

# Nursing Entry to Practice (NetP) Programme Policy

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## Policy

This policy supports the Canterbury and West Coast Regions NetP Programme to ensure that nursing graduates ‘enthusiastically commence their careers in New Zealand well supported, safe, skilled and confident in their clinical practice; equipped for further learning and professional development; meeting the needs of health and disability support service users and employers; and building a sustainable pathway for the New Zealand registered nursing workforce into the future’. (Health Workforce New Zealand NetP Specifications, December 2014)

This policy is implemented in accordance with the principles inherent in the Treaty of Waitangi, and the principles of cultural safety.

## Purpose

The NetP programme will:

- Provide a safe and supportive environment in which the NetP Registered Nurse (RN) is effectively socialised into the role of the competent level RN.
- Involve the NetP RN in a variety of learning experiences, which enhance the application of theory to practice, further develop confidence and effectiveness in nursing practice, and independence in clinical reasoning and decision making
- Promote and support the NetP RN’s ongoing development of inquiry, reflection, problem solving and clinical reasoning, effective time management and technical skills acquisition.
- Enable the NetP RN to consolidate and extend skills and knowledge obtained in the undergraduate programme in order to meet the required competencies of the competent level of the national framework for nursing Professional Development and Recognition Programmes (PDRP).

## Scope/Audience

Across all participating Canterbury and West Coast Health Services

- Executive Director of Nursing Canterbury DHB (programme sponsor)
- Director of Nursing and Midwifery West Coast DHB
- Directors of Nursing/Professional Nurse Leaders, Canterbury and West Coast Health Region(s)

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- WCDHB Associate Director of Nursing Practice Development (West Coast Region NetP Programme Coordinator)
- CDHB Nurse Manager Workforce Development (Canterbury Region NetP Programme Coordinator)
- NetP Advisory Committee
- NetP Operational Group
- CDHB Nurse Coordinator : Postgraduate Nursing
- CDHB Nurse Coordinator: Projects
- CDHB Nurse Educator : PDRP
- Registered and Enrolled Nurses
- Ara Institute of Canterbury
- Centre for Postgraduate Nursing Studies, University of Otago

### **Associated documents**

- Canterbury Region and West Coast Region NetP Programme Learning Framework
- Canterbury Region and West Coast Region NetP Programme Quality Standards and Quality Improvement Plans
- Canterbury and West Coast Regional PDRP Policy
- CDHB, WCDHB and Partnering Organisations Policy and Procedure Manuals
- Trans-Alpine Partnership Agreement

### **NetP RN Outcomes**

During the first year of clinical practice the NetP RN will consolidate knowledge, skills and experience to :

- Incorporate the principles of Te Tiriti o Waitangi /Treaty of Waitangi into nursing practice.
- Apply the principles of cultural safety into nursing practice.
- Practice safely, confidently and maintain accountability as a RN for the health and wellbeing of the people they serve.
- Consolidate critical inquiry, reflection, problem solving and clinical reasoning, effective time management, technical skill acquisition, and learning into nursing practice.

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- Further develop their RN Scope of Practice, utilising policies, procedures and standards of the CDHB/WCDHB and partnering organisations, and the nursing profession.
- Effectively assess, plan, implement, evaluate and document nursing care in accordance with clients, their family and whānau needs, nursing knowledge, educational research and profession specific standards.
- Practice effectively as a member of the inter-professional team.
- Develop and demonstrate leadership skills within nursing.
- Continue his/her personal professional development.
- Meet the completion criteria of the learning framework for respective NETP programmes.
- Attain Competent RN level on the Te Kāhui Kōkiri Mātanga Regional Professional Development Recognition Programme (PDRP).

## **1 Progression of the NetP RN:**

### **1.1 Entry to NetP**

- The programme is led by the NetP Programme Coordinator(s). Consultation will occur between the Coordinators and the Executive Director of Nursing, Directors of Nursing and Clinical Leaders CDHB/WCDHB; and Clinical Nurse leaders of partnering organisations prior to recruitment, to establish positions and NetP programme numbers
- At the CDHB and WCDHB, NetP RN applicants applying for a RN position within their first two years of RN practice, will enter their employment through the NetP Programme. This is on the proviso that they have completed no longer than six months in a RN role prior to entering the NetP programme. Partnering organisations of the CDHB and WCDHB will have their own process for RN employment in consultation with the Programme Coordinator.

### **1.2 Recruitment**

- Selection and recruitment for the CDHB or WCDHB and some participating partner organisations is centralised through the Advanced Choice of Employment (ACE) Ministry of Health website. Recruitment will also meet the requirements of the CDHB and WCDHB and partnering organisation's People and

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Capability (previously Human Resources) policies and procedures.

- Selection to the programme will be undertaken in conjunction with the NetP Programme Coordinators, the CDHB/WCDHB Recruitment team, the NetP team members, People and Capability, and co-opted clinical nurse leaders from the DHB's and partnering organisations. Some partnering organisations will undertake interviews and selection of candidates for their own organisations in consultation with the NetP Programme Coordinator. The ACE 'talent pool' will be utilised to recruit for further positions, throughout the year, according to the ACE business rules and timeframes.
- CDHB and WCDHB NetP RNs are employed on the programme as CDHB or WCDHB employees.
- CDHB and WCDHB Partner NetP RNs are employed by the NetP partnering organisations.

### **1.3 NetP RNs Inclusion criteria**

- Have attained a Bachelor of Nursing degree from a three year New Zealand nursing programme accredited by Nursing Council of New Zealand (NCNZ)
- Hold registration with NCNZ with no restrictions on the practicing certificate that would negatively impact on their ability to participate in the programme
- Be a New Zealand citizen or Permanent Resident
- Hold a current Annual Practicing Certificate
- Be employed at a minimum of 0.8 full time equivalent within a DHB/Ministry of Health funded service
- Have graduated within the last two years and have not practiced as a RN for longer than six months before commencing the NetP programme
- Complete the programme within a maximum of 12 months. Exceptions may be made in extenuating circumstances, on a case by case basis

### **1.4 Cultural Support**

- Cultural support for NetP RN's who identify as Maori and/or Pacific Island is offered to the NetP programme via the Health Workforce NZ (HWNZ) contested process. Cultural support provides access to mentoring, cultural supervision, or cultural development activities that enhance the personal, cultural and professional nurse.

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- NetP RN's are invited to apply for cultural support via the NetP office. The NetP RN will:
  - Meet with the Executive Director of Maori and Pacific Health (Canterbury health region), or the General Manager Maori Health (West Coast health region) to discuss the cultural support they require
  - The NetP RN will forward an application form to their relevant CDHB/WCDHB NetP office which is then signed by the Executive Director of Maori and Pacific Health (Canterbury health region) or the General Manager Maori Health (West Coast health region).
- The NetP office then forwards the signed application to the Ministry of Health. The Ministry of Health will assess the application and informs the DHB of the outcomes of the application and funding allocation.
- A cultural support plan is developed in conjunction with the NetP RN, cultural supervisor and/or mentor, and/or the respective Executive Director of Maori and Pacific Health/General Manager Maori Health.
- Reporting on the outcomes of the cultural support and plan to the Ministry of Health occurs by the NetP office annually, according to the timeframes identified by the Ministry of Health.

### **1.5 healthLearn NetP, and NetP Website**

- healthLearn (Canterbury region NetP RN only): Programme information, including the NetP Learning Framework, calendar, study days, completion requirements and templates, are available for the Canterbury region NetP RN only, on the healthLearn NetP page.
  - A discussion blog is available for the NetP RN to communicate with each other or with the NetP team.
- NetP Website: (West Coast region NetP RN only): Information including the West Coast NetP Learning Framework and templates, is available for the West Coast region NetP RN only, on the shared CDHB/WCDHB NetP site. This is available via the CDHB (external) website, or internally linked from the West Coast DHB homepage.
- The Canterbury region NetP website also holds further information for all personnel interested in the NetP programme, and has relevant linkages to other sites, for example ACE recruitment.

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## 1.6 Clinical Placements

- NetP RN's may have one clinical placement the length of the programme, or may rotate through two six-month clinical placements. Some exceptions may apply to specialty areas. This is negotiable and dependent on DHB and workplace requirements and may change for each programme intake

Any variation to these rotations will be negotiated with the relevant NetP Nurse Educator in consultation with the site specific Nurse leader; and the CDHB and WCDHB NetP Programme Coordinator(s). Induction to the Canterbury or West Coast Health System:

- Each NetP RN will receive an induction including a Mihi and Programme overview for the Canterbury and West Coast Health regions. This induction includes attendance at a site specific orientation day, and individual orientation to the RN role within the clinical area.
- Orientation requirements, and study day content, may differ between Canterbury and West Coast regions due to individual DHB and partnering organisations' workforce requirements and teaching and learning resources.

## 1.7 Clinical Load Sharing

- The clinical case load sharing (previously called supernumerary time) may occur for six weeks following entry to the programme. The clinical preceptor and the NetP RN must share a clinical load for the first four weeks of the placement. The remaining two weeks of clinical load sharing may be taken at a date suitable to the clinical pathway and learning needs of the NetP RN. Some specialty areas or partnering organisations may have a longer Clinical Load Sharing period.
- The first 20 days clinical load sharing time is provided at commencement of the clinical placement with the preceptor and NetP RN working together sharing a clinical caseload.
- A further 10 days clinical load sharing time will be provided for the NetP RN to work with the preceptor either at the beginning of the 12 month placement or later within the year depending on the service requirements or the needs of the graduate. If the graduate has two clinical rotations, the further 10 days is utilised on commencement of the second clinical placement.

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## **2 Progression of the NetP RN:**

### **2.1 Preceptor Responsibilities:**

- It is the Canterbury and West Coast Health regions policy that all NetP RNs commencing employment are provided with the opportunity to observe and work with experienced nurses within their practice setting; to meet best practice nursing standards and the NCNZ competencies for the RN Scope of Practice.
- Preceptorship can be provided by an individual RN or by a team of RNs. The preceptorship team includes the Charge Nurse Manager, Team Leader, Nurse Manager, Nurse Educator and other staff in the work environment.

#### **2.1.1 Role Modelling:**

- Demonstrating competent professional nursing practice and encouraging the preceptee in their clinical and professional practice development
- Demonstrating knowledge of the patients of the area, common clinical needs and frequently used clinical skills
- Demonstrating person-centred care.

#### **2.1.2 Skill Building:**

- Developing a learning contract incorporating the NetP RN's learning to function at the expected level of the clinical environment
- Ensuring the NetP RN becomes familiar with the core competencies of the work area, utilising policy and procedures and best practice initiatives
- Adjusting teaching styles to match the learning styles of the NetP RN
- Creating learning opportunities, allowing for practice, repetition and self-correction
- Engage with the Charge Nurse/Team Leader to arrange extra clinical time external to the work area, as applicable, e.g. outpatient clinics, clinical procedures.

#### **2.1.3 Critical Thinking:**

- Identifying previous knowledge and skill and use this as a base for setting achievable goals
- Empowering the NetP RN to reflect upon practice, identify best practice, critically analyse problems and/or trouble shoot, and evaluate outcomes

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- Encourage the NetP RN to ask and answer questions, and seek clarification
- Creating an environment which facilitates learning, allowing the NetP RN to learn from safe mistakes
- Offering regular specific constructive feedback
- Having the ability to articulate a rationale for clinical decision making.

#### **2.1.4 Socialisation:**

- Work with the team to welcome the NetP RN to the institution and the clinical environment
- Ensuring understanding of the social aspects of the ward, unit functioning, reporting lines, and resources available
- Orientating the NetP RN to the place of work, community of practice, and rosters
- Promoting an environment of trust, enabling 'speak up' and listening initiatives to occur
- Identifying other resource people to assist with learning and development of nursing practice.

#### **2.1.5 The preceptor is accountable for**

- Their own practice
- Ensuring they are practising in accordance with the vision and values of the employer
- Being familiar with the roles and responsibilities of both preceptor, NetP RN and the clinical team
- Being confident with new clinical tools, policies and technology in the area
- Ensuring orientation processes of the area are undertaken for the NetP RN
- Having input into and/or undertake the performance review of the NetP RN.
- Taking responsibility to obtain skills and knowledge necessary to preceptor a NetP RN
- Being familiar with assessment and feedback skills and processes.

Preceptoring for Excellence: National Framework for Nursing Preceptorship Programmes, 2010

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## 2.2 Preceptor Requirements for NetP programme:

### 2.2.1 Selection Criteria

- Preceptors are selected and endorsed by their Nurse Leader.
- Clinical Nurse Leaders are required to identify appropriate primary preceptor(s) prior to the arrival of the NetP RN in the department.
- The primary preceptor is accountable for negotiating and evaluating learning outcomes and coordination of informal and/or formal feedback to the NetP RN.
- Clinical Nurse Leaders determine the number of nursing preceptors required for their area, ensuring each preceptor is utilised at least yearly if possible.
- Partnering organisations will determine the number of nursing preceptors required for their area.

### 2.2.2 Preceptors must have

- A current RN practicing certificate
- Registration with the NCNZ 'in good standing', i.e. with no restrictions on that registration that would negatively impact on their ability to perform as a clinical preceptor
- Have completed, or completing the approved preceptorship or clinical teaching and learning programme
- Knowledge of the NetP programme Learning Framework, and PDRP requirements
- Appropriate experience within the clinical area where they are providing preceptorship.

### 2.2.3 Approved Preceptor Education

- Preceptor education requires completion of the CDHB's Clinical Teaching and Learning education available on healthLearn (16 hours on-line learning). They may then attend a further 8 hour study day. They may also attend further education as required for their role
- The preceptor may undertake the preceptorship role prior to training, on the condition they meet with the NETP Nurse Educator to have understanding of their responsibilities and agree to undertake the initial 16 hours on-line education within two months of commencing the preceptorship.

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- Appraisal of preceptor performance occurs as part of their annual performance review process.

### **2.2.4 Recognition of Prior Learning**

- If a current nurse preceptor has not attended the preceptorship training and has been preceptoring staff for a considerable time, evidence of prior learning needs to be provided to the relevant NetP Nurse Educator's office.
- This information must include written support by their CNM to meet the learning outcomes of the Canterbury and West Coast Region preceptorship education.
- Rostering Preceptors and NetP RN's are to be rostered on the same shifts during the clinical load sharing period, sharing a clinical load.
- An appropriate workload of gradually increasing complexity is to be allocated to the NetP RN to enable effective outcomes during the clinical load sharing period
- Following the Clinical Load Sharing period the preceptor/s and the NetP RN will be rostered on the same shift once a week where possible or ensure regular progress updates occur. In some partnering organisations this rostered time together may occur more or less frequently over the period of a month, rather than each week.

### **2.2.5 NetP Dedicated Education Unit (NetP DEU)**

- In some workplaces in the Canterbury/West Coast Health Regions, preceptorship may be provided by a formalised team approach which includes the Charge Nurse/Team Leader/Nurse Manager, Nurse Educator and other staff within the area.
- The NetP Dedicated Education Unit (NetP DEU) utilises a NetP Liaison Nurse (NLN) as the primary contact person for the NetP RN. The NetP RN may be 'paired' with a different team member each duty who will oversee the NetP RN while on duty.
- All of the clinical team, including the NetP RN, will work in partnership with the NLN for NetP practice updates, issues, feedback, assistance with NetP completion criteria.
- A primary NLN will be identified and supported to ensure accountability for negotiating and evaluating learning outcomes and coordination both informal and formal feedback to the NetP RN over the term of the programme.

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### 2.3 NetP RN and preceptor Relationship

- Each NetP RN will undergo a planned programme relevant to that area which will include an area specific orientation package and orientation programme that is discussed and followed.
- The NetP RN and assigned preceptor/s will sign a formal learning agreement for each NetP placement. If more than one preceptor, the primary preceptor will be identified.
- During clinical placement, the NetP RN will be given ongoing verbal feedback from preceptor/s, site specific nurse leaders and/or NetP Nurse Educator.
- The NetP RN will undertake goal setting at 3 and 6 months of the programme. At the six month period the completed goal form, which includes both the 3 and 6 month goals, is uploaded to the relevant healthLearn NetP page.
- A Performance Review against the NCNZ competencies is undertaken at 11 months by the NetP RN and their preceptor(s) or Charge Nurse Manager/Team Leader.
- Any practice matters pertaining to the NetP RN will be brought to the attention of the area specific NetP Nurse Educators/Team Leaders to ensure appropriate support and assistance is provided in a timely manner during the programme.
- An education or performance improvement plan may need to be implemented in conjunction with the Nursing Leader and Nurse Educator in the area to satisfy any performance or remedial issues.

### 2.4 Community and Primary Health Organisations

- Community and Primary Health Organisations that employ a first year registered nurse are invited to enable that nurse to attend the NetP programme. To graduate from the NetP programme, the primary organisation will have a Memorandum of Understanding with the CDHB. Health Workforce NZ (HWNZ) funded registered nurses within primary and community organisations attend the NetP programme provided they meet the ACE inclusion criteria. Un-funded attendees.
- Some first year registered nurses employed within the partnering organisation, who do not meet ACE inclusion criteria for NetP, may be included within the NetP programme as un-funded attendees, at the discretion of the partner organisation and Nurse Coordinator of the Canterbury Region NetP programme.

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## 2.5 Aged Residential Care (ARC) Facilities Preceptorship and Oversight

- Clinical Load Sharing (previously 'supernumerary'): The NetP RN will be rostered to work alongside an RN who has overall responsibility for the case load, for a minimum of 6, and up to 12 weeks.
- Preceptors will not have line management responsibility for the NetP RN, and will be available weekends and late shifts.
- The NetP RN will not be the only RN on a shift in the Aged Residential Care facility, for the first six months of the programme.
- The CDHB NetP Educator and/or Gerontology Nurse Specialist (ARC) is available to the NetP RN employed within Aged Residential Care facilities (appendix, 2/B46. 2014).

## 3 NetP Programme Completion Criteria

- The NetP RN will complete a minimum of 1200 clinical hours.
- The NetP RN must attend 85% of the theory component of the programme.
- The NetP RN will achieve a minimum pass mark of 60% for the following:
  - A case study presentation to a group of peers
  - A policy critique demonstrating evidence of critical thinking, evidence based practice and reflection
  - Ara assigned paper, or equivalent
- If not achieved the NetP RN will receive feedback and an opportunity to resit the assessment. If assessment outcomes are not met on resubmission, the NetP Educator will notify the CDHB/WCDHB NetP Programme Coordinator and relevant Director of Nursing/Nursing Leader of partnering organisations.
- Twelve Study Days will be attended by the NetP RN within the programme:
  - Four to five induction study days (includes one site-specific orientation day at each organisation/facility)
  - Seven to eight further study days to include an Ara paper (comprising three to five days depending on the clinical

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placement). Study day content may differ between Canterbury and West Coast regions.

- The NetP RN may attend additional education as determined as relevant by the workplace or partnering organisation.
- Other workplace education requirements may require the NetP RN to withdraw from scheduled NetP study days to undertake more specific education relevant to their clinical setting. This is in discussion with the relevant NetP Nurse Educator.
- Development and successful completion of a professional portfolio that attains Competent level on the Regional Professional Development Recognition Programme.
  - The NetP RN will complete three written reflections on continuing professional development. The reflections may include workshops, conference attendance or other significant educational opportunities related to practice attended in the past year, as per requirements of a competent PDRP portfolio.

#### **4 Transferring onto the NetP Programme:**

- A NetP RN from another programme may be considered for a transfer into the Canterbury or West Coast Region NetP Programme. A rationale for request to transfer onto the programme is provided at the time of application and approval sought from relevant Director of Nursing/Nurse Leader by the NetP Programme Coordinator.
- The transferring nurse must comply with the Health Workforce New Zealand (HWNZ) NetP specification requirements for eligibility onto the NetP Programme.
- HWNZ will be notified and a 'case by case' form completed.
- A tailored orientation programme will be arranged after a training needs analysis is undertaken.

#### **5 Evaluation, Assessment and Moderation:**

##### **5.1 Evaluation**

- All NetP Nurse Educators who undertake assessment on the NetP programme will be trained in Unit Standard 4098, or equivalent.

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- The NetP programme is regularly evaluated against its objectives and outcomes utilising Kirkpatrick's model of evaluation. This will occur via:
  - Study Day Evaluations utilising CDHB/WCDHB approved method of evaluation
  - NetP RN End of Programme surveys
  - Senior Nurse surveys
  - Engagement with the nursing sector, Ara, Directors of Nursing, Ministry of Health priorities; and the NCNZ standards, guidelines, discussion and audit outcomes
  - Five yearly review

**Modifications will be made in response to**

- NetP Quality programme audits and/or surveys, Canterbury and West Coast Region NetP Programme Advisory Group recommendations, key stakeholders
- CDHB/WCDHB; and NCNZ and HWNZ requirements
- Maori Health Representatives
- Ministry of Health recommendations, initiatives
- Quality and Patient Safety Council recommendations, initiatives
- The Canterbury and West Coast Region NetP programme 5 year review
- Benchmarking with other NetP programmes South Island, and nationally

**5.2 Assessment and Moderation**

- Policy Critiques, Case Presentations and PDRP portfolios will be assessed by assessors trained in Unit Standard 4098 or equivalent.
- The assessors will participate in the moderation process to ensure consistency, fairness, validity and reliability of assessment. Designated senior nurses educated in moderation will be the moderators.
- Policy critique assessments are assessed by one assessor. If a policy critique does not meet the 60% achieved criteria it will be reassessed by a second assessor, and both assessments then moderated by a NetP educator.
- For moderation of the remaining policy critiques, policy critiques are selected to be moderated by the NetP

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administrator (marked 'low', marked 'moderate', marked 'high'), and re-assessed and discussed/moderated by the NetP Educators.

- A moderation form with feedback is completed and provided to the first assessor at the end of the moderation. The assessor and moderator meet to discuss findings if required.
- Case study presentations are each assessed by two assessors at the time of presentation. Both assessments are moderated as a discussion between the two assessors at the case presentation study day.
  - The first four case presentations in each presentation room, are assessed by the total number of assessors in that room, and the assessment is then discussed between the assessors prior to continuing the assessments. This is for moderation purposes.
  - This moderation process occurs at each case presentation study day by the NetP educators/assessors.
  - WCDHB and CDHB NetP assessors are invited to assess each DHB's case presentations annually, for moderation purposes. This may be via video conferencing.
- PDRP Portfolio Assessment and Moderation occurs as per Regional PDRP Policy

### 5.3 Plagiarism

- Plagiarism is presenting someone else's work as your own, and may include:
  - Unreferenced material from books, journals or other printed sources
  - Unreferenced material from colleagues work
  - Unreferenced material from the internet or intranet
- Plagiarism detected within a nurses NetP assessments will be discussed with the NetP RN, their relevant Director of Nursing/Nursing Director, and the clinical leader/Charge Nurse Manager
- Plagiarism may occur accidentally if material has not been appropriately referenced. APA (6th ed.) guidelines is used to reference NetP assignments.
- Nurses found to have plagiarised:

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- May be required to re-submit a second assessment which will be graded at no greater than 60%
- May face disciplinary action as an employee
- May fail the programme.

(Ref: Ara Institute of Canterbury, 2016; Victoria University of Wellington, 2017)

## 6 Appeals Process for Assessments and Completion Criteria:

- All applicants receive detailed feedback on their assessments from their assessors. This should minimise the need for an appeal process. However, unsuccessful applicants are able to make an appeal against the decision.
- The appeals process ensures a review of an assessment outcome takes place when an applicant appeals the assessor(s) decision.
- Discussion on any issues should be referred in the first instance to the Director of Nursing or nursing leader of the employing organisation. However, if a NetP RN disagrees with the final decision made on the following:
  - Written policy critique assessment and outcome
  - Case Study presentation assessment and outcome
  - PDRP portfolio assessment and outcome
  - NetP programme outcome
- The nurse appealing this decision will complete a CDHB/WCDHB Region NetP Appeal Form. This form must be completed within 7 working days of notification of unsuccessful outcome.

N.B. For portfolio appeals, Regional PDRP Appeals Process will apply.

## References

- Health Workforce New Zealand Specifications for NetP Programmes (2014)
- Nursing Council of New Zealand: Standards for Nursing Entry to Practice Programmes (February 2008)
- National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (July 2004, reviewed and updated December 2005)
- New Zealand Ministry of Health (2003), Health Practitioners Competency Assurance (HPCA) Act, Wellington
- Preceptoring for Excellence, National Framework for Nursing Preceptorship Programmes (July 2010)
- Nursing Council of New Zealand Registered Nurse Scope of Practice (2007)

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<b>Policy Owner</b>	CDHB Nurse Manager, Nursing Workforce Development
<b>Policy Authoriser</b>	CDHB Executive Director of Nursing, WCDHB Director of Nursing & Midwifery
<b>Date of Authorisation</b>	7 April 2017

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