

**FILIPINO NURSES' PERSPECTIVES OF THE CLINICAL AND LANGUAGE COMPETENCY REQUIREMENTS**  
**FOR NURSING REGISTRATION IN ENGLAND: A QUALITATIVE EXPLORATION**

**ABSTRACT**

**Aim:** To understand Filipino nurses' experiences of the 'Test of Competence' process, alongside the additional competency requirements of their sponsor Trust.

**Background:** The Philippines has been a significant and sustained source of foreign trained nurses to the UK over the past twenty years. Since October 2014, the Nursing and Midwifery Council has required that all non-UK nurses pass a 'Test of Competence' prior to acquiring registration. However, there is limited evidence exploring how overseas nurses experience this process, and the tests which comprise it.

**Design:** A qualitative study informed by pragmatism, using focus group discussions.

**Methods:** Focus groups were held with pre-departure nurses in Manila, the Philippines and with post-arrival Filipino nurses in the South East of England. A total of 21 male and female Filipino nurses participated. Qualitative data were analysed using Reflexive Thematic Analysis.

**Results:** Three themes were generated in relation to the competency process. Firstly, inappropriate preparation, Second, a competency/practice disparity and finally intergenerational and intra-professional support.

**Conclusion:** Some aspects of the 'Test of Competence' process were seen as unnecessarily difficult, contradictory, repetitious and/or of little relevance to practice. Lack of support and insufficient information relating to how best prepare for the tests were mitigated to some extent by individual learning and informal support mechanisms. An evaluation of the impact that repeated changes to the Test of Competence process may have on the quality of support offered by NHS Trusts to overseas nurses is recommended.

## **KEYWORDS**

Competencies; Educational Measurement [I02.399]; Emigration and Immigration

[N01.224.625.525.500]; IELTS; Nursing and Midwifery Council; Nurses, International

[M01.526.485.650.662]; Nurse migration; OSCE; Philippines; Professional Competence [I02.399.630]

## **INTRODUCTION**

The Philippines has been a significant and sustained source of overseas trained nurses since the late 1990s and early 2000s when the first major intakes of nurses from the Philippines to the UK began (Gillin and Smith 2020). However, the standards and requirements that overseas nurses need to achieve before obtaining registration with the UK's Nursing and Midwifery Council (NMC) in the UK are markedly different, and arguably more extensive for current overseas nurses than they were 20 years ago. Since October 2014, the NMC has required non-European Economic Area (EEA) nurses to not only provide evidence of their English Language proficiency, but to pass the NMC's 'Test of Competence', which is administered in two parts. Part 1 involves a computer-based test (CBT) and can be completed and passed in the nurses' home country, alongside an English language test, prior to arriving in the UK. Part 2 involves passing an Objective Structured Clinical Examination (OSCE) with one of three UK University providers, which can only be completed in the UK once a contract of employment in the UK has begun. Currently, candidates are allowed a maximum of three attempts at each part of the test, although this was not always the case. When the OSCEs were first introduced, only two attempts were permitted and pass rates were low with only 56% of candidates passing the OSCE between April 2015 and January 2017 (Unison, 2018). April 2017 saw the OSCE competency rules changed to allow candidates a third attempt, following concerns over poor pass rates (Unison 2017, 2018). Since then, OSCE pass rates have continued to improve, although there have been discrepancies in pass rates between each of the three UK University providers which have narrowed over time. OSCE pass rates across all three OSCE centres can be found in Table 1.

**[INSERT TABLE 1 HERE]**

The consequences of failing the OSCEs for overseas nurses can be severe. Failing to obtain an OSCE pass, and hence join the NMC register within the maximum allotted time of eight months after entering the UK (NHS Employers, 2020) can lead to a cascade of events, including a cancelled NMC application, a subsequent termination of sponsorship of employment (Unison 2017, 2018) and the curtailment of their Tier 2 visa and hence right to remain in the UK (UKV&I, 2020). As a reapplication to the NMC is not allowed for six months following a failed application, returning to the Philippines is a likely outcome for those who do not obtain an OSCE pass within the allotted time frame.

In addition to the Test of Competence, overseas nurses are required to provide evidence of English language ability, either through passing the International English Language Testing System (IELTS) exam, or the more recently accepted Occupational English Test (OET). Controversy exists surrounding the difficulty of these tests and the additional barriers these may create for overseas nurses (Allan and Westwood, 2015). One of the major international recruitment agencies HCL found that 63% of overseas nurses passed the IELTS exam after two or more attempts, delaying the speed with which nurses could take up offers of employment (HCL, 2017). The NMC's decision to choose the Academic IELTS as its preferred test over the general training IELTS has also been questioned (Moore, 2015), with a 'weak' rationale given by the NMC for why this 'extremely tough' standard was preferred (HCL, 2017 p.4). Although the OET was introduced in 2017 as an alternative option to the IELTS in demonstrating English language competency, limited research exists which explore the experiences of either of these tests amongst overseas nurses in the UK.

In January 2018 the NMC instigated an extensive review of the standards required of international nurses (NMC, 2018), intending to 'streamline' and improve the registration process. These changes have typically lessened the requirements for registration, and consequently increased the number of overseas nurse applications, to an average of 2,150 per month (NMC, 2020c). The easing of registration requirements and the subsequent increase in applications from overseas nurse

applicants appears to have achieved the objectives set out in the NHS Interim People Plan (NHS, 2019a) which sought to address the chronic nursing shortages in the UK by rapidly increasing the number of overseas nurses in the UK using regulatory changes. In August 2021, further changes to the Test of Competence process were introduced, involving the addition of four skills stations to the OSCEs, the division of the CBT into two parts (numeracy and clinical) and the improvement of candidate support materials. A table detailing the key changes made to the Test of Competence and English language requirements, prior to, and as a consequence of, the NMC's review process can be found in the supplementary materials.

Although the NMC's Test of Competence, including the OSCEs, have been required of overseas nurses since 2014, there is a dearth of research on this topic. This is despite the frequent changes to the process since its inception, and the major implications for the nurses' lives and careers should they fail to achieve a pass within the given time frame. Limited anecdotal data from education leads at NHS Trusts (Foster, 2018) found concerns that Trusts were unable to provide adequate support to overseas nurses due to inadequate resources and unhelpful training and advice offered by the NMC. Other issues included OSCEs that did not reflect current clinical practice standards, exam failures based on arbitrary issues, and concerns at the excessive costs of the exams. However, there are currently no studies which have specifically examined overseas nurses' experience of the OSCEs in the UK (Bond et al., 2020), or the Test of Competency process more broadly.

## **METHODS**

A pragmatic, qualitative approach was taken to explore Filipino nurses' experience of English language exams, the NMC's 'Test of Competence' process, and their sponsor Trust's internal Trust-specific competency process. Qualitative data were gathered as part of a larger project examining the pre-departure and post-arrival experiences of registered nurses in the Philippines choosing to migrate to the UK. One focus group was conducted in Manila, the Philippines, and five focus groups were conducted in multiple locations in the South East of England. Given the changing nature of the

competency requirements and OSCE pass rates, particularly from 2017 onwards, it is important to situate the findings within the time period in which data collection occurred. All data were collected between September 2018 and August 2019 and nurse participants varied in the length of time they had worked in the UK and the stage they had reached at the NMC's Test of Competence process. Pre-departure nurses had passed IELTS and the CBT (i.e., Part 1) but were yet to take their OSCEs (Part 2). The majority of post-arrival nurses had passed their OSCE (Part 2) at the time of participation. None of the nurses had taken the OET instead of the IELTS, and all participants had passed each element of the Academic IELTS at the required Level 7. Length of time working in the UK ranged from a few weeks to almost two years, and in total the responses of 21 male and female Filipino nurses from three different NHS Trusts contributed to this paper. Focus groups were audio-recorded and transcribed verbatim. Qualitative data were analysed by one researcher (NG) in an inductive, iterative and reflexive manner and themes of 'shared meaning' developed in alignment with Reflexive Thematic Analysis (Braun and Clarke, 2019).

### **Rigour**

In keeping with Pragmatism and Reflexive Thematic Analysis, rigour in this study was less about "absolute adherence to methodological standards" (Parry et al 2020 p.280) or "following procedures 'correctly' (or about 'accurate' and 'reliable' coding, or achieving consensus between coders)" (Braun and Clarke, 2019 p.594) and was instead more concerned with "the researcher's reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process" (Braun and Clarke, 2019 p.594), whereby a balance between scientific rigour and relevance was acknowledged (Silva et al 2018). Themes therefore were actively constructed as a result of the researchers' reflexive engagement with the data, guided by the six phases of thematic analysis (Braun and Clarke 2006), using an inductive orientation. In addition, theme generation occurred alongside a parallel checking and reformulation process where the themes were compared to each other, the author's assumptions and any critical and hypothetical counter-arguments against

which any final claims about the data may not withstand. 'Traditional tools' of paper transcripts, pens, handwritten notes and highlighters were used during the data analysis process due to researcher preference (Xu and Zammit 2020).

## **Ethics**

Ethical approval was gained from the School of Nursing and Midwifery's Research Ethics Panel, Anglia Ruskin University and research was conducted in accordance with their accompanying research ethics guidelines. Participant anonymity was afforded to participants by avoiding the use of real names. Attributing any responses to the focus group in which they occurred also provided another layer of anonymity to the participants.

## **RESULTS**

Three themes, each with three sub-themes, were generated from the data: 1. Inappropriate Preparation 2. Competency/Practice Disparity and 3. Intergenerational and Intra-professional Support. The first two themes capture issues found with the competency process - pre and post arrival, with the third theme containing strategies used to alleviate these issues to some extent.

### **1 Inappropriate Preparation**

Inappropriate preparation for the exams consisted of three sub-themes, two of which concerned Trust level issues and the third was related to external factors such as choice of OSCE test centre.

#### **i) Trust inexperience**

Difficulties in accessing the correct preparatory information, materials and experience needed to prepare for their OSCEs and Trust-specific competencies were noted amongst focus group participants. Some considered themselves 'guinea pigs' due to them being amongst the first overseas nurses in their Trust to experience the OSCEs. One Trust, having never supported any

previous cohorts through the OSCE process before was equally as new to the OSCEs as the nurses themselves. This was viewed by the nurses to be an impediment to the Trust's ability to provide accurate and appropriate support and preparation to the nurses prior to them taking their first OSCE test. Many of the nurses who were amongst the first to sit the OSCEs at their Trusts failed on their first attempt with one participant recalling being part of a cohort of eight, all of whom failed. OSCE failures on the second attempt were also reported.

*"the first and second take we failed and failed, it was so frustrating!" (FG1)*

#### ii) Inappropriate OSCE preparatory materials and clinical exposure

Participants attributed failing the OSCEs not just to the Trusts being unfamiliar with the requirements and providing inadequate support and preparation, but also due to the preparation that was given being inappropriate. Instances where Trusts had provided the overseas nurses with Trust or ward-specific rather than exam-specific information were given and blamed as a partial cause of the failure for the cohort of eight simultaneously failing on their first attempt.

*"The eight of us failed the exam, because we were really confused, because they're teaching us the clinical skills or the information that's more good that we could use in the hospital than the exam."*

*(FG4)*

The nurses also considered a lack of exposure to, and experience within, the clinical setting they had been assigned to prior to taking the OSCE exam as detrimental to their preparedness and likelihood of success. One focus group reported having three months of OSCE training followed by two weeks of exposure to their clinical setting and considered this insufficient preparation for their OSCEs. This limited degree of exposure to a UK clinical practice setting was cited as a further contributing factor to their failing the exam.

### iii) External causes and consequences of failing to pass the OSCE

The nurses also considered the OCSE test centre itself as influencing the likelihood of passing the exam, with one test centre viewed more favourably than the others in terms of its leniency and friendliness of its staff. These perceptions aligned with the pass rate data in Table 1. In addition to the considerable frustration and additional work associated with exam failure, this also meant that the nurses were delayed in acquiring Band 5 Registered Nurse status and remained on a lower pay scale until all NMC competencies were achieved. Even though they remained employed during this time, participants were alert to the potentially severe consequences in failing their OSCE exam again and having to return to the Philippines, where *‘everything you work hard [for] is just going to go to waste’*. Indeed, one participant’s partner had to return home after failing his OSCE exam.

*“He went here last year but because he failed OSCE, he needs to go back to the Philippines, but I hope he’ll go back here soon.” (FG2)*

## **2. Competency/Practice Disparity**

A disparity between the reality of clinical practice and the standards and competency requirements of their Trust, the English language exams and the OSCEs was also highlighted by participants.

### i) English Language Exams

Doubts were raised by the nurses regarding how relevant the English language exams were to the standards of English required in practice. With respect to the IELTS exam, achieving a pass at the required standard was generally seen as extremely difficult with some participants taking multiple attempts before passing. For some nurses, delays in passing IELTS had held up their migration to the UK and was perceived as the largest obstacle in their migration journey. There was also consensus amongst participants that the IELTS was unnecessarily difficult when compared to what was expected and required of them in practice, especially in terms of writing. An Academic IELTS level 7



pass in writing was considered a disproportionate requirement for what sufficed in reality - a much more simplified writing style.

*“In the hospital, they're not going to let you write in a way where it's so complex, they let us write in bullet form, “We did this, we did that”, it's kind of funny why they set the bar so high.” (FG5)*

During the data collection period, the alternative English test (the OET) had recently been introduced. However, with the pre-departure nurses having studied already for the IELTS it was this test which was persevered with and succeeded at. The OET test was also more expensive than the IELTS, though it was suggested during the pre-departure focus group that others who had opted for the OET were passing sooner, and with fewer retakes, compared to those sitting the IELTS exam. The cost of the English language tests, coupled with a failure rate which often required repeated re-takes, led to some participants questioning if the current status quo for English language competencies was driven instead by financial motives.

*“It's even come to most of our thoughts that they make it like a monopoly, making money out of it, because they make it so difficult.” (FG5)*

## ii) OSCEs

In addition to the disconnect between the English language exams and the standards of English required in practice, many participants also believed that the OSCE competencies did not correspond with those required in their clinical areas. Just as Trust competency preparation was perceived to be of little relevance to an OSCE pass, an OSCE pass was not considered adequate preparation for work in their clinical areas. What they had learnt for the OSCEs was considered different, and sometimes contradictory to the standards required of them in practice.

*“The training that we had is basically because of the OSCE programme, it's because of the exam. It's not really the way the world will run, not that, it's different... it focuses on the exam itself, for us to pass the exam together but it's the other way around in the ward.” (FG2)*

### iii) Trust-specific competencies

Some of the nurses viewed the practical skills and clinical competency requirements of their workplaces as repetitious and unnecessary, or contrary to the competencies they had acquired in the Philippines. In the Philippines, being a registered nurse and passing the final exam was taken as evidence of competency to practice, yet this qualification alone was not recognised as adequate for practice in the UK. Instead, Trust-specific competencies and requirements (including additional study days) needed to be achieved to the Trust's own specific requirements before they were deemed fully competent and hence able to practice their skills independently of supervision. Deskilling, i.e., practising at a level which was below their capabilities, occurred as nurses were restricted from using skills which had been acquired over many years until they had first received training by the Trust and proven themselves competent. Being in their clinical areas, knowing they can perform much needed skills such as cannulation, yet being prevented from doing so was also a frustrating and disheartening experience for the nurses.

*"You just feel like a burden and you're not being helpful at all, "I'm just a burden here", it knocks our spirits." (FG6)*

To avoid this situation, it was suggested by the nurses that there should have been a mechanism in place that allowed them to have these Trust-specific competencies signed off before they were placed in their clinical areas with responsibility for the care of patients.

*"they are assigning me to this number of patients in bays and you can't do anything, it's really frustrating for our shift, I think that before you send out a nurse, all these competencies should be done"(FG1)*

### **3. Intergenerational and Intra-professional support**

Due to the issues discussed above, many nurses felt compelled to seek support and guidance either independently of the Trust, from nurses who had previously taken the tests and from more established co-nationals employed by the Trusts.

#### **i) Intra-professional and organisational support**

While in their clinical areas, participants generally found senior nurse educators and colleagues to be supportive. Practice development nurses were not only supportive to the nurse participants throughout their preceptorship periods, but were open to, and actively pursuing the overseas nurses' insights. Many participants reported positive action being taken by their more senior practice development colleagues, with adjustments to training and support being made for subsequent cohorts of overseas nurses who arrived after them, based on earlier cohorts' experiences and feedback. This feedback was translated into formal improvements in future cohort support by one of the Trusts.

*“They keep improving it, so they always get feedback from every cohort on things that need to be improved and that’s implemented on the next incoming cohort”. (FG1)*

Feedback-based adjustments relating to the OSCE test centre choices and extending the degree of practice exposure during OSCE preparation were also made. Consequently, participants believed that future cohorts of overseas nurses were passing their OSCEs on the first occasion at a greater rate than earlier cohorts had as a result of these changes.

#### **ii) Independent information seeking strategies**

In addition to the formal support offered by the Trust, information seeking strategies were also initiated by the individual nurses themselves. Participants partially attributed their OSCE passes to using their own initiative and seeking the information they felt was necessary and relevant – sometimes in divergence with what the Trust provided.

*“We felt that if you follow what they're teaching us, we could fail. So, we just follow what we've been practising and just practised with our own I think that's the one that helped us, that worked.”*

*(FG4)*

Seeking OSCE relevant information independent of the Trust's own provisions was not restricted to OSCE exam preparatory material. Seeking informal sources of information from friends and colleagues who had already passed their OSCEs was also considered to be a successful preparatory strategy. This was used not just by the overseas nurses themselves, but by the Trust's education team who also specifically sought to learn from previous cohorts in order to improve their future success rates.

### iii) Intra-cultural and Intergenerational support

Entering clinical areas where there was a majority of Filipino nurses already established was reassuring for the nurses, professionally and personally. Newly arrived Filipinos felt more comfortable asking Filipino colleagues questions, and reported feeling more able to manage on a shift as result.

*“If I have a Filipino colleague who has the same shift, it's easier for us to cope because we can ask questions, it's like we're coming from the same place so we have the same practices” (FG1)*

Informal, intergenerational learning occurred between longer-established Filipino nurses and recent arrivals, with the latter specifically seeking the former's knowledge in some instances. The more established Filipino nurses were encouraging to their less experienced peers and advised the nurses on their future career development. Similarly, the cultural aspects of working as a nurse in the UK, which were not covered or addressed within the Trust's training provisions, were acquired informally from the longer established Filipino nurses:

*“They already know how things are done because they've been here a long time, they tell you about the culture, so it's nice to have that kind of support” (FG6)*

Despite the value placed on personal support and guidance from more experienced colleagues, this was not always available to the extent that it was desired. Accounts were given of supernumerary periods not being protected, with limited exposure to mentors and preceptors during their preceptorship period. Some of the nurses felt that needing to get Trust-specific competencies signed off in practice led to them feeling a 'burden' on their colleagues, while having a mentor or 'buddy' who was also an overseas nurse, with recent experience of joining the Trust and who could offer guidance in this respect was preferred. Indeed, a system of 'buddying up' nurses in this manner was reported to be in the process of being started at one of the Trusts for the benefit of future cohorts of overseas nurses, a scheme which the nurses viewed positively.

## **DISCUSSION**

The findings revealed a number of issues in respect to the competency assessment process for overseas nurses in the UK. Firstly, in relation to pass rates, the content and appropriateness of the English tests and their relation to practice. Next, the relevance and applicability of the OSCEs to clinical practice and the in/adequacy of Trusts' support in achieving competency requirements. Finally, the strategies and techniques utilised by the nurses to mitigate for competency support shortcomings.

English language competency requirements for nurses not trained in the UK are currently situated between a number of competing priorities. The 'right' level of English language requirements are balanced between ensuring they are high enough to avoid posing an unacceptable risk to patient safety and satisfaction, yet robust enough to withstand pressures to ease language requirements to meet increasing demand for overseas nurses in the UK (NHS, 2019b). They must also be justifiable in the face of increasing evidence and campaigns (Ceriach, 2013) that they are unpopular, unnecessarily difficult (Allan and Westwood, 2016) and have questionable validity, especially in terms of what is required in clinical practice (Moore, 2015).

Test validity, i.e., how well these tests assess English language relevant to nursing practice, needs to be the first priority when choosing an English test for nurses (Sedgwick and Garner, 2017). However, there are indications that current IELTS and OET tests may not be the most valid method of proving English language capability since migrant nurses with prior experience of working in an English-speaking environment have been found to be at no greater advantage when it came to passing their IELTS or OET the first time compared to those without prior experience (Lynch, 2016).

Native English-speaking Australian nurses, who historically had to pass the IELTS to practice in other English speaking countries like the UK, have also been found to have difficulty in passing the IELTS to the required standard (McKew, 2017; Tapper, 2017; HCL, 2017), raising serious questions about the degree of difficulty and suitability of existing test mechanisms, and their ability to accurately reflect English language competency. The findings from the Filipino nurses in this study add further weight to the position that an IELTS Academic Level 7 is an unpopular, unnecessarily difficult and inappropriate indicator of English language competency in relation to what is needed in practice.

Unnecessarily difficult English competency tests, which are disconnected from what is required in practice, did not just lead to frustration and delays in acquiring employment in the UK amongst participants in this study, but also led to a lack of trust in these exams and those who administer them. Over the last few years English language test requirements have been subject to frequent changes, and whilst concerns may potentially lessen with the lowering to 6.5 in one of the four IELTS areas (see supplementary materials), the relevance and validity questions still remain. Rumsey et al. (2016) found that nurses did not think that either the OET or the IELTS were adequate measures of their communicative ability in a clinical context, however perceptions towards the OET remain unexamined in a UK context. Nevertheless, this study's findings indicated that the OET may be both easier and more relevant to nursing practice than the IELTS, albeit more expensive. Negative perceptions of the IELTS exam can reflect poorly on migration experiences, yet frequent changes to overseas nursing competency requirements can also be frustrating for those who are trying to

navigate the system (Rumsey et al., 2016). The impact of the most recent changes to the Test of Competence process introduced by the NMC in August 2021 on the quality of support offered by Trusts requires scrutiny, given that significant NHS situated change can be disruptive to those subjected to them, and ultimately counter-intuitive to their initial aims (Allen et al., 2013).

Concerns for the validity of competency tests were not just limited to the English Language competency tests, but were also found amongst the Filipino nurses in relation the OSCEs. The nurses in this study perceived the clinical skills and procedures required of the OSCEs as markedly different to those required by their employer Trusts, echoing Foster (2018) who found that education leads had also noted a disconnect between practice and OSCE requirements. Against the backdrop of perceived inadequacies of existing competency systems and processes for overseas nurses, information seeking strategies were demonstrated by the nurses themselves as a means of ameliorating these. The nurses were resourceful in seeking professional and informal support from other Filipino nurses, with the informal support used to mitigate the structural lack of support and information provisions by formal institutions.

Nevertheless, despite some of the shortcomings identified of existing competencies (both NMC competency and Trust/ward competency) there was evidence of good practice by nurse education staff who were not just engaging overseas nurses in service improvements, but were also implementing this for the benefit of future overseas nurse cohorts. In contradiction to the broader tendency among NHS organisations to be 'institutionally deaf' to points of concern (Pope, 2017), the education leads were engaged in active listening and programme improvements. Nurses who report higher levels of engagement and involvement in decision making have been found to report higher levels of job satisfaction, and lower burnout and intent to leave (Kutney-Lee, 2016). Feeling that concerns are listened to, and responded to, is also associated with less burnout amongst nurses (Holland et al., 2013). The involvement of overseas nurses in the improvement of Trust-situated educational and competency programmes therefore may not just benefit future cohorts of overseas

nurses, but may have the potential to have positive outcomes for the Trust and the contributing nurses themselves at a time when their confidence in their professional competencies may be diminished. Improvements to existing competency requirements and the support within NHS Trusts are required, which overseas nurses can make a unique contribution towards. This is not just through their experiences, but also through their vantage point of being cultural 'outsiders' with unique comparative perspectives that can reveal blind spots within the organisation that may not be obvious to those who are immersed within it (Gillin, 2020). Though contributions of overseas nurses to service improvement and development remains an under-explored aspect of nursing research and practice, there is scope in exploring the potential benefits for service, workforce and patient care improvements than can be generated should their unique perspectives be taken in account.

### Limitations

Given the frequent changes to the competency requirements some of the findings from this paper may already have limited applicability. For example, since data collection the participant's conclusion that a Level 7 IELTS pass is excessive and inappropriate is not as applicable given that IELTS requirements have since lessened slightly, and the OET is now an alternative option. The transferability of these findings to other groups of overseas nurses e.g., Indian nurses should also be considered. Whilst some of the structural barriers found in the competency process (e.g., the formal support offered by the Trusts, the frequent changes to the requirements and the consequences of failing the OSCEs within the given time frame) may apply to other overseas nurses, there may also be other aspects of the process which may not. This should be noted when interpreting these findings. An expansion of this research to overseas nurses of other nationalities is therefore recommended.



## **CONCLUSION**

This paper has contributed original findings in that it is the first paper, to the authors' knowledge, that reports how migrant nurses in the UK experience the OSCE and the NMC's Test of Competence process. Test validity, a disparity between practice and theory, and inappropriate support were raised as concerns regarding both the OSCEs and the IELTS. Level 7 Academic IELTS was seen as a disproportionately difficult requirement compared to the standards of English that were needed in practice. Knowledge and support gaps were mitigated to some degree through informal support, and independent information seeking, although the nurses' enthusiasm and desire to learn exceeded the support available in some cases. Having to meet NMC Test of Competence requirements concurrent to the competency requirement of their sponsor Trust was problematic for some of the nurses, especially if the competency requirements were viewed as contradictory to each other. Nonetheless, good practice was evident amongst the education leads at the Trusts. It remains to be seen if Trust support can continue to be maintained, improved or jeopardised by the introduction of the further changes to the NMC competency process in August 2021. Research which revisits this topic in light of these changes, including an evaluation of the NMC's recently introduced candidate support materials, is recommended.

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**Table 1. Average OSCE pass rates from January 2017 to March 2020.**

	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Jan–Mar 2020</b>
<b>Oxford Brookes University</b>	37%	57%	69%	69%
<b>University of Northampton</b>	58%	67%	83%	83%
<b>Ulster University</b>	70%	87%	88%	88%

(NMC, 2020)

\*note that it is not possible to know which attempt/or how many attempts were taken by each individual from this data

### Supplementary file – Recent changes to the Test of Competence process

	<u>Changed from:</u>	<u>Changed to:</u>
April 2017	Two attempts allowed at the OSCEs	Three attempts at the OSCEs now permitted
November 2017	IELTS was the only recognised test of English Language competency for nurses trained outside of the EEA	The OET (Overseas English Test) is included as an additional means of proving English language competency
July 2018	Resitting the whole OSCE exam is required following a fail.	OSCE re-sits can now be done on the part of the exam which was failed - not the whole exam as required previously
September 2018	12 months clinical experience as a registered nurse in another country needed before being eligible to practice in the UK.	Overseas nurses can now apply to join the register newly qualified.
December 2018	A 3 month wait before allowed to resit a failed OSCE exam	OSCE resits can now be done after 10 days
December 2018	An IELTS pass at a minimum of 7.0 required in all four areas: writing, reading, listening and speaking.	NMC lowers the pass rate for writing in the IELTS to 6.5, as long as a minimum of 7.0 is still achieved in all other areas (reading, listening and speaking)
April 2019	Total fees for all exams total £496	Total fees reduced to £397
October 2019	Paper application process	Online application process
October 2019	Cost of CBT £90	CBT cost reduced to £83
November 2019	OET writing domain score requirement is a B (350-440)	Changed to a C+ (300-340).
August 2021	Changes include:  CBT: now in two parts (clinical and numeracy), improved candidate support materials, 10 OSCE stations.	