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Professional Development and Recognition Programme (PDRP)

For Registered Nurses

INFORMATION HANDBOOK 2019

Abbreviations

APC	Annual Practicing Certificate
CNC	Clinical Nurse Consultant
CCF	Continuing Competence Framework
HPCA Act	Health Practitioners Competence Assurance Act (2003)
NCNZ	Nursing Council New Zealand
NZNO	New Zealand Nurses Organisation
PDRP	Professional Development and Recognition Programme
PDP	Professional Development Plan
PG Cert	Post Graduate Certificate in Primary Health Care Specialty Nursing
RNZPT	Royal New Zealand Plunket Trust
WCTO	Well Child Tamariki Ora

Please note the information in this handbook is for Registered Nurses only

This PDRP handbook update was guided by the *National Framework and Evidential Requirements* (Nurse Executives of New Zealand Inc. 2017), and the *Standards of Practice for Plunket Well Child Tamariki Ora Nurses* (Royal New Zealand Plunket Society, 2016).

Acknowledgement: Many thanks to the PDRP coordinators at Capital and Coast District Health Board for the use of their PDRP handbook to inspire and support the content of this Plunket PDRP Handbook.

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Plunket National Education Team

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PDRP Coordinator and PDRP Advisory group:

The Plunket PDRP Coordinator is a Registered Nurse with a current APC who is on PDRP and a PDRP assessor. They are responsible for ensuring all aspects of the PDRP system are running smoothly and that communication about PDRP is effective. The role has advisory, coordination, quality and administrative functions. The Coordinator maintains the PDRP database and provides information to the Nursing Council New Zealand (NCNZ) as requested. The Coordinator reports directly to Plunket's Chief Nurse.

The PDRP Advisory Group provide leadership and governance to ensure Plunket's PDRP meets Nursing Council of New Zealand standards for professional development and recognition programmes.

See Appendix 2 PDRP Coordinator and PDRP Advisory Group Key Tasks

For further information about PDRP and for questions not answered in this handbook, please contact your Clinical Leader/Clinical Nurse Consultant/National Educator or the Plunket PDRP Coordinator at:

PDRP@Plunket.org.nz

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Introduction to PDRP

What is a Professional Development Recognition Programme (PDRP)?

A PDRP is a clinically focused competency-based programme for nurses. PDRP evolved from clinical career pathways and has been adapted to the Aotearoa New Zealand (NZ) context. All District Health Boards and many other health care providers including Plunket have a PDRP for Registered Nurses.

PDRP is recognised to have many benefits for nurses including

- To ensure nursing expertise is visible, valued and understood
- To enable differentiation between the different levels of Registered Nurse practice
- To value and reward clinical practice
- To encourage practice development
- To identify expert and role model nurses
- To encourage reflection on practice
- To support the use of evidenced based practice
- To provide a structure for ongoing education and training
- To assist nurses to meet the requirements for competence-based practicing certificates
- To assist in the retention of nurses

(Nurse Executives of New Zealand Inc., 2017)

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

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

The need to provide safe quality nursing care is a professional legislated responsibility. Every Registered Nurse is accountable for ensuring their practice is consistent with their education and assessed competence and meets legislated requirements (NCNZ, 2011b).

The Health Practitioner's Competence Assurance (HPCA) Act (2003) was developed to protect the health and safety of the public and to increase the accountability of health practitioners, including Registered Nurses, for the service they provide. This requires the NCNZ to ensure the ongoing competence of nurses. To support this, the NCNZ developed the Continuing Competency Framework (CCF). Every time a nurse applies for an Annual Practicing Certificate (APC) they are asked to declare if they have met the CCF requirements. These include meeting the required practice and professional development hours and completing a self-assessment and peer assessment against the NCNZ competencies. It is the professional responsibility of all practicing nurses to maintain their competency to practice by meeting the requirements of the CCF.

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

The Plunket PDRP levels

There are four levels a Registered Nurse working in Plunket can be assessed against. These are Competent, Proficient, Expert and Senior Nurse. They acknowledge the varying levels of experience and knowledge of individual nurses and are based on the NCNZ four domains for practice (NCNZ, 2012) adapted to WCTO nursing. They are called *Standards of Practice for Plunket Well Child Tamariki Ora Nurses* (Royal New Zealand Plunket Society, 2016). These standards guide the assessment of all Registered Nurse practice in Plunket.

See Appendix 1 for descriptions of Competent, Proficient and Expert practice ((Nurse Executives of New Zealand Inc. 2017).

At a minimum, all Registered Nurses working in Plunket are expected to be Competent as this level meets the NCNZ CCF requirements for basic competent practice.

Proficient is expected after an appropriate amount of experience and increasing knowledge of practice. Proficient portfolio evidence includes demonstrating your involvement in the education of colleagues, in managing complex client needs and in quality initiatives.

Expert requires a portfolio that includes practice evidence demonstrating you are influencing the quality of nursing practice, service delivery, client outcomes and supporting the learning and development of colleagues.

You do not necessarily need evidence of formal postgraduate study to apply for Expert PDRP, although it is a nationally endorsed expectation that nurses applying for Expert level have completed postgraduate study or an equivalent. Postgraduate study itself does not equal expert practice. Therefore, your portfolio evidence needs to show how your learning has been applied to benefit nursing practice, service delivery and client outcomes at an expert level.

Senior Nurse requires a portfolio that includes practice evidence from your designated role (Clinical Management, Management, Education, Research or Policy) and shows leadership in practice innovation and quality improvement, in the education and development of others and active participation in wider service, organisation or professional activities.

Are incentives or an allowance package linked to Plunket PDRP?

All nurses under the Collective Pay Agreement (Plunket/NZNO, 2018) are entitled to four hours per year of study leave to support their PDRP portfolio development. This allocation is to be used in conjunction with an annual appraisal. As well, four hours are allocated every three years to support PDRP reapplication.

Senior Nurses and Competent do not attract any additional allowances or remuneration.

Proficient and Expert have a PDRP allowance as stipulated in the Plunket Collective Agreement. The allowance is paid pro rata for hours worked. For example, in the Collective Agreement till February 2019 Proficient allowance (if working full-time) is \$3000 per annum. Expert allowance (if working full-time) is \$4500 per annum (Plunket/NZNO 2018).

The Clinical Services Manager is responsible for approving the allowance and sending the form to payroll. This form needs to be completed whether you have maintained the same level or progressed to Proficient or Expert Level.

Applying for PDRP

Plunket PDRP is for all Registered Nurses

Application for Plunket PDRP is strongly encouraged for all Registered Nurses working in the community or on PlunketLine.

Clinical Leaders, National Educators, National Advisors, Clinical Nurse Consultants (CNC) and other senior nurse roles are expected to progress onto the Senior Nurse PDRP within 18 months of appointment to that position.

What level of PDRP can I apply for?

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

You need to apply for the level of PDRP that consistently describes your practice when you are assessed against the nursing competencies. Remember, your level of practice is not based on years in practice or experience alone. Rather it is the combination of your nursing knowledge and skills and how you apply them in practice. Therefore, your level for PDRP is how you practice, not how long you have practiced.

Importantly, all NCNZ competency indicators must be consistently met at the level of PDRP you apply for. Nurses practicing at Competent level may be meeting some Proficient or even Expert indicators. Nurses at Proficient level maybe meeting some Expert indicators. But as all indicators must be consistently met at the level of PDRP applied for, the nurses in these instances could only apply for Competent in the first example and Proficient in the second.

Nurse practice then, is on a continuum and application directly to any PDRP level is welcome providing all the competency indicators for that level are being consistently met.

See Appendix 1 for descriptions of Competent, Proficient and Expert practice ((Nurse Executives of New Zealand Inc. 2017).

I want to apply for PDRP, what do I need to consider first?

First you need to decide which level of PDRP to apply for. A discussion with your Clinical Leader or manager is needed to decide the level you will apply for, as their support is a mandatory requirement for PDRP.

Then, considering your application date, complete the PDRP application form and send to the PDRP coordinator.

All PDRP forms, including the application form are on Plunket's public web site <https://www.plunket.org.nz/what-we-do/careers/pdrp/>.

Can I apply for PDRP at any time?

Competent and Senior Nurses can apply at any time.

Proficient and Expert have a yearly schedule of set application dates see Table 1 below

The PDRP Coordinator will acknowledge your application by email within 5 working days

Table 1. Proficient and Expert Portfolio Application Dates

Applications due	Portfolios due	Assessment completed during	Outcome advised and PDRP payments start/stop
1 February	1 March	March	31 March
1 June	1 July	July	31 July
1 October (2019)	1 November (2019)	November (2019)	30 November (2019)
1 September (2020)	1 October (2020)	October (2020)	30 October (2020)

What if my Clinical Leader/manager does not support my application for PDRP?

You will need to meet with them to explore your request for PDRP application and the reason they did not support your application. They will provide feedback to you, for example specifying where your practice needs developing before you are ready to apply for PDRP at the level you have requested. The feedback may include;

- A professional development plan (PDP) with agreed objectives/goals
- An agreed schedule for feedback on progress

Transferring to Plunket PDRP from a previous job

If you are already on a NCNZ approved PDRP such as from a District Health Board or a Primary Care Service, your level can be transferred, but you are required to apply for Plunket PDRP within 12 months of starting work at Plunket or at the previous portfolio expiry date (whichever comes first).

To transfer you don't need to present your portfolio, but you must complete a PDRP transfer application form and evidence that shows you are currently on an approved PDRP programme <https://www.plunket.org.nz/what-we-do/careers/pdrp/>

You will then need to submit a portfolio within 12 months or the previous portfolio expiry date (whichever comes first).

What if after transferring, I can't meet my previous level of PDRP?

You will need to meet with your Clinical Leader / manager to explore your current WCTO practice. They will provide feedback to you, for example identifying where your practice needs developing to meet your previous level of practice or identifying what level of PDRP they would support you applying for. For example, if you were at Expert level in your previous role but your

current practice in WCTO nursing is assessed as consistently at Proficient, then you would apply for Proficient.

Returning Plunket employees see page 25.

I work for Plunket and someone else. Do I need two PDRPs?

If you work in more than one organisation and both organisation's have PDRP, only one portfolio should be required. Ideally use your primary employers PDRP, but in all cases this should be discussed and agreed with both employers.

Your Portfolio

A professional portfolio

A portfolio is a collection of specially selected evidence that shows how in day-to-day practice you consistently demonstrate nurse practice at a specified level. This evidence includes but is not limited to, a self-assessment of practice, peer or Senior Nurse feedback and a performance review/appraisal or a nursing development plan completed in the last 12 months.

Your portfolio is a tangible record of your professional practice, activities and achievements that show you are competent to practice as a Registered Nurse in New Zealand. Portfolio evidence demonstrates your nursing skills and knowledge and can help you to plan your ongoing professional development and career path.

All portfolios (Competent, Proficient, Expert and Senior Nurse) require eight pieces of standard evidence to show current and relevant practice. **Competent requires no further evidence.** Proficient Expert and Senior Nurse require further evidence. These evidence requirements are summarised below and set out in detail for each level in the next section.

What format must my portfolio be in?

A portfolio is a professional document and must be presented in a professional way.

You can present your portfolio either as an e-portfolio or in hard copy. Hard copy is usually an A4 folder. Both e-portfolios and hard copy must provide an index to order the evidence according to the relevant portfolio checklist.

All documents presented in hard copy must be COPIES of the original.

All your evidence needs to be:

- Within the required timeframes e.g. 12 months or three years whichever is specified
- Your own work
- Demonstrate practice at least at the PDRP level you are applying for
- Demonstrate competent practice

Do not include personal reflections or feelings that you would not want critiqued by others. Personal pictures, cards or photos should not be included. However, a photo on your curriculum vitae or conference presentation programme is acceptable.

The privacy of all individuals must be protected in all evidence presented in your portfolio.

How do I ensure that I don't breach privacy in my portfolio?

All details that could identify people or a situation must be removed. Privacy extends to all individuals (not just clients). This means you must also not reveal names or identifiers of other health professionals or colleagues in your portfolio. Generic job titles could be used if required.

It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in those involved being identifiable. Ensure that any descriptions of practice do not contain any identifiable information.

Client notes must not be accessed for your portfolio or any of the documentation included in it. As a Registered Nurse you must abide by the Privacy Act (1993), so that information collected for client care is used only for that purpose, and not for inclusion in a portfolio.

When including exemplars and written reflections as examples, ensure the focus of these is your practice and outcomes of your care, rather than on the client. Therefore, exemplars and written reflections can be provided without identifying clients or accessing any clinical records.

Does all my evidence need to be verified?

The Statement of Integrity that you sign says that all the evidence provided is your own work.

Two pieces of evidence also require explicit verification to support that they are a true record of your work. These are your PD summary record with reflections and your self-assessment/appraisal.

As well, if your APC is a copy of both sides of your current APC, this needs verification.

Ensure all your evidence is dated (that includes reflections and other forms of evidence) to show it is valid for the requested time frame.

Any Registered Nurse who holds a current APC can verify evidence. They need to sign, date, and record their APC number on the evidence they are verifying.

What referencing style must I use in my portfolio?

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 referenced literature and demonstrate critical analysis.

How do I submit my portfolio?

Proficient or Expert

- e-portfolios are emailed to the PDRP coordinator at PDRP@Plunket.org.nz

Hard copy portfolios are sent by courier post track and trace to the PDRP coordinator at

National Educator/PDRP Coordinator
Royal NZ Plunket Trust
Simpl House
Level 3
40 Mercer St
Wellington 6011

Competent or Senior Nurse

- e-portfolios are emailed to the PDRP coordinator as above **OR** to an assigned assessor that has been agreed with the PDRP coordinator previously.
- Hard copy portfolios are sent by courier post track and trace to the assessor designated by the PDRP coordinator at the above address
- The PDRP Coordinator will acknowledge the receipt of your portfolio within five working days.

Evidence requirements

There are eight standard evidence requirements for all portfolios. Competent requires no additional evidence. Proficient, Expert and Senior Nurse require additional evidence.

Table 2. Summary of evidence requirements for all portfolios.

	COMPETENT	PROFICIENT	EXPERT	SENIOR NURSE
1	Manager support letter	Manager support letter	Manager support letter	Manager support letter
2	Statement of Integrity	Statement of Integrity	Statement of Integrity	Statement of Integrity
3	A current annual practicing certificate (APC)	A current annual practicing certificate (APC)	A current annual practicing certificate (APC)	A current annual practicing certificate (APC)
4	At least 450 practice hours in the last 3 years	At least 450 practice hours in the last 3 years	At least 450 practice hours in the last 3 years	At least 450 practice hours in the last 3 years
5	At least 60 professional development hours in the last 3 years - with reflection	At least 60 professional development hours in the last 3 years - with reflection	At least 60 professional development hours in the last 3 years - with reflection	At least 60 professional development hours in the last 3 years - with reflection
6	Self-assessment showing Competent practice against the NCNZ competencies in the last 12 months	Self-assessment showing Proficient practice against the NCNZ competencies in the last 12 months	Self-assessment showing Expert practice against the NCNZ competencies in the last 12 months	Self-assessment showing Senior nurse practice against the NCNZ competencies in the last 12 months
7	Peer/Senior Nurse feedback on Competent practice against the NCNZ competencies in the last 12 months	Peer/Senior Nurse feedback on Proficient practice against the NCNZ competencies in the last 12 months	Peer/Senior Nurse feedback on Expert practice against the NCNZ competencies in the last 12 months	Peer/Senior Nurse feedback on Senior nurse practice against the NCNZ competencies in the last 12 months
8	Performance appraisal OR Nursing Development Plan from previous 12 months	Performance appraisal OR Nursing Development Plan from previous 12 months	Performance appraisal OR Nursing Development Plan from previous 12 months	Performance appraisal OR Nursing Development Plan from previous 12 months
9		A copy of your current Curriculum Vitae providing work and education history	A copy of your current Curriculum Vitae providing work and education history	A copy of your current Curriculum Vitae providing work and education history
		From the last three years practice evidence to demonstrate: 1. Participation in practice change or quality initiative 2. Evidence of teaching or mentoring 3. Managing complex care needs NOTE: this additional practice evidence may be already included in previous evidence such as in the Self-assessment	From the last three years practice evidence to demonstrate: 1. The integration of acquired nursing knowledge into practice throughout the portfolio 2. Application of expert knowledge and practice in complex care and clinical leadership in care coordination 3. Contribution to speciality knowledge or innovation in practice and in quality improvement 4. Active engagement and advocacy in the wider nursing arena 5. Responsibility for learning and/or development of colleagues. NOTE: this additional practice evidence may be already included in previous evidence such as in the Self-assessment	From the last three years practice evidence to demonstrate: 1. Leadership in practice innovation and quality improvement 2. Education and development of others 3. Active participation in wider service, organisation or professional activities/groups 4. Leadership in management, education, policy or research NOTE: this additional practice evidence may be already included in previous evidence such as in the Self-assessment

The eight standard evidence requirements

All portfolios require the following eight standard pieces of evidence

1. Manager Support Letter

This letter says that your Clinical Leader or manager supports your application for PDRP at a specified level and is signed by them.

NOTE: Your Clinical Leader or manager must be a Registered Nurse in a senior position to you and have a current APC.

If you do not report to a Clinical Leader and your manager is not a Registered Nurse with an APC, then you need to identify a Senior Nurse with whom you have a professional relationship who will support your application.

2. Statement of Integrity

The Statement of Integrity is your declaration about the contents and use of your portfolio and is signed and dated by you.

3. Evidence of a current Annual Practicing Certificate (APC)

This can be either

- A copy from The NCNZ website
- For electronic portfolios a link to the NCNZ website

OR

- A verified copy of both sides of your current practicing certificate

4. Evidence of at least 450 practice hours in the last three years

For this evidence you need to request a letter from payroll stating your role and clinical area and total number of practice hours you have worked over the last 3 years e.g. 940 hours. Not FTE or % of days worked.

5. Verified evidence of at least 60 professional development hours in the last three years – with reflection

This piece of evidence has 2 requirements.

1. A summary record of your professional development over last 3 years in your area of practice. A Registered Nurse with an APC must verify this summary.
2. Evidence of the impact of professional development on your knowledge by either;

A reflective statement for each PD activity that describes the difference the learning has made to your nursing practice at the level applied for. This statement is usually 1-2 paragraphs long.

The summary of PD template includes columns for verification and reflective statements.

OR

A short reflection on **three key PD activities** you attended describing the difference the learning has made to your nursing practice at the level of PDRP applied for.

These reflections are more in-depth (about one A4 page) than a statement and can be written using a reflective model such as Rolfe et al (2001).

For further information on writing reflections see Writing a reflection page 26.

6. Self-assessment against Nursing Council of New Zealand competencies, completed within the last 12 months

The *Standards of Practice for Plunket Well Child Tamariki Ora Nurses* (2016) describe the criteria for Plunket Nurse practice at all levels. A self-assessment must be done for each competency relevant to the level of PDRP you are applying for. All practice examples must reflect the current evidence base. These reflective practice examples describe how you meet each competency and must show current, sufficient, authentic and repeatable evidence within your current area of practice that;

- Includes a brief reflective statement showing your understanding of the competency
- Clearly describes an example showing how your day to day practice meets the competency indicator at the level of practice you have applied for
- Demonstrates your ability to apply the principles of Te Tiriti o Waitangi to WCTO nursing and practice in a culturally safe / Kawa whakaruruhau manner

This self-assessment will be verified by your peer/Senior Nurse assessor.

7. Peer/Senior Nurse feedback against Nursing Council of New Zealand competencies, completed in the last 12 months

The peer/Senior Nurse providing feedback must have a current APC

Peer/Senior Nurse evidence can be gained by direct observation of your practice but also an interview or discussion on practice, exemplars, examples of practice, evidence from other colleagues etc. This peer-assessment will be signed by your peer/Senior Nurse assessor.

Their feedback describes how your day-to-day practice meets the competency at the level being applied for. They may comment on the same example used by you in your self-assessment; however, it should be a validation of the self-assessment, providing objective comments from a different viewpoint or focus.

NOTE: Your Peer/Senior Nurse feedback may have been completed as part of your annual performance appraisal where the NCNZ competencies are the foundation for the appraisal. If so and done with the last 12 months, it does not need to be repeated (see no.8 below)

8. Performance appraisal/nursing development plan completed in the last 12 months

If your manager completed your Peer/Senior Nurse assessment (as above no.7) no further Performance Appraisal is required but you need to include your current nursing development plan.

Your nursing development plan includes long term and /or short term educational and / or professional goals, with steps to achieving goals. It must reflect the level being applied for in all competency areas.

If your manager did not complete your Peer/Senior Nurse assessment (as above no.7) you need to include a performance appraisal.

The **COMPETENT** portfolio

The Competent portfolio requires the eight standard evidence requirements only

Please complete the PDRP template available on the Plunket website
<https://www.plunket.org.nz/what-we-do/careers/pdrp/>

The PROFICIENT portfolio

The Proficient portfolio requires the eight standard evidence requirements PLUS two further requirements detailed below.

9. A copy of your Curriculum Vitae providing work and education history

10. From the last 3 years, practice evidence that demonstrates

- a. Participation in practice change or quality initiative
- b. Teaching or precepting/mentoring
 - A teaching session with evidence of organisation and delivery may be included
OR
preceptorship or supporting skills development, which should include reflection and feedback from the person preceptored or supported.
- c. Ability to manage and coordinate care processes for patients with complex needs

NOTE: In both your self and peer assessment each practice example must demonstrate at least one of the above three types of evidence of practice (a, b or c) as well as competent practice. All three must be demonstrated somewhere in your portfolio.

The evidence requested above may already be included within the standard requirements (e.g. self-assessment and Senior Nurse/ peer review), **and then no additional evidence is required.** If it is not, then separate evidence such as a case study, a reflection, teaching plan and evaluation of teaching session, should be provided that show Proficient practice.

Remember, a self-assessment contains evidence from the last 12 months, so if a relevant practice example was completed over 12 months ago, this would not be included (as it is over the 12-month self-assessment timeframe). Therefore, a separate piece of evidence showing this older practice example would be needed.

Please complete the PDRP template available on the Plunket website
<https://www.plunket.org.nz/what-we-do/careers/pdrp/>

The EXPERT portfolio

The Expert portfolio requires the eight standard evidence requirements plus two further requirements detailed below

9. A copy of your Curriculum Vitae providing work and education history

10. From the last 3 years, practice evidence to demonstrate:

- a. The integration of acquired nursing knowledge into nursing practice demonstrated throughout the portfolio.
- b. Expert knowledge and application of expert practice in the care of the complex clients and clinical leadership in care coordination. This may include, but not be limited to reflection of: a complex client, or family situation, clinical leadership role or situation.
- c. Contribution to specialty knowledge or innovation in practice and the change process in quality improvement activities. May include, but not limited to: e.g. quality project, practice improvement.
- d. Active engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (this could be an attestation). May include, but not limited to contributing member of committee, multi-disciplinary or nursing group.
- e. Responsibility for learning and/or development of colleagues. May include, but not limited to, evidence that education has been developed and delivered.

NOTE: In both your self and peer assessment each practice example must demonstrate at least one of the above five types of evidence of practice (a, b, c, d or e) as well as competent practice. All five must be demonstrated somewhere in your portfolio.

The evidence requested above may already be included within the standard requirements (e.g. self-assessment and Senior Nurse/ peer review), **and then no additional evidence is required.** If it is not, then separate evidence must be provided to show Expert practice.

Remember, a self-assessment must contain evidence from the last 12 months, so if a relevant practice example was completed over 12 months ago, this would not be included (as it is over the 12-month self-assessment timeframe). Therefore, a separate piece of evidence showing this older practice example would be required.

Please complete the PDRP template available on the Plunket website
<https://www.plunket.org.nz/what-we-do/careers/pdrp/>

The SENIOR NURSE portfolio

Senior Nurses without accountability for direct client care and practicing in management, education, policy or research (indirect patient care) must still meet NCNZ competencies and continuing competence requirements. These nurses are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that only apply to clinical practice. They are to use the competencies from domains 2 and 3 that best align with their specific role.

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

A Senior Nurse portfolio requires the eight standard evidence requirements using the appropriate NCNZ competencies e.g. clinical, management, policy, research or education as directed in the *Standards of Practice for Plunket WCTO Nurses* (Royal New Zealand Plunket Society, 2016) plus two further requirements detailed below.

9. A copy of your Curriculum Vitae providing work and education history

10. From the last 3 years practice evidence to demonstrate

- a. Leadership in practice innovation and quality improvement
- b. Education and development of others
- c. Active participation in wider service, organisation or professional activities/groups
- d. Leadership in management, education, policy or research

NOTE: In both your self and peer assessment each practice example must demonstrate at least one of the above four types of evidence of practice (a, b, c or d) as well as competent practice. All four must be demonstrated somewhere in your portfolio.

If this practice evidence is met within the standard requirements (e.g. self-assessment and Senior Nurse/ peer review), then **no additional evidence is required**. If it is not, then separate evidence must be provided that shows Senior Nurse practice.

Remember, if a practice example was completed over 12 months ago, this would not be included in the self-assessment (as it is over the 12-month self-assessment timeframe). Therefore, a separate piece of evidence showing the older practice example would be required.

Please complete the PDRP template available on the Plunket website
<https://www.plunket.org.nz/what-we-do/careers/pdrp/>

Assessment moderation and audit

Plunket PDRP Portfolios submitted for assessment will be kept on Plunket premises not accessed by the public, stored in a locked cupboard and only made available to 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.

Assessors/Moderators will not discuss what a portfolio contains unless for the direct purpose of assessing/moderating the portfolio, or if there are concerns regarding practice or breaches of privacy found in the portfolio.

PDRP assessment

A PDRP assessor is a nurse who is trained in assessment and has been designated a PDRP assessor. They must;

- Be a Registered Nurse with a current APC with no restrictions impacting on ability to practice
- Be on Plunket PDRP
- Have completed assessor training e.g. NZQA 4098 Workplace Assessor Training or Plunket / Whitiorea Assessor Training programme including an online module
- Complete an annual assessment update
- Assess a minimum of 3 portfolios annually

PDRP assessors communicate prior to doing scheduled assessments to review the requirements and to support the consistency and quality of their assessments.

The assessor will complete the assessment template, which can be found at the back of the PDRP template. The assessor looks to see that all evidenced requested is presented and meets the standard required for the level of PDRP applied for.

The possible outcomes for PDRP assessment

There are three outcomes following assessment for PDRP

1. Successful application

You will be advised in writing and recorded on the Plunket PDRP register; your portfolio is returned with the assessment template and assessor comments. Your manager or for clinical staff your Clinical Service Manager and Clinical Leader will be notified of the outcome.

If you applied for Proficient or Expert, your Clinical Service Manager will approve your PDRP allowance and notify Plunket Payroll.

2. Further evidence required

In this case one or more pieces of evidence maybe incomplete or not show practice at the level applied for. The assessor will describe accepted examples and provide constructive feedback when evidence is not enough to demonstrate competence and can be further strengthened for re assessment.

When further evidence is required, the PDRP assessor will advise you of this outcome in writing and will offer you an opportunity to submit further evidence.

You will have **15 working days** from getting the outcome letter to submit the requested further evidence. **NOTE:** Only the further evidence requested will be assessed and not the whole portfolio.

If the further evidence is accepted and the portfolio is successful, then you will be advised of this successful outcome in writing and the National Plunket PDRP register will be updated.

If the further evidence is insufficient, then the application outcome is unsuccessful. You and your Clinical Leader/manager will be notified regarding the insufficient evidence. If you applied for Proficient or Expert, you 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.

3. Evidence of unsafe practice

If a portfolio contains material that indicates unethical, illegal or unprofessional behaviour and unsafe practice (including unsafe cultural practice) 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 Chief Nurse and action will be taken in accordance with Plunket Policy.

The HPCA Act (2003) part 3-34(1) stipulates that where nursing practice may pose a risk of harm to the public or where practice is below the required standard of competence the Nursing Council of New Zealand may be notified.

When would my portfolio be moderated?

Moderation is a quality process to support fairness and consistency in assessment. Portfolios are moderated when:

- The evidence they contain is assessed as unsuccessful in showing competence at the PDRP level applied for
- A minimum of 10% of all portfolios will be randomly moderated annually at each level
- An experienced assessor will moderate the first 5 portfolios reviewed by a new assessor
- External moderation of a selection of portfolios occurs at least once annually by PDRP Coordinators from other NCNZ approved PDRP Programmes

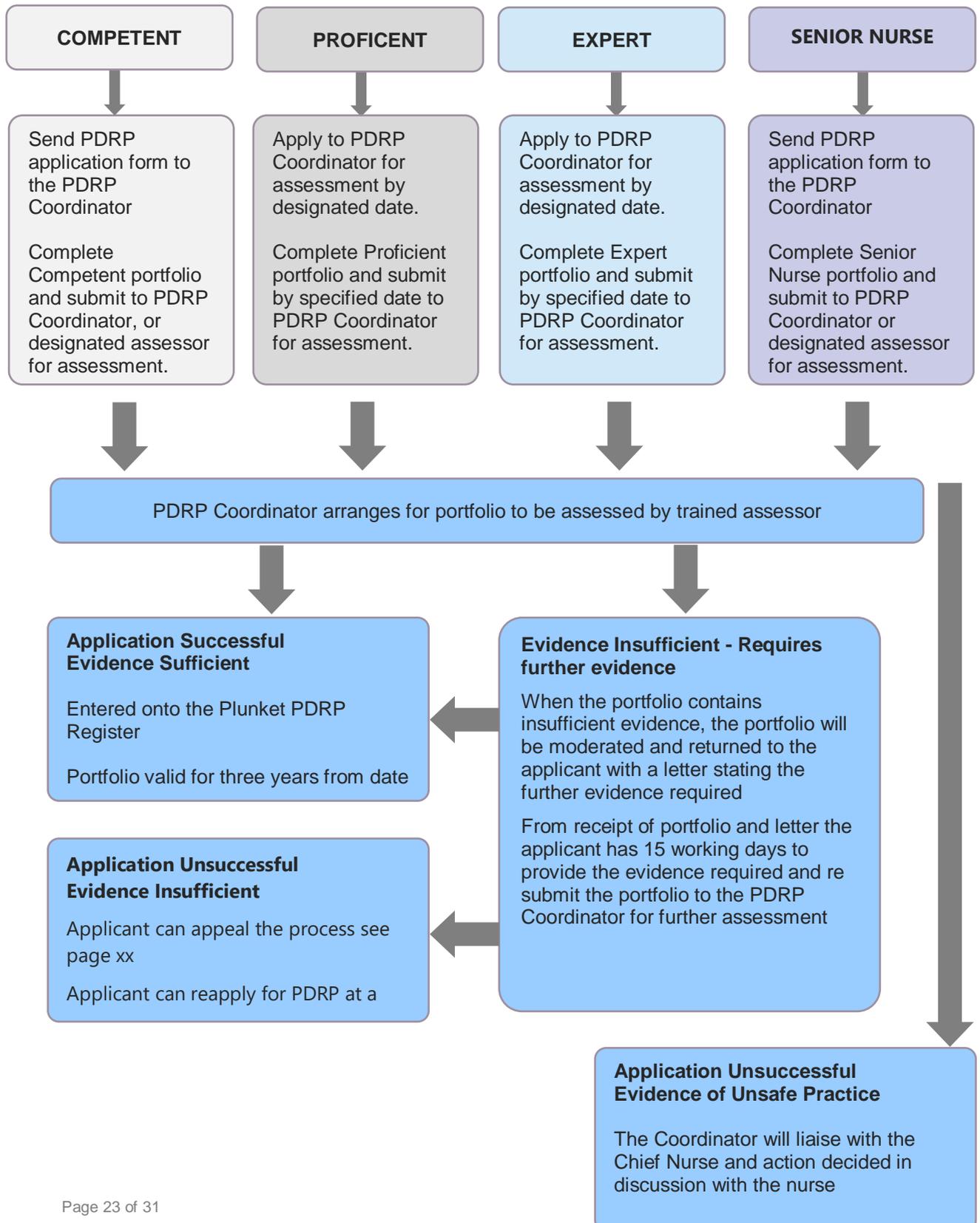
When you complete the PDRP application letter and Statement of Integrity, you agree to your portfolio being involved in moderation or audit.

Moderation and auditing of the Plunket PDRP

An evaluation and audit of the Plunket PDRP Programme is undertaken every five years by NCNZ.

PDRP Summary Flow Chart

PDRP application and assessment



Maintaining PDRP

PDRP does not end after completion of a portfolio. Rather, it is an ongoing process requiring maintenance of the portfolio competencies and annual performance appraisal to show continued competence.

All Registered Nurses in Plunket need to maintain a portfolio of examples that demonstrate competent practice as a minimum. You are required to present your portfolio as part of your annual performance appraisal and discuss the development of your portfolio with your Clinical Leader/ Manager to plan your professional development and PDRP progression.

PDRP is current for three years

To remain on a NCNZ approved PDRP, you are required to submit a current portfolio of evidence every three years. This reaffirms that you are consistently practicing at that level of practice. This is stipulated by NCNZ and is a nationally endorsed expectation.

You can apply for a different level of PDRP anytime within the 3 years e.g. moving from Competent to Proficient / Expert.

It is an expectation that those in senior positions move onto Senior PDRP.

Nurses due for re assessment of PDRP will be advised by the PDRP Coordinator 3 months prior to their PDRP expiry date including the consequences of not reapplying for PDRP by the expiry date, which may include

- Being subject to NCNZ recertification audit.
- Possible removal or alteration of additional conditions linked to their employment contract e.g. remuneration.

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

The PDRP allowance may be continued for up to a maximum of 30 working days for nurses who need to submit additional evidence, or until the resolution of any appeal that is in progress once the PDRP Coordinator notifies payroll.

What circumstances could mean I lose my PDRP status?

You will be removed from the PDRP register if

- You don't submit a portfolio for PDRP assessment when due 3 yearly
- You do not have a current APC
- You have a significant breach of nursing conduct or competence that demonstrates your inability to continue to perform at your PDRP level. The NCNZ will be advised and any remuneration allowances stopped immediately.
- If you advise the PDRP coordinator in writing that you wish to withdraw from the PDRP.
- If you have transferred to the Plunket PDRP from another PDRP but fail to submit a portfolio within 12 months of your transfer or at the portfolio expiry date (whichever comes first).

What if I resign from Plunket?

When you leave Plunket employment, payroll advises the PDRP Coordinator so that your information can be removed from the Plunket PDRP register.

You may then apply to have your PDRP recognised by your new employer, provided they have an approved NCNZ PDRP programme. You are responsible for requesting transfer of your PDRP status dependent on your new employers' criteria and then by completing the transfer form and providing the appropriate supporting documentation requested by your new employer, e.g. a PDRP certificate or letter of confirmation from the PDRP Coordinator at Plunket.

I resigned but returned to Plunket, what happens to my PDRP?

If you return to the same or a similar position within Plunket within 3 years of your previous PDRP portfolio successful submission, your PDRP status will be reestablished until your portfolio expiry date.

If you have been away for more than 3 years and are reemployed after the expiry date of your original PDRP, you cannot have your level reestablished or be on PDRP until you submit a successful portfolio.

Appealing an assessment decision

If you are not satisfied with your assessment, you can appeal the decision. The appeal process is as follows:

1. You write to the PDRP Coordinator **within 10 working days** of receiving the PDRP outcome letter, stating clearly the reasons for your appeal.
2. The PDRP Coordinator will acknowledge receipt of your letter **within 5 working days** requesting that you return your portfolio as originally submitted.
3. The PDRP Coordinator convenes an appeal review panel **within 5 working days** of the receipt of your 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. The appeal review panels' job is to decide if the original assessment decision is to be upheld or not. The original assessors/panel may also present their case directly to the appeal review panel
4. The appeal review panel will consider your original portfolio with no alterations, the assessment tool from the original assessment and your statement regarding the appeal. You can request to attend to present the grounds of your appeal and this will be either by videoconference or face to face.
5. The PDRP Coordinator will provide a written response with supporting evidence and return your portfolio within **10 working days** of the panel's decision.
6. The PDRP Coordinator advises the Chief Nurse and Clinical Leader / Line Manager of the outcome and decision from the appeal review panel.
7. If you still disagree with the decision you can apply in writing to the Chief Nurse for review within **10 working days** from the receipt of the appeal review panels decision.
8. The decision of the Chief Nurse will be final.

Note: Your portfolio evidence must be as originally submitted and must not have been altered in any way after the original submission to be eligible for assessment by the appeal review panel.

Writing a reflection

Reflections

Reflecting on your practice is an important way of purposefully thinking about what you do in your professional nurse role to improve.

A simple reflective process enables you to first describe your own thoughts, actions and experiences, then to critically compare these to current practice guidelines to find gaps and strengths and finally to consider how you might do things differently next time to improve your nursing practice.

There are many models and frameworks for reflection described in nursing literature such as Gibbs (1988), Rolfe et al (2001) and Tanner (2006) that you may find useful to guide how you structure a written reflection.

Rolfe is commonly used for reflecting on a PD opportunity as the three sections easily guide your reflecting and writing through a process of first describing (the What), then reflecting and comparing what you describe to current practice, standards etc. (the So What) and then deciding on action to improve your practice (the What Now).

No matter what reflective model you use all reflective examples in a PDRP portfolio must show practice at the PDRP level you have applied for.

And all reflections must be evidenced based using APA format for in text citations and in the reference list.

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.

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Appendices

Appendix 1: Examples of Competent, Proficient and Expert Registered Nurse Practice (Nurse Executives of New Zealand Inc. 2017).

The Competent Registered Nurse:

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

The Proficient Registered Nurse:

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

The Expert Registered Nurse:

- Is recognised as an expert and a role model in their area of practice
- Guides others to apply the principles of Te Tiriti o Waitangi and to provide cultural safety care to clients
- Engages in clinical learning for self and provides clinical learning opportunities for colleagues
- Contributes to specialty knowledge and demonstrates innovative practice
- Initiates and guides quality improvement activities and changes in the practice setting
- Delivers quality client care in unpredictable challenging and complex situations
- Demonstrates successful leadership within a nursing team unit/facility
- Advocates for the promotion and integrity of nursing within the health care team
- Is involved in resource decision making/ strategic planning
- Influences at a service, professional or organisational level

Appendix 2: PDRP Coordinator and PDRP Advisory Group Key Tasks

The Plunket PDRP Coordinator is responsible for ensuring all aspects of the PDRP system are running smoothly and that communication is effective. They report directly to the Chief Nurse. 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 about the PDRP process.
- Supervise the administrative functions of the PDRP, and the administrator.
- In collaboration with the PDRP administrator the PDRP coordinator collates the reminder letters for applicant's due assessment and all outcome letters.
- Update the PDRP Handbook, applications forms, all the templates and ensure the most up to date forms are available on the Plunket web site
- Convene and report to the PDRP Advisory Group.
- Arrange the convening of the PDRP Assessment panels to assess applications for Proficient and Expert three times a year.
- Liaise with Clinical Education Team to implement assessor training and updates.
- Project manage the review of PDRP processes and documents.
- 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 up to date with 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 Chief Nurse

Is responsible for formulating a report after each assessment panel, and to the Advisory Group at least once a year.

The Plunket PDRP Advisory Group is accountable to the Chief Nurse 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
 - Chief Nurse
 - Maori representation
 - Clinical Service Manager
 - Area Plunket Nurse
 - Postgraduate Certificate Educator
 - Clinical Nurse Consultant
 - Clinical Leader
 - People and Capability Consultant (may be co-opted into meetings as required)
 - Plunket Health Worker (Plunket Kaiawhina / Community Karitane)

The PDRP Advisory Group will meet three times a year the month following an assessment panel period