

# Future nurse EU aptitude test (nursing)

## Test specification: for candidates

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# 1 Introduction

## 1.1 About this document

This document sets out the test specification for the updated EU Aptitude Test (EU AT), which comes into effect in August 2021.

The current EU AT will be available to those who have already taken parts of the test before August 2021.

## 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 requirements for an Aptitude Test (AT) which nurses who trained within the EU/ EEA need to complete before being admitted to the NMC register. The purpose of the EU AT is to ensure that nurses who qualified in a different jurisdiction have the required levels of knowledge, understanding and skills to practise safely in the UK.

## 1.4 Who can take the EU AT?

In the UK, the NMC approves programmes against the new Future Nurse Standards for pre-registration nursing programmes and standards of proficiency for registered nurses (2018)<sup>1</sup>. Applicants to the nursing part of the register who trained outside of 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 approved UK Future Nurse Standards of proficiency and pre-registration nursing programmes, the applicant will be required to complete a compensation measure if trained in the EEA but outside the UK, either by completing an Aptitude Test or an Adaptation Program. This Test Specification sets out the assessment design of the Aptitude Test for those nurses who qualified in a different jurisdiction within the EU and whose course NMC have judged to not be comparable. Where the short-fall is in some areas only, the candidate may take only some components of the AT.

Please note: This document must be read alongside:

- ['Future nurse: Standards of proficiency for registered nurses'](#)
- [The NMC code](#)

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<sup>1</sup> NB The NMC is the body for nursing and midwifery across the UK and for nursing associates in England only.

## 2 Test Design

From August 2021, the EU AT is a three-part test comprising an objective test (which may be offered on computer or on paper), a short answer paper (the 'SAP') and a practical objective structured clinical examination (the 'OSCE'). Candidates will take all three components at the Test Delivery Centre at the University of Northampton. The test is mapped to [the Future nurse: Standards of proficiency for registered nurses \(2018\)](#), and associated communication and relationship management skills and nursing procedures in Annexes A and B.

The AT assesses candidates across the seven Platforms from the standards. It also assesses the candidates' knowledge and expertise in the procedures and skills identified in Annexes A and B.

In addition, the SAP and the OSCE assess the candidate's literacy in professional and technological language through written communication, and the OSCE assesses the candidate's spoken communication and understanding<sup>2</sup>.

NB The candidate materials in the AT have been written using simple language where possible, except where technical language is used that we can reasonably expect the candidates to be familiar with.

All questions will comply with the Code (NMC 2018).

**Table 1: Overview of Test Design for AT**

Component	Design	Marks	Timing
Objective test (either on computer or paper)	Paper 1: Numeracy	15	30 minutes
	Paper 2: Clinical 1	50	1 hours and 15 minutes
	Paper 3: Clinical 2	50	1 hours and 15 minutes
Short answer paper (SAP)	1 paper	100	3 hours
OSCE (Objective Structured Clinical Exam)	4 stations: - 4 station 'APIE' consisting of: <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Planning</li> <li>• Implementation</li> <li>• Evaluation</li> </ul> Each station has embedded skills assessment 2 additional skills stations: One assessing professional values	Variable by station according to task-specific criteria	30 minutes per station in the APIE 10 minutes for the two additional skills stations

<sup>2</sup> NB Candidates are also required to complete a specific English Language assessment, such as IELTS.

	One assessing evidenced-based practice		
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## 2.1 Modular Approach

The candidates will only be required to take components of the EU AT where the evaluation of their existing qualifications demonstrates a deficit.

Where there is a deficit in content knowledge, that is, certain areas of the Future Nurse Standards were not covered in the home qualification, then the relevant paper in the objective test will be taken to demonstrate knowledge, understanding and application of the content in those deficit areas. All candidates will take the Paper 1: numeracy.

Where there is a deficit in the overall length of the home training programme, then the short answer paper will be taken to demonstrate knowledge, understanding and application to sufficient depth in the areas of the Future Nurse Standards.

All candidates taking any element of the EU AT will be required to take the OSCE to demonstrate that they have the required skills across the range of the Future Nurse Standards.

The different modules are as follows:

- Module 1: Objective test: Paper 1: numeracy
- Module 2: Objective test Paper 2: theory 1
- Module 3: Objective test: Paper 3: theory 2
- Module 4: Short Answer Paper
- Module 5: OSCE

# 3 Test Content

The knowledge, understanding and skills to be assessed in the EU AT are set out in the Future Nurse Standards. Much of the content is generic, i.e. it applies to all fields of nursing: adult nursing; mental health nursing; learning and disability nursing; and children’s nursing.

## 3.1 Field-Specific Content

90% of the content in the test will assess 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 objective test and SAP components, 10% of the questions in each test will be field-specific. These questions will assess across a range of Platforms.

For the OSCEs, field-specific versions will be developed as necessary, either as separately authored materials or as minor amendments to existing OSCEs to make them field-specific.

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

*Table 2: Examples of field-specific content*

Adult nursing	Children’s nursing	Mental health (MH) nursing	Learning disabilities (LD) nursing
<ul style="list-style-type: none"> <li>• European legislation</li> <li>• Maternity health</li> </ul>	<ul style="list-style-type: none"> <li>• European legislation</li> <li>• Maternity health</li> <li>• Children Act 1989</li> <li>• Human Rights Act 1998</li> <li>• Child and adolescence, specific to consent</li> </ul>	<ul style="list-style-type: none"> <li>• The Equality Act 2010 and reasonable adjustments for MH</li> <li>• Mental Health Act 1983</li> <li>• Human Rights Act 1998</li> </ul>	<ul style="list-style-type: none"> <li>• The Equality Act 2010 and reasonable adjustments for LD</li> <li>• International policy on the rights of people with learning disabilities</li> <li>• Mental Capacity Act 2005 and mental health law as it relates to LD</li> </ul>
<ul style="list-style-type: none"> <li>• Genomics</li> </ul>	<ul style="list-style-type: none"> <li>• Genomics including embryology</li> <li>• Inherited congenital conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Genomics linked to MH conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Genomics – specific syndromes and development through childhood to adult life</li> </ul>
<ul style="list-style-type: none"> <li>• End-of-life care</li> </ul>	<ul style="list-style-type: none"> <li>• End-of-life care specific to children</li> </ul>	<ul style="list-style-type: none"> <li>• End-of-life care specific to MH</li> </ul>	<ul style="list-style-type: none"> <li>• End-of-life care specific to LD</li> </ul>

	<ul style="list-style-type: none"> <li>• Play therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of the principles of cognitive behavioural therapy (CBT) and talking therapies</li> </ul>	<ul style="list-style-type: none"> <li>• Theories of learning disabilities (including intelligence; social functioning; neurological processes etc)</li> </ul>
<ul style="list-style-type: none"> <li>• Long-term and life-limiting conditions in adults</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term and life-limiting conditions in childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term MH conditions</li> </ul>	<ul style="list-style-type: none"> <li>• The Learning Disability Mortality Review (LeDeR) programme</li> </ul>
<ul style="list-style-type: none"> <li>• Comorbidity and polypharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Child-specific pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>• Psycho-pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>• Learning disabilities and comorbidities</li> </ul>
<ul style="list-style-type: none"> <li>• Cardiac monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery principles</li> </ul>	<ul style="list-style-type: none"> <li>• Functional analysis of behaviour</li> </ul>
<ul style="list-style-type: none"> <li>• Blood transfusions</li> </ul>	<ul style="list-style-type: none"> <li>• Blood transfusions</li> </ul>	<ul style="list-style-type: none"> <li>• Self-harm and suicide risk assessment specific to MH</li> </ul>	<ul style="list-style-type: none"> <li>• Managing mental health in people with learning disabilities</li> </ul>
<ul style="list-style-type: none"> <li>• Chest auscultation</li> </ul>	<ul style="list-style-type: none"> <li>• Chest auscultations</li> </ul>	<ul style="list-style-type: none"> <li>• Working in challenging situations, for example with individuals who are violent</li> <li>• Understanding of de-escalation</li> <li>• Distress tolerance</li> </ul>	
<ul style="list-style-type: none"> <li>• Pathogenesis and immunology</li> </ul>	<ul style="list-style-type: none"> <li>• Pathogenesis and immunology</li> </ul>		<ul style="list-style-type: none"> <li>• Diagnostic overshadowing</li> </ul>
<ul style="list-style-type: none"> <li>• Ageing and care of the older person</li> </ul>	<ul style="list-style-type: none"> <li>• Child development</li> </ul>	<ul style="list-style-type: none"> <li>• Ageing and care of the older person with MH problems</li> </ul>	<ul style="list-style-type: none"> <li>• Human development and the impact of neurological anomalies</li> </ul>
<ul style="list-style-type: none"> <li>• Recognising the deteriorating adult</li> <li>• A–E assessment</li> <li>• National early warning score (NEWS)</li> </ul>	<ul style="list-style-type: none"> <li>• Recognising the child physiological differences in deterioration</li> <li>• A–E assessment</li> <li>• Specific vital signs parameters for</li> </ul>	<ul style="list-style-type: none"> <li>• Recognising acute mental health conditions, for example psychosis, schizophrenia, and personality disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Care of the deteriorating patient with LD</li> </ul>

	different ages – newborn to adolescent		
• 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 objective test

The objective test comprises three separate papers totalling 115 questions. The candidates will be given 3 hours to complete the tests, with Paper 1 taking 30 minutes and Papers 2 and 3 each taking one hour and 15 minutes.

Paper 1 will comprise a 15-mark numeracy test made up of constructed one-number answers.

Papers 2 and 3 will each be a 50-mark clinical test made up of four-option, multiple-choice questions with one single correct answer.

## 4.1 Content of Paper 1: Numeracy

The objective test Paper 1: 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<sup>3</sup>.

*Table 3: Content and coverage of objective test Paper 1: 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
<b>Total</b>	<b>15</b>	<b>15</b>

## 4.2 Content and Skills Coverage of Paper 2 and Paper 3

Paper 2 and Paper 3 combined will cover the full range of proficiencies in the Future Nurse Standards. The content across both papers 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.

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<sup>3</sup> 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

The content has been divided across two papers to allow a modular approach for those candidates whose prior training and experience mean they have demonstrated proficiency in some areas in their home country.

The number of marks for each Paper and 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 objective test Papers 2 and 3 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 slightly weighted to the lower levels of Bloom’s. Overall, across the full assessment there is a greater weighting to the higher levels to reflect the demands of the Future Nurse Standards.

Paper 2 will include questions assessing:

- Adult Nursing – medical, surgical, elderly care and community nursing
- Mental Health Nursing – care for acute, crisis and specialist conditions including children
- Children’s Nursing – medical, surgical, emergency, neonatal and high dependency care
- Learning disabilities nursing – care for acute physical and emotional events, response to behaviours that challenge

**Table 4: Content and Skills Coverage of Objective Test Paper 2: Clinical 1**

Number of sections	Remember and understand	Apply and analyse	Evaluate and create	Number of Questions	Number of Statements in Standards
Platform 1: Being an accountable professional	3	3	3	9	20
Platform 2: Promoting health and preventing ill health	2	2	1	5	12
Platform 3: Assessing needs and planning care	3	2	2	7	16
Platform 4: Providing and evaluating care	3	2	2	7	18

Platform 5: Leading and managing nursing care and working in teams	2	2	1	5	12
Platform 6: Improving safety and quality of care	2	2	1	5	12
Platform 7: Coordinating care	2	2	1	5	13
Annex A	2	1	1	4	
Annex B	1	1	1	3	
<b>Total</b>	<b>20</b>	<b>17</b>	<b>13</b>	<b>50</b>	

Paper 3 will include questions assessing:

- Adult Nursing – mental health, maternity care and paediatrics
- Mental Health Nursing – rehabilitation, chronic and enduring conditions, care for older people
- Children’s Nursing – care in the community, health promotion, working with families
- Learning disabilities – comorbidities, health passports, behavioural analysis and management

*Table 5: Content and Skills Coverage of Objective Test Paper 2: Clinical 2*

Number of sections	Remember and understand	Apply and analyse	Evaluate and create	Number of Questions	Number of Statements in Standards
Platform 1: Being an accountable professional	3	3	2	8	20
Platform 2: Promoting health and preventing ill health	2	2	1	5	12
Platform 3: Assessing needs and planning care	3	2	2	7	16

Platform 4: Providing and evaluating care	3	3	2	8	18
Platform 5: Leading and managing nursing care and working in teams	2	2	1	5	12
Platform 6: Improving safety and quality of care	2	2	1	5	12
Platform 7: Coordinating care	2	2	1	5	13
Annex A	1	1	1	3	
Annex B	2	1	1	4	
<b>Total</b>	<b>20</b>	<b>18</b>	<b>12</b>	<b>50</b>	

# 5 Short Answer Paper

The short answer paper will consist of five questions each of 20 marks. Each 20-mark question will contain 5 sub-questions. All questions must be answered (there are no optional questions). The candidate will be given 3 hours to complete the question paper.

## 5.1 Content and Skills Coverage of the Short Answer Paper

Each of the five questions in the short answer paper will be set within a scenario. A broad range of scenarios that could be expected to be familiar to qualified nurses in the target field will be covered in each paper.

The questions assess the higher levels of Bloom's taxonomy. The questions also assess the candidate's ability to read presented information and communicate a response in writing.

## 5.2 Marking the Short Answer Paper

The responses to the short answer paper will be marked against the provided mark scheme by trained assessors at the Northampton Test Centre. The responses will be marked by one assessor and then marked a second time (with the original marks visible) by a different assessor.

# 6 The objective structured clinical examination (OSCE)

The OSCE is a practical examination, comprising 6 stations for all fields.

1. Four of the stations are linked together around a scenario: the APIE (one station for each of assessment, planning, implementing and evaluating delivered in that sequence and with no stations in between<sup>4</sup>). The APIE stations have skills embedded within them.
2. 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 a part of the test process 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 will not generally include test items that operate below the Bloom's taxonomic level of analysis and evaluation.

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

The OSCE requires the candidate to demonstrate literacy in professional and technological language through written, spoken and digital communication and understanding. Although numeracy skills are assessed explicitly in the objective test Paper 1, 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 will be used as part of the station.

All OSCE stations will comply with the Code (2018).

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## 6.1 OSCE Timing

The OSCE will be carried out over a total assessment time of not more than 2 hours and 30 minutes. Each APIE will last for approximately 30 minutes with 5 minutes between stations, for the stations to be reset and the candidates to move between the stations. The pairing of skills stations will last for approximately 20 minutes in total.

## 6.2 Marking of the OSCEs

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

Each statement will be marked against either a 'demonstrated/ not demonstrated' or a 'demonstrated/ not demonstrated/ partially 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.

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.

# 7 Standards and Results

The standards in each component of the EU AT will be set using professional judgement.



# 8 Administration

The AT will be delivered at the Northampton clinical testing centre. All five components will be taken over two days. On day 1, the objective test Paper 1: Numeracy and Paper 2: Clinical 1 will be administered in the morning and the short answer paper will be taken in the afternoon. On day 2 (which may be the day immediately after day 1 or after a period of time) the objective test Paper 3: Clinical 2 will be administered in the morning and the OSCE will be taken in the afternoon.

A lead assessor will be overseeing the test day with trained assessors based 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. Consent of the candidate for filming will be obtained prior to commencement of the OSCE. The videos are used for examination and reviewing purposes by the test development agency, the delivery partners and NMC.

Candidate 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 will be used to play the part of the individual in receipt of nursing care on some of the stations to simulate real-life situations.

## 8.1 OSCE Equipment List

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

## 8.2 Resits and exceptional circumstances

More information about the administration of the EU AT, 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 Northampton NILE platform.

# 9 Support materials

A comprehensive set of support materials is available to support the AT. All candidates will have access to the same materials. This will ensure equity of access and opportunity for candidates to prepare for the EU AT.

These will be made available to all potential candidates via the Northampton NILE platform.

The following materials will be available:

## **General Materials**

Future Nurse standards  
The Test Specification (this document)  
Candidate Information Booklet  
Reading list

## **Objective Test**

Practice test

## **SAP**

One sample 20-mark question

## **OSCE**

Mock OSCE