



**Professional Development
and
Recognition Programme
(PDRP)
Information Handbook
and
Assessor Resource**

Registered and Enrolled Nurses

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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 District Health Boards (DHBs) and many of the other health care providers now have a PDRP. Many processes and components of the PDRP are nationally standardised.

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 practising certificates.

(Adapted from the National Nurses Organisation, 2005).

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

Nurses are accountable for ensuring their practice meets the Nursing Council of New Zealand (NCNZ) requirements for the provision of safe, quality care. 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 required to ensure the ongoing competence of nurses. To facilitate this, NCNZ has developed the Continuing Competency Framework. It is the professional responsibility of all nurses to maintain their competence to practise by meeting the requirements of the Continuing Competency Framework.

Every time an application for an annual practising certificate is made, nurses are asked to declare whether they have met 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 a self and peer assessment against the NCNZ competencies for the relevant scope of practice (at least once in three years). Nurses are individually accountable for meeting these requirements. The Continuing Competency Framework requirements form part of the PDRP portfolio requirements.

Every year NCNZ selects 5% of practising nurses to complete a recertification audit of the Continuing Competency Framework requirements under section 41 of the HPCA (2003) Act. Nurses with an approved PDRP are exempt from this audit as their portfolio covers the requirements of the Continuing Competency Framework.

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?

- PDRP entitlements for nurses are paid from the date of attaining a PDRP portfolio. The rates and allowances are paid according to the MECA: 24th August 2015 to 31st July 2017 (p.50).
- PDRP entitlement is only paid while a nurse has a current PDRP portfolio.

Section II - Application for PDRP

Who is expected to be on the PDRP?

All DHB 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.

What are the levels on the PDRP?

- EN competent, proficient and accomplished
- RN competent, proficient, expert clinical practice, expert leadership and management and expert education.

The RN Expert Leadership and Management is for nurses in designated senior roles where there is little or no direct patient care. The RN Expert Education is for nurses who are employed in a nurse educator position or with a tertiary institution.

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

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 accurate region of the problem 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, service delivery and patient outcomes through the application of evidence based learning. Expert nurses must also demonstrate an understanding of either the DHB 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.)

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 the Performance Indicators for that level are consistently being met.

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

It is a nationally endorsed expectation that nurses applying for expert level have completed postgraduate study *or its equivalent*. Because undertaking postgraduate study in itself does not equal expert practice the PDRP requires evidence of how learning has been applied to benefit nursing practice, service delivery and patient outcomes. The expert level competency indicators require that the nurse provides evidence of how the learning from any study was applied to practice.

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

Your manager and PDRP Coordinator can 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 are required to complete a performance review that demonstrates they meet the performance indicators of the level applied for in each separate role and/or in each separate area.
- Nurses who work in two clinical areas must practise at the same PDRP level in both areas.
- A peer review from both areas is required to confirm level of practice.
- Both managers must endorse the PDRP level being applied for.
- The application letter must identify both areas and/or roles.
- Human Resource Information System (HRIS) must be updated for both areas.

I have just been employed by the DHB; 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.

Can you transfer your PDRP between DHBs?

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 PDRP Coordinator. 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 DHB templates and meet the DHB 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.

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 agreement with the DHB and they have their manager's support.

What is the process for nurses who previously had a 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 do I apply?

Decide which level to apply for and discuss this with your manager. Complete the PDRP Application Letter, the PDRP portfolio requirements and send to the PDRP Coordinator to have your portfolio assessed.

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.

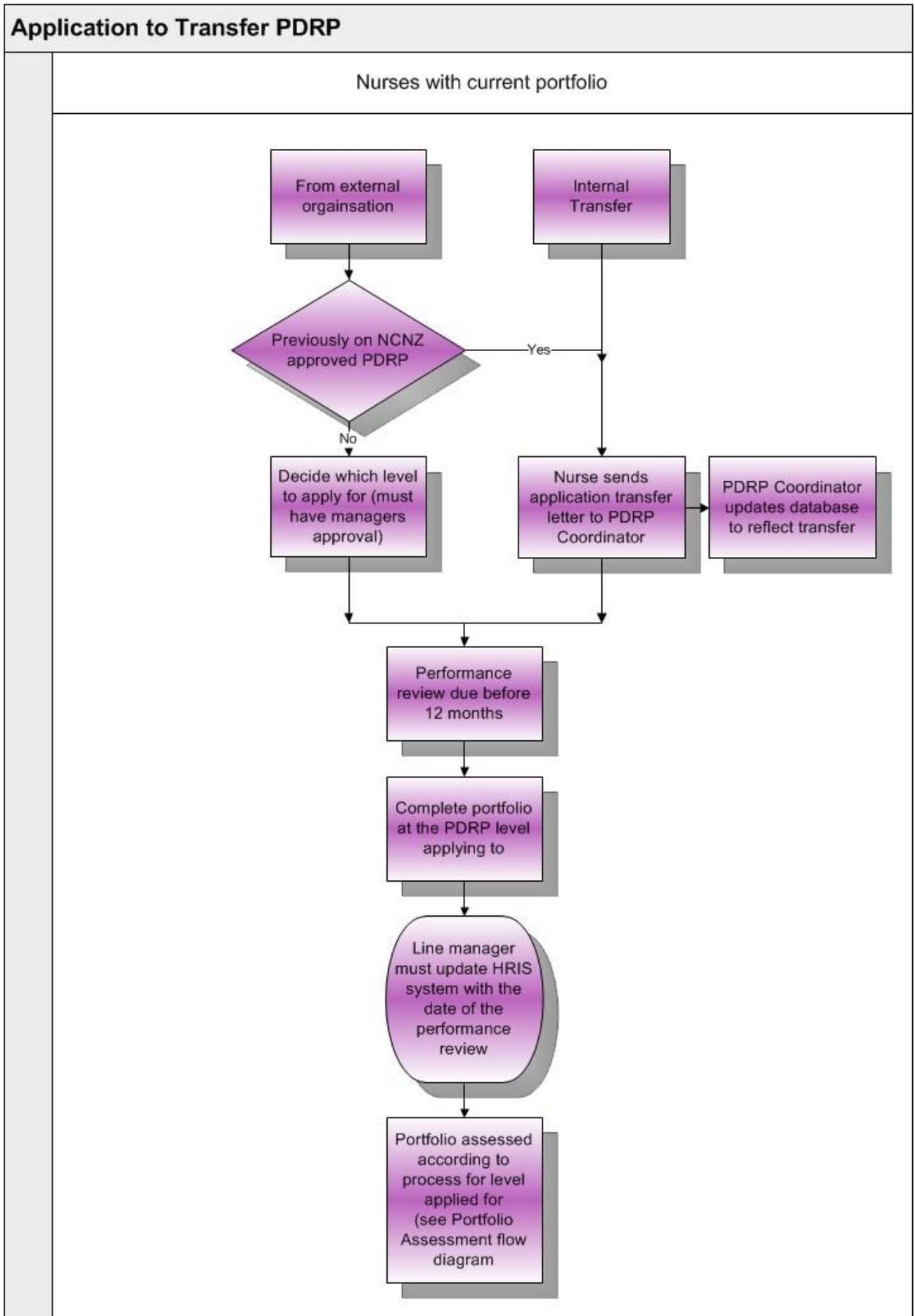


Table 1: PDRP Transfer

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	Position description	Position description
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	Professional Development and Career Plan	Professional Development and Career Plan
8	Professional Development Record	Professional Development Record	Professional Development Record. Evidence of PG study
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	Position description	Position description
5.	Full Self & Peer Assessment	Full Self & Peer Assessment	Full Self & Peer Assessment
5a	Not required	Not required	Education Session Plan
5b	Not required	Not required	Evaluations
6.	Evidence of Practice Hours	Evidence of Practice Hours	Evidence of Practice Hours
7.	Professional Development and Career Plan	Professional Development and Career Plan	Professional Development and Career Plan
8.	Professional Development Record	Professional Development Record	Professional Development Record
9.	Curriculum Vitae (optional)	Curriculum Vitae	Curriculum Vitae
RN Expert Leadership and Management / Education / Research & Policy Portfolio Requirements			
1	Assessment Tool for Assessors		
2	Application letter		
3	Copy of APC		
4	Position description		
5	Full Self & Peer Assessment including additional evidence of influencing the quality of nursing practice, service delivery and 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		
8	Professional Development Record		
9	Curriculum Vitae		

What are the document and evidence requirements?

These are explained in the table 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 may be returned for amendment before they are assessed.

Document and Evidence Requirements		
All templates must be completed. Documents must be sourced from the MDHB PDRP website only.		
1	Assessment Tool for Assessors	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Is completed. Signing this letter indicates compliance with, and agreement to, all specifications.
3	Copy of APC	<ul style="list-style-type: none"> A print out from the electronic register on the NCNZ website is acceptable. APC must be current at time of portfolio assessment.
4	Position description	<ul style="list-style-type: none"> Current format.
5	Full Self & Peer Assessment (Refer Section V)	<ul style="list-style-type: none"> All Competency Indicators are answered in the self assessment and by the peer assessor. Self assessment clearly and completely answers the competency indicators with examples from day to day practice. Peer assessment provides feedback on practice and includes a separate practice example. All examples within the self assessment & peer assessment are from current area of practice & evidence is no older than 3 years References when used are in consistent format (e.g. APA).
5a	Education session plan	<p>RNs at Proficient and Expert level and ENs at Accomplished level must present at least one education session.</p> <ul style="list-style-type: none"> Include Education Session Plan (template provided). This can be in the form of a teaching session at in-service, on external courses or at conference. The education must be presented on a nursing related topic. The audience must include at least one nurse. The audience is at least 4 people 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) <p>Preceptorship:</p> <ul style="list-style-type: none"> RNs and ENs at Proficient level must demonstrate that they consistently precept other nurses and/or students and provide feedback that demonstrates effective precepting (refer Competency 4.1). <p>DHB funded Professional Development (e.g. NEED funding):</p> <ul style="list-style-type: none"> If the Professional Development record includes activities funded by the DHB, a report & feedback on outcomes to colleagues is required. This can be included as evidence of education of others.
5b	Evaluation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Printout from HRIS; Trendcare; Microster; HR or Payroll.

7	Professional Development and Career Plan	<ul style="list-style-type: none"> • Must be signed and dated by nurse and charge nurse/ manager & completed within the last 12 months.
8	Professional Development Record – is the supporting documentation required for evidence of continuing competence.	<p>The Professional Development Record can be a printout from TrendCare, Yourself or typed on the template and must:</p> <ul style="list-style-type: none"> • Be verified by the nurse manager/nurse educator. • Show a total of 60 hours of Professional Development in the last 3 years. (It is the nurses responsibility to total the hours) • Copies of certificates of attendance are not required. • Expert Level – include postgraduate papers or equivalent. <p>Reflection: Using the template provided select three (3) activities. Reflect on how these have affirmed, influenced or changed your practice.</p> <p>Identify core competencies/essential skills and date completed.</p> <ul style="list-style-type: none"> • Evidence of completing Code of Conduct must also be included <p>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.</p> <p>Meetings may be considered a professional development activity if they have an educational focus and appropriate reflection on learning is included.</p>
9	Curriculum Vitae	<ul style="list-style-type: none"> • Must be current. • Optional for Competent.

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

Evidence from the previous three years is relevant to assess for ongoing competence against NCNZ competencies. You need to identify how these examples continue to inform your current practice and have contributed to your knowledge and skills in the practice setting on a day to day basis.

What format must the PDRP portfolio be in?

A portfolio is a record of professional practice, activities and achievements that evidence competency to practise, help plan a career path, direct and maximise learning and demonstrate knowledge and skill development. Nurses should be proud of their portfolio as it showcases their practice. It is also a professional document and therefore must be presented in a way that reflects this.

- All documents presented should be **copies** of the original. Please double side all printing and photocopying. The original documents are to be kept by the nurse.
- Portfolios are to be presented in a small ring 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.
- Nurses collect their portfolio after assessment has been completed.

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.

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.
- 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 or from a previous area of employment.
- Certificates are NOT required when there is validated evidence of the hours of education
- Documents not required. Only the required evidence on the checklist will be assessed.

Section IV – Performance Reviews/Appraisals

Performance reviews (PR) or appraisals are an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice. Performance reviews are a legal, ethical and professional requirement and promote continuous improvement in both individual and organisation performance. PR result in planning for career and professional development needs of the employee and are competency based and future focused.

How often do I have to complete a Performance Review?

A PR is 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 be either a full or revalidation PR and is required by nurses to meet NCNZ continuing competence for issue of their Annual Practising Certificate.

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

What is the difference between a Full and Revalidation PR?

A full PR is the completion of a new portfolio and application for PDRP. For all nurses regardless of area of employment, application to the DHB PDRP for renewal of PDRP level is required every three years.

A revalidation PR is undertaken annually between the three yearly portfolio renewal time frames and is the process to maintain an existing level of practice. This is a meeting with the Nurse Manager, Charge Nurse or delegated representative to discuss how the nurse is maintaining their level of practice. Written answers or evidence against the competency indicators are not required, however, the most recent PDRP must form the foundation of this meeting. For Proficient and Expert level RN and Accomplished EN, the yearly education session plan and evaluations must be presented. The existing portfolio must be sighted at each meeting and must contain the last full written self and peer assessments. Once the meeting is completed, the PR form and the Professional Development & Career Plan are placed in the portfolio and copies of these forms are sent to Human Resources. It is the responsibility of the Nurse Manager, Charge Nurse or delegated representative to update the relevant data-base.

How do I evidence maintenance of PDRP level?

A verbal discussion with your manager as to how you maintain your level on the PDRP occurs annually at the PR meeting. Written answers or evidence against the Nursing Council Competencies are not required when the nurse has a current portfolio.

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

Refer to Flowchart for Performance Management – Appendix

To ensure all employers and employees are meeting their legal, professional and ethical responsibility, a PR is required annually and the following documents are required. Revalidation Performance Review form for scope and level of practice, self-assessment tool that contains examples of practice to each NCNZ competency, a Professional Development and Career Plan and a copy of the Essential Skills Checklist relevant for your area of practice to evidence continuing competence and completing core/mandatory education.

Updating DHB HRIS system

It is the line manager's responsibility to update the Yourself/Trendcare with the date the Nursing Performance Review was completed.

It is the PDRP Coordinator's role to update the HR-PSE database with the names of the nurses who have a current professional portfolio. The NCNZ quarterly report will show the names of nurses on the PDRP and they will therefore be exempt from audit. At the time the nurse's portfolio expires their name will be removed from the PDRP data base and the NCNZ quarterly report will be updated with this information.

Section V - Self and Peer Assessments

Self and peer assessments against the Performance 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 Indicators with an example or explanation of how practice meets or achieves the indicator.
- The **bold** information is the competency indicator and the example given must be 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 example given.
- The italicized information underneath each indicator is a guide to help answer the Competency indicator.
- 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, 2011a, p.4).
- Peer assessors must be at the same or a higher level of practice on the PDRP than the level being applied for.
- 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 of how the peer assessor *knows* the practice meets or achieves the Competency Indicator.
- Each example must be specific about how the nurse meets the competency indicator and comment can be made on knowledge, skills, attributes, attitudes and behavior
- The peer assessor must make a different comment against each of the competencies.

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

Do I assess what the nurse has written in the self-assessment or what I have seen in practice?

Both - assessment can be from:

- Direct observation of practice.
- An interview and discussion of nursing care in different scenarios.
- Evidence in self-assessments, exemplars or other examples of practice.
- Reports from other nurses or health professionals.

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.

Can more than 1 person complete the peer assessment?

Yes. When more than one person has completed the peer assessment, the details of each assessor must be included and it must be clear who has done which part of the assessment.

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

Do I have to be a PDRP Assessor?

No, although it is expected that Proficient & Expert RNs and Accomplished ENs and will peer assess portfolio's whenever possible. (Please refer to Appendix Seven – PDRP Assessor Contract).

Can ENs be PDRP Assessors?

Yes, ENs can assess other ENs but not RNs. The EN PDRP Assessor must be on the PDRP at the same or a higher level than the EN being assessed.

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
<p>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.</p>	<p><u>Self-assessment</u></p> <p>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.</p> <p><i>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.</i></p> <p><u>Peer assessment</u></p> <p>Nurse X practises professionally and ethically at all times and always applies the ethical principles when caring for patient in PACU.</p> <p><i>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.</i></p>
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.
<p>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.</p>	<p><u>Self-Assessment</u></p> <p>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.</p> <p>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.</p> <p><i>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.</i></p> <p><u>Peer Assessment</u></p> <p>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.</p> <p><i>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……”.</i></p>

Example (MET v)	C: Are well written self and peer assessments
<p>Competent RN competency indicator: Identify one professional v, one ethical v and one legislated v requirement and describe how you ensure that your nursing practice and conduct meets each of these.</p>	<p><u>Self-assessment</u> The legislative requirement most relevant to my practice is the HPCA Act (2003). The purpose of the Act is to protect the health and safety of the public and provides for mechanisms to ensure all health practitioners are competent and fit to practice. This Act appoints the Nursing Council of New Zealand as nurses governing body and gives them authority to maintain the register on nurses, ensure all nurses present evidence of competence to practice and gives Nursing Council mandate on process to deal with practice issues that do not meet these standards of practice. Evidence of continuing competency may happen through a nurse being audited by NCNZ or for them to have evidence of a professional portfolio on a NCNZ accredited PDRP programme. In accordance with this legislation I maintain my own professional portfolio to meet standards of the scope of my practice thereby demonstrating continuing competence.</p> <p>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.</p> <p>The NZNO Code of Ethics (2010) 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).</p> <p><i>This self-assessment (c) clearly and completely answers the indicator with specific examples and is a comprehensive explanation of how the nurse meets it.</i></p> <p><u>Peer Assessment (c)</u> Nurse X explicitly demonstrates her compliance with professional, ethical and legislated requirements when she precepts students and new staff and explains the requirements to them. 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 session 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.</p> <p><i>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.</i></p>

Section VI - Portfolio Assessment Process

What are the submission dates?

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

- Portfolios are assessed by an individual assessor who has knowledge of the practice setting and then as part of a moderation PDRP panel.

How do I submit my portfolio?

All portfolios are sent to the PDRP Coordinator, Nursing Practice Development, Kahikatea Building.

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 Coordinator to discuss arrangements.

What is the PDRP assessment panel?

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

Who can be a panel assessor?

All PDRP assessors are panel assessors. Contact the PDRP Coordinator for more information.

When will I be notified of the outcome?

- **Competent level:** the applicant should be informed of the outcomes by the PDRP Coordinator within four weeks of the PDRP Coordinator receiving the portfolio
- **Proficient, Expert & Accomplished level portfolios:** The applicant should be informed of the outcome by the PDRP Coordinator 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 parts that have **not met** the criteria or the portfolio requirements need to be amended by the applicant. Only the parts that did not meet requirements during the previous assessment are reassessed.

Who can assess the portfolios?

To assess a portfolio, the 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 assessors. The assessor may not work in the same clinical area. All Expert Leadership and Management portfolios are to be moderated by the Nurse Director, Clinical Practice Development and all Expert Education portfolios are to be moderated by the Nurse Educator Lead.

How are portfolio's assessed?

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 and exempts the nurse from NCNZ audit. It is therefore a professional responsibility to ensure portfolios comply with the requirements of this framework. The assessment tools have been developed to enable this.

The Competency Indicators are the objective measure of level of practice. To ensure a fair and equitable process, assessment must be as objective as possible. Either the evidence meets the requirements/ Competency Indicator or it does not. The assessor asks "has the nurse answered all parts of the questions posed in the competency." The assessment tool guides the assessor as to how to assess. Comments from the portfolio assessor must be included on the assessment tool.

How do I become an assessor?

Nurses with existing qualifications that meet the above criteria can express their interest to the PDRP Coordinator to be an assessor (Appendix Six). Assessor workshops are offered regularly within the DHB.

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

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 practising at the required level of practice (NNO, 2009) and is a nationally endorsed expectation.

What happens if I don't reapply?

You will be removed from the PDRP data base and open to NCNZ audit. However, you can still resubmit your PDRP portfolio at any time to either the previous or a new level.

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 PDRP Coordinator.

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 appeal must be sent to the PDRP coordinator within one month of the date of the assessment. The original unamended portfolio and assessment tool must be sent with the letter.

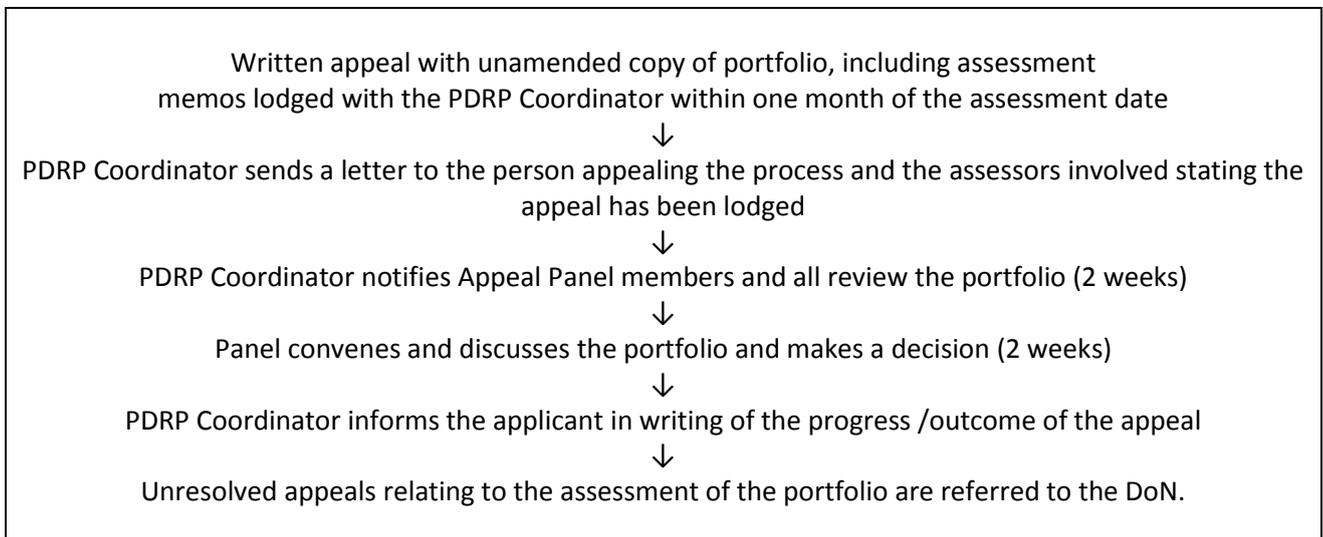
- Competent and proficient level portfolios will be reassessed by the PDRP coordinator
- Expert and accomplished portfolios will be reassessed by an Appeal Panel. This will be a different panel from the one that originally assessed the portfolio.
- The PDRP coordinator/appeal panel only considers portfolio 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 PDRP coordinator 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 PDRP coordinator /appeal panel's aim is to decide if the original decision is to be upheld or not. If it is upheld, the 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 PDRP coordinator /appeal panel's decision is binding. If a decision is unable to be reached the Director of Nursing or Nurse Director, Clinical Practice Development will make the final decision.

Appeals Process.



- Appeal Panel will comprise members of the PDRP Review 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 Review 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.
- 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.

Section IX Assessor's Manual

Professional Development and Recognition Programme

PDRP Assessor

Criteria and responsibilities of a PDRP Assessor

Nursing Professional Development and Recognition Programme (PDRP) Assessors are clinicians working from a sound knowledge base with a depth of nursing experience.

PDRP Assessors will be selected for their:

- Achievement of successful portfolio at minimum of Proficient Level on the PDRP.
- Commitment to the promotion and enhancement of the PDRP and its processes.
- Respect and credibility from peers/colleagues.
- Commitment to own education and ongoing professional development
- Ability to maintain confidentiality and discretion.

The Assessor's role includes:

- Working closely with the Nurse Coordinator-PDRP.
- Assessment of portfolios and completion of accurate documentation.
- Liaising with applicants when further evidence or clarification is required.
- Participating in Expert/Accomplished, Leadership and Education Domain Practice Discussions as required.
- Participating in moderation processes for new and existing assessors.
- Ongoing performance monitoring through the moderation process.
- Participation in appeals process as required.
- Assessment of a minimum of 3 portfolios per year.
- Attendance at annual PDRP assessor training and/or updates.
- Development and maintenance of a current knowledge of relevant issues, trends and practices relating to the PDRP.

Expression of Interest Process:

- Discussion with PDRP Coordinator/Charge Nurse/Nurse Educator to express interest in PDRP Assessor role.
- Complete PDRP Assessor/Resource Nurse contract. See Appendix 6.
- Charge Nurse/Manager support sought and signature received on the contract.
- Nurse Coordinator-PDRP oversees process for new PDRP assessors.

Assessors Training:

- All assessors will be trained as Workplace Assessors or have undertaken equivalent training.
- All assessors must complete their own assessments to qualify as an assessor.
- Training and/or update meetings will occur annually for current assessors.
- Assessors' work will occur within paid time.
- There will be moderation feedback and monitoring processes in place to ensure consistency of assessments.

Who can be a Portfolio Assessor?

The skills, qualifications and requirements to be a portfolio assessor are that you are a registered nurse or enrolled nurse who will:

- Have NZQA Workplace Assessor training or demonstrate equivalency (NCNZ, 2011).
- Be recognised for their knowledge, expertise and sound clinical knowledge base.
- Have respect and credibility from their peers/colleagues.
- Commit to their education and professional development.
- Have a current annual practicing certificate.
- Have completed their portfolio at proficient, expert or accomplished level.
- Assess a minimum of 3 portfolios per year.
- Ensure confidentiality is maintained throughout the assessment process and that portfolios are kept in a secure and private area during the assessment process.
- Promote and enhance the PDRP programme and its processes.
- Develop and maintain current knowledge of relevant issues, trends and practices relating to PDRP.
- Attend PDRP assessor meetings and updates.
- Complete the MDHB Assessing in Practice programme or equivalent.

Assessor Feedback Forms and Resources

The following assessor feedback forms and resources are available on-line:

- EN Accomplished Assessor template
- EN Competent Assessor template
- EN Proficient Assessor template
- PDRP and Assessor Information Booklet November 2015
- Quality Plan Example
- Reflective Writing Guide
- RN Competent Assessor template
- RN Expert Clinical Practice Assessor Template
- RN Expert Education Assessor template
- RN Expert Leadership and Management Assessor template
- RN Proficient Assessors Template

When do applicants submit their portfolio?

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

- Portfolios are assessed by an individual assessor and then as part of a moderation PDRP panel.

What is the PDRP assessment panel?

- The PDRP panel meets every month (unless there are no portfolio submissions) with the exception January. The meeting dates will be set in the 3rd and 4th week of the month.
- Two PDRP Assessors or more including the chair make up the PDRP panel.
- Every panel is chaired by the PDRP Coordinator or designate to ensure a consistent and fair process.
- The Panel Chairperson reports to the Nurse Director – Clinical Practice Development.

Who can be a panel assessor?

All PDRP assessors are panel assessors. Contact the PDRP Coordinator for more information.

RN and EN portfolios will be assessed by trained PDRP assessors. The assessor may not work in the same clinical area. All Expert Leadership and Management portfolios are to be moderated by the Nurse Director, Clinical Practice Development and all Expert Education portfolios are to be moderated by the Nurse Educator Lead.

PDRP assessment schedule 2017

Please find below the scheduled Panel Meeting days. Please advise Nurse Coordinator PDRP the days you wish to assess and be a panel member. All panel sessions are held at Kahikatea (1300-1500).

January No panel meetings	February 15 February 20	March 15 March 20
April 10 April 20	May 17 May 22	June 14 June 19
July 12 July 17	August 15 August 21	September 13 September 18
October 18 October 24	November 15 November 20	December 13

Assessment Principles

“A systematic procedure for collecting qualitative and quantitative data to describe process and ascertain deviations from expected outcomes and achievements” (NCNZ, 2011, p12).

Assessment of portfolios is undertaken to ensure that established standards are met (see table one below). The Health Practitioners Competence Assurance Act (HPCA Act) 2003 ensures patient safety by providing mechanisms to ensure the lifelong competence of health practitioners. NCNZ has developed sets of competencies for enrolled nurses, registered nurses and nurse practitioners. All nurses must demonstrate that they meet the competencies every 3 years.

Fairness	The assessment procedure must give all nurses the same chance of achieving the desired outcome. Is the assessor only assessing the evidence in the portfolio?
Openness	All parties involved in the assessment must be fully informed of all aspects; the content, the standard and the conditions under which the assessment takes place. The nurse needs to know: <ul style="list-style-type: none"> ▪ What is to be assessed? ▪ How will that information be gathered? ▪ How will the judgments be made? ▪ Who will be doing the assessment?
Validity	The assessment tool has to be fit for purpose i.e. is it assessing what it is designed to assess?
Sufficiency	Is there enough evidence to make a sound judgment about the competence of the nurse?
Reliability	Is the judgment made consistent with the assessment criteria? Is it applied consistently across all portfolios? Objectivity is the key to this process.
Authentic	Assessors must take care to ensure that any work submitted is the nurse’s own.

Table 1 Assessment Principles

Principles for assessing the practice of other nurses against the NCNZ competencies (NCNZ, 2011a)

As with all activities in practice, assessments should be undertaken only by those who understand the requirements of the activity. Each competency requires an example or evidence of an action or knowledge by the nurse being assessed which illustrates one or more of the indicators. Training in assessment is available for nurses who need to develop their understanding of the nature of workplace assessment.

Although the principles of assessment are the same, the complexity and nature of evidence and the professional assessment judgment required may be expressed differently in different clinical settings and with nurses with different career trajectories. For example, a nurse who regularly assesses students at the end of the same degree programme will become very familiar with the competency outcomes in the same setting. However, when assessing an experienced new employee with a background unfamiliar to the assessor, development of the assessor’s skills and processes may also be required. Nurses involved in assessment (both the assessor and the nurse

being assessed) are always governed by the ethical standards of their profession. The following self-review questions are designed to assist an assessor in understanding the ethical principles involved and how they may be assured they have undertaken an ethical, rigorous and fair competence assessment of a colleague or employee.

1. Contextual assessment

- What is the setting (e.g. the name and nature of the ward or service)?
- What does the competency mean in relation to the nurse's practice setting?
- Does the assessor have sufficient knowledge and understanding of the setting, the NCNZ Competencies and indicators to make a judgement about another's practice?

2. Ethical assessment

Does the assessor:

- Have sufficient understanding to use a range of professional assessment practices?
- Reflect on the ethical implications of the assessment?
- Have organisational support available to assist them to undertake assessments?
- Is there mutual respect, honesty, rigour and trust in the assessment and documented feedback process?

3. Accountability

Does the assessor:

- Maintain confidentiality and disclose only through appropriate channels?
- Declare any conflict of interest?
- Report in a timely fashion and maintain standards of documentation?
- Engage in quality improvement of their own performance as an assessor?
- Provide feedback according to best professional practice?

4. Validity and reliability of assessment

- Does the assessment actually measure what is intended? Does the assessment process measure the nurse against the NCNZ competencies?
- Does the assessor have an understanding of the intended outcomes of the competencies and the indicators in the context/s in which the nurse is practising?
- Is the assessment consistently applied across the whole process?
- Would another assessor predict the same results for the same behaviours, knowledge, skills and attitudes/attributes?

5. Evidence-based assessment

- Does the assessor have sufficient evidence?
- Is there a variety of data sources? For example, observation of actions or documentation, interviewing, attestation by reliable informants, and/or testing (either paper-based or in simulation).
- Are any inferences checked to validate the assessment judgment?
- Is there enough evidence over a sufficient timeframe to predict that the person being assessed will perform the same way in similar situations and context?

Competence:

Definition: *“the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse” (NCNZ, 2011, p 12).*

Competence can also be defined as:

- The person performing the task to the standard or criteria required.
- The person repeating the performance several times to the same standard each time- it is not just a one-off.
- The person performing the task in the expected environment.

Underpinning knowledge is an important part of competence. A person is competent not only when they can demonstrate a skill but also when they can explain what they are doing and why.

When assessing a portfolio:

The assessor asks “have all parts of the questions posed in the competency been answered?”

The evidence needs to:

- Demonstrate currency and contemporary practice
- Contain a reflective or evaluative component
- Meet the standard/competency identified
- Be validated by others
- Be accumulated over time and in a range of circumstances
- Be presented in a professional manner

Evidence	Requirements
Education/ professional development	Number of hours - 60 hours within last 3 years & verified by manager. <ul style="list-style-type: none"> ▪ Evidence of mandatory training every year. ▪ Must demonstrate reflection on or describe the difference it has made to clinical practice. ▪ Journal reading may be considered a professional development activity if it takes place within a formal framework such as a journal club, a presentation to colleagues, or to inform an educational or quality improvement process. Meetings may be considered a professional development activity if they have an educational focus and include appropriate documentation (for example, minutes that clearly identify the education topic).
Practice Hours	Must have a minimum of 450 hours or 60 days over 3 years. <ul style="list-style-type: none"> ▪ Must be noted as hours or days not FTE. ▪ Must be verified by line manager.
Portfolio presentation	Must appear professional and be presented in a small folder. <ul style="list-style-type: none"> ▪ No loose pages and not in an envelope.
Level of practice	Refer to the nationally agreed level of practice guidelines (Appendix Two/Three). <ul style="list-style-type: none"> ▪ Must be endorsed by the charge nurse / manager in Section 3 ▪ All criteria must be evident throughout the portfolio especially in the assessment section. ▪ If the portfolio does not demonstrate proficient, expert/accomplished level please ensure you write clear comments to identify what is missing- see Appendix Four.

Writing styles	<p>This is not an academic exercise. This is the nurse demonstrating his/her level of practice.</p> <ul style="list-style-type: none"> ▪ It is expected the nurse will write examples in a professional manner and you will be looking for the key elements that demonstrate they are meeting the level of practice they have applied for. Refer Appendix Two & Three. ▪ Do not mark grammar and/or spelling. However you can make comment in the summary if this is an issue – or provide verbal feedback to the PDRP Coordinator for this to be shared with the nurse
Referencing	<p>This is not an academic paper. It is expected that some form of referencing is required especially in Competency 1.1; 1.2; 1.3 and 2.1 as the competency asks the nurse to identify documents that guide practice</p> <ul style="list-style-type: none"> ▪ It is okay to use policies, procedures, protocols or guidelines as references (Refer p. 14 for guidance). ▪ Where applicable nurses need to acknowledge the source of information in the education session and self-assessments.
Plagiarism	<p>Not acceptable. Other people’s work must be acknowledged appropriately.</p> <ul style="list-style-type: none"> ▪ All work must be the nurse’s own original work. ▪ Appropriate references must be provided for any copied work – including material from the intranet. ▪ Failure to acknowledge copied work will be investigated and depending upon the extent and significance, may result in a request for resubmission of all or part of the portfolio. ▪ In extreme case of proven dishonesty, a performance management process may be initiated and disciplinary action taken for unacceptable behaviour or falsifying records. ▪ If you as the assessor believe there is evidence supporting plagiarism please contact the PDRP Coordinator or Nurse Educator Lead.
Confidentially	<p>The organisation, colleagues, patients or their family/whānau must not be named and ensure this is acknowledged by change of name etc.</p> <ul style="list-style-type: none"> ▪ Remember that people can still be identified by dates, locations, specific operations etc.
Criticism	<p>It is not permitted for nurses to write an example that contains criticism of patients, colleagues and the organisation. This is a professional portfolio.</p>
Performance reviews	<p>If the applicant’s line manager has not completed a performance review then this is generally outside the nurse’s control. Therefore do not hold the portfolio back. The PDRP Coordinator will ask the Nurse Educator Lead to talk to the line manager of the area.</p>
Postgraduate education or equivalency (Expert [Level 4] only)	<p>Has the applicant done any postgraduate education? If not then does the portfolio demonstrate the following: “The applicant is required to demonstrate within their portfolio the integration of nursing knowledge at Level 8 into their nursing practice. Evidence should include: post-registration and education relevant to current area of practice which impacts on practice at expert level; changes in attitudes and skills which have occurred as a result of this; demonstration of expert practice, critical analysis and reflection consistently in nursing practice and evidence throughout portfolio evidence.” (PDRP Evidential Requirements Working Party Final report, (2009) page 10).</p>
Comments	<p>Please ensure positive comments are provided to the applicant especially in the summary. These are provided to the nurse in their letter of success.</p> <ul style="list-style-type: none"> ▪ References are required for Competency 1.1; 1.2; 1.3 & 2.1.

	<ul style="list-style-type: none"> ▪ Comments are required for competencies 1.1, 1.2, 1.5, 2.8, 4.3. ▪ For any competency where the criteria is Not Met: Please only comment on the part of the question that has not been answered. Eg. “Requires example to contain evidence of how you do this (<i>Comp 2.8. - reflection of practice</i>) to inform and change your practice”. ▪ This provides clear direction when the PDRP Coordinator is giving feedback and the applicant will be given opportunity to strengthen the example and answer the required part of the competency indicator.
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Assessment Process

<ol style="list-style-type: none"> 1. The applicant submits their completed portfolio to the PDRP Coordinator – the Coordinator identifies an assessor ensuring they are not from the same workplace. The applicant is notified to ensure no conflict of interest exists. 2. The PDRP Coordinator checks that all the evidence is present (if not the applicant is advised of gaps). 3. The PDRP Coordinator enters the submission date into HRIS. 4. The assessor reviews all the evidence in the portfolio and assesses it to see if the evidence meets criteria. 	
CRITERIA MET ✓	NOT MET ✗
<p>Portfolio meets the level required</p> <ul style="list-style-type: none"> ▪ The PDRP Coordinator sends a letter of success to the applicant and will contain positive comments from the assessment summary. ▪ A copy of the letter of success is sent to the charge nurse / manager. For MCH staff only – a copy is sent to HR for filing. ▪ HRIS is updated with approval date and next submission due date. ▪ Portfolio is returned to applicant. 	<p>Portfolio does not meet level required</p> <ul style="list-style-type: none"> ▪ A PDRP assessment memo is completed clearly indicating the areas that require further development in accordance with NCNZ requirements. ▪ Verbal and written feedback is provided: A resubmission date is negotiated and the Portfolio is returned to applicant. ▪ PDRP Coordinator updates HRIS with the agreed resubmission date. ▪ Applicant updates portfolio to meet the required standards according to feedback. ▪ Applicant resubmits portfolio by due date. ▪ Assessor re-assesses portfolio. ▪ The matter is discussed with the Nurse Educator Lead or Nurse director, Clinical Practice Development. <p>Portfolio meets criteria- return to step 4 above.</p>
	<p>Resubmitted Portfolio does not meet criteria</p> <ul style="list-style-type: none"> ▪ The portfolio will undergo re-assessment and moderation. ▪ If the resubmitted portfolio does not meet criteria, this will be discussed with the Nurse Director-Clinical Practice Development. ▪ The applicant and their Charge Nurse/Manager will be informed by the PDRP Coordinator. ▪ The PDRP Coordinator sends a copy of the assessment memos to HR for filing.

Data Management

All data relating to the PDRP is entered into HRIS/Yourself by the PDRP Coordinator, Charge Nurse/Manager, or human resources as below:

Event	By whom	Action required
Performance review	Charge nurse/ Manager	Date of performance review entered into Yourself.
Portfolio submitted	PDRP Coordinator	Date of submission entered into HRIS database.
Portfolio approved	PDRP Coordinator	Eligibility for PDRP allowance confirmed via HRIS database reporting. New portfolio due date, pathway and level recorded. Date portfolio successfully assessed entered into HRIS database. NCNZ report updated.
PDRP Allowance	Human Resources	Change request to payroll completed.

It is imperative that timely and correct data is recorded for the quarterly NCNZ PDRP report, to monitor ongoing compliance, to determine PDRP percentages for the Director of Nursing/Nurse Director, Clinical Practice Development report and to ensure that nurses receive appropriate payment.

Moderation Process

- The PDRP moderation process is designed to:
- ensure a fair and equitable process across the DHB
- provide objectivity of assessment where there is complexity or uncertainty that the portfolio meets the requirements of the PDRP
- support assessors
- verify new assessors skills and recommendations

New assessors are allocated advisors/moderators to verify their assessment skills and to provide guidance and support. If the assessor and the moderator do not agree with the assessment and they are unable to come to an agreement then the portfolio is sent to the PDRP Coordinator for assessment.

When portfolio assessments are undertaken in a group/workshop environment, moderation will be undertaken at the same time. When this does not occur, then 1:8 portfolios are to be moderated. All assessors are to attend one moderation workshop per year (minimum). MDHB will participate in external moderation as able and requested.

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Acknowledgments

Capital and Coast DHB

Whanganui DHB

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

Competent (Level 2)	Proficient (Level 3)	Accomplished (level 4)
<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care.</p> <p>Applies knowledge and skills to practice.</p> <p>Has developed experiential knowledge and incorporates evidence-based nursing.</p> <p>Is confident in familiar situations.</p> <p>Is able to manage and prioritise assigned client care/workload appropriately.</p> <p>Demonstrates increasing efficiency and effectiveness in practice.</p> <p>Responds appropriately in emergency situations.</p>	<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Has an in-depth understanding of Enrolled Nurse practice.</p> <p>Utilises broad experiential knowledge and evidence based knowledge to provide care.</p> <p>Contributes to the education of Enrolled Nursing students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses.</p> <p>Acts as a role model and leader to their peers.</p> <p>Demonstrates increased knowledge and skills in a specific clinical area.</p> <p>Is involved in service, professional or organisational activities.</p> <p>Participates in change.</p>	<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope.</p> <p>Contributes to the management of changing workloads.</p> <p>Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.</p> <p>Undertakes any additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.</p> <p>Actively promotes understanding of legal and ethical issues.</p> <p>Contributes to quality improvements and change in practice initiatives.</p> <p>Acts as a role model and contributes to leadership activities.</p>

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

Graduate RN	Competent (Level 2)	Proficient (Level 3)	Expert (Level 4)
<p>A newly Registered Nurse with a practising certificate.</p> <p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines as culturally safe.</p> <p>A multi-skilled beginner nurse with theoretical and practical student experiences.</p> <p>Reliant on learning from the experience of other nurses for his/her own experience.</p> <p>Learns from appropriate allocated tasks.</p> <p>Is able to manage and prioritise assigned patient/client care/workload with some guidance.</p> <p>Is guided by procedures, policies and protocols.</p> <p>Learns and is developing confidence from practical situations.</p>	<p>Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</p> <p>Effectively applies knowledge and skills to practice.</p> <p>Has consolidated nursing knowledge in their practice setting.</p> <p>Has developed a holistic overview of the client.</p> <p>Is confident in familiar situations.</p> <p>Is able to manage and prioritise assigned client care/workload.</p> <p>Demonstrates increasing efficiency and effectiveness in practice.</p> <p>Is able to anticipate a likely outcome for the client with predictable health needs.</p> <p>Is able to identify unpredictable situations, act appropriately and make appropriate referrals.</p>	<p>Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety.</p> <p>Has a holistic overview of the client and practice context.</p> <p>Demonstrates autonomous and collaborative evidence based practice.</p> <p>Acts as a role model and a resource person for other nurses and health practitioners.</p> <p>Actively contributes to clinical learning for colleagues.</p> <p>Demonstrates leadership in the health care team.</p> <p>Participates in changes in the practice setting.</p> <p>Participates in quality improvements in the practice setting.</p> <p>Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.</p>	<p>Guides others to apply the principles of Te Tiriti o Waitangi and to implement culturally safe practice to clients.</p> <p>Engages in Post Graduate level education (or equivalent)¹.</p> <p>Contributes to specialty knowledge.</p> <p>Acts as a role model and leader.</p> <p>Demonstrates innovative practice.</p> <p>Is responsible for clinical learning/development of colleagues.</p> <p>Initiates and guides quality improvement activities.</p> <p>Initiates and guides changes in the practice setting.</p> <p>Is recognised as an expert in her/his area of practice.</p> <p>Influences at a service, professional or organisational level.</p> <p>Acts as an advocate in the promotion of nursing in the health care team.</p> <p>Delivers quality client care in unpredictable challenging situations.</p> <p>Is involved in resource decision making/strategic planning.</p> <p>Acts as leader for nursing work unit/facility.</p>

Reference: National Framework for Nursing Professional Development & Recognition Programmes and Designated Role Titles. (2005) Report to the National Nursing Organisations from the National Professional Development & Recognition Programmes Working Party. New Zealand.

¹ “The applicant is required to demonstrate within their portfolio the integration of the nursing knowledge at level 8 into their nursing practice. Evidence should include: post- registration and education relevant to current area of practice which impacts on practice at expert level; changes in attitudes and skills which have occurred as a result of this; demonstration of expert practice, critical analysis and reflection consistently in nursing practice and evidence throughout portfolio evidence” (PDRP Evidential Requirements Working Party Final report, (2009) page 10).

Appendix Three: Legislative, Professional, and Ethical Requirements

Legislation
Professional
Ethics

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.

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.

New Zealand Nurses Organisation, (2010). Code of Ethics.
Wellington: Author.
www.ngno.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 complements 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 Principles Apply to:

- "Right to care"
- "Right to information"
- "Right to be informed"

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 feels 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 than 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.

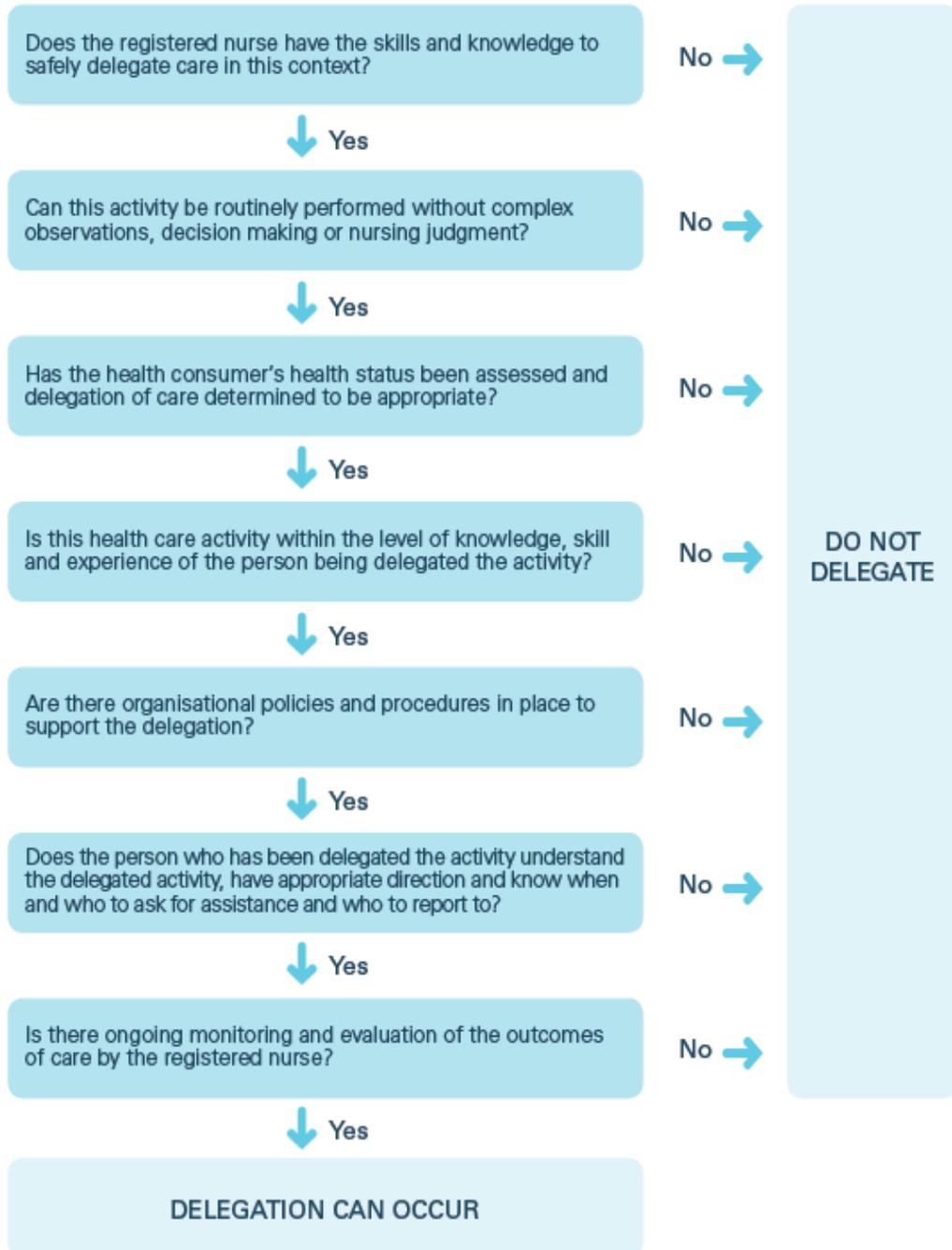
An understanding of self, the rights of others and legitimacy of difference should provide the nurse with the skills to work all people who are different from them.

(NCNZ, 2011b)

Appendix Six: Direction and Delegation.

Decision-making process for delegation by a registered nurse 11

Decision-making process for delegation by a registered nurse



Appendix Seven: MDHB/PHC - PDRP Assessor/Resource Nurse 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 confidentiality of portfolio information and discussion.

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

PDRP Assessor

<u>Name</u>	
<u>Signature</u>	
<u>Area of Practice</u>	
<u>Assessment Qualification & Date</u>	
<u>Date of Contract Sign</u>	

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.

Date. _____

Print name and signature

Appendix Eight: Performance Management

Nursing Performance Appraisal and Development Review Process 2017

DOES THE NURSE HAVE A CURRENT PDRP PORTFOLIO?

YES

ANNUALLY

- Revalidation Performance Review
- Professional Development & Career Plan
- Essential Skills Checklist

NO

ANNUALLY

- Revalidation Performance Review
- Full Self-Assessment
- Professional Development & Career Plan
- Essential Skills Checklist

All documents can be found on the Nursing Performance Development intranet page: