Te Whatu Ora
Health New Zealand

PROFESSIONAL DEVELOPMENT RECOGNITION PROGRAMME (PDRP)

Handbook

Enrolled & Registered Nurses

Te Pae Hauora o Ruahine o Tararua MidCentral

Contents

Important Information

Please note this booklet is intended for Enrolled and Registered Nurses only. Senior Nurses, please refer to the Senior Nurse PDRP Handbook.

Senior Nurses

A senior nurse is a nurse employed into a designated senior nurse (DSN) role as per the New Zealand Nurses Organisation (NZNO) Multi-employers Collective Agreement (MECA), and / or is employed in a position with little or no direct health consumer contact. Senior does NOT relate to the length of time qualified or employed in a position. Further information about the senior nurses is contained in the Senior Nurse PDRP Handbook.

Terminology

Health Consumer: Includes any recipient of nursing care e.g. patients, clients, residents, turoro and can include family, whānau, care-givers, significant others or people of importance to the health consumer.

Hospital Service (HS): In the context of this document HS refers to the provider arm of the Capital & Coast, Whanganui and Te Pae Hauora o Ruahine o Tararua MidCentral.

Manager: Is the person the nurse directly reports to.

Peer Assessor: Refers to the nurse completing the assessment against the Nursing Council of New Zealand (NCNZ) competency indicator. Peer assessors must be an experienced registered nurse who has recognised skills and knowledge of the practice setting and have a current Annual Practicing Certificate (APC) (NCNZ, 2011).

Primary Sector: Includes any health care provider organisation in the Capital and Coast (CC), Whanganui (WD) or Te Pae Hauora o Ruahine o Tararua MidCentral Region (MC) who provide funding to Primary Health Organisation (PHO), non-government organisations, Aged & Residential Care (ARC) facilities. Primary nurses include any nurse employed under this definition.

For Further Information:

For general enquires please contact your PDRP Coordinator:

Capital & Coast DHB:	Saleifi.reriti@ccdhb.org.nz (04)8060594 027 4064989 Ext 80594
MidCentral DHB:	renee.galloway@midcentraldhb.org.nz (06) 3508208 Ext 8208
Whanganui DHB:	PDRPCoordinator.Whanganui@wdhb.org.nz 021 08719895
New Zealand Defence Force:	Debra.cromie@nzdf.mil.nz 021 519101

Section I – Introduction to the PDRP

What is the Professional Development and Recognition Programme (PDRP)?

The PDRP is a clinically focused competency-based programme for nurses. It evolved from the Clinical Career Pathway and has been adapted to the New Zealand context. All Te Whatu Ora Regions and many other health care providers now have a PDRP. The processes and components of the PDRP are nationally standardized (NENZ, 2017).

What are the benefits of PDRP?

- Encouraging reflective practice and patient centered care.
- Supporting evidence based practice that leads to improved health outcomes.
- Supporting practice development that leads to improvements in nursing sensitive outcome measures.
- Ensuring nursing expertise is visible, valued and understood.
- Enabling differentiation between levels of practice.
- Valuing and rewarding developing practice.
- Identifying expert role models.
- Providing a framework for ongoing education and learning.
- Assisting in the retention of nurses.
- Assisting nurses to meet the requirements for competence based practicing certificates (Nurse Executives of New Zealand [NENZ], 2017).

  Participation in similar programmes overseas has also been linked to improvements in nurse sensitive outcomes (Burket, Feimlee, Greider, Hippenstel, Rohrer & Shay, 2010).

How does the PDRP relate to requirements for maintaining an Annual Practicing Certificate (APC)?

The role of the nurse has evolved from a task orientated vocation to that of a health professional applying the skills of clinical judgment, critical thinking and reflection to practice. Nurses are accountable for ensuring their practice meets the Nursing Council of New Zealand (NCNZ) requirements for the provision of safe and quality care outcomes.

The Health Practitioners Competence Assurance (HPCA) Act (2003) was developed to protect the health and safety of the public and increase the accountability of health practitioners. Under this Act, NCNZ is mandated with ensuring the continuing competence of nurses and is facilitated through the NCNZ Continuing Competency Framework. It is the professional responsibility of all nurses to maintain their competence to practice by meeting the requirements of the Continuing Competency Framework.

Nurses are individually accountable every time they make an application for an annual practicing certificate and declare whether they meet the Continuing Competency Framework requirements. This includes meeting the required practice hours (450 hours or more over the last three years), professional development hours (60 hours or more over the last three years) and completing an annual self and peer assessment against the NCNZ competencies for the relevant scope of practice. The Continuing Competency Framework forms part of the PDRP portfolio evidential requirements.

Every year NCNZ selects five percent of practicing nurses to complete a recertification audit of the Continuing Competency Framework requirements under section 41 of the HPCA Act (2003). Nurses with an approved PDRP are exempt from this audit.

Are there entitlements or an allowance package linked to the PDRP?

This depends on your employment agreement and/or collective agreement. If unsure, check with Human Resources.

When are PDRP entitlements or allowances allocated?

- For nurses employed at Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua MidCentral - PDRP entitlements are paid from the date of attaining a PDRP portfolio. The rates and allowances are paid according to the most recent MECA document.
- PDRP entitlement is only paid while a nurse has a current PDRP portfolio and will cease on the day the portfolio expires. The payment continuing will be subject to the nurse presenting a NEW portfolio 6 weeks prior to the expiry date of the PDRP. PDRP related study day allowances commence from the date as above.
- Nurse must have an annual Nursing Performance Appraisal and be current on the PDRP to be eligible for allowances and funding packages. Allowances are stopped if nurses fail to comply with the requirements for approval of funding.

The Clinical Nurse Educator PDRP reports to NCNZ quarterly to show the names of nurses on the PDRP data-base and they will therefore be exempt from audit. At the time the nurse's portfolio expires OR they resign from the organisation their name will be removed from the PDRP data base and will be included in the NCNZ quarterly report.

Section II - Application for PDRP

Who is expected to be on the PDRP?

All Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua MidCentral employed enrolled nurses (ENs) and registered nurses (RNs) are expected to have a PDRP portfolio. For nurses employed in the primary sector it is also highly recommended.

Expectations to obtaining a PDRP for nurses employed in the primary sector is determined by the employer.

What are the levels on the PDRP?

- EN competent, proficient and accomplished
- RN competent, proficient, expert clinical practice

Patricia Benner (1984) proposed that skill development evolves through five levels of proficiency: novice, advanced beginner, competent, proficient and expert. Progression can only occur or be maintained if the Competency Indicators for the level are consistently being met.

Competent Level PDRP: Competence is demonstrated by the nurse who has been working in the same or similar situations for one to two years. The **competent** nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues. **All nurses** need to be at competent level at a minimum to meet NCNZ requirements.

Proficient Level PDRP: Proficiency is demonstrated by the nurse who has been working in the same or similar situations for two to three years. The **proficient** nurse can perceive a situation as a whole, rather than individual parts can view a situation in relation to long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which attributes and aspects in the present situation are the important ones. Education of colleagues and involvement in quality initiatives is a requirement of proficient level.

Expert Level PDRP: Expert practice is demonstrated by the nurse who has been working in the same or similar situations for five years or more. The **expert** nurse has an intuitive grasp of each situation and zeroes in on the problem with accuracy, critical thinking of the issues and without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation and their performance becomes fluid, flexible and highly proficient. Expert level practice includes more than advanced clinical skills and knowledge and direct patient care. Practice must include influencing the quality of nursing practice, evaluation and change to service delivery and patient outcomes through the application of evidence based practice strategies. Expert nurses must also demonstrate an understanding of either the Regional District Annual Plan or Statement of Intent or the employing organisation's goals and objectives with links to the wider socio-political health climate.

(*From: Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.)*

The RN Expert – Clinical Practice is for nurses practicing at an expert RN level within the clinical setting where there is direct patient contact and employed as a Registered Nurse under the MECA. They are NOT employed under the MECA as a Designated Senior Nurse. Refer levels of practice.

How do I know which level PDRP to apply for? (Appendices One and Two).

Familiarize yourself with the requirements of the levels of practice and confirm this with your Charge Nurse / Nurse Manager or relevant senior colleague. The decision of which PDRP level to apply for is made in discussion with your manager and is linked to career goals outlined in your Professional Development & Career Plan.

Level of practice is not based on years of practice or service. PDRP level reflects the day to day activities of the nurse in the current area of practice. All portfolio applications should be discussed with the relevant Manager/Charge Nurse, or relevant senior colleague, to allow the opportunity to support application for a level or progression to a level (NENZ, 2017).

The work of Patricia Benner (1984) is fundamental to models of clinical progression nationally and internationally. Her work is based on the Dreyfus Model of Skill Acquisition that proposes skill acquisition and development evolves through five levels: novice, advanced beginner, competent, proficient and expert.

Expertise is the consequence of how we practice rather than the length of time spent working with health consumers. Inquiry, critical thinking, analysis of issues and reflection are important for the development of this practice.

How do I apply?

Complete the PDRP Application Letter and place all of the PDRP portfolio requirements in a **small folder** and send to the Clinical Nurse Educator PDRP to have your portfolio assessed.

Can I apply straight to accomplished or expert level?

Yes, because progression is competence based and not linear, you are able to apply directly to any level as long as you can evidence that you consistently meet the NCNZ Competency Indicators for that level.

Do I need to have completed Postgraduate Study to apply for RN Expert Level?

No. From January 2019, postgraduate study is no longer a requirement for Expert RN level of PDRP. Please see above for indicators of Expert RN and Appendix Two.

I work on the Bureau/Casual Pool/Agency; what are my options?

You discuss options with your manager, relevant senior colleague or professional advisor and this may include support from the Clinical Nurse Educator of PDRP to help you establish which level to apply for.

I work across two areas or have two roles; what do I do?

- Nurses who work in two different areas write ONE professional portfolio.
- They are required to complete a Nursing Performance Appraisal (NPA) that demonstrates they meet the competency indicators of the level applied for each in role and/or in each separate area.
- Nurses who work in two clinical areas must practice at the same PDRP level in both areas.
- A peer review from both areas is required to confirm level of practice and each peer assessor must be clearly identified.
- Both managers must endorse the PDRP level being applied for.
- The application letter must identify both areas and/or roles.

I work in the primary sector, when can I apply?

Primary nurses can apply at any time as long as their employing organisation has a PDRP Memorandum of Understanding agreement with Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua MidCentral and they have their manager's support.

I have just been employed by Te Pae Hauora o Ruahine o Tararua MidCentral; how soon can I apply?

Newly employed nurses who have not had a NCNZ approved PDRP or who have come from overseas can complete a portfolio anytime within the first 12 months of employment. Refer to the Te Pae Hauora o Ruahine o Tararua MidCentral Performance Management Policy.

What is the process for nurses who previously had a Designated Senior Nurse Leadership and Management/Education/Research and Policy PDRP?

NCNZ has developed competencies for nurses working in management, advisory roles, education, policy development and/or research. The relevant templates can be found on the PDRP Website.

What should be in my PDRP?

This depends on the level applied for. See Section III: Portfolio Requirements for details.

How are portfolios assessed?

Portfolios are assessed according to the specific process for the level applied for. See Section VI: Portfolio Assessment for additional information.

Can you transfer your PDRP between Te Whatu Ora Regions?

Yes. As per the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Agreement (MECA) (2015) clause 27.9, nurses with a NCNZ approved PDRP from a previous place of employment can transfer this. Transition is valid for 12 months from the date of employment.

If I transfer my PDRP is my level still valid?

Any nurse with a NCNZ PDRP approved within the last 3 years will have their level re-established or transferred. Nurses who have been away for more than 3 years or whose PDRP was not current at the time of leaving the organisation cannot have their level re-established or transferred. They need to make a new application in consultation with their manager.

How do I transfer my level?

A Transfer Application form must be completed and sent to the Clinical Nurse Educator PDRP. This application form is available on the PDRP website. A new PDRP at the relevant level and area of practice must be completed and assessed within 12 months of employment when the area of practice is new. This must be on the Te Pae Hauora o Ruahine o Tararua MidCentral templates and meet the MidCentral assessment criteria. This includes both internal and external transfers. Where PDRP allowances are applicable, these are paid from the time of employment for 12 months (see Table 1: PDRP Transfer).

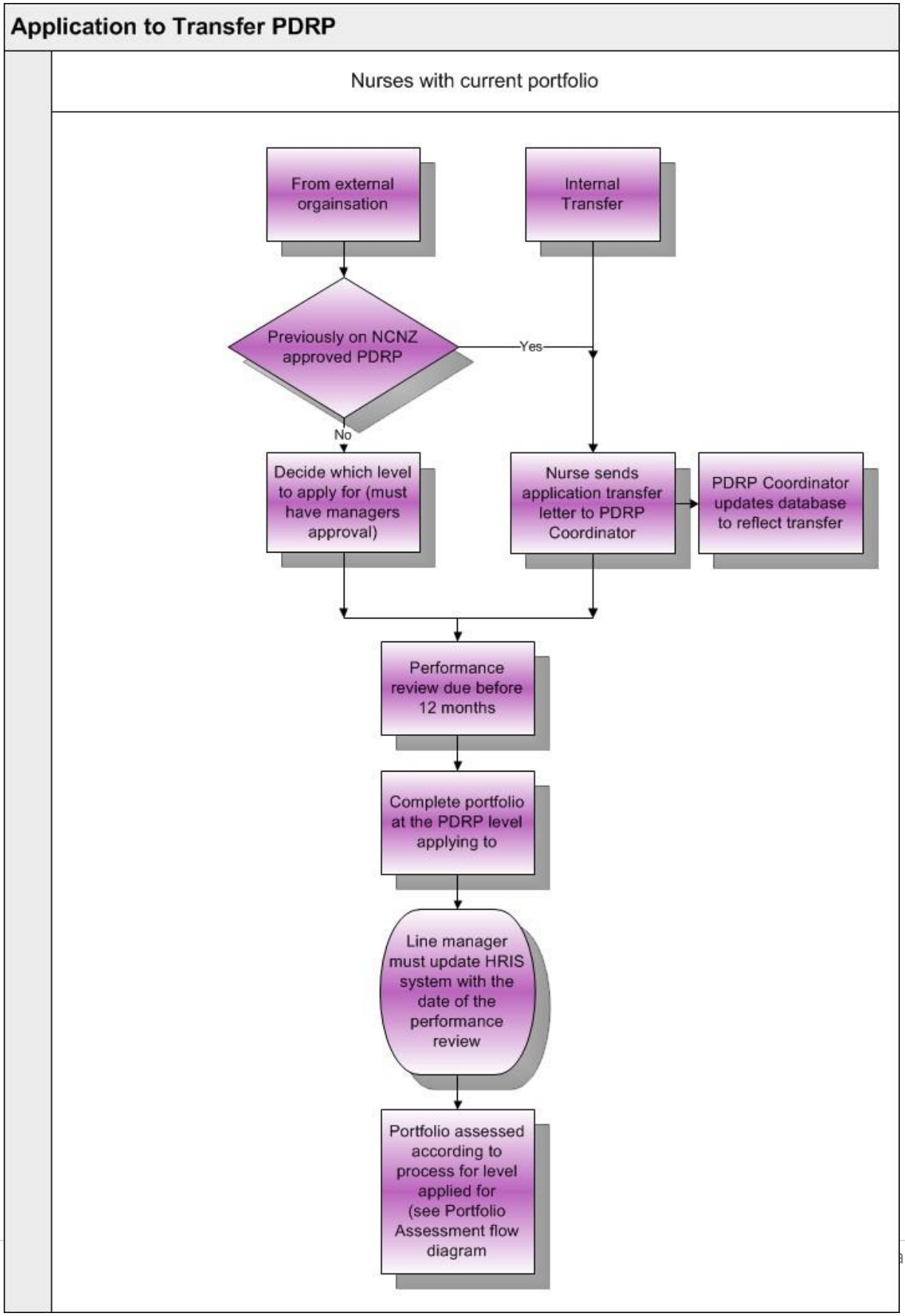
Do I have to present my previous portfolio for transfer?

No, just complete the Transfer Application form. This includes providing evidence of currency on a NCNZ approved PDRP e.g. a copy of a PDRP certificate or letter of confirmation from the PDRP Coordinator at the previous place of employment and a copy of your APC.

What if I can't meet the level requirements after transferring?

You can elect to move down a PDRP level (e.g. expert to proficient; proficient to competent) at any time. You can develop a Professional Development Plan with strategies and a negotiated time frame to help you meet the level you were on previously or require for your job. Continuation of allowances is at the discretion of the manager during this time.

Table 1: PDRP Transfer



Section III – Portfolio Requirements

What needs to be in a portfolio?

Portfolio requirements depend on the level applied for and differ for ENs and RNs. The following table explains the required content.

Registered Nurse Portfolio Requirements			
	Competent	**Proficient**	**Expert**
1	Assessment Tool for Assessors	Assessment Tool for Assessors	Assessment Tool for Assessors
2	Application letter	Application letter	Application letter
3	Copy of APC	Copy of APC	Copy of APC
4	Position description-1 page only	Position description-1 page only	Position description-1 page only
5	Full Self & Peer Assessment	Full Self & Peer Assessment	Full Self & Peer Assessment
5a	Education Session –not required	Education Session Plan	Education Session Plan
5b	Evaluation – not required	Evaluation	Evaluation
6	Evidence of Practice Hours	Evidence of Practice Hours	Evidence of Practice Hours
7	Professional Development and Career Plan / NPA&DP	Professional Development and Career Plan / NPA&DP	Professional Development and Career Plan / NPA&DP
8	Professional Development Record Essential Skills Checklist	Professional Development Record Essential Skills Checklist	Professional Development Record. Essential Skills Checklist
9	Curriculum Vitae (optional)	Curriculum Vitae	Curriculum Vitae

Enrolled Nurse Portfolio Requirements			
	Competent	**Proficient**	**Accomplished**
1.	Assessment Tool for Assessors	Assessment Tool for Assessors	Assessment Tool for Assessors
2.	Application letter	Application letter	Application letter
3.	Copy of APC	Copy of APC	Copy of APC
4.	Position description-1 page only	Position description-1 page only	Position description-1page only
5.	Full Self & Peer Assessment	Full Self & Peer Assessment	Full Self & Peer Assessment
5a	Not required	Education Session Plan	Education Session Plan
5b	Not required	Evaluations	Evaluations
6.	Evidence of Practice Hours	Evidence of Practice Hours	Evidence of Practice Hours
7.	Professional Development and Career Plan / NPA&DP	Professional Development and Career Plan /NPA&DP	Professional Development and Career Plan /NPA&DP
8.	Professional Development Record / Essential Skills Checklist	Professional Development Record / Essential Skill Checklist	Professional Development Record /Essential Skills Checklist
9.	Curriculum Vitae (optional)	Curriculum Vitae	Curriculum Vitae

Designated Senior Nurse Portfolio Requirements - Refer to separate Handbook (Clinical Practice / Leadership and Management / Education / Research & Policy)	
1	Assessment Tool for Assessors
2	Application letter
3	Copy of APC
4	Position description – 1 page only
5	Full Self & Peer Assessment including additional evidence of leadership and influencing the quality of nursing practice, service delivery and improving patient outcomes in the organisation
5a	Education Session Plan (Optional for Leadership & Management)
5b	Evaluation (Optional for Leadership & Management)
6	Evidence of Practice Hours
7	Professional Development and Career Plan / NPA&DP
8	Professional Development Record & Essential Skills Checklist
9	Curriculum Vitae

What are the document and evidence requirements?

These are explained in the table below Documents are required to be placed in the folder in the order as set out below. Portfolios must contain the documents identified and meet the assessment criteria. Portfolios that do not contain the evidence required and/or contain unsigned documents will be returned for amendment before they are assessed.

Document and Evidence Requirements All templates must be completed. Documents must be sourced from the PDRP website only.		
1	Assessment Tool for Assessors	• This is completed by the PDRP Assessor and/or assessment panel. • This document is left in the portfolio after assessment in case of moderation
2	Application letter	• Is completed. • Signing this letter indicates compliance with, and agreement to, all specifications.
3	Copy of APC	• APC must be current at time of portfolio assessment. • Provide a print out from the electronic register on the NCNZ website >>Register of Nurses<<. (June 2019). • **DO NOT** provide a copy of your Tax Invoice – as it does not contain the required information
4	Position description	• ONE page only to describe your job, role and responsibilities
5	Full Self & Peer Assessment (Refer Section V)	• All Competency Indicators are answered in the self-assessment and by the peer assessor. • Self-assessment is written as a narrative and clearly and completely answers the competency indicator with a specific example to demonstrate actions from day to day practice. • Peer assessment provides an example of practice and includes comment on strengths, skills & knowledge. • All examples within the self & peer assessment are from current area of practice & evidence is no older than 12 months old • References where required are in consistent format (e.g. APA). • Comment of Endorsement……..
5a	Education session plan. Education of others.	Education Session Plan – use the template RNs at Proficient and Expert level and ENs at Accomplished level must present at least one education session. • Include Education Session Plan (template provided). • Teaching session can be from an in-service, report from an external courses or attendance at a conference. Include Presentation. • The education must be presented on a nursing related topic. • The audience is at least 4 people, one of whom must be a nurse and the education session is up to 30 minutes duration • Education must demonstrate that practice is evidence based and a reference list is required (NCNZ, 2011, page 9) Preceptorship: • RNs and ENs at Proficient level must demonstrate that they consistently precept other nurses and/or students and provide feedback (refer Competency 4.1). Rgional funded Professional Development (e.g. NEED funding): • If the Professional Development record includes activities funded by their region, a report & feedback on outcomes to colleagues is required. This can be included as evidence of education of others.
5b	Evaluation of Education	• An Education Evaluation template is available but any form of written evaluation is acceptable.

		• Evaluation is written by colleagues, one of whom must be a nurse.
6	Evidence of Practice Hours	• Show a **TOTAL** of hours for the last three years. • Printout from Yourself; Trendcare; HR or Payroll • **DO NOT** send a copy of your earnings
7	Professional Development and Career Plan Nursing Performance Appraisal – MDHB:1900 + refer NPA&DP Flowchart	• Must be signed and dated by nurse and charge nurse/ nurse manager & completed within the last 12 months. • Goals must be clearly identified and time-framed • Nurses must provide evidence of having completed an annual Performance Appraisal meeting with their manager. Refer to Section 1V of this Handbook.
8	Professional Development Record – is the supporting documentation required for evidence of continuing competence. • Reflection • Core Competencies / Mandatory Education	Is part of the NCNZ Continuing Competence Framework and MUST be completed with accuracy. The Professional Development Record can be a printout from TrendCare, Yourself or typed on the template and must: • Show a **TOTAL** of 60 hours of Professional Development in the last 3 years. (It is the nurses responsibility to total the hours) • Be verified by the nurse manager/nurse educator. • **DO NOT** include copies of certificates Journal reading may only be considered a Professional Development activity if it takes place within a formal framework such as a journal club, presentation to colleagues or to inform an education or quality improvement process. Meetings may be considered a professional development activity if they have an educational focus and appropriate reflection on learning is included. Use the template provided and selects three (3) activities. Reflect on how these have affirmed, influenced or changed your practice. Identify core competencies/essential skills and date completed. • Evidence of completing Code of Conduct must also be included
9	Curriculum Vitae	• Must be current. • Optional for Competent.

What format must the PDRP portfolio be in?

- All documents presented should be **copies** of the original. The original documents are to be kept by the nurse.
- Portfolios are to be presented in a **small** ring folder or plastic leaf folder and not as loose pages. They are not to be bound as they are a living document and need to be updated on an ongoing basis.
- When assessment & moderation has been completed, nurses can collect their portfolio or they can request to have it returned through the internal mail.

A portfolio is a record of professional practice, activities and achievements of the nurse that evidence competency to practice, help plan a career path, direct and maximise learning and demonstrate knowledge and skill development (NENZ, 2017). Nurses should be proud of their portfolio as it showcases their practice and demonstrates the level they are practicing at. It is also a professional document and therefore must be presented in a way that reflects this.

When are the submission dates?

- Competent level portfolios can be submitted at any time to the Clinical Nurse Educator PDRP.
- Proficient, Expert and Accomplished level portfolio are submitted the first working day of the month, February through to November to be assessed during that month.

How old can examples be and do they have to be from my current area of

practice?

All examples must be of day to day practice from the current clinical setting and must be less than 12 months old (NENZ, 2017). When you do use an example older than 12 months old - you need to identify how this example continues to inform your current practice and how this has contributed to your knowledge and skills in the practice setting on a day to day basis.

What is the difference between the PDRP portfolio requirements for initial application to a level and application to maintain a level?

There is no difference in the portfolio requirements or assessment process for progression to a level or maintenance of a level.

Portfolio development and assessment for maintenance of PDRP is required every three years. This is to meet the requirements of the Continuing Competence Framework, is linked to issue of your APC and is mandated by NCNZ under the HPCA (2003) Act.

What should not be included in a PDRP portfolio?

- Information or documents that in any way could identify patients/family/whānau or other health care providers. The inclusion of evidence or information which breaches privacy and confidentiality (Privacy Act, 2020) will require the portfolio to be returned immediately and the portfolio will be withdrawn from the assessment process (NENZ, 2017). Refer to Appendix Three for further details.
- Evidence that may demonstrate incompetence rather than competence of self or others.
- Personal reflections or feelings which the applicant would not want critiqued by others.
- Work or evidence that is older than the specified timeframes.
- Certificates are NOT required to evidence the hours of education – use the template.
- Only the required documents and evidence on the checklist will be assessed (NENZ, 2017).

Where/who do I submit my portfolio to?

- All portfolios are sent to the Clinical Nurse Educator PDRP.

Are their Additional Forms of Submission?

NCNZ require that portfolios be presented as a written document. Scanned electronic copies of the written documents are permitted so long as the required signatures are present. Additional forms of submission, for example – verbal presentation and/or hui are accepted. Please contact the Clinical Nurse Educator PDRP to discuss arrangements.

When will I be notified of the outcome of the assessment?

The applicant will be informed within four to six weeks from the beginning of the month. These timeframes are ideal, however allowances must be made for leave and other extenuating circumstances. Once the PDRP has been assessed as meeting ALL the requirements the applicant will be sent a letter of success and the HR database will be updated by the Clinical Nurse Educator PDRP.

Section IV – Nursing Performance Appraisals / Reviews

Nursing Performance Appraisals (NPA) or Reviews are an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice and plan education requirements. Performance Appraisals are a legal, ethical and professional requirement and promote continuous improvement in both individual and organisation performance. NPA result in planning for career goals and professional development needs of the employee, are competency based and future focused. MDHB: 1900 – Performance Management

How often do I have to complete a Nursing Performance Appraisal (NPA) / Review?

A NPA / Review are required **annually** and is a process that contributes to an organisation meeting its "good employer" obligations as defined in the Crown Entities Act 2004. This will either be a full NPA or a Review of NPA and is required by nurses to evidence meeting NCNZ continuing competence for issue of an Annual Practicing Certificate (APC). Forms are available on the Te Pae Hauora o Ruahine o Tararua MidCentral Nursing portal: Nursing Performance Development - NPD - Nursing Performance Development

Refer to the NPA & DP Flowchart – Appendix nine.

For nurses employed in the primary sector, performance reviews are required according to the policy and guidelines of the individual organisation.

Process of Managing Nursing Performance Appraisal.

The Nurse Manager, Charge Nurse or nurse with delegated authority (Associate Charge Nurse), sends a letter to the nurse requesting a Performance Appraisal meeting. The form is available on the Nursing Performance Development home page as above and needs to be sent 2 to 3 weeks prior to the expected meeting date to ensure the nurse has time to prepare documents: >>Nursing Appraisal Meeting Invite Letter RN & EN<< Form.

The Nurse Manager, Charge Nurse or delegated representative meets to discuss how the nurse has maintained their level of practice and demonstrates evidence of continuing competence in the previous 12 months. The meeting will be either a Full NPA or a Review NPA.

What is the difference between a Full and Review NPA?

A full NPA is required every three years by nurses who are completing a new professional portfolio whose current PDRP is due to expire.

A Review of NPA is required annually between the three yearly portfolio renewal period to maintain an existing level of practice and plan new career goals and professional development needs. The Nurse Manager, Charge Nurse or delegated representative meet to discuss how the nurse has maintained their level of practice and education to demonstrate continuing competence in the previous 12 months. Written answers or evidence against each competency is not required, however, the existing portfolio must be sighted at each meeting and must contain the last full written self and peer assessments as these form the foundation of the discussion.

For Proficient, Expert and Accomplished level nurses, annual teaching of others must also be evidenced. This includes providing a copy of the Education Session Plan, the presentation with a reference list to demonstrate practice is evidence based and 4 evaluations – one of whom must be from a registered nurse (NCNZ, 2007; NENZ, 2017).

What documents do I need for Nursing Performance Appraisal / Review meeting?

- A Performance Appraisal Review Form relevant to scope & level of practice (HR Record).
- Professional Development & Career Plan – to identify individual short & long term goals for education and professional development required for your role and job description.
- Essential Skills Checklist – to evidence of meeting requirements of continuing competency: Hours of practice / Hours of education and completing Essential Skills Checklist.
- Current PDRP.

What documents do I need to do if I do not have a PDRP?

- A Performance Appraisal Review Form relevant to scope & level of practice (HR Record).
- Professional Development & Career Plan – to identify individual short & long term goals for education and professional development required for your role and job description.
- Essential Skills Checklist – to evidence of meeting requirements of continuing competency: Hours of practice / Hours of education and completing Essential Skills Checklist.
- Self-Assessment examples of day to day practice that are competency based and set against each NCNZ competency – use the Full Self & Peer Assessment Tool (No PDRP).

Updating Te Pae Hauora o Ruahine o Tararua MidCentral HRIS system

When the meeting is completed, copies of the Performance Appraisal Review Form and the Professional Development & Career Plan are sent to Human Resources. The originals are held by the nurse and it is the responsibility of the Nurse Manager, Charge Nurse or delegated representative to update the relevant data-base.

It is the Charge Nurse / Nurse Manager's responsibility to update the Yourself/Trendcare with the date of when the Nursing Performance Appraisal Review has been completed.

Do I have to wait for the three years to complete a Full NPA and/or apply for a higher level PDRP?

No. A portfolio can be completed at any time, so long as the competency indicators for the level of practice are consistently being met on a day to day basis. This must be endorsed by the Charge Nurse / Nurse Manager or relevant senior colleague and a plan for progressing a PDRP to a new level must be identified on the Professional Development & Career Plan.

What happens when a nurse DOES NOT have a Nursing Performance Appraisal meeting?

All employees are responsible for actively participating in the performance management and appraisal process as set by the organisation (MDHB-1900). When an employer or employee does not participate in the performance management process they are not meeting annual requirements to demonstrate they are safe and competent to practice (HPCA Act, 2003; Crown Entities Act, 1994). Consequently, for nurses this will mean they are not meeting their professional, ethical and legislative requirements to show evidence of continuing competency relevant to the application for an NCNZ Annual Practicing Certificate.

Where an individual's performance is not meeting the required standards of the profession, formal action may need to be implemented and becomes a separate process.

Section V - Self and Peer Assessments

Self and peer assessments against the Competency Indicators of the PDRP levels meet the requirement to complete two forms of assessment against NCNZ competencies. This requirement is driven by legislation and therefore:

- The self and peer assessment must be completed at least once every 3 years.
- The self and peer assessment must meet the requirements of NCNZ (see below).

Appendices Three, Four, and Five provide information relating to competencies 1.1, 1.2, and 1.5.

How do I complete a self-assessment?

- All examples must clearly and completely answer the Competency Indicator with a written example and actions to explain how practice meets or achieves the indicator.
- The **bold** information is the competency indicator and the example given must be specifically relevant to everyday practice and the practice setting *e.g. NCNZ competency 1.1 "The professional, ethical and legislated requirements most relevant to (insert where you work) are……. (explain what they are). I ensure my nursing practice and conduct meets them by……. (explain how).*
- A statement such as 'I ensure my practice is culturally safe by treating each patient as an individual' does **not meet** NCNZ requirements as there is no explanation of how.
- The italicized information underneath each indicator is a guide to help answer the competency indicator – read carefully as contains key information to guide you with the example.
- You can use evidence from the previous three years to assess for ongoing competence against NCNZ competencies but you need to identify how these examples inform your **current day to day** practice.

Who can complete a peer assessment?

- Peer refers to the nurse completing the assessment against NCNZ competencies and the competency indicators. Peer assessors must be an experienced registered nurse who has recognized skills and knowledge of the practice setting and have a current APC (NCNZ, 2019, p.4).
- Peer assessors must be at the same or a higher level of practice on the PDRP than the level being applied for. *It is not compulsory for MidCentral nurses to have a PDRP – therefore the first statement as above applies.*
- If the manager completes the assessment but is not a nurse, another nurse must also complete an assessment.
- The peer assessor should not be a close personal friend or relative of the nurse being assessed.
- A high level of professionalism is expected of the peer assessor and any conflict of interest should be declared and another assessor chosen.

How do I complete a peer assessment?

- The assessment must include a statement or comment with a specific example of how the peer assessor *knows* the practice of the nurse meets or achieves the Competency Indicator.
- Each example needs to comment on knowledge, skills, attributes, attitudes and behavior of the nurse
- The peer assessor must make a different comment against each of the competencies and needs to provide a different example to the self-assessment written by the applicant (NCNZ, 2019).

What is Not Acceptable?

- Statements such as 'agreed', 'see above', 'nurse meets this competency' **do not** meet NCNZ as there is no example given, or DHB requirements as there is no feedback on performance.
- Re-phrasing or paraphrasing the competency wording is not acceptable

What if I can't complete the peer assessment?

If you can't complete the peer assessment because you do not know what to write or how to write it, please seek advice from an experienced peer assessor, your Charge Nurse or a PDRP Assessor. If you have any concerns and do not think the competency indicators are met – discuss your concern with the Charge Nurse or Nurse Manager.

Can more than 1 person complete the peer assessment?

Yes. When more than one person can complete the peer assessment, the details of each assessor must be included and it must be clear who has done which part of the assessment. Each peer assessment must be dated and contain the name, NCNZ registration number and signature of the nurse.

What is the difference between a peer assessment and the portfolio assessment?

While the generic principles of assessment are the same, there is a distinct difference between the process of peer assessment and portfolio assessment.

- The peer assessment is an example of practice completed for a nurse within the same scope of practice and on the same or higher level that is being applied for. It is an assessment of practice and therefore the assessor must be familiar with the practice of the nurse.
- PDRP Portfolio assessment can be carried out by any nurse who meets the criteria for being a Resource Nurse-PDRP Assessor. It is assessment of the evidence in the portfolio only. Refer last section of the Handbook.

Do I have to be a Peer Assessor?

No. From the perspective of recognition of collegiality and as an acknowledgement of others being valued for their contribution to the practice setting – it is expected that Expert RN's and Accomplished EN's are peer assessing when possible and/or when delegated this role by the Charge Nurse / Nurse Manager.

Can ENs be Peer Assessors?

Yes, ENs can peer assess other ENs but not RNs.

Is referencing required in my portfolio?

Where applicable you should acknowledge the source of information in your education session and self-assessments to demonstrate practice is evidence-based (NCNZ, 2007)**.** This portfolio is not an academic paper. We do expect that some form of referencing may be required especially in Competency 1.1; 1.2; 1.3 and 2.1 when you are asked to reference documents that guide practice. It is okay to use policies, procedures, protocols or guidelines as references. The style of referencing recommended is APA format. When you do a web search using the following key words <<<apa referencing>>> the www.waikato.ac.nz APA Referencing Style Guide will present on the list. This is a useful resource in helping with a format for references.

Are the contents of portfolios confidential?

All portfolio contents remain confidential to the assessor(s)/moderator(s) unless covered under section 34.1 of the HPCA Act 2003 or as directed by NCNZ.

Are there examples of self and peer assessments?

The examples on the next pages link to Competency 1.1 against the Competent RN indicators.

Example (NOT MET)	A: Does not meet requirements
Competent RN competency indicator: Identify one professional, one ethical and one legislated requirement and describe how you ensure that your nursing practice and conduct meets each of these.	**Self-assessment** I am aware of the professional, ethical and legislated requirements, such as the HPCA Act and NCNZ Code of Conduct and organisational policies and ensure my practice abides by these. *The self-assessment above does not provide a description of how the nurse ensures their practice meets the requirements or how they assist others with compliance. This answer does not meet NCNZ requirements nor does it answer the competency indicator so does not meet DHB requirements.* **Peer assessment** Nurse X practises professionally and ethically at all times and always applies the ethical principles when caring for patient in PACU. *The peer assessment above does not provide an example of how the assessor knows the competency is met so does not meet NCNZ requirements nor how they know the indicator is met so does not meet DHB requirements. Statements such as 'see above', 'meets the competency', or 'agreed' are also unacceptable.*
Example (PART MET)	**B: This example only partly meets the criteria as there is no discussion of Legislation or Ethical document and "how" they ensure that nursing practice and conduct meets these.**
Competent RN competency indicator: Identify one professional, one ethical and one legislated requirement and describe how you ensure that your nursing practice and conduct meets each of these.	**Self-Assessment** The requirements most relevant to my practice are the HPCA Act, (legislation) the NCNZ Code of Ethics (ethical) and the Post Anaesthetic Care Unit (PACU) policies and guidelines (professional). The latter includes patient assessment and discharge from the Post Anaesthetic Care Unit (PACU). I ensure my practice conforms to the requirements; for example patients have to meet the discharge criteria before I can send them to the ward or the unit. This includes applying the patient assessment and discharge criteria to patients in PACU prior to them transferring to the ward or to return to the Day of Surgery Admission (DOSA) unit. I am professional in my interactions and communications with colleagues at handover and use the ISBAR tool when discussing concerns with colleagues. I believe understanding leads to better compliance and therefore have provided a number of education in-services on topics related to legislation and policy. Examples of these are contained in my portfolio. *This self-assessment does not fully meet the requirements. The nurse identified some relevant legislation, guidelines and policies, however, the nurse only explains how they comply with a professional document. They discuss how they assist others with compliance by education but it is somewhat lacking in content and does not fully answer the question posed in the competency indicator.* **Peer Assessment** Nurse X demonstrated her compliance with professional, ethical and legislated requirements when she explained the requirements to students and new staff. She has provided a number of in-services on related topics to the staff in PACU. *The peer assessment gives a very broad and generic statement on how the assessor knows the nurse meets the competency and indicator. The example now needs to go and say: "an example of this was when……".*
Example (MET √)	**C: Are well written self and peer assessments**

Competent RN competency indicator: Identify one professional √, one ethical √and one legislated √ requirement and describe how you ensure that your nursing practice and conduct meets each of these.	Self-assessment The legislative requirement most relevant to my practice is the Privacy Act (2020) and the Health Information Privacy Code (2020). The legislation and the code ensures that the health care information I access and collect is for patients whom I directly care for. The code dictates that I only share health care information with those who are directly involved in the patients care and who has been identified as the Next of Kin (NOK). I cared for a patient who was involved in a motor vehicle accident and assisted in transferring him to the ICU. When in ICU - the patient in the next bed space asked me why the patient was there and if they were alright. I informed the patient I was unable to give him any information or discuss his care as I needed to maintain confidentiality of the patient's information as a legal requirement of the Privacy Act and the Health Information Privacy Code. The patient completely understood this and apologized for being so forward as he thought it was a kind friendly thing to do. The NCNZ Code of Conduct (2012) is the professional document that guides my practice & provides guidance on appropriate behaviour. It is a set of standards that defines professionalism and compliments the legal obligations nurses have under various acts of parliament. An example of applying the values of the Code of Conduct was in applying them to facilitating partnership with a mother when her child was in PACU and she requested the child use her own asthma inhaler to improve breathing. I listened respectfully, acknowledging her cultural beliefs and valuing her reasons for wanting to do this. As the anaesthetist had charted both salbutamol via a spacer and a nebulizer I discussed the options and differences with the mother and as she did not wish for the nebulizer to be used at this stage I respected her input regarding her preference for the child. I showed empathy and respect with her knowing what was in the best interests of her child and we therefore agreed, in consultation with the anaesthetist to try the spacer only in the first instance. This action was very successful and the child responded well to his breathing improving. The NZNO Code of Ethics (2019) is the ethical document that supports and guides my practice and ethical principles apply to support nurses with problem solving and decision-making. An example of how I incorporate these ethical principles into my nursing was when I was caring for a young child following a routine dental procedure. His mother was advised by the dental surgeon to buy "pamol" from the chemist as she would not need a script because it was practically the same price. She agreed with the surgeon, however, I was aware that this medication was free with a script (veracity). As the mother had shared with me she was a solo mum and on a solo-parent benefit (justice), I recognized the socio-economic restraints that may have been present for her (non-maleficence). I liaised with the duty anaesthetist (being professional), and she wrote a script for the pain medications. The mum was extremely grateful to me for having taken such a pro-active step in advocating for this outcome (beneficence). *This self-assessment clearly and completely answers the indicator with specific examples and is a comprehensive explanation of how the nurse meets it.* **Peer Assessment (c)** Nurse X demonstrates meeting compliance with professional, ethical and legislated requirements when she precepts students and new staff. The informed consent process is one of the key areas of practice that Nurse X has become very knowledgeable with as she clearly understands the legislation that underpins the process of informed consent. During in-services she describes extremely well the "Code of Rights" and how each of these supports patients having information that is understood, and they have had all options and alternatives of treatment discussed with them to ensure the make an informed decision. These education sessions are exceptionally well researched, she uses case-studies from the Health & Disability Commissioner website and of great value to the staff in PACU. Education of others is one of her strengths and she has indicated an interest in developing her career in this direction. This is reflected in her PD plan. *The peer assessment (c) clearly and explicitly explains how the assessor knows the nurse meets the competency and indicator. This assessment also provides constructive feedback on the in-services and includes comments on her strengths and areas for development and is a well written peer assessment.*

Section VI - Portfolio Assessment Process

NCNZ approve and accredit PDRP's for the organization and these must comply with the Framework for Approval of PDRP Programmes (NCNZ, 2008). Assessment of portfolios and subsequent progression and/or maintenance of PDRP exempts the nurse from NCNZ audit. It is therefore a professional responsibility to ensure portfolios comply with the requirements of this framework and meet all the NCNZ requirements to evidence continuing competence.

What are the submission dates?

All Portfolios are to be submitted by the first working day of the month between February and November.

- Portfolios are assessed by an individual Resource Nurse - PDRP Assessor who has skills and knowledge of the assessment process. The portfolio may be moderated as part of a PDRP panel meeting to ensure consistency and continuity of content of portfolio's meets NCNZ standards for PDRP

How do I submit my portfolio?

All portfolios are sent to the PDRP and Projects Nurse Educator, Education Ctr, Palmerston North Hospital.

How is my portfolio assessed?

Upon receiving a portfolio – the Clinical Nurse Educator PDRP acknowledges receipt of the portfolio and notifies the nurse of the name of the PDRP Assessor. The PDRP Assessor uses the assessment tool to guide them in identifying when the example of practice meets the requirements of the competency indicator by asking "has the nurse answered all parts of the questions posed in the competency indicator?"

Competency Indicators are the objective measure used to assess the nurses level of practice and the PDRP Assessor will indicate if this has been met or not met. To ensure a fair and equitable process, assessment must be as objective as possible and comments will form the foundation of feedback to the applicant.

When will I be notified of the outcome of the assessment of my PDRP?

- **Competent level:** The applicant should be informed of the outcomes by the Clinical Nurse Educator PDRP within four weeks of receiving the portfolio
- **Proficient, Expert & Accomplished** level portfolios: The applicant should be informed of the outcome by the Clinical Nurse Educator PDRP no later than six weeks from date of submission.

  These times are ideal; however, allowances need to be made for leave and other extenuating circumstances.

What happens to portfolios that do not meet requirements?

The applicant will be informed of the parts of an example that have **not met** the criteria for the competency indicator and/or when portfolio requirements need to be amended by the applicant. The nurse will be given a clear time-frame in which to represent the further information. Only the parts that did not meet requirements during the previous assessment are reassessed.

Who can assess PDRP portfolios?

To assess a portfolio, the PDRP Assessor must be an EN or RN and have:

- NZQA workplace assessor training or equivalent.
- Evidence of undertaking a preceptor programme or clinical teaching programme which includes learning on assessment and/or
- An adult teaching certificate or diploma and/or
- Experience as a nurse lecturer in an approved undergraduate nursing programme and/or
- Demonstrated equivalency of any of the above (NCNZ, 2011).

RN and EN portfolios will be assessed by trained Resource Nurse - PDRP Assessors. The PDRP Assessor may or may not work in the same clinical area. All Expert and Senior Nurse Portfolios are to be moderated.

How do I become a Resource Nurse-PDRP Assessor?

Nurses with existing qualifications that meet the above criteria can express their interest to the Clinical Nurse Educator - PDRP to be a PDRP Assessor (Appendix Seven). Resource Nurse - PDRP Assessor workshops are offered regularly within Te Pae Hauora o Ruahine o Tararua MidCentral.

To maintain currency, assessors are expected to assess a minimum of 3 portfolios per year.

What is the PDRP assessment panel?

- The PDRP panel meets every month (unless there are no portfolio submissions) with the exception of December and January. The meeting dates will be set in the 3rd week of the month.
- Two Resource Nurse - PDRP Assessors or more including the chair make up the PDRP panel.
- Every panel is chaired by the PDRP Educator or designate to ensure a consistent and fair process.
- The Panel Chairperson reports to the Associate Director of Nursing – Education and Professional Practice.

Who can be a panel assessor?

All Resource Nurse - PDRP Assessors are panel assessors. Contact the PDRP and Projects Nurse Educator for information.

Are there additional forms of submission?

It is a NCNZ requirement that portfolios are presented as a written document. Scanned electronic copies of the written documents are permitted as long as the required signatures are present. Additional forms of submission, for example verbal presentation and/or use of Hui are accepted. Please contact the PDRP Nurse Educator to discuss arrangements.

Section VII – Maintenance of PDRP Level

Do I have to reapply to the PDRP?

Yes, reapplication is required every three years. This is to meet the NCNZ Continuing Competency Framework and HPCA Act (2003) requirements. It confirms the nurse is consistently practicing at the required level of practice (NENZ, 2017) and is a nationally endorsed expectation.

What happens if I do not reapply?

Nurses are expected to represent a new portfolio 6 weeks before the PDRP is due to expire. When a portfolio is not received within the required time frame - on the date of expiry the nurses name will be removed from the PDRP data base. This means the nurse will be open to NCNZ audit and where you have been entitled to a payment under the terms of the MECA – this will stop.

What is the difference between the portfolio requirements for initial application to a level and reapplication to maintain a level?

There is no difference in the portfolio requirements or assessment process for progression to a level or maintenance of a level.

Can I regress on the PDRP?

Yes. This may need to happen when you move to a new area of practice that requires you to have a different skill set, knowledge and professional development – the level of portfolio applied for will be a decision between you and your nurse manager. Should regression of PDRP level be voluntary this requires a letter from the nurse to the charge nurse/manager who will then inform the Nurse Educator - PDRP.

However, you can still resubmit your PDRP portfolio at any time to either the previous or a new level.

Section VIII - Appeals, Moderation and Audit

How do I appeal the decision of the assessor or assessment panel?

A letter stating the reasons for an appeal must be sent to the Clinical Nurse Educator PDRP within one month of the date of the assessment. The original unamended portfolio and assessment tool must be sent with the letter.

- Competent and Proficient level portfolios will be reassessed by the Clinical Nurse Educator PDRP or Resource Nurse - PDRP Assessor who has not previously viewed the portfolio.
- Expert and Accomplished portfolios will be reassessed by an Appeal Panel. This will be a different panel from the one that originally assessed the portfolio.
- The Clinical Nurse Educator PDRP / Appeal Panel only considers portfolio evidence as originally submitted. Portfolios must not be altered after original submission.
- The applicant may attend a meeting to present the grounds of the appeal to the Clinical Nurse Educator PDRP or Appeal Panel. This must be requested in the letter of appeal. A support person may also attend.

The Appeal Panel will consider the applicant's original portfolio, the assessment tool from the original assessment and the applicant's statement in regard to the appeal. The original assessor/panel may present their case directly to the Appeal Panel. The Clinical Nurse Educator PDRP / Appeal Panel's aim is to decide if the original decision is to be upheld or not. If it is upheld, the chair of the Appeal Panel will advise the applicant what is required for progression to occur.

The applicant is given the decision with supporting evidence in writing within one month of the appeal hearing.

The Clinical Nurse Educator PDRP / Appeal Panel's decision is binding. If a decision is unable to be reached the Executive Director of Nursing & Midwifery or Associate Director of Nursing, Education & Professional Practice will make the final decision.

Appeals Process.

Written appeal with unamended copy of portfolio, including assessment memos lodged with the Nurse Educator PDRP within one month of the assessment date

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Nurse Educator PDRP sends a letter to the person appealing the process and the PDRP Assessors involved stating the appeal has been lodged

↓

Nurse Educator PDRP notifies Appeal Panel members and all review the portfolio (2 weeks)

↓

Appeal Panel convenes and discusses the portfolio and makes a decision (2 weeks)

↓

Nurse Educator PDRP informs the applicant in writing of the progress /outcome of the appeal

↓

Unresolved appeals relating to the assessment of the portfolio are referred to the EDON&M.

- Appeal Panel will comprise members of the PDRP Advisory Committee and the NZNO delegate.

Is the programme moderated or audited?

An evaluation of the programme is undertaken every five years and will include feedback from nurses participating in the programme. Auditing of the programme for Reaccreditation is routinely undertaken by NCNZ.

A PDRP Advisory Committee is appointed to ensure the programme consistency aligns with NCNZ accreditation standards and the National framework.

The Committee will:

- Consider submissions, monitor results of PDRP evaluations, surveys and research findings Professional Development & Career Plan – to identify individual short & long term goals for education and professional development required for your role and job description.
- Review and consult with nursing on PDRP documents and process for efficiency and effectiveness and make recommendations to Nursing Governance.

Are portfolios moderated or audited?

Moderation of portfolios occurs to ensure accuracy, consistency and fairness in assessment. When the applicant completes the application letter they agree to their portfolio being involved in moderation.

- Internal moderation: A selection of portfolios is moderated monthly.
- External moderation of a selection of portfolios occurs every year by PDRP coordinators from other DHBs.

Confidentiality

- A nurse is required to give permission for their portfolio to be used for internal / external moderation and/or NCNZ reaccreditation purposes.

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Acknowledgments

Capital and Coast DHB

Whanganui DHB

Appendix One: Enrolled Nurse (generic pathway) level of practice

Competent	Proficient	Accomplished
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. - Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care. - Applies knowledge and skills to practice. - Has developed experiential knowledge and incorporates evidence-based nursing. - Is confident in familiar situations. - Is able to manage and prioritise assigned client care/workload appropriately. - Demonstrates increasing efficiency and effectiveness in practice. - Responds appropriately in emergency situations.	- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. - Has an in-depth understanding of Enrolled Nurse practice. - Utilises broad experiential knowledge and evidence based knowledge to provide care. - Contributes to the education of Enrolled Nursing students, new graduate Enrolled Nurses, care givers/ healthcare assistants, competent and proficient Enrolled Nurses. - Acts as a role model and leader to their peers. - Demonstrates increased knowledge and skills in a specific clinical area. - Is involved in service, professional or organisational activities. - Participates in change.	- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. - Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope. - Contributes to the management of changing workloads. - Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution. - Undertakes any additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc. - Actively promotes understanding of legal and ethical issues. - Contributes to quality improvements and change in practice initiatives. - Acts as a role model and contributes to leadership activities.
	Last 3 Years One piece of evidence to demonstrate: - Teaching and or preceptorship - Participation in practice change or a quality initiative - In-depth understanding of patient care and care co-ordination within scope of practice	**Last 3 Years.** One Piece of evidence to demonstrate: - Engagement and influence in professional activities by educating others - Contribution to quality improvement and the change process - In-depth understanding of patient and care co-ordination within scope of practice and ability to identify changes in patient health status and action this appropriately within scope of practice

Appendix Two: Registered Nurse (generic pathway) level of practice

Graduate RN	Competent	Proficient	Expert
- A newly Registered Nurse with a practising certificate. - Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines as culturally safe. - A multi-skilled beginner nurse with theoretical and practical student experiences. - Reliant on learning from the experience of other nurses for his/her own experience. - Learns from appropriate allocated tasks. - Is able to manage and prioritise assigned patient/client care/workload with some guidance. - Is guided by procedures, policies and protocols. - Is developing confidence from practical situations and is learning from these.	- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. - Effectively applies knowledge and skills to practice. - Has consolidated nursing knowledge in their practice setting. - Has developed a holistic overview of the client. - Is confident in familiar situations. - Is able to manage and prioritise assigned client care/workload. - Demonstrates increasing efficiency and effectiveness in practice. - Is able to anticipate a likely outcome for the client with predictable health needs. - Is able to identify unpredictable situations, act appropriately and make appropriate referrals.	- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety. - Has a holistic overview of the client and practice context. - Demonstrates autonomous and collaborative evidence based practice. - Acts as a role model and a resource person for other nurses and health practitioners. - Actively contributes to clinical learning for colleagues. - Demonstrates leadership in the health care team. - Participates in changes in the practice setting. - Participates in quality improvements in the practice setting. - Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.	- Guides others to apply the principles of Te Tiriti o Waitangi and to implement culturally safe practice to clients. - Contributes to specialty knowledge and is recognised as an expert in her/his area of practice. - Is responsible for clinical learning and development of colleagues. - Initiates and guides quality improvement activities and changes in the practice setting through innovation and implementation of EBP. - Influences at a service, professional or organisational level. - Acts as an advocate in the promotion of nursing in the health care team. - Delivers quality client care in unpredictable challenging situations. - Is involved in resource decision making/strategic planning. - Acts as leader for nursing work unit/facility.
		Last 3 Years One piece of evidence to demonstrate: - Illustrating ability to manage and coordinate care process for patients with complex needs with skill at problem solving, critical thinking and analysis of issue - Teaching or precepting and/ or supporting skills development of colleagues - Participation in practice change or initiatives	**Last 3 years** Evidence to demonstrate: - Application of Expert knowledge and skill in management of complex patients and coordination of care - Education of others by contributing to specialty knowledge & influencing professional development and skills of others - Leadership in practice innovation and quality improvement through change management activities - Engagement and influence in the wider service and professional organisations

Nurse Executives of New Zealand Inc. (2017). National framework and Evidential Requirements: New Zealand Nursing Professional Development and Recognition Programme for registered nurses and enrolled nurses.

Appendix Three: Privacy requirements for PDRP

Privacy extends to all individuals and portfolio development must take into account an individual's right to privacy. There are 3 components to confidentiality and privacy in regard to portfolios including electronic portfolios.

Privacy Act (2020)
Health Information Privacy Code (2020)
Privacy Commissioner (2008)

1. Patients/ family

• All patient personal details and any identifiers must be removed from all parts of the portfolio. The nurse must abide by the Privacy Act (2020), so that information collected for the furthering of patient care is used only for that purpose, not for inclusion in a portfolio.

- 'Identifiers' relates not only to a person's specific information such as birth date or NHI, it can relate to a context or situation whereby if that situation is described, it will identify the person by process of elimination. *"It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in those involved being identifiable. New Zealand is a small country and contextual descriptions along with the author's location can result in identifying those involved."* NZNO (2016).
- **Guidelines for how to anonymize and gain consent for a case study or exemplar can be found at** New Zealand Nurses Organisation (2016) Guideline- privacy, confidentiality and consent statement in the April 2017 Nurse Executives NZ FINAL VERSION
- The use of case studies and journaling is NOT a requirement of PDRP. In-depth detailed case studies have a strong patient focus and are not recommended to be within portfolios.
- The Health Practitioners Disciplinary Tribunal have stated in respect of a nurse's argument that she had accessed some of the patient records for PDRP case studies: *"4There is no justification for a nurse accessing the records of a former patient without authority for any reason. Once the care of the patient has passed from the nurse, the nurse has no right or authority to any information concerning the patient's condition, no matter how much concern or curiosity there may be. If there is learning to be done from accessing records and structured inquiry, then that should be done with proper authority and after having obtained appropriate consent."*
- Privacy requirements do not preclude the inclusion of exemplars and/ or written reflections on practice, as these are expected within a portfolio. The focus of this evidence is on the nurse's practice rather than on the patient and therefore can generally be provided without accessing a patient's clinical record.

2. Health professionals/ colleagues

- Nurses must not reveal names or identifiers of other health professionals or colleagues in portfolios. Generic job titles could be used if required. **Privacy extends to all individuals.**

3. The portfolio contents.

- Portfolios - when not being assessed - should be secured in a locked cupboard or room
- Permission may be sought from a nurse to use their portfolio for internal / external moderation and/or NCNZ reaccreditation purposes.
- PDRP providers may need to reinforce that only documents specifically prepared for portfolio submission are to be included in the portfolio.

Appendix Four: Te Tiriti o Waitangi/Treaty of Waitangi

"The articles of the Treaty of Waitangi contain the principles of kawanatanga (the governance principles that recognises the right of the Crown to govern and make laws for the common good) and tino rangatiratanga (which allows Māori self-determination). The principles of the Treaty of Waitangi form the basis of interactions between nurses and Māori consumers of the services they provide.

Principle One: Tino rangatiratanga enables Māori self-determination over health, recognises the right to manage Māori interests and affirms the right to development by:

1.1. Enabling Māori autonomy and authority over health.
1.2. Accepting Māori ownership and control over knowledge, language and customs and recognising these as toanga.
1.3. Facilitating Māori to define knowledge and worldviews and transmit these in their own way.
1.4. Facilitating Māori independence over thoughts and action, policy and delivery and content and outcome as essential activities for self- management and self-control.

Principle Two: Partnership involves nurse working together with Māori i with the mutual aim of improving health outcomes for Māori by:

2.1 Acting in good faith as Treaty of Waitangi partners.
2.2 Working together with an agreed common purpose, interest and cooperation to achieve positive health outcomes.
2.3 Not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery.
2.4 Ensuring that the integrity and wellbeing of both partners is preserved.

Principle Three: The nursing workforce recognises that health is a toanga and acts to protect it by:

3.1. Recognising that Māori health is worthy of protection in order to achieve positive health outcomes and improvement in health status.
3.2. Ensuring that health services are appropriate and acceptable to individuals and their families and are underpinned by the recognition that Māori are a diverse population.
3.3. Facilitating wellbeing by acknowledging beliefs and practices held by Māori.
3.4. Promoting a responsive and supportive environment.

Principle Four: The nursing workforce recognises the citizen rights of Māori and the rights to equitable access and participation in health services and delivery at all levels.

4.1. Facilitating the same access and opportunities for Māori as there are for non- Māori
4.2. Pursuing equality in health outcomes."

(NCNZ, 2011b, page 12-14)

Appendix Five: NCNZ Cultural Safety

Definition:

"The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans, or disempowers the cultural identity and wellbeing of an individual. (NCNZ, 2011, page 7-10)

Cultural Safety Principles

Cultural safety is underpinned by communication, recognition of the diversity of the worldviews (both within and between cultural groups). And the impact colonisation processes on minority groups. Cultural safety is an outcome of nursing education that enables a safe, appropriate and acceptable service that has been defined by those who receive it.

Principle One:

Cultural safety aims to improve the health status of New Zealanders and applies to all relationships through:
1.1. An emphasis on health gains and positive health outcomes
1.2. Nurse acknowledging the beliefs and practices of those who differ from them. For example, this may be by:

- Age or generation
- Gender
- Sexual orientation
- Occupation and socioeconomic status
- Ethnic origin or migrant experience
- Religious or spiritual belief
- Disability.

Principle Two:

Cultural safety aims to enhance the delivery of health and disability services through a culturally safe nursing workforce by:
2.1 Identifying the power relationship between the service provider and the people who use the service. The nurse accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships.
2.2. Empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who fells unsafe may not be able to take full advantage of a primary health care service offered and may subsequently require expensive and possibly dramatic secondary or tertiary intervention.
2.3. Preparing nurses to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves.
2.4. Applying social science concepts that underpin the art of nursing practice. Nursing practice is more that carrying needs in a way that the people who use the service can define as safe.

Principle Three:

Cultural Safety is broad in its application:
3.1. Recognising inequalities with health care interactions that represent the microcosm of inequalities in health that have prevailed throughout history and within our nation more generally.
3.2 addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use nursing services.
3.3. Accepting the legitimacy of difference and diversity in human behaviour and social structure.
3.4. Accepting that the attitudes and beliefs, policies and practices of health and disability service providers can act as barriers to service areas.
3.5. Concerning quality improvement in service and consumer rights.

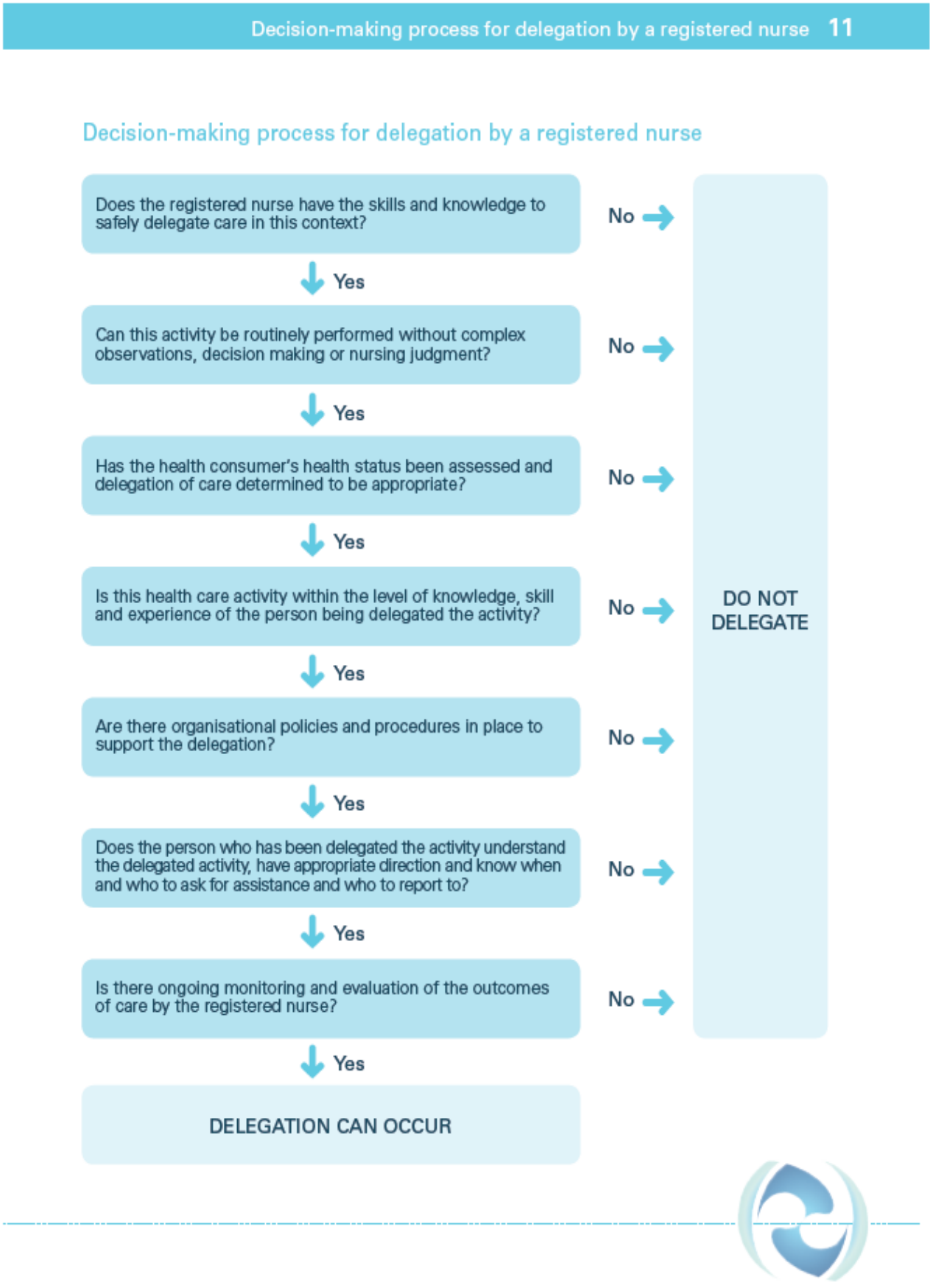
Principle Four:

Cultural safety has a close focus on:
4.1. Understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors.
4.2. Challenging nurses to examine their practice carefully, recognising the power relationship in nursing is biased toward the provider of the health and disability service.
4.3. Balancing the power relationships in the practice of nursing so that every consumer receives an effective service.
4.4. Preparing nurses to resolve any tension between the cultures of nursing and the people using the services.
4.5. Understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service.

An understanding of self, the rights of others and legitimacy of difference should provide the nurse with the skills to work all people who are different from them.

(NCNZ, 2011b)

Appendix Six: Direction and Delegation.



Nursing Council of New Zealand. (2012b). Guideline: responsibilities for direction and delegation of care to enrolled nurse. Wellington, New Zealand: Author. [p.11].

Legislation

Medicines Act (1981)

The Medicines Act is to regulate medicines, related products and medical devices in New Zealand. The Act ensures the medicines and products used in New Zealand are safe and effective.

Health Practitioners Competence Assurance Act (2003)

The Act is to protect the health and safety of the members of public and provides mechanisms to ensure all health practitioners are competent and fit to practice.

Various councils are appointed and become responsible for professionals under their mandate.

Health and Disability Commissioners Act (1994)

The Act is to promote and protect the rights of consumers and to facilitate fair, simple, speedy and efficient resolution of complaints.

The Act mandates and regulates what people's rights are when receiving treatment through health and disability services.

Privacy Act (1993)

Controls how agencies collect, use, disclose, store, destroy and give access to 'personal information'.

At the heart of the Privacy Act are 12 privacy principles to guide health practitioners.

The Health Information Privacy Code has a set of 12 rules that guides and regulates the management of health information. These are based on the privacy principles to ensure individuals are not actually, or potentially harmed.

Professional

Organisation

Policies/guidelines/protocols/standing orders and procedures will all have their foundation in legislation, research, evidence based practice and standards for the profession.

Nursing Council of New Zealand (NCNZ)

Is appointed under the HPCA 2003 as the governing body for nurses. *www.nursingcouncil.org.nz*

NCNZ publish documents to support standards of practice in the profession

- Code of Conduct
- Guidelines of Professional Boundaries
- Guidelines for Social Media
- Guidelines for Cultural Safety
- Direction and Delegation

NCNZ Roles and Responsibilities

- Maintain the register of nurses
- Issue annual practicing certificates
- Monitor continuing competence and fitness to practice
- Set standards of practice and education

Code of Health and Disability Services Consumers Rights (1996)

Every person has rights when receiving health and/or disability services and for these to be enforced.

The code sets out ten rights – each right imposes a corresponding legal duty of care on health care providers. Sometimes referred to as the "Code of Consumers Rights", or simply "Code of Rights".

www.hdc.org.nz/the-act-code/the-code-of-rights.

Health Information Privacy Code (1994)

Provides a set of twelve rules for patient information collection, unique identifier, accuracy, storage and security, access, sharing and limits.

Failure to comply with the rules can result in severe legal penalties for the individual and/or organisation breaching the principles.

Ethics

New Zealand Nurses Organisation, (2010). *Code of Ethics.* Wellington: Author. www.nzno.org.nz

The Code of Ethics document assists nurses with problem solving and decision making to guide practice in the clinical context of ethical dilemmas and situations where they are challenged in the complexity of the professional environment.

Please Note:

The Nursing Council Code of Conduct is NOT a Code of Ethics – it does not seek to describe ethical values of the profession or to provide specific advice on ethical issues, ethical frameworks or ethical decision making (NCNZ, 2012a, p.3).

The Code of Conduct is the professional document and gives a set of standards defined by the NCNZ describing the behaviour or conduct for the nursing profession and compliments the legal obligations nurses have under various acts of parliament.

The Code of Rights is based on the central right of health care consumers to be empowered to make fully informed choices when treatment options are explored with health practitioners.

Ethical Principals Apply to:

"Right to care"

"Right to information"

"Right to be informed"

Appendix Eight: MDHB/PHC - Resource Nurse - PDRP Assessor Contract

This contract commits you to being one of MidCentral District Health Boards Resource Nurse-PDRP Assessors, in providing an effective assessment service for nurses who have submitted a Professional Portfolio. This role is in addition to your current responsibilities. Please ask your Charge Nurse or Nurse Manager to sign this contract to ensure you are supported in your role as a Resource Nurse-PDRP Assessor.

The Resource Nurse-PDRP Assessor on signing this contract must:

- Have their own professional portfolio at Proficient-Level 3 or Expert-Level 4. This must be kept current and up to date with three yearly recertification.
- Have a qualification of "Work Based Assessment" (NZQA 4098 or equivalent) or MCH "Assessing in Practice" education – or can be working towards.
- Abide by the MDHB-4609: Professional Development and Recognition Programme (PDRP) Policy – this document outlines roles and responsibilities of assessment and the process
- Perform the role of Resource Nurse-PDRP assessor as specified in the roles and responsibilities under the above policy
  - Understand the Nursing Council of New Zealand (NCNZ) legislative requirements of assessment and maintains own competence to assess
  - Has a commitment and understanding of the PDRP process and the professional development of nursing.
  - Be clinically focused with proven experience and credibility in area of practice
  - Demonstrates effective communication skills and has the ability and willingness to relate knowledge
  - Declares any conflict of interest to Nurse Coordinator, PDRP before a portfolio is accepted for assessment
  - Assess at least 3 professional portfolios a year.
  - Promote PDRP in a positive manner to nursing colleagues
  - Participate in Resource Nurse-PDRP assessor education update sessions
- Maintain confidentially of portfolio information and discussion.

This contract will be held by the MDHB Nurse Coordinator, PDRP.

PDRP Assessor

Name	
Signature	
Area of Practice	
Assessment Qualification & Date	
Date of Contract Sign	

Charge Nurse or Nurse Manager

I will support in the role of a MDHB PDRP assessor and allow her/ him to perform this role in nursing time, provided adequate notice is given.
Print name and signature
_____ Date._____

Appendix Nine: Nursing Performance Appraisal / Review.