and three percent in the European Union.
- 8 Of the 340 respondents, 71 percent said that their first language was English, compared with 20 percent who said 'other' and nine percent who preferred not to answer.
- 9 Of the 355 respondents, 95 percent reported having no disability, compared with two percent with a disability and three percent who preferred not to answer.
- 10 312 respondents gave 329 responses to the professions question (respondents were able to give more than one profession). 75 percent said they were a registered nurse, eight percent were registered midwives, and 20 percent were a member of the public, carer or service user.