

The PDRP Manual complements the NZNE Evidential Requirements (2017).

It consists of five sections:

1. Introduction
2. Processes
3. Assessors
4. Regional PDRP Cultural Competencies
5. Related Documents and References

Section 1- Introduction

MIHIMIHI

Kei te mihi ake ki a tātou e kaha nei ki te hāpai i te oranga o nga tāua te Iwi Māori,

Hēoi, ka mihi tonu mō rātou kua hingahinga atu.

Nō reira, ka āpiti hōno tātai hōno, rātou ki a rātou, ā,

ka āpiti hōno tātai hōno, tātou e waha tonu i te kaupapa o te hauora ki a tātou.

English Translation - Greetings, to all of us who are energetically involved in the promotion of Māori health; with special reference to those who have passed away; and so, let the dead be joined to themselves and those of us who are still a living entity, let us share the burden of promoting healthy lifestyles. And so, greetings, once again”. 1

1 * Refers to the emerging world - the enlightened world is all about people responding to the challenges, which bring out the best in people.

THE NURSING AND MIDWIFERY PROFESSIONAL DEVELOPMENT UNIT (PDU)

The roles and responsibilities of the Professional Development Unit (PDU) encompasses the student experience, transition to RN and RM practice, on-going education and development of nursing and midwifery practice including post graduate study to support nurses along a continuum of career development. The Nursing Professional Development and Recognition Programme is part of the PDU.

PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME (PDRP)

PDRP Goals, Principles and Standards (ref. National Framework and Evidential Requirements 2017)

The PDRP goals, principles and standards provide national guidelines for the consistency between PDRP programmes

Goals

PDRPs aim to:

- Ensure nursing expertise is visible, valued and understood
- Enable differentiation between the different levels of RN and EN practice
- Value and reward clinical practice
- Encourage practice development
- Identify expert nurses/ role models
- Encourage reflection on practice
- Supports the use of evidence based practice
- Provide a structure for ongoing education and training
- Assist nurses to meet the requirements for competence based practising certificates
- Assist in the retention of nurses

Principles

- Based on and linked to the NCNZ competencies for RN and EN scopes
- Reward, recognise and respect contemporary nursing practice
- Open to RNs and ENs who are working within an organisation, which supports a PDRP
- Developed and managed by the profession for the profession
- Reviewed and updated at least 5 yearly
- Consistent, fair and transparent processes
- Comply with relevant legislation
- Support and facilitate nurses to provide education to their colleagues
- Support and facilitate nurses in their professional development
- Recognise the value of professional development and innovation

- Accept a range of evidence to demonstrate competence
- Use Māori processes to consult with Māori
- Active involvement of Māori nurses and cultural advisors in the introduction, ongoing development and decision-making processes of PDRP, including the integration of the principles of Te Tiriti o Waitangi
- Support nurses in designated roles to demonstrate their continuing competence in accordance with NCNZ continuing competence requirements for research, management, education and policy

Standards

The Health Practitioners Competence Assurance Act (2003) (the Act) provides a framework for the regulation of health practitioners to protect the public where there is risk of harm from professional practice. The Act identifies responsible authorities (e.g. NCNZ) which have the role of ensuring all registered health practitioners, issued with an annual practising certificate (APC), and are competent in their scope of practice.

The PDRP standards incorporate and extend the NCNZ Standards for approval of professional recognition programmes to meet continuing competence requirements (NCNZ, 2013). These PDRP standards include other components that are important in the development and review of all PDRPs in New Zealand. These include processes for transportability, transferability and open progression.

The NCNZ standards below have been developed to ensure that nurses participating in an approved PDRP will automatically meet NCNZ continuing competence requirements in addition to specified organisational requirements.

1. The programme complies with legislated requirements and Nursing Council of New Zealand policies, guidelines and codes.

- 1.1. All nurses on the programme have a current annual practising certificate.
- 1.2. Portfolio requirements encompass the requirements for continuing competence. All nurses on the programme are therefore currently assessed as competent to practise.
- 1.3. Competence is assessed at least three-yearly. This could be part of the performance appraisal/review process depending on the programme assessment procedures.
- 1.4. The programme's competencies and processes incorporate the principles of the Treaty of Waitangi.
- 1.5. The programme's competencies and processes incorporate the principles of cultural safety.
- 1.6. Programme records (names, registration numbers and assessment dates) must be kept and supplied to the Council on request.

Ref: Nursing Council of New Zealand. (2013). *Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses*. Wellington: Author

2. The programme supports the nurse to develop her/his practice.

- 2.1. The programme has a structure and competencies that promote and support ongoing professional development to continue learning and maintain competence and to meet the continuing competence requirements.
- 2.2. For each level of the programme, assessment of the nurse's practice against the Nursing Council competencies can be demonstrated at least three yearly.
- 2.3. The programme is written and reviewed in consultation with nurses in practice.
- 2.4. The programme requires practice to be evidence-based.

3. The programme will have clearly defined assessment processes.

- 3.1. The assessment process is valid and reliable.
- 3.2. Confidentiality requirements for clients, family and employees are met.
- 3. The assessment is undertaken by nurses who are prepared in assessment.
- 3.4. Criteria used for assessment are made available to applicants.
- 3.5. Applicants have opportunity for self-assessment.
- 3.6. Applicants receive individual feedback.
- 3.7. Decisions about assessment are based on evidence and documented.
- 3.8. Appeal mechanisms are explicit and appeals are resolved.
- 3.9. Assessment timeframes are identified, appropriate and able to be met.
- 3.10. Processes are in place for recognising transferability of skills and knowledge

4. Appropriate resources are available to support the programme.

- 4.1. Nurses have access to relevant and current literary resources (e.g. journals/texts/internet).
- 4.2. The coordinator of the programme is a nurse with a current practising certificate.
- 4.3. Information/education about the programme and assessment processes is made available to all nurses.
- 4.4. Nurses have opportunities for ongoing professional development activities.

5. Quality improvement processes are integral to the programme.

- 5.1. There is a statement of programme goals and outcomes.
- 5.2. The programme is evaluated at least five-yearly. This includes feedback from nurses and participation by nurses in the programme.
- 5.3. The programme has assessor selection criteria and processes, appraisal and development.
- 5.4. Assessment is moderated (internal or external as appropriate).
- 5.5. Issues and appeals are resolved.

SCOPE

This policy incorporates requirements of the Health Practitioners Competence Assurance (HPCA) Act (2003), Nursing Council of New Zealand Framework for the approval of Professional Development and Recognition Programmes to meet continuing competence requirements for Nurses (2013) and adherence to the National PDRP Framework and Evidential Requirements (2017).

Te Whatu Ora Waikato (TWOW) PDRP integrates the principles of the Treaty of Waitangi and cultural safety into processes and competencies

Assessment of cultural competence is integrated into the assessor training.

Māori nurses have the option to have their portfolio assessed by a Māori PDRP assessor.

Nurses are required to provide evidence of how they implement the principles of the Treaty of Waitangi when working with Māori clients/ families/ whanau/communities and principles of cultural safety when working with other clients/ families/communities.

TE WHATU ORA WAIKATO (TWOW) PDRP PRINCIPLES

The TWOW PDRP is based on the National Framework and Evidential Requirements Principles and, the following TWOW principles:

- The principles of the Treaty of Waitangi and cultural safety are integrated into PDRP processes and competencies.
- Nursing career progression is supported through individual professional development and career planning
- Nurses have the opportunity to participate in the review and on-going development of the PDRP
- There are no in built barriers to limit progression
- The PDRP incorporates a fair system of review and assessment
- Progression is based on the objective assessment against the PDRP competencies for levels of practice
- Progression on PDRP is based on meeting all competencies and expectations for the level of practice

EXCLUSIONS

All Registered and Enrolled nurses at TWOW are encouraged and able to submit a portfolio to the PDRP Programme unless undergoing a Performance Improvement Process (PIP).

Exclusions to the programme are all other health professionals e.g. Medical Staff, Midwives, Allied Health Professionals, Health care assistants, Psychiatric Assistants and unregulated caregivers.

TE WHATU ORA WAIKATO STRATEGY



TWOW Vision: “Healthy people. Excellent Care”

TWOW Mission: “Enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery.”

TWOW has six key strategic imperatives

- Health equity for high need populations / Oranga
- Safe, quality health services for all / Haumaru
- People centred services / Manaaki
- Effective and efficient care and services / Ratonga a iwi
- A centre of excellence in learning, training, research and innovation / Pae taumata
- Productive partnerships / Whanaketanga

TWOW Values

Give and earn respect / Whakamana

Listen to me talk to me / Whakarongo

Fair play / Mauri Pai

Growing the good / Whakapakari

Stronger together / Kotahitanga

CULTURAL SUPPORT FOR PDRP

Background

“The Waikato DHB PDRP Treaty Based Partnership model was introduced in 2001 to *reflect the PDRP commitment to Te Tiriti o Waitangi* with the appointment of a Māori and non- Māori Nurse Co-ordinator and recognise the development of clinical and cultural competence in nursing practice. The partnership integrated Māori beliefs, values and processes into a model that *was* unique to Waikato DHB and Aotearoa New Zealand. The Māori and non- Māori Nurse Co-ordinator roles *were* integral to the principles of the model and the implementation of future changes to the PDRP for Māori and non- Māori nurses”

Since the Professional Development Unit review in 2015 and resulting changes to co-ordination of PDRP, the Nurse Consultant Cultural Workforce Development provides cultural support for the programme. As part of the Professional Development Unit (PDU) team, the Nurse Consultant Cultural Workforce Development works with the Nurse Co-ordinator PDU to:

- Support PDRP assessors to assess cultural competence of nurses
- Ensure processes are in place to enable Maori nurses to achieve equitable outcomes on the PDRP e.g. provide option for Maori nurses to be assessed by Maori assessors, resources to support Maori nurses to describe their practice from a Maori worldview
- To develop productive partnerships with other providers including Primary Health Organisations, Iwi and Pacific Providers, Aged Residential Care
- Review and implement changes to PDRP

Technology

Since May 2016, all PDRP portfolios to be submitted electronically via Ko Awatea to the Mahara Portfolio platform.

Guidance is provided in the ‘Guideline for Preparation of your portfolio’ and ‘Quick Guide for creating and submitting your portfolio’.

Technical support is offered from the PDRP office face-face and via the Nurse Educator attached to the clinical area the nurse works in.



Quick Guide for
creating and uploac

A TWOW Nursing framework prepares and progresses nurses in their career planning, and aligning with the PDRP levels of practice (currently under development).



Nursing-at-Waikato
-DHB (1).pdf

The TWOW PDRP programme aligns with the 2017 update of the National Framework and Evidential Requirements. This document is currently under review.



2017-04 PDRP
National Framework

Section 2- Processes

ELIGIBILITY TO SUBMIT A PORTFOLIO

- All nurse employed by TWOW with a current APC are entitled to submit a portfolio for assessment.
- Nurses working for other providers in the primary sector are entitled to submit a portfolio for assessment if there is a current Memorandum of Understandings (MOU) in place between TWOW and the Provider.
- Nurses who are undergoing a performance management process of competence review process are not eligible to submit a portfolio until all objective and/or competencies can be submitted.

TRANSFERABILITY AND PORTABILITY OF PORTFOLIOS

- Transferability and portability of portfolios aligns with the National Evidential Requirements recommendations (2017).
- Refer to MECA Professional Development 28.10 Principles (e) 2020-2022) *“when transferring either internally or externally, continuity of levels should occur with provision of the staff member to meet the competencies for the level in the new area within a negotiated period.”*
- PDRP transfers are managed by the Nurse Co-ordinator PDU
- Confirmation of PDRP level and date approved is sent to the Nurse Co-ordinator PDU to complete the transfer process and initiate the PDRP payment if applicable.

Previous Employees

- Employees re-hired, who were approved on the DHB PDRP within the last 3 years need to liaise with the Nurse Co-ordinators PDRP to reinstate the PDRP level and associated payment where applicable

Internal Transfer

- Nurses who are currently on a PDRP level within the Te Whatu Ora Waikato PDRP programme and transfer to another clinical area within Te Whatu Ora Waikato will retain their PDRP level and, at the end of 12 months will complete an annual and professional performance appraisal.
- Nurses at Proficient, Expert or Accomplished level must demonstrate the same level of practice within 12 months of transfer through the annual and professional performance review process.

External Transfer

- New employees must initiate the transfer process through the Nurse Co-ordinator PDU within three months of transfer
- New employees from another Nursing Council of New Zealand (NCNZ) accredited PDRP, who are current, (completed within the last 3 years), shall be transferred to the same level on the Te Whatu Ora Waikato PDRP and will be required to complete an Annual and Professional performance review at end of 12 months
- Verification of level and date of achievement on another PDRP is required prior to transfer. Once current PDRP level is verified and confirmed by the accredited programme the applicant is

transferring from, authorization for approval of the transfer shall be made by the Nurse Co-coordinator PDU through the PDRP administrator.

- Final authorization is by the Nurse Co-coordinator PDU. Once approved, the PDRP payment shall be backdated to the date of transfer to TWOW.

NATIONAL DEFINITIONS OF LEVEL OF PRACTICE



Te Whatu Ora_EN
Levels of Practice Ma



Te Whatu Ora_RN
Levels of Practice Ma

PORTFOLIO EVIDENTIAL REQUIREMENTS



2017-04 PDRP
National Framework

E-PORTFOLIO PREPARATION

See guidelines for 'Preparing your PDRP Portfolio for Submission' Section one

Follow link to NCNZ MECA Agreement (2020-2022)

<https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/District%20Health%20Board%20NZNO%20MECA%202020%20-%202031%20Oct%202022%20formatted.pdf?ver=eC-AOBuHPpRtHZqzDKyGgQ%3D%3D>

Nurses working on preparing a portfolio, obtaining or maintaining skill levels associated with the Professional Development and Recognition Programme (PDRP) are entitled to paid time as per current MECA agreement in negotiation with their Line Manager (NZNO MECA 2020-2022)

There are ranges of options to assist with portfolio preparation, which may include:

- Electronic Access to PDRP Information and Resources

- All relevant information for preparing a portfolio are accessed from the Ko Awatea PDRP site. It is also available for Other Providers on the TWOW website under the Professional Development Unit > PDRP for nurses.
- Nurses preparing a portfolio are expected to have accessed information on the “Guideline for preparing your portfolio” and complete these requirements before seeking individual coaching if necessary. Guidelines for preparing self-assessment for each level of practice are also available on Ko Awatea PDRP site.
- Individual or Group PDRP Coaching available
- These sessions can be negotiated with the Nurse Educator in workplace area, in the first instance, and if necessary through the Nurse Co-ordinator PDU. Nurses working in rural hospitals can access coaching from the Nurse Educator, face – face visits, or via Teams link with the Nurse Co-ordinator PDU.
- Bookings for individual and/or group coaching are made via the PDRP Team email.

PDRPTeam@waikatodhb.health.nz

Other resource people to assist with portfolio preparation:

- Waikato DHB Nurse Educators
- PDRP Assessors
- PDRP Administrator
- Professional Development Unit staff
- Charge Nurse Manager
- Nurse colleagues currently on the PDRP programme
- TWOW Library staff

PORTFOLIO UPDATE

- All nurses on PDRP are required to submit an update portfolio every 3 years to remain current on the programme and eligible for PDRP payment, if applicable.
- It is the nurses’ responsibility for submitting an update, no reminders will be sent. Nurses are notified on their Certificate of Achievement when their portfolio is next due, in 3 years’ time.

ASSESSMENT PROCESS

- All portfolios are uploaded onto the electronic Ko Awatea (Mahara) site for assessment.
- One assessor will assess each portfolio. The portfolio is visible to only the PDRP Administrator, PDRP Nurse Coordinator and PDRP assessor
- All new assessors are to have their first four assessments second assessed by an experienced assessor. Assessors will not have worked closely with, or, be a line manager of, or be a personal friend of the staff member being assessed and declare any other conflicts of interest
- Māori nurses have the option of being assessed by a Māori nurse assessor (this will enable nurses to describe their practice from a Maori worldview and be assessed by a nurse with the same worldview)
- A face-to-face discussion may occur as part of the assessment process for all levels. The applicant or the assessor may instigate this.
- The PDU Nurse Co-ordinator will allocate assessors.
- The assessment process adheres to NZNO guidelines for assessment – 10weeks. All further evidence is to be provided within a 4-week timeframe. If this additional evidence is not received within the 4-week timeframe, the assessor will contact the nurse, and in consultation with Nurse Co-ordinator PDU may negotiate a further timeframe or recommend withdrawing portfolio and re-submitting when the applicant has sufficient evidence to assess.
- Once a Proficient or Expert portfolio is assessed, payment allowance is approved and will be back-paid to the date of achievement.
- Feedback is provided to those applicants whose submitted portfolios do not reflect the level of practice; this feedback includes the appropriateness of providing further evidence to meet the level, assessing the portfolio at another level, or withdraw portfolio from the assessment process with recommendation to applicant to attend further coaching support as needed. Withdrawal portfolios may be submitted at any time, as per a new portfolio

Process for managing professional, ethical, cultural and legal issues identified during assessment

- When professional, ethical, cultural or legal issues are identified by the PDRP assessor, the assessor will discuss these with the RN/EN and Nurse Coordinator PDRP

- These issues may relate to but not limited to working within TWOW policies, working outside scope of practice, inappropriate direction and delegation of nursing care
- The Nurse Coordinator PDRP will make a decision on how issue will be addressed
- Management of the issue may be escalated to the Chief Nursing and Midwifery Officer if recommended
- The nurse being assessed may be required to provide further evidence in relation to the issue identified and/or the line manager may be asked to provide further evidence
- Documentation of the process followed and outcome will be completed by the Nurse Coordinator and kept on electronic file

CONFIDENTIALITY AND PROTECTION OF PORTFOLIOS

- All Registered nurses and enrolled nurses are obliged to adhere to the Health Information Privacy Code (2020). In accordance with this, no information contained within portfolios shall identify clients/consumers/families/whānau/communities, colleagues and other health team members. Confidentiality requires not only protecting the name of the individuals of groups but also client/patient locality or specific unique situation e.g. a high profile media case which could lead to their identity or a particular community that may be identified within the context of the reflection.
- Nurses must consider professional implications before disclosing information about personal practice or that of others that could be regarded as inappropriate.
- The portfolio is a personal document and the information it contains is private and confidential. All assessors are required to respect this expectation
- Assessors have an ethical and legal responsibility to discuss with the RN or EN, in the first instance if an unsafe practice is identified, and refer this to the Nurse Coordinator PDRP. This shall then be referred to the Deputy Chief Nurse who will determine if this requires reporting to the Chief Nurse and Midwifery Officer
- Only the allocated assessor and authorised administrators have access to e-portfolios through the password protected Ko Awatea site, within a designated timeframe set by the nurse
- When breeches are identified on submission, the nurse is asked to remove this and/or the portfolio will not be accepted for submission and returned to nurse to correct
- Copies of patient specific documentation, compliments, incident forms and/or thank you letters will not be accepted in a portfolio

- When breaches of privacy and confidentiality are identified by the assessor, the assessor will discuss with the RN or EN and the Nurse-Coordinator PDU
- The nurse coordinator PDRP will make a decision on how the breach will be addressed. This may include discussion with the Deputy Chief Nurse
- Documentation of the process followed will be completed by the Nurse Coordinator PDU

RECOGNITION OF NURSES APPROVED ON PDRP

- All nurse approved on the PDRP will receive formal notification of this which will also state on the Assessor Report Certificate of Completion, when the next update portfolio is due
- All nurses approved on PDRP are included in the quarterly reports to NCNZ
- The manager receives notification within a month of nurses approved on PDRP, and where applicable the manager/CNM completes the payment authority forwarded to them via the PDRP Administrator
- Pay Help will process the payment once approved and will load an expiry date onto their system so that the payment will cease 3 years from PDRP approval date, unless an update portfolio has been submitted.

MODERATION PROCESS

- Moderation is a quality assurance process and does not change the outcome of the assessment
- Moderation will be undertaken on both a local and regional basis. This will ensure internal consistency as well as consistency across the region.
- All moderators will be experienced PDRP assessors and have appropriate training.
- Internal moderation; 1:10 of portfolios per assessor will be moderated. This may be done more frequently if necessary.
- For internal moderation, two criteria per domain will be moderated with additional criteria moderated if required.
- External moderation will occur annually or more frequently if required across all levels (a minimum of 1 from each level) by other Te Manawataki Region PDRP Nurse Co-ordinators
- Permission for external moderation is included on the PDRP Assessment Application form. Nurses will be informed that their portfolio has been selected for external moderation
- An external moderation report will go to the PDRP Coordinator.

APPEALS PROCESS

There are two appeal processes for the PDRP; one is an appeal on process, the other an appeal on outcome. The applicant may wish to notify NZNO of the appeal. Any appeals lodged will be recorded in the PDRP Risk Register as part of Quality Assurance and reported to PDRP Governance Group



Request or Appeal
Form-PDRP - June 20

Process Appeal:

- Appeals are to be made to the Deputy Chief Nurse Professional Development/Education in writing using the relevant form (see link above) within 14 days of assessor notification of assessment outcome, and will be completed within 28 Days of receipt of appeal.
- The Deputy Chief Nurse Professional Development/Education investigates the nature of the appeal to determine compliance with process, procedure and policy.
- Nurse co-ordinator PDU provides further information to the Deputy Chief Nurse Professional Development/Education if required
- Deputy Chief Nurse Professional Development/Education notifies applicant of outcome in writing within 28 days of appeal and that decision is final and binding
- Deputy Chief Nurse Professional Development/Education and/or Nurse Co-ordinator PDU provides feedback to the assessor

Outcome Appeal:

- Appeals are to be made to the Deputy Chief Nurse Professional Development/Education ADON Practice and Education in writing using the relevant form (see link above) within 14 days of assessor notification of assessment outcome, and will be completed within 28 days of receipt of appeal.
- The Deputy Chief Nurse Professional Development/Education investigates the nature of the appeal
- Deputy Chief Nurse Professional Development/Education notifies applicant of outcome in writing within 28 days of appeal and that decision is final and binding
- Nurse Co-ordinator PDU provides feedback to the assessor

Submission process following outcome appeal upheld

The applicant will negotiate with the Nurse co-ordinator PDU, Clinical Nurse Manager/ Team Leader, to establish the process and plan for a new portfolio submission.

The plan will include a new performance development review endorsing the level of practise the applicant is submitting at. The applicant within the performance development review will complete a self-assessment. The performance development review will provide evidence that demonstrates the features of the level of practise.

The clinical nurse manager / team leader will document the process and plan identifying the supports and resources available for the applicant. This will include the negotiated submission date. Documentation will be sent to the applicant and copied to the Nurse co-ordinator PDU

ENDORSEMENT PROCESS

- In the situation where the CNM identifies prior to the Annual Performance Review that the nurse does not continue to meet the NCNZ requirements for continuing competence a competence review process is required. It is recommended that the CNM contact the Nurse Coordinator PDU to discuss processes and options for competence assessment and to support the nurse to meet the requirements.
- In the situation where the CNM identifies as part of the Annual Performance Review (Endorsement process) that the nurse does not continue to meet the requirements for the level of practice a performance, a development plan is agreed by CNM and nurse to meet the objectives within a three-month timeframe.
- If the objectives are met, the Annual Performance Review process can proceed and the level of practice endorsed.
- If the objectives are not met, it is recommended that the CNM contact the Nurse Co-ordinator PDU to discuss processes and options.
- When a level of practice is not endorsed through the Annual Performance Review and following appropriate organisational performance management processes, the nurse will no longer be considered to be on the PDRP (NCNZ notified), and will not be entitled to the PDRP payment. This also applies to nurses under competence review.

- An individual may choose to drop a level e.g. go from expert to proficient; this will be agreed, and documented, through discussion with the individual and the line manager. The Nurse Co-ordinator PDU may be involved to provide advice where appropriate.
- An individual may choose to opt out of the PDRP all together, in this case they will be considered no longer enrolled on the programme and will be individually responsible for providing evidence of competence to Nursing Council if requested to do so.

PORTFOLIO UPDATE PROCESS

- The portfolio update process ensures that the PDRP level of practice is maintained and that evidence of continuing competence is aligned to NCNZ and HPCA Act (2003) requirements.
- Portfolios are to be updated every 3 years at the appropriate level of practice, which incorporates Nursing Council requirements, and be submitted for assessment through the PDRP process for independent assessment. The update portfolio must be submitted 3 months before the current portfolio expires to allow for assessing time.
- Nurses may request an extension for submitting an update portfolio. This must be in writing, approved by the nurse's manager and emailed/scanned to the Nurse Co-ordinator PDU. A three-month extension may be considered for extenuating circumstances.
- The portfolio update process meets the Nursing Council NZ PDRP Accreditation requirements.
- Where the requirements for the level of practice are not met, the assessor notifies the Nurse Co-ordinator PDRP to discuss options. The options may be one of the following; PDRP level is declined, nurse can appeal the outcome of the assessment, or, the assessment may be completed at a lower level.
- Prior to the update, a nurse may choose to update at a lower level. The Nurse Co-ordinator PDU may be involved to provide advice where appropriate.
- An individual may choose to opt out of the PDRP all together; in this case, they will no longer be enrolled on the programme. They will then be individually responsible for providing evidence of competence to Nursing Council if requested to do so as part of the Recertification process.
- Where a nurse has not submitted their updated portfolio as per the 3 yearly requirements, they will be considered no longer on the programme and the PDRP payment will automatically be discontinued. They will then be individually responsible for providing evidence of competence to Nursing Council if requested to do so as part of the Recertification process.

PORTFOLIO EXTENSIONS

Parental Leave

- In the case of parental leave, the PDRP status will remain the same. If the update portfolio is due while the applicant is on parental leave the applicant must notify the PDRP office before their pending leave. At that time, the nurse will be informed of the requirement to submit an update portfolio within 6 months of returning to work.
- The PDRP database will be updated to show that the nurse is on parental leave
- Upon return to work the nurse notifies the PDRP office to enable the PDRP database to be updated and the update process re-activated

Illness/ Disability

In the case of short-term illness / disability, the PDRP status will remain the same with the same assessment process continuing. The nurse will present their portfolio by the due date or an extension may be requested in writing to the Nurse Co-ordinator PDU.

Extended Leave

In the case of the applicant taking extended leave for up to one year, the same principle applies as in the case of parental leave.

Long term Sick Leave

In the case of the applicant needing long-term sickness, leave the same principle applies as in the case of parental leave

FALSIFICATION OF EVIDENCE

Whilst the vast majority of staff take the professional responsibility of portfolio development very seriously, occasionally the question arises over the authenticity of portfolio evidence. In most instances, the breach is minor. However, where evidence has been deliberately included that is demonstrated to be false, evidence has been deliberately withheld (such as an unsatisfactory performance review), or credit

has been assumed for another's work, the implications are serious. Essentially this is using a document for pecuniary advantage and the TWO disciplinary policy applies

PERFORMANCE MANAGEMENT AND PDRP

- Nurses, who are currently undergoing a TWO Waikato competency review, a TWO Waikato formal performance management process, or NCNZ competence review, are not entitled to submit a portfolio for update or progression to a higher PDRP level of practice.
- All nurses on submission of a portfolio must have a signed declaration that they are not undergoing a TWO Waikato competence review, a formal performance management process or NCNZ competence review. This declaration must also be signed by the CNM/CMM for the portfolio to be accepted for assessment
- At completion of the PDRP portfolio assessment, the assessor shall sign a declaration that the portfolio has been approved based on the evidence provided within the portfolio assessment process
- If a nurse is due for update at the time that a TWO competence review of formal performance management process is in progress, the CNM/CMM must notify the Nurse Coordinator PDRP
- The Nurse Coordinator PDRP will consult with the Deputy Chief Nurse, to negotiate an acceptable timeframe for submission of an update portfolio and ongoing PDRP payment (if applicable) until the issue is addressed. At completion of the PDRP portfolio assessment, the assessor shall sign a declaration that the portfolio has been approved based on the evidence provided within the portfolio assessment process.
- If the nurse is due for update at the time that a TWOW competence review, formal performance management process or, NCNZ competence review is in place, the CNM/CMM must notify the Nurse Co-ordinator PDRP.
- The Nurse Co-ordinator PDRP will consult with the Deputy Chief Nurse, to negotiate an acceptable timeframe for submission of an update portfolio and on-going PDRP payment (if applicable) until the issue is addressed.

PROCESS FOR MANAGING PROFESSIONAL, ETHICAL, CULTURAL AND LEGAL ISSUES IDENTIFIED

DURING ASSESSMENT

- When the PDRP assessor identifies professional, ethical, cultural or legal issues, the assessor will discuss these with the RN/ EN and Nurse Co-ordinator PDRP.
- These issues may relate to but not limited to not working within TWOW policies, working outside scope of practice, inappropriate direction and delegation of nursing care
- The Nurse Co-ordinator PDRP will make a decision on how issue will be addressed
- Management of the issue may be escalated to the Deputy Chief Nurse, in the first instance and then to the Chief Nursing and Midwifery Officer if recommended
- The nurse being assessed may be required to provide further evidence in relation to the issue identified and/or the line manager may be asked to provide further evidence
- Documentation of the process followed and outcome will be completed by the Nurse Co-ordinator PDRP and kept on electronic file.

EXTENDING THE REACH - PDRP FOR OTHER PROVIDERS (NON-DHB)

Memorandum of Understanding (MOU) -

- Other Providers may choose to become part of the TWOW PDRP by signing a MOU and meeting the responsibilities outlined in the agreed MOU
- The Nurse Coordinator PDRP and/or the Deputy Chief Nurse, may discuss the MOU with the Provider Manager before this is signed
- The Nurse Coordinator PDRP has responsibility for ensuring that each MOU Provider aligns with the PDRP requirements for NCNZ accreditation.
- The MOU has an open-ended timeframe but either party is able to review at any time.

TWOW PDRP MOU responsibilities:

- The PDRP team will provide PDRP resources, and support and information and contact details can be accessed from the PDRP site on the TWOW website
- Other providers shall receive a PDRP report in May and November identifying nurses on the PDRP
- Keep accurate records of nurses whose portfolios have been assessed, approved or not approved

- To provide a quarterly report to NCNZ of nurses approved onto or transferred to the TWOW PDRP. This ensures that nurses current on the PDRP are not selected for recertification audit by NCNZ
- The Nurse Coordinator TWOW PDRP refers any professional, ethical or legal issues identified through portfolio assessment back to the provider. The Nurse coordinator will be available for provide support around systems and processes for annual appraisals and/or 3 yearly portfolio updates
- Have sole responsibility and authority as to the content of the TWOW PDRP and compliance within TWO manual, rules, practices, procedures and standards pertaining to the PDRP

Other Provider responsibilities

- To ensure that there are robust processes in place for annual endorsement and three yearly portfolio update to comply with TWOW PDRP
- To inform TWOW Nurse Coordinator PDRP of any aspects which may require review to be applicable to provider context
- To provide that names of nurses, on a quarterly basis, who are on the TWOW PDRP but have resigned from the provider, to be included in the TWOW PDRP quarterly report to NCNZ. These nurses will then be eligible for recertification audit for NCNZ until they transfer onto another accredited PDRP or re-engage with TWOW PDRP
- To take responsibility and authority for management of professional, ethical or legal issues identified through portfolio assessment as referred by the Nurse coordinator PDU and inform the Nurse coordinator of the outcome
- In the even to identification of a competence issue for a nurse on the TWOW PDRP, the CNM will liaise with the Nurse Coordinator PDU to discuss how this will impact on their PDRP status
- TWOW Other Providers are encouraged to engage in reciprocal PDRP assessment through supporting their RN/EN's to complete assessor training through TWOW. This will be negotiated through the TWOW PDRP Nurse Coordinator,

NURSE ENTRY TO PRACTICE (NETP) AND NURSE ENTRY TO SPECIALITY PRACTICE (NESP) PROGRAMMES

NETP and NESP graduates are required to submit a competent level e-portfolio prior to completion of the NETP and NESP programme in order to graduate from the programme.

RETURN TO NURSING / COMPETENCE ASSESSMENT PROGRAMME (CAP)

Nurses who have completed a Competence Assessment Programme prior to employment are required to submit a competent level e-portfolio within 12 months of employment to demonstrate continuing competence

SENIOR NURSES IN DESIGNATED ROLES

Senior Nurses in Designated Roles are required to be on the PDRP as outlined in their position/role description. They will submit a portfolio under either Policy and Research, Management or Education.

Senior Nurses in management/education/policy who also provide direct client care, or directly influence client care are also required to meet the clinical competencies for Domains 2 and 3

Senior Nurses previously approved on proficient or expert level who then update as a Senior Nurse and then change back to a RN role, will revert to their previous PDRP level.

Senior Nurses, who have submitted a Senior Nurse portfolio with Direct Client Care and then change to a RN role, may choose to be recognised as an Expert nurse in their new role, this is to be discussed with the Nurse Coordinator PDRP for visibility and payment.

Senior nurses in designated roles who also have an RN FTE can submit a portfolio for proficient or expert PDRP level of practice and update at that level

AUDIT

Indicators:

- NCNZ Accreditation Programme Audit 5 yearly (unless indicated otherwise)
- Annual Regional Moderation (mid-year)
- TWOW internal auditing – Feedback from internal assessments, 1:10 portfolios moderated, PDRP Appeals process

Tools:

- NCNZ Accreditation Audit Framework
- TWOW Regional Moderation guidelines
- TWOW PDRP Internal moderation guidelines

- Teams Survey on each Assessor Summary Report with quarterly data collation
- Appeals process documentation

LEGISLATION

TWOW PDRP must comply with the following legislation

- Treaty of Waitangi Act (1975)
- Code of Health and Disability Services Consumers 1996 (Code of Rights)
- Health and Disability Commissioner Act (1994)
- Health and Disability Services (Safety) Act (2001)
- Health Practitioners Competence Assurance Act (2003)
- Health Information Privacy Code (1994)

External Standards:

NCNZ Framework for the approval of PDRP programmes to meet the continuing competence for nurses (2013)

National Framework and Evidential Requirements – NZ Nursing PRP Programmes for RN/EN's (2017)

Associated TWOW Documents

District Health Boards/NZNO MECA agreement 2020 – 2022

References

NCNZ Competencies for Registered Nurses (approved 2007, reformatted 2022)

NCNZ Competencies for Enrolled Nurses (approved 2012, reformatted 2022)

Section 3 - Assessors

ASSESSOR TRAINING

- Nurses can express an interest in being a PDRP assessor to the Nurse Coordinator PDRP, a formal application, including a letter of support from their manager, is required. This information is found on the PDRP intranet site. Clinical based assessors must be supported by their Manager and be released from practice to assess portfolios in paid time.
- TWOW PDU Coordinators and Educators from both Workforce and Clinical Education work streams that are in a permanent role, are expected to become PDRP assessors
- All assessors must be current on the PDRP and to maintain currency in their assessment skills, will assess 4 portfolios/year
- All assessors will have completed the TWOW Assessor training day which includes cultural assessment
- Other TWO Districts who are part of the Te Manawa Taki Regional PDRP are able to attend TWOW PDRP Assessor training by arrangement.
- The TWOW Nurse Co-ordinator Cultural Support contributes to assessors' understanding and ability to assess cultural competence and cultural safety as part of portfolio assessment
- The TWOW Nurse Co-ordinator PDU will liaise with Te Manawa Taki Regional Nurse Co-ordinators PDRP to ensure consistency of the training content and delivery.
- The first 2 competent level portfolios assessed by all new assessors will be second assessed. The first 2 higher level portfolios assessed by all new assessors will be second assessed
- To provide options for Māori nurses to be assessed, by Māori, Māori nurses are encouraged and supported to become assessors. Maori nurse assessors are able to assess other Maori nurses' practice through a Maori worldview
- All new TWOW assessors will have achieved proficient or expert RN or proficient or accomplished EN, or Senior Nurse on the PDRP
- TWOW PDRP Other Providers programme assessors will have achieved a minimum of Proficient RN on the TWOW PDRP

- The Ko Awatea PDRP Assessor Forum is used by the PDU Coordinator to update changes to programme / process, as well as providing ongoing support for the PDRP Assessor Group. Support for individual assessors is provided as required by PDU Coordinators and PDRP Administrator.

Knowledge and Skill

- Knowledge of, and commitment to the TWOW PDRP and processes
- Commitment to the integration and application of the Treaty of Waitangi and cultural safety into the PDRP and processes
- Effective communication skills including demonstrated ability in written, oral and electronic communications
- Well established nursing knowledge/ practice
- Respect for the wide diversity of nurses and ability to recognise individual need

Personal Attributes

Ability to:

- Work within assessment timeframes,
- Plan and prioritise portfolio assessments
- Complete documentation to required standards
- Provide constructive feedback to the applicant
- Problem solve and seek resolution of issues as required

NEW ASSESSOR APPLICATION FORM (Expression of Interest)

Application form available on request from PDRPTeam@waikatodhb.health.nz

Section 4 – Te Manawa Taki Regional PDRP and Competencies

TE MANAWA TAKI REGIONAL PDRP

- The Waikato Regional PDRP was established in 2004 as result of the NZNO Northern Districts Multi Employment Collective Agreement.

- The 2022 Te Manawa Taki Regional PDRP includes Waikato, Bay of Plenty, Lakes District, Tairāwhiti District Health Board and Taranaki DHB PDRP.
- The Te Manawa Taki PDRP Terms of Reference are reviewed on a three yearly basis.
- The Te Manawa Taki PDRP Co-ordinators group meets on-line 3 times per year to review and develop PDRP to ensure consistency of application and discuss regional issues. This can be face-to-face meetings, online meetings and email communication.
- On-going development of the Te Manawa Taki Regional PDRP is in response to regional and national requirements.
- Contribute collectively to national PDRP initiatives and discussion.
- Participate in external moderation of regional portfolios.
- Review of TWOW PDRP Manual 3 yearly to reflect regional PDRP changes and/or requirements

REGISTERED NURSE COMPETENCIES



RN Definitions of
Practice - May 2023.docx

ENROLLED NURSE COMPETENCIES



EN Definitions of
Practice May 2023.docx

TE MANAWATAKI CULTURAL COMPETENCIES



Te Manawa Taki
PDRP Cultural Competencies

Section 5 - Related Documents and References

5.1 RELATED LEGISLATION AND PROFESSIONAL STANDARDS

- Health Practitioners Competency Assurance Act 2003
- Health and Disability Services Act 1993
- Health and Disability Sector Standards 2008
- Health and Disability Commissioner Act 1994
- NZ Public Health and Disability Act 2000
- Code of Health and Disability Services Consumers' Rights 1996
- Treaty of Waitangi Act 1975
- Health Information Privacy Code 1994.
- Health and Safety in Employment Act 1992
- Medicines Act 1981
- Misuse of Drugs Act 1975
- Misuse of Drugs Regulations 1977
- Criminal Procedure (Mentally Impaired Persons Act) Act 2003
- Mental Health Act 1992
- Criminal Justice Act 1985
- Crimes Amendment Act (3) 2011
- Nursing Council of New Zealand Code of Conduct for Nurses (2012)
- Nursing Council of New Zealand Guideline : Professional Boundaries (2012)
- Nursing Council of New Zealand Guideline : Social media and electronic communication (2012)
- NZNO Code of Ethics (2010)
- Nursing Council Competencies for Registered Nurses (2012, Amended 2016)
- Nursing Council Competencies for Enrolled Nurses (2012)

5.2 KEY DOCUMENTS

Baker, C., & McNicol, A. (2001). From Harekeke to Bracken and Back to Harekeke. Fourth Clinical Career Pathways Forum, Hamilton

Barlow, C. (2001). *Tikanga Whakaaro key concepts in Māori culture*. Oxford University Press: Melbourne

Benner, P. (1984). *From Novice to Expert: excellence and power in clinical nursing practice*. Addison-Wesley: California

- David, A., & Hopkins, S. (1998). Model Partnerships. *Nursing Times*, 94 (23)
- Durie, M. (2000). *Whaiora Māori Health Development*. Oxford University Press: Melbourne.
- Keene, L. (1985). Nursing as a Partnership. *The New Zealand Nursing Journal*, December, 10- 11
- New Zealand Nurses Organisation. (2010). *Code of Ethics*. New Zealand Nurses Organisation: Wellington.
- Nursing Council of New Zealand. (2013). *Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses*. Nursing Council of New Zealand: Wellington
- Nursing Council of New Zealand. (2012) *Code of Conduct for Nurses and Midwives*. Nursing Council of New Zealand: Wellington
- Nursing Council of New Zealand. (2011). *Guidelines for the Cultural Safety Component in Nursing and Midwifery Education*. Nursing Council of New Zealand: Wellington.
- Waikato DHB Health Board Strategy (July 2016) *Healthy People Excellent Care*
- Nurse Executives of New Zealand (2017). *National Framework and Evidential Requirements*
- Nursing Council of New Zealand. (2012) *Guidelines: Professional Boundaries*
- Nursing Council of New Zealand (2012) *Guidelines: Social Media Electronic Communication*
- Health and Disability Commissioner (2022) *Code of Health and Disability Services – Consumers Rights*