

Candidate information booklet  
for the NMC's  
Test of Competence

Part 2:

The University of Northampton



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## Before the Objective Structured Clinical Examination (OSCE)

### 01. Introduction

The Nursing and Midwifery Council (NMC) introduced a Test of Competence for internationally registered nurses and midwives in October 2014. The Test of Competence will measure candidates against the current UK pre-registration standards. Nursing in the UK is made up of separate and distinct fields of practice, each requiring three years of pre-registration undergraduate education.

The distinct nursing fields of practice are:

- Adult nursing
- Children's nursing
- Learning disabilities nursing
- Mental health nursing

In the UK, midwifery is a separate and distinct profession, also requiring three years of pre-registration undergraduate education.

The Test of Competence is specific to a field of nursing practice or midwifery and consists of two parts.

This handbook provides information about Part 2 of the Test of Competence. Test blueprints are available on the University of Northampton's website and the NMC's website with links to online resources, which will help candidates prepare for the Test of Competence.

General information about preparing for the OSCE is available on the University of Northampton's website: <http://www.northampton.ac.uk/about-us/services-and-facilities/nmc-test-of-competence>. More detailed information is available after paying for the OSCE, including familiarisation videos.

### 02. What is the UK like?

The UK is made up of four distinct countries, each with its own laws, culture and customs. A useful user friendly website which provides some basic and interesting information about the UK is available at <http://projectbritain.com>.

The UK may be very different from the last country you practiced in and you should spend time finding out about the population, health and social care and other aspects of life. Much of this information is collected as data and available from the Office of National Statistics website: <http://www.ons.gov.uk/ons/index.html>.

### **Some interesting social facts about the UK:**

Approximately half of all children are born outside of marriage and there are a large number of lone parents. Same sex couples have civil partnership and equal marriage and many have children. All people must be treated equally and not subject to discrimination based on disability, ethnicity, religion, gender or sexual orientation. Information on the Equality Act 2010 can be found [here](#).

Divorce, homosexuality and abortion are all legal in the UK. It is common for women and men to drink alcohol and smoke tobacco socially, although smoking is now banned in all enclosed public spaces such as bars and workplaces. The UK is a multi-cultural, multi-faith society and all patients must have their faith or lack of faith, culture and human rights respected by all health care professionals. Further information can be found [here](#).

### **03. Becoming familiar with nursing or midwifery practice in the UK**

You must familiarise yourself with the [ethical and professional standards](#) expected of registered nurses and midwives in the UK. These are the required standards which underpin professional nursing and midwifery practice.

All healthcare professionals must work in partnership with patients, obtaining their consent and respecting their dignity and privacy. It is unacceptable for your words or actions to imply or express disapproval of any patients' lifestyle. You must not discriminate in any way against those in your care. Patients and the public expect high standards of professional practice from nurses and midwives. Further information on what people should expect from a nurse or midwife can be found [here](#).

Health care professionals work in partnership and registered nurses and midwives are expected to both contribute and also lead in areas of care where they have expertise. Many organisations are recruiting nurses using the [six C's of Care, Compassion, Competence, Communication, Courage and Commitment](#) and you should be familiar with these and be able to demonstrate them in the OSCE.

### **04. Applying for Part 2 (the OSCE)**

Part 2 is a nursing or midwifery OSCE – a practical nursing or midwifery examination. The OSCE can only be sat after successfully passing Part 1 and only the NMC can authorise a candidate to take Part 2 (the OSCE).

Once you have received confirmation from the NMC of a successful pass in Part 1, you will be directed to the University of Northampton's Test Centre webpage to begin the application process for Part 2.

We ask that candidates with a disability requiring any reasonable adjustments notify the Test Centre separately after booking their OSCE by emailing [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk).

## 05. How do I prepare for the OSCE?

The OSCE is designed to assess your ability to competently apply your professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (at the point of registration). This means that you must show that you are capable of applying knowledge to the care of patients at the level expected of a newly registered nurse or midwife.

The examination is testing your ability to apply knowledge to the care of patients rather than how well you can remember and recite facts. All of the scenarios and any questions relate to current best practice and you should answer them in relation to **published evidence** and not according to local arrangements.

A reading list is provided (Appendix 6) as well as a list of equipment you may use throughout the OSCEs (Appendix 7).

### Please note:

We have become aware that some organisations and consultancies are offering OSCE preparation training sessions for candidates for Part 2 of the Test of Competence.

Please be aware that by attending these courses offered by 3rd parties, you do so at your own risk, these training sessions are NOT endorsed or approved by either the University of Northampton or the NMC and could prepare you inaccurately for the exam.

We are due to release a free of charge document soon, which will assist in your preparation.

In the meantime please visit our webpages where you will find some useful information.

<http://www.northampton.ac.uk/about-us/services-and-facilities/nmc-test-of-competence>

## 06. Overview

Your ability to apply your knowledge has already been tested in Part 1 of the NMC's Test of Competence. In Part 2 you will be tested on your clinical and communication skills. In other words, you will demonstrate how you **apply holistic patient centred nursing or midwifery care and apply key clinical skills**.

Everything you see in the OSCE comes from the [Test Blue Print](#) which sets out the scope and content of the Test in terms of the topics, skills and procedures that a newly registered nurse or registered midwife would need to know and be able to do.

If a scenario involved a vulnerable adult or child with a non-accidental injury, candidates would be expected to know that the person or child may need to be removed from those suspected of causing the injury. Candidates would be expected to know how to raise concerns, know that they should alert the relevant protection team and be able to share information appropriately within and across care teams. We **do not** expect candidates to have detailed information about local procedures or local policies.

We cannot test everything on the blueprint, but we will test typical nursing or midwifery scenarios and clinical skills that UK nurses and midwives will encounter.

## 07. Evidence base for nursing and midwifery practice

You can find evidence based guidelines in nursing journals and texts and from professional organisations such as the Royal College of Nursing and Royal College of Midwives. The National Institute of Healthcare and Excellence and Scottish Intercollegiate Guideline Network are also useful sources, several useful links are also provided in the test blue print. <http://www.nice.org.uk> <http://www.sign.ac.uk>

Access to further OSCE resources provided by the University of Northampton for the NMC's Test of Competence is available after you have enrolled for the Test.

## 08. What will I be tested on?

The OSCE is made up of six stations, each lasting fifteen minutes. Four stations will be scenario based and relate to:

- 1) Holistic patient centred assessment
- 2) Planning
- 3) Implementation
- 4) Evaluation

All of which are stages of nursing and midwifery care. Two stations will be testing practical clinical skills. Please remember that you will have done many of these nursing or midwifery skills several times before. **Make sure** that you read the station instructions carefully. Do not be afraid to look at them again if you are unsure. You will not be penalised for this.

Typical skills which may be tested either on their own or within a nursing/midwifery scenario include:

- Vital signs
- Calculating drug dosages
- Intramuscular and subcutaneous injections
- Basic life support - cardio-pulmonary resuscitation (adult, child, baby)
- Safe disposal of sharps
- Medication administration
- Peak flows
- Wound care
- Urinary catheterisation
- Hand hygiene
- Palpation (Midwifery)
- Auscultation of foetal heart (Midwifery)
- New born check (Midwifery)

## 09. Communication skills

Communication is central to nursing and midwifery practice and will always be assessed during the OSCE's.

**We assess the full range of communication skills (verbal, nonverbal and written) by observing the interaction between the candidate and a simulated patient (this may be an actor or a nursing manikin) and also by assessing your nursing or midwifery documentation.**

The examiner will assess your approach to the simulated patient all through the examination, and they will award marks for communication skills such as:

- Clearly explaining care, diagnosis, investigations and/or treatments
- Involving the patient in decision-making
- Communicating with relatives and health care professionals
- Seeking and obtaining informed consent
- Active listening
- Dealing appropriately with an anxious patient or anxious relatives
- Giving clear instructions on discharge
- Giving advice on lifestyle, health promotion or risk factors
- Demonstrating compassion and care during communication
- Clear documentation which meets current NMC guidelines
- Professional behaviour

You should speak to the simulated patient as you would any patient you are meeting for the first time. **If you are being assessed using a nursing manikin please remember to verbalise your actions and reasons for actions in the same way that you would with a real patient.** If you ask the simulated patient a question the assessor will answer accordingly.

### ***A. Approach to the patient***

- Introduce yourself and explain or clarify the purpose of the nursing or midwifery encounter
- Check what the patient wants you to call them
- Be polite, respectful, non-judgemental and maintain the patient's dignity
- Be empathic and acknowledge the patient's emotions or concerns and show sensitivity to any discomfort
- Be sensitive to personal space - sit at an appropriate distance from the actor and be aware of their body language. If you move too close and the role player moves back, you are too close
- Treat a nursing manikin as you would a real patient

### ***B. Explaining and advising***

- Establish what the patient already knows and/or wants to know
- Explain clearly what you are going to do and why, so that the patient can understand
- Remember to always check if the patient has any questions



- Offer appropriate reassurance
- Do not alarm the patient but you must be able to explain the need for urgent action if it is required
- Always check the patient has understood
- Do not routinely over-simplify names for parts of the body. It is reasonable to expect that most people will know common body names such as 'bladder', 'ovary', 'womb' and 'vein'. If you doubt a patient's understanding, check and alter your approach to meet the patient's individual needs. This is an important skill
- Treat a nursing manikin as you would a real patient

### ***C. Involving patient in management***

- Respect patient autonomy and help the patient to make a decision based on available information and advice. This includes competent explaining skills as above
- Explain information and its implications so that the patient can make an informed choice about any nursing or midwifery actions
- Check the patient's understanding and feelings about the proposed nursing or midwifery interventions. They may not always agree with your proposed plan of care
- Treat a nursing manikin as you would a real patient

### ***D. Nursing or Midwifery Assessment***

You should be able to undertake an accurate nursing or midwifery assessment and make a reasoned plan of care if required.

- Assess the patient's nursing or midwifery problems accurately
- Listen attentively to the patient's problems and concerns
- Use clear language and question at a comfortable pace
- Clarify and check information and summarise understanding
- Be able to plan holistic safe and effective care based on your nursing or midwifery assessment and best practice

## **The OSCE day**

### **1. General Information about the Test Centre**

Please allow plenty of time to travel to the Competence Test Centre. Bear in mind that rush hour traffic often causes delays when approaching the Park Campus site. A link to the Park Campus map can be found at: [http://www.northampton.ac.uk/Downloads/5480-Park\\_Map.pdf](http://www.northampton.ac.uk/Downloads/5480-Park_Map.pdf)

If you arrive late, you might not be able to take the OSCE. Refunds for candidates who are late or decide to cancel their OSCE are not available. Candidates wishing to re-arrange their test date are required to notify the University (emailing [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk)) with a minimum of 5 days' notice of the original booked test date, should the university be informed after this time, candidates will be required to re book a new test date with a full payment.

We **do not** have room to allow friends or family, including children, to wait for you while you are taking the OSCE.

**Do not** bring large suitcases to the assessment centre because we have **no** storage space for anything other than for small handbags/rucksacks.

When you arrive, we will check the documents that you are required to bring. Once all your documents have been checked, your photograph will be taken and stored on our database. We store your photograph so that we can prove that you are the person we saw in case of identity theft. Photographic ID will be produced on your arrival, which you **must** wear at all times in the Test Centre. You will be asked to store your belongings in a **small** locker before moving to the waiting rooms, so please avoid bringing bulky coats.

Smoking is illegal in enclosed public spaces and workplaces in the UK. There is no smoking in or at the Test Centre. Once you have entered the Test Centre you will not be allowed to leave until the OSCE is finished.

Before the OSCE you will be briefed on its format.

## 2. Fitness to Test

Candidates will need to be fit and well to undertake the Test. All candidates will be asked to complete a health declaration form. (Appendix 5)

It is acknowledged that a candidate with a declared disability may require reasonable adjustments in order to complete the Test. The request for reasonable adjustments **must be made before** the date of the Test by email to [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk). A reasonable adjustment will allow for a candidate to undertake nursing or midwifery care which:

- Remains effective and does not result in altered patient care
- Is accepted within professional nursing practices
- Enables the candidate to demonstrate competency
- Will not place the candidate or patient at risk of harm by injury or illness

A reasonable adjustment will not allow the required standard of competence to be reduced because of a disability.

**Reasonable adjustments can be made to assess how you demonstrate that you have met a competency or standard. The standard or competency itself is not subject to a reasonable adjustment. If you have a health condition we strongly advise you to disclose it because it means that the Test Centre can give you information about support that may be available to you and, if necessary, make any special arrangements.**

## 3. Fire alarm

If there is a fire alarm, follow the directions of the Test Centre staff to the fire exit. If the fire alarm sounds during the OSCE, you should remain with your examiner at all times. Staff will direct you to an assembly point and will conduct a roll call to make sure that all examiners, role players and candidates are gathered together. You must not speak to other candidates during an emergency evacuation. Once the all clear has been given you will be directed back to the Test Centre and given instructions about resuming the OSCE.

#### 4. Identification

We will check your identity at the Test Centre and we will only accept a valid passport.

If the name on your passport is different from the email/letter from the NMC authorising you to test, you must provide original evidence that you are the person named in that email/letter. We will accept:

- Your marriage certificate
- A declaration from the awarding body, which granted your nursing or midwifery qualification, stating that both names relate to you

You must also bring your authorisation to test email/letter from the NMC bearing your candidate number.

If you do not bring the documents listed above, or if the passport is not valid or current, **you will not be allowed** to take the examination. You would then have to go through the booking process again.

You must bring the documents required by the NMC to complete their identification checks. You must produce the original versions of the documents you sent photocopies of. The NMC will undertake final checks on your previous registration, and take a photograph for their records. The NMC will not issue a Pin or place you on the register until you have satisfied the requirements of this check. If you are not able to provide original documents you will have to attend in person at the NMC's London office.

#### 5. What can I expect at the OSCE?

In stations which involve demonstrating a practical skill, you will find a manikin/actor or other piece of equipment.

In stations that require you to complete a nursing or midwifery assessment a prepared actor will play the role of a patient. You must treat the simulated patient as you would a real patient. Some stations may also involve watching a short video.

The examiner will observe you but will not intervene.

You must clean your hands thoroughly and effectively before approaching any station as hand hygiene is an extremely important. Soap, water and hand gels will be available at all stations.

You may be asked to take a nursing assessment or carry out a practical skill. Each station will have written candidate instructions which will also give relevant information about the patient, such as name, age and major problems.

Each station lasts fifteen minutes, the stations are clearly numbered and staff will be there to help you move from station to station.

There are six stations in which you are assessed. An additional “pilot station” **may** be included but will not count in your final mark. Pilot stations are used to test if they are fit for use in future OSCEs. You will not know which station is the pilot station.

A senior examiner will be overseeing the test day, with an additional examiner based at each station who will be observing the OSCE. Each station has a camera and sound system installed to allow observation, reducing the need for observers to enter and sit in stations.

**Built in cameras will record the examination and will be used to review the examination afterwards for quality assurance purposes.** This is not optional but part of the process so you will be asked, at the point of booking, to consent that you understand videoing will take place throughout the OSCEs. The videos are used for examination and reviewing purposes only by University and NMC staff.

**Please note:** Candidates do not have right to see their filmed assessment – It is treated as an exam script. Once the script has been marked and moderated the pass or fail decision is final and candidates or any sponsoring authority cannot request access to the film. An appeal or complaint may involve the lead examiners reviewing candidate’s filmed assessments but films would not be released to candidates or their sponsors.

## 6. How should I dress?

We require that you dress for the OSCE in a manner which is appropriate for a clinical environment.

All nurses and midwives must be dressed professionally, maintain a high standard of infection control and ensure the health and safety of themselves and their patients. The guidelines below are based on the expected standards for pre-registration healthcare students at the University of Northampton. They mirror the professional standards required of all health care professionals in the UK.

**Hair:** Must be off the face and secured above the collar. Hair should be tied up with simple hair bands, hair decorations should not be worn as they can potentially be used as weapons. Hair should be a natural shade and extremes of styles are not acceptable. Beards and moustaches should be kept clean and trimmed and tidy. Presentation at all times must be professional.

**Nails:** Must be kept short and unvarnished with no extensions or decoration.

**Makeup:** Must be kept to a minimum and be discreet and natural.

**Jewellery:** Only single plain “ball” ear studs are allowed, a maximum of one per ear. A single plain band ring is allowed, i.e. wedding or commitment ring. No other jewellery, including tongue piercing or body jewellery, is permitted.

**Wristwatches:** Are not to be worn.

**Head Veil/Turban:** Can be worn on religious grounds. They must be appropriate in colour we recommend plain black or navy, and they must be tucked into the collar of your tunic/polo shirt. They should be laundered daily.

**Shoes:** Must be plain flat black and rubber soled, enclosing the whole foot and not made of porous or absorbent material in order to protect the foot from bodily fluids and equipment.

**Socks and Tights:** Flesh coloured/black tights or dark blue/black socks with trousers.

Candidates **must not** wear neck ties.

Candidates **must not** wear jeans, shorts or sandals.

Nurses and midwives in the UK frequently wear dark plain trousers and plain polo shirts/tunics and where possible candidates should be dressed in a similar manner.

Candidates who wish to wear alternatives, for example, because of cultural or maternity requirements, should discuss this with the Test Centre **before** arriving for the OSCE.

It is important that patients feel able to build trust and are able to communicate freely; some may find that a face veil worn by a nurse or midwife presents an obstacle to communication. Candidates and registered nurses and midwives must respond to a patient's individual needs and take steps to overcome communication barriers.

## 7. What conduct is expected during the OSCE?

The OSCE is a formal examination and candidates are required to behave appropriately and in accordance with University regulations and policies.

Candidates are already professional nurses or midwives and are expected to behave in a professional manner at all time while at the Test Centre.

You will be provided with all the materials you need during the examination.

## 8. Candidate rules at the Test Centre

All personal items must be placed in the **small** locker provided at the Test Centre. ***The Test Centre will take no responsibility for any lost, stolen or misplaced items.***

The following items are not allowed in the OSCE nor can they be accessed during your time at the Test Centre:

- Any educational, test preparation or study materials
- Personal items, including mobile phones, hand-held computers, personal digital assistants (PDAs), pagers, watches or other electronic devices
- Weapons of any kind

Mobile phones, pagers or other electronic devices must be **turned off** before storing them in the locker.

During your stay at the Test Centre **you are not allowed** to access personal items other than medication or foods which are required at a specific time and you **must** have arranged this in advance with the Test Centre. If you require access to medical devices or aides during the OSCE please inform centre staff when booking your OSCE examination.

## 9. Confidentiality

As a registered nurse or midwife you are bound by your current code of professional conduct and ethics. Any cheating or misconduct during the OSCE or breaching confidentiality of the examination may bring your profession into disrepute and may raise doubts about your fitness to practice. Such incidents will be reported to the NMC by the examiners and will be investigated.

You must not seek help or attempt to seek help from any other party during the OSCE. This includes in person or by phone, text, messaging, email or any form of social media.

You must not disclose or discuss with anyone, including instructors, information about the OSCEs. This also includes posting or discussing scenarios or skills the internet or any form of social media, such as Twitter or Facebook.

## 10. Taking the OSCE

The results of the OSCE must be an accurate reflection of the authorised candidate's knowledge and professional skills as a nurse or midwife.

- You **must not** take or attempt to take the OSCE for anyone else
- You **must not** allow or attempt to allow anyone else to take the OSCE for you
- You **must not** engage in any behaviour deemed to be disruptive at any time while in the Test Centre or when taking the OSCE.

## 11. Grounds for dismissal or cancellation of OSCE results

All candidates must comply fully with the Test Centre staff's instructions and/or the Test Centre rules and regulations or they will risk having their OSCE results withheld, dismissed or cancelled.

Candidates who do not comply with the Test Centre staff's instructions or Test Centre's rules and regulations may be asked to leave the Test Centre and their fees **will not** be refunded.

Such incidents will be reported by the examiners and investigated. The OSCE result may be withheld during an investigation.

**The University will always report such incidents to the NMC.**

## 12. How is the OSCE marked?

Each OSCE station has a unique 20 criterion based assessment sheet which is matched to the scenario or skill being assessed, examiners will score each criteria. The following are descriptors indicating candidate performance.

|                              |   |
|------------------------------|---|
| <b>(FAIL*)</b>               | The candidate is unable to demonstrate competence or has omitted key aspects/components of the competency/skill.<br>This level of practice would be insufficient and may cause patient harm by act or omission.   |
| <b>(FAIL**)</b>              | The candidate has demonstrated familiarity with the nursing competency/skill but essentially, it is misapplied or applied inconsistently during assessment. This may lead to patients receiving poor levels of care.  |
| <b>(PASS***)</b>             | The candidate has demonstrated safe and effective competence/skill in line with NMC requirements at the point of entry to the register.<br>This candidate has provided safe acceptable standard of care during the OSCE.  |
| <b>(Good PASS****)</b>       | The candidate has consistently and confidently demonstrated safe and effective competence/skills in line with NMC requirements. This candidate has provided a good standard of care which is safe, effective care in a consistent and confident manner during the OSCE. |
| <b>(Excellent PASS*****)</b> | The candidate has consistently and confidently demonstrated very good, safe, effective care in a fluid, professional manner during the OSCE. Consistently demonstrating competence/skills above the point of entry requirements set by the NMC.                         |

## 13. The Passing Standard

To PASS the OSCE the candidate must achieve a pass score on every criterion. **A fail on any criteria will result in an overall fail for the station.**

### Unsafe Practice and Cessation of Assessment

In the event that any candidate demonstrates unsafe practice which may place the candidate, simulated patient or examiner at risk then a U score (unsafe practice) must be awarded. A U score denotes an OSCE station fail.

## 14. How Do I Get the Results of the OSCE

The NMC will inform candidates of the result of the OSCE. Please **do not** ask the examiners or Test Centre staff.

## 15. What are the potential results?

**PASS** = Candidates who pass all six scenarios and skill stations

**Partial Fail** = Candidates fail a single scenario but pass ALL skill stations (Fail and will require a **partial 2<sup>nd</sup> attempt at 50% cost**)

**Partial Fail** = Candidates pass ALL scenarios but fail a single skill station (Fail and will require a **partial 2<sup>nd</sup> attempt at 50% cost**)

**FAIL** = Candidates who fail more than one scenario or skill station (Fail and will require **full 2<sup>nd</sup> attempt at full cost**)

**FAIL** = candidates who fails a single scenario and a single skill station (Fail and will require a **full 2<sup>nd</sup> attempt at full cost**)

### 16. What happens if I pass?

The NMC will contact you and begin the process of registering you as a nurse or midwife in the UK.

### 17. Can I have more than one attempt if I fail the OSCE?

Candidates will receive an email confirming their application was accepted and that they can book their OSCE. The NMC will also inform the Test Centre.

Candidates are permitted two attempts as part of one application (an initial sitting and a full or partial re-sit). The NMC require a **minimum** of 10 working days between the initial attempt and the re-sit.

If a candidate fails their re-sit, a minimum of six months must elapse before they can sit the OSCE again. Candidates are required to sit the full exam and it will always be at full cost.

Candidates should use the time to ensure they are adequately prepared for the OSCE.

### 18. Can I have my OSCE remarked?

All OSCEs are recorded and all OSCEs deemed a fail will ALWAYS be reviewed by the PANEL of examiners on the day of the OSCE. Failed OSCEs are automatically remarked and checked as part of the Quality Assurance process.

**The Test Centre Manager will coordinate any appeals, complaints, reasonable adjustments and fitness to practice issues and refer such matters to the Test Panel for investigation and reporting to the NMC.**

## Candidate Guidance

The next section of the handbook provides guidance for candidates considering appeals, complaints, or applying for mitigating circumstances. The Test Centre Manager will always offer guidance and advice in such matters. If candidates, after pursuing such issues, remain unhappy with the outcome and decisions reached they have the right to raise the matter with the NMC.

### 19. Can I appeal my result?

#### **What grounds can be used as the basis for an appeal?**

If you believe that a mistake has been made at any point during the **process** of your Test of Competence, or that an **irregularity** has occurred in the **conduct** of the OSCE, and you think that this has had a direct and demonstrably detrimental effect on your performance then you may be able to make an appeal. See **Appendix 1 [Appeals Form](#)**.



## 20. What is a complaint and how can I make one?

If you are dissatisfied with a service that the University is providing, or with the person who is providing it, then you can raise the matter as a complaint. You should always try to resolve a problem as close as possible to its source. So, for example, if you have a problem with your examiner you should speak to the senior examiner or Test Centre Manager. If you are dissatisfied with the outcome you can make a formal complaint to the Test Centre Manager. **See Appendix 2 for the candidate guidance on making complaint.**

**Please note:** Candidates do not have right to see their filmed assessment – It is treated as an exam script. Once the script has been marked and moderated the pass or fail decision is final and candidates or any sponsoring authority cannot request access to the film. An appeal or complaint may involve the lead examiners reviewing candidate's filmed assessments but films would not be released to candidates or their sponsors.

## 21. Fitness to practice during the OSCE?

Your fitness to practice, during the OSCE, may be questioned if a member of the Test Centre staff, an examiner, a simulated patient or another candidate expresses concerns that you are failing to maintain standards and/or that your conduct is inappropriate to your profession. Examples may include; a breach of confidentiality and professional misconduct (which may call into question your honesty and integrity). If this occurs your OSCE may be stopped and an incident form will be completed and forwarded to the NMC. If you are allowed to continue an incident form will still be submitted and you will be informed of this at the time of your OSCE.

## 22. What happens if I am unable to attend the OSCE because of sudden illness or circumstance beyond my control?

Candidates must make every attempt to attend their booked OSCE appointment. Cancellations before 48 hours of the Test **will not incur** a financial penalty nor will they count as an attempt for the NMC. However, cancellations made less than 48 hours before the Test **will not** be refunded and they will **not count** as an NMC attempt.

## **When can you apply for mitigating circumstances to be considered?**

If you are unable to attend the OSCE examination because you are ill, or if you have a personal issue which prevents you from attending, you should contact the Test Centre by emailing [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk). You must remember to include independent evidence, for example, a hospital appointment letter or a copy of a prescription with your application. It is your responsibility to collect this evidence. If you arrive to sit your OSCE and you do not feel well enough to proceed you must inform the lead examiner and they will support you to complete a Mitigating Circumstances form. This will defer your assessment and allow you to re-book your OSCE. By taking the OSCE you would declare yourself as fit to take the exam and you will be unable to defer an assessment once you have commenced or appeal that you were unfit.

Evidenced personal circumstances, such as sudden illness, may be permitted as reasons for re-booking the OSCE at short notice. Simply being late for the OSCE or changing your mind about taking the OSCE less than 48 hours before the booked time will mean that you will have to pay again. If you do not sit the OSCE it will not count as an attempt. **See Appendix 3 for candidate guidance and form.**

## **I am pregnant or breast feeding a small baby how will this affect my OSCE?**

The University will seek to support candidates who are pregnant or have very young children and protect them from unfavourable treatment. The Test Centre will be flexible to enable the candidate when possible to take the OSCE as planned, except when a significant risk is identified. **Candidates can find guidance in Appendix 4.**

## **23. I have a disability; can the Test Centre accommodate my needs?**

Our staff are committed to ensuring impartiality and equality of opportunity in the delivery of our services. Our premises are accessible.

The Test Centre will also act on NMC guidance in this matter, but special examination arrangements are made for candidates with disabilities or those registered as dyslexic or with other additional needs. Candidates are asked to declare their evidenced needs for reasonable adjustments when booking their OSCE and will be required to produce supporting evidence. The Test Centre Manager will seek advice on the reasonable adjustment which is possible for the candidate. Simple changes such as lowering beds, accommodating candidate's need to sit or stand, or the increased need for toilet breaks during pregnancy can be easily arranged when the Test Centre is notified in advance.

Candidates who need to access medical devices during the OSCE can be accommodated with advance notification prior to booking. The Test Centre will not allow the required level of competence to be reduced because of a disability. Candidates with additional needs must declare them on the health declaration form that will be emailed to candidates at point of booking and confirmation of test date.

# Appendices

## Modified Candidate Guidance

### Appeal Guide and Form for the Test of Competence

#### What grounds can I use as the basis for an appeal?

If you believe that your result is incorrect or that a mistake occurred during the process of your assessment, or that an irregularity has occurred in the application of the Assessment Regulations or in the conduct of the examination, and you think that this has had a direct and demonstrably detrimental effect on your performance, then you may be able to make an appeal.

#### In what situations might appeal be worthwhile?

Marks awarded to your work will have been through a rigorous process of moderation involving at least two internal markers and the oversight of marking standards by an external examiner, who approves all grades awarded. The University will not accept an appeal against the academic and/or professional judgments of examiners *per se*. An appeal will only be worthwhile if it meets the grounds listed above.

#### Where can I obtain advice?

If you have any uncertainties about the information contained in this Guide you should consult the Test Centre Manager.

#### How should I appeal?

You will need to complete the form appended to this Guide on page 22 and submit it to the Test Centre Manager within 5 days of receiving your OSCE result.

#### Where should I submit the form?

Where possible, you should submit the form to the Test Centre. Seal the form in an envelope, mark it Private and Confidential, and address it to the Test Centre Manager, Competence Test Centre, Thornby 3, Park Campus, Boughton Green Road, Kingsthorpe, Northampton, NN2 7AL. Alternatively you can email: [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk) addressing it as Private and Confidential to the Test Centre Manager.

**How will my appeal be dealt with?**

The Test Centre Manager will forward your appeal for review. If you make a legitimate appeal on acceptable grounds, the Test Panel will appoint an investigator to examine your case. The investigator will come to a conclusion and will write to the panel either stating that your appeal should be upheld or that it should not.

**How long will it take to reach a decision?**

If you make an appeal then the investigation will normally be completed within four weeks. If you want an update on the progress of your appeal then you should contact the Test Centre Manager.

**What outcome can I expect if I make an appeal?**

The Test Panel will decide whether or not to uphold your appeal. You will be notified of this decision by email and in writing.

**What should I do if I am dissatisfied with the outcome?**

The appeal decision marks the end of the University's procedures in relation to appeals. You can make a complaint to the NMC and details of how to do this will be included in the outcome letter.

**Academic Appeal Form**

This form should be submitted to the Test Centre Manager within **five** days of receiving your OSCE result.

|   |  |
|---|--|
| <b>Your name</b>  |  |
| <b>Candidate Number</b>   |  |
| <b>Correspondence address</b>   |  |
| <b>Email address:</b>   |  |
| <b>Date Test of Competence (OSCE) :</b>   |  |
| <b>Grounds for Appeal (You should provide full details of the nature of the irregularity that you feel has occurred.)</b> |  |
|   |  |

I declare that the information given is true and that I am willing to answer further questions if necessary:

Signed: ..... Date: .....

This form should be submitted to the Test Centre Manager, Competence Test Centre, Thornby 3, Park Campus, Boughton Green Road, Kingsthorpe, Northampton, NN2 7AL in a sealed envelope and it will be forwarded for review (For official use)

|                      |         |              |
|----------------------|---------|--------------|
| Date Received:       | Logged: | File created |
| Appeal Acknowledged: |         |              |

## **Candidate Complaint Guide and Form**

### **What is a complaint?**

If you are dissatisfied with a service that the University is providing, or with the person who is providing it, then you can raise the matter as a complaint.

### **How should I make a complaint?**

You should always try to resolve a problem as close as possible to its source. So, for example, if you have a problem with your examiner you should speak to the senior examiner or Test Centre Manager.

### **What outcome can you expect if you make a complaint?**

The University expects its entire staff to be receptive to issues raised by candidates. Complaints will be addressed initially through an informal process involving discussions with people in the Department where the difficulty has arisen.

### **What should I do if I am dissatisfied with the outcome?**

In some cases it may be felt that the candidate's complaint has not been resolved by the informal process. In such cases you can progress the complaint to a higher level by completing and submitting the Complaints Form appended to this Guide on page 25.

### **What happens if I make a formal complaint?**

Often the University will appoint an investigator to carry out an investigation into the matter(s) that you have raised and to report back to you. You should note that you should not submit a formal complaint unless you have already attempted to resolve your issue(s) via the informal process.

### **Won't my examiners treat me differently if I make a complaint about them?**

It is part of the University's Policy that no one bringing a complaint, whether successfully or otherwise will be treated less favourably by any member of staff than if the complaint had not been brought. If evidence to the contrary is reported then the member of staff may be subject to disciplinary proceedings.

**Where can I obtain advice?**

If you have any uncertainties about the information contained in this Guide you should consult the Test Centre Manager.

**Where should I submit the form?**

You should submit the form to the Test Centre within ten days of the event. If you seal the form in an envelope, mark it Private and Confidential, and address it to the Test Centre Manager, Competence Test Centre, Thornby 3, Park Campus, Boughton Green Road, Kingsthorpe, Northampton, NN2 7AL. Alternatively email: [ctc@northampton.ac.uk](mailto:ctc@northampton.ac.uk) addressing it Private and Confidential to the Test Centre Manager whom will refer the complaint to the Test Panel, who will appoint an investigator.

**How long will it take to make a decision?**

If you can resolve your issues at the informal stage then it will not take very long at all. If you make a formal complaint then the investigation may take longer, but the Panel would hope to resolve matter within four weeks of receiving the complaint. If after the complaint has been investigated, you remain unhappy with the process you should contact the NMC. Details of how to do this will be included in the outcome letter.

Created April 2012





**Please explain why you are dissatisfied with the response you have received**

**Please indicate what outcome or further action you are expecting**

**Please provide any documents you believe support your complaint.**

I declare that the information given is true and that I am willing to answer further questions if necessary:

Signed: .....

Date: .....

This form should be submitted to the Test Centre Manager, Competence Test Centre, Thornby 3, Park Campus, Boughton Green Road, Kingsthorpe, Northampton, NN2 7AL in a sealed envelope and it will be forwarded for review.

(For official use)

|                         |         |              |
|-------------------------|---------|--------------|
| Date Received:          | Logged: | File created |
| Complaint Acknowledged: |         |              |

Revised April 2012

### Candidate Guidance on Mitigating Circumstances

#### What are mitigating circumstances?

Mitigating circumstances are events that have significantly disrupted your OSCE. They must be:

- serious or acute
- beyond your ability to foresee and control

#### When can you apply for mitigating circumstances to be considered?

If you are unable to attend, because you are ill, or if you have a personal issue which prevents you from engaging with the OSCE, you should complete and submit the form in Appendix 5 of this Guide. You must remember to include independent evidence, for example, a hospital appointment letter or a copy of a prescription with your application: it is your responsibility to collect this evidence.

#### What outcome can you expect if you apply for mitigating circumstances?

There are a number of issues that **cannot** be addressed through the submission of a mitigating circumstances application:

1. Under no circumstances will grades awarded to your OSCE be changed. All OSCEs are graded upon their own merits and no allowance will be made for mitigating circumstances. A mitigating circumstances application for a completed OSCE **will not** be considered.
2. Only in very exceptional cases will applications be accepted for mitigating circumstances after the set deadline for the examination has passed. If you do apply late you must explain why.
3. A known disability is not, *per se*, a reason to submit a mitigating circumstance application, although (for example) unforeseen illness resulting from a disability may be. Reasonable adjustments to OSCE examinations will normally be made as required to support candidates with a disability. Requests for such adjustments

should be discussed with the Test Centre Manager in advance of the OSCE examination.

4. The NMC determines the number of opportunities a candidate has to take the OSCE examinations.

If you miss the first opportunity and have not sat the OSCE and have successfully applied for mitigating circumstances, your attempt will not count.

If you do not sit the OSCE your attempt will not count.

If you sit the OSCE and are unsuccessful in applying for mitigation, the attempt will count.

### **What happens if I am ill on the day of an OSCE examination?**

If you are too ill to start the OSCE examination then you need to let the Test Centre know this as soon as possible; you then need to submit an application for mitigating circumstances.

If you become ill during an OSCE examination then you need to let the examiner know, so that it can be included in the report. You can then apply for mitigating circumstances.

If you sit the OSCE examination and are successful in applying for mitigation, the attempt will not count.

Candidates should make every effort to cancel their OSCE a minimum of 48 hours before the exam is booked (if the exam is on a Monday cancellation should occur on the Thursday before). Refunds will not be given routinely if OSCEs are cancelled at short notice.

**Mitigating Circumstances Application**

**Your details:**

Name: ..... Number: .....

Tel. .... Email: .....

OSCE date ..... .....

**OSCE Affected by Mitigating Circumstances**

| OSCE number |  | Original Exam Date |
|-------------|--|--------------------|
|             |  |                    |
|             |  |                    |
|             |  |                    |
|             |  |                    |
|             |  |                    |

***For Office Use:***

|   |        |                          |          |                          |   |
|---|--------|--------------------------|----------|--------------------------|---|
| Date Form passed to AA:   |        | Filter:                  | 1        | 2                        | 3 |
| Chair's Action: ..... Date: .....   |        |                          |          |                          |   |
| Decision:   | Upheld | <input type="checkbox"/> | Declined | <input type="checkbox"/> |   |
| Student Status:   |        |                          |          |                          |   |
| Reason for decision:  |        |                          |          |                          |   |
| SAT: Log IN <input type="checkbox"/> Letter <input type="checkbox"/> Log Outcome <input type="checkbox"/> H grade <input type="checkbox"/> Exams/Module Leader <input type="checkbox"/> |        |                          |          |                          |   |

**Your Mitigating Circumstances** *(You must provide precise dates of any illness or other circumstances and state how your OSCE was affected and what steps you took to recover the situation.)*

**Declaration**

I declare that the details included in this application, including any appended statements, are true and that I have read and understand the foregoing Mitigating Circumstances Guide.

Signed: .....Date:.....

## Summary of key responsibilities for supporting a candidate who is pregnant

### The University will:

- ensure that a candidate who is pregnant, or has given birth within the last 26 weeks, is protected from unfavourable treatment;
- accommodate their needs both before and during the OSCE in so far as is reasonably practicable to allow her to successfully complete the OSCE;
- publish this guidance and review/update as necessary in order that all members of the University community are aware of the support available and their role in providing that support;
- encourage candidates to disclose a pregnancy in confidence at an early stage to the Test Centre.

When a candidate's pregnancy is disclosed, the Test Centre Manager is expected to:

- read and follow this guidance;
- treat any disclosure confidentially and verify that a candidate has no objections to their pregnancy being discussed with other University staff;
- agree a support plan and ensure that it is implemented;
- complete a risk assessment.

### Candidates (and applicants)

Candidates are advised to:

- read this guidance in order to understand the University's approach to supporting candidates who are pregnant or have very young children;
- disclose their pregnancy at the earliest opportunity, to enable the consideration of any necessary support arrangements or adjustments during the OSCE;
- discuss any concerns they have relating to their pregnancy with their own GP and the Test Centre Manager;
- ensure that they have received a copy of the completed risk assessment if appropriate.

## 1 Introduction

- 1.1 The University recognises that being or becoming pregnant, or having a very young child should not, in itself, be a barrier to applying for, starting, succeeding in, or completing the Test of Competence. The University will be as flexible as is reasonable, in accordance with University regulations and the legal framework, in which the University operates.

1.2 This guide provides information and advice:

- about the University's approach to supporting a candidate who is pregnant

## 2 Definitions

- **Candidates** referring to those who are pregnant or have very young children
- **Very young children** – those under 26 weeks of age
- **New parent** – those with children under 26 weeks

## 3 Guiding Principles

### 3.1 Avoiding less favourable treatment

The University will not treat a candidate (or applicant) less favourably than other candidates.

### 3.2 Taking a flexible approach

The University will take a flexible approach, in line with University regulations, to facilitating the ability of the candidate to take the Test of Competence.

### 3.3 Demonstrating a non-judgmental and sensitive approach

All those involved should take an open-minded and non-judgmental approach. Information provided by the candidate should be treated sensitively and only passed on to others on a need-to-know basis.

### 3.4 Enabling informed choices

No one should attempt to directly or unduly influence candidate's decisions. The University's role is to provide context and advice, and to explore, in consultation with the candidate and others, flexibility that can be applied to the Test of Competence. The emphasis is on candidates making informed choices based on full knowledge of the implications of these choices. However, in **exceptional circumstances** where it has been identified that there is a significant risk to the health and welfare of either the candidate and/or unborn child, the University may have to advise a course of action which is **not negotiable**.

## 4 Notification of pregnancy

4.1 Candidates are strongly advised to inform the Test Centre as soon as it is practicable. This is particularly important where there may be a risk to the health and safety of the candidate and/or her unborn child.

4.2 Candidates are not obligated to inform the Test Centre if they become pregnant, decide to terminate a pregnancy or miscarry. However, it is important to note that the University can only adopt a flexible approach, provide support or make adjustments if it is aware of the situation.



4.3 When deciding whether to notify the University, the candidate is encouraged to consider that:

- there may be elements of the Test of Competence that could present a health and safety risk to her and/or her unborn child

## 5 Process

### Step 1

The candidate is strongly advised to consult her own GP to discuss medical issues relating to her pregnancy prior to approaching the Test Centre.

### Step 2

Candidates may inform the Test Centre of any pregnancy issues when booking the OSCE.

It is essential that a risk assessment is undertaken (**see step 3**) and the checklist is completed. This should ensure all issues are discussed at an early stage and a support plan initiated.

### Step 3 Risk Assessment

The Test Centre Manager should ensure that appropriate steps are taken in relation to health and safety issues. This will involve a risk assessment for the individual candidate.

### Step 4 Candidate Support Plan

Once discussed and agreed, a written candidate support plan for the Test of Competence will detail any specific flexibility agreed. This should be given/sent to the candidate. A written agreement of agreed flexibilities should be sought from the candidate. A copy of this should be filed with the candidate's personal record held by Test Centre.

Where a student is dissatisfied with the degree of flexibility offered, they may ask for information about the complaints procedures or make a formal complaint, if appropriate, in line with complaint guidance.

### Step 5 Communicating the Support Plan

The Test Centre Manager should communicate the agreed candidate support plan to other relevant examiners. Information should be passed on sensitively and in confidence.

## **6 Determining Flexibility**

The Test Centre does not have to agree to any or all requests. There may be situations where it is not possible to agree to a particular request; such as, where the consequences of agreeing to requests are likely to have a detrimental effect on the candidate. The candidate must be made fully aware of these consequences. However, the final decision will rest with the candidate as to whether they would still like to sit the OSCE.

When considering declining a request, the University's Equality & Diversity Advisor should be consulted before the decision is made. Candidates can seek bespoke advice on what might constitute as appropriate flexibility in a particular case from the University's Equality and Diversity Advisor.

If it is decided to decline a request, the reasons will be recorded and the candidate will be informed as to why this particular request is not considered "reasonable" in the circumstances. This will be recorded in the candidate support plan.

In cases where deferring the OSCE would lead to taking longer to complete the Test of Competence than would normally be permissible by the NMC, the Test Centre should still strive to demonstrate a flexible approach, where practicable, in relation to this deadline for completion, whilst ensuring that the student does not exceed the overall time limit allowed by the NMC. If the candidate is likely to exceed the time allowed to complete the Test of Competence because of pregnancy they should contact the NMC for advice.

If a candidate is unhappy with the Test Centre's decision they can appeal or complain (whichever is most appropriate) to the Test Centre Manager who will refer all complaints or appeals to the appropriate University body.

## **7 Equality & Diversity Advisor**

7.1 If, at any stage, the Test Centre Manager would like some assistance in thinking through the practical implications of an individual pregnancy, they should contact the University's Equality and Diversity Advisor.

### **7.2 Senior Managers**

The Test Centre Manager may also wish to consult their Line Manager or other Senior Managers at the University.

### **7.3 Occupational Health and Safety Office**

The Test Centre Manager may also wish to consult the Occupational Health and Safety Office for advice on health and safety issues including risk assessments.

7.4 The University will also consider flexibility for a candidate who has recently become a parent. As above, what constitutes a reasonable degree of flexibility to take account of a candidate's caring/parental responsibilities may vary for particular circumstances.

## 8 Small babies/children on campus

8.1 Small babies and children are **not allowed** in the Test Centre at any time. Partners and relatives are **not allowed** in the Test Centre at any time.

Candidates may be accompanied by children in general public areas such as the restaurants, and in the library, providing that children are supervised by the parent at all times and they are not disruptive to others. It is particularly important that children are not brought into areas where there is the possibility of a risk to health and safety. The University cannot accept any liability for the child in these circumstances.

### 8.2 Breast-feeding

There are no restrictions on breast feeding on campus. If additional support is required for breastfeeding whilst candidates are on campus, candidates should contact the Test Centre Manager, prior to their OSCE date.

A COPY OF THE COMPLETED ASSESSMENT SHOULD BE GIVEN TO THE NEW/EXPECTANT MOTHER AND A COPY ATTACHED TO THE CHECKLIST

**Candidate Support Plan**

| Proposed flexibilities to be investigated (or agreed by the Test Centre Manager) | Timetable for agreement or decline and by whom (date of reviews) | Date Flexibility agreed or declined | Notes |
|--|--|-------------------------------------|-------|
|  |  |                                     |       |
|  |  |                                     |       |

## Signatures

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**Monitoring the critically ill patient** - Philip Jevon, Beverley Ewens, 2012

[Book](#)

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**Nursing medical emergency patients** - Philip Jevon, Beverley Ewens, Melanie Humphreys, 2008

[Book](#)

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**Managing long term conditions and chronic illness in primary care: a guide to good practice** - Judith Carrier, c2009

[Book](#)

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**Assessing and managing the acutely ill adult surgical patient** - Fiona J. McArthur-Rouse, Sylvia Prosser, 2007

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**Palliative care nursing: principles and evidence for practice** - Sheila Payne, Jane Seymour, Christine Ingleton, 2008

[Book](#)

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**Understanding laboratory investigations: a guide for nurses, midwives and healthcare professionals** - Chris Higgins, 2013

[Book](#)

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### Communication (3 items)

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**Communication and interpersonal skills for nurses** - Shirley Bach, Alec Grant, 2009

[Book](#)

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[Book](#)

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**Interpersonal skills for nurses and health care professionals** - R. F. Wondrak, NetLibrary, Inc, 1998

[Book](#)

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### Leadership (2 items)

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**Effective healthcare leadership** - Melanie Jasper, Mansour Jumaa, 2005

[Book](#)

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**Nursing and collaborative practice: a guide to interprofessional and interpersonal working** - Benny Goodman, Ruth Clemow, 2010

[Book](#)

|                        |   |
|------------------------|---|
| Plan to be reviewed on | <p><b>Rapid assessment of the acutely ill patient</b> - Sheila K. Adam, Mandy Odell, John Welch, 2010<br/> <a href="#">Book</a></p> <hr/> <p><b>Monitoring the critically ill patient</b> - Philip Jevon, Beverley Ewens, 2012<br/> <a href="#">Book</a></p> <hr/> <p><b>Nursing medical emergency patients</b> - Philip Jevon, Beverley Ewens, Melanie Humphreys, 2008<br/> <a href="#">Book</a></p> <hr/> <p><b>Managing long term conditions and chronic illness in primary care: a guide to good practice</b> - Judith Carrier, c2009<br/> <a href="#">Book</a></p> <hr/> <p><b>Assessing and managing the acutely ill adult surgical patient</b> - Fiona J. McArthur-Rouse, Sylvia Prosser, 2007<br/> <a href="#">Book</a></p> <hr/> <p><b>Palliative care nursing: principles and evidence for practice</b> - Sheila Payne, Jane Seymour, Christine Ingleton, 2008<br/> <a href="#">Book</a></p> <hr/> <p><b>Understanding laboratory investigations: a guide for nurses, midwives and healthcare professionals</b> - Chris Higgins, 2013<br/> <a href="#">Book</a></p> |
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|                        | <p><b>Leadership</b> (2 items)</p> <hr/> <p><b>Effective healthcare leadership</b> - Melanie Jasper, Mansour Jumaa, 2005<br/> <a href="#">Book</a></p> <hr/> <p><b>Nursing and collaborative practice: a guide to interprofessional and interpersonal working</b> - Benny Goodman, Ruth Clemow, 2010<br/> <a href="#">Book</a></p>  |

Agreed by staff member

**Rapid assessment of the acutely ill patient** - Sheila K. Adam, Mandy Odell, John Welch, 2010

[Book](#)

**Monitoring the critically ill patient** - Philip Jevon, Beverley Ewens, 2012

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**Nursing medical emergency patients** - Philip Jevon, Beverley Ewens, Melanie Humphreys, 2008

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[Book](#)

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| Title |   |
|-------|---|
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## HEALTH DECLARATION QUESTIONNAIRE

### TEST OF COMPETENCE – PART 2 OSCE

To all Applicants

Information given to us about your health will be treated in the strictest confidence. Your answers to this questionnaire will help us to ensure that the environment, in which you will undertake your test, will not place your health at risk and will be used to establish that you, in turn, do not provide a health risk to candidates or other staff.

You are required to declare, below, that all your answers given are correct to the best of your knowledge. You should be aware that if you leave anything out intentionally or answer untruthfully, your appointment might be affected.

#### DECLARATION

I certify that the answers to the aforementioned questions are correct to the best of my knowledge. I give consent to be examined if necessary\*. I am aware that failure to make a full declaration of health may lead to dismissal. I understand that no medical details will be divulged without my permission to any person outside of the organisation, but an opinion about my fitness to 'practise' will be given to the Competency Test Administrator.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**PERSONAL DETAILS** (Please use BLOCK CAPITALS)

MR/MRS/MISS/MS/DR                      SURNAME \_\_\_\_\_

FIRST NAME(S) \_\_\_\_\_

PREVIOUS / MAIDEN NAME(S) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

**YOUR HEALTH DETAILS – CONFIDENTIAL**

Height \_\_\_\_\_                      Weight \_\_\_\_\_ st/ lbs or Kgs

Alcohol – Units per week \_\_\_\_\_

**Please answer YES/No to the following questions:**

|  | YES | NO | If YES please give brief <b>details</b> including <b>dates</b> (continue on a separate sheet if required) |
|--|-----|----|---|
| Have you ever had a work-related injury and/or disease?                                |     |    |   |
| Do you have a disability, which may require adaptation of work place or work schedule? |     |    |   |
| Have you previously left a job / training on grounds of ill health?                    |     |    |   |
| Have you had any major accidents?  |     |    |   |
| Have you ever been admitted to a hospital of any kind for treatment?                   |     |    |   |
| Have you ever attended an out-patient clinic? e.g, for skin condition                  |     |    |   |
| Have you attended a casualty department in the last five years?                        |     |    |   |
| Are you presently on any medication? If so what?                                       |     |    |   |
| Could you be or are you pregnant?  |     |    |   |

| HAVE YOU EVER HAD  | YES | NO | If YES please give brief <b>details</b> including <b>dates</b> (continue on a separate sheet if required) |
|--|-----|----|---|
| A mental health condition, e.g. anxiety, eating disorder, mood disorder, depression, hypomania, suicide attempts, self harm, schizophrenia?  |     |    |   |
| Drugs or alcohol dependence?   |     |    |   |
| Epilepsy, fits blackouts, fainting attacks, or recurrent dizziness?  |     |    |   |
| Heart problems or high blood pressure?   |     |    |   |
| Kidney or bladder problems?  |     |    |   |
| Gastric / duodenal ulcer or bowel problems?  |     |    |   |
| Persistent / recurrent attacks of diarrhoea / vomiting / abdominal pain?   |     |    |   |
| Jaundice or hepatitis?   |     |    |   |
| Persistent / recurrent backache, sciatica, disc or other back problems?  |     |    |   |
| Problems with your neck, shoulders, arms, hands / wrists?  |     |    |   |
| Other joint problems such as arthritis or rheumatism?  |     |    |   |
| Deformities or problems affecting movements?   |     |    |   |
| Tuberculosis (TB), recurrent cough, blood stained sputum, night sweats, unexplained weight loss?   |     |    |   |
| Chest problems, breathing difficulties, wheezing or recurrent bronchitis?  |     |    |   |
| Asthma, hay fever or <b>allergy to anything?</b>   |     |    |   |
| Migraine / persistent headaches?   |     |    |   |
| Persistent ear problems or hearing defect?   |     |    |   |
| Eye problems or vision defect?   |     |    |   |
| Any other significant health problems / operations not mentioned above?  |     |    |   |
| Have you ever been in positive contact with MRSA (Methicillin Resistant Staphylococcus Aureus) in the last six months or ever been positive? |     |    |   |
| Do you need any reasonable adjustments made in order for you to undertake the test?  |     |    |   |

**NOT CONFIDENTIAL - IMMUNISATIONS AND INFECTIOUS DISEASES**

The following information may be passed on to other Departments for infection control purpose to protect you and your patients.

This information is to ensure the safety of candidates and staff.

Have you ever had chicken pox or shingles? YES / NO

Have you been in contact with anyone suffering with TB in the past three years? YES / NO

If YES give details.

If in doubt about dates, please check with your GP and / or Occupational Health Service.

|  |           |                 |  |
|--|-----------|-----------------|--|
| <b>TB – BCG</b>                                  |           |                 |  |
| Heaf or Mantoux test (most recent)               | Date      | Scar present    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Rubella Immunisation</b> (German Measles)     | Date      | Blood Screening | Date <b>Result</b>                                       |
| <b>MMR</b> (Measles Mumps & Rubella)             | Date      | Date            |  |
| <b>Polio</b> - primary course                    | Date      | Last Booster    | Date   |
| <b>Tetanus</b> - primary course                  | Date      | Last Booster    | Date   |
| <b>Pol/Dip/Tet</b> (Polio, Diphtheria & Tetanus) | Date      | Last Booster    | Date   |
| <b>Hepatitis A</b> - primary course              | Date      | Last Booster    | Date   |
| <b>Hepatitis B</b> - Full course completed       | Date      | Last Booster    | Date   |
| - Last Blood test                                | Date      | <b>Result:</b>  |  |
| <b>Hepatitis C Antibody Test</b>                 | Date      | <b>Result :</b> | Positive / Negative                                      |
| <b>Varicella Vaccine</b>                         | Dates 1st | Date 2nd        |  |
| <b>Meningitis C</b>                              | Date      | Date            |  |

### Adult Nursing

12/09/14

NMC Test of Competence | University of Northampton

#### NMC Test of Competence (2014/15)

OSCE Examination

View Online



37 items

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#### General Clinical Skills (10 items)

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**The Royal Marsden Hospital manual of clinical nursing procedures** - Lisa Dougherty, Sara E. Lister, Royal Marsden Hospital (London, England), 2011

[Book](#) | **Essential** | This is the standard UK text on clinical skills. It also link clearly to the evidence base for UK practice

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**Succeed in OSCEs and practical exams: an essential guide for nurses** - Clair Merriman, Liz Westcott, 2010

[Book](#) | **Recommended** | Provides a useful introduction in to practical OSCE exminations

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**Clinical skills for nurses** - Claire Boyd, 2013

[Book](#)

---

**Research for evidence-based practice in healthcare** - Robert Newell, Philip Burnard, 2011

[Book](#)

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**Clinical skills: the essence of caring** - Helen Iggulden, Caroline MacDonald, Karen Staniland, c2009

[Book](#)

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**Clinical skills for nurses** - Claire Boyd, 2013

[Book](#)

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**Uncovering skills for practice** - Carol Chapelhow, 2005

[Book](#)

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**Nutrition: a handbook for nurses** - Carolyn Best, NetLibrary, Inc, 2008

[Book](#)

---

**Advanced nursing skills: principles and practice** - Molly Courtenay, NetLibrary, Inc, c2000

[Book](#)

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**The care of wounds: a guide for nurses** - Carol Dealey, NetLibrary, Inc, c1999

[Book](#)

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#### Professional values and ethics (5 items)

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**Accountability** - Helen Caulfield, 2005

[Book](#)

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**Rights, risk, and restraint-free care of older people: person-centred approaches in health and social care** - Rhidian Hughes, 2010

Book

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**Law, ethics and professional issues for nursing: a reflective and portfolio-building approach** - Herman Wheeler, 2012

Book

---

**Professional development, reflection and decision-making in nursing and health care** - 2013

Book

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**Legal aspects of nursing** - Bridgit Dimond, 2011

Book

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## **Medicines Management** (6 items)

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**Nursing calculations** - J. D. Gatford, N. Phillips, NetLibrary, Inc, 2002

Book

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**Medicine management skills for nurses** - Claire Boyd, 2013

Book

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**Medicines management: a nursing perspective** - Sandra Crouch, Carol Chapelhow, Michael Crouch, 2013

Book

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**The textbook of non-medical prescribing** - Dilyse Nuttall, Jane Rutt-Howard, 2011

Book

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**Numeracy in nursing and healthcare: calculations and practice** - Pearl Shihab, c2009

Book

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**Nurses!: test yourself in pharmacology** - Katherine M. A. Rogers, 2014

Book

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## **Nursing Practice** (11 items)

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**Nursing care and the activities of living** - Ian Peate, 2010

Book

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**Care planning: a guide for nurses** - David Barrett, Benita Wilson, Andrea Woollands, 2012

Book

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**Foundations of nursing practice: fundamentals of holistic care** - Christine Brooker, Anne Waugh, 2007

Book

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**Person-centred nursing: theory and practice** - Brendan McCormack, Tanya McCance, 2010

Book

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**Rapid assessment of the acutely ill patient** - Sheila K. Adam, Mandy Odell, John Welch, 2010

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Book

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**Nursing medical emergency patients** - Philip Jevon, Beverley Ewens, Melanie Humphreys, 2008

Book

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**Managing long term conditions and chronic illness in primary care: a guide to good practice** - Judith Carrier, c2009

Book

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**Assessing and managing the acutely ill adult surgical patient** - Fiona J. McArthur-Rouse, Sylvia Prosser, 2007

Book

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**Palliative care nursing: principles and evidence for practice** - Sheila Payne, Jane Seymour, Christine Ingleton, 2008

Book

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**Understanding laboratory investigations: a guide for nurses, midwives and healthcare professionals** - Chris Higgins, 2013

Book

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## Communication (3 items)

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**Communication and interpersonal skills for nurses** - Shirley Bach, Alec Grant, 2009

Book

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**Communication and interpersonal skills for nurses** - Shirley Bach, Alec Grant, 2009

Book

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**Interpersonal skills for nurses and health care professionals** - R. F. Wondrak, NetLibrary, Inc, 1998

Book

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## Leadership (2 items)

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**Effective healthcare leadership** - Melanie Jasper, Mansour Jumaa, 2005

Book

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**Nursing and collaborative practice: a guide to interprofessional and interpersonal working** - Benny Goodman, Ruth Clemow, 2010

Book

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## Child Nursing

### Paediatric Reading List.

#### Books:

Southall D (2014) *International Maternal and Child Health Care*. Radcliffe Publishing. London.

Hockenberry M and Wilson D (2014) *Wongs Nursing Care of Infants and Children*. 10<sup>th</sup> Ed. London. Elsevier.

Glasper A, Aylott M and Battrick C (2010) *Developing Practical Skills for Children and Young People*. Hodder Arnold. London.

Kelsey J and McEwing G (2008) *Clinical skills in child health practice*. Churchill Livingstone. Edinburgh.

Hughes J and Lyte G (2009) *Developing nursing practice with children and young people*. Wiley-Blackwell. Oxford.

Glasper A, Aylott M, Batterick C (2010) *Developing Skills for Nursing Children and Young People*. Hodder Arnold. London.

Boxwell G (2010) *Neonatal Intensive care*. Abingdon. Routledge.

Meeks M and Hallsworth M (2010) *Nursing the Neonate*. 2<sup>nd</sup> Ed. Chichester. Wiley Blackwell.

Chambers, M. and Jones, S. Eds (2007) *Surgical Nursing of Children*. London. Elsevier.

Dogra N and Leighton S (2009) *Nursing in Child and Adolescent Mental Health*. New York. McGraw Hill.

Hubley J and Copeman J (2010) *Practical Health Promotion*. Cambridge. Polity press.

Barrett D, Wilson B and Woollands A (2009) *Care Planning-a guide for nurses*. Harlow. Pearson Education.

Roper, N., Logan, W.W., Tierney, A.J. (1996) *The Elements of Nursing: A model for nursing based on a model for living*. (4th edn). London: Churchill Livingstone.

#### Websites:

[www.nmc.org.uk](http://www.nmc.org.uk)

[www.rcn.org.uk](http://www.rcn.org.uk)

<https://www.nice.org.uk/guidance>

<http://www.uhs.nhs.uk/Media/suhtideal/TopNavigationArticles/SkillsForPractice/ClinicalSkills/paediatricassessment.pdf>

**Information for Mental health Nursing Applicants – reading:**

The University of Northampton recommends that applicants read a variety of literature sources. The extent of this reading is up to the individual. A good starting place is with the websites identified below. After this the applicants are recommended to choose text of their choice to revise the underpinning knowledge of Mental Health Nursing, this should be supported by contemporary research. The list provided below is not exhaustive but to illustrate the breadth, depth and variety of topics Mental Health Nurses are expected to be knowledgeable about.

**Websites:**

<https://www.NMC-uk.org>

Website for the professional body, the Nursing and Midwifery Council. Applicants should familiarise themselves with the Code, Standards and other key guidelines

<https://www.nice.org.uk/guidance>

Website is managed by The National Institute for Health and Care Excellence (NICE). They produce guidance, advice, care pathways and quality standards for all aspects of Health.

<https://www.gov.uk/government/organisations/department-of-health>

Website of the Department of Health. Explore this website for relevant reports regarding quality of care e.g. Francis Report.

<http://www.legislation.gov.uk/ukpga/2007/12/contents>

This website will give up to date information on the UK Mental Health Act

<http://www.rcpsych.ac.uk/training/honos.aspx>

This website will give information about assessment tools commonly used in mental health

<http://www.mind.org.uk/about-us/>

This website is provided by a leading mental health charity and will provide information about mental health and services.

<https://www.rethink.org/>

This website will provide important information about mental health in the UK

<http://www.time-to-change.org.uk/>

This website will provide information about mental health and stigma

<https://www.resus.org.uk/pages/guide.htm>

This website will give up to date information on Basic life support

**Examples of relevant Text books:**

Eby, Linda ( 2009) [Mental health: nursing care](#) Upper Saddle River, NJ : Pearson/Prentice Hall 2009 2nd ed

Cooper, Linda; Callaghan, Patrick; Playle, John [Mental health nursing skills](#) Oxford: Oxford University Press, 2009

Videbeck, Sheila L [Mental health nursing](#) Philadelphia, [Pa.] ; London : Wolters Kluwer/Lippincott Williams & Wilkins 2009 UK ed.

[Kneisl, Carol Ren](#) [Contemporary psychiatric-mental health nursing](#) Harlow: Pearson, 2014 Third edition

[O'Carroll, Madeline](#) [Essential mental health nursing skills](#) Edinburgh: Mosby Elsevier, 2007

Clarke, Victoria; Walsh, Andrew [Fundamentals of mental health nursing](#) Oxford : Oxford University Press 2009

[Murphy, Richard](#) [Mental health law in nursing](#) London : Learning Matters 2013

Tummey, Robert [Planning care in mental health nursing](#). Basingstoke : Palgrave Macmillan 2005

**Suggested journals:**

British journal of Mental Health Nursing  
<http://www.magonlinelibrary.com/toc/bjmh/current>

Journal of Psychiatric and Mental Health Nursing  
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2850](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2850)

Mental health practice RCNI  
<http://journals.rcni.com/journal/mhp>

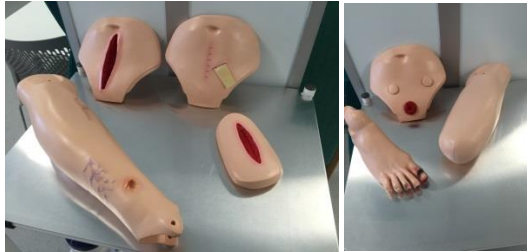
International journal of mental health nursing  
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1447-0349/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1447-0349/issues)

Archives of Psychiatric Nursing  
<http://www.psychiatricnursing.org/>

## Appendix 7 – Range of equipment used

Below is a range of equipment likely to be used throughout the OSCEs. Please take the time to read up about these pieces of equipment and how they work.

### Attachable Limbs



### Bed Pans



### Blood Pressure Cuffs

- *Adult - WelchAllyn FlexiPort Reusable*



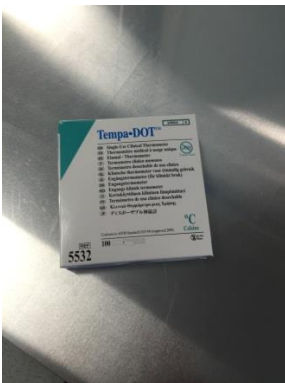
### Laerdal Suction Unit (LSU)



<http://www.laerdal.com/gb/LSU>

### Clinical thermometer

- *Tempa-DOT*



- *Braun thermometer*

<https://www.youtube.com/watch?v=KhIv7rYQ7g>



### Gel Hand Sanitiser

- *Cutan*



### Emergency call bell



### IP Nurse call System



## Masks

- *Ventcare Non-rebreathing mask*
- *Standard oxygen mask*
- *Oxygen ventura mask kit - adult*



## Height and Weight Scales

- *Nagata*



## Vital Signs

- *WelchAllyn Spot Vital Signs*



## Non-Sterile Gloves



## Peak Flow Meter

- *Mini-Wright*



**Wrist band – red - to indicate an allergy which is specified in patients record**

<http://www.clement-clarke.com/Portals/0/1902433%20MW%20LR%20IFU-iss6%202013.pdf>

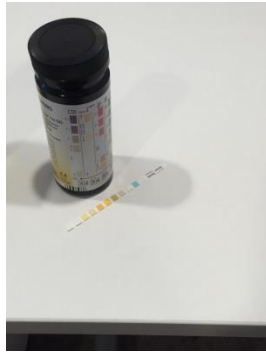




## Reagent strips for urinalysis

- Siemens Multistix

[https://www.youtube.com/watch?v=jYLIbn7Mb04&list=PLRhKPq4oiEWaG2GC2HSIS9YXspSuLN\\_R](https://www.youtube.com/watch?v=jYLIbn7Mb04&list=PLRhKPq4oiEWaG2GC2HSIS9YXspSuLN_R)



## Sharps Bin



## Wondcare Dressing Pack



## Specimen Jar



## Syringes



## Wound care



## Pocket Mask

Laerdal



## Bed

Arjo Huntleigh Enterprise 5000

<https://www.youtube.com/watch?v=ORI9gpeZ-wc>



**Simulator equipment**  
Nursing Anne



<https://www.laerdal.com/gb/NursingAnne>

Nursing Kid



<http://www.laerdal.com/gb/NursingKid>

Nursing Baby



<http://www.laerdal.com/gb/NursingBaby>

Resusci Anne QCPR



<http://www.laerdal.com/gb/ResusciAnne>

Resusci Baby QCPR



<http://www.laerdal.com/gb/ResusciBaby>

Chester Chest – VT-2400



<https://www.laerdal.com/gb/item/VT-2400>



| <b>Other consumables within the competence test centre</b> |                                      |
|--|--------------------------------------|
| Micro-Touch Latex Power free gloves Large                  | Wound care dressing pack II          |
| Blankets (blue )   | Gauze swabs                          |
| Azo wipes  | Micro-pore tape                      |
| Cutan hand sanitizer                                       | Triangular bandages                  |
| Fresh touch soap   | Patella hammers                      |
| Blue bowls   | Pulse oximeters                      |
| Sample pots 30ml   | Blood glucose meters                 |
| Urine multi sticks   | Littman paediatric stethoscope       |
| Pen lights   | Manual blood pressure meters         |
| Tongue depressors  | Stethoscopes                         |
| Disposable aprons  | Tempa dots thermometers              |
| Disposable vomit bowls                                     | Disposable ear probe covers          |
| Incontinence sheets  | Braun thermometers                   |
| Disposable bowls   | Non rebreath mask and tubing (adult) |
| Normalsol sterile water                                    | Oxygen tubing                        |
| Male bed pans  | Oxygen mask and tubing               |
| Injection trays  | 22mm nebuliser                       |
| 50ml Luer lock syringes                                    | Bubble tubing                        |
| 20ml Luer lock syringes                                    | Assortment venturi masks             |
| 10ml Luer lock syringes                                    | Pocket masks                         |
| 5ml Luer lock syringes                                     | Peak flow meter + mouth piece        |
| 1ml Luer lock syringes                                     | Plastic drinking cups                |
| 5ml Oral syringes  |                                      |
| 3ml Oral syringes  |                                      |
| 1ml Oral syringes  |                                      |
| Terumo safety Hypodermic needles 23G/ 1"                   |                                      |
| Terumo safety Hypodermic needles 21G/ 1"                   |                                      |
| Terumo safety Hypodermic needles 25G/1"                    |                                      |
| Micro fine insulin needles                                 |                                      |
| First aid spot plasters                                    |                                      |
| Alcotip swabs  |                                      |
| POM injection water  |                                      |
| Medicine spoons  |                                      |