Professional Development and Recognition Programme (PDRP)

Senior Nurse Handbook
Table of Contents

Important Information .................................................................................................................................................. 4

Section I – Introduction to the PDRP .......................................................................................................................... 5

Section II - Application Process for PDRP: ............................................................................................................. 7
  Senior Nurse Definition ........................................................................................................................................... 8
  Transfer of PDRP ..................................................................................................................................................... 10

Section III – Senior Nurse Portfolio Requirements ................................................................................................ 13
  Submission Dates .................................................................................................................................................... 16

Section IV – Nursing Performance Appraisals / Reviews ......................................................................................... 17

Section V - Self and Peer Assessments .................................................................................................................... 19
  Referencing ............................................................................................................................................................. 21

Section VI - Portfolio Assessment Process .............................................................................................................. 22

Section VII – Maintenance of PDRP Level ............................................................................................................. 24

Section VIII - Appeals, Moderation and Audit ....................................................................................................... 25

References and Acknowledgments .......................................................................................................................... 26

Appendix One: Registered Nurse (generic pathway) level of practice ................................................................. 27

Appendix Two: Privacy & Confidentiality Statement ................................................................................................ 28

Appendix Three: Resource Nurse-PDRP Assessor Contract ................................................................................ 30

Appendix Three: Nursing Performance Appraisal & Development Plan FlowChart ................................................. 32
Important Information.

Please note this booklet is intended for Registered Nurses in Designated Senior Nurse roles only.

Senior Nurse.

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, 2018-2020), and 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.

Terminology.

Health Consumer: Includes any recipient of nursing care e.g. patients, clients, residents, tūrōro and can include families, 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 MidCentral District Health Boards.

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 (CCDHB), Whanganui (WDHB) or MidCentral District Health Boards (MCDHB) who provide funding to Primary Health Organisation (PHO), non-government organisations and 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
Fern Crowe.
Fern.crowe@ccdhb.org.nz
(04)8060594  027 4064989 ext.80594

MidCentral DHB:
Kathryn.Fraser@midcentraldhb.govt.nz
(06) 3509146

Whanganui DHB:
PDRPCoordinator.Whanganui@wdhb.org.nz
021 08719895

New Zealand Defence Force
MA. Debbie Cromie
Debra.cromie@nzdf.mil.nz
021 519101

March 2019
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. Processes and components of the PDRP are to be nationally standardised by 2022 (Nurse Executives of New Zealand, 2017).

The Senior Nurse PDRP pathway was developed in recognition of the fact that while many senior roles have some clinical component, not all have direct health consumer contact primary to their role. Nurses do not have to work directly with a health consumer (clinically) to maintain an Annual Practicing Certificate (APC). To reflect this Nursing Council of New Zealand (NCNZ) has developed competencies for nurses working with little or no health consumer (non-clinical) contact where their role and position will reflect leadership and management, education, research and/or policy development. There are specific competencies these nurses are assessed against to demonstrate how they contribute to the practice setting and support nursing knowledge and evidence based research (NCNZ, 2007). Senior nurses cannot apply for Competent or Proficient level as it is expected they are practicing at an advanced – Expert registered nurse level.

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 Practising 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 legislative, professional and ethical 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 5% of practicing nurses to complete a recertification audit of the Continuing Competency Framework requirements under section 41 of the HPCA Act (2003).

A nurse with an approved PDRP is exempt from this audit.
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. The levels for a registered nurse are competent, proficient and expert. The expert RN is employed by the organisation and is practicing at an expert RN level, however – they are not being paid on the MECA as a Designated Senior Nurse (DSN).

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

How does the Senior Nurse PDRP differ from the PDRP for Expert RN’s

The Senior Nurse competencies are based on NCNZ (2007) competencies for registered nurse. The PDRP is based on the national PDRP framework (NENZ, 2017): the role of a DSN is recognized under the New Zealand Nurses Organisation (NZNO) Multi Employer Collective Contract (MECA) clause 27.9 and links to the role and job description of the nurse. There are two components:

- Indirect health consumer contact - Senior Nurse Leadership & Management, Education, Policy and Research. Please note – Senior Nurse Education is for nurses who are employed in a nurse educator position or with a tertiary institution.
- Direct health consumer contact - Senior Nurse Clinical Practice.

PDRP for registered nurses is based on levels of practice. Patricia Benner (1984) proposed that skill development evolves through five levels of proficiency: 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.

Expert registered nurse is in a position of direct patient care and is practicing at an expert level – refer Appendix One. Expert registered nurses are not being paid as a DSN on the MECA (2018-2020) and are therefore entitled to the Expert RN PDRP payment under the MECA. The decision of which PDRP to complete is made in discussion with your manager and is linked to role and job description.

**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 nurse 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 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.


It is an expectation of NCNZ (2007) and NENZ (2017) Designated Senior Nurse roles will include application of advanced nursing knowledge, skills, application of evidence based practice and demonstrate skill with problem-solving and decision making.
Are Senior Nurses expected to be on the PDRP?
All designated senior nurses employed in the health sector are expected to be on the Senior Nurse PDRP pathway.

*Designated Senior Nurse (DSN) – Nurse Executives of New Zealand (2017, p.20).*
- **Designated position:** An appointed nursing position that requires specific clinical expertise and/or responsibility for coordination, management, education, practice development or research.
- **DSNs in management, education, policy or research (indirect patient care) must still meet NCNZ competencies and continuing competence requirements (standard requirements). These nurses are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that only apply to clinical practice. They are to use the competencies from Domains 2 and 3 that best align with their specific role.
- **DSN practising in direct care must meet the full set of competencies in domains 2&3.**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Role examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical/Management (direct care)</td>
<td>Clinical Nurse Specialist, Clinical Nurse Educator, Clinical Nurse Manager</td>
</tr>
<tr>
<td>Management (non-clinical/indirect</td>
<td>Director of Nursing, Nurse Manager, Unit Manager, Charge Nurse</td>
</tr>
<tr>
<td>Education (non-clinical/indirect</td>
<td>Academic Educator, Non-Clinical Educator</td>
</tr>
<tr>
<td>Research (non-clinical/indirect</td>
<td>Practice Research Nurse, Academic Research Nurse</td>
</tr>
<tr>
<td>Policy (non-clinical/indirect</td>
<td>Nurse Consultant, Nurse Advisor</td>
</tr>
<tr>
<td>care)</td>
<td></td>
</tr>
</tbody>
</table>

**How do I know which Senior Nurse PDRP to apply for?**

Confirm with your Nurse Manager / Charge Nurse or relevant senior colleague / professional advisor the appropriate competencies to be completed.

The Senior Nurse PDRP must include examples written to competencies that provide evidence to demonstrate:

a) Leadership in practice innovation and quality improvement.

b) Education and professional development of others.

c) Active participation in wider service, organisation or professional activities/groups.

d) Leadership in management, education, policy or research.

*(Nurse Executives of New Zealand, 2017, p.20)*

**How do I apply for a Senior Nurse PDRP pathway?**

Determine Senior Nurse pathway in consultation with your Nurse Manager, relevant senior colleague or professional advisor.
Complete the PDRP portfolio requirements and the PDRP Application letter. Place all of the required documents in a small folder and send to the PDRP Coordinator to have your portfolio assessed.

**I have just been employed at the organisation, how soon can I apply or how long before I have to apply?**

Newly employed nurses who have not been on a NCNZ approved PDRP or who have come from overseas, must complete a portfolio to be included on the PDRP framework within 12 months of employment.

Newly employed senior nurses must apply to the PDRP within 12 months of employment. Refer to the DHB Performance Management Policy.

Application to the Senior Nurse PDRP pathway can occur at any time. All PDRP portfolios are submitted the first working day of the month: February through to November to be assessed at that month’s Panel Meeting.

**Are there entitlements or an allowance package linked to Senior Nurse PDRP?**

This depends on the employment agreement and/or collective contract.

- Under the NZNO MECA agreement, nurses employed into designated senior nurse roles are not eligible for the PDRP entitlements for registered nurses
- For primary nurses, entitlements depend on the employing organisations and/or collective agreements. These are the responsibility of the individual organisation
- Senior nurses working part-time in a RN role who have met the requirements for expert level are entitled for the Expert RN level PDRP payment for the pro rata FTE of the RN role.

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

- Nurses who work in two different areas write ONE professional portfolio.
- Senior nurses who work in two different areas or have two roles in the same or different areas are required to complete a Nursing Performance Appraisal (NPA) that demonstrates they consistently meet the competency indicators of the level applied for in each role and/or in each separate area.
- Nurses who work in two clinical areas must practice at the same PDRP level in both areas. In this case both nurse manager’s must endorse the PDRP being applied for.
- Where the competency indicators are different for the two roles – for example a nurse employed 0.5 FTE as a Nurse Educator and 0.5 FTE as an RN will be required to complete a Self & Peer Assessment against the indicators in the role for Nurse Educator and the Expert RN indicators for the clinical role.
- 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, how do I apply?**

Primary sector organisations that want their nurses to engage with PDRP need to have a Memorandum of Understanding with the DHB. For further information on this please contact the Nurse Coordinator – PDRP.
Senior nurses working in these organisations can apply to the PDRP so long as they have their managers endorsement. Refer Section 3 and 4 of the Full Self & Peer Assessment Template.

**Do I need to have completed Postgraduate Study?**

No. From January 2019, postgraduate study is no longer a requirement for Senior Nurse and Expert RN level of PDRP.

**Can PDRP be transferred between DHBs?**

Yes. As per the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Agreement (MECA, 2018-2020) 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. For nurses in the primary sector, the new employing organisation must have a PDRP Memorandum of Understanding with the DHB.

**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 do not have a current PDRP need to make a new application at the appropriate Senior Nurse role they have been employed into and as decided in consultation with their nurse manager or senior colleague.

Nurses with a competent, proficient or expert level portfolio who are starting in a designated senior nurse role will have their PDRP level transferred for 12 months, after which a senior nurse PDRP is required. To remain current on the PDRP, a complete and updated portfolio reflecting the new role needs to be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio.

**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 with 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?**

If requirements for the senior nurse PDRP pathway are not met, at the Nursing Performance Appraisal meeting with the nurse manager there must be clear goals and a negotiated time frame within the Professional Development and Career Plan to help the nurse meet the PDRP requirements. Continuation of allowances is at the discretion of the manager during this time.
Application to Transfer PDRP

Nurses with current portfolio

- From external organisation
- Previously on NCNZ approved PDRP
  - Yes
  - No
- Decide which level to apply for (must have managers approval)
- Nurse sends application transfer letter to PDRP Coordinator
- PDRP Coordinator updates database to reflect transfer

Performance review due before 12 months

Complete portfolio at the PDRP level applying to

Line manager must update HRIS system with the date of the performance review

Portfolio assessed according to process for level applied for (see Portfolio Assessment flow diagram)

Table 1: PDRP Transfer

March 2019
Section III – Senior Nurse Portfolio Requirements

What needs to be in a portfolio?

<table>
<thead>
<tr>
<th>Designated Senior Nurse Portfolio Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Clinical Practice / Leadership and Management / Education / Research &amp; Policy)</td>
<td></td>
</tr>
<tr>
<td>1. Assessment Tool for Assessors</td>
<td></td>
</tr>
<tr>
<td>2. Application letter</td>
<td></td>
</tr>
<tr>
<td>3. Copy of APC – from NCNZ website</td>
<td></td>
</tr>
<tr>
<td>4. Position description – 1 page only</td>
<td></td>
</tr>
<tr>
<td>5. Full Self &amp; Peer Assessment: Senior Nurse document to be completed made in consultation with Nurse Manager / Charge Nurse. Examples to include evidence of leadership and influencing the quality of nursing practice, service delivery and improving patient outcomes in the organisation</td>
<td></td>
</tr>
<tr>
<td>5a. Education Session Plan (Optional for Leadership &amp; Management)</td>
<td></td>
</tr>
<tr>
<td>5b. Evaluation (Optional for Leadership &amp; Management)</td>
<td></td>
</tr>
<tr>
<td>6. Evidence of Practice Hours</td>
<td></td>
</tr>
<tr>
<td>7. Professional Development and Career Plan / NPA&amp;DP</td>
<td></td>
</tr>
<tr>
<td>8. Professional Development Record &amp; Essential Skills Checklist</td>
<td></td>
</tr>
<tr>
<td>9. Curriculum Vitae</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Document and Evidence Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents must be sourced from the PDRP website only.</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Assessment Tool for Assessors | Completed by the PDRP Assessor and/or assessment panel.  
   • This document is left in the portfolio after assessment in case of moderation |
   • Signing this letter indicates compliance with, and agreement to, all specifications. |
| 3. Copy of APC | Provide a print out from the electronic register on the NCNZ website (June 2019) – must be current at time of portfolio assessment.  
   • **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. Senior Nurse Full Self & Peer Assessment – relevant to role | All Competencies are answered in the self-assessment and by the peer assessor. |
and job description:
Clinical Practice
Leadership & Management
Education
Policy & Research

- Self-assessment is written as a narrative to clearly and completely answer the competency with a specific example to demonstrate actions from day to day practice and must include verification of the following:
  - Practice innovation & quality improvement
  - Education and professional development of others
  - Active participation in wider service, organisation & professional activities
  - Leadership in management, education, research or policy

Peer Assessor 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 and are no older than 12 months old.

- References are required and are in consistent format (e.g. APA).

<table>
<thead>
<tr>
<th>5a</th>
<th>Education session plan. Education of others – optional for Leadership &amp; Management.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education Session Plan – use the template</td>
</tr>
<tr>
<td></td>
<td>Include Education Session Plan (template provided).</td>
</tr>
<tr>
<td></td>
<td>Teaching session can be from an in-service, evidence of teaching on an external course or attendance at a conference.</td>
</tr>
<tr>
<td></td>
<td>The education must be presented on a nursing related topic.</td>
</tr>
<tr>
<td></td>
<td>The audience is at least 4 people, one of whom must be a nurse and the education session is up to 30 minutes duration</td>
</tr>
<tr>
<td></td>
<td>Education session must have been presented in the last 12 months</td>
</tr>
<tr>
<td></td>
<td>Education must demonstrate that practice is evidence based and a reference list is provided (NCNZ, 2011, page 9)</td>
</tr>
<tr>
<td></td>
<td>DHB funded Professional Development (e.g. NEED funding):</td>
</tr>
<tr>
<td></td>
<td>If the Professional Development record includes activities funded by the DHB, a report &amp; feedback on outcomes to colleagues is required. This can be included as evidence of education of others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5b</th>
<th>Evaluation of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An Education Evaluation template is available but any form of written evaluation is acceptable so long as it is dated and signed.</td>
</tr>
<tr>
<td></td>
<td>Evaluation is written by colleagues, one of whom must be a nurse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Evidence of Practice Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Show a TOTAL of hours for the last three years.</td>
</tr>
<tr>
<td></td>
<td>Printout from Yourself; Trendcare; HR or Payroll</td>
</tr>
<tr>
<td></td>
<td><strong>DO NOT</strong> send a copy of your earnings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Professional Development and Career Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursing Performance Appraisal – MDHB:1900</td>
</tr>
<tr>
<td></td>
<td>+ refer NPA&amp;DP Flowchart</td>
</tr>
<tr>
<td></td>
<td>Must be signed and dated by nurse and nurse manager / senior colleague &amp; completed within the last 12 months.</td>
</tr>
<tr>
<td></td>
<td>Goals must be clearly identified and time-framed</td>
</tr>
<tr>
<td></td>
<td>Nurses must provide evidence of having completed an annual Performance Appraisal meeting with their nurse manager.</td>
</tr>
<tr>
<td></td>
<td>For nurses in other organisations - this is completed according to employing organisation template.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Professional Development (PD) Record – is the supporting documentation required for evidence of continuing competence.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is part of the NCNZ Continuing Competence Framework and MUST be completed with accuracy. The PD Record can be a printout from TrendCare, Yourself or typed on the template and must:</td>
</tr>
<tr>
<td></td>
<td>Show a TOTAL of 60 hours of Professional Development in the last 3 years. (It is the nurses responsibility to total the hours)</td>
</tr>
<tr>
<td></td>
<td>Be verified by the nurse manager/nurse educator.</td>
</tr>
<tr>
<td></td>
<td><strong>DO NOT</strong> include copies of certificates</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

March 2019
Meetings may be considered a professional development activity if they have an educational focus and appropriate reflection on learning is included.

- Reflection
  - Core Competencies / Mandatory Education

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.

| 9 | Curriculum Vitae | Must be current. |

**What format must the PDRP portfolio be in?**

A portfolio is a tangible record of professional practice, activities and achievements to evidence competency to practice, help plan a career path, direct and maximize learning, and demonstrate skill and knowledge development and achievements.

Nurses can be proud of their portfolio as it ‘showcases’ their practice. It is also a professional document and must be presented in a way that reflects this.

- All documents should be copies of the original. The original documents are to be kept by the nurse.
- Portfolios are to be presented in a small plastic leaf folder or 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 can collect their portfolio after assessment has been completed or they can request to have it returned through the internal mail.

**What is the difference between the PDRP portfolio requirements for initial application to a Senior Nurse and application to maintain a position on the Senior Nurse PDRP?**

There is no difference in the portfolio requirements or assessment process for progression to a PDRP or maintenance of a PDRP regardless of the pathway chosen.

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, 1993) will require the portfolio to be returned immediately and the portfolio will be withdrawn from the assessment process (NENZ, 2017). Refer to Appendix Two 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).
When are the submission dates?
Portfolios are submitted the first working day of the month, February through to November to be assessed during that month. Portfolio’s are accepted at other times – this must be negotiated with the Nurse Coordinator – PDRP.

Where/who do I submit my portfolio to?
- All portfolios are sent to the Nurse Coordinator – 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 Nurse Coordinator – 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 of 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 Nurse Coordinator – 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 career and education requirements. Performance Appraisals are a legal, ethical and professional requirement and promote continuous improvement in both individual and organisation performance (Crown Entities Act, 2004; NCNZ, 2011; NENZ, 2017)). NPA 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 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 MidCentral Nursing portal under >>>Nursing Performance Development<<< home page. Refer to the NPA&DP Flowchart – Appendix

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

What is the difference between a Full and Review NPA?

A full NPA 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. Refer Appendix Three: Nursing Performance Appraisal Flowchart 2019.

A Review of NPA is undertaken annually between the three yearly portfolio renewal time frames and is the process to maintain an existing level of practice and plan new career goals and professional development needs. A meeting is held with the Nurse Manager, Charge Nurse or delegated representative to discuss how the nurse is maintaining their level of practice and education to demonstrate continuing competence. Written answers or evidence against the competency indicators are 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.

Evidence of annual teaching of others must also be presented and needs to include a copy of the Education Session Plan, 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).

Once the meeting is completed, the Performance Appraisal Review Form and the Professional Development & Career Plan are copied and 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.

How do I evidence maintenance of PDRP?

A verbal discussion with your manager as to how you maintain your level on the PDRP occurs annually at the Performance Appraisal meeting. Written answers or evidence against the Nursing Council Competencies are not required when the nurse has a current portfolio.
There are no competency indicators on the Senior Nurse document, what do I do?

Senior nurses write examples that demonstrate how the nurse is practicing by showcasing complex care and management of patients, the environment and support for families/whānau and colleagues. Examples will clearly articulate how they support meeting the accountabilities, deliverables and key performance indicators from the job description by providing discussion of problem-solving, decision-making, critical thinking and application of expert level of knowledge and skill. Examples must also include how evidence based practice is woven through practice (NCNZ, 20017).

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

Refer to Flowchart for Performance Management – Appendix Three

To ensure all employers and employees are meeting their legal, professional and ethical responsibility, a NPA is required annually and the following documents are required.
- Nursing Performance Appraisal Review Form - for scope and level of practice
- Self-assessment tool that contains examples of practice to each NCNZ competency
- Professional Development and Career Plan
  - 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 of when the Nursing Performance Appraisal 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 Nurse Coordinator 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.

Do I have to wait 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.
Section V - Self and Peer Assessments

Self and peer assessments against each of the NCNZ competencies of the Senior Nurse PDRP pathway meet the requirement to complete two forms of assessment. 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 requirements for content (NCNZ, 20017; NCNZ, 2011).

How do I complete a self-assessment?

- All examples must clearly and completely answer the competency with a written example and actions to explain how practice meets or achieves the competency for the specific roles within the Senior Nurse PDRP pathway.
- The example given must be specifically relevant to day to day practice and current to 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 information required for the Senior Nurse PDRP must showcase an expert level of practice and examples must contain key information linked to practice innovation, leadership, quality initiatives and the wider organisation.
- 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 the NCNZ competencies. Peer assessors must be an experienced registered nurse who has recognized skills and knowledge of the practice setting and have a current APC (NCNZ, 2011, 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.
- The peer 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. 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.
- The peer assessor should not be a close friend or relative of the nurse being assessed. A high level of professionalism is expected of the peer assessor and any conflict of interest must be declared.
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 assesses what the nurse has written in the self-assessment or what I have seen in practice?

Both. Peer assessors can write examples from
- Direct observation of practice
- An interview or discussion of nursing care in different scenarios and/or the evidence in the self-assessment
- Discussion of reports, project work-plan’s, quality initiative’s and education of colleagues

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 Nurse Manager / Charge Nurse or a resource Nurse-PDRP Assessor. Being able to write examples of colleagues practice is an expectation to support ongoing professional development and professional behaviour (NCNZ, 2011). If you have any concerns about practice and you do not think the competency criteria are met – discuss your concern with the Nurse Manager or Charge Nurse.

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 do I do if I don’t think the competencies are met?

Concerns regarding practice must be discussed with your Nurse Manager. Peer assessments should not be completed when there are concerns with the performance of the nurse presenting a PDRP.

Nurses whose practice does not meet the competencies for their job and role description must have a “Performance Management Plan” put in place to support them achieve these requirements. This is a separate process to PDRP and refer to the relevant policy.

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 contained within the portfolio only. Refer Appendix Three for further information.
Do I have to be a Peer Assessor?

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 Senior Nurses and Expert RN’s are peer assessing when possible and/or when delegated this role by the Charge Nurse / Nurse Manager.

Is referencing required in my portfolio?

Where applicable you should acknowledge the source of information in the self-assessments to demonstrate practice is evidence-based (NCNZ, 2007). Senior Nurse and Expert RN are required to reference throughout the portfolio to demonstrate practice is evidence based.

The portfolio is not an academic paper. It is an expectation that some form of referencing will be used. It is okay to use policies, procedures, protocols or guidelines as references.

References can be included as an appendix to the Self & Peer Assessment document, or can be provided at the bottom of each competency example.

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.

Failure to provide references will result in the portfolio not meeting the requirements and will be returned to the nurse for amendment.

References should be less that six years old unless it is a seminal piece of work (e.g. Benner), and be from a reputable source.

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.
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.

When are the submission dates?

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

- Senior Nurse Portfolios are assessed by the Nurse Coordinator PDRP and an individual Resource Nurse-PDRP Assessor who has skills and knowledge of the assessment process and holds a current Senior Nurse or Expert RN PDRP. The portfolio is moderated as part of a PDRP panel meeting to ensure the content meets NCNZ standards for consistency and continuity of PDRP portfolio’s

How do I submit my portfolio?

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

How are portfolio’s assessed?

Upon receiving a portfolio – the Nurse Coordinator-PDRP acknowledges receipt of the portfolio and notifies the nurse of the name of the PDRP Assessor. The PDRP Assessor uses the Senior Nurse Assessment Tool to guide them in identifying when the example of practice meets the requirements of the competency by asking “has the nurse answered all parts of the competency with a clear example of day to day practice to demonstrate how?”

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. The NCNZ wording of the competency is the objective measure and the content of the example will indicate if this has been met or not met.

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

The applicant will be informed of the outcome of the assessment four to six weeks of receiving the portfolio. These timeframes are ideal however and allowances must 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 Leadership and Management portfolios are to be moderated and all Expert Education portfolios are to be moderated by the Nurse Educator Lead.

How do I become a Resource Nurse-PDRP Assessor?

Nurses with existing qualifications that meet the above criteria can express their interest to the Nurse Coordinator-PDRP to be a PDRP Assessor. Refer PDRP Information Handbook for Registered and Enrolled Nurse for a fuller explanation. Resource Nurse-PDRP Assessor workshops are offered regularly within the DHB. To register to be a Resource Nurse – PDRP Assessor please complete the Contract on p.30 and send to Nurse Coordinator – PDRP: Kahikatea or send the copy electronically to Kathryn.fraser@midcentraldhb.govt.nz

To maintain currency, assessors are expected to assess a minimum of 4 portfolios per year.

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 Resource Nurse-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 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 Coordinator for more information.
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 (NENZ, 2017) and is a nationally endorsed expectation.

What happens if I don’t 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 Coordinator-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?
Please see PDRP Handbook for registered and enrolled nurses

Is the programme moderated or audited?
Yes, please see the PDRP Information Handbook for registered and enrolled nurses

Are portfolios moderated or audited?
Yes. Please refer to the PDRP Information Handbook for registered and enrolled nurses.

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


Nursing Council of New Zealand. (2013). *Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses*. Wellington, New Zealand: Author

Acknowledgments

Capital and Coast DHB

Whanganui DHB
### Appendix One: Registered Nurse (generic pathway) level of practice

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

#### 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


March 2019
Appendix Two: Privacy Requirements for PDRP (NENZ, 2017, p.6).

Privacy

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.

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 (1993), 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
   • 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: “There 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 Three: 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.

<table>
<thead>
<tr>
<th>PDRP Assessor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Area of Practice</td>
</tr>
<tr>
<td>Assessment Qualification &amp; Date</td>
</tr>
<tr>
<td>Date of Contract Sign</td>
</tr>
</tbody>
</table>

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 Four: Nursing Performance Appraisal / Review.

Nursing Performance Appraisal and Development Plan - Process 2019

ANNUALLY
DOES THE NURSE HAVE A CURRENT PDRP PORTFOLIO?

YES
- Performance Appraisal / Review - Level Appropriate
- Professional Development and Career Plan
- Essential Skills Checklist

NO
- Performance Appraisal / Review Level Appropriate
- Full Self-Assessment
- Professional Development and Career Plan
- Essential Skills Checklist

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