

# The Test of Competence 2021 (nursing associates)

## Test specification: for candidates

# Contents

1	Introduction .....	3
1.1	About this document.....	3
1.2	What is a test specification? .....	3
1.3	Purpose.....	3
1.4	Who can take the test of competence? .....	4
2	Test design.....	5
3	Test content .....	7
4	The computer-based test (CBT).....	8
4.1	Content of the Part A: Numeracy.....	8
4.2	Content and skills coverage of the Part B: Clinical .....	8
5	The objective structured clinical examination (OSCE).....	10
5.1	OSCE design .....	10
5.2	OSCE timings.....	11
5.3	Station assessment focus: provision and monitoring of care .....	11
5.4	Station assessment focus: Skills stations.....	11
5.5	Marking of the OSCEs .....	12
6	Standards and results .....	14
6.1	Setting and maintaining standards .....	14
6.1.1	CBT .....	14
6.1.2	OSCE.....	14
6.2	Format and provision of results.....	14
6.2.1	CBT .....	14
6.2.2	OSCE.....	14
7	Administration.....	15
7.1	Computer-based tests.....	15
7.2	OSCE component.....	15
7.2.1	OSCE equipment list.....	16
7.3	Re-sits, exceptional circumstances and reasonable adjustments .....	16
8	Support materials .....	17

# 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](http://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 will be 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 nursing associates who trained outside the EU/EEA or trained in Northern Ireland, Scotland or Wales need to complete before being admitted to the Nursing and Midwifery Council (NMC) register.

The purpose of the TOC 21 is to ensure that nursing associates who qualified in a different jurisdiction have the required levels of knowledge, understanding and application (primarily demonstrated through the Computer Based Test (CBT)) and the required skills (primarily demonstrated through the Objective Structured Clinical Examination (OSCE)) to practice safely in the UK.

Please note: This document must be read alongside:

- [The Standards for Nursing Associates](#)
- [The NMC Test of Competence Blueprint](#)
- [The NMC Code](#)

## 1.4 Who can take the test of competence?

A nursing associate is a new member of the nursing team who will provide care and support for patients and service users. This role is being regulated in England by the NMC and it is intended to address a skills gap between health and care assistants and registered nurses. It is a stand-alone role in its own right and will also provide a progression route into graduate level nursing. Nursing associates will be trained to work with people of all ages and in a variety of settings and will allow registered nurses to focus on more complex clinical duties.

The NMC regulate nursing associates in England only alongside nurses and midwives. The programme standards and standards of proficiency for pre-registration nursing associates were approved by the NMC Council in September 2018. The nursing associate part of the register opened at the end of January 2019.

Entry to the nursing associate part of the register requires applicants to hold an approved qualification. Applicants to the nursing associate part of the register trained outside of England or who do not hold an NMC-approved pre-registration qualification will follow an alternate route to the register. This includes an evaluation of the qualification they hold and, if that qualification is found not to be comparable to the NMC approved England pre-registration nursing associate programmes, the applicant will be required to complete a test of competence.

## 2 Test design

The TOC 21 is a two-part test comprising a 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 TOC 21 assesses candidates across the six platforms. 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 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<sup>1</sup> 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 the candidates to be familiar with.

All questions must comply with the Code (NMC, 2018)<sup>2</sup>.

---

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

<sup>2</sup> NMC (2018) the Code - <https://www.nmc.org.uk/code>

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

Component	Design	Marks	Timing
CBT (Computer Based Test)	Part A: Numeracy	15	30 minutes
	Part B: Theory	100	2 hours and 30 minutes
OSCE (Objective Structured Clinical Exam)	10 stations: - 3 station 'provision and monitoring of care' consisting of: <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Implementation</li> <li>• Evaluation</li> </ul> - 5 skills stations consisting of: standalone or paired skills - 1 professional behaviours station - 1 critical appraisal station	Variable by station according to task-specific criteria	Up to 2 hours and 30 minutes Provision and monitoring of care stations: <ul style="list-style-type: none"> <li>• Assessment station: 20</li> <li>• Implementation station: 15</li> <li>• Evaluation station: 8</li> </ul> Skills stations, critical appraisal and professional behaviours stations: <ul style="list-style-type: none"> <li>• Up to 12 minutes each or 20 minutes for each pairing</li> </ul>

# 3 Test content

The knowledge, understanding and skills to be assessed in the TOC 21 are set out in the Standards of Proficiency for Nursing Associates. The CBT and OSCE will reflect care for people across the life span and in a variety of settings. Nursing associate is a generic role and, as such, content will be taken from each of the four fields of nursing. Each OSCE will need to cover a range of settings as well as the range of nursing fields.

Settings:

- Community
- Hospital
- Residential or nursing care home.

Four fields of nursing:

- Adult
- Mental health
- Learning disability
- Children.

# 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 (some also with units). 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 nursing associate, for example drug calculations used for dispensing. The questions are generally at the 'apply and analyse' level of Bloom's taxonomy<sup>3</sup>.

*Table 1: Content and Coverage for 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
Intra-venous infusions	3	3
Fluid balance	1	1
<b>Total</b>	<b>15</b>	<b>15</b>

## 4.2 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 relevance of proficiencies across the six platforms. That is, platforms with a larger

---

<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

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 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.

**Table 2: Content and Skills Coverage for CBT Part B: Clinical Test**

	Remember and understand	Apply and analyse	Evaluate and create	Number of questions
Platform 1: Being an accountable professional	8	7	5	20
Platform 2: Promoting health and preventing ill health	4	3	3	10
Platform 3: Provide and monitor care	10	10	8	28
Platform 4: Working in teams	4	3	3	10
Platform 5: Improving safety and quality of care	4	3	3	10
Platform 6: Contributing to integrated care	3	3	2	8
Annex A	3	2	2	7
Annex B	3	2	2	7
<b>Total</b>	<b>39</b>	<b>33</b>	<b>28</b>	<b>100</b>

# 5 The objective structured clinical examination (OSCE)

## 5.1 OSCE design

The OSCE is a practical examination, comprising 10 stations.

1. Three of the stations are linked together around one scenario to assess platform 3 'provision and monitoring of care' (one station for each of assessment, implementation and evaluation delivered in that sequence and with no stations in between).
2. Five of the seven remaining stations will be skills stations, either grouped in pairs or stand-alone to allow for coverage of the different settings and fields of nursing.
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 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 nursing associate. The OSCE stations do not generally include test items that operate below the Bloom's taxonomic level of analysis and evaluation because lower levels can be assessed more efficiently in the CBT.

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 will require 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 CBT Part A, some numeracy skills are also be 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 will comply with the Code (2018).

## 5.2 OSCE timings

The OSCE for nursing associates will be carried out over a total assessment time of up to 2 and a half hours. The stations assessing the 'provision and monitoring of care' last for:

- Assessment station: 20 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 skills station will last for up to 12 minutes and pairings of stations will last for up to 20 minutes in total. There will be about 4 minutes between stations or pairings of stations. The pairing of the critical evaluation and professional behaviours stations will also last for up to 20 minutes.

## 5.3 Station assessment focus: provision and monitoring of care

All OSCE stations will be mapped against a matrix that will ensure that there are a suitable range of stations across different:

- Settings
- Fields of nursing
- Specific nursing events and activities
- Platform statements
- Annex statements.

Each on-going care station will be composed around assessable actions that are linked to statements from the standards. This will ensure that across the scenario, we are assessing a range of standards, and that the on-going care 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.

## 5.4 Station assessment focus: Skills stations

As with the provision and monitoring of care stations, the skills stations are written to elicit assessable actions, linked to a range of platform statements and annex statements. They are set within a range of different scenarios and settings, and they assess across the different fields of nursing. Five of the stations will be skills stations either paired around a common theme or stand-alone. 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, aseptic technique etc. The marking criteria will focus specifically on the generic skills rather than the scenario area.

## 5.5 Marking of the OSCEs

The provision and monitoring of care stations will be assessed against up to 15 statements from the Standards. The skills stations will also be assessed against up to 15 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 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 resource 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 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 provision and monitoring of care scenarios can be used with which skills stations. There is some flexibility, for example a single provision and monitoring of care scenario 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 that is used 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 the questions and tests function as expected. Action will be taken to address any issues that are highlighted during this process.

### 6.1.2 OSCE

Results will be collected in the OSCEs from checklists and from holistic scoring. Information from the two sets of results along with professional judgement will be used 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.

## 6.2 Format and provision of results

### 6.2.1 CBT

Candidates will be notified of their results in the CBT within 15 days 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 nursing associates.

### 6.2.2 OSCE

Candidates will be notified of their results in the OSCE within 15 working days of the test being taken. 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 nursing associates. 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 will be available on-demand. Test form will be 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. Consent of the candidate for filming will be obtained prior to commencement of the OSCE. Consent will also be sought for sharing of 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 NMC website.

# 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 the TOC 21.

The following materials are available:

## **General materials:**

- Standards of proficiency for nursing associates (2018)
- NMC blueprint
- Test specification (this document)
- Candidate journey
- Overview documentation about nature of care in UK
- Chief Examiner 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