

Internationally qualified nurses' clinical competence assessment handbook

Registered nurse



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Introduction

The Nursing Council of New Zealand (the Council) is the regulatory authority responsible for the registration of nurses in Aotearoa New Zealand. The Council's primary function is to protect the health and safety of members of the public by ensuring that nurses are competent and fit to practise. A key element of this process is the registration of all nurses, both domestic graduates and internationally qualified nurses (IQNs). The [Health Practitioners Competence Assurance Act \(HPCA\) 2003](#) (HPCA Act) outlines the role and responsibilities of the Council.

In 2023, the Council introduced a new process for those IQNs who require a test of competence before being registered. IQNs applying to the Council will, at the direction of the Council, undertake the following tests of competence:

- a. an online theoretical examination
- b. a clinical competence assessment.

This handbook provides detailed and essential information for eligible candidates who have passed the online theoretical examination and have been invited to complete the clinical competence assessment.

Clinical competence assessment

The clinical competence assessment includes:

- a. a two-day orientation and preparation course (OPC), and
- b. an objective structured clinical examination (OSCE).

Orientation and preparation course (OPC)

This course develops awareness of specific characteristics of nursing practice in Aotearoa New Zealand and builds on content introduced in the preliminary online learning course. The course will:

- introduce you to the specific and unique aspects of nursing practice in Aotearoa New Zealand, such as cultural safety, relational and whānau-centred care, and tikanga
- provide an overview of the Aotearoa New Zealand health system and the legal requirements when working as a nurse in Aotearoa New Zealand
- enhance your skills in communicating and escalating nursing issues effectively
- provide you with an important opportunity to become familiar with the clinical equipment and the format of the OSCE.



Objective structured clinical examination (OSCE)

The OSCE is a well-established method of assessing competence and is used in internationally qualified nurse registration processes in multiple countries including Australia, Canada, and the United Kingdom. In Aotearoa New Zealand, it objectively assesses the registered nurse scope of practice and standards of competence. The OSCE assesses the application of your clinical knowledge and skills in practice to ensure you can provide safe, competent care as a nurse in Aotearoa New Zealand. The OSCE also assesses your ability to communicate in and comprehend English sufficiently to protect the health and safety of the public, and to communicate effectively for the purpose of practising within the registered nurse scope of practice.

The OSCE:

- is designed to assess your ability to apply your nursing knowledge and skills in a simulated clinical setting
- is set at the level of a registered nurse as they enter the profession
- will not assess advanced nursing or specialist skills
- will relate to current best practices in Aotearoa New Zealand.

This is a **regulatory** assessment. This means that:

- You will **not** receive any coaching, prompting, feedback or further explanations of the required knowledge and skills for nursing practice from the examiners before, during or after the OSCE.
- You must demonstrate the skills rather than just verbalise your actions.

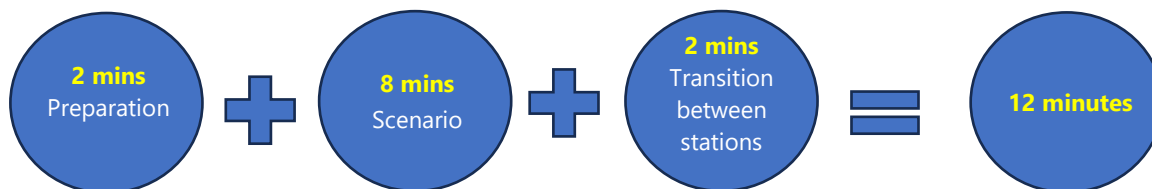
OSCE stations

You are required to complete ten (10) OSCE stations. Each station will cover a scenario representing current nursing practice in Aotearoa New Zealand. The stations are listed below:

- A. Mental health assessment
- B. Physiological assessment
- C. Specific physiological assessment
- D. Professional responsibility
- E. Emergency management
- F. Clinical skills
- G. Medication administration
- H. Communication and teamwork
- I. Planning nursing care
- J. Managing the deteriorating patient



Each OSCE station lasts 12 minutes, divided into a 2 + 8 + 2 minutes format. You will be given two (2) minutes to read the candidate instructions, followed by eight (8) minutes to complete the scenario for each station and two (2) minutes to move to the next station.



The OSCE scenarios will assess your clinical competence, nursing knowledge and skills. This will include (but is not limited to) the following:

- Application of pharmacotherapeutic, pathophysiological and scientific knowledge
- Appropriate escalation of clinical concerns
- Clinical documentation
- Clinical reasoning and decision making
- Clinical skills
- Cultural safety
- Direction and delegation
- Infection control practices
- Interpersonal communication
- Interprofessional communication
- Leadership
- Managing nursing care
- Managing a patient in distress
- Patient identification
- Professional, legal and ethical responsibilities
- Safe medication administration (including drug calculation)
- Undertaking comprehensive assessments to develop differential diagnoses.

Disclaimer: The Council is aware that some organisations and consultancies are offering OSCE preparation training sessions for candidates. Please be aware that by attending these courses you do so at your own discretion. These training sessions are not endorsed or approved by the Council. They may not align with the official orientation and preparation content provided or the content of the OSCE.

Eligibility period

You will receive an invitation from the Council to undertake the clinical competence assessment. You will have 18 months from the date of the Council's initial invitation to complete the OSCE. If you are unsuccessful after three (3) attempts, or the allowed 18-month timeframe from the Council's initial invitation has expired, your application for registration will close.

If you are unable to meet that timeframe due to extenuating circumstances, please contact the Council (ign@nursingcouncil.org.nz), as you may be eligible for an extension of time. Examples of extenuating circumstances are accidents, sudden illnesses, bereavement or similar emergency. You will need to provide the Council with evidence of your extenuating circumstances, such as a medical certificate, and also how much time you would need to complete the examination if the request were approved.

Proof of identity

When attending the orientation and preparation course and OSCE, you must present physical/hard copies of your primary and secondary identification. Digital copies or photocopies will not be accepted. Your primary and secondary identification must match the name you used in your application to the Council.

Table 1 – Primary and secondary identification

Primary identification	<p>The only accepted forms of primary identification are:</p> <ul style="list-style-type: none">• current passport, OR• a refugee travel document (i.e. identity certificate for passport). <p>Your primary identification must:</p> <ul style="list-style-type: none">• be a physical/hard copy• be government-issued• have your name, photo and signature.
Secondary identification	<p>The secondary identification must:</p> <ul style="list-style-type: none">• be a physical/hard copy• have your name and signature OR• your name and a recent recognisable photo. <p>Examples are:</p> <ul style="list-style-type: none">• driver's license• national/state/province identification card• bank card (credit/debit/ATM).

The Council manages any requested name changes before attendance at the orientation and preparation course and OSCE. For the change to be processed, the Council will require one (1) document with your updated legal name to be verified as a true copy and then uploaded to your

MylQN portal. If you have updated your details via your MylQN portal, it may take two working days to process this change. Visit your [MylQN portal](#) for further details.

Note: It is important the names on your two forms of identification match the name held by the Council. If these names do not match, your identity will not be verified, and you may not be able to attend the orientation and preparation course or undertake the OSCE.

Provider

The Nurse Maude Association (Nurse Maude) is the Council-accredited provider that subcontracts the orientation and preparation course to the University of Canterbury. [Nurse Maude](#) is a non-profit organisation that is a trusted and longstanding provider of healthcare services.



Photo: Nurse Maude Simulation and Assessment Centre

The OSCEs will be held at the Nurse Maude Simulation and Assessment Centre (NMSAC), and the orientation and preparation course at the University of Canterbury, with both located in Christchurch, New Zealand. [Christchurch](#) is the largest city in the South Island of Aotearoa New Zealand and has an international airport.

Booking and costs

Upon successful completion of the online theoretical examination, an invitation will be extended to you by the Council to undertake the clinical competence assessment. Please refer to the [NMSAC website](#) for detailed booking instructions. Remember to consider [Aotearoa New Zealand public](#)

[holidays](#) and time differences between Aotearoa New Zealand and the country where you currently live when booking for your clinical competence assessment.

Booking the orientation and preparation course is included in the first clinical competence assessment booking. Payment covers the two (2) components of the assessment:

- 1) the orientation and preparation course and
- 2) the OSCE.

If you need to re-sit the OSCE, repeating the orientation and preparation course is highly recommended but not required. You may repeat the course at your discretion and cost. The current fees for the clinical competence assessment are detailed on the [Nursing Council website](#).

Refund

There will be no refund (except for approved extenuating circumstances) for the orientation and preparation course or the OSCE for any reason, including but not limited to:

- a. failure to reschedule and/or cancel a scheduled booking.
- b. failure to appear for a scheduled booking (excluding approved extenuating circumstances).

Non-attendance

Failure to attend an OSCE is considered a failed attempt. This will be counted as one (1) of the three (3) attempts allowed. Fees for failed attempts are non-refundable.

Late arrival

Arriving late may result in missing your OSCE appointment. If you arrive late and the OSCE has commenced, you will NOT be allowed to enter to undertake the OSCE. If you arrive late and it is before the OSCE has commenced, the NMSAC staff will decide if you may enter or not. The NMSAC staff will consider factors that include, but are not limited to:

- the time of your arrival
- how many of the pre-examination processes have already commenced and/or been completed
- how disruptive your late entry may be to other candidates.

The decision made by the NMSAC staff is final.



Changes to the scheduled booking

You can reschedule your OSCE date if appropriate notice is given (see table 2 below) or if the reason for rescheduling is due to extenuating circumstances (refer to the section on extenuating circumstances). If you need to change your booking, please visit the [NMSAC booking portal](#). Please note that all changes are non-refundable.

Table 2 - Changes to bookings and fees

Changes	Costs
≥ 6 weeks before the booked OSCE date	No additional cost
> 10 days to 6 weeks before the booked OSCE date	Administration fee
≤ 10 days before the booked OSCE date	No change permitted except for extenuating circumstances

If NMSAC experiences exceptional circumstances requiring changes to your booking or the cancellation of the OSCE, you will promptly receive a written notification and the reason for the booking change or cancellation. You will also be offered another OSCE appointment, ideally within two (2) weeks of the original booking or at a mutually agreed time at no extra cost.

Extenuating circumstances

You may apply to the Council for approval of extenuating circumstances if you cannot attend or complete your scheduled OSCE due to an accident, sudden illness, bereavement or similar emergency.

For example:

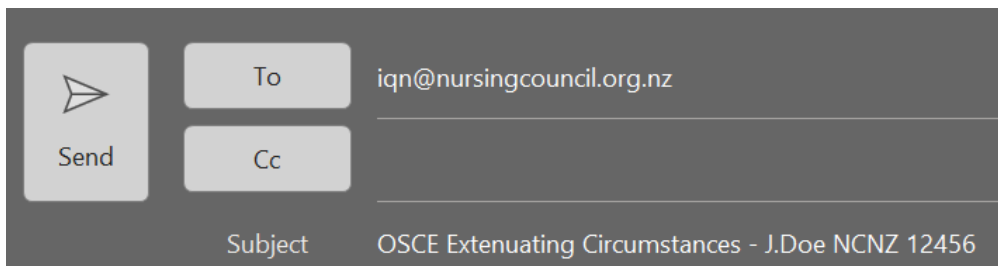
- acute illness or injury (such as hospital admission, onset of serious illness)
- loss or bereavement (such as the death of a close family member)
- hardship or trauma (such as being a victim of crime, severe disruption to domestic life)
- natural disaster.

An application for extenuating circumstances must be submitted in writing to the **Council** (iqn@nursingcouncil.org.nz) up to seven (7) days after a booked OSCE. An application for extenuating circumstances may be considered after you provide evidence that you could not attend or complete your scheduled OSCE due to circumstances beyond your control.

The supporting documentation provided must include sufficient detail to assist the **Council** with its decision-making, for example:

- a medical certificate (must explicitly state that you were not fit to undertake the OSCE and must specify the actual date/s)
- a police report
- a statutory declaration.

When submitting your email, please ensure the subject line reads: **OSCE Extenuating Circumstances - [Your Name] - [NCNZ Number]**. Refer to the example below for additional guidance.

A screenshot of an email client interface. On the left is a 'Send' button with a paper plane icon. To its right are 'To' and 'Cc' fields. The 'To' field contains the email address 'iqn@nursingcouncil.org.nz'. Below these is a 'Subject' field containing the text 'OSCE Extenuating Circumstances - J.Doe NCNZ 12456'.

If the Council approves your application for extenuating circumstances:

- a. you can rebook for a further OSCE attempt at no additional charge
- b. your original booking will not be considered a failed attempt.

Note: If you decide not to proceed with the OSCE due to extenuating circumstances that have been approved by the Council, please advise the Council in writing. You may be eligible to receive a refund for the OSCE (minus an administration fee). Please note that if you apply for and receive a refund, your application for New Zealand registration will be closed.

If you decide to undertake the OSCE at a later date (after receiving a refund), you will need to submit a new application to the Council and restart the entire process from the beginning.

Useful resources

To prepare for your OSCE, the Council recommends you familiarise yourself with the following:

Professional resources:

- [Registered nurse standards of competence](#)
- [Code of health and disability services consumers' rights](#)
- [Code of conduct for nurses](#)
- [Health practitioners competence assurance act \(HPCA\) 2003](#)
- [Guidelines: Professional boundaries](#)
- [Guidelines: Social media and electronic communication](#)

Nursing practice:

- [Basic life support algorithm](#)
- [ISBAR handover framework](#)
- [World Health Organisation five moments of hand hygiene](#)



Day of the OSCE

Please familiarise yourself with the location of the NMSAC and allow plenty of travel time as traffic can be busy and lead to delays. Arriving late could result in missing your OSCE appointment. You will not be allowed to enter the OSCE after it has started.

Please do not enter or contact (unless in an emergency) NMSAC prior to the day of your OSCE.

Friends or family members, including children, are not permitted to wait for you in or outside the building while you take the OSCE. However, there are several cafes, restaurants and a shopping centre within a short walking distance from the NMSAC, where they can wait comfortably.

OSCE day registration

Please do not arrive any earlier than 20 minutes before the OSCE booked time. The designated meeting area is at the Nurse Maude Simulation & Assessment Centre. On arrival, please enter through the first main door, turn left and take the stairs to the first floor. Follow the signs and instructions of the NMSAC staff to the waiting room. If you arrive early, please wait on the footpath outside or at the local shopping mall. Waiting in the stairwell or foyer is not allowed as this is a main entrance to the Nurse Maude Hospice.

Please note, any candidate found in another area of NMSAC without the permission from the NMSAC staff may be in breach of the Council's misconduct policy and be ineligible to undertake the OSCE.

You will be required to provide the following:

- a. Physical/hard copy of your valid and current passport or a refugee travel document (i.e. identity certificate for passport) as primary identification
- b. Secondary identification as listed in the 'proof of identity' section.

Note: The name in your primary and secondary identification must match the name held by the Council. If the names do not match, your identity will not have been verified, and you may not attend the orientation and preparation course or undertake the OSCE. You will forfeit the fee, and this will also be counted as your first attempt to complete the OSCE and recorded as a fail.



Fitness, consent and confidentiality declaration

As part of the registration process, you will be required to sign a fitness, consent and confidentiality form to declare that:

- a. you are physically and mentally fit to undertake the OSCE
- b. you consent to a video recording of your performance during the OSCE
- c. you will keep all OSCE content and related information confidential
- d. you have read and understood the instructions in the candidate handbook
- e. you will act in a professional manner at all times while undertaking the OSCE
- f. you may be asked to leave the OSCE venue if your behaviour is considered unprofessional.

Note: If you appear to have symptoms of a respiratory infection or any other potentially contagious illness you may be requested to wear a mask and must comply with this request. You will not be allowed to enter the OSCE if this is not adhered to.

This precaution is to protect the health and wellbeing of all candidates and staff at NMSAC. We appreciate your understanding and cooperation.

If you are unwell on the day of the OSCE (and you declare this) or suffer a medical event during the OSCE, you may be eligible to apply for extenuating circumstances (refer to the extenuating circumstances section).

Confidentiality

The OSCE is made available to you as a candidate solely for the purpose of your assessment. You **must not** discuss, disclose, publish, reproduce or transmit any details in whole or in part, in any form or by any means including visual, verbal, written, electronic or mechanical, for any purpose. If you do so, this may result in severe consequences, including disqualification from the OSCE, subsequent re-sit, future registration, and potential legal action.

Personal belongings

Please do not bring your travel suitcases to the NMSAC. You must only bring essential items with you to the OSCE. Personal items are not allowed inside the OSCE circuit. Upon registration, you must hand over all personal belongings including identification documents, phones, tablets, pagers, smartwatches and other electronic devices.

Please ensure all electronic devices are turned off before the NMSAC staff stores them. Access to your belongings will not be permitted during the OSCE. You can collect your belongings at the end of the OSCE as you leave the NMSAC. Your belongings will be stored securely but Nurse Maude and the Council take no responsibility for any lost, damaged or stolen belongings.



Special requests

If you have specific medication or medical devices necessary for your health, some are permitted inside the OSCE circuit. Special requests must be made at least 21 days before your scheduled OSCE and are made to the NMSAC. Any special request not approved will not be permitted during the OSCE.

You will receive the decision at least seven (7) days before the OSCE. If you have not had your special request approved, you will not be permitted to bring your medication or medical devices into the OSCE circuit.

General principles for special requests are:

- you must be fit and well enough to sit the OSCE
- you must be able to self-manage throughout the OSCE
- special requests must be safe and have no impact on other candidates
- special requests must not compromise the integrity of the OSCE
- clinical assessment standards are not adjusted as a result of the special requests
- extra time is not permitted in the OSCE.

Table 3 Council-approved special requests

Accepted OSCE supports <ul style="list-style-type: none"> • As declared at reception, you may use your usual medical devices/prescriptions and/or assistive technology to maintain overall health and wellbeing during the OSCE. • All assistive devices and medications are inspected on entry to the NMSAC. • Undeclared items are not permitted. 	
Medications and food	<ul style="list-style-type: none"> • Prescribed medication (and necessary associated delivery equipment) • Glucose tablets or suitable alternative (does not include hard candy) • Eye drops – box must be removed • Nasal drops or spray – box must be removed • Lozenges and cough drops. <p>Note: All medications must be unboxed and unwrapped. Additionally, medications should not be in a bottle or container, unless the original packaging <u>explicitly</u> states that they must remain in it (for instance, Nitroglycerine/GTN tablets due to sensitivity to air).</p> <p>All medications will undergo inspection and require approval from the NMSAC team. You must follow their instructions.</p>
Assisted devices	<ul style="list-style-type: none"> • Continuous glucose monitor (CGM) ** • Medic alert bracelet ** • Hearing aids • Prescription glasses. <p>Medical devices must be attached or remain close to your body and remain inaudible throughout the OSCE.</p>
<p>**Note: You are not permitted to bring any devices that require being plugged into a computer. If the medical device includes an accompanying external remote-controlled device, including a cell phone, the remote-controlled device will not be allowed in the OSCE circuit.</p>	

Dress code

You must wear professional clinical attire throughout the entire OSCE. Should you have any special dress code requirements, please seek approval from the NMSAC team. You can indicate your special dress requirements through the [NMSAC booking portal](#).

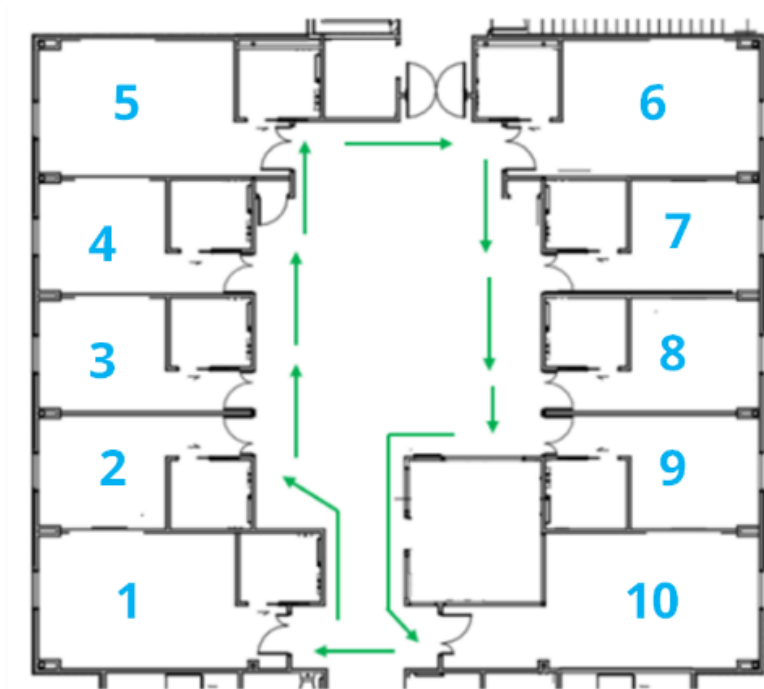
Table 4 – OSCE dress code

Dress Code	Do's	Do not's
Clothing	Professional clinical attire (i.e. uniform or scrubs)	Jeans Sportswear (i.e. tracksuits, pants or tops) Short skirts Long-sleeved tops Sleeveless tops Low or revealing cut tops Ripped or torn clothing Coats Hats
Shoes	Comfortable shoes appropriate for a clinical setting	Open-toed shoes Boots High heels
Hair	Short hair: tidy Long hair: tied back in a bun, braid or ponytail to comply with infection control guidelines	Short hair: unkempt Long hair: down
Fingernails	Cut short in length (no nail extensions) No nail polish or powder	Long nails Nail polish or powder Nail extensions
Jewellery	Plain studs Plain wedding band Small (sleeper/huggie/hoop) earrings with no dangling attachments	Any other visible jewellery
Others	Head scarf/turban Note: If you wear a head scarf/turban, please ensure that it is appropriate for clinical practice, and it must be tucked into the collar of your uniform or scrubs.	

OSCE circuit

There are ten (10) OSCE stations, which will be clearly identified from one (1) to ten (10). At registration, you will be assigned a number corresponding to your starting station. For example, if you are assigned number 3 you will start at station 3, progress to station 4, then 5 and so on and finish at your tenth station, station 2. You are required to complete all ten (10) stations. The NMSAC staff will guide you to your starting position.

Please sit on the chair provided outside each station and wait for the announcement signalling the start of the two (2) minute OSCE reading time. You will start and finish the OSCE scenarios simultaneously with the other candidates and move through each station in sequence.



Notepad

Outside each OSCE station, there will be a notepad available to you. During the two (2) minutes allocated for reading, feel free to utilise the notepad for taking notes, plan your approach to the scenario or list the key skills you need to demonstrate. Remember to leave any notes related to the scenario in the room.

Candidate instructions

You will receive written candidate instructions before entering each OSCE station. The candidate instructions serve as a guide for you to understand the requirements for each clinical scenario and what you will be assessed on. You will be given two (2) minutes to read the candidate instructions and any supporting clinical documentation e.g. vital signs attached to the scenario. Carefully read the candidate instructions before entering each station. A laminated copy of the scenario will also be available inside the room. An example of a candidate instruction has been provided for you below.

Table 5 - Example candidate instructions

Please note that this is as an **EXAMPLE ONLY**.

Candidate instructions

Practice setting: You are a registered nurse working a morning shift in a general practice clinic.

Handover information	
Identification	Your patient is John Dory. Date of birth: 25-12-2000, National Health Index (NHI): IQN111
Situation	John has recently been diagnosed with asthma and has been prescribed Symbicort turbuhaler (budesonide/formoterol).
Background	He has a history of allergic rhinitis, eczema and hay fever. John has reported a family history of asthma, indicating that both parents have been diagnosed with the condition and are currently on inhalers.
Assessment	Another nurse has already taken John's vital signs, which are all within normal range.
Recommendation	Provide patient education on asthma management, including using an inhaler with a spacer.

You will be assessed on your ability to:

- provide patient education.

Note:

- For this scenario, you are NOT required to retake the patient's vital signs.
- A copy of John's most recent vital signs, nursing notes and medication chart are attached.

----- **End of candidate instructions** -----

Clinical documentation

Some candidate instructions will include clinical documentation that may be attached to the candidate instructions or found inside the station. Some forms will be marked, while others will serve as reference material. Examples of clinical documentation you may encounter during the OSCE include (but are not limited to) the following:

- Blood glucose monitoring chart
- Consultation notes
- Medication chart
- Neurological observations chart
- Neurovascular observations chart
- Nursing care plan
- Nursing notes
- Risk assessment form
- Surgical consent form
- Vital signs chart.



The candidate instructions will specify which forms will be marked as part of your assessment. An example clinical form has been provided for you below.

Figure 1- Example nursing notes

Please note that this is as an **EXAMPLE ONLY**.

Nursing notes

Patient name: John Dory
Date of birth: 25-12-2000
NHI: IQN111

Date: XX-XX-XXXX

Time: 1445 hours

Shift: Morning shift

Nursing notes:

Patient recently diagnosed with asthma and commenced on Symbicort Turbohaler (budesonide/formoterol). Provided education on asthma management, including common triggers, symptom control, and the importance of medication adherence. Demonstrated correct inhaler technique, including dose preparation, inhalation method, and mouth rinsing post-use. Patient was observed using the inhaler correctly and confirmed understanding. Reinforced the need for regular use as prescribed and when to seek medical attention for worsening symptoms. No concerns noted at this time.



 Jane Doe, Registered Nurse, NZRN #NURZ705

Figure 2- Example vital sign chart

Please note that this is as an **EXAMPLE ONLY**.

Vital signs chart

Patient name: John Dory
Date of birth: 25-12-2000
NHI: IQN111


Date/ Time	Temperature (Celsius)	Pulse rate	Respiratory rate	Blood pressure (mmHg)	Pulse oximeter	Pain	Name & designation	Signature
XX/XX 1800	36.2C	62	16	110/70 mmHg	100 % room air	3/10	Jane Doe Registered Nurse #NUR2705	



Figure 3- Example medication chart



Please note that this is as an **EXAMPLE ONLY**.

Medication chart

Patient name: John Dory
 Date of birth: 25-12-2000
 NHI: IQN111

Allergies reactions:	No known allergies
Adverse reactions:	No known adverse reactions

As Required (PRN) medicines

Date	Medicine	Date	Time	Dose	Route	Given by (Full name & signature)			
XX/XX	Paracetamol								
	Dose 1 gram	Route PO (tablet)	Frequency PRN (every 4-6 hours)	 Dr Mycah Smith #IQN777	XX/XX	0800	1 gram	PO	 Jane Doe Registered Nurse #NUR2705
	Indication For pain or fever								
	Instruction Maximum dose of 4 grams in 24 hours.								

OSCE station set-up

After completing the two (2) minute reading time, you will be informed you may enter the room and begin the scenario. You have eight (8) minutes to complete the scenario. There will be an audible signal (bell or beep), at the six (6) minute mark. This signal means you have two (2) minutes left to complete the scenario. A second signal will be heard at the end of eight (8) minutes, signalling the scenario is finished. When you hear the second signal, you **must** stop what you are doing, leave the room, close the door and wait for the NMSAC team member to give instructions for you to move to the next room.

Note: If you are unable to complete the scenario within the allocated eight (8) minutes, you will not be given extra time. If you complete the station before the allocated eight (8) minutes, you must remain inside the station room until you hear the signal indicating the scenario is finished. If you do leave the room, you will not be permitted to re-enter.



Clinical setting

The OSCE scenarios will simulate different clinical settings. To address the patient's health issue, you may need to interact with patients, whānau/family and/or healthcare team members. The clinical settings will include (but are not limited to) the following: acute hospitals, aged residential care, community and primary health clinics.

Patient types

The OSCE will use a variety of patient types. During the scenario, you will interact with an actor (who will follow a script), a manikin or a task trainer.

Actors

Actors simulate the role of a patient, whānau/family or other healthcare team members in the OSCE. As a patient, they play a specific role, displaying predetermined behaviours, and engage with you in a standardised manner. These trained individuals undergo extensive briefings and rehearsals to effectively simulate clinical encounters during your OSCE.

Manikin

A manikin is a life-sized anatomical human model in the role of patient. Unless otherwise specified, you should treat the manikins with the same care, respect and professionalism as you would real patients.

Task trainer

A task trainer is a model that represents a part or region of a human body, such as an arm, leg or abdomen.

Equipment

You will have access to all the necessary equipment to complete the scenario effectively. The equipment will be conveniently displayed or accessible in the room. If you do not find specific equipment in the room, it means it is not needed for the scenario. All equipment is cleaned between candidates and is expected to be in working order.

Candidate assistance

If you need assistance during the OSCE, raise your hand, and a NMSAC team member will assist you promptly. Should you require an urgent bathroom break, a NMSAC team member will show you to the bathroom and escort you back to your station to resume the OSCE. The time limit will not be extended. If you miss the entire scenario, no time adjustments will be made, and the examiner will note your absence.

Upon completion of the OSCE

After you have progressed through all ten (10) stations and the OSCE has finished, you will attend a post-OSCE briefing and remain at NMSAC for one (1) hour.

As you exit the building, you may access your personal belongings. However, please note that confidentiality still applies, and **no OSCE-related information should be shared with any other person**. If you do so, this may result in severe consequences, including disqualification from the OSCE, subsequent re-sit, future registration, and potential legal action.

Misconduct and cheating

Misconduct and cheating will be treated seriously by the Council. Misconduct means doing something that harms the fairness, safety, or reputation of the OSCE and its associated orientation and preparation course. Below, you'll find examples of what is considered misconduct and cheating.

- a. Failure to follow instructions
- b. Disruptive behaviour
- c. Unauthorised communication
- d. Violation of OSCE rules
- e. Unauthorised collaboration
- f. Cheating
- g. Impersonation.

If there is evidence of misconduct or cheating, penalties will apply to you as a candidate. Serious misconduct could lead to immediate disqualification from the nursing registration process in Aotearoa New Zealand. Any criminal activities will be reported to the appropriate authorities. Levels of misconduct are outlined below.

Table 6 – Levels of misconduct

Misconduct	Description	Level of seriousness	Penalty	Managed by
Failure to follow instruction	Not following the instructions provided by the NMSAC team.	Minor	Warning to candidate by the NMSAC team .	The NMSAC The NMSAC team logs incident/outcomes in the record.
Disruptive behaviour and/or disregard for rules/ people	Behaviour that disrupts the OSCE environment or interferes with the performance of other candidates.	Minor (unintentional and quickly corrected)	Warning to candidate by the NMSAC team .	The NMSAC The NMSAC logs incident/outcomes in the record.
Unauthorised communication	Communicating with other candidates, external individuals, or using electronic devices to seek or provide assistance during the OSCE.	Misconduct (intentional and/or behaviour persists)	Disqualified from current OSCE attempt. The NMSAC team manages incident, informs candidate, and reports incident to the Council.	The NMSAC and the Council The NMSAC reports the incident to the Council.

Unauthorised collaboration	Actively participating in or facilitating the misconduct of another candidate. This could involve sharing answers, providing unauthorised assistance, or engaging in any behaviour that aids someone else in violating OSCE rules or ethical standards.	Serious misconduct (intentional / calculated and harmful to others/ OSCE) process and reputation)	Disqualified from current nursing registration application. <i>The NMSAC team informs the candidate and reports the incident to the Council.</i>	The NMSAC and the Council <i>The candidate notified by the Council.</i>
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After the OSCE

Marking the OSCE

Each OSCE station is assessed by an examiner who will be in the room. The OSCE examiner is a qualified and experienced healthcare professional, educator or clinical expert who is responsible for administering the OSCE station and assessing your individual OSCE performance based on predefined assessment criteria specific to each station. Assessment criteria have been mapped to the [registered nurse standards of competence](#).

Notification of results

Your results will not be available immediately after the OSCE as they need to be processed, calculated and verified by **the Council**. Please note that the Council does not provide feedback on individual performance following the OSCE. You will only receive a pass or fail result.

You can expect to receive an email notification **from the Council** within **six (6) weeks** of completing the OSCE, informing you of your pass or fail status and outlining the next steps you need to take. This notification will be sent to the email address you provided to the Council during your application process.

Pass

If you are successful, the Council will send you an email detailing the next steps you need to take to apply for an annual practising certificate (APC).

Re-sits

If you are unsuccessful, you have two (2) further attempts to re-sit the OSCE (a total of three attempts). There is no mandatory stand-down period required between attempts. You must complete all ten (10) stations for every attempt. You will undertake the OSCE scenarios that are provided on the day of the re-sit. They may differ to your previous attempt/s. If you are unsuccessful after three (3) attempts or the 18-month timeframe from the Council's initial invitation has expired, your application for registration will close.

Procedural review/appeal

Only procedural matters are eligible for appeal of the examination process as well as for impairment. The Council does not accept applications based on OSCE failure.

You may request a procedural review/appeal, within 7 days of receiving your OSCE result, if there is evidence that you were significantly disadvantaged because:

- the instructions and procedural requirements set out in the handbook are not being followed.
- the instructions and procedural requirements as specified in correspondence to the candidate are not being followed.
- a temporary impairment occurred closed to, or during your OSCE and which affected your performance.

The following are not reasons for a procedural review:

- disagreement about the standards set by the Council for the OSCE
- disagreement by the candidate about the marking for any section or whole of the OSCE
- personal or other reasons that impacted on the candidate's ability to undertake or prepare sufficiently for the OSCE.

Data retention

In the OSCE stations, there will be cameras and microphones recording your OSCE. NMSAC will securely store your OSCE data, including video and audio recordings. The recordings will be securely disposed of within 24 to 25 months from the date your OSCE results are posted.

OSCE candidate rules

1. You are not allowed to contact or attempt to contact NMSAC's staff before or after the OSCE for any reason except to:
 - a) make a special request regarding medication or medical devices necessary for your health
 - b) seek approval for special dress code requirements
 - c) advise of an exceptional circumstance that would impact your ability to attend your booked OSCE.
2. You are prohibited from entering the NMSAC building before registration. Unauthorised access to the NMSAC building before your scheduled OSCE will be considered misconduct.
3. You must adhere to the instructions provided by the NMSAC team. Failure to comply with such instructions will be regarded as misconduct.
4. You are strictly prohibited from attempting to obtain information about the OSCE from previous candidates who have completed the OSCE.
5. You are strictly prohibited from selling or attempting to sell any information associated with the OSCE. This includes but is not limited to details about the OSCE setup, the OSCE process, OSCE questions, and OSCE answers.



6. You must not bring any unauthorised material into the OSCE circuit, including but not limited to electronic devices, reference materials, and food (except by prior agreement, see special requests section).
7. You are strictly prohibited from copying OSCE items for any purpose. You must surrender any scenario-related notes to the OSCE examiner before exiting the OSCE station.
8. You are not allowed to seek help from any other party in answering items, whether in person, by phone, text or email, during the OSCE, including during breaks.
9. You are not allowed to communicate, assist or provide an unfair advantage to other candidates during the OSCE.
10. You are not allowed to remove any OSCE materials, equipment or documentation from the NMSAC rooms/building; this includes any note paper.
11. Unauthorised recording of any part of the OSCE including audio, video, or photographs, both inside and outside the NMSAC, and subsequently posting it on social media or sharing it with others, is strictly prohibited. This rule applies to you and any individuals accompanying you to and from the OSCE.
12. Any conduct or behaviour that disrupts the OSCE process, compromises its fairness or disturbs others is strictly prohibited. This includes but is not limited to bribing or attempting to bribe any staff associated with Nurse Maude, excessive noise, unprofessional conduct, cheating or attempted cheating, failure to follow instructions, the use of disruptive electronic devices, and any form of aggressive or threatening behaviour. Disruptive conduct not only disrupts the assessment process but also undermines its integrity and may result in disqualification from the OSCE.
13. You are prohibited from reconstructing OSCE items for any purpose after the OSCE. This includes using your own memory or relying on the memory of others who have taken the OSCE.
14. If you observe any irregular or unprofessional behaviour or misconduct that violates the OSCE candidate rules and regulations, you are obligated to report it to a NMSAC team member and fully cooperate with any subsequent investigation.
15. You are required to offer reasonable assistance to any investigation conducted by the Council concerning a suspected violation of the OSCE candidate rules or any other investigation deemed necessary.
16. Impersonation, where you attempt to take the OSCE on behalf of another candidate, is strictly prohibited. Both the person impersonating, and the candidate being impersonated can face severe consequences, including disqualification from the OSCE, subsequent re-sit, future registration, and potential legal action.
17. You must maintain strict confidentiality regarding all aspects of Nurse Maude and the OSCE, both during and after it. This encompasses not disclosing or discussing any information related to the OSCE such as its setup, process, questions, or answers. This prohibition extends to various forms of communication including verbal, written, online posting, or discussions on the internet and social media. You must refrain from sharing this information with anyone, including current or future candidates, colleagues, friends, family, and other organisations.



Glossary

Actor	A person who simulates the role of a patient, whānau/family or other healthcare team members in the OSCE.
Candidate	A person who has received an invitation from the Council to enrol in and complete an OSCE.
Candidate instructions	A document provided to each candidate before they enter each OSCE station. It outlines essential information related to the scenario.
Clinical competence assessment	Refers to the orientation and preparation course and the OSCE.
Differential diagnosis	Differential diagnosis has become a key element of nursing practice that incorporates history taking, physical assessment and clinical reasoning skills. As part of an interprofessional healthcare team, nurses contribute their expertise to evaluate symptoms, interpret findings and consider various conditions. This collaborative approach ensures a comprehensive and accurate diagnosis. This level of clinical judgement and critical thinking develops with practice from novice to expert. A differential diagnosis is not an official diagnosis, but a step before determining what condition is causing a person's presenting symptoms, as different conditions often share similar symptoms.
Examiner	A qualified and experienced healthcare professional, educator or clinical expert who is responsible for assessing and evaluating the performance of the candidates during the OSCE, based on predefined assessment criteria from the Council.
ISBAR	A structured communication tool used for effective and concise communication during handovers or interactions involving patient care. ISBAR is an acronym for I dentification, S ituation, B ackground, A ssessment and R ecommendation
National Health Index (NHI)	NHI is a unique number that is assigned to each person who receives health care in Aotearoa New Zealand.
OSCE circuit	Consists of ten designated rooms, labelled numerically from one (1) to ten (10), with each room serving as an individual OSCE station. In the OSCE circuit, candidates will begin and finish the OSCE at the same time as the other candidates and move through each station in sequence.
NMSAC team	Nurse Maude Simulation and Assessment Centre staff who guide candidates through the OSCE.
Patient	An individual who actively seeks and engages in the process of obtaining healthcare services, products or information for themselves or on behalf of others.
Scenarios	A clinical scenario makes the clinical relevance of the situation being assessed explicit. It ensures that candidates seek the necessary information from within the scenario (reflecting real-life practice) and apply their knowledge and skills



	to a particular situation rather than only recalling facts or relying on rote responses.
Stations	Stations represent the Council-approved topic and/or pou (standards) that must be covered for nursing competence to be properly assessed. The Council's registered nurse standards of competence inform the choice of stations used in the OSCE.
Whānau-centred care	Collaborative healthcare focused on meeting the needs, values and desired outcomes of individuals and whānau/family.
Tikanga	Refers to values and concepts in the context of Māori culture.

