Internationally Qualified Nurses Clinical Competence Assessment Handbook

REGISTERED NURSE



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Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

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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 objective structured clinical examination.

Objective Structured Clinical Examination (OSCE)

The OSCE is a well-established method of assessing competence and is used in the registration process for internationally qualified nurses 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:

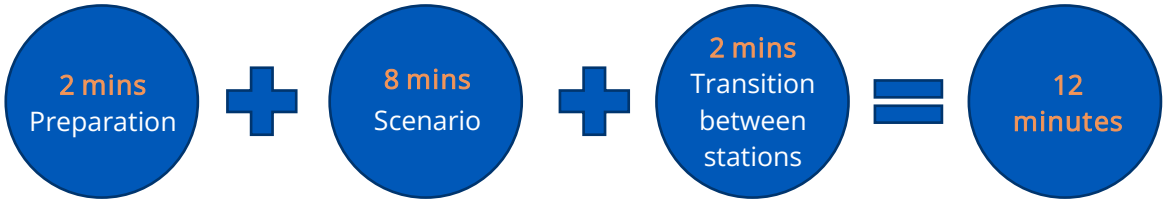
- is designed to assess your ability to apply your nursing knowledge and skills in a simulated clinical setting
- is set at the level of a registered nurse as they enter the profession
- will not assess advanced nursing or specialist skills
- will relate to current best practices in Aotearoa New Zealand.

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 required rather than just verbalise your actions.

OSCE stations

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.



You are required to complete ten (10) OSCE stations. Each station will cover a scenario representing current nursing practice in Aotearoa New Zealand. Table 1 outlines the OSCE stations, and the examination focus for each station.

Table 1 – OSCE stations and examination focus

Stations and examination focus
Mental health assessment • Communication • Patient assessment • Taking appropriate action
Physiological assessment • Documentation • Patient assessment • Pathophysiology, medical condition, and relevant pharmacotherapeutics
Specific physiological assessment • Communication • Documentation • Patient assessment • Pathophysiology, medical condition, and relevant pharmacotherapeutics
Professional responsibility • Communication • Documentation • Professional responsibility • Pathophysiology, medical condition, and relevant pharmacotherapeutics
Emergency management • Handover to other personnel • Respond and manage an emergency
Clinical skills • Performance of clinical skills
Medication administration • Apply pharmacotherapeutic knowledge to the medical condition • Demonstrate safe medication administration • Documentation • Safely prepare and administer medications
Communication and teamwork • Apply pharmacotherapeutic knowledge to the medical condition • Communication • Handover using ISBAR tool • Teamwork
Planning nursing care • Identify relevant patient problems and interventions • Patient assessment • Provide evidence-informed rationale for the interventions
Managing the deteriorating patient • Apply pharmacotherapeutic and pathophysiological knowledge to the medical condition • Communication • Escalation to relevant health professional • Patient assessment • The management of a deteriorating patient

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 and interprofessional communication
- leadership
- managing nursing cares
- 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

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

OSCE preparation:

- Preparation tips to support success for international nurses undertaking the Nursing Council of New Zealand OSCE
- VIDEO: Registered nurse clinical competence assessment information video

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

Upon successful completion of the online theoretical examination, an invitation will be extended to you by 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 (iqn@nursingcouncil.org.nz), as you may be eligible for an extension of time. Examples of extenuating circumstances are accidents, sudden illnesses, bereavement or similar emergencies. 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 was approved.

Providers

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

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



Photo: Nurse Maude Simulation and Assessment Centre

Booking and costs

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 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.

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.

If your original booking included the orientation and preparation course (OPC), your new OSCE booking will include it too. When you reschedule your OSCE, the OPC is updated automatically. You'll need to check the OPC calendar on the NMSAC website to find your new

OPC date. It is not possible to arrange an alternative OPC date to the one attached to your OSCE booking.

Table 2 - Changes to bookings and fees

When	What you can do	Costs
More than 10 days before your OSCE	Change your booking in the NMSAC portal	No cost
10 days or less before your OSCE	Contact NMSAC	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.

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.

Non-attendance

If you have an OSCE booked and you are unable to attend this, you must reschedule your OSCE or contact NMSAC to inform them you are unable to attend. If you do not contact NMSAC, your OSCE fee may be forfeited. 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.

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).

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:

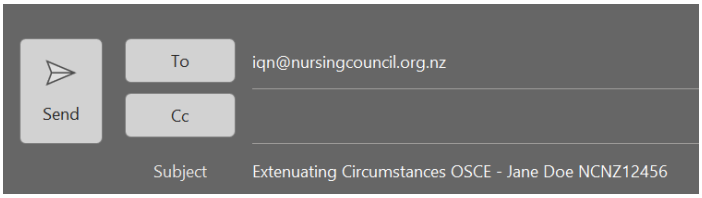
- acute illness or injury (such as hospital admission, onset of serious illness)
- loss or bereavement (such as the death of a close family member)
- hardship or trauma (such as being a victim of crime, severe disruption to domestic life)
- natural disaster.

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: **Extenuating circumstances OSCE - [Your Name] - [NCNZ Number].** Refer to the example below for additional guidance.



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.

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.

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.

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 3 – Primary and secondary identification

Primary identification	The only accepted forms of primary identification are: • current passport, OR • a refugee travel document (i.e. identity certificate for passport) Your primary identification must: • be a physical/hard copy • be government-issued • have your name, photo and signature.
Secondary identification	The secondary identification must: • be a physical/hard copy • have your name and signature OR • your name and a recent recognisable photo. Examples are: • driver's license • national/state/province identification card • bank card (credit/debit/ATM)

The Council will manage any requested name changes before you attend 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 MyIQN portal. If you have updated your details via your MyIQN portal, it may take two working days to process this change. Visit your MyIQN portal for further details.

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

The OSCE process is video and audio recorded and may be used for result moderation, appeal processes and/or educational and research purposes by the Council and NMSAC. Some of these uses may include, but are not limited to:

- quality assurance of cases, examiners and candidates
- examiner and simulated patient training, and
- feedback in the development of clinical scenarios.

Audiovisual recordings will be retained under strict security and in compliance with the relevant New Zealand legislation.

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

a. are physically and mentally fit to undertake the OSCE

b. consent to an audiovisual recording of your performance during the OSCE
c. will keep all OSCE content and related information confidential
d. have read and understood the instructions in the candidate handbook
e. will act in a professional manner at all times while undertaking the OSCE
f. 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.

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

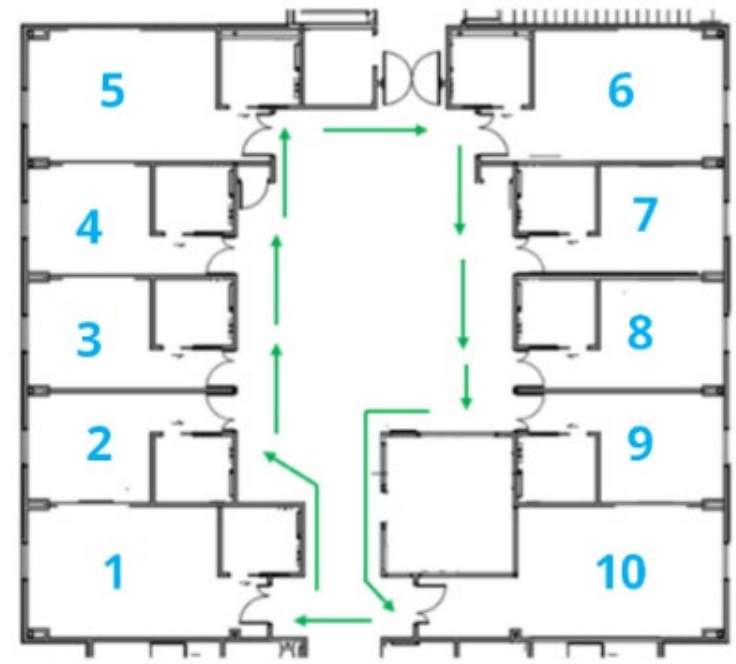
Dress Code	Do wear	Do not wear
Clothing	Professional clinical attire (i.e. uniform or scrubs).	Jeans Sportswear (i.e. tracksuits, pants or tops) Short skirts Long sleeved tops Sleeveless tops Low or revealing cut tops Ripped or torn clothing Coats Hats

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
Eyewear	Prescription glasses (also see "Assisted Devices").	Smart glasses including google glasses, meta glasses, camera glasses, Artificial Intelligence (AI) glasses, Augmented Reality (AR) glasses and/or any other wearable eyewear computer, recording, Wi-Fi, Bluetooth, GPS and/or electronic communication capable eyewear device.
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.

In certain situations, there may be a planned rest station to accommodate the number of candidates scheduled to sit the OSCE. You will be informed of this during the briefing on the day of your OSCE.



**This is only an example. Actual room configuration may vary.*

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.
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:

a. 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 ----------

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.

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
- Fluid balance chart
- Neurological observations 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 Turbuhaler (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)	**Prescriber** 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.								

Figure 4- Example fluid balance chart

Please note that this is as an EXAMPLE ONLY.

Fluid Balance Chart

Date:
Indication for fluid balance:
Fluid restriction:

Patient Name: John Dory
Date of Birth: 25-12-2000
NHI: IQN111

	INPUT		OUTPUT	
Time	**Oral (mLs)**	**IV Fluids (mLs)**	**Urine IDC (mLs)**	**Emesis (mLs)**
0800				
0900				
1000				
1100				

1200				
1300				
1400				
1500				
Sub total				
1600				
1700				
1800				
1900				
2000				
2100				
2200				
2300				
Sub total				
2400				
0100				
0200				
0300				
0400				
0500				
0600				
0700				
Sub total				
24-hour Total	**INPUT: _____(mLs)**		**OUTPUT: _____(mLs)**	

Name & Signature	
Morning	
Afternoon	
Night	

Patient's weight	
Yesterday	
Today	
Weight difference (+/-)	

24-hour total	
INPUT	(mLs)
OUTPUT	(mLs)
BALANCE (+/-)	(mLs)

Figure 5- Example fluid balance chart

Please note that this is as an EXAMPLE ONLY.

Neurological Observations Chart

Patient Name: John Dory
Date of Birth: 25-12-2000
NHI: IQN111

Date				
Time				
Name, Designation and Signature				
Glasgow Coma Scale (GCS)	**Eye opening**	Spontaneous	4	
		To speech	3	
		To pain	2	
		None	1	
	Verbal response	Orientated	5	
		Confused	4	
		Incomprehensible words	3	
		Incomprehensible sounds	2	
		None	1	
	Motor response	Obeys command	6	
		Localises pain	5	
		Withdraws to pain	4	
		Flexion to pain	3	
		Extension to pain	2	
		None	1	
Total GCS Score /15				
Pupils	Right	Size		
	Right	Reaction (–/+)		
	Left	Size		
	Left	Reaction (–/+)		
Nausea				
Vomiting				

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 up to 30 minutes.

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) **Misconduct** (intentional and/or behaviour persists) **Serious misconduct** (intentional / calculated and harmful to others/ OSCE) process and reputation)	Warning to candidate by the **NMSAC team** Disqualified from current OSCE attempt. *The NMSAC team manages incident, informs candidate, and reports incident to the Council.* Disqualified from current nursing registration application. *The NMSAC team informs the candidate and reports the incident to the Council*	The NMSAC *The NMSAC logs incident/outcomes in the record* The NMSAC and the Council *The NMSAC reports the incident to the Council.* The NMSAC and the Council *The candidate notified by the Council.*
Unauthorised communication	Communicating with other candidates, external individuals, or using electronic devices to seek or provide assistance during the OSCE.			
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.			

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.

Eye wear

Smart glasses[1] must not be worn and are prohibited items.

During registration, NMSAC staff will inspect the glasses of candidates who wear them to make sure they are not a prohibited electronic device, such as smart glasses.

You may be asked to remove your glasses and place them on an available desk or countertop for inspection. You may be asked to change the position of the glasses. Please assist by following the instructions you are given.

Declining to remove your glasses for inspection may result in disqualification from the OSCE.

If a candidate is found to be wearing smart glasses during examination, this will be considered unauthorised communication and is misconduct.

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.

[1] For the purposes of this Handbook, the term Smart glasses here includes google glasses, meta glasses, camera glasses, Artificial Intelligence (AI) glasses, Augmented Reality (AR) glasses and/or any other wearable eyewear computer, recording, Wi-Fi, Bluetooth, GPS and/or electronic communication capable eyewear device.

Table 7 – Council-approved special requests

Accepted OSCE supports • *As declared at reception, you may use your usual medical devices/prescriptions and/or assistive technology to maintain overall health and well-being during the OSCE* • *All assistive devices and medications are inspected on entry to the NMSAC* • *Undeclared items are not permitted.*	
Medications and food	• 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. **Note:** All medications must be unboxed and unwrapped. Additionally, medications should not be in a bottle or container, unless the original packaging explicitly states that they must remain in it (for instance, Nitroglycerine/GTN tablets due to sensitivity to air). All medications will undergo inspection and require approval from the NMSAC team. You must follow their instructions.
Assisted devices	• Continuous Glucose Monitor (CGM) ****** • Medic alert bracelet ****** • Hearing aids • Prescription glasses Medical devices must be attached or remain close to your body and remain inaudible throughout the OSCE.
****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–control device, including a cell phone, the remote–control device will not be allowed in the OSCE circuit. ** **Note:** Smart glasses are not permitted as prescription glasses.	

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. 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).

Fail - OSCE performance report

If you are unsuccessful, you will receive an OSCE performance report within **six (6) weeks** of completing the OSCE. This report is provided to help you understand your performance for each station in your recent OSCE. No further information will be provided on your performance.

Your performance in each station is reported using the following scale:

1. Met – demonstrated safe and competent practice. Minor errors did not compromise patient safety.
2. Not met – did not meet the required level of safety and competence due to errors or incomplete performance.

The Council is the only organisation which is issuing OSCE performance reports. Please do not contact Nurse Maude Simulation and Assessment Centre regarding your OSCE Performance Report.

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 resit. 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.

Appeals

In certain limited circumstances, you may have a legitimate reason to make an appeal on the basis of:

a. impairment
b. an incident during the examination process.

The following are not reasons for an appeal:

- 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 your ability to undertake or prepare sufficiently for the OSCE.

> The Council does not accept appeals based on OSCE failure. Your OSCE result will not be amended as a result of your appeal.

Appeal of impairment

You may request an appeal on the grounds of impairment if there is evidence that you were significantly disadvantaged due to temporary impairment which may include:

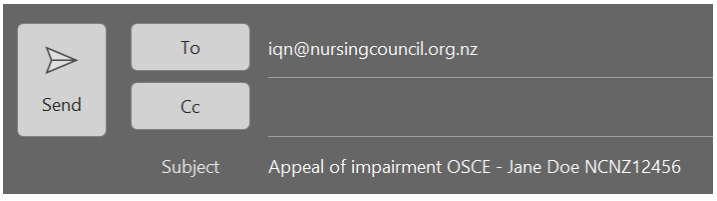
- illness occurring immediately before or during the examination
- bereavement
- pressing domestic circumstances

The event that caused the impairment must have occurred prior to or during the OSCE and must represent both a serious and unexpected event that directly impacts on your ability to perform on the day of the OSCE.

Your appeal of impairment must be submitted in writing to the Council (iqn@nursingcouncil.org.nz) within 7 days of receiving your OSCE result and must include details of the event that led to the impairment. Supporting documentation is required and must include sufficient detail to assist the Council with its decision-making. This may include:

- a medical certificate (must explicitly state that you were not fit to undertake the OSCE and must specify the actual date/s)
- letter from another person who can attest to the circumstances.

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



Appeal of examination process

You may request an appeal of examination process if there is evidence that an incident which occurred during the examination significantly disadvantaged you and impacted your performance in the examination.

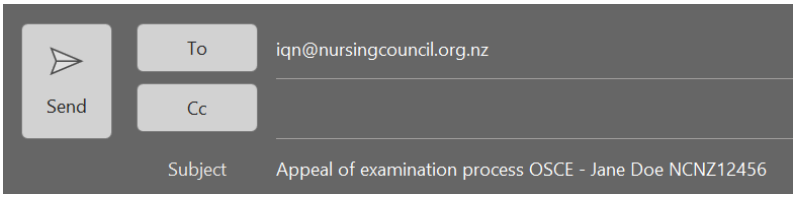
The event that caused the appeal must have occurred during the examination. The candidate may appeal on the grounds of significant procedural unfairness but not on the grounds of the decisions of the examiners about the marking for any section or whole of the examinations.

Your appeal must be submitted in writing to the Council (iqn@nursingcouncil.org.nz) within 7 days of receiving your OSCE result. The submission must include:

- A description of the event that led to the appeal
- An explanation of how the incident significantly disadvantaged your performance in the examination

Only procedural matters are eligible for appeal of examination process. The Council does not accept appeals based on OSCE failure.

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



Data retention

Cameras and microphones will be used to record your OSCE. NMSAC will securely store all OSCE data, including audiovisual recordings. Your OSCE data will be retained for up to 12 months from the date your OSCE results are released and will be securely disposed of after that period.

OSCE candidate rules

1. You are not allowed to contact or attempt to contact NMSAC 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 there are different conditions that 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 healthcare 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.
OSCE performance report	A report the Council provides to internationally qualified nurses who have completed but not passed their OSCE. Performance reports give candidates information about how they performed in a specific OSCE sitting. They do not provide guidance on how to improve clinical practice, and they are not intended to be specific feedback.
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.
Planned rest station	A planned rest station built into an OSCE circuit when the number of candidates exceeds the number of active stations (for example, 10 stations and 11 candidates). During this time, the candidate does not complete any assessment activity; instead, they sit in a designated area and may rest or mentally prepare for their upcoming stations.
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 accurately 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.