

Professional Development and Recognition Programme (PDRP) for Nurses: 2017-2020 Handbook

Creating a culture of excellence

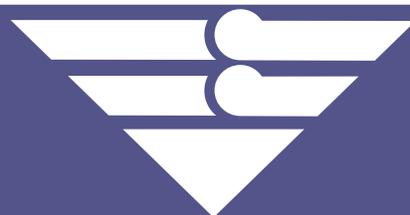


Wairarapa DHB

Wairarapa District Health Board

Te Poari Hauora a-rohe o Wairarapa

HUTT VALLEY DHB



For all general enquiries concerning the PDRP and/or portfolios, please contact your Nurse Educator, Associate Clinical Nurse Manager or Nurse Manager.

Otherwise, for specific and application enquiries for the PDRP, contact the PDRP coordinator on the following:

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This handbook is intended for RNs and ENs.

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For the sake of clarity, the term 'Manager' has been used throughout this handbook. This includes but is not limited to all senior nurses with delegated authority to manage the Performance Review process.

Wairarapa DHB and Hutt Valley DHB have agreed to remain a joint PDRP programme utilising the same documentation and processes as of March 2017. Therefore where the term "the DHB" has been used throughout this document and refers to both Wairarapa and Hutt Valley DHBs.

Employees participating in the PDRP should access the process and support provided by their employing DHB/Organisation.

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SECTION I: INTRODUCTION TO THE PDRP

DEVELOPING AS A PROFESSIONAL

The Professional Development and Recognition Programme (PDRP) is a way of recognising, valuing and acknowledging nursing practice. The PDRP provides a framework that helps nurses develop their professional practice and assist them on a career pathway. It also encourages nurses to reflect on their practice and to set goals to plan for their future in care delivery and leadership. The DHB PDRP was developed by nurses, to enable nurses to demonstrate clinical expertise and is about providing strategies to safely cope with the changes that occur consistently in nursing practice.

GOALS OF THE PDRP

- Ensure nursing expertise is visible, valued and understood
- Enable differentiation between the different levels of practice
- Value and reward clinical practice
- Encourage practice development
- Identify expert nurse / role models
- Encourage reflection on practice
- Encourage evidence based practice
- Provide a structure for on-going education and training
- Assist in the retention of nurses
- Assist nurses to meet the requirements for competence based practising certificates

(NENZ, 2017)

HEALTH PRACTITIONER COMPETENCE ASSURANCE ACT (2003) AND THE NURSING COUNCIL OF NEW ZEALAND

The Health Practitioner Competency Assurance Act 2003 (HPCA) requires the Nursing Council of New Zealand (NCNZ) to ensure the on-going competence of practitioners. To ensure nurses are maintaining competency requirements, the NCNZ randomly audit 5% of nurses across New Zealand (recertification audit). This audit involves assessment of the evidence in the nurses' portfolio.

NCNZ approves PDRP as recertification programmes under Section 41 of the HPCA Act for the purpose of ensuring nurses are competent to practice and meet on-going competency requirements. The PDRP at the DHB is approved by NCNZ therefore nurses with a current portfolio on the DHBs PDRP are exempt from NCNZ recertification audit as long as they have progressed onto and/or maintained their portfolio.

PDRP Portfolios are current for 3 years and should be formally renewed every 3rd year. **However, relevant evidence should be kept up to date constantly, such as professional development, performance appraisals and practice hours.**



SECTION II: APPLICATION TO THE PDRP

At the DHB, nurses cannot be placed on the PDRP except by *direct transfer* as per the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Contract (MECA, 2015, Clause 27.9) or by successfully completing a portfolio according to the requirements set out in this handbook.

A nurse can progress to proficient, expert or accomplished in a number of ways which includes relevant clinical experience combined with on-going professional development activities, increasing self-awareness and reflection on practice. Although progression through the levels of practice is generally linear, portfolio submission does not always have to be. I.e. a nurse can in some situations, submit an expert portfolio without the need to first submit a proficient portfolio e.g. Time lapse between portfolio submissions; new to PDRP (NENZ, 2017).

REGISTERED NURSE PDRP LEVELS



ENROLLED NURSE PDRP LEVEL



NURSES IN NON-CLINICAL ROLES

RNs in non-clinical roles who are NOT designated senior nurses: complete a portfolio at the appropriate level of practice (i.e. proficient or expert) using the management, education, policy or research competencies for the self-assessment and peer review or senior nurse assessment.

RNs 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.

RNs practising in direct care and in management, education, policy and/or research must meet both sets of competencies in domains 2&3. This does not mean submitting 2 portfolios but provision of evidence for the relevant competencies for current practice (NENZ, 2017).



NEW EMPLOYEES

New employees who have not been on a NCNZ approved PDRP or who have come from overseas, must have a performance review and should be encouraged and supported to apply to progress onto the PDRP **within 12 months** of employment. Nurses cannot be put onto the PDRP until they have completed their first performance review and successfully completed a portfolio on the PDRP. This is stipulated by NCNZ. **Therefore nurses in their first 12 months of employment at the DHB may be selected by NCNZ for audit.** Their portfolio is assessed for application to the PDRP according to the processes in this handbook. New Employees are able to apply directly to Proficient/Expert or Accomplished level if the criteria are met.

STAFF WORKING ACROSS CAPITAL & COAST, WAIRARAPA AND HUTT VALLEY DHBS

Nurses working between Capital & Coast, Wairarapa and Hutt Valley DHBS must submit their portfolio to the PDRP coordinator of the DHB they are paid by.

TRANSFERRING FROM ANOTHER DHB, ORGANISATION OR SERVICE

A nurse with a current PDRP portfolio assessed through a NCNZ approved PDRP transferring to permanent employment from either another organisation or area of practice, retains that level of practice in the new employment setting. The nurse then has up to **12 months** to demonstrate achievement of the competencies at that level of practice in the new setting or at portfolio expiry date (whichever comes first).

The nurse must complete the transfer requirements at commencement of employment. The PDRP allowances are paid from the time of employment for the length of the transfer (12 months or until expiry of the portfolio, whichever is sooner). A **full** performance review and portfolio assessment at the relevant level must be completed **within 12 months** of employment, based on the DHB templates. Nurses who do not submit a new portfolio by the end of the 12 month period will then be recorded as not current and PDRP allowances will cease.

TE RAU MATATINI – HUARAHI WHAKATŪ – MĀORI NURSING PDRP

The DHB has an agreement with Huarahi Whakatū – the Māori Nursing PDRP – that all portfolios successfully completed by its employees, using the Huarahi Whakatū PDRP process, will be recorded as current at the stated level, for the full length of the portfolios currency. Nurses employed by the DHB and completing the Huarahi Whakatū PDRP do not need to complete the transfer process but need to supply a copy of their letter of completion or certificate to the PDRP Coordinator on completion. Please follow the following link for more information on the Huarahi Whakatū PDRP -

<http://teraumatatini.com/m%C4%81ori-nursing-workforce-development>



Te Rau Matatini



RETURNING EMPLOYEES

Under normal circumstances, if a DHB employee on the PDRP resigns and then returns within *three years of their previous full portfolio review*, their status will be re-established, at the existing level.

Nurses who have been away for more than 3 years or who did not complete a full PDRP portfolio prior to leaving cannot have their level re-established as the DHB cannot guarantee they meet NCNZ continuing competency requirements. This is a nationally endorsed expectation. A full performance review and portfolio assessment at the relevant level must be completed **within 12 months** of employment for all returning employees regardless of whether PDRP level was reestablished or not.

CASUAL POOL AND PERMANENT POOL

Nurses employed on the Casual or Allocation Pool are entitled to apply for progression onto the PDRP, as long as they work **at least fifty** shifts per year for the DHB. Nurses who work less than this are individually responsible for maintaining NCNZ continuing competency requirements.

NURSES EMPLOYED IN MORE THAN ONE ORGANISATION

If a nurse works in more than one organisation and both organisations have PDRPs (or are aligned with the same PDRP) only one portfolio should be required. It is recommended that this be for the primary employed, if there is one, but in all cases this should be discussed and agreed by both employers (NENZ, 2017).

NURSE PRACTITIONERS (NP)

NPs are not included in PDRP at this stage. NP competencies and continuing NP competence requirements are available through the NCNZ website (NENZ, 2017).

RN PRESCRIBER

The assessment against the prescribing competencies is currently separate and requires an annual recertification process which is managed by NCNZ.

As this is still a new process for nursing it will be reviewed, at an appropriate timeframe, by NCNZ as the number of RN prescribers increases and assessment/recertification audit requirements become clear (A. Shanks, personal communication, 2nd February, 2017 in NENZ, 2017).



EXPANDED RN SCOPE

RNs working in expanded practice roles must meet three competencies which are additional to those that are already described in the RN scope of practice. Nurses who are practising in an expanded scope are expected to declare this when they apply for the Annual Practising Certificate (APC) and to demonstrate and document how they meet these competencies. They will be assessed as part of a PDRP or employer's credentialing programmes and as part of the NCNZ's recertification audits (NENZ, 2017).

MAINTENANCE OF PDRP LEVEL

Progression on the PDRP does not end after completion of a portfolio. It is an on-going process requiring maintenance of the portfolio and annual performance review. To remain on a NCNZ approved PDRP, nurses are required to submit a fresh portfolio of evidence every 3 years. This reaffirms the nurse is consistently practising at that level of practice. A performance review is to be completed by the Manager every 12 months.

REMOVAL FROM THE PDRP

Should a nurse show a significant breach of nursing conduct or competence that demonstrates her/his inability to continue to perform their role – this nurse can have his/her status and recognition removed prior to the three yearly update.

The Director of Nursing (DON)/Executive Leader Nursing, Manager, Human Resources, and NZNO (as appropriate) will have input into whether or not the removal of the PDRP status is the appropriate action in individual cases. The DON/Executive Leader Nursing is ultimately responsible for the decision to remove a nurse from the PDRP. Once removed from the PDRP, full reapplication is required.

RESIGNATION FROM WAIRARAPA DHB OR HUTT VALLEY DHB

On resignation from the DHB a nurse with a current portfolio will be removed from the PDRP list and will no longer be recorded as having a current portfolio. This information is forwarded to NCNZ every quarter as a NCZN requirement. The nurse must then apply to have their PDRP recognised by any organisation or DHB they are subsequently employed by. The nurse is responsible for requesting transfer of their PDRP status and then supplying the employing organisation with appropriate documentation. The employing organisation may contact the PDRP Coordinator for further information. This is a NCNZ requirement.

If you are planning to leave the DHB (or area of employment) you must submit your PDRP portfolio **at least 6 weeks** before your last working day to ensure that the assessment process can be completed **BEFORE** you leave. Portfolios will not be accepted for assessment less than 6 weeks before your leaving date.



SECTION III: GENERAL PORTFOLIO REQUIREMENTS

GENERAL PORTFOLIO REQUIREMENTS

The PDRP portfolio is a record of professional practice, activities and achievements and is something nurses should be proud. Portfolios 'showcase' their practice and should be presented in a way that reflects this.

The portfolios must be presented professionally:

- In a plain folder OR may be bound
- Printed double sided if possible and with appropriate dividers
- Typed or written legibly, spell checked
- If clear files are used in a folder, ensure that there are enough clear files for each piece of paper
- **TWO identical portfolios are required for Proficient and Expert/Accomplished (only one portfolio is required for Competent)**

Portfolios must **not** include:

- Cartoons or non-nursing pictures that do not reflect a professional attitude
- **Original documentation (such as certificates). Please use the Professional Development List to avoid printing copies of certificates**
- Information or documents that in any way could identify patients/family/whanau or other health care providers, unless written permission is given. See Privacy requirements on [page 16](#)
- Evidence which may demonstrate incompetence rather than competence of self or others
- Personal reflections or feelings which you would not want critiqued by others
- Work or evidence that is older than the specified time frames or from a previous area of employment (except professional development hours and practice hours)
- Documents not required on the checklist. Only required evidence will be assessed
- Please write abbreviations out in full the first time they are used, e.g. Professional Development Recognition Programme (PDRP)

Failure to meet any of the PDRP requirements in this handbook could result in the portfolio being returned without being assessed and will need to be resubmitted on a later submission date.



REFERENCING

Please reference external sources of evidence used in the portfolio; these should preferably be in APA format. References from journals and books should be less than 10 years old unless it is a seminal piece of work (e.g. Benner, 1984).

APPLICATION LETTER

The DHB Application Letter must be used on all RN/EN Portfolios. Applicants reapplying for their PDRP level or applying for a different level should include one copy of their previous portfolio.

CURRICULUM VITAE (CV)

Your CV should include:

- **Personal details** – name, contact details such as telephone number and address
- **Education and Academic Achievements** – a list of the educational institutions you have attended, dates of attendance and certificates, diplomas or degrees gained. It is usually a good idea to start with the most recent and highest qualification.
- **Relevant Work Experience** – list your most recent position first and work backwards. Give dates of employment, name and location of employer, position, responsibilities and achievements.
- **Personal Skills and Abilities/Strengths** – your key skills and major achievements.
- **List of professional development activities** (if not included elsewhere in the portfolio)

ANNUAL PRACTICING CERTIFICATE (APC)

Nurses completing and maintaining a current PDRP portfolio must also maintain a current APC; this is a NCNZ and NENZ (2017) requirement. A print-out of your current APC from the NCNZ website is required showing any conditions on practice. Please click the following link (or cut and paste into your browser) and choose **Search the Register**, enter your APC number or details and click on your name. Please print the page that appears showing your APC details. <http://www.nursingcouncil.org.nz/>

Alternatively, copies of both sides of the APC card can be supplied but must be verified by your manager.

PERFORMANCE APPRAISAL

- Must be less than 12 months old
- Must reflect the level being applied for or maintained
- Should to be signed by all parties involved



SUPPORT LETTER FROM MANAGER

All PDRP portfolio submissions are required to contain a Support Letter from the Manager. If the nurse disagrees with the Support Letter from the Manager, then the nurse is able to appeal. Refer to [page 32](#) for Appeal Process.

PROFESSIONAL DEVELOPMENT/CAREER PLAN

NCNZ and the public expect nurses will continue to learn and to maintain their competence. Nurses are individually responsible for seeking opportunities to do this (NCNZ, 2017). The level of professional development should be appropriate to your scope of practice and work context (NCNZ, 2017) and should reflect the level of PDRP you are applying for. NCNZ states that the *“60 hours of professional development in 3 years should include more professional learning than just the mandatory or core training required by your employer. Some of your professional development must be relevant to your development as a nurse and to your area of practice”*. Professional development may be taken as whole days or hours and should include a variety of different learning activities. The professional development plan should be discussed with and supported by the Manager. It is recommended that up to 30% of professional development could be in the form of e-learning but that this may be higher in individual circumstances.

PROFESSIONAL DEVELOPMENT RECORD

The professional development requirements must include evidence of 60 Professional Development (PD) hours over the last three years **AND**:

- Validation by someone who can verify your attendance, certificate or an organisational record
- PD hours at an appropriate level for specific practice/related practice
- Code of Conduct training must have been completed **once in the 3 years between 2012 and 2015** as per NCNZ requirements
- A reflection or statement describing the difference the learning has made to nursing practice for at least three education attendances over the past 3 years.

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 education or quality improvement process. Meetings may be considered a professional development activity if they have an educational focus and appropriate documentation is supplied.

Please avoid printing copies of certificates – use the Professional Development List instead (except certificates for postgraduate education).



SELF-ASSESSMENT

The self-assessment is completed by every nurse applying for the PDRP and **must** include evidence from the nurses' practice that demonstrates how they meet the competency (NCNZ, 2011). For nurses applying to Proficient, Expert or Accomplished or Leadership level self-assessment must demonstrate practice beyond that of Competent Level so the assessor can see the difference in the level of practice. The National Framework levels for RN/EN on pages 34-37 can be helpful in writing self-assessments to the correct level.

Registered nurses who are not practicing in direct client care are exempt from the competencies that apply to clinical practice in Domain 2 and Domain 3 (NCNZ, 2012). NCNZ expects that *“registered nurses working in direct client care as well as management, education, policy and/or research must meet both sets of competencies”*. Please see [page 7](#) for more details.

Self-assessment for each competency **must include actual examples from practice and examples must be from the current area of practice and less than 12 months old** (NENZ, 2017). The assessment must be signed and dated and include (NENZ, 2017):

- One piece of evidence for one indicator in each competency is required
- The evidence/example is to be from current area of practice within the previous 12 months
- Describe how the nurse's day to day practice meets the indicator
- Must be verified by a Registered Nurse

SENIOR NURSE ASSESSMENT / PEER REVIEW

Senior nurse assessment refers to an assessment *“completed by a senior nurse in a designated position, e.g. a charge nurse, a nurse educator, team leader, coordinator, nurse manager or director of nursing”* (NCNZ, 2011). The nurse is assessed against the NCNZ competencies and the NCNZ indicators at the PDRP level being applied for. If the nurse being assessed disagrees with the choice of assessor, they must negotiate for an alternative assessor before the competency assessment commences. The assessor should not be a close personal friend or relative of the nurse being assessed. A high level of professionalism is expected of the assessor and any conflict of interest declared and another assessor chosen.

To meet NCNZ requirements, the senior nurse assessment must include a statement that validates the nurses' self-assessment AND include an example or examples demonstrating how the nurse meets each competency. This can be based on:

- Direct observation of practice
- An interview with him/her to ascertain nursing care in different scenario's



- Evidence provided by him/her including self-assessments, exemplars or examples of practice (NCNZ, 2011)

Peer review can be used in circumstances where there is no senior nurse available to complete the assessment. This should be discussed with the Nurse Coordinator Professional Development before it takes place.

If the assessor is unable to complete the assessment, this must be discussed with the nurse and/or manager. If there are any pre-existing issues with the nurse's practice, the Manager should not delegate the assessment and should complete it themselves.

Senior nurse assessments should ideally be done by one person. However, if completed by a number of people (no more than three, who must also be delegated by the Manager) then each should sign and date their contribution.

The senior nurse assessment must be completed/signed by a registered nurse who:

- Has a current APC
- Holds a senior nurse title (e.g. CNM, DNM, ACNM, NE, CNE, TL) or the Manager can delegate to a senior RN who is a proficient or expert nurse on the PDRP Pathway or in the case of primary care a delegated senior nurse
- Has at least 3 years of clinical experience in the clinical area
- Be familiar with the practice of the nurse completing the portfolio
- Completed workplace assessor training or similar (e.g. US 4098, Adult teaching qualification)

If the nurse disagrees with the senior nurse assessment, then the nurse is able to appeal within one month of the date from assessment. Refer to Appeal Process on [page 31](#).

AGE OF EVIDENCE

Evidence submitted in the portfolio should ideally be less than 3 years old unless otherwise stated. Where evidence is older it should be accompanied by a review and update that is less than 3 years old. This includes:

- Evidence of education sessions and preceptoring/supporting the skill development of students/colleagues
- Evidence of practice changes, quality initiatives, contribution to specialty knowledge and innovations in practice
- Reflections on practice
- Evidence demonstrating engagement and influence in wider service, professional or organisational activities



REFLECTIONS

Reflections on patient care (proficient and expert requirements) and on the learning and development of colleagues (expert and leadership requirements) **must** use a recognised model of reflection such as Johns Model of Structured Reflection or Gibbs Reflective Cycle. Reflections **must** adhere to the Privacy requirements, see below.

PRIVACY & CONFIDENTIALITY IN PORTFOLIO EVIDENCE

Privacy extends to all individuals and portfolio development must take into account an individual's right to privacy. The inclusion of evidence which breaches privacy in any way will require return of a portfolio and immediate removal of the privacy breach.

There are 3 components to confidentiality and privacy in regard to 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, 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, address 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
- See New Zealand Nurses Organisation (NZNO, 2016) [Guideline- privacy, confidentiality and consent in the use of exemplars of practice, case studies and journaling](#) for more assistance. Click the link above to download.
- The Health Practitioners Disciplinary Tribunal has stated *"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."*¹
- 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 these pieces of 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. In contrast, in-depth detailed case studies have a strong patient focus and are not recommended within portfolios. However, if they are included, full informed consent must be gained and evidenced within the portfolio.

2. HEALTH PROFESSIONALS/ COLLEAGUES

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

¹ (Raju 712/NUR14/302p p46,47)



3. THE PORTFOLIO CONTENTS.

- Portfolios when not being assessed should be secured in a locked cupboard or room.
- Consent to access portfolios is given only by the nurse who has completed the portfolio.
- Assessors should not discuss what the portfolio contains unless it is for the direct purpose of assessing the portfolio.

The use of technology in healthcare and many aspects of daily life have increased significantly and is continuing to grow. Nurses are cautioned against using video and /or photographs in portfolio evidence and where they are used they should adhere to the DHBs privacy requirements and those state above.

RETURNING PORTFOLIOS

If any of the requirements for a portfolio, as stated in this handbook, are not included or not met the nurse will be asked to supply them as soon as possible or the portfolio may be returned and the nurse will be required to resubmit for the next assessment date.

CULTURAL SAFETY PRINCIPLES

The NCNZ (2011, p 4) [Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing education and practice](#) state that,

“Cultural safety, the Treaty of Waitangi and Maori health are aspects of nursing practice that are reflected in the Council’s standards and competencies.” And “Competencies outlined in the scopes of practice for nurses require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of the Treaty of Waitangi/Te Tiriti O Waitangi to nursing practice.”

It is expected that these principles of cultural safety should be incorporated into all aspects of a PDRP portfolio.



SECTION IV: REGISTERED NURSE PORTFOLIO REQUIREMENTS

COMPETENT RN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below.

ONE copy of the RN Competent Portfolio is to be handed into and assessed by the Manager or delegated other, a copy of the completed Portfolio Assessment Tool must be sent to the Nurse Coordinator Professional Development for filing before the nurse is entered as current on the database. The original signed assessment tool should remain with the portfolio as a record of its assessment.

Section 1 - Standard requirements

- a) Application Letter - **Signed**
- b) Copy of entry on NCNZ online register showing current APC
- c) Current Performance Appraisal including a separate professional development plan (within the last 12 months) - **Signed**
- d) Self-assessment – **Competent** level against the NCNZ competencies - **Signed**
- e) Senior nurse assessment – **Competent** level against the NCNZ competencies - **Signed**
- f) Manager support letter - **Signed**
- g) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- h) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. **Three** reflections must be included.



PROFICIENT RN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below. If re-applying to proficient please send in **one** copy of the previous portfolio with the new submission.

Hand 2 Copies of the Proficient RN Portfolio into the Nurse Coordinator Professional Development (see page 2 for contact details) by the due date on [page 26](#).

Section 1 - Standard requirements

- a) Application Letter - Signed
- b) Curriculum Vitae
- c) Copy of entry on NCNZ online register showing current APC
- d) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- e) Self-assessment – **Proficient** level against the NCNZ competencies - **Signed**
- f) Senior nurse assessment – **Proficient** level against the NCNZ competencies - **Signed**
- g) Manager support letter - **Signed**
- h) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- i) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. Three reflections must be included.

Section 2 - Proficient Requirements

- a) Evidence demonstrating participation in a quality initiative or practice change. May include, but not limited to, quality project or practice improvement. This example needs to be negotiated with and supported by the Manager and must include evidence of evaluation post implementation
- b) Evidence demonstrating teaching **OR** preceptoring **OR** supporting the skill development of colleagues. If a teaching session is used the applicant must include learning objectives and at least 2 evaluations of the session (delivered to more than one person). Preceptoring or supporting skills development should include reflection and feedback from the person preceptored or supported.
- c) Evidence illustrating the ability to manage and coordinate care for patients with complex needs, Privacy requirements must be adhered to, see page 16.



EXPERT RN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below. If re-applying to expert please send in **one** copy of the previous portfolio with the new submission.

Hand 2 Copies of the Expert RN Portfolio into the Nurse Coordinator Professional Development (see page 2 for contact details) by the due date on [page 26](#).

Section 1 – Standard requirements

- a) Application Letter - **Signed**
- b) Curriculum Vitae
- c) Copy of entry on NCNZ online register showing current APC
- d) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- e) Self-assessment – **Expert** level against the NCNZ competencies - **Signed**
- f) Senior nurse assessment – **Expert** level against the NCNZ competencies – **Signed**
- g) Manager support letter - **Signed**
- h) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- i) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. **Three** reflections must be included

Section 2 - Expert Requirements

- a) Evidence demonstrating contribution to speciality knowledge **OR** innovation in practice and the change process in quality improvement activities. May include, but not limited to, quality project or practice improvement. This example needs to be negotiated with and supported by the Manager and must include evidence of evaluation post implementation.
- b) Evidence of responsibility for the learning and/or development of colleagues. May include, but not limited to, evidence that education has been developed and delivered.
- c) Evidence demonstrating engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (this could be an attestation). May include, but not limited to, active member of committee, member on multi-disciplinary or nursing group.
- d) Evidence demonstrating expert knowledge and application of expert practice in care of complex patients and clinical leadership in care coordination. May include, but not limited to e.g. reflection of a complex patient, family situation, clinical leadership role or situation, Privacy requirements must be adhered to, see [page 16](#).

An expert nurse should demonstrate the integration of acquired nursing knowledge into nursing practice throughout their practice (NENZ, 2017). Expert portfolios should therefore demonstrate integration of current evidence and evidence based practice, using APA referencing.



DESIGNATED SENIOR NURSES PORTFOLIO REQUIREMENTS

Designated Senior Nurses (DSN) are defined in the NENZ (2017, p 20) document as, “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) 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 (NENZ, 2017).

Documents must be in the portfolio in the order below. If re-applying to DSN please send in **one** copy of the previous portfolio with the new submission.

Hand 2 Copies of the Designated Senior Nurse RN Portfolio into the Nurse Coordinator Professional Development (see page 2 for contact details) by the due date on [page 26](#).

Section 1 – Standard requirements

- a) Application Letter - **Signed**
- b) Curriculum Vitae
- c) Copy of entry on NCNZ online register showing current APC
- d) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- e) Self-assessment – Using the appropriate NCNZ competencies for the role - **Signed**
- f) Senior nurse assessment – Using the appropriate NCNZ competencies for the role – **Signed**
- g) Manager support letter - **Signed**
- h) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- i) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. **Three** reflections must be included

Section 2 - DSN Requirements

- a) Evidence demonstrating leadership in practice innovation and quality improvement.
- b) Evidence demonstrating the education and development of others.
- c) Evidence demonstrating active participation in wider service, organisation or professional activities/groups
- d) Evidence demonstrating leadership in management, education, policy or research.

DSN should demonstrate the integration of acquired nursing knowledge into nursing practice throughout and DSN portfolios should therefore demonstrate integration of current evidence and evidence based practice, using APA referencing.



SECTION V: ENROLLED NURSE PORTFOLIO REQUIREMENTS

COMPETENT EN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below.

One copy of the EN Competent Portfolio is to be handed into and assessed by the Manager or delegated other, a copy of the completed Portfolio Assessment Tool must be sent to the Nurse Coordinator Professional Development for filing before the nurse is entered as current on the database. The original signed assessment tool should remain with the portfolio as a record of its assessment.

Section 1 - Continuing Competence requirements

- a) Application Letter - **Signed**
- b) Copy of entry on NCNZ online register showing current APC
- c) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- d) Self-assessment – **Competent EN** level against the NCNZ competencies - **Signed**
- e) Senior nurse assessment – **Competent EN** level against the NCNZ competencies – **Signed**
- f) Manager support letter - **Signed**
- g) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- h) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed. Three reflections must be included**



PROFICIENT EN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below. If re-applying to proficient please send in **one** copy of the previous portfolio with the new submission.

Hand 2 Copies of the Proficient EN Portfolio into the Nurse Coordinator Professional Development (see page 2 for contact details) by the due date on [page 26](#).

Section 1 - Continuing Competence requirements

- a) Application Letter - **Signed**
- b) Curriculum Vitae
- c) Copy of entry on NCNZ online register showing current APC
- d) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- e) Self-assessment – **Proficient EN** level against the NCNZ competencies - **Signed**
- f) Senior nurse assessment – **Proficient EN** level against the NCNZ competencies – **Signed**
- g) Manager support letter - **Signed**
- h) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- i) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. **Three** reflections must be included

Section 2 – Proficient EN Requirements

- a) Evidence demonstrating participation in quality initiative or practice change. This example needs to be negotiated with and supported by the Manager
- b) Evidence demonstrating teaching **and/or** preceptorship. If a teaching session is used the applicant must include learning objectives and at least 2 evaluations of the session (delivered to more than one person). Preceptoring or supporting skills development should include reflection and feedback from the person preceptored or supported.
- c) Evidence illustrating the depth of understanding of patient care and care co-ordinating within scope of practice, privacy requirements must be adhered to, see [page 16](#).



ACCOMPLISHED EN PORTFOLIO REQUIREMENTS

Documents must be in the portfolio in the order below. If re-applying to proficient please send in one copy of the previous portfolio with the new submission.

Hand 2 Copies of the Accomplished EN Portfolio into the Nurse Coordinator Professional Development (see page 2 for contact details) by the due date on [page 26](#).

Section 1 - Continuing Competence requirements

- a) Application Letter - **Signed**
- b) Curriculum Vitae
- c) Copy of entry on NCNZ online register showing current APC
- d) Current Performance Appraisal including a professional development plan (within the last 12 months) - **Signed**
- e) Self-assessment – **Accomplished** level against the NCNZ competencies - **Signed**
- f) Senior nurse assessment – **Accomplished** level against the NCNZ competencies – **Signed**
- g) Manager support letter - **Signed**
- h) Verification of 450 practice hours over the last 3 years, validated by a senior nurse (e.g. CNM) - **Signed**
- i) Evidence of 60 Professional Development (PD) hours over the last three years - **Signed**. **Three** reflections must be included

Section 5 – Accomplished Requirements

- a) Evidence demonstrating contribution to quality improvement and the change process. This should include evidence of implementation and evaluation. This example needs to be negotiated with and supported by the Manager
- b) Evidence demonstrating engagement and influence in professional activities
- e) Evidence demonstrating an in-depth of understanding of patient care and care co-ordination within scope of practice, and the ability to identify changes in patient health status and action this appropriately, privacy requirements must be adhered to, see [page 16](#).



SECTION VI: ASSESSMENT AND MODERATION

The following does not apply to nurses on the Nurse Entry to Practice (NETP) Programme when initially applying for competent level.

Portfolio assessment for maintenance of PDRP levels is required every 3 years. This is stipulated by NCNZ and is a nationally endorsed expectation (NENZ, 2017). Portfolios expire at the **end of the given month**; therefore the new portfolio should be handed in for assessment at the beginning of the expiry month in order to be rolled over.

COMPETENT LEVEL PORTFOLIO ASSESSORS

Requirements for a Competent Level Portfolio Assessor:

- a) Be an RN with a current APC (no restrictions impacting on ability to assess portfolios)
- b) Have completed workplace Assessor training or NZQA 4098 or other training in assessment
- c) Have a Senior Nurse Title (for example, CNM, CNE, ACNM) or Manager can delegate an appropriate senior nurse
- d) May or may not be the same nurse who completes the peer assessment

Competent Level Portfolios are handed into the nurses' manager for assessment and a portfolio assessment tool must be completed and signed for each. A copy of the assessment tool must be returned to the Nurse Coordinator Professional Development prior to the PDRP database being updated. The original completed and signed assessment tool must remain with the portfolio.

PROFICIENT/EXPERT/ACCOMPLISHED LEVEL PORTFOLIO ASSESSORS

Proficient/Expert/Accomplished portfolio will be coordinated by the Nurse Coordinator Professional Development and assessed by 2 independent assessors. Requirements for a Proficient/Expert/Accomplished Level Assessor:

- a) Be an RN with a current APC (no restrictions impacting on ability to assess portfolios)
- b) Have completed NZQA 4098, Workplace Assessor training or similar training
- c) Be an RN who is on the PDRP pathway at Proficient or Expert Level

A portfolio assessment tool must be completed and signed for each proficient/expert/accomplished portfolio and be returned to the Nurse Coordinator Professional Development prior to the change being made on the PDRP database.



THE DESIGNATED SENIOR NURSE (DNS) PORTFOLIO ASSESSMENT TEAM

The DSN Portfolio Assessment team will assess all DSN portfolios submitted. Requirements for a DSN Level Assessor:

- a) Be an RN with a current APC and be on the PDRP pathway
- b) Senior nurses in a management role (for example CNM, DON, ADON, TL)
- c) Have completed NZQA 4098, workplace assessor training or similar

A portfolio assessment tool must be completed and signed for each DSN portfolio and be returned to the Nurse Coordinator Professional Development prior to the change being made on the PDRP database.



HUTT VALLEY DHB APPLICATION DATES FOR PROFICIENT/EXPERT/ACCOMPLISHED/DSN PORTFOLIOS

All Proficient/Expert/DSN and Accomplished Portfolios are to be handed into the Nurse Coordinator – Professional Development, **no later than 1530hrs** on the following dates:

Year 2017	Year 2018	Year 2019
1 February 2017	1 February 2018	1 February 2019
1 March 2017	1 March 2018	1 March 2019
3 April 2017	2 April 2018	1 April 2019
1 May 2017	1 May 2018	1 May 2019
1 June 2017	1 June 2018	3 June 2019
3 July 2017	2 July 2018	1 July 2019
1 August 2017	1 August 2018	1 August 2019
1 September 2017	3 September 2018	2 September 2019
2 October 2017	1 October 2018	1 October 2019
1 November 2017	1 November 2018	1 November 2019

WAIRARAPA DHB APPLICATION DATES FOR PROFICIENT/EXPERT/ACCOMPLISHED/DSN PORTFOLIOS

All Proficient/Expert/DSN and Accomplished Portfolios are to be handed into the Nurse Coordinator – Professional Development, **no later than 1530hrs** on the following dates:

Year 2017	Year 2018	Year 2019
1 March 2017	1 March 2018	1 March 2019
1 May 2017	1 May 2018	1 May 2019
3 July 2017	2 July 2018	1 July 2019
1 September 2017	3 September 2018	2 September 2019
1 November 2017	1 November 2018	1 November 2019



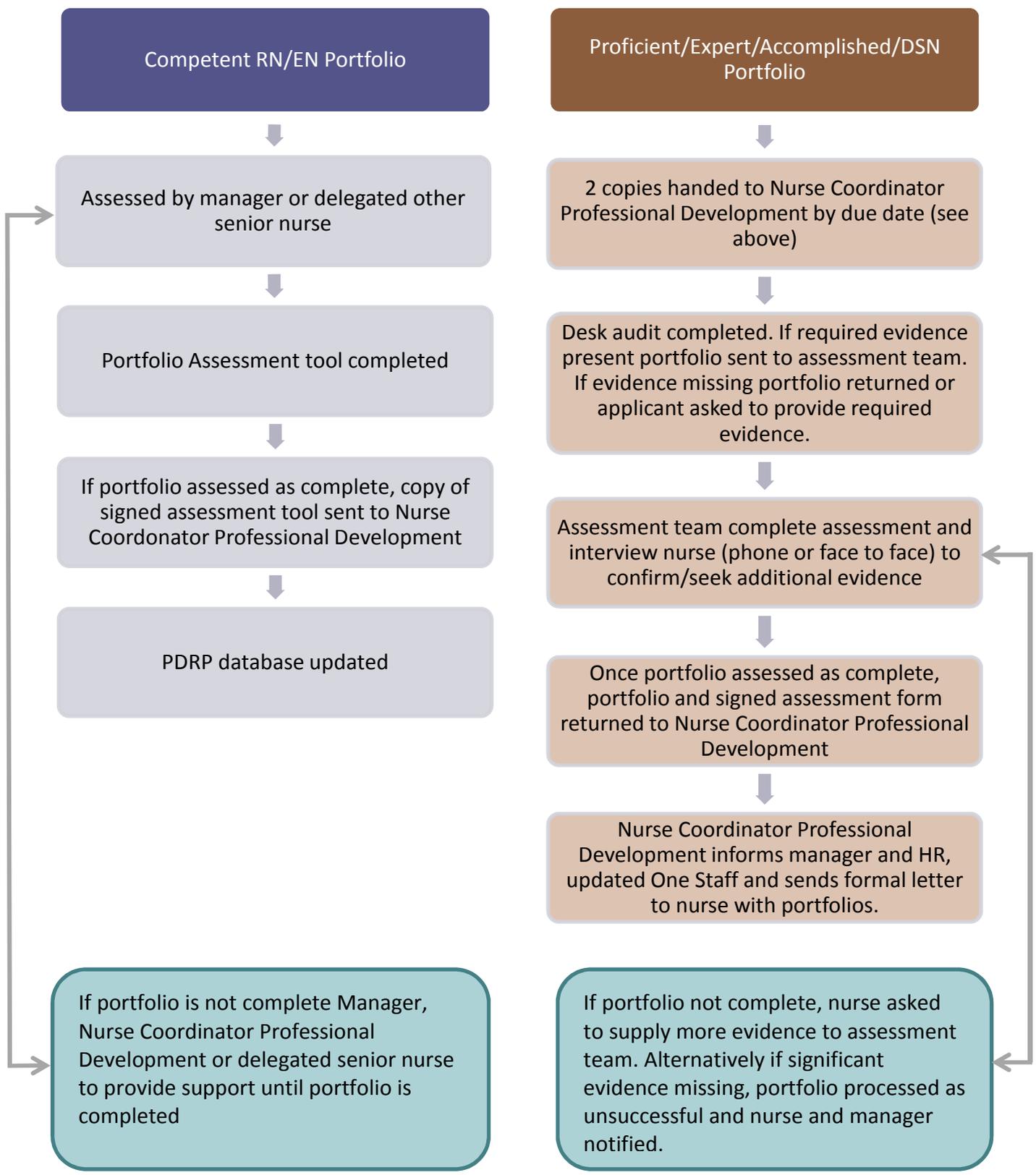
PDRP ALLOWANCES

PDRP allowances and study leave are as stipulated by the NZNO MECA clause 27. **Competent Level does not attract any additional allowances.**

Proficient, Expert, DSN and Accomplished applicants will have their appropriate PDRP allowances dated from the latest date the portfolio was assessed as successful. If a nurse is removed from the PDRP, all PDRP related allowances will cease from the date of removal.



ASSESSMENT PROCESS - FLOWCHART



If significant amounts of required evidence is missing at the desk audit the portfolio will be returned to the applicant for resubmission at a later date. If minimal evidence is missing the applicant will be asked to provide this evidence for the assessors within 48 hours, for the portfolio to be assessed for that month/submission period.



NURSE ENTRY TO PRACTICE (NETP) PROGRAMME

For more information about the NETP portfolio process please see the NETP handbook or talk to the Nurse Coordinator NETP.

CONFIDENTIALITY

All portfolio contents remain confidential to the assessor(s)/moderator(s) unless covered under the Health Practitioners Competence Assurance Act 2003 or as directed by NCNZ. Assessors will be required to keep portfolios secure when they are not being assessed.

MODERATION OF PORTFOLIOS

Moderation of portfolios occurs to ensure consistency and fairness in assessment.

- a) Any portfolio not demonstrating the criteria applied for is moderated
- b) Random selection of 7% of competent level portfolios are moderated annually
- c) Every successful 7th RN/EN Proficient, RN Expert, DSN and EN accomplished portfolio presented is moderated
- d) 7% of NETP Programme portfolios are moderated at the end of the programme
- e) External moderation of a selection of portfolios occurs annually by PDRP coordinators from other DHB's

When the applicant completes the application letter and submission of a portfolio they agree to their portfolio being involved in moderation.

After assessment, portfolios must be available within two weeks of request by the Nurse Coordinator – Professional Development for moderation.

In case of moderation, all documents must be left in the portfolio unless replaced by an updated version.

MODERATION AND AUDITING OF PDRP PROGRAMME

An evaluation of the programme is undertaken every five years. This includes feedback from nurses participating in the programme.

Auditing of the programme is routinely undertaken by NCNZ.



SECTION VII: APPEAL PROCESS

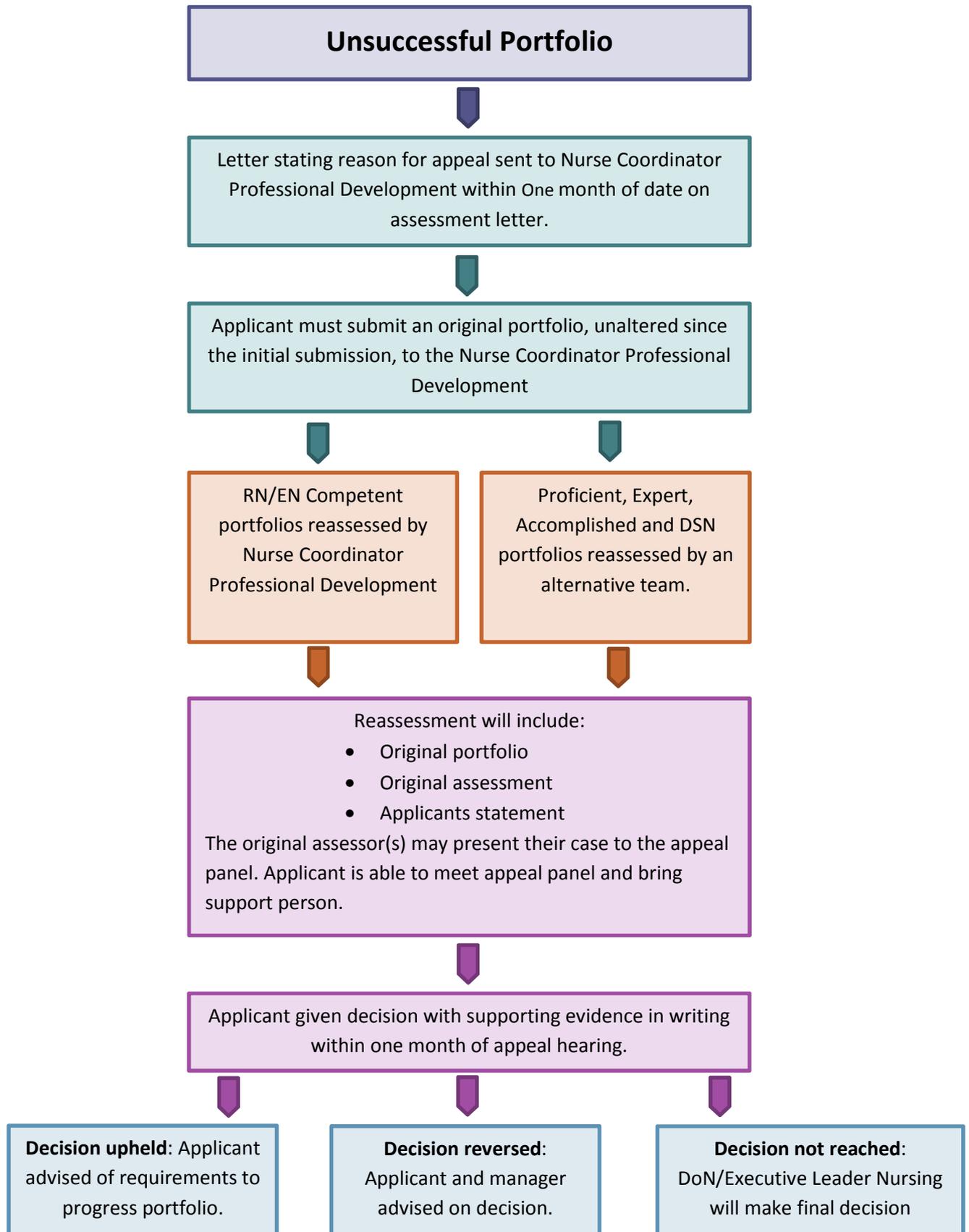
APPEAL PROCESS – UNSUCCESSFUL PORTFOLIO

If the application is unsuccessful, the applicant can appeal the decision. A letter stating the reasons for appealing must be sent to the Nurse Coordinator Professional Development within **one month** of the date of the assessment letter. The one copy of the original portfolio must be sent with the letter.

1. Competent level portfolios will be reassessed by the Nurse Coordinator Professional Development
2. Proficient, Expert, DSN and Accomplished portfolios will be reassessed by an Appeal Panel. This will be a different group of assessors to the original one.
3. The Nurse Coordinator Professional Development /Appeal Panel only considers portfolio evidence as originally submitted. Portfolios must not be altered after original submission.
4. The applicant may attend in order to present the grounds of the appeal to the Appeal Panel. They may bring a support person.
5. 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 Nurse Coordinator Professional Development /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.
6. The Applicant is given the decision with supporting evidence in writing within 1 month of the appeal hearing.
7. If the applicant still disagrees with the decision they can apply in writing to the DoN/Executive Leader Nursing for review within 1 month from the receipt of the appeal hearing decision. The decision of the DoN/Executive Leader Nursing will be final.

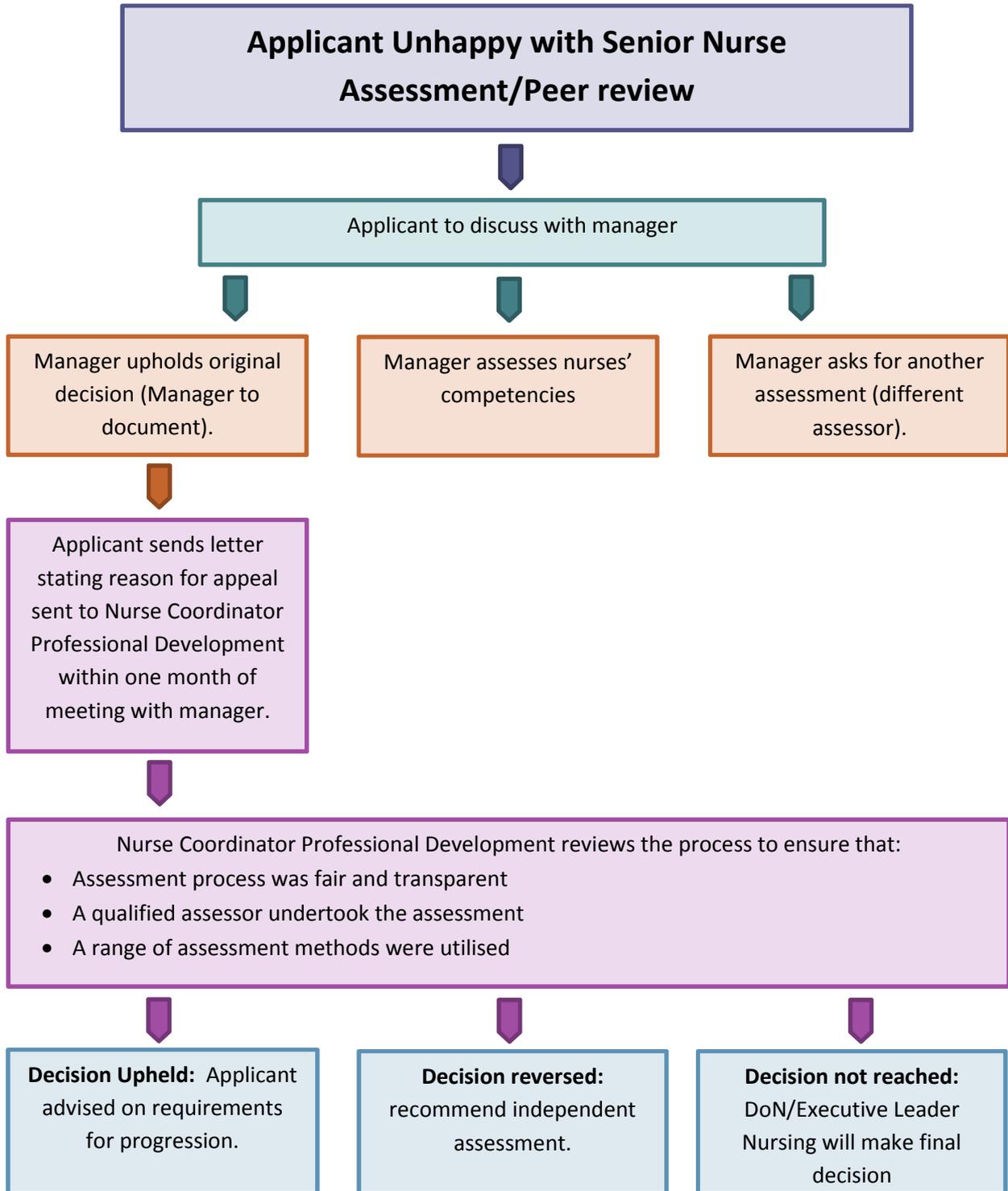


APPEAL PROCESS – UNSUCCESSFUL PORTFOLIO FLOWCHART



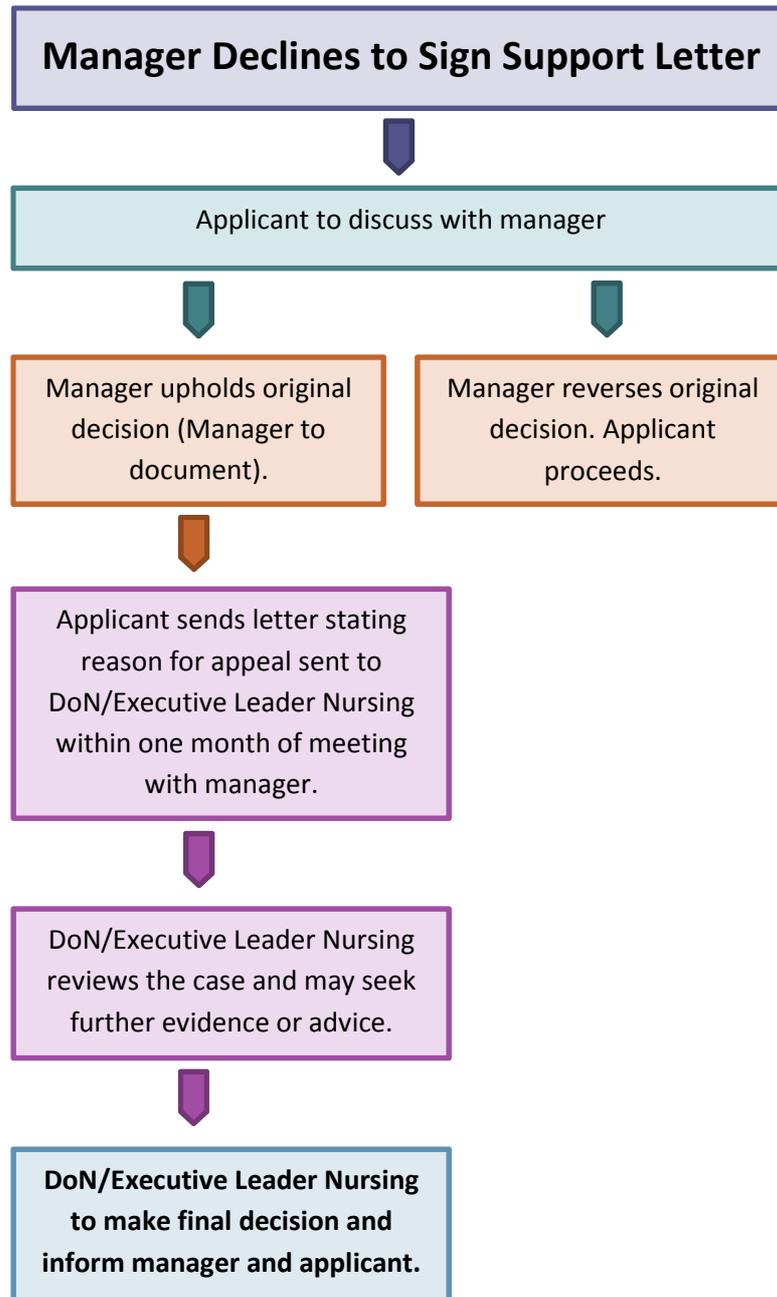


APPEAL PROCESS – SENIOR NURSE ASSESSMENT/PEER REVIEW





APPEAL PROCESS – MANAGER SUPPORT LETTER FLOWCHART





HANDBOOK REFERENCES

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New Zealand Nurses Organisation. (2015). *Multi Employer Collective Agreement 2015 - 2017*, Wellington.

Nurse Executives New Zealand Inc. (NENZ). (2017). *National Framework and Evidential Requirements.* New Zealand Nursing Professional development & recognition programmes for registered and Enrolled Nurses.

Nursing Council of New Zealand. (2008). *Framework for Approval of PDRP Programmes*, Wellington.

Nursing Council of New Zealand. (2011). *Guidelines for Competence Assessment.* Wellington

Nursing Council of New Zealand. (2012). *Competencies for registered nurses.* Wellington.

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APPENDIX - NATIONAL FRAMEWORK RN LEVELS FOR PDRP

New graduates should, in their first year of practice, be gathering evidence for competent level RN portfolio submission at end of the first year of practice. It is essential that graduate RNs have comprehensive orientation, mentoring, support, guidance, coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting (NENZ, 2017).

THE COMPETENT REGISTERED NURSE

- Develops partnerships with clients that implement the Te Tiriti o Waitangi in a manner which the client determines as culturally safe
- Effectively applies knowledge and skills to practice
- Has consolidated nursing knowledge in their practice setting
- Has developed an holistic overview of the client
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload
- Demonstrates increasing efficiency and effectiveness in practice
- Is able to anticipate a likely outcome for the client with predictable health needs
- Is able to identify unpredictable situations, act appropriately and make appropriate referrals

THE PROFICIENT REGISTERED NURSE

- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety
- Has an holistic overview of the client and the practice context
- Demonstrates autonomous and collaborative evidence based practice
- Acts as a role model and a resource person for other nurses and health practitioners
- Actively contributes to clinical learning for colleagues
- Demonstrates leadership in the health care team
- Participates in changes in the practice setting
- Participates in quality improvements in the practice setting
- Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes

THE EXPERT REGISTERED NURSE

- Guides others to implement culturally safe practice to clients and apply the principles of Te Tiriti o Waitangi
- Contributes to specialty knowledge
- Acts as a role model and leader
- Demonstrates innovative practice
- Is responsible for clinical learning/development of colleagues
- Initiates and guides quality improvement activities
- Initiates and guides changes in the practice setting
- Is recognised as an expert in her/his area of practice
- Influences at a service, professional or organisational level
- Acts as an advocate in the promotion of nursing in the health care team
- Delivers quality client care in unpredictable challenging situations
- Is involved in resource decision making/strategic planning and acts as a leader for nursing work unit/facility.



APPENDIX - NATIONAL FRAMEWORK EN LEVELS FOR PDRP

New graduate ENs should, in their first year of practice, be gathering evidence for competent level EN portfolio submission at end of the first year of practice. It is essential that graduate ENs have comprehensive orientation, mentoring, support, guidance, coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting (NENZ, 2017).

THE COMPETENT ENROLLED NURSE

- Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge and incorporates evidence-based nursing
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload appropriately
- Demonstrates increasing efficiency and effectiveness in practice
- Responds appropriately in emergency situations

THE PROFICIENT ENROLLED NURSE

- Utilises broad experiential knowledge and evidence-based knowledge to provide care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Has an in-depth understanding of Enrolled Nurse practice
- Contributes to the education of Enrolled Nurse students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses
- Acts as a role model and leader to their peers
- Demonstrates increased knowledge and skills in a specific clinical area
- Is involved in service, professional or organisational activities
- Participates in change

THE ACCOMPLISHED ENROLLED NURSE

- Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the clients determine is culturally safe
- Contributes to the management of changing workloads
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues
- Contributes to quality improvements and change in practice initiative
- Acts as a role model and contributes to leadership activities



FORMS AND ASSESSMENTS

All the PDRP forms and assessment tools are available to download from the Wairarapa & Hutt Valley DHB websites.

For information about PDRP, to download the Wairarapa & Hutt Valley DHB 2017-2020 PDRP Handbook or for help and support options please click the following link or cut and paste into your browser

<http://www.huttvalleydhb.org.nz/health-professionals/nursing/pdrp/>

In order to make completion of a portfolio as easy as possible One-Stop-Shop PDRP document (Compatible with Microsoft Word) are available to download. These One-Stop-Shops contain all the documents and forms needed to complete a portfolio at each of the levels. It is recommended that you download the appropriate One-Stop-Shop and save this onto your own computer or memory stick. Once saved you can type into all of the sections freely and if necessary email or give this to a colleague. Please click the following link to see the documents and forms available or cut and past the link into your browser

<http://www.huttvalleydhb.org.nz/health-professionals/nursing/pdrp/pdrp-documents-forms-2017-2020/>