

# **Aide-Mémoire**

# **Objective Structured Clinical Exam**

| Date due to MO: | 19 December 2023                      | Action required by:       | N/A         |
|-----------------|---------------------------------------|---------------------------|-------------|
| Security level: | IN CONFIDENCE                         | Health Report number:     | H2023033981 |
| То:             | Hon Dr Shane Reti, Minister of Health |                           |             |
| Consulted:      | Health New Zealand: 🗆                 | Māori Health Authority: 🗆 | G           |

# **Contact for telephone discussion.**

| Name              | Position   | Telephone |
|-------------------|--|-----------|
| Lorraine Hetaraka | Chief Nursing Officer, Office of the Chief<br>Clinical Officers – Ngā Āpiha Hauora | s 9(2)(a) |
| Robyn Shearer     | DDG Clinical, Community and Mental<br>Health - Te Pou Whakakaha                    | s 9(2)(a) |

# **Action for Private Secretaries**

N/A

Date dispatched to MO:



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# **Objective Structured Clinical Exam**

### Purpose

1. This aide-mémoire responds to your request for information regarding the Nursing Council of New Zealand's (the Council) new requirement for internationally qualified nurses (IQNs) to complete an objective structured clinical exam (OSCE), which replaces competence assessment programmes (CAPs).

## **Background and context**

- 2. Under the Health Practitioners Competence Assurance Act 2003 (the Act), responsible authorities must, by notice, prescribe qualification(s). Responsible authorities may also set competence programmes for health practitioners who hold or are applying for practising certificates.
- 3. In nursing, CAPs may be required of IQNs, nurses returning to practise after more than five years, and nurses needing to demonstrate their fitness to practise competently. The Council first approved standards for CAPs in 2008.
- 4. IQNs who may be required to complete a CAP are more likely to have been educated in countries such as India and the Philippines where the educational requirements and healthcare system are different from New Zealand.
- 5. Following a period of consultation, the Council announced in September 2022 that it was changing the competence assessment requirements for IQNs. Key changes included:
  - a. introducing an exam and practical assessment
  - b. moving away from CAPs as an assessment tool
  - c. introducing pre-entry education focussed on Te Tiriti o Waitangi, cultural safety, and the context for nursing in New Zealand
  - d. the use of alternative pathways to support and expedite registration for certain groups of nurses.
- 6. On 4 December 2023, the Council gazetted the new requirements for IQNs applying to register in the registered nurse (RN) scope of practice. We understand the new model won't be operationalised until sometime in 2024.

7. The new requirements will not affect nurses who are registered in Australia and seeking registration in New Zealand. These nurses will still be able to obtain registration using the existing process under the Trans-Tasman Mutual Recognition Act 1997.

### **Competence Assessment Programme**

- 8. A competence assessment programme, or CAP, is a type of competence programme that requires a nurse to undertake a period of full time, theoretical learning and supervised clinical practice in New Zealand with a Council-accredited provider. The Council is responsible for accrediting and monitoring these programmes under the Act. IQNs would be advised of the need to complete a CAP after applying to the Council and once assessment of their application was complete. IQNs were also advised of a maximum timeframe in which they would need to enrol in a CAP (i.e., 1-2 years). Approximately 30-50% of recent IQN applicants may have been required to complete a CAP. The Council reports that of the IQNs registered in the 12 months to July 2023, 71% were assessed as not requiring a CAP. Due to shifting trends in migration, the Council was expecting approximately 40% to 50% of applications assessed between September and December to require a CAP prior to registration.
- 9. In 2022, the Council reported the median timeframe for IQN applicants required to complete a CAP was 44 weeks (308 days) for nurses registered in the 2021-2022 year.
- 10. In 2022, CAP fees at New Zealand Institute of Skills and Technology subsidiaries and private providers ranged from approximately \$7,000 to \$15,000. These costs do not include other expenses required to complete the CAP in New Zealand (e.g., accommodation and travel).
- 11. The Council has stated that a key reason for moving away from CAPs as an assessment tool is to update its approach to assessment in line with international evidence, and to enable a more objective and robust assessment of competence.

#### **Competence Assessment Programme benefits and limitations**

#### Benefits

- 12. Potential perceived benefits of CAPs may include high pass rates, immersive introduction to New Zealand, potential for tailored support, and potential to support a workforce pipeline for hard-to-staff clinical settings.
- 13. While CAP timeframes and the requirement to travel to New Zealand may be perceived as potential limitations, these elements may also be perceived benefits, as they enabled CAPs to provide IQNs with tailored support and an immersive introduction to New Zealand's socio-cultural, political, and healthcare context. These elements may have helped facilitate relationships with hard-to-staff clinical settings, such as aged residential care (ARC), as ARC is a significant provider of CAP placements.

#### Limitations

14. Potential perceived limitations of CAPs may include difficulties in accessing a CAP, longer timeframes to gain registration, higher costs for the IQN and/or sponsoring employer, less objective assessment of competence, and programme variability.

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- 15. OSCEs were initially developed in the 1970s and are commonly used for assessing health professionals locally and internationally. For example, the Medical Council of New Zealand uses OSCEs for assessing the competence of internationally qualified doctors.
- 16. The nursing OSCE will test the knowledge, competence, and safety of a health practitioner against professional competencies set by the responsible authority. This is achieved by directly observing and assessing an individual health practitioner's performance during a simulated clinical scenario.
- 17. The Council's gazette notice states that the CAP has been replaced with prescribed qualifications requiring a pass in a theory exam, OSCE, and successful completion of a 'Welcome to Aotearoa New Zealand' programme of education. These are just three of the total six requirements listed for IQNs to gain registration in New Zealand. The gazette notice also states that the requirement to complete either the theory exam or the OSCE is at the Council's discretion.
- 18. All IQNs will be required to complete the free 'Welcome to Aotearoa New Zealand' education through the Learn Online<sup>1</sup> platform. The Council has advised this education will include key context for nursing in New Zealand, including: the position of Te Tiriti o Waitangi and its importance for nursing, cultural safety, the health and disability system, and the Council's expectations of nursing practice. The Council states that this requirement currently involves completion of two free online courses.
- 19. It is noted that the above courses were developed by Health New Zealand and the Ministry of Health for other purposes. The courses are professionally agnostic and were not developed with the intention they would be used for this purpose. It is currently unclear whether this module may be developed further in future, and we are working with the Council to understand this.
- 20. The Council reports the new competence assessment for IQNs will now be completed in two parts; the first an online theoretical exam, and the second a two-day orientation and preparation course, followed by a three-hour OSCE.
- 21. The Council has also previously stated that it would set a fee structure over the course of 2023, however this information has not been made available. The Council indicated that the fees set would be affordable for applicants and would also sustain the new system.

<sup>&</sup>lt;sup>1</sup> LearnOnline.Health.nz: Log in to the site

#### **Objective Structured Clinical Exam benefits and limitations**

22. The full range of potential benefits and limitations of the Council's OSCE and new assessment model are currently unknown as the new model has not yet been fully implemented. The following are potential benefits and limitations.

#### Benefits

- 23. Potential perceived benefits of OSCEs may include that the process is more robust in terms of protecting the safety of the public, shorter timeframes to gain registration, lower costs for the IQN and/or sponsoring employer, and reduced variability.
- 24. While shorter timeframes and lower costs may be perceived as potential benefits, these would be dependent on access to an OSCE and the ability of the IQN to pass at their first attempt.
- 25. Published evidence suggests potential benefits of OSCEs generally include the ability of the OSCE to be more precise, objective, and reproducible. This enables uniform testing that may also be more fair and legally defensible.
- 26. Concerns regarding the Council's OSCE and new assessment model are largely unknown as it has not yet been fully implemented or communicated.

#### Limitations

27. Potential perceived limitations may include lower pass rates, disadvantages for IQNs and sponsoring employers if an IQN is unable to pass at their first attempt and limited immersive exposure to the New Zealand context. The OSCE may also potentially be seen as unfair as domestically qualified nurses are not required to sit an OSCE to become registered.

#### Potential issues and risks

- 28. The following concerns have been identified as potential issues/risks by the Ministry of Health:
  - a. The Council's new assessment model is complex and may be challenging to implement while also managing record IQN applications. The Council has previously reported on the impact of increased IQN applications on its operating environment, which have extended the Council's registration and processing times. However, the Council believes its plan to operate the new competence assessment process in parallel with existing CAPs will reduce the time from application to registration.
  - b. The more limited immersive component to the Council's new assessment process may mean employers become more responsible for providing intensive support to help IQNs orientate and adapt to the New Zealand context. We understand many employers have already taken steps to address this need and are working to develop and improve existing orientation packages. It would be helpful for the

Council to produce a best practice guide to support employers with material on how to do this well, and to continue to monitor this.

- c. The Council's current 'Welcome to Aotearoa New Zealand' programme of education may not be appropriate for nursing regulatory purposes. We will continue to work with the Council to understand whether this will be developed in the future.
- d. It is unclear whether the Council's new assessment model will affect recruitment of IQNs to New Zealand. This is something we will continue to monitor.

## **Next steps**

- 29. The Ministry will continue to monitor the Council's implementation of the new assessment model for IQNs through regular meetings with the Council.
- 30. We will be working with the Council to seek assurance that the new process will not create additional barriers for IQNs or the public. Under the Act, when prescribing qualifications each responsible authority must be guided by three principles. These include:
  - a. the qualifications must be necessary to protect members of the public,
  - b. the qualifications may not unnecessarily restrict the registration of persons as health practitioners,
  - c. the qualifications may not impose undue costs on health practitioners or on the public.
- 31. The Ministry of Health will raise any concerns you may have about these changes with the Council.

Robyn Shearer Deputy Director-General **Clinical, Community and Mental Health | Te Pou Whakakaha** Date: 19 December 2023