

PROFESSIONAL DEVELOPMENT & RECOGNITION PROGRAMME (PDRP)

Handbook

Senior 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	PDRP Coordinators are designated Senior Nurses who manage the PDRP (includes Nurse Coordinator Professional Development)
PI	Performance Indicator
PR	Performance Review
RNs	Registered Nurses
WDHB	Whanganui District Health Board

Important Information

Please note this booklet is intended for nurses in designated senior roles only.

The term 'senior' does not relate to length of time qualified or employment alone. Information about the PDRP for registered and enrolled nurses (RNs and ENs), regardless of length of employment or practice, is contained in the PDRP Information Booklet for RNs and ENs. In the context of the PDRP, a senior nurse is a nurse employed into a designated senior role as per the Multi Employer Collective Agreement and/or in a position with little or no direct health consumer contact, and/or an Associate Director of Nursing (ADON) or Director of Nursing (or equivalent). The term 'senior nurse' is used throughout this booklet and includes all these nurses.

Other terms used

For the sake of brevity, a number of terms* have been used that have extended meanings:

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.

Health consumer: includes any recipient of nursing care e.g. patients, clients, customers, residents, turoro and can include family, whanau, significant others or people of importance to the health consumer.

Peer assessor: any nurse with delegated authority from the manager to complete the peer assessment process.

Primary sector: includes any healthcare provider organisation in the DHB, whether funded by DHB or not, e.g. primary health organisation, non-government organisation, aged and residential care provider. *Primary nurses include any nurse employed in this sector.

Senior nurse: see above.

For Further Information

For general enquiries please contact your PDRP Coordinator:

Capital & Coast DHB:	Saleifi Reriti Saleifi.reriti@ccdhb.org.nz (04) 8060594 027 406 4989 Ext 80594
MidCentral DHB:	PDRP@midcentraldhb.govt.nz (06) 350 9146
Whanganui DHB:	PDRPCoordinator.Whanganui@wdhb.org.nz 021 0871 9895
New Zealand Defence Force:	MAJ Debbie Cromie debra.cromie@nzdf.mil.nz 021 519 101

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.

How does the senior PDRP differ from the PDRP for RNs?

The PDRP for senior nurses has two pathways, Senior and Senior Expert.

The Senior Expert pathway is an option for senior nurses with direct health consumer contact as a large part of their role. Senior nurses cannot apply for Competent or Proficient level as it is expected they are practicing at an advanced level. Senior nurses applying for the Senior Expert pathway must follow the processes in this handbook not the RN PDRP handbook for Enrolled and Registered Nurses, as the requirements are slightly different from those for an RN not in a senior position.

The Senior pathway was developed in recognition of the fact that while many senior roles have some clinical component, not all have direct health consumer contact primary to their roles. Nurses do not have to work directly with a health consumer (clinically) to maintain an APC (see NCNZ definition of practice). To reflect this, NCNZ has developed competencies for nurses working in management, advisory roles, education, policy development and/or research. The senior pathway has been developed to cover these roles with little or no health consumer contact (non-clinical roles).

For CCDHB: Clinical Nurse Specialists (CNS) and Specialty Clinical Nurses (SCN) employed by CCDHB are required to complete a senior expert portfolio. CCDHB MHAIDs CNSs are exempt from this and may complete a senior portfolio.

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, and meets legislative requirements (Nursing Council of New Zealand (NCNZ) 2011). The need to provide safe, quality care is not only a professional responsibility but 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 practising nurses to maintain their competence to practice by meeting the requirements of the CCF.

Every time an application for an annual practising certificate is made, nurses are asked to declare whether they have met the CCF requirements. This includes meeting the required practice hours and professional development hours and meeting the competencies for the relevant scope of practice. Nurses are individually accountable for meeting these requirements. Every year NCNZ selects 5% of practising nurses to complete a recertification audit of the CCF requirements under section 41 of the HPCA Act. Nurses on an approved PDRP are exempt from this audit as their portfolio includes the requirements of the CCF.

Section II: Application to the PDRP

Are senior nurses expected to be on the PDRP?

All senior nurses employed in the HS are expected to be on the Senior or Senior Expert PDRP.

CNSs and SCNs employed by CCDHB are required to complete a Senior Expert portfolio. CCDHB MHAIDs CNSs are exempt from this.

Application to the PDRP for senior nurses employed in the primary sector is in accordance with the employing organisation's policies.

I have just been employed in the HS, 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 or who have come from overseas must complete a portfolio and apply for inclusion on the PDRP within 12 months of employment

Newly employed senior nurses in the HS must apply to the PDRP within 12 months of employment (or prior to the expiration of a transferred portfolio for CCDHB nurses. Please see page 8 for further information about transfer of PDRP for senior nurses at CCDHB). Application to the Senior pathway can occur at any time (see below). Applications to the Senior Expert pathway 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.

I work in the HS how do I apply?

Determine Senior or Senior Expert pathway in consultation with your change nurse/manager or relevant senior colleague, complete a portfolio and have it assessed. 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. Because of this, senior nurses in their first year of employment may not yet be on the PDRP.

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

Primary sector organisations that want their nurses to engage with the CCDHB PDRP need to have a Memorandum of Understanding with the DHB. For further information on this please contact the PDRP coordinator.

Senior 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 3 of the Full Assessment template.

Which level do I apply for?

There are two options on the senior PDRP– the Senior Expert pathway or Senior pathway.

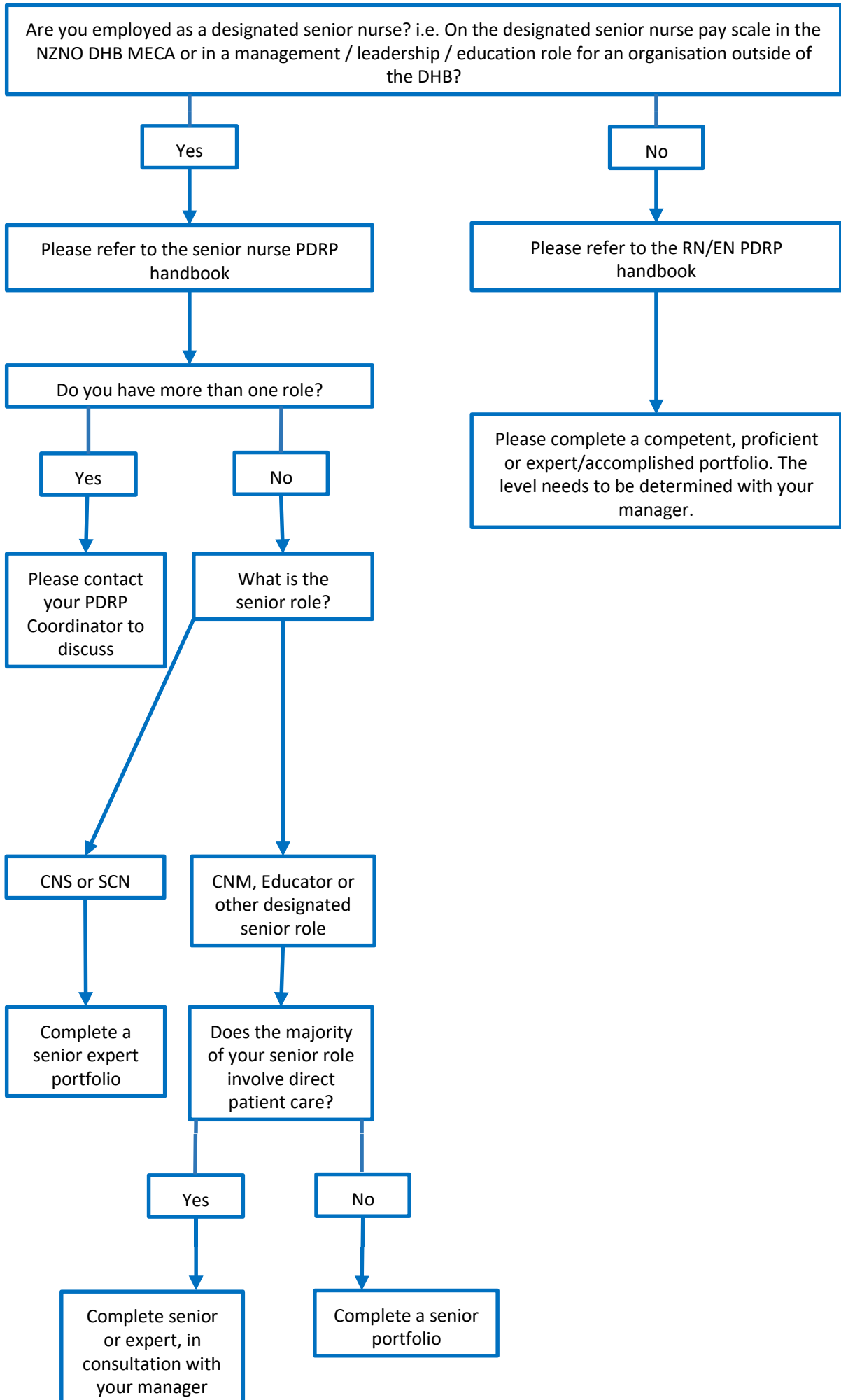
The Senior Expert pathway is an option for Senior nurses with direct health consumer contact as a large part of their role. Senior nurses cannot apply for Competent or Proficient level as it is expected they are practicing at an advanced level. Senior nurses applying for the Senior Expert pathway must follow the processes in this booklet, not the RN PDRP as the requirements are slightly different from those for an RN not in a senior position.

The Senior pathway was developed in recognition of the fact that while many senior roles have some clinical component, not all have direct health consumer contact as the main component of their roles. Nurses do not have to work directly with a health consumer (clinically) to maintain an APC (see NCNZ definition of practice).

To reflect this, NCNZ has developed competencies for nurses working in management, advisory roles, education, policy development and/or research. The senior pathway has been developed to cover these roles with little or no health consumer contact (non-clinical roles).

For CCDHB: For further information, please refer to the CCDHB Senior or Senior Expert pathway options diagram on page 6. Please note, CNS in MHAIDS may complete a Senior portfolio, instead of Senior Expert.

CCDHB: Senior or Senior Expert pathway options



How do the requirements for the Senior or Senior Expert pathway for senior nurses differ?

The Senior PDRP is based on two components:

1. Completion of the Senior RN full self and peer assessment document, which includes NCNZ competencies for nurses working in management, advisory roles, education, policy development and/or research. This fulfils the CCF requirements to complete two forms of assessment against NCNZ competencies every 3 years.
2. A Senior Nurse performance review against the performance indicators of the senior role in the role description.

The senior expert pathway is based on the RN expert level with the addition of completing a Senior Nurse performance review against the performance indicators of the senior role in the role description.

The documentation and evidence required for each option is detailed in Section III.

What are the advantages and disadvantages of the options?

Senior Expert level is based on the national framework and is also recognised under the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Contract (MECA) (2010) clause 27.9, and under certain conditions is transferrable.

Transfer of Senior level is dependent on the policy of the organisation and/or individual negotiation.

Can senior nurses apply to, or maintain an existing, Competent or Proficient level to reflect their senior role?

No, senior nurses with a hands-on clinical component to their role are expected to be practicing at Expert level, whether or not they have chosen the senior expert or senior pathway.

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

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

- under the NZNO MECA agreement, nurses employed into a designated senior role in the HS are not eligible for the PDRP related financial packages, regardless of the pathway chosen or level of transferred PDRP. Please contact the DHB PDRP Coordinator for details, as outlined on page 3.
- for primary nurses, entitlements depend on the employing organisation and/or collective agreements. These are the responsibility of the individual organisation
- senior nurses in the HS working part time in an RN role who have met the requirements for Expert level are entitled to the RN expert level allowance package for the pro rata FTE of the RN role
- For CCDHB: please refer to the Professional Development Funding Framework Toolkit for further details of entitlements

If I am already on a PDRP can I transfer this?

Yes. As per the New Zealand Nurses Organisation (NZNO) Multi Employment Collective Contract (MECA) (2018) 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.

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

Any nurse with a current NCNZ approved PDRP at the start of employment in a new role will have their level re-established or transferred. Nurses who do not have a current PDRP cannot have their level transferred as they do not meet the requirements of the CCF. They need to make a new application at the appropriate level, as decided in consultation with their charge nurse/manager or relevant senior colleague.

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.

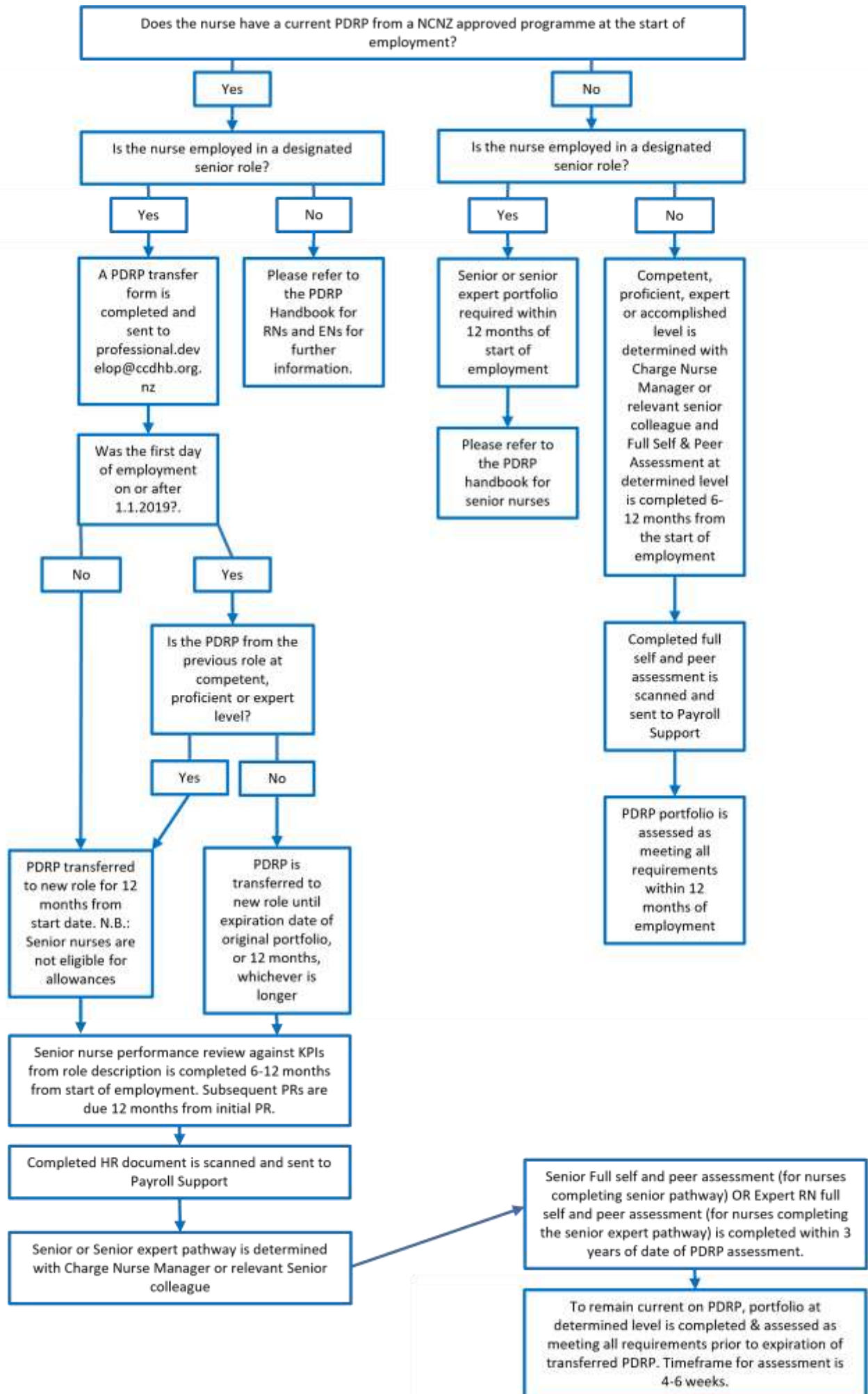
Nurses with a competent, proficient or expert level portfolio who are starting in a designated senior role will have their PDRP level transferred for 12 months, after which a senior or senior expert portfolio is required.

To remain current on the PDRP, a complete and updated portfolio reflecting the new role needs to be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio.

For further information, Please refer to the CCDHB: application to transfer PDRP for senior nurses diagram on page 8.

Other DHBs and Organisations, please contact your PDRP Coordinator, as per details on page 3.

Application to transfer PDRP for nurses in designated senior positions diagram



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. The time frame for assessment is 4-6 weeks. The portfolio must be on the DHB templates and meet the DHB assessment criteria. This includes both internal and external transfers.

Where PDRP allowances are applicable (i.e. two roles, where senior nurse is also working in RN role), 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 PDRP entitlement package is at the discretion of the manager during this time.

Do I need to complete postgraduate study to apply for the Senior Expert Pathway?

No. From January 2019, postgraduate study will no longer be a requirement for expert or senior expert level portfolios.

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

- senior nurses who work in two different areas or have two roles in the same or different area are required to complete a performance review that demonstrates that they meet the performance indicators in each separate role and/or in each separate area.
- the performance indicators will usually be different for the two roles. For example a nurses employed 0.5 FTE as a Nurse Educator and 0.5 FTE as an RN will be required to complete a self and peer assessment against the indicators in the role description of the Nurse Educator position and the expert level indicators for the clinical role. Senior nurses employed part time in a RN role apply for Senior Expert pathway
- if the Senior Expert pathway is completed for the senior role, then this can reflect the clinical role as well. In this case, both managers must endorse the PDRP pathway being applied for or maintained
- 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
- **MDHB & WDHB:** Onestaff (if applicable) must be updated for both areas

I am an RN with an APC employed into a non-nursing role, can I apply to the PDRP?

Yes, as long as you have a current nursing APC and can maintain the requirements for the NCNZ CCF. RNs in non-nursing roles are not entitled to the Senior PDRP allowance package or to apply for Professional Development (PD) funding.

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

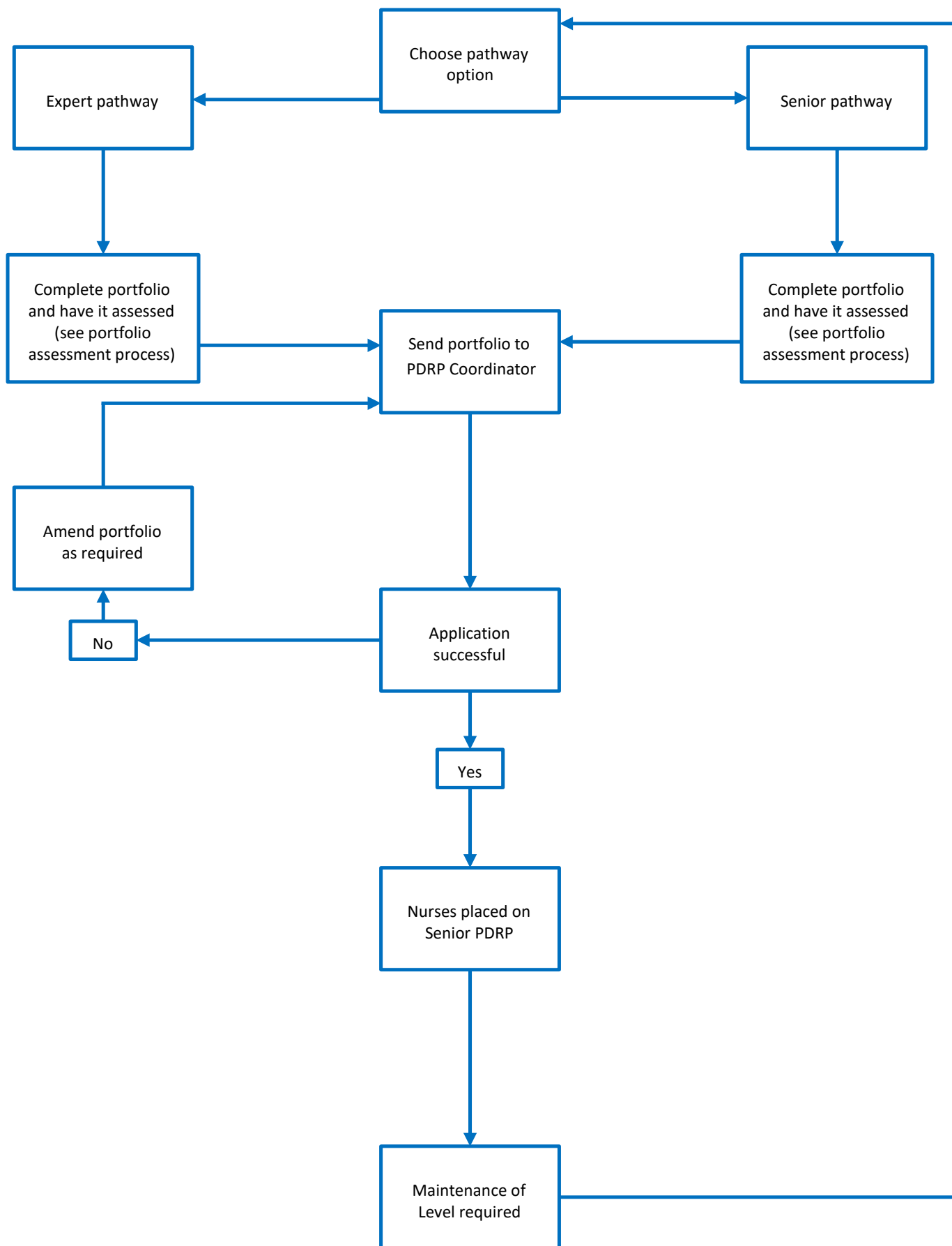
Nurses who are leaving CCDHB or external organisation with a Memorandum of Understanding (MOU) with CCDHB, (e.g. resignation or retirement) and who wish to have a portfolio assessed prior to leaving the organisation will need to submit their completed PDRP portfolio, including full self and peer assessment with manager's 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 will not be assessed.

- this applies to employees who will no longer be employed by CCDHB or external organisations with a MOU with CCDHB (i.e. those who are leaving their positions)
- this new 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

Other DHBs and Organisations, please contact your PDRP Coordinator, as per details on page 3.

Application to PDRP for Senior Nurses



Section III: Portfolio Requirements

Senior PDRP Portfolio requirements

	Senior pathway	Senior expert pathway
1	Senior Portfolio Assessment Tool (PAT)	Senior Portfolio Assessment Tool (PAT) Expert RN level Portfolio Assessment Tool (PAT)
2	Application Letter	Application Letter
3	Copy of APC	Copy of APC
4	Role description	Role description
5	Senior RN: Full self and peer assessment	Expert RN: Full self and peer assessment
5a	Additional evidence of influencing the quality of nursing practice, service delivery and health consumer outcomes in the directorate or organisation	Education session plan
5b		Evaluation of education
6	Senior Nurse Performance review (against KPIs of the job description)	Senior Nurse Performance review (against the KPIs of the job description)
7	Evidence of practice hours	Evidence of practice hours
8	PD Plan (PDP)	PDP
9	PD Record (PDR)	PDR
10	Curriculum Vitae (CV)	CV

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 prior to assessment.

Document and evidence requirements for senior portfolios.

1	Portfolio Assessment Tool (PAT)	<ul style="list-style-type: none"> A PAT for the pathway being applied for (Senior or Senior Expert) 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 pathway applied for This document is left in the portfolio after the assessment in case of moderation
2	Application Letter	<ul style="list-style-type: none"> Is completed, signed and dated Initialling the declarations and signing this letter indicates compliance with, and agreement to, all specifications.
3	Copy of front and back of APC	<ul style="list-style-type: none"> 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	<p>The most current format</p> <p>Both documents:</p> <ul style="list-style-type: none"> All examples in self-assessment are from the current area of practice and are less than 12 months old Peer assessment provides specific examples of practice and feedback on practice and comments on strengths and areas for development <p>Nurses completing the Senior PDRP pathway complete the Senior Nurse full self and peer assessment:</p> <ul style="list-style-type: none"> Senior nurses, who are not practising in direct health consumer care, are exempt from the competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that are only apply to clinical practice. There are specific competencies in these domains for nurses working in management, education, policy and/or research. These are included at the end of domains two and three as 2b and 3b. Senior nurses with roles where the majority of their role involves direct health consumer care must complete Domains two and three. Relevant competencies are answered by self and peer assessor with an example from practice. <p>Nurses completing the Senior Expert PDRP pathway complete the expert RN full self and peer assessment :</p> <ul style="list-style-type: none"> All performance indicators (written in bold under the NCNZ competencies) are answered by self and peer assessor with an example from practice Self assessment clearly and completely answers the indicators References (where required) are in APA format <p><i>See Section V and VI below for additional information</i></p>
5a 5b	(for Senior Expert PDRP only)	<p>Education session plan and evaluation - for Senior Expert pathway only:</p> <ul style="list-style-type: none"> This can be in the form of a teaching session at an in-service, evidence of teaching on external courses or a presentation at conference or similar. The education session must be presented on a nursing related topic The audience minimum is 4 people, must include at least one nurse and the education at least 30 minutes long The education session must have been presented in the previous 12 months 5a- Education session plan: please use the template provided This evaluation is completed by colleagues. One of these must be from a nurse Education session plan and evaluation

		<ul style="list-style-type: none"> • 5b- Education session evaluation: a template is available but any form of written evaluation(s) is acceptable.
5a	for Senior PDRP only)	<p>Additional evidence of influencing the quality of nursing practice, service delivery and health consumer outcomes in the directorate or organisation – senior pathway only:</p> <ul style="list-style-type: none"> • This can be any evidence that verifies the initiatives undertaken
6	Senior Nurse Performance review	<p>For nurses in the DHB, this is completed using the Senior Nurse performance review template and completed against the performance indicators of the role description. These must be copied from the role description.</p> <p>For nurses in all other organisations, this is completed according to the employing organisation’s processes and procedures and using the employing organisation’s template where applicable.</p>
7	Evidence of practice hours	<ul style="list-style-type: none"> • e.g. Printout from Onestaff; E Roster, signed and dated letter from manager or human resource department • Must evidence actual number of hours worked
8	Professional Development and Career Plan (PDCP)	<p>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.</p> <ul style="list-style-type: none"> • Must be signed and dated by the manager • Must have been completed within 12 months of the portfolio assessment
9	Professional Development Record (PDR)	<p>This is part of the Continuing Competency Framework and therefore must comply with NCNZ requirements.</p> <p>The PDR must:</p> <ul style="list-style-type: none"> • 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. <p>Verification of 60 hours or more of professional development hours from the past 3 years must be provided.</p> <p>Verification can be provided by:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
10	Curriculum vitae	Must be current

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 clear file 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. The original documents should be kept by the nurse

How old can the evidence included be, 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 the senior PDRP and application to maintain a position on the senior PDRP?

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

Portfolio development and assessment for maintenance of PDRP pathway is mandatory every 3 years. This is to meet the requirements of the CCF as mandated by the NCNZ. 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 2 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?

- Portfolios for the senior pathway can be submitted at any time.
- Portfolios for the senior expert pathway 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?

For CCDHB:- Senior expert portfolios are submitted to the Director of Nursing and Midwifery (DONM) office, Level 11, Grace Neill Block. Senior portfolios for nurses in the DHB are initially assessed by the ADON for the nurse's directorate. Senior portfolios from partner organisations submit a copy of the portfolio to the DONM office.

For MDHB and WDHB – all portfolios are sent to the PDRP coordinator.

For all other organisations: please contact your PDRP Coordinator.

Are there additional forms of submission?

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

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.

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 PI. Failure to provide 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), and be from a reputable source

Section IV: Performance Reviews/Appraisals

The performance review/peer assessment must be completed by the line manager. For nurses in the HS, this can also be in conjunction with the ADON.

Performance Reviews (PR) or appraisals are an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice. The PR is against the indicators of the specific role. These change from role to role. The NCNZ assessment is against the NCNZ competencies for a RN. These are the same for every RN in New Zealand regardless of role or area of practice. Both must be completed for nurses in designated senior positions.

How often do I have to have a PR?

For senior nurses employed by the DHB, a Senior Nurse Performance Review against the performance indicators of the role is required every year. There is no intervening PR for senior nurses, the same document is completed annually.

For nurses employed in the partner organisations, PRs are performed according to the policy of the individual organisation. For application to the PDRP, the PR in the organisation's format should be included in the portfolio.

There are no indicators on the Senior Nurse PR document, what do I do?

The Accountabilities/Deliverables/Outcomes and Performance Indicators from the role description are copied and pasted to this document.

I am not employed in the DHB, do I need to complete a PR?

For nurses employed in all organisations outside of the DHB, PRs are performed according to the policy of the individual organisation. For application to the PDRP, the PR in the format that meets the organisations' requirements should be included in the portfolio. The PDRP template does not have to be used.

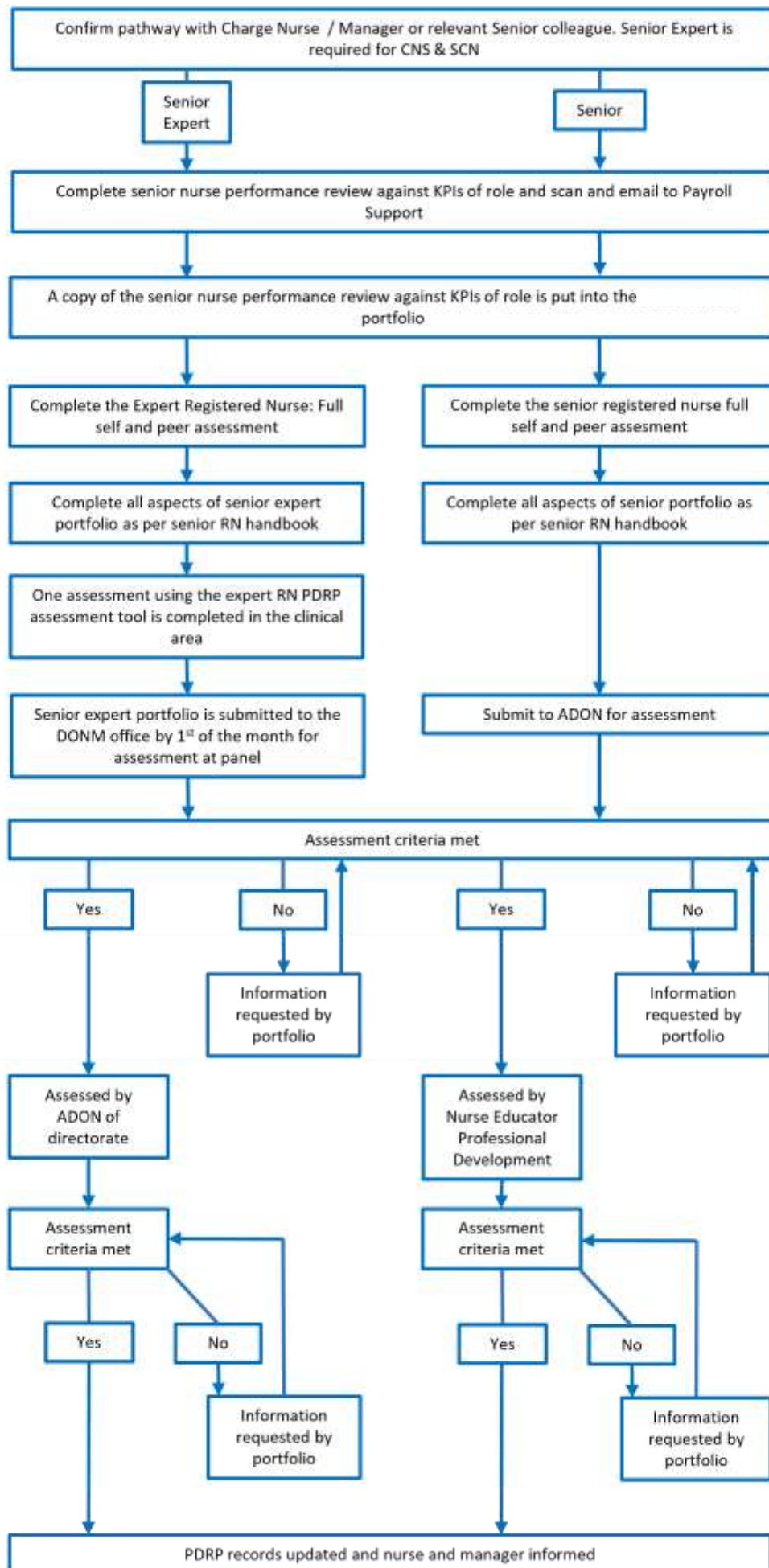
How do I complete the self-assessment for the senior nurse performance review?

- Within the DHB: Accountabilities/Deliverables/Outcomes and Performance Indicators of the role are copied and pasted in the senior nurse performance review document from the job description.
- Examples should be given that demonstrate how the nurse's practice is meeting the accountabilities/deliverables/outcomes and performance indicators from the job description
- For nurses employed in all organisations outside of the DHB, PRs are performed according to the policy of the individual organisation

How is the Manager's assessment for the senior nurse performance review (against the KPIs of the role) completed?

- In the DHB, the performance review is completed by the line manager. The line manager does not need to be a nurse.
- Feedback on performance and practice must be included with comments on particular strengths and suggestions for further practice and professional development.
- The performance review/peer assessment must be completed by the line manager. For nurses in the HS, this can also be in conjunction with the ADON.
- In other organisation, performance review is completed according to the organisation's requirements.

CCDHB: Process for PDRP application and performance review for nurses in designated senior positions



Updating records of performance review:

For CCDHB: It is the line manager's responsibility to ensure that all completed performance reviews 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 performance review was completed.

Instructions on how to update HRIS are available from the PDRP coordinator.

For all other organisations: Please follow the organisational processes for performance review

Section V Senior Registered Nurse: Full Self and Peer Assessment and Expert Registered Nurse: Full Self and Peer Assessment

For nurses in designated senior positions, either the Senior Nurse Assessment (for nurses completing the senior PDRP pathway) OR the Full assessment RN expert level (for nurses completing the senior expert PDRP pathway) is completed. This meets the requirement to complete two forms of assessment against NCNZ competencies. This requirement is driven by legislation and therefore:

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

What is the difference between the Senior Registered Nurse: Full Self and Peer Assessment and the Expert Registered Nurse: Full Self and Peer Assessment?

The Senior Registered Nurse: Full Self and Peer Assessment includes competencies for nurses working in management, advisory roles, education, policy development and/or research.

The Expert Registered Nurse: Full Self and Peer Assessment includes the indicators for assessing expert level clinical practice. This is the same document completed for an RN expert PDRP application.

How do I complete a self-assessment for the Senior Registered Nurse: Full Self and Peer Assessment OR Expert Registered Nurse: Full Self and Peer Assessment?

Both documents:

- all examples in the self-assessment are from the current area of practice must be less than 12 months old (NENZ, 2017)
- answers and examples must clearly and completely answer the competency (for nurses completing the senior pathway) or indicator (for nurses completing the senior expert pathway) with an example or explanation of how practice meets or achieves the indicator. 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

Senior Registered Nurse: Full Self and Peer Assessment (for nurses completing the Senior PDRP pathway):

- nurses completing the senior PDRP pathway complete the Senior Registered Nurse: Full Self and Peer Assessment. This does not have performance indicators of the competencies
- senior nurses, who are not practising in direct health consumer care, are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that only apply to clinical practice. There are specific competencies in these domains for nurses working in management, education, policy and/or research. These are included at the end of domains two and three
- all relevant competencies are answered by self and peer assessor with an example from practice.

Expert Registered Nurse: Full Self and Peer Assessment (for nurses completing the senior expert PDRP pathway):

- nurses completing the senior expert PDRP pathway complete the expert RN full self and peer assessment against the NCNZ competencies. Examples are written to demonstrate how practice meets the performance indicators of the competencies (written in bold under the NCNZ competencies within the documents)
- all performance indicators are answered by self and peer assessor with an example from day to day practice
- self-assessment clearly and completely answers the performance indicators
- references (where required) are in APA format

Who can complete a peer assessment for the Senior Registered Nurse: Full Self and Peer Assessment OR Expert Registered Nurse: Full Self and Peer Assessment?

- in the context of the PDRP, 'peer' refers to the nurse completing the second assessment against the NCNZ competencies and the PI
- this is the line manager or another senior or expert level nurse they have delegated this responsibility to. This can be any senior nurse who is familiar with the practice of the nurse completing the portfolio
- they must have a current APC
- if the manager completes the assessment but is not a nurse, another nurse must also complete the peer assessment.
- if the manager has not completed the peer assessment, they must complete section 3 of the document

How do I complete a peer assessment for the Senior Registered Nurse: Full Self and Peer Assessment OR Expert Registered Nurse: Full Self and Peer Assessment?

This assessment must include a statement or comment of how the assessor knows the nurse's practice meets or achieves the competency (for nurses completing the senior pathway) or indicator of the competency (for nurses completing the senior expert pathway). Statements such as 'agreed', 'see above', 'nurse meets this competency' do not meet NCNZ requirements as there is no example given of how the assessor knows the practice of the nurse meets the competency/indicator.

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. Being able to give feedback on areas of practice requiring development is an expected part of professional behaviour (NCNZ 2011).

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

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

Nurses whose practice does not meet the competencies or indicators need to 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 peer assessment 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 conflict of interest 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 be clear who has done which part of the assessment.

If the line manager has not completed the peer assessment, they must complete section 3 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.

Peer assessment:

- the peer assessment is completed by or delegated by the manager to a registered nurse 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/ competencies
- the Senior portfolio assessment is completed by the PDRP coordinator and the ADON.

Portfolio assessment:

- portfolio assessment involves 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.

Section V: Portfolio Assessments

How are portfolios for the senior or senior expert PDRP pathway assessed?

Senior Pathway		Senior Expert pathway	
HS	All other organisations	HS	All other organisations
Portfolio assessed by ADON for Directorate	Portfolio assessed by a senior nurse, if possible	1 x expert portfolio assessment tool completed in clinical area (where possible)	1 x expert portfolio assessment tool completed in clinical area (where possible)
Amendments (if required) made	Amendments (if required) made	Amendments (if required) made	Amendments (if required) made
Portfolio sent to DHB PDRP Coordinator	Portfolio sent to DHB PDRP Coordinator	Portfolio sent to DHB PDRP Coordinator	Portfolio sent to DHB PDRP Coordinator
Portfolio assessed by DHB PDRP Coordinator and ADON.	Portfolio assessed by DHB PDRP Coordinator and ADON.	Portfolio assessed by Exert PDRP Panel, ADON and PDRP coordinator	Portfolio assessed by Exert PDRP Panel, ADON and PDRP coordinator

Who can assess senior portfolios?

To assess a senior or senior expert portfolio, the assessor must be a RN, have a current expert, senior or senior expert portfolio and have:

- 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
- unit standards from the New Zealand Qualifications Authority workplace assessor training 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 is recommended for nurses who complete peer assessment.

How long should assessment take?

The applicant should be informed of the outcome by the assessor within four - 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?

Additional information is requested. 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.

What is the PDRP assessment panel?

Senior expert pathway portfolios are assessed by the PDRP panel.

- the PDRP panel meets every month (unless there are no portfolio submissions) with the exception of January
- senior expert portfolios must be submitted by the first day of the month to be assessed at that month's panel
- 2 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

Section VII: Maintenance of PDRP pathway

Do I have to reapply to the senior or senior expert 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, reported to NCNZ 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 pathway and reapplication to maintain a pathway?

There is no difference in the portfolio requirements or assessment process for initial application to the Senior and Senior Expert PDRP pathway or maintenance of position on either pathway.

Section VIII: Appeals, Moderation and Audit

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

Please see the PDRP Handbook for RNs and ENs for further details.

Is the programme moderated or audited?

Yes, please see the PDRP Handbook for RNs and ENs for further details.

Are portfolios moderated or audited?

Yes, please see the PDRP Handbook for RNs and ENs for further details.

References

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Nurse Executives of New Zealand Inc. (2017). *National Framework and Evidential Requirements: New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses*. Retrieved 12 October 2018 from: <https://www.nurseexecutivesnz.org.nz/resources.html>

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Nursing Council of New Zealand. (2011). Guidelines for Competence Assessment. Retrieved from: <http://www.nursingcouncil.org.nz/Nurses/Continuing-competence/Competence-assessment>

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

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
- 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

Appendix two: 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