

The Test of Competence 2021 (midwifery)

Test specification: for candidates

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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 (TOC) 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 requirements for a test of competence which midwives who trained outside the EU/ EAA need to complete before being admitted to the Nursing and Midwifery Council (NMC) register.

The purpose of the ToC 21 is to ensure that midwives who qualified in a different jurisdiction have the required levels of knowledge, understanding and application (primarily demonstrated through the computer-based test) and the required skills (primarily demonstrated through the objective structured clinical examination) to practise safely in the UK. The test of competence can also be used by midwives 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:

- [The Future Midwife standards](#)
- [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 new Future Midwife standards for pre-registration midwifery programmes and the standards of proficiency for registered midwives (2019)¹. Applicants to the midwifery 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 Future Midwife standards of proficiency and pre-registration midwifery programmes, the applicant will be required to complete a

¹ The NMC is the body for nursing and midwifery across the UK and for nursing associates in England only.

test of competence. This test specification sets out the assessment design for those midwives who qualified in a different jurisdiction and whose course the NMC has judged not to be comparable. The ToC 21 will also be used with midwives who wish to return to practice in the UK.

2 Test design

The ToC 21 is a two-part test comprising a multiple-choice 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 may take the CBT in their home country.

The content of each part of the test will be a combination of proficiencies, skills and procedures selected from the standards. The decision as to which part of the ToC 21 the proficiencies are best tested in is set out in the blueprint and is based on multiple factors, including assurance to ensure the safety of women and newborn infants, an evaluation of the current test of competence for overseas midwives, and expert insight from other professional health regulators.

The considerations underpinning the approach taken are listed below:

- The safety of women, newborn infants and families is our primary objective, and safe practice must be demonstrated in the knowledge base evidenced within the CBT and the OSCE
- The learning taxonomy within each proficiency statement
- The outcome required for each proficiency
- The content of the proficiency and its relative ease of testing – for example, factual understanding of national legislation or policies may be difficult to demonstrate clearly in an OSCE but is more suited to testing in the CBT
- Opinion of the best testing mode i.e. CBT or OSCE
- Constant comparison and challenge of the chosen mode
- Consideration of the overall balance of proficiencies identified for each mode of testing to ensure that each part of the test is balanced
- The need to ensure that the test covers all the required proficiency statements.

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

The CBT and the OSCE must:

- Meet the wider requirements of the equality and diversity legislation to ensure fairness for all candidates
- Reflect midwifery care for women and newborn infants across the continuum and maternity journey in a variety of settings, including midwifery-led care and those requiring additional care e.g. obstetric care

- Enable the candidate to demonstrate their ability to provide continuity of midwifery care and carer
- Comply with 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates' (NMC, 2018).

The ToC 21 will test the candidate's knowledge, skills and understanding of the principles of professional accountability and autonomy in midwifery at graduate level. This includes critical reasoning, ethical decision-making and application, critical appraisal of research, and best practice evidence in a diverse context of care settings in the UK.

The ToC 21 will ensure a holistic assessment of midwifery practice, integrating theory and practice. Although there is a separate language assessment for candidates applying from outside the UK, there will be some assessment of communication and literacy skills within the ToC 21, particularly within the OSCE. The ToC 21 will also assess numeracy skills both explicitly and independently in the CBT and as an integral part of some OSCE stations.

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: <ul style="list-style-type: none"> • 4 'APIE' stations consisting of: <ul style="list-style-type: none"> - Assessment - Planning - Implementation - Evaluation. • 4 skills stations consisting of: 2 pairs of 2 skills (1 linked skill will always include the systematic examination of the newborn and the postnatal check) • 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: <ul style="list-style-type: none"> • Assessment: 20 minutes • Planning: 16 minutes • Implementation: 15 minutes • Evaluation: 16 minutes Skills stations, professional behaviours and critical appraisal stations: <ul style="list-style-type: none"> • 16-30 minutes for each pairing.

3 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 test made up of four-option multiple-choice questions with one single correct answer.

3.1 Content of Part A: Numeracy

The CBT Part A: Numeracy includes applied numeracy questions covering content from across the domains that is required of a midwife, for example drug calculations used for dispensing. It may also be necessary for the correct unit to be given. The questions are at the 'apply and analyse' level of Bloom's taxonomy².

Table 2: Content and skills 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

3.2 Content and skills coverage of the Part B: Clinical

The selection of questions for the CBT Part B: Clinical has been balanced to reflect the proficiencies across the six domains. The percentage coverage of questions aligns proportionately with the focus of each domain. That is, domains with a larger number of statements have more questions assessing them than the domains with fewer statements. Where statements have multiple sub-parts, these sub-parts are each counted separately.

The number of marks for each domain is given in the table below. Each test will contain questions from a wide range of different statements within the domain.

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

The questions in the CBT Part B: Clinical also address the full range of Bloom's taxonomy, i.e. remember, understand, apply, analyse, evaluate and create³. For the sake of simplicity and manageability in test construction, these skills 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 will assess the higher levels. Overall, across the full assessment, there will be a greater weighting to the higher levels to reflect the demands of the Future Midwife standards.

Table 3: Content and skills coverage of CBT Part B

Number of sections	Remember and understand	Apply and analyse	Evaluate and create	Number of questions
Domain 1: Being an accountable, autonomous, professional midwife	8	7	7	22
Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer	5	4	3	12
Domain 3: Universal care for all women and newborn infants	4	3	3	10
3.A The midwife's role in public health and health promotion and protection				
3.B The midwife's role in assessment, screening and care planning	7	6	5	18
3.C The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications	2	1	1	4

³ 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

Domain 4: Additional care for women and newborn infants with complications 4.A The midwife's role in first-line assessment and management of complication and additional care needs	4	3	3	10
4.B The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care and other services	2	1	1	4
Domain 5: Promoting excellence: the midwife as colleague, scholar and leader 5.A Working with others: the midwife as colleague	5	5	4	14
5.B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader.	3	2	1	6
Total	40	32	28	100

4 The objective structured clinical examination (OSCE)

The OSCE is a practical examination, comprising 10 stations.

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).
2. Four of the six remaining stations will take the form of two sets of two linked stations for skills. These will include the two emergency stations and the systematic evaluation of the newborn.
3. In each OSCE, one station will specifically assess the professional behaviours and values associated with Domain 1: Being an accountable, autonomous, professional midwife. One station will also specifically assess the critical appraisal of research and evidence and associated decision-making. These two stations will be delivered together in one bay although not linked in terms of content.

Each 10-station OSCE will assess at least two emergency scenarios and will include a station testing the ability to perform the systematic examination of the newborn. Across the OSCEs, we include stations that demonstrate the role and scope of the midwife in providing universal care for all women and newborn infants, as well as additional care for those women and newborn infants who have complications.

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 of a registered midwife. The OSCE stations will 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 by the CBT.

Manikins may be used to reduce the number of actors needed to run the assessment, as they can 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).

4.1 OSCE timings

The 10-station OSCE will be carried out over a total assessment time of no more than 3 hours.

The APIE stations last for:

- Assessment station: 20 minutes
- Planning station: 14 minutes
- Implementation station: 16 minutes
- Evaluation station: 9 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.

4.2 Station assessment focus: APIEs

All OSCE stations will be mapped to ensure that we have a suitable range of stations across different:

- Contexts
- Specific midwifery events
- Domains.

Each APIE station will be composed around assessable actions that are linked to statements from the standards. This will ensure 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, as well as these standards being assessed in a range of different contexts.

4.3 Station assessment focus: Skills stations

As with the APIEs, the skills stations are written to elicit assessable actions, linked to a range of domain 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 – one pairing will include the systematic examination of the newborn and a postnatal check. 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 or infection control measures. The marking criteria will focus specifically on the generic skills rather than the scenario area.

4.4 Marking of the OSCEs

The APIE stations will be assessed against up to 16 statements from the standards. The skills stations will be assessed against up to 12 statements.

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 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 will be developed for each station 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 will also include 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.

4.5 OSCE test forms

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.

5 Standards and results

5.1 Setting and maintaining standards

5.1.1 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 test versions but are generally set within a range of 75%-80%.

5.1.2 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 demand.

5.2 Format and provision of results

5.2.1 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.

5.2.2 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. Feedback will be provided for stations which are failed.

6 Administration

6.1 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.

6.2 OSCE component

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

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. 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 will be used to play the part of the individual in receipt of 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.

6.2.1 OSCE equipment list

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

6.2.2 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.

7 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 the ToC 21.

The following materials are available:

General materials:

- Future Midwife 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 etc)
- Marking guidance including guidance on red flag use
- Reading lists
- Top tips