

30 November 2020

New Test of Competence: Midwifery CBT and OSCE

Pilar Alcocer
Senior Contracts Officer, Professional
Regulation

NMC Nursing &
Midwifery
Council



Housekeeping

- Everyone, except the presenters, are automatically muted
- The “raise your hand” feature will not be used today
- Use the “?” feature or speech bubble to submit any questions or comments at any time
- Audio-only participants can email questions and comments to ToC@nmc-uk.org
- We may not be able to address individual points but everything is being noted for consideration
- You can download the slides using the resource function
- The session will be recorded

Today's agenda

12:30 pm	Welcome, scene setting and latest NMC updates Pilar Alcocer, Senior Contracts Officer, NMC
12:35 pm	The Standards of Proficiency for Midwives (2019) and the ToC Verena Wallace MBE, Senior Midwifery Advisor, NMC
12:45 pm	Design overview Sarah Maughan, Director, AlphaPlus
12:50 pm	Examples of CBT content Sarah Maughan, Director, AlphaPlus
12:55 pm	Examples of APIE content Sarah Maughan, Director, AlphaPlus
1:00 pm	Examples of skills content Sarah Maughan, Director, AlphaPlus
1:05 pm	Support Materials Sarah Maughan, Director, AlphaPlus
1:10 pm	Q&A session Jack Bland, Senior International Registration Manager, NMC Sarah Maughan, Director, AlphaPlus Teresa Shalofsky, Associate Head of Department and Lead Midwife for Education, The University of the West of England Verena Wallace, Senior Midwifery Advisor, NMC
1:25 pm	Next steps and closing Jack Bland, Senior International Registration Manager, NMC

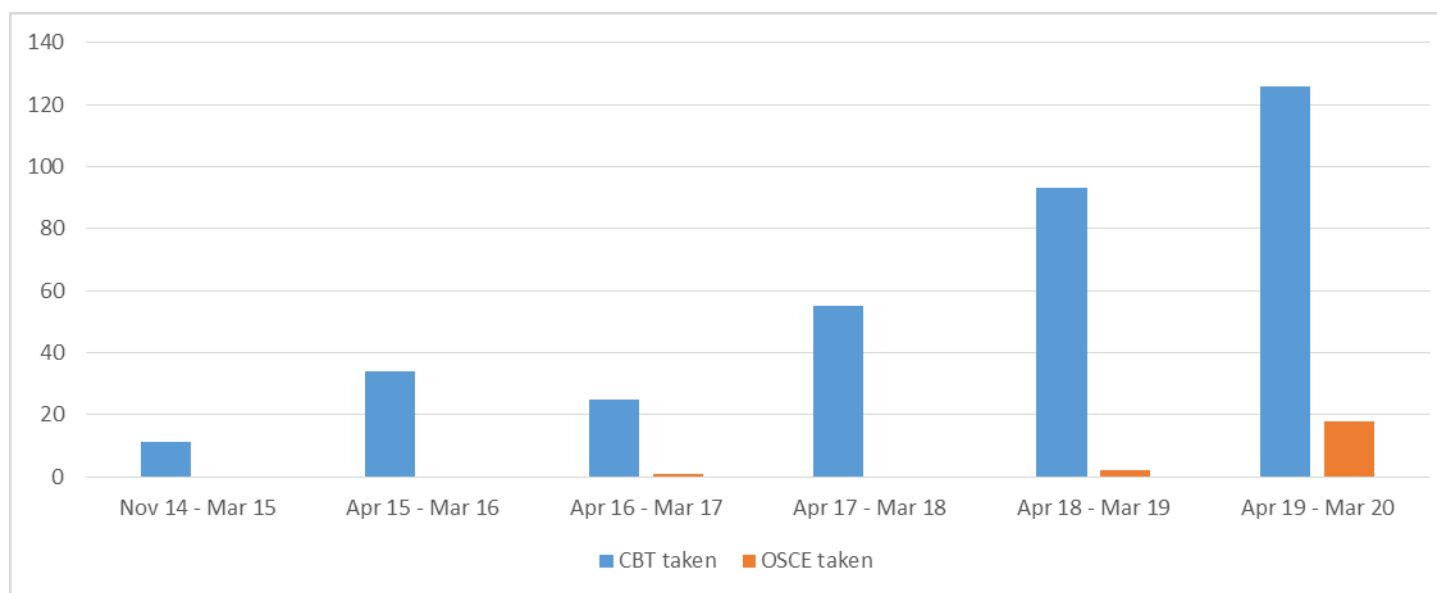
Previous webinars

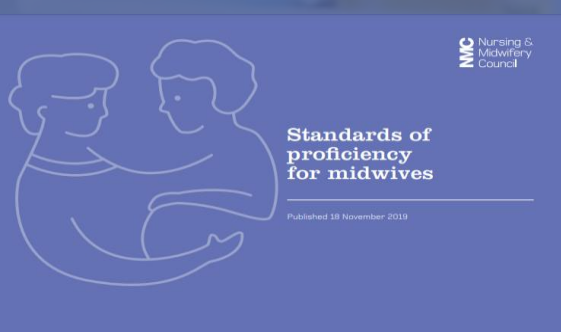
- Over 650 people joined our first four webinars:
 - Overview of the new Test of Competence
 - The new Computer Based Test (CBT)
 - Introduction to the new Nursing OSCE APIE stations
 - Introduction to the new Nursing OSCE Skills stations
- Thank you to everyone who attended, asked questions and submitted feedback
- If you weren't able to join these webinars, you can watch the recordings and download the presentation slides on our website www.nmc.org.uk/registration/toc-review



Midwifery demand for our test of competence

- Test of competence was introduced in November 2014
- In 2018 we launched the overseas programme
- OSCE and CBT taken by midwives since we introduced the Test of competence



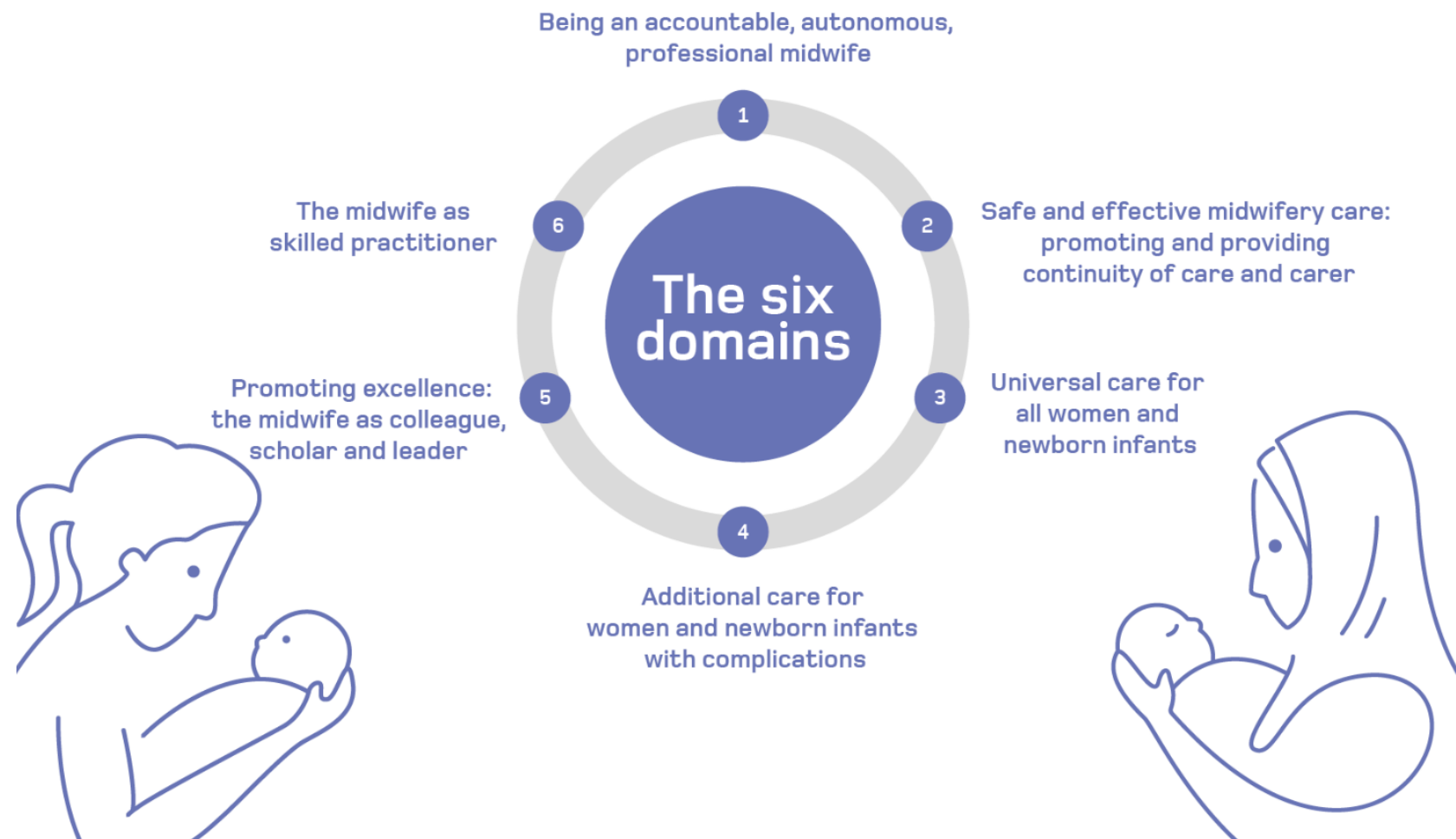


The Standards of Proficiency for Midwives (2019) and the ToC

Verena Wallace MBE
Senior Midwifery Advisor (Policy)



Standards of proficiency - Six inter-related domains



Transformative change (1)

Focus on the needs, views, preferences and decisions of women and the needs of newborn infants



Transformative change (2)

Support the physical, psychological, social, cultural, and spiritual safety of women and newborn babies



Transformative change (3)

Understand the impact of pregnancy, labour and birth, postpartum, infant feeding and the early weeks of life on longer term health and wellbeing



The Midwifery ToC

The candidate must demonstrate:

- An evidence-based approach to midwifery care aligning to the four UK country policies
- Optimising normal physiological processes
- Recognition of when there is a need to escalate care, whilst continuing to coordinate and provide midwifery care working as part of the multi-disciplinary team
- Appropriate actions in emergency scenarios
- Full systematic examination of the newborn



NMC Test of Competence: Midwifery

AlphaPlus Consultancy Ltd.

November 2020



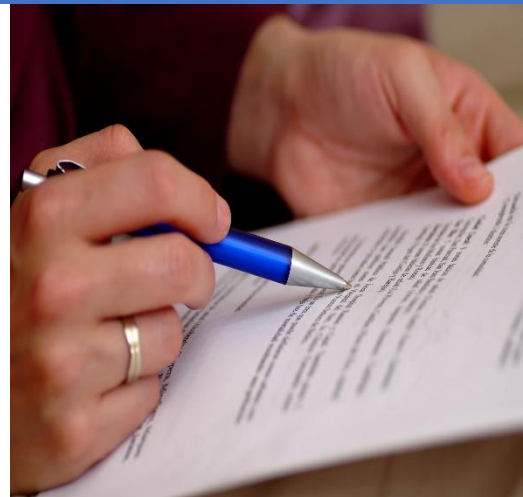
Partnership

We work in partnership with our clients. This is more than a cliché for us: we care about the services we provide and the impact they have on learners. Experience has shown us that the best impact our work can have is when it is undertaken alongside our clients so we make partnership a key feature of our project approach and management method.



Quality

We manage projects effectively and to the highest quality, freeing up experts to concentrate on their specialism, but ensuring that activities are managed to meet expectations. This means only making promises that we know we can keep, and remembering the promises we have made to make sure we deliver.



Expertise

We ensure our teams consist of genuine sector experts with understanding in breadth and depth of both the theory and the practical complex everyday challenges faced by education providers.



Development

We are committed to the improvement of our staff, both to promote the long-term development of our business and as an end in itself: we believe in the value of education for all.



Educationalists

We are educationalists with a strong commitment to improving teaching, learning and assessment, based on intellectual integrity, sound evidence and innovative approaches.

Overview of design

Format of the new test of competence: Midwifery

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 Exam)	<p>10 stations:</p> <p>4 station 'APIE' consisting of:</p> <ul style="list-style-type: none"> • Assessment • Planning • Implementation • Evaluation <p>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) Emergency skill 1 professional values station 1 critical appraisal station</p>	Variable by station according to task-specific criteria	<p>Up to 2 hours and 45 minutes</p> <p>APIE stations:</p> <ul style="list-style-type: none"> • Assessment station: 15 • Planning station: 10 • Implementation station: 10 • Evaluation station: 16 <p>Skills stations, critical appraisal and professional values stations:</p> <ul style="list-style-type: none"> • 16 minutes for each pairing

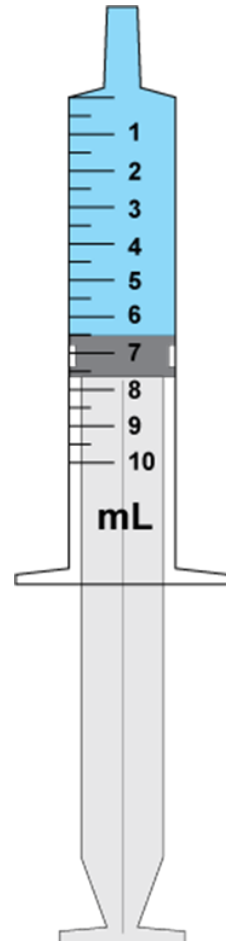
OSCE overview: midwifery

Station	A	P	I	E	Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6
					Clinical emergency	Clinical emergency	Systematic evaluation of the newborn	Clinical skill	Professional values/behaviour	Appraising evidence based practice
Abdominal Pain										
Prolonged labour and birth										
Postnatal visit										

Key:
Re-purposed: least changes
Re-purposed: significant changes
New

Examples of CBT content

Example Part A: numeracy question – Measuring the correct dose



What is the volume that has been drawn up into the syringe?

Answer = 6.5 mL

Example Part A: numeracy question – metric units

A baby weighs 3450 g at birth.
Convert this weight to kilograms.

Answer = _____ **3.45** _____ **kg**

Example Part A: numeracy question – oral medications

A patient has been prescribed 30 mg of prednisolone.

How many tablets should be administered?



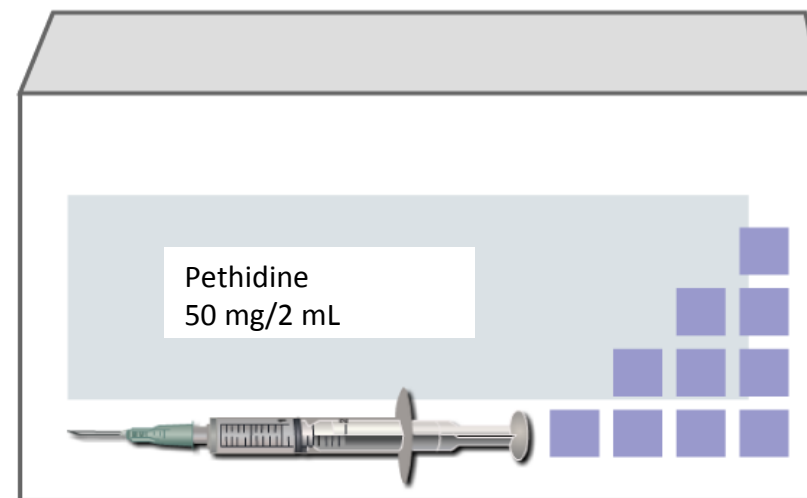
Answer = _____ **6** _____ **tablets**

Example Part A: numeracy question - injections

You have a prescription for 250 mg of pethidine.

What volume should be drawn up for the injection?

Answer = 10 mL



Example Part A: numeracy question – intravenous infusions

Prescription						
Date	Route	Infusion fluid	Vol. (mL)	Duration	Time start	Prescriber's signature
26/05/20	I.V.	Blood	450	3 hours	0800	<i>D. McCormick</i>

At what rate would you set the infusion pump to run?

Answer = _____ **150** _____ **mL per hour**

Example Part A: numeracy question – fluid balance chart

Complete the following fluid balance charts by calculating if the patient has gained or lost fluid over a 24-hour period. If the patient has gained fluid you should include '+' before your balance answer, e.g. +100 mL. If the patient has lost fluid you should include '-' before your balance answer, e.g. -100 mL.

Patient's name: <u>Sophia Smith</u> Hospital number: <u>92684420</u> Chart number: <u>1</u> IV Fluid type and rate: _____ Date: <u>26/05/20</u> Ward: <u>Bluebell Ward</u>							
Time	Input			Output			
	Oral (mL)	Intravenous infusion (mL/hour)	Total (mL)	Urine (mL)	Aspirate/vomit (mL)	Other (mL)	Total (mL)
0100							
0200							
0300							
0400							
0500				100			
0600	100						
0700		500					
0800							
0900				120	20		
1000							
1100		500					
1200	180			100		25	
1300							
1400					50		
1500						50	
1600		500					
1700	120			100			
1800							

Example Part B: clinical question – generic (1)

How does a midwife ensure a woman who is breastfeeding receives the appropriate support?

Choose the correct answer.

- A Give her the number for a peer support worker
- B Co-ordinate care across multiple agencies**
- C Observe a full breastfeed
- D Refer to the health visitor

- Primary Domain statement: 2.1
- Bloom's level = Remember and understand

Example Part B: clinical question – generic (2)

If a midwife becomes aware that a mistake has occurred, what is done?
Choose the correct answer.

- A Correct the mistake immediately
- B Stop giving care immediately to prevent further harm
- C Apply the professional duty of candour
- D Contact the woman's family immediately

- Primary Domain statement: 1.19
- Bloom's level = Apply and analyse

Example Part B: clinical question – generic (3)

If a woman is reluctant to hold or engage with her newborn infant, how does a midwife react?

- A Perform a full physical postnatal examination
- B Ask the woman if she is tired and needs a rest
- C Ask the woman if she is depressed, checking her patient notes for a history of mental health issues
- D Spend time with the woman and her partner/family exploring transition to parenthood and positive family attachment

- Primary Domain statement: 4.4.4
- Bloom's level = Create and evaluate

Examples of APIE content

Assessment: Candidate Briefing

You are working on the antenatal assessment unit and you have been asked to assess a woman who has just presented unannounced with a vaginal bleed at term.

The midwife in charge informs you that the woman is 38 weeks pregnant with her second pregnancy. The woman is reporting a small amount of fresh red blood loss vaginally as well as abdominal pain, and 'looks in pain' on admission.

Please take a full history, complete a full antenatal check and any additional checks and observations required according to your findings from this history.

- NB A sheet is provided so the candidate can write notes
- The notes are not assessed (nor is the verbal input) – the completed NEWS2 is assessed

Overview of Recent History



Scenario
<p>Name: Amy Hall</p> <p>Date of Birth: 21/01/1995</p> <p>Address: 17 Ladybrook Lane, Rotherham, Sheffield.</p> <p>Post Code: S11 3TF</p> <p>GP: Dr Shaw</p> <p>Presenting complaint:</p> <ul style="list-style-type: none"> → Second pregnancy. → 38 weeks pregnant. → Small fresh red vaginal bleed. → Abdominal pain. <p>History of Presenting complaint:</p> <ul style="list-style-type: none"> → Sexual intercourse at 7.30am this morning. → Intermittent abdominal pain since 8.30am this morning. → Small fresh red blood loss noted on wiping and staining of underwear at 09.30am this morning. <p>Previous Obstetric History:</p> <ul style="list-style-type: none"> → 2015; uneventful pregnancy. Spontaneous labour and delivery of live male infant at 40 weeks gestation. Child fit and well at birth.

Assessment Marking Criteria

Id	Assessment Criteria
1	Clean hands with alcohol hand rub, or wash with soap and water and dry with paper towels following WHO guidelines
2	Introduces self and explains the assessment procedure to the patient
3	Obtains consent
4	Checks environment is safe and maintains privacy
5	Accurately assess, interpret and record the full medical and obstetric history of the woman (Postnatal depression/Unexplained infertility/IVF/G2P1/Previous NVD at term)
6	Accurately assess, interpret and record the health and well-being of the woman antenatally (6.20) (Midwifery led care/Second pregnancy/38 weeks pregnant /LLP at 20 weeks/34 week USS placental position and fetal growthbNAD/Small fresh red vaginal bleed/Abdominal pain/Rhesus negative)
7	Demonstrate the ability to measure and record vital signs for the woman, using technological aids where appropriate, and implement appropriate responses and decisions (6.30)
8	Recognise normal vaginal loss and any deviations from normal, referring to an obstetrician as appropriate (6.33)
9	Undertake abdominal examination and palpation of the woman (6.31) (assessing any discomfort/the state of the uterus including uterine contractions/fundal height of the uterus/lie and presentation of the fetus)
10	Accurately assess fetal wellbeing (fetal movements/Undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG), accurately interpreting and recording all findings including fetal heart patterns (6.32)
11	Accurately diagnose small vaginal bleed provoked by sexual intercourse with a differential diagnosis of early labour and bloody show
12	Accurately identify investigations required (Kleihauer)

Planning Scenario

Scenario	→	α	α
¶			α
You have conducted the following assessment of Amy Hall.¶			
¶			
Full clinical history¶			
<ul style="list-style-type: none"> • → History of postnatal depression, unexplained <u>infertility</u> and IVF.¶ • → Gravida 2 Para 1 — previous uneventful pregnancy and spontaneous vaginal delivery at term.¶ • → Current pregnancy — Originally consultant care, history of <u>low lying</u> placenta at 20 weeks, normal placental position and fetal growth at 24 weeks, transferred to midwife led care at 34 weeks. ¶ • → Currently 38 weeks, small post coital bleed, fresh red blood loss on wiping with no active bleeding, intermittent abdominal pain.¶ <ul style="list-style-type: none"> ○ → Sexual intercourse at 7.30am this morning.¶ ○ → Intermittent abdominal pain since 8.30am this morning.¶ ○ → Small fresh red blood loss noted on wiping and staining of underwear at 09.30am this morning.¶ 			
¶			
Assessment of maternal wellbeing¶			
<ul style="list-style-type: none"> • → Temp 36.6.¶ 			



Planning task

- Based on your assessment of Amy Hall, please produce a midwifery care plan for the next 4 hours using the Situation, Background, Assessment and Recommendation Review (SBARR) tool provided.
- Please use this tool to make notes regarding Amy Hall and then use your notes to **verbally** explain your plan of care to the midwife in charge of the antenatal assessment unit (examiner).
- You have 5 minutes to make notes on the SBARR form (this is not assessed), and up to 5 minutes to complete the verbal handover.

Planning criteria
Utilises the SBARR tool to successfully verbalise a plan of care to the examiner.
Logically and accurately provides details of the situation (small post coital bleed, fresh red blood loss on wiping with no active bleeding, intermittent abdominal pain).
Logically and accurately provides details of the background (sexual intercourse at 7.30am this morning, intermittent abdominal pain since 8.30am this morning, small fresh red blood loss noted on wiping and staining of underwear at 09.30am this morning).
Logically and accurately provides details of the assessment (small post coital bleed with abdominal pain, uterus soft and non-tender, no active bleeding. Differential diagnosis of early labour with blood stained show, Urinalysis +++ blood ++ leucocytes, observations otherwise normal, Fetal movements and CTG reassuring).
Logically and accurately provides details of the recommendation (medical review, Kleihauer, MSSU).
Referral for medical review is acknowledged and actioned appropriately.
Ensures recommendations are current/evidence based/best practice.
Uses professional terminology in care planning.
Contemporaneously and accurately completes required documentation, dating and signing as required.
Ensures the woman is involved in the care planning process with consent gained for medical review and additional tests.

Implementation

Scenario

Amy Hall has now been reviewed by Dr Gupta following her admission to the antenatal assessment unit with a post-coital vaginal bleed at 38 weeks gestation.

A speculum examination was performed by Dr Gupta where fresh red blood loss was seen on examination. The cervical os was reported to be short and approx. 1-2cms dilated. Intermittent abdominal pain continues.

Dr Gupta has requested that Amy Hall is admitted to the antenatal ward for observation of her vaginal loss and abdominal pain overnight. Medications required for this admission are prescribed by Dr Gupta. Dr Gupta asks that all required medications due at 14:00 are to be administered prior to transfer to the antenatal ward.

- Please administer and document all required **14:00** medications for Amy Hall in a safe and professional manner.

NAME	Amy-Hall		Gender	Female			Hospital-Number:-	1	
DATE	Today-10/30		Time				Date-of-Birth:-	21/01/1995	
T-DOSES:-									
Sl. No.	Dose	Route	Prescribers' signature	Prescribers' bleep	Given-by	Checked-by	Time-given		
1	500iu	IM	Dr. Z Gupta	505					
THERAPY:-									
Target oxygen-saturation	Therapy-instructions	Device	Flow	Time started-and-signature	Time discontinued-And-signature				
INDICATIONS:-									
Sl. No.	Dose	Route	Instructions	Prescriber's signature-and-bleep	Time-given	Given-by			
1	1g	PO	4-6-Hourly	Dr. Z Gupta					
				505					

Hall ^a	Female ^a	Hospital-Number: ¶ Date-of-Birth : 21/01/1995 ^a						
7:10:30 ^a								
			Date-and-Signature-of-Nurse-Administering-Medications.¶ Code-for-non-administrations					
NCY ^a	ROUTE ^a	DURATION ^a	TIME ^a	Today ^a	Tomorrow ^a			
				f				
			Date-and-Signature-of-Nurse-Administering-Medications.¶ Code-for-non-administrations					
NCY ^a	ROUTE ^a	DURATION ^a	TIME ^a	Today ^a	Tomorrow ^a			
				¶				
			Date-and-Signature-of-Nurse-Administering-Medications.¶ Code-for-non-administrations					
NCY ^a	ROUTE ^a	DURATION ^a	TIME ^a	Today ^a	Tomorrow ^a			

Id	Assessment Criteria
1	Clean hands with alcohol hand rub, or wash with soap and water and dry with paper towels following WHO guidelines
2	Seek consent from woman prior to administering medication
3	Check allergies on chart and confirm with the person in their care, also note red ID wristband (where appropriate)
4	<p>Before administering any prescribed drug, look at the woman's prescription chart and check the following are correct:</p> <p>Person (Check ID with person; verbally, against wristband (where appropriate) and paperwork),</p> <p>Drug</p> <p>Dose</p> <p>Date and Time of administration</p> <p>Route and method of administration</p> <p>Validity of prescription</p> <p style="text-align: right;">Signature of prescriber</p> <p>The prescription is legible</p>
5	Considers contraindication where relevant and medical information prior to administration (prompt permitted)
6	Provide a correct explanation of what each drug being administered is for to the person in their care (prompt permitted)
7	Administer drugs due for administration correctly and safely (Anti-D, paracetamol)
8	Omit drugs not to be administered and provides verbal rationale (Ferrous Sulphate - ask candidate reason for non-administration if not verbalised)
9	Accurately record drug administration and non-administration

Evaluation

Scenario

You are now working on the Antenatal Ward

Amy Hall has had an uneventful night on the antenatal ward. Amy has not experienced any further vaginal blood loss overnight and her abdominal pain has now settled. You have carried out an antenatal assessment of Amy this morning, including a CTG to assess fetal wellbeing, and both assessments are reassuring.

Dr Gupta has also reviewed Amy this morning and has discharged Amy back to midwifery led care in the community.

You are required to complete a transfer of care letter to ensure that the community midwife has a full and accurate account of Amy Hall's history and ongoing care needs.

- Please complete a transfer of care letter to ensure that community midwife has a full and accurate account of Amy Hall's history and ongoing care needs.

Id	Assessment Criteria
1	Situation
1a	Introduces self and the clinical setting
1b	States the woman's name, hospital number and/or DoB, and location
1c	States the reasons for discharge
1d	States the current situation with the woman and baby
2	Background
2a	States date of admission / visit / reason for initial admission / referral to obstetric team and diagnosis
2b	Notes previous medical history and relevant medication/social history
2c	Gives details of current events and detailing findings from assessments/tests
3	Assessment
3a	States most recent observations, any results from assessments undertaken and what changes have occurred
3b	States medical review completed
3c	States any areas of concerns
4	Recommendation
4a	States what is required of the person taking the handover and proposes a realistic plan of action
4b	Identify main ongoing care needs
4c	Propose a realistic plan of care including future appointment plan
5	Overall
5	Communication is clear and appropriate
6	Systematic and structured approach taken to completing the transfer of care letter

Examples of Skills Stations

Skills stations: Examination of the Newborn

Scenario

You are working on a labour ward.

You have been asked to assist with the care of Helen who gave birth to her second baby 6 hours ago. Helen and her baby are fit and well postnatally and Helen would like an early postnatal discharge home.

You have been asked to perform the Newborn Infant Physical Examination prior to Helen's discharge home.

The midwife caring for Helen informs you of Helen's clinical history as follows. Helen opted to have full antenatal screening for fetal anomaly at 16 weeks, which were reported to be low risk. At 20 weeks Helen opted to have a fetal anomaly scan, where the nuchal fold was reported to be 6mm with no further anomalies noted. Helen declined further follow up.

Helen was admitted in spontaneous labour and was in labour for 7 hours. Helen had an uncomplicated vaginal delivery of a live male infant. No resuscitation was required at birth. An examination of the infant at birth was performed and no abnormalities were detected.

- Please carry out the required actions to undertake a systematic examination of the baby.

Reference list

Clinical Skill (Examination of the Newborn)

Available with journal access:

Lomax, A (2015) Examination of the Newborn: An Evidence-Based Guide.

John Wiley & Sons Incorporated, 2015. ProQuest Ebook Central

<https://ebookcentral.proquest.com/lib/nottingham/detail.action?docID=4039781>.

Marking criteria – Newborn infant physical examination

Cleans own hands with alcohol hand rub, or washes with soap and water and dries with paper towels following WHO guidelines.

Conducts ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include: parental confidence in handling and caring for the newborn infant including response to crying and comfort measures.

Holistic assessment of the full systematic physical examination of the newborn infant in line with local and national evidence-based protocols; ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols.

Identifies risk factors, screens maternal records, record keeping NIPE SMART, Child Health Record.

Explanation of the NIPE screening programme, 4 key areas of the NIPE standards; gains informed consent.

Corrects environment (warm, light, flat firm surface, alongside mother); reviews case history & identifies any risk factors.

Demonstrates a logical process for the examination.

Acts professionally throughout procedures in accordance with the NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.

Professional Values Example

Scenario

You are working on a busy postnatal ward. One of the women you are caring for is Miriam, who birthed twin boys at 33 weeks gestation 2 days ago. The babies are doing well in NICU. Miriam calls her bell and when you arrive she is very distressed and angry. She tells you that she feels pressured into expressing breastmilk for her babies and she wants to stop. Miriam's husband is with her and he is upset as he is concerned that the babies need expressed breastmilk due to their early gestational age.

- Using your knowledge of the NMC Code (2018), consider the professional, ethical and legal implications of the scenario
- Please summarise the actions you would take in bullet points

Professional Values Mark Scheme

Id	Assessment Criteria
1	Considers Miriam's situation and is able to summarise the main points of concern in the scenario
1a	Is able to communicate fully and clearly with Miriam and her husband
1b	Demonstrates kindness and compassion when responding to Miriam
1c	Recognises Miriam's autonomy and right to choose how her babies are fed
1d	Works in partnership with the couple including care planning and follow up support
1e	Acts as an advocate for Miriam and does not express own personal beliefs inappropriately
1f	Ensures that Miriam is supported to make an informed decision
1g	Recognises the need for reflection on the situation and the opportunity to improve practice
1h	Demonstrates an understanding of the need for accurate documentation of the situation

Evidence based Practice Example

- Read the scenario and the summary of the research below.
- Please identify the main points from the summary and answer the question below.

Scenario

You are working in the community and have an appointment with Hana who is 36 weeks pregnant with her 2nd baby. She had a ventouse delivery last time and has been reading about how to prevent perineal trauma during birth. She wants to talk to you about whether the midwife or obstetrician can manually protect her perineum at the end of the 2nd stage of labour to prevent trauma.

Article Summary

An interventional cohort study published in 2010 was used as evidence to support the Royal College of Obstetricians and Gynaecologists' (RCOG) OASI care bundle that is supported in UK practice by the Royal College of Midwives. The study involved the application of an intervention in 40,152 vaginal deliveries in Norway between 2003 and 2009. The intervention was manual support of the perineum at the end of the 2nd stage of labour.

The study found that the incidence of anal sphincter injury reduced from 4-5% to 1-2% during the study.

The study also found that:

- the incidence of perineal trauma reduced in both instrumental deliveries and spontaneous vaginal deliveries
- reduction in 4th degree tears was the most significant finding of the study
- intervention had no harmful effects on the newborn

there were variables regarding episiotomy rates, mode of delivery and parity in different participating hospitals during the study.

Evidence based Practice Mark Scheme

Id	Assessment Criteria
1	Summarise the main findings from the article summary and draw conclusion, making recommendations for practice
1a	Recognise and make reference to the importance of woman centred care and maternal choice, regardless of national recommendations or available evidence
1b	Ask about Hana's age, ethnicity and socio-economic status during the booking appointment
1c	Recognise the relationship between gestational diabetes and increased birthweight
1d	Recognise that the study has identified that increased recognition is the most likely reason for the increase in anal sphincter injury
1e	Give consideration to the fact that Hana had a ventouse birth in her last pregnancy
1f	Acknowledge the date of publication and be aware that newer evidence may have been published since 2013

Support Materials

- The examples used in this presentation are taken from the candidate support materials
- These support materials will be available in advance from the learning platforms held by each of the Test Centres in the new year
- There is more information about the support materials in the Overview presentation which was recorded and can be found <https://www.nmc.org.uk/registration/toc-review/>

Q&A session

Next steps



Coming up

- The new Test of Competence (nursing associates) – CBT and OSCE, **Thursday 3 December**, 14:30 to 15:30
- Register on our website - <https://www.nmc.org.uk/registration/toc-review/>
- Sign up for monthly updates - <https://r1.dotmailer-surveys.com/b2129ae8-114gax68>

Thank you

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