Well Child - Tamariki Ora Nurses

Together, the best start for every child
Mā te mahi ngātahi, e puāwai ai ā tātou tamariki

Royal New Zealand Plunket Trust

2015
This handbook is intended for use by Plunket nurses. The Professional Development and Recognition Programme (PDRP) Handbook is a guide to enable you to understand the Plunket PDRP Programme application and assessment process. It will provide you with a clear understanding of the requirements for development of your portfolio. It is divided into seven sections:

1. An introduction to PDRP.
2. The PDRP application process.
3. Portfolio requirements.
4. Specific portfolio requirements including a checklist for each level.
5. PDRP responsibilities (PDRP Coordinator/Advisory Group/Assessors)
6. The assessment and moderation processes
7. The Appeal process.
8. Writing a reflection and case study.

For support in how to meet the competency requirements you may like to contact the PDRP Coordinator, Clinical Leader, Clinical Nurse Consultant, Clinical Educator, National Advisors or successful PDRP Proficient and Expert Level nurses.

Support from your Clinical Leader, Clinical Nurse Consultant or Educator will be in the context of general guidance in regard to self-assessment completion and content development of the portfolio only.

All other enquiries, support, concerns and issues should be directly to the PDRP Coordinator, Anne Hodren as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Anne Hodren</th>
</tr>
</thead>
</table>
| Address    | PDRP Coordinator  
|            | Plunket National Office  
|            | Level 3, Simpl House  
|            | 40 Mercer Street  
|            | Wellington 6011 |
| Phone      | 027 270 3866 |
| E-mail     | anne.hodren@plunket.org.nz |
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SECTION I: INTRODUCTION TO THE PLUNKET PDRP

Professional Development

It is each nurse’s professional responsibility to continue to learn and to maintain their competence. Nurses are responsible for seeking opportunities to learn and maintain their competence. The Royal New Zealand Plunket Trust’s (Plunket) Professional Development and Recognition Programme (PDRP) enables nurses to be recognised and rewarded for their ongoing professional development and demonstration at a proficient and expert level.

The Plunket Professional Development and Recognition Programme (PDRP) is a competence based programme which assesses nurse’s knowledge, skills, values and attitudes against the four domains of competencies within the Plunket Nurse Standards of Practice (2009).

PDRP encourages nurses to reflect on their Well Child Nursing practice and to set goals that plan for their future in well child care delivery and leadership and demonstrate well child health expertise.

The Plunket PDRP acknowledges Plunket's commitment to encouraging, supporting and rewarding advancing nursing practice, in recognition of the significant contribution that nurses make in reducing health disparities and improving health outcomes for children and families.

The PDRP provides a clinical career pathway for Plunket nurses and a mechanism to assure the organisation, Plunket clients, nurses and the Nursing Council of New Zealand (NCNZ) of on-going competence.


The Plunket PDRP is developed in the context of the following regulatory documents:

- The Health Practitioner Competency Assurance Act 2003 (HPCA). This act requires the Nursing Council of New Zealand (NCNZ) to ensure the on-going competence of practitioners. Registered Nurses practicing or wishing to remain on the nursing register are required to have available evidence of their competence in order to maintain their annual practising certificate (APC). To ensure that nurses are maintaining competency requirements, the NCNZ randomly audit 5% of nurses
across New Zealand (recertification audit). This audit involves assessment of the evidence in the nurses’ portfolio.

- NCNZ approves PDRP as part of the recertification of programmes under Section 41 of the HCPA Act to ensure nurses are competent to practice and meet ongoing competency requirements. The Framework and Standards for Approval of PDRP (2003 revised 2013) were developed by NCNZ to meet the requirements for competency-based annual practising certificate (APC). The Plunket PDRP is approved by NCNZ. Plunket nurses are exempt from NCNZ recertification audit as long as they have progressed onto and/or maintained their Plunket PDRP level.

<table>
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<tr>
<th>PDRP Goals</th>
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<tbody>
<tr>
<td>• Encourage evidence based practice</td>
<td>• Value and reward clinical practice</td>
</tr>
<tr>
<td>• Provide a structure for ongoing education and training</td>
<td>• Enable differentiation between the different levels of practice</td>
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<tr>
<td>• Encourage innovative well child nursing practice development</td>
<td>• Assist nurses to meet the requirements for competence based practising certificates</td>
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<td>• Encourage reflection on practice</td>
<td>• Provide a clinical career pathway for the well child nurse</td>
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<td>• Identify expert nurse role models</td>
<td>• Assist in the retention of well child nurses</td>
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The Plunket Nurse Standards of Practice (2009) describe the criteria against which the Plunket nurse competence and level of practice is assessed and must be used together with this handbook.
PRIMARY HEALTHCARE / WELL CHILD-TAMARIKI ORA SPECIALITY PRACTICE

The nature of children’s growth and development makes them substantially different physiologically and psychologically from adults. They experience rapid physical deterioration because of smaller physiological reserves and have an immature immune system. The diseases they suffer are different, their responses to illness and injury differ both physically and psychologically, and trauma in the early years can severely impair later development. They are also completely dependent on others to meet their needs as they progress through developmental stages to increasing maturity and independence. This makes children a uniquely vulnerable population group (The Paediatric Society of New Zealand, 2002).

Primary Healthcare/ Well Child Tamariki Ora nursing is a specialty area of practice. Specialty practice is described as the exercise of higher levels of nursing judgment, discretion and decision making in an area of practice with a specific focus and body of knowledge and practice (Nursing Council New Zealand, 2002).

Plunket nurses work from a variety of community locations including clinics, homes, telephone call centres, marae and early childhood centres. They possess extensive knowledge of the communities they work in, and this knowledge is recognised and valued.

Advanced socio-ecological assessment skills and knowledge of child health and development enable Plunket nurses to provide and coordinate care, information, surveillance, support appropriate to the whānau/family/ fanau situation and to enhance the capacity of families. Using a socio-ecological framework enables Plunket nurses to identify health determinants that are known to influence children’s/tamariki’s wellbeing and provide a context for prioritising healthcare interventions. The nature of these interventions is continuous rather than episodic, in a wellness model of health that aims to reduce inequities and health disparities in populations.

Plunket nurses follow health promotion principles in their population focused practice. They have a significant role in liaising with external agencies, and participating in multidisciplinary and/or cross-sectoral initiatives in order to provide advocacy and improve the health and wellbeing of children and their families in communities.

Plunket nurses act as case managers within a Plunket team. This includes respecting, enhancing and coordinating the strengths of other Plunket team members. They work in collaboration and partnership with Plunket volunteers and other agencies to enhance
parenting capacity, capability and child health outcomes to reduce health disparities. Practice is therefore socially defined to connect health action with families and communities.

To meet the unique needs of children a Plunket nurse is a registered nurse who has completed a Postgraduate Certificate in Primary Health Care Specialty Nursing Well Child/Tamariki Ora strand (PG Cert.) or gained educational equivalency. Plunket nurse practice is regulated by both national legislation and organisational policy.

Plunket nurses practice is underpinned by the following principles:

- a primary focus on children’s physical, emotional, cognitive and socio/cultural perspectives, taking account of their views on themselves, their lives, their future, their family/whānau and community;

- a developmental perspective using age-appropriate engagement and communication, assessment and interventions within each child and family’s cultural context;

- a focus on family/whānau as the primary support system, and the need to work in partnership, where appropriate, at all points of contact with services;

- a focus on community systems in understanding the importance of connections between children and their families and their community; and

- a focus on children’s rights, advocating to maintain a safe environment and provide active support to children and their families (Australian Confederation of Paediatric and Child Health Nurses, 2006, Werry Centre, 2008, United Nations, 1989, Paediatric Society & Children’s Hospital Australia, 2011 ).
SECTION II: PDRP APPLICATION

PLUNKET PDRP LEVELS

The levels of PDRP acknowledge Plunket nurse’s varying levels of experience and education. Registered nurses working for Plunket have specific competencies relevant to their specialty area of well child nursing practice which are described by four levels in the Plunket nurse Standards of Practice (PNSoP, 2009). The PNSoP acknowledge the specialty knowledge and skills that belong to Well Child Health nursing practice. While the Plunket nurse competencies are based on the Nursing Council competencies for Registered Nurses, the indicators provide examples of how Plunket nurses meet the competencies through their specialty skills and knowledge. The indicators reflect the Primary HealthCare/Well Child area of practice and the levels of practice that demonstrate progression in competence.

The PDRP is strongly influenced by the work of Patricia Benner (1984) which defines the development of nursing proficiency and expertise as progression and development that evolves through five levels, from novice to expert. This difference is due primarily to the continuing development of knowledge and experience.

There are three levels within the PDRP for Plunket nurses providing care delivery. There is one level for senior nurses who influence practice, but do not have direct client contact i.e. those nurses working for Plunket in leadership, management, education, research and policy roles.

Progressive levels of practice enable nurses to demonstrate ongoing development. Plunket nurses can be placed on the PDRP either by direct transfer in alignment with the Plunket Transferability policy (Page15) or by application (performance review and application) for the relevant role and level.
<table>
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<tr>
<th>NOVICE REGISTERED NURSE</th>
<th>COMPETENT PLUNKET NURSE</th>
<th>PROFICIENT PLUNKET NURSE</th>
<th>EXPERT PLUNKET NURSE</th>
<th>NURSE INFLUENCING PRACTICE NIP</th>
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**As a new entrant to well-child primary health care, this nurse will be supervised by a preceptor while consolidating clinical skills and knowledge.**

The nurse will be enrolled in the Post Graduate Certificate programme.

**The Competent Plunket nurse has completed a specific course of study and assessment. The qualification is the Post Graduate Certificate in Primary Healthcare Speciality Nursing endorsed in Well-Child/Tamariki Ora Strand (P. G. Cert)) or equivalent.**

The Competent Plunket nurse applies the Nursing Council of New Zealand competencies for the registered nurse scope of practice to the specialty primary healthcare/well child/Tamariki Ora area of practice.

**The Proficient Plunket nurse consistently demonstrates competent Plunket nurse practice and is a leader within the care delivery team and is engaged in or completed post graduate or equivalent education. Proficient Plunket nurse practice may be demonstrated by preceptorship, education, quality, practice change, mentoring activities and developing evidence based knowledge about the complex factors that contribute to child health outcomes with team members.**

The Proficient Plunket nurse demonstrates planned coordination of care for families/whanau/fanau with complex needs. As a positive and reflective role model, the nurse continually seeks ways to improve the quality of care for clients.

**The Expert Plunket nurse is recognised as an experienced leader in Well Child / Tamariki Ora (WCTO) primary health care practice. Completed relevant Masters Degree or engagement equivalent in post graduate education (NZQA level 8 or equivalent) enable this nurse to apply advanced theoretical knowledge to the systems and processes essential for improving child health outcomes and practice innovation.**

The Expert Plunket nurse applies expert knowledge and practice to the care of complex families/whanau and fanau.

The Expert Plunket nurse may be on the pathway to becoming a Nurse Practitioner.
Competent and Nurses Influencing Practice (NIP) applications can be made at any time. Proficient and Expert applications are accepted according to the following submission dates:

<table>
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<tr>
<th>Applications due before</th>
<th>Portfolios due before</th>
<th>Assessment completed during</th>
<th>Outcome advised and PDRP Payments start/ or cease</th>
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<tr>
<td>1 February</td>
<td>1 March</td>
<td>March</td>
<td>31 March</td>
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<td>1 May</td>
<td>1 June</td>
<td>June</td>
<td>31 June</td>
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<tr>
<td>1 October</td>
<td>1 November</td>
<td>November</td>
<td>30 November</td>
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NEW EMPLOYEES

Entry to the Plunket nurse PDRP is voluntary for newly employed nurses with the following exceptions of:

- Clinical Leaders,
- Clinical Nurse Consultants
- National Educators
- National Advisors
- Plunket nurses enrolled in the Post Graduate Certificate in Primary Care Nursing (Well Child Speciality)

A PDRP Competent portfolio is completed as part of the final summative assessment as a course requirement for the Primary Health Care Specialty Nursing Well Child/Tamariki Ora strand (PG Cert.) and is assessed by members of the Clinical Education Team who are trained assessors.

Clinical Leaders, Educators and Advisors are required to have a performance appraisal and progress onto the PDRP within 18 months of appointment / or employment to that position.

Nurses cannot apply for the Plunket PDRP until they have had their first performance appraisal completed (as stipulated by NCNZ). Therefore nurses in their first 18 months of employment with Plunket may be selected by NCNZ for audit.

TRANSFERRING FROM ANOTHER NCNZ APPROVED PDRP
A registered nurse with a current PDRP portfolio assessed through a NCNZ approved PDRP that transfers to permanent employment from another area of practice is able to retain that level of practice in the new employment setting for a period of 12 months.

Plunket supports this in recognition of the transportability of the well child leadership competencies expected for Proficient and Expert nurses that have achieved this status in a NCNZ approved programme.

The nurse then has up to **12 months** to demonstrate achievement of the competencies at that level of practice in the new setting or at the portfolio expiry date (whichever comes first). This is completed by submission of a portfolio that is assessed as successful. It is the nurse’s responsibility to apply for transfer by completing the transfer form and providing the appropriate supporting documentation (a PDRP certificate or letter of confirmation from the PDRP Coordinator at the previous place of employment).

**RETURNING EMPLOYEES**

If a Plunket employee on the PDRP resigns and then returns to the same or a similar position within Plunket within **3 years of their previous PDRP portfolio review**, their status will be re established, at the existing level, until the portfolio expiry date.

A nurse who has been away for more than 3 years or did not complete a full portfolio review prior to leaving cannot have their level re established as Plunket cannot guarantee that they meet NCNZ continuing competency requirements.

**SECTION III: PORTFOLIO INFORMATION AND REQUIREMENTS**
The PDRP portfolio is a record of professional practice, activities and achievements. It is a professional document and so should be presented in a way that reflects this.

**Competent portfolios have two pathways:**

1. A PDRP Competent portfolio is completed for the final summative assessment as part of the Primary Health Care Specialty Nursing Well Child/Tamariki Ora strand (PG Cert) requirements and is assessed by the Clinical Education Team.

2. Plunket nurses practicing at Competent Level can apply to the PDRP Coordinator at any time for portfolio assessment. The application form is available on the Plunket Intranet (TLC) and should be completed and submitted to the PDRP coordinator.

**Proficient and Expert portfolio:**

Plunket nurses applying for Proficient and Expert level are required to apply to the PDRP Coordinator in accordance with the Portfolio Assessment dates identified below

<table>
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<tr>
<th>Applications due before</th>
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<tr>
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<td>1 November</td>
<td>November</td>
<td>30 November</td>
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The application form is available on the Plunket Intranet (TLC) and should be completed and submitted to the PDRP coordinator before the due date (email applications are acceptable). The PDRP coordinator will acknowledge the application by email or in writing **within 5 working days.**

**Nurse Influencing Practice (NIP) portfolio:**
Nurses whose role is predominantly management, education, advisory, policy development, and/or research can apply to the PDRP Coordinator at any time for NIP portfolio assessment by a trained assessor. The application form is available on the Plunket Intranet (TLC) and should be completed and submitted to the PDRP coordinator.

- The assessment will be undertaken within 15 working days of portfolio submission by an assessor in the area if possible or if none available the PDRP Coordinator will source an assessor.

- If unsuccessful then the PDRP Coordinator will be notified and will arrange moderation.

Portfolios must be sent by Courier Post (Track and Trace with Signature) to the following address by the due date:

PDRP Coordinator
Plunket National Office
Level 3, Simple House
40 Mercer Street
Wellington 6011

The PDRP Coordinator will acknowledge the receipt of the portfolio within 5 working days (by email or in writing) and the portfolio will be assessed within 20 working days of receipt by the PDRP Coordinator.

For all PDRP Level portfolios the following applies:

1. When evidence is accepted for the level being applied for and the portfolio is successful then applicant will be advised of the outcome in writing and receive a PDRP Certificate and the National Plunket PDRP Register will be updated. The portfolio will be returned with the assessment template and assessor/moderator comments. The Clinical Service Manager, Clinical Leader, and Plunket Payroll will also be notified of the outcome and the Clinical Service Manager is then responsible for approving the allowance and sending the form to payroll.

2. When evidence requires further clarification and strengthening for the level being applied for then the applicant will be advised of the outcome in writing and offered one opportunity to submit further evidence. The applicant will be offered 15 working days from receipt of the outcome letter to submit further evidence for assessment.
The appeal process may be utilised (pages 39-41) at this point. Only the further evidence requested will be assessed and not the whole portfolio.

3. If the further evidence is accepted for the level being applied for and the portfolio is successful then the applicant will be advised of the outcome in writing and receive a PDRP Certificate and the National Plunket PDRP register updated.

4. If the further evidence is insufficient for the level being applied for then the application outcome is unsuccessful. The nurse will be encouraged and supported to resubmit a full application for Proficient or Expert Level at a future assessment panel in or alternatively apply for assessment at Competent Level at any time.

**Developing a PDRP Portfolio**

All evidence must be photocopies and **no original documents included.**

- Any original documentation (such as certificates) should be listed on the Professional Development Record and verified (do not submit the original). For an Expert or NIP portfolio verified copies of certificates or course transcripts of Level 8 Post Graduate education are required **do not** submit the original.

- Information or documents should be anonymised so that they do not in any way identify a child/family/whānau/fanau or other health care providers, or circumstances which may render a situation identifiable, unless written permission is given.

- Evidence based personal reflections must be written with appropriate terminology and not express personal feelings that you would not want critiqued by others.

- Work or evidence that is older than the specified time frames (less than 3 years old for the professional development record and within the last 12 months for evidence and examples to meet competencies) or from a previous area of employment should not be included.

- Any documents not required on the checklist should not be included as only required evidence will be assessed.

- Do not provide any evidence that may demonstrate incompetence rather than competence of self or others.

- Only evidence for the level being applied for should be included.
• Personal pictures, cards or photos should not be included (a photo on your curriculum vitae or conference presentation programme is acceptable).

APPLICATION LETTER

Your PDRP application is required to be endorsed and supported by a Clinical Leader / Line Manager. The application form is located on the Plunket Intranet (TLC) and must be completed and mailed or emailed to the PDRP Coordinator. Competent (Level 2) and Nurse Influencing Practice application forms must be received by the PDRP Coordinator prior to assessment. Proficient (Level 3) and Expert (Level 4) Portfolios application forms must be received by the PDRP Coordinator according to dates in the PDRP Assessment table (Page 13)

LETTER OF SUPPORT FROM CLINICAL LEADER / LINE MANAGER

A letter of support for your PDRP application is required to be completed by The Clinical Leader / Line Manager and placed into your portfolio. The Letter of Support form is located on the Plunket Intranet (TLC).

If you believe you are ready to apply for assessment and the Clinical Leader / Line Manager disagrees, the following applies:

• A meeting between yourself and the Clinical Leader / Line Manager will be scheduled to discuss the request for application and the Clinical leader / Line Manager will provide feedback to you specifying where your performance needs development and/or improvement required.

• Specific objectives/goals with timeframes will be agreed and documented. Support will be made available to assist in achieving the necessary objectives agreed.

• Time for feedback on progress will be scheduled and the outcome of the interview will be documented.
CURRICULUM VITAE

Your Curriculum Vitae should include:

- **Personal details** – name and contact details

- **Education and Academic Achievements** – a list of the educational institutions you have attended, dates of attendance and certificates, diploma’s or degrees gained.

- **Relevant Work Experience** – list your most recent position first and work backwards. Give dates of employment, name and location of employer, position, responsibilities and achievements.

- **Personal Skills and Abilities/Strengths** - your key skills and major achievements.

- **List of professional development activities**

ANNUAL PRACTISING CERTIFICATE (APC)

Include a verified (by your Clinical Leader / Line Manager) photocopy of both sides of your current APC (and have your Clinical Leader / Line Manager verify the photocopy or print out) or print out a copy from the NCNZ website is acceptable with any conditions of practice.

EVIDENCE OF PRACTICE HOURS

Verification of a minimum of 450 practice hours over the last 3 years. This is required to be validated by the Clinical Leader / Line Manager or a letter from payroll indicating your role, clinical area, and total number of practice hours over the last 3 years (e.g. 940 hours) is acceptable. A record of Full Time Equivalent (FTE) or percentage of days worked is not acceptable.

PROFESSIONAL DEVELOPMENT RECORD OF HOURS

The NZ Nursing Council professional development requirements are completion of 60 hours over the last 3 years. This may include organisational mandatory or essential training and other professional development and should:
• Include a verified record of all Professional development attended using the Professional Development Template (available on the Plunket Intranet-TLC).

• Include a minimum of 3 educational attendance reflections describing the difference the learning has made to your well child nursing practice at the level applied for. These need to be completed for professional development attended during the past 3 years. These reflections need to be completed separately to the listing of them in the Professional Development Record.

• Contain evidence that the professional development on the Code of conduct and Guidelines: Professional Boundaries has been completed before July 2015 as per NCNZ requirements (Nursing Council of New Zealand 2012)

Please do not include original certificates – use a Professional Development Record Template.

PERFORMANCE APPRAISAL

• Must be less than 12 months old.

• Must reflect the level being applied for or maintained in all competency areas.

• Needs to be signed by all parties involved.

SELF ASSESSMENT - APPRAISAL FORM

Self Assessment-Nurse to complete

The self assessment is completed by the nurse applying for Competent (Level 2), Proficient (Level 3) and Expert (Level 4) PDRP. It must include examples within the well child area that provide sufficient evidence to demonstrate that practice meets each of the NCNZ competencies (Nurses Executive of New Zealand (NNO) PDRP Evidential Requirements 2009) and be from your every day practice. The Plunket nurse Standards of Practice (2009) describe clearly criteria for Plunket nurse competence at all levels and these should be used to guide your description of how you meet each competency.
The competencies require specific examples or an explanation of your actual practice and how that practice meets or achieves the competency **at the level that you are applying for**. Examples must be from your current area of practice and less than 12 months old (NNO PDRP Evidential Requirements 2009). When discussing a specific example from actual practice, it must be verified by the Clinical Leader.

- The evidence is to be from the Plunket nurse’s current area of practice and within the last 12 months.

- It must explain and describe how the Plunket nurse’s day to day practice specifically meets the competency **at the level applied for**.

- It must be verified by the Clinical Leader/nursing peer/Line manager. The person verifying is required to sign, date and record their APC number.

**Clinical Leader Review**

The Clinical Leader completes the appraisal assessment and the nurse is assessed against the NCNZ competencies in the context of The Plunket nurse Standards of Practice (2009) at the level being assessed.

To meet NCNZ requirements, the Clinical Leader must include a statement for each competency that validates the nurse’s self assessment and includes evidence demonstrating how the nurse meets each competency **at the level being applied** for. This can be based on:

- Direct observation.

- An interview or discussion to ascertain Well Child care in different scenarios.

- Evidence provided by the nurse including self assessments, exemplars, examples of practice (NCNZ, 2009).

- Evidence from other colleagues.

If the Clinical Leader is unable to complete the appraisal assessment, this must be discussed with the nurse. If there are any issues with the nurse’s practice, the Clinical Leader may choose to move to a supportive plan for practice such as a Performance Improvement Plan (PIP). If the nurse disagrees with the assessment then this will be managed in the area according to current Plunket Policy (also see page 16).
The assessment is completed by a Clinical Leader who:

- Has a current APC
- Is familiar with the practice of the nurse.

**EVIDENCE TO SUPPORT YOUR SELF ASSESSMENT**

- The nurse is responsible for clearly identifying a **minimum of one** piece of evidence for each competency that demonstrates practice at the level being applied for in addition to the Clinical Leader assessment. **Three pieces of robust evidence is the maximum required.** If more than 3 are identified and the assessor is not able to identify evidence that the competency is met within the first 3 pieces of evidence they are not required to look at further pieces that have been cited for that competency.

- Practice evidence must be dated and verified by the Clinical Leader, and include their APC number.

- The evidence should be from the current area of practice and be within the previous 12 months.

- PDRP applicant's are required to present sufficient, valid, authentic, repeatable, and current evidence

**NURSE INFLUENCING PRACTICE SELF ASSESSMENT / PEER ASSESSMENT FORM**

The self assessment is completed by the nurse applying for Nurse Influencing Practice (NIP) PDRP. It must include examples of practice that provide sufficient evidence to demonstrate that you meet each of the NCNZ competencies (Nurses Executive of New Zealand (NNO) PDRP Evidential Requirements 2009).

The competencies require examples or an explanation of your actual practice and how that practice meets or achieves the competency **at the level that you are applying for**. Examples must be from your current area of practice and less than 12 months old (NNO PDRP Evidential Requirements 2009).
The Peer / Line Manager complete the assessment and the nurse is assessed against the NCNZ competencies. To meet NCNZ requirements it must include a statement for each competency that validates the nurses self assessment and includes evidence demonstrating how each competency is met. This can be based on:

- Direct observation.
- An interview or discussion.
- Evidence provided by the nurse including self assessments, attestations, exemplars, examples of practice (NCNZ, 2009).

REFERENCING

All referencing within the portfolio must be in the most current American Psychological Association (APA) format (http://www.apastyle.org). References from journals and books should be less than 10 years old unless it is a seminal piece of work (e.g. Benner 1984) or reflective of a current practice change.

All pieces of evidence submitted (e.g. reflections, case studies, teaching plans) must be supported by literature and demonstrate critical analysis.

All evidence must be page numbered, sectioned, and indexed. In the workbook all examples and evidence must show a reference to the page number in the portfolio.

AGE, VERIFICATION, AND FALSIFICATION OF EVIDENCE

- All Evidence submitted in the portfolio must be from the current area of practice and be less than 12 months old (INNO PDRP Evidential Requirements 2009).
- Any portfolio submitted for assessment, at any PDRP level, must contain a signed statement of integrity.
- All evidence in the portfolio is also required to be verified by a nurse peer, Clinical Leader/Line Manager. The person verifying is required to sign, date, and record their APC number.
• Verification can be recorded on the PDRP Workbook certifying that the verifier has sighted the evidence referenced in the PDRP Workbook and list the items verified. Alternately each piece can be individually verified.

• Any incident of an applicant suspected of claiming the work of others as their own will be viewed seriously. This is a breach of professionalism and appropriate steps will be taken.

CONFIDENTIALITY AND SECURITY

Individual health practitioners are responsible for maintaining client confidentiality. All client and personal information contained in evidence and examples within the portfolio **MUST** be anonymised and be written in a way that protects the identity of the people and places at all times and so that **NO** identifying client details are shown. Identifying data includes NHI, name, address, date of birth, or circumstances which render the situation or individuals identifiable.

Plunket PDRP Portfolios submitted for assessment will be kept on Plunket premises not accessed by the general public and stored in a locked cupboard and only made available to those Plunket people directly involved in the assessment process. Electronic documents related to PDRP will be stored in the Plunket network in a password protected hard drive. Breaches of this will be reported in alignment with the Plunket Clinical Incident Protocol.

All portfolios should be Courier Post (Signature Track and Traced) at all times as the preferred and safest method of transporting. The exception will be PG Cert students who personally hand their Competent portfolio to the Clinical Educator during their final Summative Assessment.

All portfolio contents remain confidential to the assessor(s) / moderator(s) and assessors are bound to respect the confidentiality of the nurse whose portfolio they are assessing. In situations where a portfolio contains material that indicates unethical, illegal or unprofessional behaviour and unsafe practice (including unsafe cultural practice) that is covered by the Health Practitioners Competence Assurance Act (HPCA) 2003 or as directed by NCNZ, the assessor will discuss this with the PDRP Coordinator. The PDRP Coordinator will then liaise with the GM Clinical Services and action will be taken in accordance with Plunket Policy.

The HPCA Act (2003) part 3-34(1) stipulates that incidences where nursing practice is identified that:
• May pose a risk of harm to the public or

• Where practice is below the required standard of competence

may be notified to the Nursing Council of New Zealand.

MAINTENANCE OF PDRP

Progression on the PDRP does not end after completion of a portfolio. It is an ongoing process requiring maintenance of the portfolio competencies and annual performance appraisal.

It is expected that all nurses within Plunket maintain a portfolio of examples that demonstrate competent practice as a minimum. Nurses are required to present their portfolio as part of the annual performance appraisal and discuss the development of their portfolio with the Clinical Leader/Line Manager in order to plan their professional development and PDRP progression.

To remain on a NCNZ approved PDRP, nurses are required to submit a current portfolio of evidence every 3 years. This reaffirms the nurse is consistently practicing at that level of practice.

• Successful re assessment is required to be completed before the expiry of the PDRP allowance payment date.

• Nurses due for re assessment of PDRP will be advised by the PDRP Coordinator 3 months prior to their PDRP expiry date.

• The nurse who is on a level that includes remuneration of an allowance must submit an application prior to the expiry date of the allowance, otherwise the PDRP allowance will cease from the expiry date and the nurse will be advised of any change.

• The PDRP Allowance may be continued for up to a maximum of 30 working days if payroll is notified by the PDRP Coordinator in cases when additional evidence, or resolution of any appeal is in progress.
REMOVAL FROM PDRP

A nurse’s name will be removed from the PDRP register if:

- There is a failure to submit a portfolio for PDRP assessment when due 3 yearly
- The nurse does not have a current practising certificate (APC)
- When a nurse shows a significant breach of nursing conduct or competence that demonstrates their inability to continue to perform at a Competent, Proficient, Expert, or NIP Level. NCNZ will be advised and any remuneration allowances stopped immediately.
- If an individual advises the PDRP coordinator in writing that they wish to withdraw from the PDRP.
- If a nurse transfers to the Plunket PDRP and then fails to submit a portfolio within 12 months or at the portfolio expiry date (whichever comes first).

NCNZ will be advised of removal from the Plunket PDRP by the PDRP coordinator and the nurse then subject to the NCNZ continuing competency assessment process.

Once removed from the PDRP, full reapplication is required. When a nurse leaves Plunket employment, payroll will advise the PDRP coordinator so the nurse’s information can be removed from the Plunket PDRP register.

RESIGNATION

On resignation from Plunket a nurse with a current portfolio will be removed from the PDRP register and will no longer be recorded as having a current PDRP portfolio. The nurse may then apply to have their PDRP recognised by their new employer, provided they have an approved NCNZ PRDP programme. The nurse is responsible for requesting transfer of their PDRP status dependant on their criteria. They are responsible for supplying the employing organisation with the appropriate documentation.
PDRP REMUNERATION AND ALLOWANCES

Competent (Level2) and NIP Level do not attract any additional allowances or remuneration (the exception being when Competent status is gained as part of the course requirements for the Post Graduate Primary Health Care Specialty Nursing Well-Child/Tamariki Ora strand (PG Cert.). On successful completion, if eligible, a salary increase may automatically be applied for).

Plunket nurses attaining Proficient (Level 3) and Expert (Level 4) will be paid a PDRP allowance as stipulated in the Plunket Collective Agreement Clause 34. The allowance is paid pro rata for hours worked. It is dependent on the Plunket nurse achieving and maintaining the level of practice assessed for. The Clinical Services Manager is responsible for approving the allowance and sending the form to payroll (this form needs to be completed whether they have maintained the same level or progressed to Proficient or Expert Level).

The letter from the PDRP Coordinator advising the applicant of the outcome of assessment or reassessment at Proficient or Expert Level will be copied to the Clinical Services Manager, Clinical Leader, and Plunket Payroll.

SECTION IV: SPECIFIC PORTFOLIO REQUIREMENTS
COMPETENT (LEVEL2) PORTFOLIO

- All evidence must be page numbered, sectioned, and indexed. In the self assessment/appraisal all examples and evidence must show a reference to the page number in the portfolio where applicable.

- Signed statement of integrity

- Letter of support from Clinical Leader / Line Manager

- Curriculum Vitae (Inclusive of work and education history)

- A verified copy of both sides of current Annual practising certificate (APC) or a copy of entry on NCNZ online register with any conditions of practice.

- A verified record of practice hours (a minimum of 450 hours over the last 3 years). This must be stated in actual hours (e.g. 940 hours) and not proportion of FTE or number of days worked.

- A verified record of professional development (60 hours over the last 3 years) and must include a separate written reflection on (at least) 3 professional development attendances, describing the difference this learning has made to your nursing practice.

  The record must include evidence that professional development on the Code of conduct and Guidelines: Professional Boundaries has been completed before July 2015 as per NCNZ requirements (Nursing Council of New Zealand 2012)

Competent (Level 2) reflection should demonstrate the use of reflective practice to assess, analyse and improve caseload and case management practice that improves equity of health outcomes for children and reduces health disparities for Maori and Pacific populations.

- A Performance Appraisal completed within the last 12 months including completed self assessment with reflection and specific examples describing how your nursing practice meets the required competencies for a Competent Plunket nurse.

- The PDRP Self Assessment which clearly identifies a minimum of one piece of practice evidence for each competency (additional to that given by the Clinical Leader
in the Plunket Nurse self assessment /appraisal form) that demonstrates everyday practice at the Competent level. The practice evidence identified should be from the nurse’s current area of practice and be within the previous 12 months. **Three pieces of robust evidence is the maximum required.**

- Sufficient evidence will be included in the self assessment and performance appraisal and **at the level applied for**.

- All evidence must demonstrate cultural competence, cultural responsiveness and cultural safety in well child health practice.

- All evidence must demonstrate the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to well child health practice and practice in a culturally safe / Kawa whakaruruhau manner.

- If further evidence is required it may be in the form of attestations, documentation audits, reflection on peer reciprocal supervision, clinical based observation records, reflection on professional development. Evidence based reflections on practice, An example of practice evidence to demonstrate involvement in a quality initiative, Evidence illustrating case management for a complex family/whānau/fanau, Attestations, Clinical based observation records, Evidence of a teaching session or presentation that includes learning objectives and evaluation of the session.

  **NB. One piece of evidence may be used to demonstrate competency across a range of competencies.**
All evidence must be page numbered, sectioned, and indexed. In the self assessment/appraisal all examples and evidence must show a reference to the page number in the portfolio where applicable.

Signed statement of integrity

Letter of support from Clinical Leader / Line Manager

Curriculum Vitae (Inclusive of work and education history)

A verified copy of both sides of current Annual Practising Certificate (APC) or a copy of entry on NCNZ online register with any conditions of practice.

A verified record of practice hours (a minimum of 450 hours over the last 3 years). This must be stated in hours (e.g. 940 hours) and not proportion of FTE or number of days worked

A verified record of professional development (60 hours over the last 3 years) and must include a separate written reflection on (at least) 3 professional development attendances, describing the difference this learning has made to your nursing practice.

The record must include evidence that professional development on the Code of conduct and Guidelines: Professional Boundaries has been completed before July 2015 as per NCNZ requirements (Nursing Council of New Zealand 2012)

Proficient (Level 3) reflection should articulate reflective processes used in practice to colleagues. Use a reflective model to assess and analyse nurse’s practice and work alongside nurses to improve equity of health outcomes for children and reduce health disparities for Maori and Pacific populations.

A Performance Appraisal completed within the last 12 months including completed self assessment with reflection and specific examples describing how your nursing practice meets the required competencies for a Proficient Plunket.

The PDRP Self Assessment which clearly identifies a minimum of one piece of practice evidence for each competency (additional to that given by the Clinical Leader in the Plunket Nurse self assessment /appraisal form) that demonstrates everyday practice at the Proficient level. The practice evidence identified should be from the
The nurse’s current area of practice and be within the previous 12 months. **Three pieces of robust evidence is the maximum required.**

**The following must be included as part of the evidence provided:**

- **ONE** piece of evidence demonstrating involvement in a quality initiative or practice change and include an implementation evaluation.

- **ONE** piece of evidence of a teaching, preceptoring, or supporting the skill development of a colleague/s.

- **ONE** piece of evidence illustrating case management for a complex family/whānau/fanau. This may be an evidence based reflection or case review.

  - A teaching session must include learning objectives and evaluation of the session and should have been delivered to more than one person.

  - Preceptoring or supporting skills development should include reflection and feedback from the person preceptored or supported.

- All evidence must demonstrate cultural competence, cultural responsiveness and cultural safety in well child health practice.

- All evidence must demonstrate the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to well child health practice and practice in a culturally safe / Kawa whakaruruhau manner.

- If further evidence is required it may be in the form of attestations, documentation audits, reflection on peer reciprocal supervision, clinical based observation records, reflection on professional development.

  **NB. One piece of evidence may be used to demonstrate competency across a range of competencies.**

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**EXPERT (LEVEL 4) PORTFOLIO**
All evidence must be page numbered, sectioned, and indexed. In the self assessment/appraisal all examples and evidence must show a reference to the page number in the portfolio where applicable.

Signed statement of integrity

Letter of support from Clinical Leader / Line Manager

Curriculum Vitae (Inclusive of work and education history)

A verified copy of both sides of current Annual Practising Certificate (APC) or a copy of entry on NCNZ online register with any conditions of practice.

A verified record of practice hours (a minimum of 450 hours over the last 3 years). This must be stated in hours (e.g. 940 hours) and not proportion of FTE or number of days worked.

A verified record of professional development (60 hours over the last 3 years) and must include a separate written reflection on (at least) 3 professional development attendances, describing the difference this learning has made to your nursing practice.

The record must include evidence that professional development on the Code of conduct and Guidelines: Professional Boundaries has been completed before July 2015 as per NCNZ requirements (Nursing Council of New Zealand 2012)

Expert (Level 4) reflection should use reflective processes to implement innovation in well child nursing practice development that improves equity of health outcomes for children and reduces health disparities for Maori and Pacific populations.

A Performance Appraisal completed within the last 12 months including completed self assessment with reflection and specific examples describing how your nursing practice meets the required competencies for an Expert Plunket nurse.

The PDRP Self Assessment which clearly identifies a minimum of one piece of practice evidence for each competency (additional to that given by the Clinical Leader in the Plunket Nurse self assessment /appraisal form) that demonstrates everyday practice at the Proficient level. The practice evidence identified should be from the
nurse’s current area of practice and be within the previous 12 months. Three pieces of robust evidence is the maximum required.

- Evidence of Level 8 post graduate education relevant to your area of current practice (a verified copy of the certificate or course transcript are required). Post graduate Diploma and Masters Degree meet this requirement. This can be included in the 60 hours of professional development.

  The following must be included as part of the evidence provided:

- **One** piece of evidence demonstrating contribution to well child specialty knowledge or innovation in well child practice and the change process in quality improvement activities. This needs to be inclusive of a post implementation evaluation.

- **One** piece of evidence describing and reflecting on the learning and / or development of colleagues.

- **One** piece of evidence demonstrating engagement and influence in the wider Plunket Service, well child related professional or Plunket organisational activities. Advocacy for well child nursing practice needs to be included.

- **One** piece of evidence demonstrating expert knowledge and application of expert practice to the well child care of a complex family/whānau/fanau and clinical leadership in case management.

- All evidence must demonstrate cultural competence, cultural responsiveness and cultural safety in well child health practice.

- All evidence must demonstrate the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to well child health practice and practice in a culturally safe / Kawa whakaruruuhau manner.

**NB. One piece of evidence may be used to demonstrate competency across a range of competencies.**
**NURSE INFLUENCING PRACTICE PORTFOLIO**

- All evidence must be page numbered, sectioned, and indexed. In the self assessment/peer assessment all examples and evidence must show a reference to the page number in the portfolio where applicable.

- Signed statement of integrity

- Curriculum Vitae (Inclusive of work and education history)

- A verified copy of both sides of current Annual Practising Certificate (APC) or a copy of entry on NCNZ online register with any conditions of practice.

- A verified record of practice hours (a minimum of 450 hours over the last 3 years). This must be stated in hours (e.g. 940 hours) and **not** proportion of FTE or number of days worked.

- A verified record of professional development (60 hours over the last 3 years) and must include a separate written reflection on (at least) 3 professional development attendances, describing the difference this learning has made to your nursing practice.

  The record must include evidence that professional development on the **Code of Conduct For Nurses and Guidelines: Professional Boundaries has been completed before July 2015 as per NCNZ requirements (Nursing Council of New Zealand 2012)**

- A Performance Appraisal completed within the last 12 months.

- The PDRP Self Assessment and Peer Assessment Record which clearly identifies evidence / examples that demonstrate how you meet the competencies for Nurses Influencing Practice in management, education, quality, policy and /or research

- Any evidence of Level 8 post graduate education (or currently working towards) relevant to your area of current practice (a verified copy of the certificate or course transcript are required). This can be included in the 60 hours of professional development.

- Evidence demonstrating leadership in management, education, quality, research or policy development.
Sufficient evidence will include the self assessment and performance appraisal and a minimum of one further piece of evidence / example for each competency that demonstrates practice at the Nurse Influencing Practice level. The evidence identified should be from the current area of practice and be within the previous 12 months. **Three pieces of robust evidence is the maximum required.**

- Supporting evidence may also include attestations, reflections on peer reciprocal supervision, advocacy to improve well child health outcomes
- All evidence must demonstrate cultural competence, cultural responsiveness and cultural safety in well child health.
- All evidence must demonstrate the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to well child health and practice in a culturally safe / Kawa whakaruruhau manner.

**NB. One piece of evidence may be used to demonstrate competency across a range of competencies.**
**PDRP ASSESSMENT PROCESS**

**Develop Portfolio**

- **Competent (Level 2)**
  - Application made to PDRP Coordinator for assessment.
  - Complete Competent level requirements and submit portfolio to PDRP Coordinator, Clinical Educator, or designated assessor for assessment.
  - PDRP Coordinator arranges portfolio to be assessed by trained assessor.
  - PG cert Competent portfolios are assessed by the Clinical educators

- **Proficient (Level 3)**
  - Application made to PDRP Coordinator for assessment by designated date.
  - Complete Proficient level requirements and submit portfolio to PDRP Coordinator for assessment.
  - PDRP Coordinator arranges assessment panel/s for portfolio assessment.

- **Expert (Level 4)**
  - Application made to PDRP Coordinator for assessment by designated date.
  - Complete Expert level requirements and submit portfolio to PDRP Coordinator for assessment.
  - PDRP Coordinator arranges assessment panel/s for portfolio assessment.

- **Nurse Influencing Practice**
  - Application made to PDRP Coordinator for assessment.
  - Complete Nurse Influencing Practice level requirements and submit portfolio for assessment.
  - PDRP Coordinator arranges for portfolio to be assessed by trained assessor.

**Evidence Sufficient**

- Application Successful
  - Entered onto the Plunket PDRP Register.
  - Portfolio valid for 3 years from assessment date

**Evidence Insufficient**

- Requires Further Evidence
  - When the portfolio contains insufficient evidence for the level being assessed then the portfolio will be moderated and then returned to the applicant with clear feedback.
    - The applicant then has **15 working days** from receipt of portfolio and letter stating the outcome and further evidence required from PDRP Coordinator to then provide the evidence required and re submit the portfolio to the PDRP Coordinator for further assessment
    - Applicant can appeal the process at this point (Page 39).

**Evidence Insufficient. Application Unsuccessful.**

- Applicant can appeal the process at this point (Page 39).
- Applicant can reapply for PDRP at a later date.
SECTION V: ASSESSMENT AND MODERATION

Portfolio assessment for maintenance of PDRP level is required three yearly and the portfolio is assessed against the competencies for Plunket nurses. This is stipulated by NCNZ and is a nationally endorsed expectation.

Application and assessment of Competent (Level 2) and Nurse Influencing Practice (NIP) Portfolios can be undertaken at any time. Proficient (Level 3) and Expert (Level 4) portfolio assessment is undertaken in accordance with the Portfolio Assessment dates identified on page 14.

Plunket PDRP Assessors.

Plunket PDRP Assessors include:

- National Advisors
- National Educators
- Clinical Leaders
- Clinical Nurse Consultants
- PDRP Expert (Level 4) Plunket nurses

Requirements for a Plunket PDRP Assessor:

- Be an RN with a current APC (no restrictions impacting on ability to practice)
- Have completed NZQA 4098 Workplace Assessor Training or Plunket / Whitireia Assessor Training programme.
- All assessors are required to attend / complete assessment update annually.
- All assessors are required to assess or moderate a minimum of 5 portfolios annually.
- All Plunket nurses at Expert (Level 4) and Nurse Influencing Practice Level are encouraged to undertake assessor training and PDRP assessment duties as part of their role.

All portfolio contents remain confidential to the assessor(s) / moderator(s) and they are bound to respect the confidentiality of the nurse whose portfolio they are assessing.
ASSESSMENT OUTCOMES

The assessor will complete the assessment template. The assessor will describe accepted examples and provide constructive feedback when evidence is not sufficient to demonstrate competence and can be further strengthened for reassessment. The decision column will state M-met or U-unmet.

There are three possible outcomes from portfolio assessment:

1. **When evidence is accepted for the level being applied for and the portfolio is successful** then applicant will be advised of the outcome in writing and receive a PDRP Certificate and the National Plunket PDRP register updated. The Clinical Service Manager, Clinical Leader, and Plunket Payroll will also be notified of the outcome and the Clinical Service Manager is then responsible for approving the allowance and sending the form to payroll (proficient and expert levels only).

2. **When evidence requires further clarification and strengthening for the level being applied for then the applicant will be advised of the outcome in writing and offered one opportunity to submit further evidence.** The applicant will be offered 15 working days from receipt of the outcome letter to submit further evidence for assessment. The appeal process may be utilised (pages 40-41) at this point.

   If the further evidence is accepted for the level being applied for and the portfolio is successful then applicant will be advised of the outcome in writing and receive a PDRP Certificate and the National Plunket PDRP register updated.

3. **If the further evidence is insufficient for the level being applied for then the application outcome is unsuccessful.** The nurse will be encouraged and supported to resubmit a full application for Proficient or Expert Level at a future assessment panel or alternatively apply for assessment at Competent Level at any time.

ASSESSMENT PANELS

Proficient (Level 3) and Expert (Level 4) portfolios are assessed at assessment panels three times a year (page 14). These panels will be convened by the PDRP Coordinator and consist of a minimum of two trained assessors (page 36).
MODERATION

Moderation of portfolios occurs to ensure consistency, reliability, validity and fairness in assessment and to maintain the quality of the Plunket PDRP programme. Moderation is the process whereby a portfolio is assessed and then the assessment reviewed by another assessor.

Moderation of portfolios occurs in the following situations:

- When a portfolio has insufficient evidence and is not successful and demonstrating the criteria applied for.
- A minimum of 10% of all portfolios will be randomly moderated annually at each level.
- The first 5 portfolios reviewed by a new assessor will be moderated by an experienced assessor.
- External moderation of a selection of portfolios occurs at least once annually by PDRP Coordinators from other NCNZ approved PDRP Programmes.

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

MODERATION AND AUDITING OF THE PLUNKET PDRP PROGRAMME

An evaluation of the Plunket PDRP Programme is undertaken every five years. And auditing of the programme is routinely undertaken by NCNZ.
SECTION VI: PLUNKET PDRP RESPONSIBILITIES

Plunket PDRP Coordinator

The Plunket PDRP Coordinator is responsible for ensuring all aspects of the PDRP system are running smoothly and that communication is effective and they report directly to the General Manager Clinical Services. The coordinator is a registered nurse with a current APC who is on PDRP and is a trained PDRP assessor. This role has advisory, coordination, quality, and administrative functions. The coordinator maintains the PDRP database and provides information to NCNZ as requested. The Plunket PDRP Coordinator is responsible for managing both the nurse and health worker PDRP programmes within Plunket.

Key tasks:

- Coordinates the process of application and assessment for nurse and health workers at all levels of the Plunket PDRP, including overseeing the maintenance and reporting of the database and records.
- Coordinate and manage the PDRP moderation and appeal processes.
- Respond to all enquiries from nurses, health workers and managers about PDRP.
- Provides advice and guidance to applicants in regard to the PDRP process as required.
- Supervise the administrative functions of the PDRP, and the administrator.
- In collaboration with the PDRP administrator the PDRP coordinator collates the reminder letters for applicants due assessment and all outcome letters.
- Update the PDRP Handbooks, applications forms, all the templates and ensure the most up to date forms are available on the Plunket Intranet-TLC.
- Convene and report to the PDRP Advisory Group.
- Arrange the convening of the PDRP Assessment panels to assess applications for Proficient (Level 3) and Expert (Level 4) three times a year (page 14).
- Liaise with Clinical Education Team to implement assessor training and updates.
- Project manage the review of PDRP processes and documents.
- Ensure the availability of information about PDRP (including presentations, information on the Plunket Intranet-TLC, articles in Care Delivery News).
- Report to Nursing Council after each assessment panel and undertakes regular programme audits.
• Liaise with People and Capability advisors to ensure PRDP processes align with best HR practice.
• Attend National PDRP Coordinator's meetings and keep abreast of developments in PDRP in New Zealand.
• Participates in local external moderation panel with other PDRP coordinators annually.
• Undertake annual audit and evaluation of assessment, moderation, appeal and PDRP programme.
• Report directly to the General Manager Clinical Services. Is responsible for formulating a report after each assessment panel, and to the Advisory Group at least once a year.

The PDRP coordinator role is further described in the PDRP Coordinator's Handbook (Page 4) available on request from the PDRP Coordinator.

**Plunket PDRP Advisory Group**

The Plunket PDRP Advisory Group is accountable to the General Manager Clinical Services and has Terms of Reference. The Advisory Group is responsible for:

• Providing leadership and governance to ensure Plunket's PDRP Programme for nurses meets Nursing Council of New Zealand standards for professional development and recognition programmes.
• Making recommendations to develop the nurse and health worker programmes, support staff through the process, and manage priority risks.

The advisory group has a chairperson (not the PDRP coordinator). Group membership consists of:

• PDRP Coordinator
• General Manager Clinical Services
• National Education Manager
• National Advisor/s
• Maori nurse
• Clinical Service Manager
• Area Plunket nurse
The PDRP Advisory Group will meet three times a year the month following an assessment panel period (page 14).

**Plunket PDRP Assessors**

Plunket PDRP Assessors are selected on their role and/or their advanced Plunket nurse proficiency. Plunket PDRP assessors include:

- National Advisors
- National Educators
- Clinical Advisors
- Clinical Leaders
- Clinical Nurse Consultants
- PDRP Expert (Level 4) Plunket nurses

**Requirements for a Plunket PDRP Assessor:**

- To be on the PDRP register: Expert (Level 4) or Nurse Influencing Practice status
- Be an RN with a current APC (no restrictions impacting on ability to practice).
- Have completed NZQA 4098 Workplace Assessor Training or Plunket / Whitireia Assessor Training programme.
- All assessors are required to attend / complete assessment update annually.
- To maintain currency all assessors are required to assess a minimum of 5 portfolios annually.
- All Expert (Level 4) and Nurses Influencing Practice Nurses are encouraged to undertake assessor training and PDRP assessment duties.
SECTION VII: APPEAL PROCESS

If an application is unsuccessful and the applicant does not agree with the outcome then they can appeal the decision. The Appeal process is as follows:

1. The applicant writes to the PDRP Coordinator within 10 working days of receiving the PDRP outcome letter, stating clearly the reasons for the appeal.

2. The PDRP Coordinator will acknowledge receipt of the letter within 5 working days and request the nurse to return the portfolio as originally submitted.

3. The PDRP Coordinator will convene an Appeal Review Panel within 5 working days of the receipt of the portfolio being assessed for appeal. This will be different to the original Assessment Panel and will be made up of a minimum of two experienced assessors and the PDRP Coordinator.

4. The portfolio evidence must be as originally submitted and must not have been altered in any way after the original submission in order to be eligible for assessment by the Appeal Review Panel.

5. The Appeal Review 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 applicant may request to attend in order to present the grounds of the appeal and this will be either by Lync video conference or face to face.

The original assessors / panel may also present their case directly to the Appeal Review Panel.

   The Appeal Review Panel’s aim is to decide if the original decision is to be upheld or not

6. The PDRP Coordinator will give a written response with supporting evidence and return the portfolio to the applicant within 10 working days of the Appeal Review Panel's decision.

7. The PDRP Coordinator advises the Clinical Services Manager and Clinical Leader / Line Manager of the outcome and decision from the Appeal Review Panel. The PDRP Coordinator also advises the GM Clinical Services of the outcomes of all appeals.
8. If the applicant still disagrees with the decision they can apply in writing to the General Manager Clinical Services for review **within 10 working days** from the receipt of the Appeal Review Panel’s decision. The decision of the General Manager Clinical Services will be final.

ALL PLUNKET NURSES ARE REQUIRED TO FOLLOW THE APPEAL PROCESS AS DESCRIBED (PAGES 41-43) TO ENSURE THE INTEGRITY AND QUALITY OF THE PROCESS.

IF THE APPEAL PROCESS DESCRIBED (PAGE 41-43) IS NOT FOLLOWED THEN THE APPEAL WILL NOT PROCEED.
Plunket PDRP Appeal Process Flow Chart

Applicant disagrees with the unsuccessful outcome of PDRP assessment following moderation.

The applicant writes to the PDRP Coordinator within 10 working days of receiving the PDRP outcome letter, stating clearly the reasons for the appeal.

The PDRP Coordinator will acknowledge receipt of the letter within 5 working days and request the nurse to return the portfolio as originally submitted.

The PDRP Coordinator will convene an Appeal Review Panel within 5 working days of the receipt of the portfolio being assessed for appeal. This will be different to the original Assessment Panel made up of a minimum of two experienced assessors and the PDRP Coordinator.

The Appeal Review Panel’s aim is to decide if the original decision is to be upheld or not and they 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 applicant may request to attend in order to present the grounds of the appeal and this will be either by Lync or face to face.
- The original assessors / panel may also present their case directly to the Appeal Review Panel.

The PDRP Coordinator will give a written response with supporting evidence and return the portfolio to the applicant within 10 working days of the Appeal Review Panel’s decision.

The PDRP Coordinator advises the Clinical Services Manager / Area Manager and Clinical Leader / Line Manager of the outcome and decision from the Appeal Review Panel. The PDRP Coordinator also advises the General Manager Clinical Services of the outcomes of all appeals.

If the applicant still disagrees with the decision they can apply in writing to the General Manager Clinical Services for review within 10 working days from the receipt of the Appeal Review Panel’s decision. The decision of the General Manager Clinical Services will be final.
SECTION VIII: WRITING A CASE STUDY AND REFLECTION

WRITING A REFLECTION

The aim of reflection is to identify, critically reflect and build on existing strengths to improve professional competence so enabling you to become a more effective well child nurse. Reflecting on practice is important as a way of purposefully thinking about what we do every day. Reflection enables us to examine our own thoughts and actions and make sense of a situation, identify the difference we made and think about how we might behave or respond in a similar situation.

Reflection-on-action is the most common form of reflection. It involves carefully going over in your mind events that have already occurred.

Reflection-in-action is thinking about the action that is being taken while in a situation and thinking about the knowledge contributing to that action.

Many broad models for reflection have been offered by theorists such as Gibbs (1988), Driscoll (1994), Johns (1995) and Tanner (2006). There are many more models and frameworks for reflection described in nursing literature that are useful for practice.

Guidelines for Reflection

Competent (Level 2) – Demonstrate the use of reflective practice to assess, analyse and improve caseload and case management practice that improves equity of health outcomes for children and reduces health disparities for Maori and Pacific populations.

Proficient (Level 3) - Articulate reflective processes used in practice to colleagues. Use a reflective model to assess and analyse nurse’s practice and work alongside nurses to improve equity of health outcomes for children and reduce health disparities for Maori and Pacific populations.

Expert (Level 4) – Use reflective processes to implement innovation in well child nursing practice development that improves equity of health outcomes for children and reduces health disparities for Maori and Pacific populations.

NB. YOUR REFLECTION SHOULD BE WRITTEN IN A WAY THAT PROTECTS THE IDENTITY OF PERSONS, PLACES AND CIRCUMSTANCES WHICH MAY RENDER A SITUATION IDENTIFIABLE.
WRITING A CASE STUDY

A nursing case study is an in-depth analysis of a situation that a nurse encounters in daily practice. The case study enables the nurse to apply theoretical and actual knowledge to an actual scenario, employ decision-making skills, use critical thinking to analyse the situation, and develop cognitive reasoning abilities.

1. Introduction.

This should be an overview that describes the client, the situation and circumstances relevant to the situation. The introduction can also include a brief client history leading up to the situation.

2. Summarise the issues from a socio-ecological perspective

The social and environmental influences on the family/whānau/fanau, including the deprivation level and assessed level of health need.

3. Health needs assessment.

The analysis from the nurse's assessment of the client, and details of risk and protective factors.

4. A prioritised plan of care and intervention

Including a description of the clinical decision making process followed, with reference to evidence and literature.

5. Evaluation of the care plan

Including measures used to measure the effectiveness of intervention(s)

6. Discuss the health outcomes

7. Provide References

NB. YOUR REFLECTION SHOULD BE WRITTEN IN A WAY THAT PROTECTS THE IDENTITY OF PERSONS, PLACES AND CIRCUMSTANCES WHICH MAY RENDER A SITUATION IDENTIFIABLE.
REFERENCES, BIBLIOGRAPHY, ASSOCIATED DOCUMENTS, LEGISLATION & POLICY.


Nursing Council of New Zealand (NCNZ) 2007, reprint May 2012. *Competencies for RN Scope of Practice,* Wellington, New Zealand

Plunket PDRP Guidelines and templates

Plunket Collective Agreement 1 July 2013 – 30 June 2014


LEGISLATION AND POLICY

Privacy Act (1993)
Health Information Privacy Code (1994)
Health Practitioners Competency Assurance Act 2003
Health and Disability Commissioner Act 2009
NCNZ Guidelines: competence Assessment, 2011
NCNZ Guidelines: responsibilities for direction and delegation of care to enrolled nurses, 2011
NCNZ Guidelines: delegation of care of a RN to a health care assistant 2011
NCNZ Guidelines: cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice 2011
Nursing Council of New Zealand (2012) *Code of Conduct for Nurses*
Nursing Council of New Zealand (2012) *Guideline: Professional Boundaries*
Plunket Annual Plans
Plunket Maori Health Policies
Plunket Organisation’s Code of Conduct
Plunket Nurse Standards of Practice (2009)
APPENDIX 1: NATIONAL FRAMEWORK RN PRDP LEVELS


Graduate Registered Nurse

- Is a newly Registered Nurse with a practising certificate
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines as culturally safe
- Is a multi-skilled beginner nurse with theoretical and practical student experiences
- Is reliant on learning from the experience of other nurses for his/her own experience
- Learns from appropriate allocated tasks
- Is able to manage and prioritise assigned patient/client care/workload with some guidance
- Is guided by procedures, policies and protocols
- Learns and is developing confidence from practical situations

The Competent Registered Nurse

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

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

The Expert Registered Nurse

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