PROFESSIONAL DEVELOPMENT RECOGNITION PROGRAMME (PDRP)

Handbook

Enrolled & Registered Nurses

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Abbreviations

APC	Annual Practicing Certificate
CCDHB	Capital & Coast District Health Board
DHB	District Health Board – this includes Capital and Coast, Whanganui and MidCentral
CCF	Continuing Competence Framework
ENs	Enrolled Nurses
FPR	Full Performance Review
GNs	Graduate Nurses
RPR	Revalidation Performance Review
HS	Hospital Service
HPCA Act	Health Practitioners Competence Assurance Act 2003
HRIS	Human Resource Information System
MECA	Multi-Employer Collective Agreement
MDHB	MidCentral District Health Board
MOU	Memorandum of Understanding
NCNZ	Nursing Council of New Zealand
NZNO	New Zealand Nurses Organisation
NNO	National Nurses Organisations
PAT	Portfolio Assessment Tool (also contains portfolio check list)
PDCP	Professional Development and Career Plan
PDR	Professional Development Record
PDRP	Professional Development and Recognition Programme
PDRP Coordinators	Coordinators are designated Senior Nurses who manage the PDRP (Nurse Coordinator Professional Development)
PI	Performance Indicator
PR	Performance Review
RNs	Registered Nurses
WDHB	Whanganui District Health Board

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Important Information

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

Senior Nurses

A senior nurse is a nurse employed into a designated senior role as per the Multi-Employer Collective Agreement (MECA) (NZNO - current) and/or in a position with little or no direct health consumer contact. Senior does not relate to length of time qualified or employment alone. Information about the PDRP for senior nurses is contained in the senior nurse PDRP Handbook.

Terminology

Health consumer: includes any recipient of nursing care e.g. patients, clients, residents, turoro and can include family, whānau, 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 Capital and Coast, Whanganui and MidCentral District Health Boards

Manager: is the person the nurse concerned reports directly to

Peer assessor: any nurse currently on the PDRP, or in a designated senior role with delegated authority from the manager to complete the peer assessment process

Primary sector: includes any health care provider organisation in the Capital and Coast, Whanganui and MidCentral District Health Boards funded by CCDHB, WDHB or MCDHB or not, e.g. primary health organisation, non-government organisation, Aged and Residential Care provider. Primary nurses include any nurse employed under this definition.

For Further Information

For general enquiries please contact your PDRP Coordinator:

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Section I: Introduction to the PDRP

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

The PDRP is a clinically focused competency-based programme for nurses. It evolved from Clinical Career Pathways and has been adapted to the New Zealand context. All District Health Boards (DHBs) and many other health care providers now have a PDRP. Many processes and components of PDRPs are nationally standardised.

What are the goals and benefits of the PDRP?

- to ensure nursing expertise is visible, valued and understood
- to encourage reflection on and development of practice
- to enable differentiation between the different levels of practice
- to value and reward developing practice
- to identify expert nurse / role models
- to support evidence based practice
- to provide a structure for ongoing education and training
- to assist in the retention of nurses
- to assist nurses to meet the requirements for competence based practising certificates (Nurse Executives of New Zealand Inc., 2017).

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

How does the PDRP relate to the requirements for maintaining an APC?

The role of the nurse has evolved from a task orientated vocation under the control of a matron to an autonomous professional applying the skills of clinical judgement, critical thinking and reflection. Nurses are accountable for ensuring their practice is consistent with their education and assessed competence that meets legislative requirements (Nursing Council of New Zealand (NCNZ), 2011). The need to provide safe, quality care is not only a professional responsibility; it is also a legislated one.

The Health Practitioners Competence Assurance (HPCA) Act (2003) was developed to protect the health and safety of the public and increase the accountability of health practitioners. Under this Act, NCNZ is required to ensure the ongoing competence of nurses. To facilitate this, NCNZ has developed the Continuing Competency Framework (CCF). It is the professional responsibility of all practicing nurses to maintain their competence to practice by meeting the requirements of the CCF.

Every time an application for an annual practicing certificate is made, nurses are asked to declare whether they have met the CCF requirements. This includes meeting the required practice hours (450 hours or more over the last three years), professional development hours (60 hours or more over the last three years) and completing a self and peer assessment against the NCNZ competencies for the relevant scope of practice (at least once in the last three years). Nurses are individually accountable for meeting these requirements. The DHBs require nurses to complete annual Performance Reviews (PR). The CCF requirements form part of the PDRP portfolio requirements.

Every year NCNZ selects five percent of practicing nurses to complete a recertification audit of the CCF requirements under section 41 of the HPCA Act (2003). Nurses on an approved PDRP are exempt from this audit as their portfolio covers the requirements of the CCF.

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

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

- for nurses employed in the DHBs, these are detailed in policy. For example: CCDHB Professional Development Funding Framework Toolkit
- for primary nurses, entitlements depend on the employing organisation and/or collective agreements. These are the responsibility of the individual organisation

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When are HS entitlements allocated?

- PDRP level related monetary allowances for HS nurses are paid from either the 1st (if progression occurred between 1st and 14th) or the 15th (if progression occurred between 15th and the end of the month) of the month that successful progression is achieved
- PDRP related study day allowances commence from the date of progression as above
- HS nurses must have an annual Performance Review and be current on the PDRP to be eligible for the allowance package. Allowances are stopped if nurses fail to comply with the requirements (see Removal from PDRP)

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Section II: Application to the PDRP

Who is expected to be on the PDRP?

All HS enrolled nurses (ENs) and registered nurses (RNs) are expected to be on the PDRP. This includes the Bureau/ Casual/ Agency nursing staff.

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

How do I apply?

Familiarise yourself with the requirements of the levels and confirm this with your charge nurse/manager or relevant senior colleague. Then proceed to complete a portfolio and submit it for assessment.

It is stipulated by NCNZ that nurses cannot be put onto the PDRP unless they have either transferred or had a portfolio assessed that successfully meets the requirements of the CCF. Therefore, nurses in their first year of employment may not yet be on the PDRP.

What does a portfolio contain?

This depends on the level applied for. See 'Portfolio Contents'.

How are portfolios assessed?

Portfolios are assessed according to the specific process for the level applied for (see 'Portfolio Assessment').

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

Newly employed nurses in the HS who have not been on a NCNZ approved PDRP must complete a portfolio and apply for inclusion on the PDRP within 12 months of employment. A nurse can apply directly to any level in discussion with their manager.

I work in the primary sector, how do I apply?

Primary sector organisations that want their nurses to engage with the DHB PDRP need to have a (Memorandum of Understanding (MOU) with the DHB. For further information on this please contact your PDRP Coordinator as per information on page 3.

Nurses working in these organisations can apply to the PDRP as long as they have their manager's endorsement. The manager's endorsement is recorded in section three of the full self and peer assessment template.

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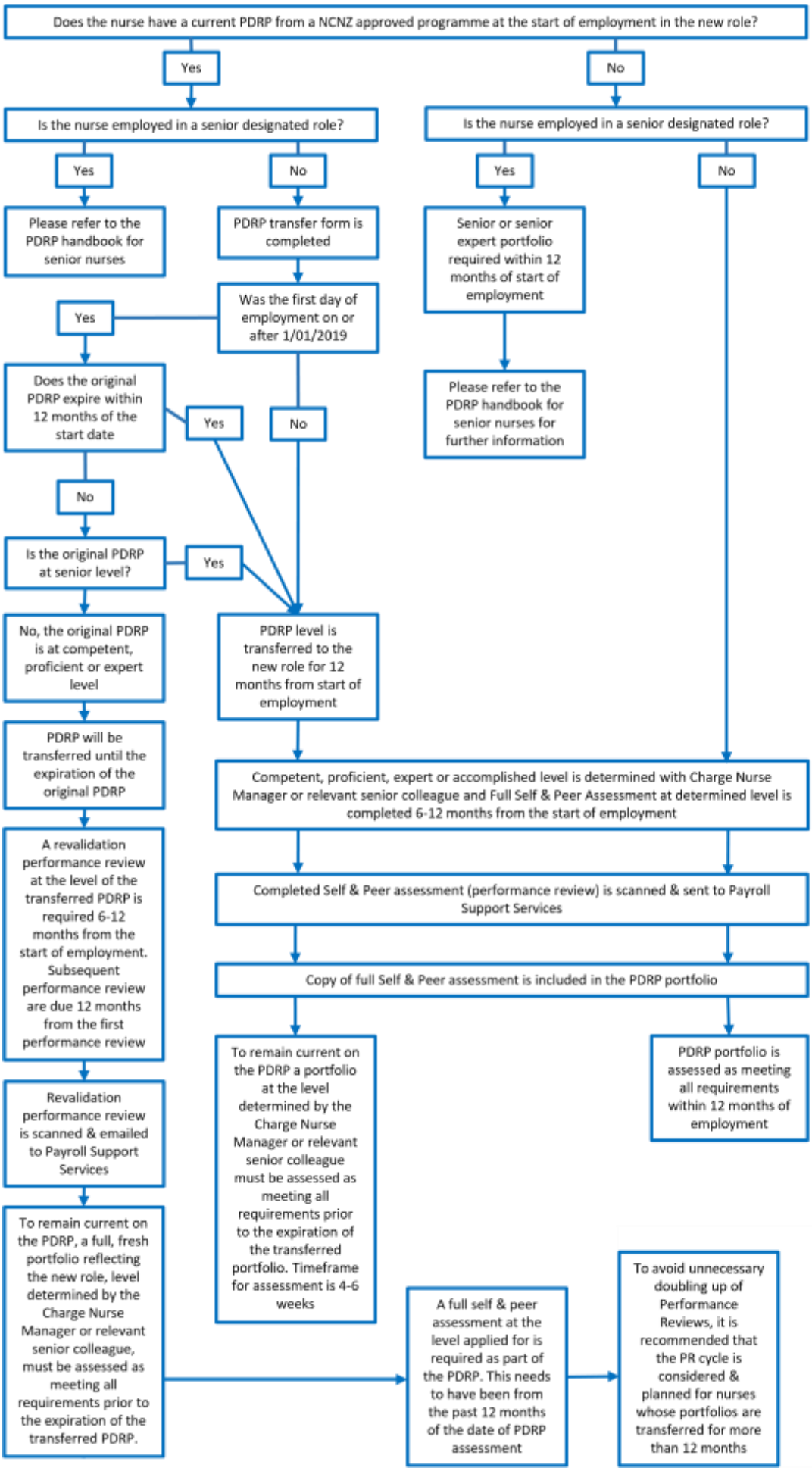
CCDHB: Application to transfer PDRP for RNs and ENs



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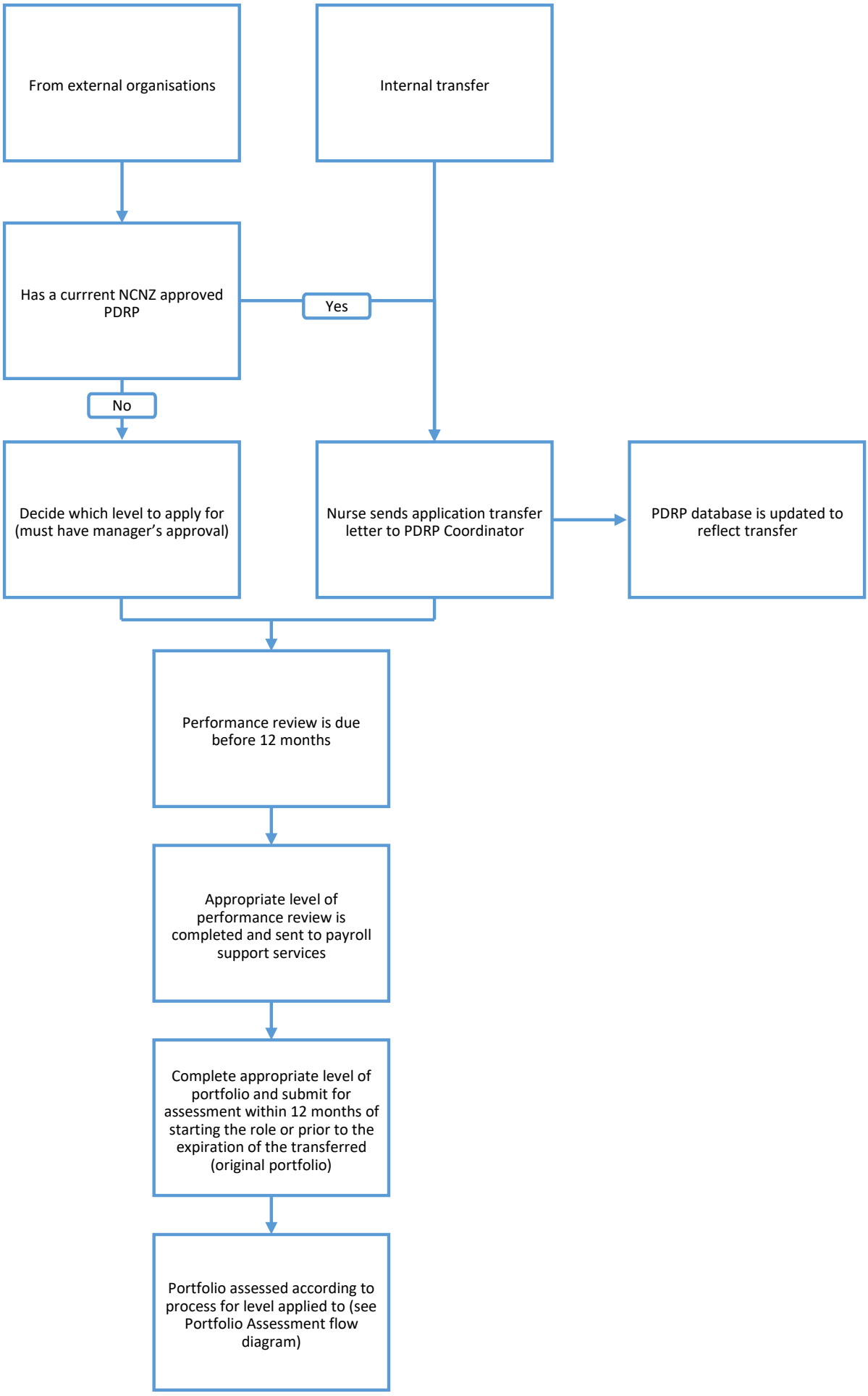
Applications to transfer PDRP all organisations except CCDHB



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

Primary nurses can apply at any time as long as their employing organisation has a PDRP Agreement (MOU) with the DHB and they have their manager's permission.

If I am already on a PDRP can I transfer this when I start a new role?

Yes. As per the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Contract (MECA) clause 27.9, nurses on a NCNZ approved PDRP at a previous place of employment can transfer their level.

For nurses in the primary sector, the new employing organisation must have a PDRP Agreement (MOU) with the DHB.

For CCDHB:

- nurses starting their new role on or after 1.1.2019 are able to transfer their portfolio until the expiration date of the original portfolio or for 12 months, whichever is longer
- for nurses who started in their role prior to 1.1.2019, the PDRP level will be transferred for 12 months
- nurses with a Competent, Proficient or Expert level portfolio who are starting in a designated senior role will have their PDRP level transferred for 12 months, when a Senior or Senior Expert portfolio is required. Please refer to the PDRP handbook for Senior Nurses for further information
- to remain current on the PDRP, a full fresh portfolio reflecting the new role needs to be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio

For other organisations, please contact the PDRP coordinator, as per page 3.

I used to be on the DHB or another organisation's PDRP, is my level still valid?

Any nurse who was on the PDRP at an organisation with a NCNZ approved PDRP within the last 3 years at start of employment in the new role will have their level transferred to their new role. This will exempt the nurse from NCNZ recertification audit until the expiration of the transferred PDRP.

For CCDHB: Please refer to CCDHB: Application to transfer PDRP for RNs and EN's, Page 7.

All other organisations: please refer to Applications to transfer PDRP all organisations except CCDHB, pg. 8.

Nurses who were not currently on the PDRP at the time of starting the new role cannot have their level transferred as they do not meet the requirements of the CCF. They need to make a new application at the level they decide is appropriate for them in consultation with their Manager.

How do I transfer my level?

A transfer form must be completed and sent to the PDRP coordinator. This application form can be obtained from the PDRP page on the DHB website.

A new portfolio of evidence at the relevant level and area of practice must be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio. 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 until the expiration of the transferred portfolio.

Do I have to present my previous portfolio for transfer?

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

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

If the requirements are not met, the Professional Development Plan (PDP) must include strategies and a negotiated time frame to meet them. Continuation of allowances is at the discretion of the manager during this time. Voluntary regression down the PDRP is allowed at any time.

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What are the levels on the PDRP?

EN - Competent, Proficient, Accomplished.

RN - Graduate, Competent, Proficient, Expert, Senior and Senior Expert. The Senior pathway is for nurses employed into designated senior roles. It does not reflect years of nursing and/or employment alone. Senior Expert pathway is for nurses in senior designated roles where is the majority of the role involves direct health consumer care. Senior expert portfolios are a requirement for Clinical Nurse Specialist and Specialty Clinical Nurse roles at CCDHB (except for MHAIDS). Please refer to the Senior Nurse PDRP Handbook for further information.
The terms RN (or EN) 1, 2, 3 or 4 are now obsolete. They were replaced by the terms above in 2005 and therefore should not be used.

What level should I be at / do I have to be on?

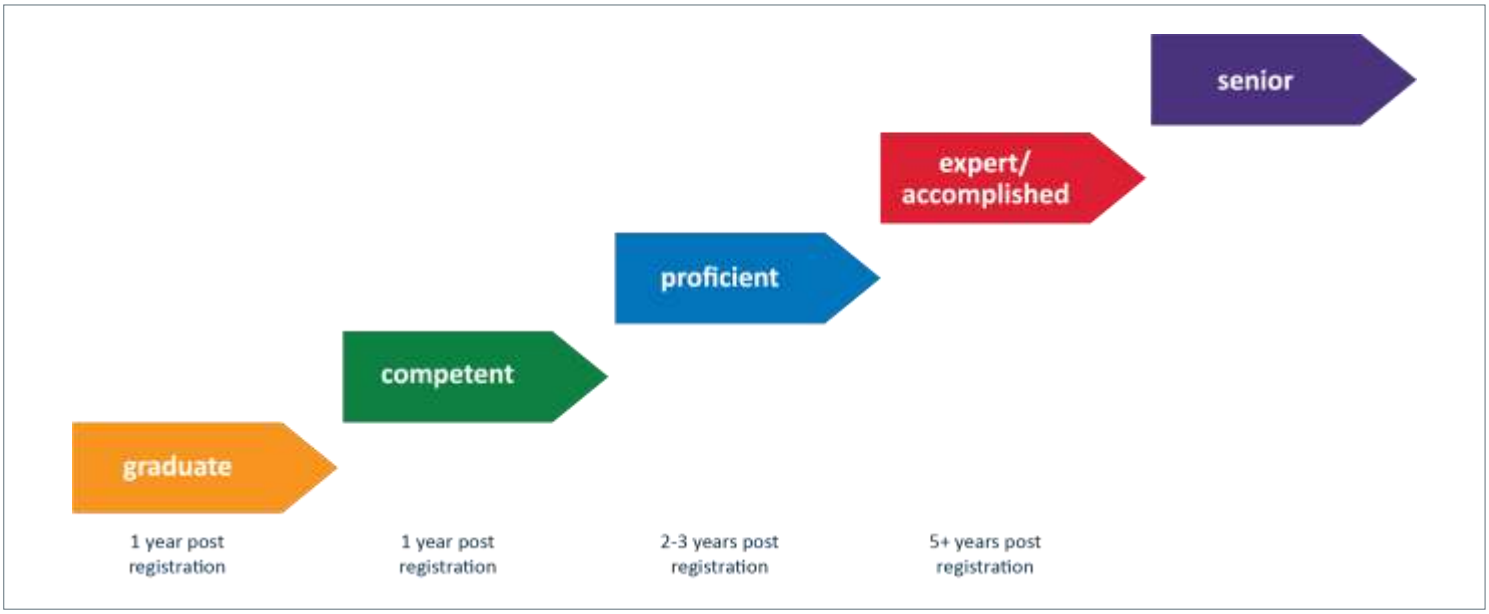
PDRP level reflects the day to day practice in the current area of practice and should be discussed with the relevant Charge Nurse/Manager, or relevant senior colleague , to allow the opportunity to support, or not support, application for any level of practice above competent i.e. Proficient, Accomplished, Expert (NENZ, 2017, pg. 23).

Nurses beyond graduate level apply to the PDRP at competent level or above to meet NCNZ CCF requirements.

Application to Proficient level is expected after an appropriate amount of experience and opportunities to meet the competencies. Education of colleagues and involvement in quality initiatives are requirements of Proficient level.

Application to Expert level is possible when the nurse seeks the additional opportunities to influence the quality of nursing practice, service delivery and health consumer outcomes (see below). Expert level is usually expected before applying for a senior role or Nurse Practitioner candidacy.

If you have any questions, queries or concerns contact your PDRP Coordinator



How do I know what level to apply for?

Level of practice is not based on years of practice or experience alone. PDRP level reflects the day to day practice in the current area of practice. All portfolio applications should be discussed with the relevant Charge Nurse/Manager, or relevant senior colleague , to allow the opportunity to support, or not support, application for any level of practice above competent i.e. Proficient, Accomplished, Expert (NENZ, 2017).

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

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The assumption underpinning progression is that practice varies qualitatively among practitioners. This difference is due primarily to the continuing development of knowledge and experience, which is both desirable and demonstrable.

Expertise is the consequence of how we practice rather than the length of time we have been working with health consumers. Inquiry and reflection are important for the development of this practice.

Expert level practice includes more than advanced clinical skill, knowledge and direct health consumer care. Practice must include influencing the quality of nursing practice, service delivery and health consumer outcomes in the directorate, organisational or subregional level, through the application of evidence based learning. Expert nurses must also demonstrate an understanding of either the DHB District Annual Plan, Statement of Intent, or the employing organisation's goals and objectives with links to the wider socio-political health climate.

The times below are an approximate guide for time to progression only. Progression can only occur or be maintained if the Performance Indicators (PI) for the level are consistently being met. Nurses practicing at competent level may be meeting some of the proficient (or even expert) indicators. Nurses at proficient level may be meeting some of the expert indicators. To progress to a level all the indicators for the level must be being consistently met. Some nurses at proficient level will be closer to competent level on the continuum and some closer to expert.

For further detail of the requirements of each level on the PDRP, please refer to Appendix 1 for RNs and Appendix 2 for ENs.

Can I apply straight to Accomplished or Expert level?

Yes, progression is based on consistent day to day practice and not linear, application directly to any level is welcome as long as the PIs for that level are consistently being met and the relevant Charge Nurse/Manager, or relevant senior colleague supports the application.

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

No. From January 2019, postgraduate study will no longer be a requirement for expert level portfolio submissions.

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

You can discuss with your charge nurse/manager or relevant senior colleague +/- the PDRP coordinator to establish the level that best reflects your consistent day to day practice.

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

- nurses who work in two different areas are required to complete a Performance Review that demonstrates that they meet the Performance Indicators of the level applied for in each separate role
- nurses in non-senior roles in two clinical areas must practice at the same level on the PDRP in both areas.
- a peer review from both areas is required to confirm level of practice in each area
- both managers must endorse the PDRP level being applied for or maintained. Both managers must sign and date the self and peer assessment document.
- the self and peer reviews can be completed on the same or different templates
- if one template is used, each assessor must be clearly identified
- the application letter must identify both areas

I am a senior nurse, which level do I do?

Please see the Senior Nurses PDRP Handbook.

I am leaving or I have left my job at CCDHB: can I still submit my portfolio for assessment?

Nurses who are leaving CCDHB or external organisation with a Memorandum of Understanding (MOU) with CCDHB, (e.g. resignation or retirement) and who wish to have a portfolio assessed prior to leaving the organisation will need to submit their completed PDRP portfolio, including full self and peer assessment with managers endorsement, within 4 weeks of the last day of employment at CCDHB or external organisation with a MOU.

Portfolios submitted after the last 4 weeks of employment at CCDHB or external organisations with a MOU with CCDHB may not be assessed. This process does not apply to those who are going on extended leave (e.g. maternity leave) or those who are moving positions within the organisation

For nurses employed at other organisations, please contact the PDRP Coordinator as outlined on page 3.

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Section III: Portfolio Requirements

What needs to be in a portfolio?

The following tables explain the required contents. Please do not include any additional documentation to that listed below.

Registered Nurse Portfolio Requirements			
	Competent	**Proficient**	**Expert**
1	Portfolio Assessment Tool (PAT) - RN competent level	Portfolio Assessment Tool (PAT) - RN proficient level	Portfolio Assessment Tool (PAT) - RN expert level
2	Application letter	Application letter	Application letter
3	Copy of APC	Copy of APC	Copy of APC
4	Role description	Role description	Role description
5	Competent RN: Full self and peer assessment	Proficient RN: Full self and peer assessment	Expert RN: Full self and peer assessment
5a	Not required	Education session plan	Education session plan
5b	Not required	Evaluation of education	Evaluation of education
6	Evidence of practice hours	Evidence of practice hours	Evidence of practice hours
7	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)
8	Professional Development Record (PDR)	Professional Development Record (PDR)	Professional Development Record (PDR)
9	Curriculum Vitae (optional)	Curriculum Vitae	Curriculum Vitae

Enrolled Nurse Portfolio Requirements			
	Competent	**Proficient**	**Accomplished**
1	Portfolio Assessment Tool (PAT) – EN competent level	Portfolio Assessment Tool (PAT) – EN proficient level	Portfolio Assessment Tool (PAT) – EN accomplished level
2	Application letter	Application letter	Application letter
3	Copy of APC	Copy of APC	Copy of APC
4	Role description	Role description	Role description
5	Competent EN: Full self & peer assessment	Proficient EN: Full self and peer assessment	Accomplished EN: Full self and peer assessment
5a	Not required	Not required	Education session plan
5b	Not required	Not required	Evaluation of education
6	Evidence of practice hours	Evidence of practice hours	Evidence of practice hours
7	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)
8	Professional Development Record (PDR)	Professional Development Record (PDR)	Professional Development Record (PDR)
9	Curriculum Vitae (optional)	Curriculum Vitae	Curriculum Vitae

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What are the document and evidence requirements?

These are explained in the table below.

- the documents must be in the portfolio in the order below
- portfolios must contain the required documents and these documents must comply with the requirements and meet the assessment criteria

portfolios that are not in the required order, do not contain the evidence required, contain additional documentation or items, breach confidentiality of health consumers, family/whanau or colleagues or contain unsigned documents will be returned for amendment before they are assessed

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Document and evidence requirements These are the criteria for portfolio assessment. All parts of all templates must be completed. Documents must be sourced from PDRP website only.		
Competent / Proficient / Expert/Accomplished		
1	Portfolio Assessment Tool (PAT)	• a PAT for the level being applied for is put at the front of the portfolio • the applicant's name is written on this • this document will be completed by the portfolio assessor and /or DHB assessors and /or assessment panel depending on area of employment and/ or level applied for • this document is left in the portfolio after the assessment in case of moderation
2	Application Letter	• is completed • initialling the declarations and signing this letter indicates compliance with, and agreement to, all specifications
3	Copy front and back of APC	• a print out from the electronic register on the NCNZ website is also acceptable • APC must be current at time of portfolio assessment • The tax invoice from paying the annual practicing certificate fee does not meet this requirement as it does not include the required information
4	Role description	• current format
5	Self and peer assessment	• for the level being applied for or maintained • must be less than 12 months old • all Performance Indicators (PI) are answered by self and peer assessor with an example from practice. The self and peer assessments are assessed during portfolio assessment • self-assessment clearly and completely answers the Performance • indicators with examples from day to day practice • all examples in self-assessment are from the current area of practice and are less than 12 months old • peer assessment provides feedback on practice and comments on strengths and areas for development • references (where required) are in APA format
5a 5b	Evidence of education of others - for Proficient and Expert RN level and Accomplished EN level	• the education session must have been presented within 12 months of portfolio assessment. • 5a - Education session plan: please use the template provided • 5b - Education session evaluation - a template is available but any form of written evaluation(s) is acceptable Education session evaluation needs to be for the education session described in the education session plan. • this evaluation is completed by a colleague(s). One of these must be from a nurse • if presented to more than one person, to save paper, please only make copies of up to four of the originals if the PD record includes activities funded by the DHBs, they require a feedback loop (report on outcomes) as part of the follow-up for activities. The feedback must be used as evidence to meet 5a and 5b
6	Evidence of practice hours	• e.g. Printout from HRIS; E Roster, Trendcare, signed letter from manager or human resource department must evidence actual number of hours worked over the past 3 years and be dated within 12 months of the date of assessment

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Document and evidence requirements These are the criteria for portfolio assessment. All parts of all templates must be completed. Documents must be sourced from PDRP website only.		
Competent / Proficient / Expert/Accomplished		
7	Professional Development and Career Plan (PDCP)	It is an expectation that all professionals will continue to learn to maintain their competence. These activities may be within the work environment or within an educational context. Having goals to work towards can give direction and purpose to practice and can motivate development. • must be signed by nurse and the manager and dated within 12 months of portfolio assessment. This is part of the Continuing Competency Framework and therefore must comply with NCNZ requirements.
8	Professional Development Record (PDR)	The PDR must: • include a minimum of three activities. Reflect on how the selected activities affirmed, influenced or changed practice on the Professional Development Record template provided • display core competencies/requirements in the workplace, include date core competencies/requirements were completed. These must be as per organisational; and/or area specific requirements. If overdue, PDCP must reflect future dates to be completed. Verification of 60 hours or more of professional development hours from the past 3 years must be provided. Verification can be provided by: • copy of the certificate of course completion • electronic print out from education provider (i.e. Connect Me record of learning) • verification of the professional development activity in the PDR and having this verified by a nurse manager or other senior nurse • verification by a nurse manager or other senior nurse must include their name, signature and APC number Reading journals or other literature may only 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 reflection on learning included.
9	Curriculum Vitae	• must be current (optional for competent level).

What format must the 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 maximise 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 therefore must be presented in a way that reflects this:

- all documents presented should be copies of the originals. Please double side all printing and photocopying
- portfolios from all nurses are to be presented in a ring folder or clearfile and not as loose pages

Please do not bind your portfolio as they are a living document and need to be updated on an ongoing basis. If posted, portfolios may not be returned. They are kept for audit purposes for three years and then destroyed. The original documents should be kept by the nurse

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How old can the examples included in the portfolio be and does it have to be from my current area of practice?

All examples must be of day to day practice from the current area of practice and must be less than 12 months old (NENZ, 2017).

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

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

Portfolio development and assessment for maintenance of PDRP level is mandatory every three years. This is to meet the requirements of the CCF as mandated by the HPCA Act (2003). Nurses not maintaining the portfolio requirements are notified to NCNZ.

What should not be included in a portfolio?

Portfolios for application to the PDRP must not include:

- information or documents that in any way could identify health consumers/family/whānau or other health care providers

The inclusion of evidence which breaches privacy in any way should require return of a portfolio and immediate removal of the privacy breach (NENZ, 2017)

Please refer to Appendix 3 for further detail of privacy requirements for PDRP portfolios.

- evidence which 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 12 months or from a previous area of employment
- documents not on the checklist. Only documents specifically prepared for portfolio submission should be included in the portfolio (NENZ, 2017)
- original documents. Please only submit copies of documents for assessment

What are the submission dates?

- Competent and Proficient level portfolios can be submitted at any time
- Expert and Accomplished level portfolios are submitted by the first day of the month, February to December to be assessed at that month's panel. There is no panel in January

Where/who do I submit my portfolio to?

- **CCDHB** - Competent and Proficient portfolios are assessed in the clinical area and submitted to a Nurse Educator in the clinical area. Expert and Accomplished portfolios are submitted to the Director of Nursing and Midwifery Office, Level 11, Grace Neill Block
- **MDHB and WDHB** - all portfolios are sent to the PDRP coordinator
- **All other organisations**: Please contact your PDRP coordinator, as outlined on page 3.

Are there additional forms of submission?

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

When will I be notified of the outcome?

The applicant should be informed of the outcome by the assessor within four to six weeks of receiving the portfolio. These timeframes are ideal, however allowances must be made for leave and other extenuating circumstances.

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Section IV: Performance Reviews/Appraisals

Performance Reviews (PR) or appraisals are an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice.

How often do I have to have a PR?

For nurses employed by the DHB, a Performance Review (PR) is required annually. This will be either a full or revalidation PR.

For nurses employed in the Primary sector, PRs are performed according to the policy of the individual organisation. For application to the DHB PDRP, the portfolio requirements may be different from those of the PR. The portfolio must include all PDRP templates (including the self and peer assessment).

For all nurses regardless of area of employment, application to the DHB PDRP for renewal of PDRP level is required every three years.

What is the difference between a full and revalidation PR?

Full Performance Review for ENs and RNs:

A full PR (FPR) is the completion of the full self and peer assessment document at the level of PDRP applied for. This document is also assessed as part of the PDRP portfolio.

For Performance review for Senior Nurses, please refer to the Senior Nurse PDRP Handbook.

New employees with a transferred PDRP:

For CCDHB: Portfolios are transferred until the expiration date of the original PDRP or for 12 months, whichever is longer (i.e. a minimum of 12 months).

For all other organisations: Portfolios are transferred for 12months from the start date.

New employees with a portfolio transferred for 12 months:

Any new employee with a PDRP transferred for 12 months, regardless of where they were previously employed, must have a written full self and peer assessment completed 6-12 months from the start date of employment and a portfolio must be completed and assessed as meeting all requirements prior to the expiration date of the transferred portfolio. Please note, the timeframe for assessment is 4-6 weeks.

New employees with a portfolio transferred for more than 12 months (CCDHB only):

If the new employee has a current PDRP from their previous employer with an expiration date of greater than 12 months, this is transferred to the new role until the expiration date of the original PDRP.

In this instance, a revalidation performance review at the level of the transferred PDRP should be completed 6-12 months from the employment date. Subsequent performance reviews are due 12 months from the completion of this performance review.

To remain current on the PDRP, a full, fresh portfolio reflecting the new role must be completed and assessed as meeting all requirements prior to the expiration date of the transferred portfolio. Please note, the timeframe for assessment is 4-6 weeks.

A full self and peer assessment at the level of the PDRP applied for is required as part of the portfolio. This needs to have been completed within 12 months of the date of PDRP assessment.

To avoid unnecessary doubling up of performance reviews when the PDRP is due, it is recommended that the performance review cycle is considered and planned for nurses whose portfolios are transferred for more than 12 months.

New employees without a current portfolio

If a new employee does not have a PDRP transferred from the previous employer, a full self and peer assessment must be completed 6-12 months from the date of employment and a portfolio must be completed and submitted for assessment within 12 months of employment.

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Revalidation Performance Review:

For the two years in between the full self and peer assessment (performance review), nurses employed by the DHB must complete a Revalidation PR (RPR) for the appropriate PDRP level. A RPR is a record of a verbal discussion with the Manager or delegated representative and the nurse as to how the nurse maintains their level on the PDRP. Written answers or evidence against the PIs are not required as the conversation is recorded in a checklist format. However,

- the most recent PDRP portfolio and updated PDR are required at each RPR.
- for RN Proficient and Expert level and EN Accomplished level, the yearly education session plan and evaluation/s must be presented

Updating DHB HRIS system

For CCDHB:

- it is the line manager's responsibility to ensure that all performance reviews (full and revalidation) are scanned and emailed to payroll support services.

For Mid Central and Whanganui DHB:

- it is the line manager's (MidCentral NC-PDRP) responsibility to update the HRIS with the date the FPR or RPR was completed. Instructions on how to update HRIS are available from the PDRP coordinator

For all other organisations: please follow the organisation processes for performance review

Do I have to wait for the three years to complete a full PR and/or apply to a higher level on the PDRP?

No, a portfolio can be completed at any time, as long as the PIs for the level are consistently being met in day to day practice. This must be endorsed by the Charge Nurse/Manager, or relevant senior colleague.

A FPR can also be done at any time within the three years for application to progress to a higher level on the PDRP, and/or when requested by the nurse or the manager, and/ or when required by NCNZ.

How is the date of completion of PDRP recorded?

Once the PDRP has been assessed as meeting all requirements, the application letter and portfolio assessment tools are forwarded for processing. This includes recording the level of PDRP and date of completion on the nurse's HR file.

For CCDHB: please email the completed documents to: to professional.develop@ccdhb.org.nz

For all other organisations: please contact the PDRP Coordinator, as outlined on page 3.

The NCNZ report showing nurses on the PDRP and therefore exempting them from audit is taken from this date, as is the eligibility for study funding. If it is not updated, and is more than 18 months old at the time of the report, or there is no date showing, the nurse will be removed from the PDRP and the NCNZ report (and thus open to recertification audit) and will not be eligible for study funding.

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Section V: Self and Peer Assessments

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

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

How do I complete a self-assessment?

- all examples must answer the Performance Indicator (PI) of the nursing council competencies. The PIs are written in bold under the Nursing Council Competencies within the full self and peer assessment document and change at each level to reflect the different levels of practice
- answers and examples must clearly and completely answer the PI with an example or explanation of how day to day practice meets or achieves the indicator 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 health consumer as an individual' does not meet NCNZ requirements as there is no example given
- the italicised information underneath each indicator is a guide to help answer the Performance Indicator.
- all answers and examples must be from the current area of practice and be less than 12 months old (NENZ, 2017)

What is APA format?

When required, references in self-assessments must be in the most current American Psychological Association (APA) format. As the requirements change over time, please use an internet search engine to find the correct current format.

- full references can be included as an appendix to the Full self and peer Assessment document, or can be provided at the bottom of the example provided for the individual P.I. Failure to dprovide references (where required) will result in the portfolio not meeting the requirements and being returned to the submitting nurse for amendment
- references should be less than six years old unless it is a seminal piece of work (e.g. Benner)
- references must be from a source of evidence based on peer reviewed medical or nursing evidence. Wikipedia is not acceptable

Who can complete a peer assessment?

- in the context of the DHB PDRP, 'peer' refers to the nurse completing the Performance Review assessment against NCNZ competencies and the Performance Indicators
- this is the line manager. The line manager can delegate this responsibility to another nurse who is familiar with the practice of the nurse completing the portfolio. They do not have to be a senior nurse
- peer assessors must have a current APC
- peer assessors must be at the same level or a higher level on the PDRP than the level being applied for or maintained or be in a designated senior role
- if the manager completes the assessment but is not a nurse, another nurse must also assess the nurse. They must be of the same level or higher on the PDRP than the level being applied for or maintained or be in a senior designated position
- if the manager has not completed the peer assessment, they must complete Section three of the document

Do I have to be a peer assessor?

It is expected that accomplished ENs and expert RNs are peer assessing whenever possible, as delegated by the manager. Being able to give feedback on areas of practice requiring development is an expected part of professional behaviour (NCNZ, 2011).

Can ENs be peer assessors?

Yes, ENs can assess other ENs as delegated by the manager, but not RNs. The EN peer assessor must be on the PDRP at the same or a higher level than the EN being assessed.

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How do I complete a peer assessment?

- peer assessment must include an example to demonstrate how the peer assessor knows the nurse's practice meets or achieves the PI. As this is also the Performance Review, feedback on their strengths and areas for development should be included and is therefore not to be undertaken lightly.
- 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
- for nurses employed by the DHB, the peer assessor must be working under the delegation of the manager and be either on the PDRP at the same or a higher level than the nurse being assessed or be a senior nurse

As the peer assessor ,do I assess what the nurse has written in the self-assessment or what I have seen in practice?

Both. Assessment can be from:

- direct observation of practice
- an interview and discussion of nursing care in different scenarios
- evidence in self-assessments, exemplars or other examples of practice
- reports from other nurses or health professionals.(NCNZ, 2011)

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

What do I do if I don't think the indicators are met?

- in practice - discuss your concerns with your manager. Managers should not delegate assessments when there are concerns with the performance of the nurse being assessed
- how self-assessment is written - discuss why you believe it doesn't meet the requirements with the nurse concerned. Being able to provide specific feedback on practice including writing self-assessments is an expected part of professional behaviour

To apply to the PDRP or maintain a PDRP level, nurses must be consistently meeting the PI for that level in their day to day practice. Nurses whose practice does not meet this need to either regress to an appropriate level on the PDRP and/or have a plan developed to enable them to meet the requirements.

'Performance management' is separate from the PDRP process. As performance management is related to the nursing competencies, nurses who are currently on a performance management plan are not eligible to apply for the PDRP until the goals of the performance management plan have been met.

Therefore, PDRP should not be a requirement for the completion of a performance management plan.

What if I disagree with the choice of peer assessor and/or the peer assessment?

If the nurse being assessed disagrees with the choice of peer assessor, they must negotiate with their manager for an alternative assessor before the PR commences. 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 conflicts of interest must be declared and another assessor chosen.

Can more than two people complete the peer assessment?

Peer assessments should usually be done by one person; however they can be completed by a second person (who must also be delegated by the line manager). When more than one person has completed the peer assessment, the details of each assessor must be included and it must be clear who has done which part of the assessment.

If the line manager has not completed the peer assessment, they must complete Section three on the self and peer assessment document.

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.

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Peer assessment:

- the peer assessment is completed by or delegated by the manager to a nurse with the same scope of practice and (for DHB employees) on the same or higher level on PDRP as that being applied for or maintained, or be in a designated senior position. Peer assessment is an assessment of practice and therefore the assessor must be familiar with the practice of the nurse being assessed. Peer assessors must provide clear examples from the assessed nurse's day to day practice to demonstrate how the nurse's practice meets the PIs of the competencies

Portfolio assessment:

- portfolio assessors must have a current PDRP at the same level or higher and have completed the appropriate assessment education

Portfolio assessment can be done by any nurse who meets the criteria for being a portfolio assessor. It is assessment of the evidence in the portfolio only. They may not know the practice and in order for objective assessment to occur, any knowledge of the practice must be suspended.

Please note: because the peer assessment is assessed as part of the portfolio, it is recommended that the peer assessment and the portfolio assessment are not completed by the same nurse.

Are the contents of portfolios confidential?

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

Are there examples of self and peer assessments?

The examples below are of assessments against the proficient RN indicators.

a) does not meet the requirements
b) just meets the requirements
c) are well written assessments

Example	A: Does not meet requirements
Proficient RN Performance Indicator for competency 1.1: Identify one professional, one ethical and one legislated requirement most relevant to your area of practice and describe how you ensure that your nursing practice and conduct meets each of them and how you assisted a colleague to comply with one of these requirements.	**Self-assessment** I am aware of the professional, ethical and legislated requirements, such as the HPCA Act, the NCNZ Code of Conduct and organisational policies. I ensure my practice abides by these. The self-assessment above does not provide a description of how the nurse ensures their practice meets the requirements or how they assist others with compliance. This answer does not meet NCNZ requirements nor does it answer the Performance Indicator so does not meet DHB requirements. **Peer assessment** Nurse X practices professionally and ethically at all times. The peer assessment above does not provide an example of how the assessor knows the competency is met so does not meet NCNZ requirements nor how they know the indicator is met so does not meet DHB requirements. Statements such as 'see above', 'meets the competency', or 'agreed' are also unacceptable.

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Example	**B:** Just meets requirements
Proficient RN Performance Indicator for competency 1.1: Identify one professional, one ethical and one legislated requirement most relevant to your area of practice and describe how you ensure that your nursing practice and conduct meets each of them and how you assisted a colleague to comply with one of these requirements.	**Self-assessment** The requirements most relevant to my practice are the HPCA Act, (legislation) the NCNZ Code of Ethics (ethical) and the Post Anaesthetic Care Unit (PACU) policies and guidelines (professional). The latter includes health consumer assessment and discharge from the Post Anaesthetic Care Unit. I ensure my practice conforms to the requirements; for example health consumers have to meet the discharge criteria before I can send them to the ward or the unit. I believe understanding leads to better compliance and therefore have provided a number of education in-services on topics related to legislation and policy. Examples of these are contained in my portfolio. *This self-assessment just meets the requirements. The nurse identified some relevant legislation, guidelines and policies, explains how they comply with and apply the contents, how they assist.* **Peer assessment** Nurse X demonstrates her compliance with professional, ethical and legislated requirements when she explains them to students and new staff. She has provided a number of in-services on related topics to the staff in PACU. *The peer assessment above explains how the assessor knows the nurse meets the competency and indicator so is acceptable.*

Example	**C:** Are well written assessments
Proficient RN Performance Indicator for competency 1.1: Identify one professional, one ethical and one legislated requirement most relevant to your area of practice and describe how you ensure that your nursing practice and conduct meets each of them and how you assisted a colleague to comply with one of these requirements.	**Self-assessment** Professional Policy: Discharge - Post Anaesthetic Care Unit. I ensure that my practice meets this policy by ensuring that health consumers meet the discharge criteria before they are transferred to the ward or unit. For example, ensuring that adults have a respiratory rate of 10 – 24, with no evidence of respiratory distress or compromise and are able to deep breathe and cough effectively. Ethical NCNZ Code of Conduct (2012): I work in partnership with health consumers by listening to them and responding to their concerns and preferences where practicable. For example, I ensure that health consumers and their whanau/family/visitors/support have appropriate and safe access to each other while the health consumer is receiving care in PACU. E.g. facilitating a distressed child's parent to come to PACU (when it is safe and appropriate to do so). I discussed the issue of not taking photos on a private cell phone with a student I was preceptoring, and discussed the NCNZ Code of Conduct with her Legislated: HPCA Act (2003): I complete 60hrs or more of professional development every 3 years to ensure that I meet requirements for my APC. *This self-assessment (c) clearly and completely answers the indicator with specific examples, and is a comprehensive explanation of how the nurse meets it.*

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	Peer assessment (c) Nurse X explicitly demonstrates her compliance with professional, ethical and legislated requirements when she precepts students and new staff and I have observed her explaining these requirements to them. The inservices she describes were extremely well researched and of great value to the staff in PACU. Education of others is one of her strengths and she has indicated an interest in developing her career in this direction. This is reflected in her PD plan. *The peer assessment (c) clearly and explicitly explains how the assessor knows the nurse meets the competency and indicator. This assessment also provides constructive feedback on the in-services, includes comments on her strengths and areas for development. This is a well written peer assessment.*

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Section VI: Portfolio Assessments

How are portfolios assessed, where and by whom?

Portfolios are assessed according to area of employment and/or the level applied for (please see table below).

Who can assess portfolios?

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

- unit standards from the New Zealand Qualifications
- Authority workplace assessor training or its 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)
- for Nurses at CCDHB – completion of the PDRP Assessment workshop is a requirement for portfolio assessors and recommended for nurses who complete peer assessment

How do I become an assessor?

Nurses with existing qualifications that meet the above criteria can apply to the PDRP coordinator to be an assessor. Assessor workshops are offered regularly within each DHB.

It is expected that Accomplished ENs and Expert RNs employed in the HS are assessing portfolios whenever possible.

To maintain currency as an assessor, assessors are expected to assess a minimum of three portfolios per year. These can be at any level that they meet the requirements to assess.

How do I assess a portfolio?

If you are not familiar with the process, please seek assistance from an experienced assessor.

As a NCNZ approved PDRP, the PDRP at the DHB must comply with the Framework for Approval of PDRP Programmes (NCNZ, 2013). Assessment of the portfolio and subsequent progression and/or maintenance of place on the PDRP exempt the nurse from NCNZ audit. It is therefore a professional responsibility of the assessor to ensure portfolios comply with the requirements of this framework. The assessment tools that portfolio assessors complete have been developed to enable this.

In addition, the Performance Indicators are the objective measure of level of practice. To ensure a fair and equitable process, assessment must be as objective as possible. Either the evidence meets the requirements/ Performance Indicator or it does not. The assessment tool guides the assessor as to how to assess. Comments from the portfolio assessor must be included on the assessment tool (especially for NCNZ competencies 1.2 and 1.5).

What is assessed during portfolio assessment?

All components of the PDRP portfolio, including the self and the peer assessments, are assessed using the portfolio assessment tool at the appropriate level.

How long should assessment take?

The applicant should be informed of the outcome by the assessor within four to six weeks of receiving the portfolio. However allowances must be made for leave and other extenuating circumstances. If this timeframe is unlikely to be achievable then another assessor should be found.

What happens to portfolios that do not meet the requirements?

The portfolio is returned for amendment. Only the parts that do not meet the requirements need to be rewritten or amended. When portfolios are reassessed, only the parts that did not meet during the previous assessment are reassessed.
all components of the portfolio need to be from the past 12 months, (3 years for Professional development and clinical practice hours) at the date that the portfolio is assessed as meeting all requirements.

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What is the PDRP assessment panel?

Expert and Accomplished portfolios are assessed by the PDRP panel.

- the PDRP panel meets every month (unless there are no portfolio submissions) with the exception of January
- expert and Accomplished Portfolios must be submitted by the first day of the month to be assessed at that month's panel
- two nurses or more including the chair make up the PDRP panel
- every panel is chaired by the PDRP coordinator or designated other to ensure a consistent and fair process

Who can be a panel assessor?

Any nurse who meets the requirements to be a portfolio assessor can be a panel assessor.

How do I become a panel assessor?

Contact the PDRP coordinator to be put on the panel assessor list.

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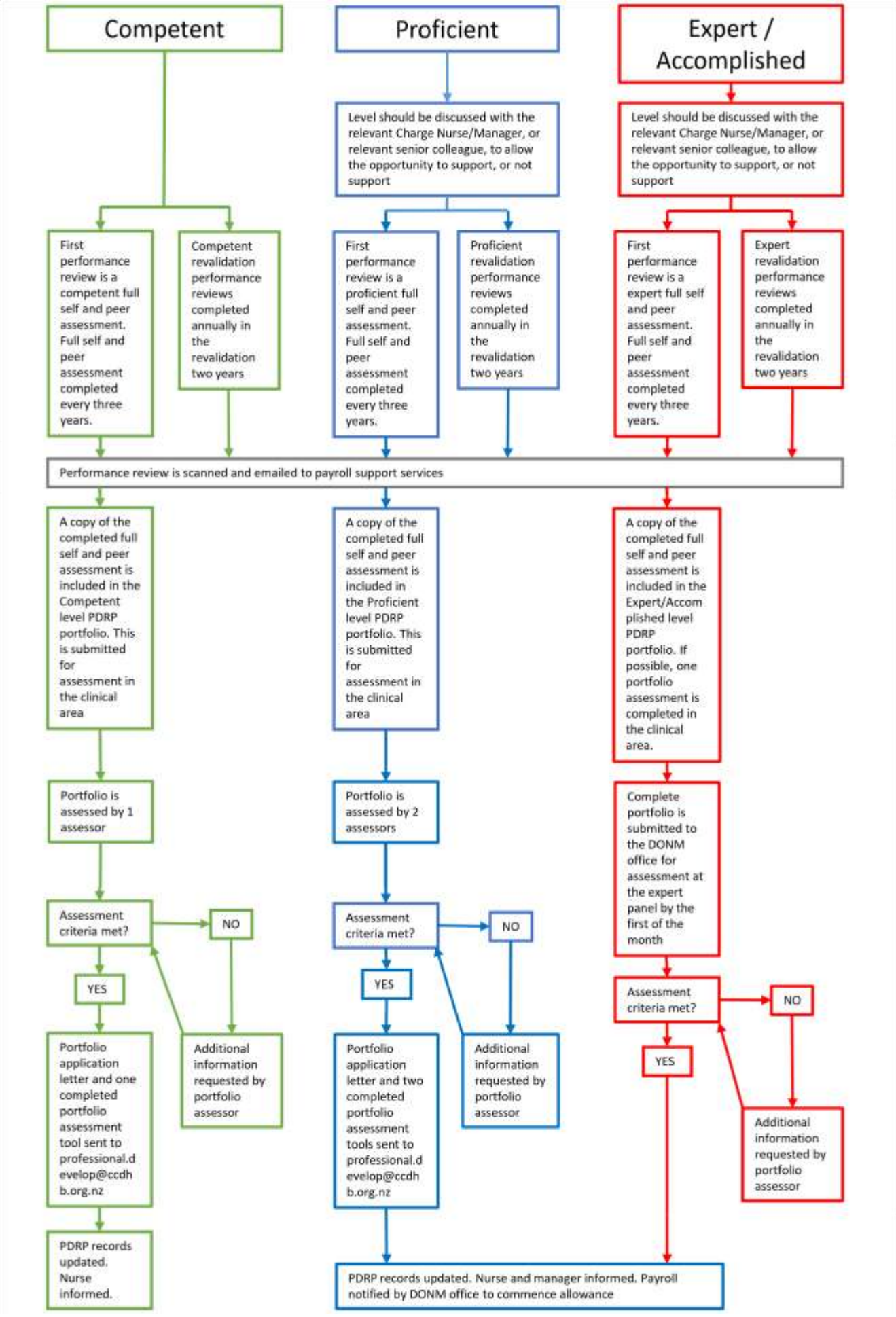
CCDHB Process for PDRP assessment and performance review



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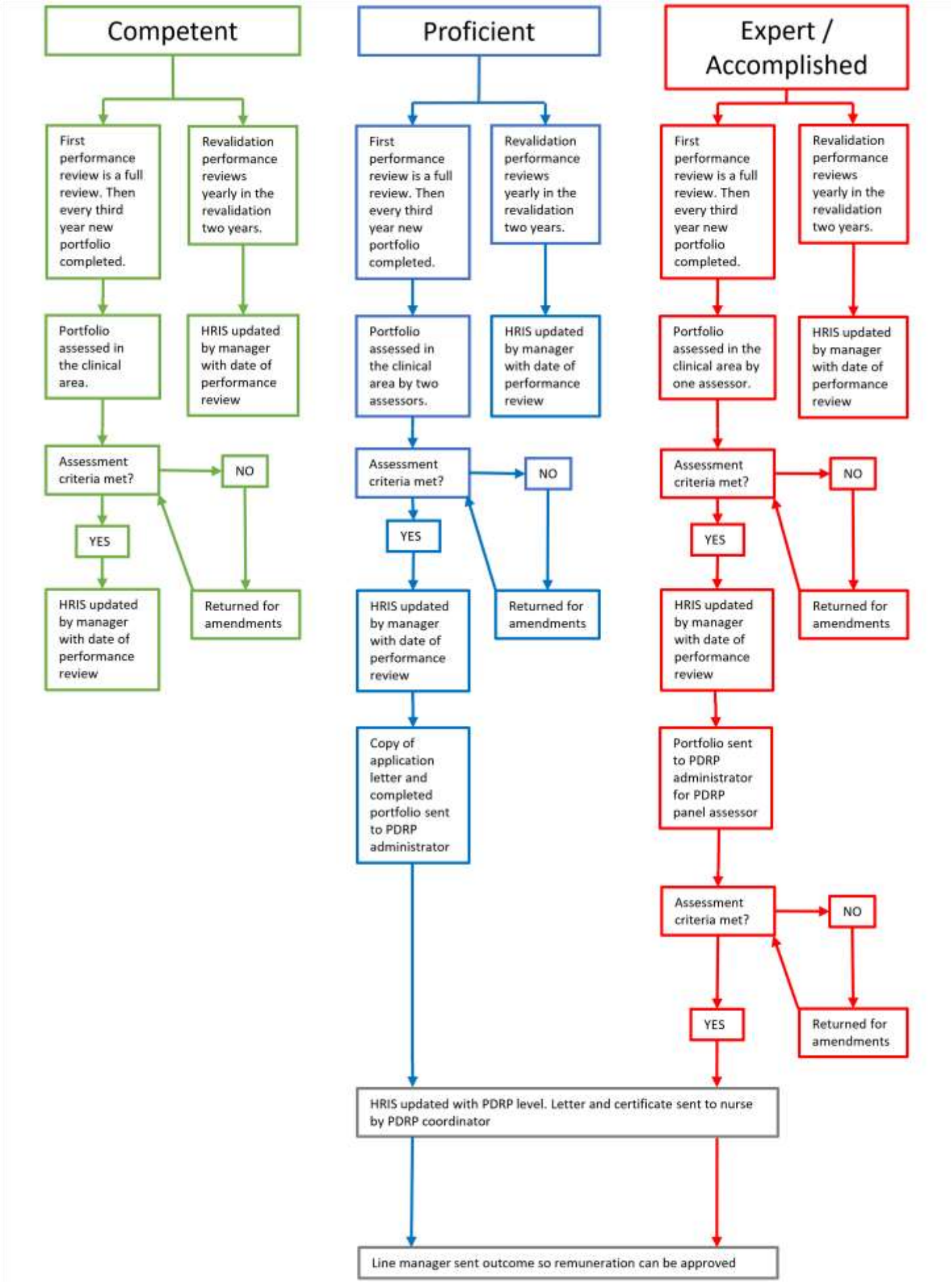
Midcentral and Whanganui DHB process for PDRP assessment and performance review



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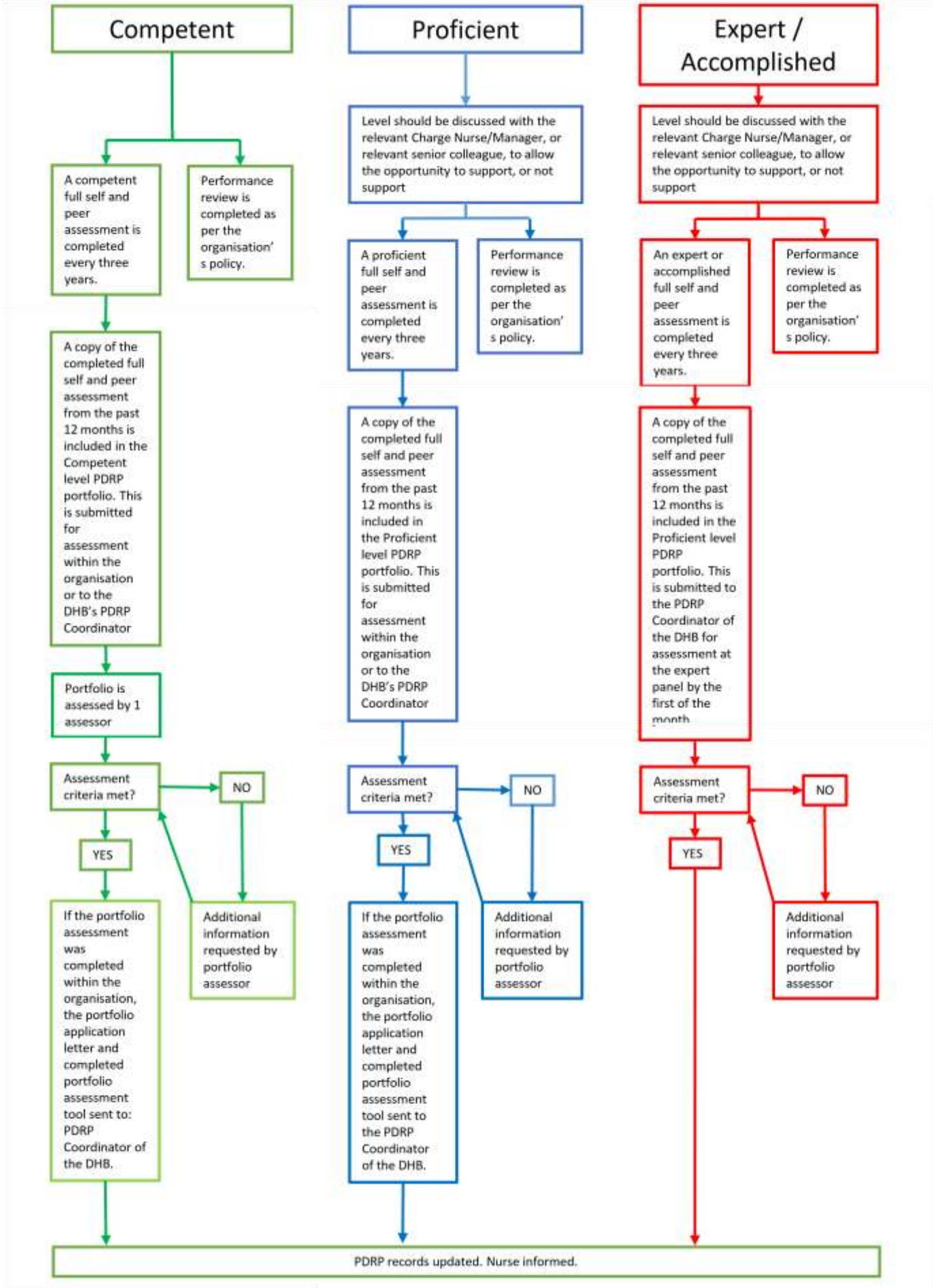
Process for PDRP assessment and performance review for Primary/community/aged residential care and partner organisations



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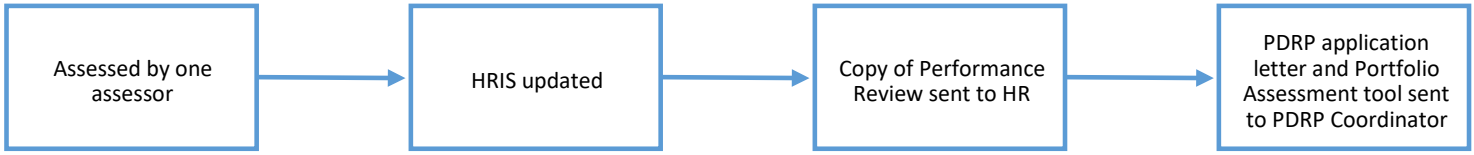
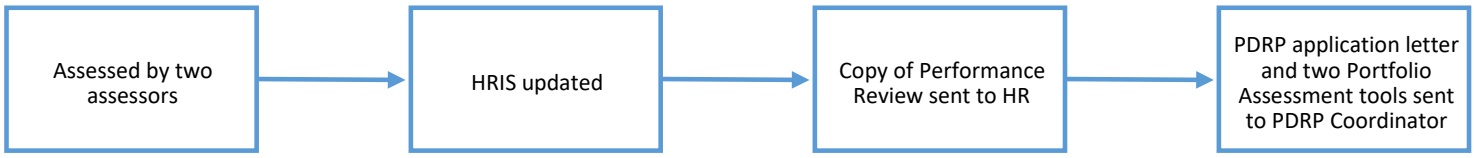
Whanganui and Midcentral DHB Portfolio Assessment Process in HS Clinical Area

CCDHB, please refer to CCDHB Process for PDRP assessment and performance review, pg. 27

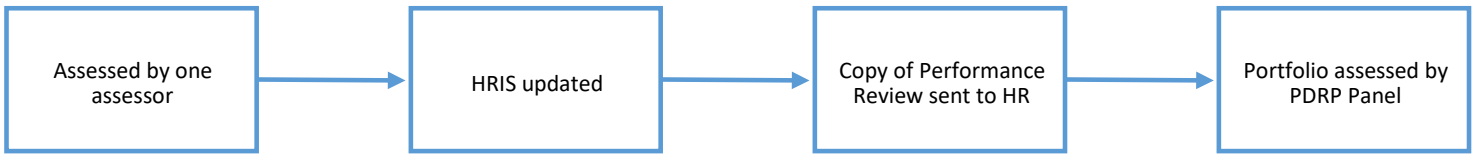
Competent EN and RN - assessed by one assessor in the clinical area. Human Resource Information System (HRIS) updated by manager in the clinical area with date of Performance Review and if this is the first application to this level, the date must also be entered



Proficient EN and RN - assessed by two assessors in the clinical area. HRIS updated by the manager in the clinical area with date of Performance Review. A copy of the nurse's application letter and the completed portfolio assessment tools are sent to the PDRP coordinator.



Accomplished EN and Expert RN - assessed by one assessor in the clinical area. HRIS updated by manager in the clinical area with date of Performance Review. The portfolio is sent to the PDRP coordinator for assessment by the portfolio assessment panel



The specific assessment process for all portfolios at the specific levels is the same whether it is the first application to progress or the subsequent three yearly application to maintain a level.

Reapplication every three years is required to meet the legislated requirements of the Nursing Council Competency Framework under the HPCA Act (2003).

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Section VII: Maintenance of PDRP level

Do I have to reapply to the PDRP?

Yes, reapplication is required every three years. This is required by NCNZ to meet the legislated requirements of the CCF under the HPCA Act (2003) to hold an APC. It also reaffirms the nurse is consistently practising at that level of practice (NENZ, 2017) and is a nationally endorsed expectation.

What happens if I don't reapply?

Failure to complete a portfolio and have is assessed prior to the expiration date of the portfolio will result in removal from the PDRP and being open to NCNZ audit. The timeframe for portfolio assessment is 4-6 weeks from the date of submission for assessment.

- once removed from the PDRP, reapplication is required. This can be to either the previous or a new PDRP level
- annual performance reviews remain the responsibility of the nurse. This may have an impact on other funding the nurse applies for

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. Voluntary regression requires a letter from the nurse to the line manager requesting a drop in level(s). This letter is then sent to PDRP coordinator and processed according to DHB processes. Allowances and study days will be consistent will commence when a portfolio is assessed as meeting all requirements at the new level.

Nurses not achieving competencies and/or Performance Indicators require individualised performance plans and management. This is not part of the PDRP process. If this process results in the nurse having their level changed, the above processes must be followed.

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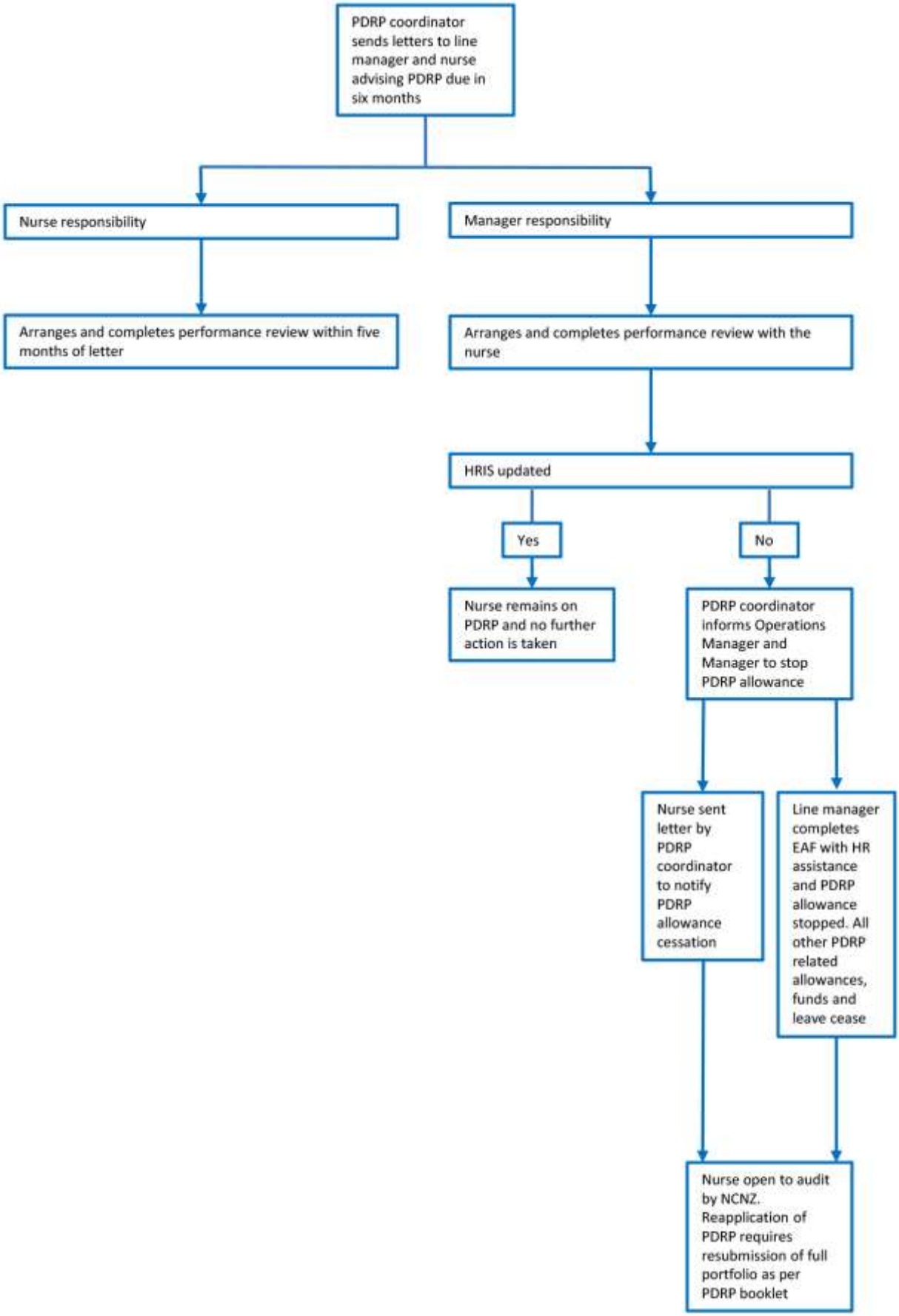
Process for removal from the PDRP



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Section VIII: Appeals, Moderation and Audit

How do I appeal the assessor's or assessment panel's decision?

If an application is unsuccessful the applicant can appeal the decision.

A letter stating the reasons for appealing must be sent to the PDRP coordinator within one month of the date of the assessment. The original unamended portfolio and assessment tool must be sent with the letter.

- Competent and Proficient level portfolios will be reassessed by the PDRP coordinator
- Expert and Accomplished portfolios will be reassessed by an Appeal Panel. This will be a different panel from the original one
- the PDRP coordinator/appeal panel only considers portfolio evidence as originally submitted. Portfolios must not be altered after original submission
- the applicant may attend a meeting to present the grounds of the appeal to the PDRP coordinator or appeal panel. This must be requested in the letter of appeal. A support person may also attend
- the appeal panel will consider the applicant's original portfolio, the assessment tool from the original assessment and the applicant's statement in regard to the appeal. The original assessor/panel may present their case directly to the appeal panel. The PDRP coordinator /appeal panel's aim is to decide if the original decision is to be upheld or not. If it is upheld, the panel will advise the applicant what is required for progression to occur
- the applicant is given the decision with supporting evidence in writing within one month of the appeal hearing
- the PDRP coordinator/appeal panel's decision is binding. If a decision is unable to be reached the relevant Associate Director of Nursing or Nurse Manager will make the final decision

Is the programme moderated or audited?

An evaluation of the programme is undertaken every five years. This includes feedback from nurses participating in the programme. This occurred in 2018 when the programme was revised in line with the national recommendations (NENZ, 2017).

Auditing of the programme is routinely undertaken by NCNZ.

Are portfolios moderated or audited?

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

- a selection of competent and proficient level portfolios is moderated quarterly
- external moderation of a selection of portfolios occurs every year by PDRP coordinators from other DHBs

When the applicant completes the application letter they agree to their portfolio being involved in moderation. After assessment, portfolios must be available within two weeks of request for moderation by the PDRP coordinator. All documents must be left in the portfolio in case of moderation.

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Appendix One: RN Competencies and Levels of Practice Definitions (NENZ, 2017)

The Graduate RN

- graduates should, in their first year of practice, be gathering evidence for competent level RN or EN portfolio submission at end of the first year of practice
- it is essential that graduate RNs and 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

The Competent RN

- effectively applies knowledge and skills to practice
- develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- 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 RN

- acts as a role model and a resource person for other nurses and health practitioners
- 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
- actively contributes to clinical learning for colleagues
- supports and guides the health care team in day to day health care delivery
- participates in quality improvements and changes in the practice setting
- demonstrates in-depth understanding of the complex factors that contribute to client health outcomes

The Expert RN

- is recognised as an expert and role model in her/his area of practice
- guides others to apply the principles of Te Tiriti o Waitangi and to provide culturally safe care to clients
- engages in clinical learning for self and provides clinical learning opportunities for colleagues
- contributes to specialty knowledge and demonstrates innovative practice
- initiates and guides quality improvement activities and changes in the practice setting 11 10 April 2017 Nurse Executives NZ FINAL VERSION
- delivers quality client care in unpredictable challenging and/ or complex situations
- demonstrates successful leadership within a nursing team unit/facility
- advocates for the promotion and integrity of nursing within the health care team
- is involved in resource decision making/strategic planning
- influences at a service, professional or organisational level

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Appendix Two: EN Competencies and Levels of Practice Definitions (NENZ, 2017)

The Graduate EN

- graduates should, in their first year of practice, be gathering evidence for competent level RN or EN portfolio submission at end of the first year of practice
- it is essential that graduate RNs and 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

The Competent EN

- under the direction of the RN, 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 EN

- utilises broad experiential 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 and / or preceptorship of enrolled nurse students, new graduate EN, care givers/healthcare assistants, competent and proficient EN
- acts as a role model 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 EN

- 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 initiatives
- acts as a role model and contributes to leadership activities

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Appendix Three: Privacy requirements for PDRP (NENZ, 2017. Pg. 6)

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. Health consumers/ family

- all health consumer 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 health consumer 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 in the use of exemplars of practice, case studies and journaling
- the Health Practitioners Disciplinary Tribunal have stated in respect of a nurse's argument that she had accessed some of the health consumer records for PDRP case studies: "4There is no justification for a nurse accessing the records of a former health consumer without authority for any reason. Once the care of the health consumer has passed from the nurse, the nurse has no right or authority to any information concerning the health consumer'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 these pieces of evidence is on the nurse's practice rather than on the health consumer and therefore can generally be provided without accessing a health consumer's clinical record. In contrast, indepth detailed case studies have a strong health consumer 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. Generic job titles

3. The portfolio contents.

- only documents specifically prepared for portfolio submission be included in the portfolio

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