



**Plunket Professional Development  
and Recognition Programme (PDRP)  
Handbook 2015 – 2017.**

**Plunket Health Workers (Plunket  
Kaiawhina and Community Karitane)**

**August 2012 (Amended 2015)**

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## Statement of Commitment

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The following principles underpin the Plunket Well Child/Tamariki Ora and Family/Whānau programmes and are the basis for clinical practice

- **Treaty of Waitangi:** Plunket is committed to implementing the principles of partnership, protection and participation inherent in the Treaty.
- **Health Promotion:** Plunket is committed to health promotion, providing services according to the principles implicit in the Ottawa Charter.
- **Cultural Safety:** Plunket is committed to providing culturally safe services.
- **Integration:** Plunket recognizes the importance of integrating its services to achieve optimal health outcomes for the child and family / whanau.
- **Evidence based best practice:** Plunket is committed to using standard guidelines to achieve evidence based best practice.
- **Socio-ecological perspective:** Plunket is committed to working from a socio-ecological perspective.
- **UN Convention on the Rights of the Child:** Plunket is committed to compliance with the provisions of the UN Convention on the Rights of the Child.
- **Informed Consent:** Plunket is committed to the right of clients making an informed choice and giving informed consent for the Plunket service.
- **Equity of Health Outcome:** Plunket is committed to ensuring that there is equity of health outcome for the population aged 0-5 years.

### **Plunket's Direction Statement**

*"Together, the best start for every child"*

*Mā te mahi ngātahi, e puāwai ai ā tātou tamariki*

### **Plunket's Purpose Statement**

Plunket believes in supporting the development of healthy families

*E Whakapono ana Te Whānau Āwhina te tautoko te kaupapa o te hauora i te whāna*

**This Policy and Handbook is used in conjunction with:**

- Plunket Health Worker Standards of Practice (2012)
- Plunket nurse Standards of Practice (2009)
- Professional Development and Recognition Programme Co-ordinators Handbook
- The Plunket Appraisal process
- Plunket Human Resources Management Processes

## **Introduction: The Plunket Health Worker**

The Plunket Health Worker is a valued and integral member of the Plunket well child health team. The Plunket Health Worker delivers planned and delegated care, directed and supervised by the Plunket nurse case manager. Plunket Health Workers complete the National Certificate in Tamariki Ora (NCTO) or equivalent level 4 qualification (New Zealand Qualifications Authority (NZQA)).

The Plunket Health Worker role description encompasses engagement with Māori, Pacific, Asian and other cultural communities. Plunket Health Worker practice is underpinned by the principles of the Treaty of Waitangi and knowledge of the social and economic determinants recognised to influence the health outcomes of children and their families. Care is strength based, provided in partnership with families, and encompasses health education and health promotion activities and role modelling with individuals, and in groups, to increase family/whānau/fanau knowledge and capacity. Plunket Health Workers have extensive knowledge of community networks and collaborate with others to advocate for best outcomes for children and families. Together with knowledge of the community and collaboration with other agencies, advocacy for the best outcomes for children and families is everyday practice.

The Plunket Health Worker is recognised in Plunket by one of two role titles:

### **Community Karitane**

Community Karitane work in a variety of community settings, appropriate to the client need. Community Karitane work in the care delivery team with Plunket nurses, volunteers and external agencies to improve the health and wellbeing outcomes of children, and families/whānau/fanau.

Community Karitane have extensive knowledge of the issues relevant to child health, development, behaviour and parenting, and of the community they work in. Community Karitane demonstrate collaboration within Plunket teams and with other agencies to maximise children's development potential, while promoting and supporting family/whānau/fanau self reliance.

Community Karitane may have specific knowledge and links with their own cultural community, for example Pacific or Asian. They may contribute cultural and/or specialist knowledge to area planning for health promotion strategies to ensure they are acceptable and appropriate for the families and populations. The Plunket Health Worker competencies may be demonstrated by Plunket Karitane through the application of cultural knowledge and expertise to planned care e.g. communicating with families in their first language, facilitating groups in response to cultural needs.

### **Plunket Kaiāwhina**

The Plunket Kaiāwhina role was established within Plunket to enable Plunket to improve engagement with Māori whānau and their communities.

Plunket Kaiāwhina work with Plunket nurses, volunteers, Iwi/ Māori and other external agencies to support whānau to achieve their aspirations for the improved health and wellbeing of their family/whānau/fanau and children.

Plunket is committed to best practice through coordinated care. This places equal importance on all aspects of whānau ora and requires Plunket Nurses, volunteers, whānau, hapu, iwi/Māori and external agencies work side by side with whānau.

Plunket Kaiāwhina are able to connect with families through whakapapa to common tupuna.

In addition, Plunket Kaiāwhina articulate Māori models of health and contribute to area knowledge, to develop health promotion strategies that are acceptable and appropriate to Māori whānau and the communities in which they serve. The Plunket Health Worker competencies may be demonstrated by Plunket Kaiāwhina through the use of te reo me ona tikanga (Māori language and customs), and a collective approach to achieve whānau ora.

Community Karitane and Plunket Kaiawhina will be referred to collectively as Plunket Health Workers throughout this Policy and Handbook.

## **Plunket Health Worker Professional Development and Recognition Programme**

Professional Development and Recognition Programmes (PDRP) are competence based programmes primarily developed to assess registered nurses against competencies, recognise levels of practise and support ongoing professional development (National Professional Development & Recognition Programmes Working Party, NZ, 2005, p.24). Plunket has a Nursing Council approved PDRP for Plunket nurses.

The PDRP system at Plunket is extended to Plunket Health Workers in recognition of the significant contribution Community Karitane (CK) and Plunket Kaiawhina (PK) make to improving health outcomes for children and families. The Plunket Health Worker PDRP acknowledges Plunket's commitment to encouraging, supporting and rewarding advancing well child practice and to the professional and practice development of the workforce delivering care to families in the community.

The Plunket Health Worker PDRP supports CK and PK employed by Plunket to continually develop their practice knowledge and skills by taking ownership and responsibility for their professional growth and development. The Health Worker PDRP provides the opportunity to articulate the competencies that differentiate levels of Well Child Health Worker practice. It supports education opportunities and progression of professional development goals. The Plunket Health Worker PDRP provides a career pathway for CK and PK, and a mechanism to assure the organisation, Plunket clients, and Health Workers themselves of their on-going competence.

This handbook comprises of two parts.

- Part one describes the Plunket Health Worker PDRP Policy.
- Part two describes the Health Worker PDRP application process and portfolio evidence requirements

The Plunket Health Worker Standards of Practice (2012) describes the knowledge and skills required by Plunket Health Workers to demonstrate their competence and criteria against which Community Karitane and Plunket Kaiawhina competence and level of practice is assessed. The Plunket Health Worker Standards of Practice (2012) must be used together with this policy and handbook.

## Levels of PDRP

The Plunket Health Worker Standards of Practice describe the knowledge and skills required by Community Karitane and Plunket Health Workers in four domains. The competencies in each of the four domains have key generic descriptors, referred to as indicators. Indicators clarify requirements for elements of each competency and show progression through three levels of practice. The levels of PDRP acknowledge Plunket Health Workers' varying levels of experience and education, as they translate to practice.

PLUNKET HEALTH WORKER PDRP LEVELS OF PRACTICE	
Level 2 - Proficient Community Karitane/Plunket Kaiawhina	Proficient Plunket Health Workers demonstrate their active role in the team as a role model, and in leadership activities to develop their own and others' practice. Proficient practice is aligned to the Plunket Health Worker Professional & Development Recognition Programme (PDRP) Level 2 criteria.
Level 3 - Accomplished Community Karitane/Plunket Kaiawhina	Accomplished Plunket Health Workers are required to demonstrate leadership and influence in the area team through innovative practice and participation in quality activities. Accomplished practice is aligned with Plunket Health Workers PDRP Level 3 criteria.

## Plunket Health Worker PDRP Policy

### Entry to the Plunket Health Worker PDRP

Entry to the Plunket Health Worker PDRP is an expectation on completion of the National Certificate in Tamariki Ora (NCTO).

- All Plunket Health Workers are expected to enter the PDRP within 1 year of their most recent appraisal
- It is expected that all Plunket Health Workers maintain a portfolio of current examples from their practice to demonstrate competent practice as a minimum
- Plunket Health Workers are required to present their portfolio whether it is complete or not as part of the annual appraisal
- Plunket Health Workers discuss the development of their portfolio at the annual appraisal with the Clinical Leader in order to plan their professional development and PDRP progression.

### PDRP Application

Clinical Leader endorsement is required before consideration will be given to any application for entry to, or reassessment of, any PDRP level. Plunket Health Workers already on or

applying for Level 2 or 3 are expected to discuss their plans for PDRP application, reassessment or progression with their Clinical Leader.

PDRP application requires submission for assessment of a portfolio of evidence showing the Plunket Health Worker's competence and level of practice (see the portfolio and application handbook pp 22-25 for details of the application process). Once portfolio assessment is complete the PDRP co-ordinator advises the applicant of the outcome of the assessment by letter. The outcome letter will be copied to the Area Manager, Clinical Leader and Plunket payroll.

One of the following four outcomes will be communicated in the outcome letter:

1. Successful assessment/reassessment at Level 2 or 3
2. Unsuccessful application for Level 2 or 3.
3. Outcome pending more evidence before assessment decision is made
4. Unsuccessful assessment/reassessment at Level 2 or 3 with option to appeal or resubmit at a later date

### **Remuneration**

There is a salary allowance included in the collective employment agreement for Plunket Health Worker attaining PDRP Proficient Level 2 or Accomplished Level 3. The PDRP allowance is paid pro rata for hours worked.

- **Payment of the PDRP allowance is contingent on the Clinical Leader's annual assessment (appraisal) that the Plunket Health Worker consistently demonstrates practice that meets the criteria for the PDRP level she has achieved.**
- **Successful reassessment is required to be completed before the expiry of the PDRP allowance payment date (30 March or 30 June or 30 November).**
- **Plunket Health Workers due for reassessment of PDRP Level 2 or 3 will be advised 6 months before the date of their PDRP allowance payment due date.**
- **Plunket Health Workers are required to submit an application prior to the allowance due date – otherwise there is automatic removal of PDRP payments on the due date.**
- **The PDRP allowance may be continued for up to a maximum of 30 working days in cases when additional evidence is requested by an assessor, or pending the resolution of any appeal.**

### **Impact on Remuneration**

- a) **Assessment judges the Plunket Health Worker meets the criteria for Level 2 or 3 competency**



If the application is successful then the Plunket Health Worker will start (or continue) to receive the applicable PDRP payment from the date of the outcome letter. (This includes successful progression to Level 2 or 3). The Area Manager (AM) is responsible for approving the **PDRP Payment** and sending the PDRP Payment form to Payroll. This form needs to be completed even if there is no change to the Plunket Health Worker's payments i.e. they have maintained the same level and will continue to receive the same PDRP allowance. Commencement or increase in PDRP payment is backdated to the date of the outcome letter.

**b) A Plunket Health Worker on Level 2 or 3 is assessed as not attaining the previous competency level.**

Entitlement to receive the PDRP allowance will cease from the allowance expiry date (usually the date of the outcome letter). The Plunket Health Worker will be advised of any change in writing. The AM is responsible for approving any change in the PDRP payment and sending the PDRP Payment form (accessed on the Plunket Intranet) to Payroll. The AM has discretion to continue the PDRP payment for a maximum notice period of 30 days from the date of the outcome letter.

When the assessment panel recommends further evidence is required for a successful application OR when a Plunket Health Worker appeals the decision of the panel, changes to the PDRP allowance can be made in two ways.

1. The AM sends the PDRP payment form to payroll to stop or alter the PDRP payment and advises the Plunket Health Worker in writing of the change. The letter to the Plunket Health Worker advises her that payment will be reinstated and backdated to the date of the outcome letter **if** the appeal is upheld or the panel assesses the additional evidence is sufficient to achieve the PDRP level.
2. The AM uses her discretion and allows a notice period of 30 days when the allowance is continued before changes are made. This covers the period for resubmission or the outcome of an appeal.

**c) A Plunket Health Worker on Level 2 or 3 who receives PDRP allowance does not submit an application for assessment/reassessment by the required date.**

Plunket Health Workers in the PDRP are required to submit an application in order to retain (or if they wish to advance) their level three yearly. Plunket Health Workers are advised their assessment is due 6 months beforehand by their Clinical Leader. If the Plunket Health Worker does not re-apply, the PDRP payment will stop as they are no longer eligible for this allowance. The PDRP coordinator is responsible to inform the AM when a Plunket Health Worker does not apply for reassessment. The Plunket Health Worker will be advised in writing that the allowance payment will cease or change. The AM is responsible for approving any change to the PDRP allowance and sending the PDRP payment form to Payroll.

**NB** There is a 3 month "grace" period when PDRP payments may be carried over for Plunket Health Workers who have a reasonable explanation for being unable to present their portfolio for reassessment before the due date. This must be negotiated with the PDRP co-ordinator before the due date for reassessment. The co-ordinator has a level of discretion and can negotiate an alternate submission date in some circumstances, including family event or illness or unexpected leave (not including

annual leave) from work (longer than 3 weeks) in the 3 months prior to the due date for submission.

### **Performance management**

Maintenance of a PDRP level is reviewed annually as part of the appraisal system. Plunket Health Workers on PDRP must consistently demonstrate competence at the PDRP level they have achieved. If the Clinical Leader does not agree that a Plunket Health Worker is practicing at the level she is currently on, or that she plans applying for, a plan is implemented so that PDRP level is maintained or achieved in future. Any such plan may include a requirement to present evidence of competence for independent assessment earlier than PDRP reassessment is due.

If, in the appraisal process, the Clinical Leader does not agree that the Plunket Health Worker meets the criteria for any PDRP level **and/or** the Plunket Health Worker is the subject of any performance management process, the PDRP level will be reviewed and further assessment may be required.

When further assessment determines that the Plunket Health Worker's practice does not consistently meet the standard for the PDRP level she has achieved the PDRP level may change (to a lower level) or the Health Worker may be removed from the PDRP register.

The Plunket appraisal process continues to apply regardless of PDRP status.

### **Removal of Plunket Health Worker's name from Plunket PDRP**

A Plunket Health Worker's name will be removed from the PDRP register if s/he

- leaves Plunket employment
- fails to apply for assessment or does not submit their portfolio for PDRP assessment when due 3 yearly
- portfolio assessment judges the Plunket Health Worker does not meet the criteria to remain on a PDRP level
- a performance management process establishes the Plunket Health Worker does not meet the criteria to retain a PDRP level
- advises the coordinator in writing that they wish to withdraw from the PDRP

The Plunket payroll and PDRP systems share information. When a Plunket Health Worker leaves Plunket employment, payroll will advise the PDRP coordinator and the Plunket Health Worker's information will be removed from the Plunket PDRP register.

### **Confidentiality and Security**

Plunket client and staff confidentiality in relation to the PDRP will be protected in the following ways:

- All Plunket PDRP assessors are required to sign a confidentiality agreement.
- All portfolios submitted for PDRP assessment will be kept on Plunket premises. They will be stored in secure Plunket offices that are not accessed by the general public.
- Hard copies of PDRP assessment documents will be stored in a secure Plunket office and accessed only by the PDRP coordinator and administrator.
- Electronic documents related to PDRP will be stored in the Plunket network in a password protected hard drive.

Individual practitioners are responsible for maintaining client confidentiality and for gaining consent when client information is to be used in an identifiable way. This means any client related documentation used in a PDRP portfolio must be de-identified by deleting/removing identifying information and/or use of nom de plumes.

Reflections on practice using carefully anonymised client information can be included in portfolios without the need to inform the client and/or use a formal consent process. If there is any possibility that the client might be identifiable the nurse must request written consent from the caregiver

### **Disclaimer**

PDRP assessors are bound to respect the confidentiality of the Plunket Health Worker whose portfolio they are assessing. The exception is a situation where a Plunket Health Worker's portfolio contains material that indicates unethical, illegal or unprofessional behaviour and/or unsafe practice, including culturally unsafe practice. In this case the assessor is required to discuss this with the PDRP Coordinator. Together they will decide the next step. This will include any or all the following actions:

- the assessor discussing the material with the Plunket Health Worker
- the assessor discussing the material with the relevant Clinical Leader
- the assessor discussing the matter with a People and Capability Advisor

### **Verification of Evidence**

Any portfolio submitted for assessment, at any PDRP level, must contain a signed statement of integrity. Reflections on practice, documentation examples and other evidence developed by the Plunket Health Worker must be dated and signed. In addition, records of professional development, peer supervision and any attestation or photocopied evidence in the portfolio must be dated and verified by a Plunket nurse colleague **or** the Clinical Leader. The person verifying the evidence is required to sign and to record their APC number to show the example is authentic.

### **Falsification of Evidence**

Any incidence 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. Advice will be sought.

### **PDRP information collected and held**

On completion of portfolio assessment the Assessor/Portfolio Review Group will advise the coordinator of the outcome. The PDRP management system will be updated. The following information is recorded:

- Plunket Health Worker's name, Plunket area and Clinical Leader
- Date of the most recent PDRP assessment review
- Date of the next due PDRP assessment

The PDRP Coordinator, the PDRP Administrator and Plunket payroll has access to this data.

### **Annual Appraisal**

All Plunket Health Workers participate in the Plunket performance management system. A current (less than 12 months old) appraisal that provides examples of the Plunket Health Worker's competence, at the PDRP level they have achieved or are applying for, in ALL competencies is required by:

- Plunket Health Workers applying to enter PDRP or
- Plunket Health Workers due for reassessment of PDRP level or
- Plunket Health Workers progressing from one PDRP level to another level

The annual appraisal includes an assessment of Plunket Health Worker competence by the Clinical Leader who is a registered nurse with line management responsibility for the Plunket Health Worker.

One purpose of the annual appraisal is the a maintenance assessment of PDRP level when the Clinical Leader can endorse the Plunket Health Worker's level of practice, and/or support the Plunket Health Worker to progress on the PDRP.

A professional development plan is completed as part of the appraisal. It is expected that the Plunket Health Worker presents her portfolio (whether it is complete or not) at the time the appraisal is completed so the CL and Health Worker can discuss opportunities for the Plunket Health Worker to continue her professional development, plan entry to or progression on the PDRP and develop and maintain a current portfolio of practice examples..

### **PDRP Assessment Moderation**

Moderation is when the portfolio is assessed, and then the assessment is reviewed by another assessor. This process is designed to ensure the reliability and validity of assessments and therefore maintain the quality of the Plunket PDRP system. Moderation is managed by the PDRP coordinator, and conducted by trained PDRP moderation assessors. The annual PDRP moderation report is submitted to the PDRP Advisory Group and the Service Development Manager.

### **Moderation during PDRP Assessor Training**

The first 5 portfolios reviewed by a new PDRP assessor will be moderated by a more experienced assessor. The PDRP coordinator is responsible to arrange a moderator.

### **Moderation of PDRP Assessments**

A minimum of 10% of all portfolios assessed will be randomly selected each year for moderation. To ensure the standard of assessment is consistent a minimum of one portfolio per year will be moderated for each assessor. All unsuccessful PDRP applications will be moderated by another assessor selected by the PDRP coordinator.

### **Moderation of unsuccessful PDRP Assessments**

A decision about the outcome of the unsuccessful application will be agreed between the two assessors and the coordinator following moderation. The moderation of unsuccessful portfolios is in addition to the 10% random moderation of assessments.

## **Responsibilities for Plunket PDRP**

### **The PDRP Co-ordinator**

The PDRP coordinator is responsible for ensuring all aspects of the PDRP system run smoothly and that communication is effective. 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 and administrative functions. The coordinator maintains the PDRP database and provides information to NCNZ as requested. The coordinator also arranges moderation

of assessment outcomes. The PDRP coordinator role is further described in the PDRP Coordinator's Handbook.

### **The PDRP Advisory Group**

The advisory group has Terms of Reference and members are responsible for:

- Overseeing the Plunket PDRP system to ensure it meets Nursing Council of New Zealand standards for professional development and recognition programmes.
- Making recommendations for any improvements to the General Manager Service Development.

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

- PDRP coordinator
- Area Plunket Nurse
- Maori Plunket Nurse
- National Advisor
- Post Graduate Certificate Educator
- Clinical Nurse Consultant
- Human Resources representative
- Clinical Leader
- Clinical Service Manager
- Plunket Health Worker representative

Other representatives may be co-opted as required. The PDRP coordinator provides feedback on the programme through a report that includes moderation and assessment data and current participation. The advisory group meets at least annually following the implementation of the PDRP. The PDRP coordinator submits an annual report including the moderation report to the PDRP Advisory Group. The annual report and the minutes of advisory group meetings are sent to the Manager Service Development who has overall responsibility for the programme.

### **PDRP Assessors**

*Assessor selection criteria:* Plunket PDRP assessors are selected on their role and/or their advanced Plunket Nurse proficiency. Plunket PDRP assessors include:

- Clinical Leaders
- National Advisors
- Clinical Nurse Consultants
- Clinical Educators
- PDRP Expert Level 4 Plunket Nurses (selected for their advanced Plunket Nurse proficiency).

The PDRP coordinator and the General Manager Service Development will select assessors. Those selected for PDRP assessor training must hold a current APC and be on the Plunket PDRP. Nurses Influencing Practice are expected to undertake assessor training and PDRP assessment duties as part of their role. Plunket Nurses on PDRP Expert Level 4 wishing to become PDRP assessors must apply in writing to the coordinator, and include a letter supporting their application from their Clinical Leader.

PDRP assessors undertake an approved assessor training programme. Approved training programmes include the Plunket/Whitireia Assessor Training Programme or NZQA Unit

Standard 4098 training programme. The PDRP coordinator is responsible for planning assessor training.

All assessors are required to attend a minimum of 2 hours assessment update annually. Assessor competence will be reviewed through the PDRP moderation system and performance appraisal systems.

PDRP assessors must review **a minimum** of 3 portfolios annually.

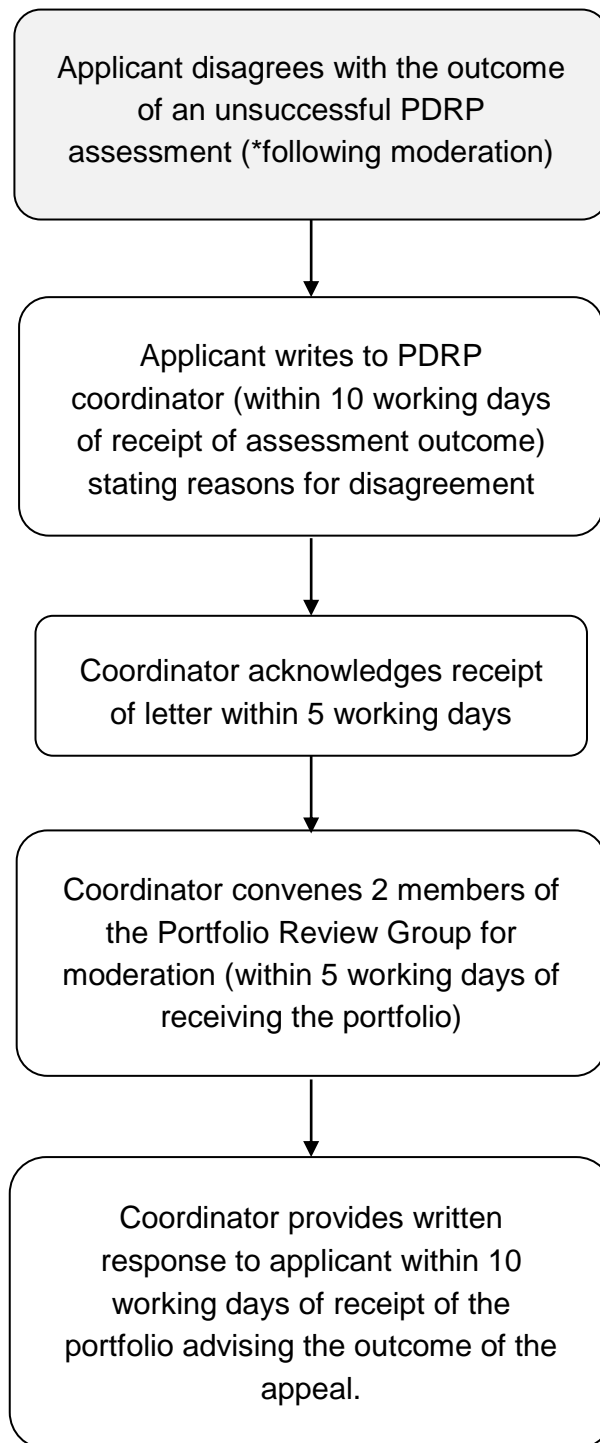
## **Appeal Process**

The appeal process applies when a Plunket Health Worker does not agree with the outcome of application for any PDRP Level. The Appeal process follows this sequence:

1. Applicant writes to the PDRP coordinator **within 10 working days** of receiving the PDRP outcome letter, stating the reasons for the disagreement
2. Coordinator acknowledges receipt of letter **within 5 working days** and requests the Health Worker to return her portfolio
3. Coordinator convenes a review with 2 members of the Portfolio Review Group **within 5 working days** of receipt of the portfolio for moderation assessment.
4. Coordinator is advised of the appeal decision **within 2 working days** of the assessment
5. Coordinator gives a written response and returns the portfolio to the applicant **within 10 working days** of the receipt of appeal decision outcome.
6. Coordinator advises the Area Manager and / or Clinical Leader of the appeal outcome.

Coordinator advises the General Manager Service Development of the outcomes of all appeals

### Plunket PDRP Appeal Process Flow Chart



**Note:** \*It is standard practice for all unsuccessful PDRP applications to be moderated before the Nurse is notified of the outcome of the application.

## **Plunket PDRP Questions and Answers**

### **What is an annual appraisal and what happens?**

Your annual appraisal is conducted by the Clinical Leader who must be a Registered Nurse with a current APC. The purpose of the annual performance appraisal is to provide opportunity for assessment by the Clinical Leader against the Plunket Health Worker Standards of Practice. When you are on the Plunket PDRP the annual appraisal constitutes an endorsement of your consistent practice at the level you have achieved, between 3 yearly PDRP assessments (maintenance assessment).

The appraisal is also a chance to identify, recognise, review and assess achievements. These may include:

- Highlights from the previous year
- Contribution to Plunket initiatives/projects
- Performance objectives, "Standards of Practice" core competencies and the individual education and development plan.
- Plan for your professional development and PDRP progression
- Review of your portfolio with a view to supporting the maintenance of valid examples of practice at the PDRP level you are on, and/or plan progression to another PDRP level.

You need to bring your portfolio (complete or not) with you to the appraisal interview. During the appraisal the Clinical Leader will complete her examples in the Annual Appraisal form to record your activities and observed practice in the previous year.

### **What is a PDRP assessment and what happens?**

The PDRP assessment process is separate to the annual appraisal process. However your completed annual appraisal form is a required component and constitutes a large part of the evidence in the PDRP assessment. To apply for PDRP you must send a letter of application to the PDRP coordinator.

You will be asked to submit your portfolio to the PDRP coordinator who arranges assessment by portfolio review group members. Once you successfully achieve Level 2 or 3 you will be required to apply for re-assessment every three years. Level 2 Plunket Health Workers can apply for progression to Level 3 at any time before the next assessment as long as they have Clinical Leader support.

### **What is the process if the assessor/moderator judges I have more work to do on my portfolio to achieve the level applied for?**

Your portfolio will be returned to you stating the missing evidence and a time frame in which to complete this. You have the option to complete the work required, or, to appeal the decision (page 15). Once you have collected the evidence requested you will need to return your portfolio in the stated timeframe to the PDRP coordinator. Your portfolio will then be re-assessed. If your portfolio is re-assessed and still does not meet the requirements you will be notified, along with your manager. The manager will inform you of change in pay (Level 2 and 3 only). At any level, if you choose not to resubmit the requested evidence or your portfolio in the specified timeframe you will be removed from the Plunket PDRP and any PDRP payment will cease.



### **How can I find out more about the PDRP process?**

Clinical Leaders, Clinical Nurse Consultants, National Educators or National Advisors can provide you with more information about the PDRP process. The PDRP coordinator can also respond to enquiries. If you have questions about the Portfolio Review Group you can contact the PDRP coordinator at National Office.

### **When can I join the PDRP programme?**

You can apply to enter the Plunket PDRP when you are first employed with Plunket, or at any time thereafter. You are required to present a portfolio of examples of your practice that meets the competencies described in the Plunket Health Worker Standards of Practice before you can join the Plunket Health Worker PDRP

### **What happens if I have extended leave?**

If you return to Plunket practice within 12 months of your last PDRP assessment you will return to the PDRP level you were on prior to the extended leave. Any associated remuneration increment will apply. You will be required to submit your portfolio for assessment 3 years from the date of the last assessment.

If your extended leave is for more than 12 months you are required to negotiate an appraisal with your Clinical Leader within 6 months of return to work. The appraisal must support your practice at the PDRP Level you were on prior to the leave. You will be required to submit your portfolio to the PDRP portfolio review group within 3 years of the last assessment date. Any associated remuneration reward will continue at the level paid prior to leave period for up to 6 months, or until the appraisal is completed to confirm the PDRP level of practice.

If your leave period is more than 3 years, a full PDRP assessment including appraisal and PDRP application is required. Refer to the PDRP flow chart (page 22).

**Any application for PDRP must be supported by the Clinical Leader. The portfolio review group will review portfolios only at the level supported by the Clinical Leader.**

### **What happens when I wish to apply for a PDRP level that the Clinical Leader does not support?**

If you believe you are ready to apply for assessment at a higher level and the Clinical Leader **disagrees**, the following applies:

- An interview between you and the Clinical Leader will be scheduled to discuss the request for application
- The Clinical leader will provide feedback to you specifying where your performance needs development and/or improvement
- **Specific** objectives/goals with timeframes will be agreed and documented
- Support will be made available to you to achieve the necessary objectives as agreed
- Time for feedback on progress will be scheduled.

The outcome of the interview will be documented as part of the performance development process.

If you believe your practice demonstrates the performance criteria and competencies required for application you have the **right to appeal the Clinical Leader's decision**.

### **How do I appeal the Clinical Leader's decision?**

If you believe you are being unfairly declined application for a PDRP level the following process applies:

- You write to the Regional Clinical Nurse Consultant outlining the issues
- The Clinical Nurse Consultant will arrange an investigation
- The Clinical Nurse Consultant will evaluate the information gathered. She may consult with the PDRP coordinator. The decision will be made to either to uphold or declined the appeal
- If the appeal is upheld - you will be asked to submit your portfolio within six weeks of that decision to be assessed in the usual manner.
- If the appeal is declined - the Clinical Advisor will inform the General Manager Service Development. The Clinical Advisor meets with you and the Clinical Leader. You may choose to bring a colleague/support person to the meeting.
- The outcome of the meeting will be documented. The record is sent to you and a copy is filed in your personal file.

### **I am on PDRP Proficient Level 2 . What happens if the Clinical Leader does not agree that I consistently meet the criteria for Accomplished Level 3?**

The Clinical Leader is responsible for assessing the continuing competence of Plunket staff, using the annual appraisal mechanism. If you are on PDRP and the Clinical Leader is not satisfied that your practice consistently meets the criteria for the PDRP level you have achieved **and/or your practice becomes the subject of an investigation or complaint** the following process applies.

- The Clinical Leader will arrange to meet with you to discuss your performance as described in the Performance Management section of the Plunket Human Resource Manual
- If, after an investigation and or at the end of the period agreed for improvement in practice, and participation in necessary professional development, the Clinical Leader is not satisfied that you consistently meet the criteria for PDRP Level, she will advise you and the PDRP coordinator. You may be required to submit a portfolio for assessment at the PDRP level you have achieved. This may be sooner than the due date for reassessment.
- The assessment may result in:
  - 1) A change in your PDRP level and in the PDRP allowance you are paid.
  - 2) Removal of your information from the PDRP database. You can apply to re enter the PDRP at a later date providing you have support from your Clinical Leader and evidence that your practice meets the standard.

\* You have the right to appeal the Clinical Leader's decision (see above).

### **If I transfer within Plunket to a new work location will it affect my PDRP Level?**

If you transfer between Plunket areas and **do not change your role**, you will retain your PDRP level. Orientation to the new location and area processes to maintain competence is the responsibility of your new Clinical Leader. Appraisal processes and the review date for PDRP level are unchanged.

**What happens after 12 months in a changed work site if the Clinical Leader is not satisfied that I consistently meet the criteria for PDRP Proficient Level 2 or Accomplished Level 3?**

The Clinical Leader is responsible for assessing continuing competence of Plunket Health Workers. This occurs through the Plunket appraisal system. If the Clinical Leader is not satisfied that your practice consistently meets the criteria for PDRP level 2 or 3 the following process applies.

- The Clinical Leader will arrange to meet with you to discuss your performance as described in the Performance Management section of the Plunket Human Resource Manual
- If, after the period agreed for improvement in practice, and participation in necessary professional development, the Clinical Leader is not satisfied that you consistently meet the criteria for PDRP Level, she will advise you and the PDRP coordinator. You may be required to submit a portfolio for assessment at the PDRP level you have achieved. This may be sooner than the due date for reassessment.
- The assessment may result in:
  - 3) A change in your PDRP level and in the PDRP allowance you are paid.
  - 4) Removal of your information from the PDRP database. You can apply to re enter the PDRP at a later date providing you have support from your Clinical Leader and evidence that your practice meets the standard.

\* You have the right to appeal the Clinical Leader's decision (see above).

**When do I come off the PDRP programme?**

A Plunket Health Worker's name will be removed from the PDRP register if s/he

- leaves Plunket employment
- fails to apply for assessment or does not submit their portfolio for PDRP assessment when due 3 yearly
- portfolio assessment judges the Plunket Health Worker does not meet the criteria to remain on a PDRP level
- a performance management process establishes the Plunket Health Worker does not meet the criteria to retain a PDRP level
- advises the coordinator in writing that they wish to withdraw from the PDRP

**What happens if I am on PDRP Proficient Level 2 or Accomplished Level 3 and do not submit my portfolio to the Portfolio Review Group for the 3 yearly assessment on time?**

If your application is not received by the coordinator by the required application date you will be notified of being removed from PDRP register. In some circumstances (eg. system for notifying the Plunket Health Worker of re-assessment date fails or illness incurs unexpected leave) you or the Clinical Leader may negotiate a date extension with the PDRP coordinator.

## Applying for Plunket Health Worker PDRP

Plunket Health Worker PDRP level is assessed by the submission of a portfolio of examples to a trained Plunket PDRP Assessor. Portfolios are assessed three yearly against the competencies for Plunket Health Workers. The process of assessment depends on the PDRP level you are applying for.

**Plunket Health Workers planning to apply for entry to the PDRP at any level must have the support of their manager. All portfolios for assessment must contain a signed letter of support from the manager.**

### **Application process – Proficient Level 2 and Accomplished Level 3**

Plunket Health Workers who demonstrate advanced practice, who have a current (less than twelve months old appraisal) and the support of the Clinical Leader, can apply to the PDRP coordinator for assessment by the Portfolio Review Group (PRG) at PDRP Proficient Level 2 or Accomplished Level 3. The PRG assesses the portfolio provided by the nurse against the criteria for PDRP Proficient or Accomplished Level.

Applications due before	Portfolios due before	Assessment completed during	Outcome advised and PDRP Payments start/ or cease
1 February	1 March	March	31 March
1 May	1 June	June	31 June
1 October	1 November	November	30 November

1. Applications for assessment are emailed or sent to the PDRP coordinator using the letter template found on the Plunket website ([www.plunket.org](http://www.plunket.org)) ([careers/clinical/pdrp](#)). The coordinator acknowledges the application in writing by email and advises the due date for portfolio submission.
2. **Portfolios must be sent by Courier Post (Track and Trace with Signature) to the following address:**

Send Portfolios to:

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

3. Receipt of the portfolio is acknowledged by email.
4. The coordinator convenes the review group with sufficient assessors to manage the number of applications (Plunket nurse and Plunket Health worker applications are assessed at the same time by the review group).

5. The review group assesses portfolios within 20 working days of receipt by the coordinator
6. One review group member will assess the portfolio. The assessor will consult with another member of the group as necessary e.g. to clarify whether the portfolio examples demonstrate practice that meets the criteria.
7. If the assessors do not reach consensus the coordinator will arrange for the portfolio to be submitted for moderation by a third assessor.
8. Once the outcome is agreed, unsuccessful applicants will be advised in writing and may be offered a time period to submit further evidence. The applicant may use the appeal process (p.15) at this point if they are not satisfied with the outcome of application.
9. Successful applicants will be advised of the outcome in writing once assessment of all portfolios submitted in the review period is completed (refer to table of calendar dates p.20). The area and national PDRP register is updated (including assessment date and next due assessment date).
10. Portfolios will be returned to applicants via Courier Post (Track and Trace with Signature) service
11. Unsuccessful applicants (those who have been offered the opportunity to submit further evidence which has then been assessed as insufficient, or, those who have not supplied requested additional evidence within the time frame), will be advised in writing. The applicant may appeal the outcome (p.15).
12. The applicant's Clinical Leader and/or Clinical Service Manager will be notified of the outcome, and will arrange the change in pay described in the Collective Employment Contract as applicable. Refer to pp 8-9.
13. The review process is confidential and portfolios will be kept secure throughout the review process. Reviewers are bound by a confidentiality agreement. Only staff directly involved in the review process have access to portfolios.

Maintenance of a PDRP level is reviewed annually as part of the appraisal system. Plunket Health Workers on PDRP must consistently demonstrate competence at the PDRP level they have achieved. If the Clinical Leader does not agree that the nurse meets the criteria for any PDRP level and/or the Plunket Health Worker is the subject of any performance management process, the PDRP level will be reviewed and further assessment may be required. When further assessment determines that the nurse is not meeting the PDRP criteria consistently the PDRP level may change (to a lower level) or the nurse may be removed from the PDRP register.

## Planning your application

If you are planning to apply to enter the PDRP or you are due for reassessment at Level 2 or 3 you will need to plan ahead so that your application can be submitted by the due date (see page 20 for due dates for application and portfolio submission). Factor in the time you need to:

- Give your Clinical leader time to complete the appraisal
- Collate and organise the examples in your portfolio using the workbook to provide an index.

Before you start preparing for application read:

- The PDRP Plunket Health Worker Handbook,
- The PDRP self assessment and appraisal
- The Plunket Health Worker Standards of Practice (2012)
- The Plunket Health Worker job description.

## Assessment Criteria

The Plunket Health Worker Standards of Practice (2012) is the **essential** companion document to this handbook and the PDRP work book. Your application must demonstrate competence against the Plunket Health Worker Standards of Practice (2012), in every competency and show your practice in all competencies, at the level you are applying for.

There are four **domains** in the Plunket Health Worker Standards of Practice (2012). Each domain is divided into **competencies**. Each competency has a descriptor of competence, called an **indicator** which provides a broad outline of the ways the Plunket Health Worker may demonstrate the competency, and the level of practice..

The indicators and the competency knowledge and skills provide PDRP assessors guidance when using professional judgement to assess the examples presented for each competency.

- PDRP applicants are required to present sufficient, valid, authentic and repeatable examples to show attainment of each competency. Sufficient examples will include the appraisal form and **a minimum** of one other supporting example for each competency
- Supporting examples may include: attestations, clinical observation records, reflections on practice, examples of involvement in quality improvement activities, examples of documentation, examples of presentations given (include outline, and participant feedback or team acknowledgement), examples of undertaking peer reciprocal supervision, examples of community advocacy to improve health outcomes, examples of, and reflection on, ongoing professional development.
- Examples must demonstrate cultural competence. Reflection on, and evaluation of, learning from professional development, evidence based reflection on practice, client feedback, peer feedback
- Examples must demonstrate application of the principles in the Treaty of Waitangi/Te Tiriti o Waitangi, in the Well child Tamariki Ora setting at Plunket
- One example may provide evidence of competence in more than one competency

## Remember:

- You **must** have the support of your Clinical leader to apply for any level of the PDRP.

- Plan with your Clinical Leader, so that you have an appraisal less than 12 months before you apply for PDRP assessment, or are due for reassessment.
- Ask the Clinical Leader to access the required work book and forms from the Plunket intranet.
- The portfolio examples must be presented with numbered pages. The PDRP work book provides a way of directing the assessor to the examples in your portfolio and is the most useful means of indexing the portfolio.
- The assessor will usually not know you or your practice. It is your responsibility to clearly indicate your application of the competencies and direct the assessor to the examples that demonstrate your competence.
- Incomplete or illegible applications will be returned without being assessed. This includes any unsigned or incomplete appraisal document.
- Photocopies must be legible and verified as true copies.
- Examples must be dated and signed by you and/or verified by the Clinical Leader or a Plunket nurse. Verifying nurses must add their Annual Practicing Certificate (APC) number.

## **Preparing a Portfolio to Demonstrate Competence**

A portfolio contains a selection of examples and documentation of your Plunket Health worker practice. It illustrates how you meet the performance criteria and competencies. Collecting examples for a portfolio is an ongoing activity and examples must demonstrate repeatability. This means that examples must be dated to show the practice over time. It is important that the assessor can see your every day practice is consistent with the PDRP level you apply for.

Portfolio evidence is usually presented in a folder. Electronic and/or audio visual examples are accepted.

**All** Plunket Health Workers are required to:

- develop a portfolio and update this annually
- present their portfolio (complete or not) at their annual performance appraisal for review with their Clinical Leader
- present their updated portfolio for assessment when applying for reassessment or progression on the PDRP every three years
- practice examples must be dated and signed. Photocopies must be verified by a Plunket nurse or Clinical Leader, including their APC number.

**N.B.**

Reflections, exemplars, case studies or other examples should not identify clients in any way or include criticism of colleague's or other health care worker's practice.

## Portfolio Requirements for Application for Proficient Plunket Health Worker PDRP Proficient Level 2

- All evidence must be page numbered, sectioned, and indexed. In the self assessment all examples and evidence must show a reference to the page number in the portfolio
- Letter of support from Line Manager
- Statement of Integrity
- A verified record of professional development hours – minimum 20 hours in previous calendar year
- 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 completed PDRP self assessment /appraisal form that directs the assessor to examples that demonstrate how you meet the competencies at proficient level. The PDRP Self Assessment should 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 health workers current area of practice and be within the previous 12 months. **Three pieces of robust evidence is the maximum required.**
- Supporting examples may include: attestations, clinical observation records, evidence based reflections on practice, examples of involvement in quality improvement activities (e.g. feedback to policy review, participation in Te Wana, participation in audit etc), examples of documentation, examples of presentations you have given (include outline, references and participant feedback and/or team acknowledgement), reflection on undertaking peer reciprocal supervision, examples of community advocacy you have undertaken to improve health outcomes, reflection on professional development
- Examples must demonstrate cultural competence – e.g. reflection on, and evaluation of learning from professional development, evidence based reflection on practice, client feedback, peer feedback
- Examples must demonstrate your understanding of the principles of the Treaty of Waitangi/Te Tiriti o Waitangi and show how you apply them to nursing practice

**NB One practice example may apply to several competencies.**



## Portfolio Requirements for Application Accomplished Plunket Health Worker PDRP Level 3

- All evidence must be page numbered, sectioned, and indexed. In the self assessment all examples and evidence must show a reference to the page number in the portfolio
- Letter of support from Line Manager
- Statement of Integrity
- A verified record of professional development hours – minimum 20 hours in previous calendar year
- 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 completed PDRP self assessment /appraisal form that directs the assessor to examples that demonstrate how you meet the competencies at accomplished level. The PDRP Self Assessment should 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 health workers current area of practice and be within the previous 12 months. **Three pieces of robust evidence is the maximum required.**
- Supporting examples may include: attestations, clinical observation records, evidence based reflections on practice, examples of involvement in quality improvement activities (e.g. feedback to policy review, participation in Te Wana, participation in audit etc), examples of documentation, examples of presentations you have given (include outline, references and participant feedback and/or team acknowledgement), reflection on undertaking peer reciprocal supervision, examples of community advocacy you have undertaken to improve health outcomes, reflection on professional development
- Examples must demonstrate cultural competence – e.g. reflection on, and evaluation of learning from professional development, evidence based reflection on practice, client feedback, peer feedback
- Examples must demonstrate your understanding of the principles of the Treaty of Waitangi/Te Tiriti o Waitangi and show how you apply them to nursing practice

**NB One practice example may apply to several competencies.**

## What do I put in my Portfolio?

### Reflection on practice

Reflecting on practice is important as a way of purposefully thinking about what we do every day. Written reflection can help to make sense of a situation, identify the difference we made, think about how we might behave or respond in a similar situation.

The language we use in written reflection can indicate our cultural and interpersonal competence and further how we share reflection can demonstrate our commitment to professional development.

Reflection using a framework is useful. One way to structure a reflection might look like this:

**Describe** the situation

**Think** about it; think about your response, and your feelings

**Evaluate** – what was good, what was not?

**Analyse** – make sense of what happened; refer to evidence/critique what happened and your reaction to it

**Conclude** –What have you learned? What does the evidence tell you? What needs to change?

**Plan** – describe what you will do next or next time, based on what you learned from this situation

### What **SHOULD** be included?

An introduction/background to the practice context

- A description of the interventions that influenced the outcome
- The influences on **your practice**. How was care delegated? What direction did the Plunket nurse provide? What did you do? What happened?
- What you learned and how you will apply this learning in future

### What **SHOULD NOT** be included?

- Comment on activities carried out by other health care team members
- Subjective judgements or unsubstantiated comment
- Information that could identify family/whanau or other carers, which is a breach of client confidentiality
- Unsafe or inadequate practice (including culturally unsafe practice) that does not provide evidence of your competence
- Criticism of colleagues or other health care workers practice

### Confidentiality

Reflections and case studies should be written in a way that protects the identity of persons and places, which should not be recognised *unless* those identified have read your description in full and have given written permission for its use in your portfolio.

## Examples of documentation

Examples of documentation can demonstrate your competent documentation practice.

Any example of documentation included **MUST** be anonymised so that **NO** identifying client details are shown. Identifying data includes NHI, name, address, date of birth.

To demonstrate your documentation practice you may include:

- Copy of PHR pages
- Copy of advocacy letter

For all applications evidence must be strengthened by including any of the following supporting examples:

- Clinical Leader, preceptee or colleague feedback
- evidence that you have contributed to review or development of documentation systems

## Presentations

Presentations of information to colleagues and peers can provide evidence of competence in all domains and levels of practice.

When using presentations as examples of competence it is important to include all or some of the following:

- Your notes (dated and where possible including references)
- Presentation slides/power point or other audio visual content
- Handouts
- A summary of participant feedback
- Your reflection on the presentation

## Peer/Colleague Feedback/Attestation

Peer/Colleague feedback or peer review may occur when you ask another Plunket Health Worker or Plunket nurse colleague for honest and accurate feedback on your performance against a set of competencies expected of you in the performance of your role. It may also occur when a peer has observed your practice in a particular situation, or when you have presented a case for reflection or when you have been a preceptor or mentor for new or less experienced staff. Peer feedback/review is best received formally as part of the examples you gather for portfolio assessment. Some informal every day communication may be valid.

### Why peer feedback/review?

- People learn best from colleagues (nurses) who give specific and timely feedback in a precise way.
- Other nurses who understand your practice context can provide feedback on your practice, clinical judgment and decision making.

### How is peer feedback/review done?

#### ***Informally/semi-formally in a variety of ways:***

- Discussion at the time or shortly afterwards with another who observed how you acted in a situation,
- Using the peer reciprocal supervision processes for feedback from a peer who is familiar with the situation
  - Informal feedback as acknowledgement of your participation in a particular activity, including emails, can be included as long as they clearly indicate the ways you have met a competency.

### **Formally**

Written peer/colleague review/feedback/attestation is sought using an appropriate peer feedback form. This enables a colleague to give feedback on your performance against the level of practice and to discuss their feedback with you. Their feedback should illustrate **what you do** to show **how you are meeting the competency**. Ways to strengthen and/or improve your performance of these behaviours is also encouraged.

Acknowledgement and description of activities you have undertaken, and that demonstrate your competence, can be provided by another Plunket Health Worker, Plunket nurse, Clinical Leader or Plunket staff member e.g. PEPE Coordinator, or volunteer.

Less formal feedback in the form of acknowledgement of your participation in a particular activity, including emails, can be included as long as they clearly indicate the ways you have met a competency.

#### **Providing written feedback or attestation to a peer/colleague**

Description of the skills of your peer and the qualities displayed should be written **in context of competence** listed in the appropriate level in the Plunket Health Worker Standards of Practice. The focus is on observed behaviours and practice rather than your personal knowledge of, and/or relationship with, your peer.

### **Emails**

Email communications can be used as examples of your practice in a portfolio. Emails that constitute practice examples might include:

- Feedback on your performance from a manager, colleague or client
- Commentary of an issue you have communicated, or advocacy you have undertaken