

Applicant Name:	Practice Area: (Please write out in full)
Organisation:	
Contact Email:	
Mobile number:	
Annual Practising Certificate Number:	Employee Number:
Expiry date:	
Ethnicity <i>select which applies to you</i>	
<input type="checkbox"/> Chinese <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Māori <input type="checkbox"/> New Zealand European <input type="checkbox"/> Tongan <input type="checkbox"/> Indian <input type="checkbox"/> Niuean <input type="checkbox"/> Other (<i>please state</i>) _____	
Please tick which applies	
<input type="checkbox"/> New applicant <input type="checkbox"/> Resubmission	
Declaration and Consent	
<ul style="list-style-type: none"> • I declare the attached portfolio contains my own work. • I declare at the time of submission of this portfolio, I am not the subject of any performance management process or NCNZ competence review. • Confidentiality will be maintained throughout the Portfolio to ensure patients, family/whanau, community, and colleagues are not identifiable. • I give consent for the assessor(s) to take my portfolio off site for the purposes of assessment and recognise that my portfolio may be selected for internal/external moderation. • I understand the assessor(s) may need to contact me or my peers/manager for additional evidence if not adequately supplied. • I understand a timeframe is required for assessment dependent on organisation. 	
I declare that the above statements are truthful, and this portfolio is an accurate description of my previous three years practice.	
Signature: _____ Date: _____	
Signed by Line Manager two weeks prior to submission:	
I support _____ to apply for DSN PDRP.	
Line Manager Name: _____	
Email: _____ Phone: _____	
Signature: _____ Date: _____	

Levels of Practice Definitions: The Designated Senior Nurse (DSN)

- An appointed nursing position that requires **specific clinical expertise** and/or **responsibility** for coordination, management, education, practice development or research. Some organisations may choose to NOT include the DSN portfolio in their programme. But continue to use the RN levels of practise (proficient or expert) using the appropriate NCNZ competencies for the specific role.
- DSN's in Management, education, policy, or research (indirect patient care) **must** still meet NCNZ competencies and continuing competence requirements (standard requirements). These nurses are **exempt** from those competencies in domain two and domain three that only apply to clinical practise. They **are to use** the competencies from domains 2 & 3 that best align with their specific role.
- DSN practising in direct care and in management, education policy and /or research **must meet both sets of competencies in domains 2 & 3.**

Submission Information:

- Please read carefully and ensure that all sections are completed accurately and appropriately.
- Documentation is to be a **maximum of three years old except where annual requirements are specifically stated.**
- All documentation should be appropriately named, signed and dated.
- You need to provide one clinical example of practice in your performance appraisal (peer/senior nurse review) against the Nursing Council New Zealand Competencies.
- All evidence submitted should be your own work or if in collaboration, permission and sign off sought from the third party.
- Your portfolio should show examples of 'best practice' at all times.
- Those involved in your portfolio submission may be approached to assist during the assessment process by providing additional evidence or confirmation.

N.B. Should you be practicing in an Expanded Practice Role or in Management, Education, Research or Policy, please access the appropriate supplementary competencies workbook.

Evidential Requirements Checklist – Designated Senior Nurse

	Applicant Name:	Applicant to complete	Assessor to complete Docs sighted
1	Annual Practising Certificate Printout from NCNZ Website		
2	Hours of Practice Evidence of 450 hours of practice to be verified by Charge Nurse/Nurse Manager/HR Dept – validated in Performance appraisal or Record of Practice Hours report/form verified (signed and dated) from your organisation.		
3	Current CV Providing work and education history		
4	<p>Performance Appraisal and/or peer appraisal/competence assessment Evidence must be against NCNZ Competencies, on organisational documentation, and completed within the last 12 months. All competencies must have an example of how the nurse meets the competency in day to day practice at the level applied. Peer Appraiser is to be a Registered Nurse.</p> <p>Designated Senior Nurses (DSN) must meet domain 1 & 4. DSN that are not practising in direct patient care are exempt from clinical competencies in Domain 2 & 3. However, must meet one of the following work streams of Management, Education, Policy, or Research. DSN practising in direct patient care AND involved in Management, Education, Policy, or Research must meet both the clinical competencies and one of the work streams for domain 2 & 3.</p> <p>Self-Assessment Evidence must be against NCNZ Competencies, on organisational documentation, and completed within the last 12 months and from your current practice area. All competencies must have an example of how the nurse meets the competency in day to day practice at the level applied Competencies must be verified by a Registered Nurse who is a designated Senior Nurse; or a peer RN with approval from Line Manager of current workplace. The PA (self-assessment) should contain evidence from the last 12 months. If sections 6a, b, c, d were completed over 12 months ago then a separate piece of evidence or statement would be needed.</p>		
5	<p>Professional Development <u>Hours of Professional Development</u> Evidence must be within the last 3 years and show at least 60 hours. This may include organisational mandatory/essential requirements (as per employment agreement). Professional development hours record/evidence of attendance to be verified.</p> <p><u>Three reflections on Professional Development</u> This is to be related to your practice area. Include either: A short reflection for each course or activity OR three key professional development activities (describing the difference the learning has made to you nursing practice)</p>		

<p>NB. If the following level of practice evidence (6a, b, c, d) is met within the standard requirements (e.g., PA, self-assessment and senior nurse/peer review), then no additional evidence is required. If it is not, then separate evidence should be provided to support Proficient level of practice. Evidence must be obtained and signed by your Line Manager of your current workplace</p>			
6	<p>Level of Practice evidence to demonstrate each of the following:</p> <p>a) Leadership in practice innovation and quality improvement Please state where evidence is found</p> <p>b) Education and development of others Please state where evidence is found</p> <p>c) Active participation in wider service, organisation, or professional activities/group Please state where evidence is found</p> <p>d) Leadership in management, education, policy or research Please state where evidence is found</p>		
7	<p>Verification that application of Designated Senior Nurse Level discussed with Manager</p>		
8	<p>I agree for my portfolio and associated documentation to be removed from PDRP office for assessment All steps will be taken to maintain the safety and privacy of the portfolio by the designated assessor. You may request the return of your portfolio at any time.</p>	Yes No	
9	<p>Returning of your Portfolio Your portfolio will be returned via internal mail for Health NZ/Te Whatu Ora Nurses, otherwise via your regional organisations PDRP Coordinator and mail systems</p>		
10	<p>Internal and External Moderation of Portfolios The PDRP requires portfolios to be moderated to maintain consistency and objectivity of the process. The portfolio will be reviewed by one of the PDRP Assessors who will moderate the original assessor(s) of your portfolio. The moderation process does not affect the outcome of your assessment. Your portfolio may be selected for this process. Do you understand and agree to the Moderation Process?</p>	Yes No	
13	<p>Practice Discussion if requested by applicant Applicant may request a practice discussion</p>	Yes No	
<p>Please Note: Incomplete Portfolios may be returned to applicant for amendment as per the Te Kāhui Kōkiri Mātanga regional policy</p>			

Assessment Process

The assessment will be carried out as soon as possible and should take no longer than 10 weeks.

It is not unusual for your assessor(s) to contact you for clarification or for extra evidence before a decision is made. This contact is generally by phone, but you may request a meeting.

When your portfolio assessment has been completed, you will be contacted with the decision, which will be one of the following:

Decisions

- **Endorsement of Progression**

This means criteria for the applied level have been successfully met.

- **Reserved Decision**

This means that the assessor is confident that you are practising at the level you have applied for, but further documented evidence is needed. You are given a timeframe of **6 weeks** to provide this.

- **Non-Progression**

This means that your assessor is confident that the criteria for that level have not yet been met. Guidelines may have not been adhered to or there are clear gaps in evidence that prevent a fair decision. Your assessor will clearly tell you which areas require further development and make some suggestions. If you wish to appeal the decision or the process, this procedure is outlined on the website or in the PDRP Policy.

NCNZ Reporting

Details of your PDRP application are loaded onto our database to assist with our reports to Nursing Council to remove you from their audit process.

Appeals

All applicants will have feedback from their assessment, if you disagree with the decision, you should write a letter of appeal to the PDRP Coordinator. The appeal should be lodged within 7 working days of the decision using an Appeal Notification Form (A6). On receipt of this letter, the PDRP Coordinator will request two new assessors to re-assess the portfolio.

The new assessors will not be told of the original outcome. If the decision by the new assessors is that you have been unsuccessful, you may decide to continue with the appeal. An Appeals Panel will be formed and those present will interview you and the assessors. On completion of this process, a written report outlining recommendations will be sent to you with copies to the PDRP Assessors, PDRP Advisory Committee and the Nurse Coordinator - PDRP.

Reference:

Nurse Executives of New Zealand Inc. (10 April 2017). National Framework and Evidential Requirements. New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses.

Disclaimer:

- The PDRP RN Guideline document is current at the time of printing and is subject to regular review. It is bound by the constraints of Nursing Council of New Zealand (NCNZ) and NZNO with regard to legislative or employment changes.
- All efforts will be made to publicise significant changes; however, any concerns or issues may be raised with the PDRP Advisory Committee.
- Ethnicity Data is only collected for the purposes of Nursing Workforce Development and PDRP. Data will not be shared for any other purpose

Professional Development Record

You are required to demonstrate at least 60 hours professional development in the previous three (3) years. Please complete this form if you **do not** have an organisational education transcript or if the education is not recorded by your organisation.

Date	Title of Education Activity	Hours	Educator/Manager verification
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			<input type="checkbox"/>
Total Hours (over last 3 years)			

Verification of attendance by Nurse Educator or Manager

(Verify Original Certificates sighted)

Signed:	Date:
Print Name:	Designation:
Contact Details:	

Competencies and Indicators (tick ONE indicator only)

Domain 1: Professional Responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.

Competency 1.1 - Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

- Practises nursing in accord with relevant legislation/codes/policies and upholds health consumer rights derived from that legislation.
- Accepts responsibility for actions and decision making within scope of practice.
- Identifies breaches of law that occur in practice and reports them to the appropriate person(s)
- Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice.
- Uses professional standards of practice

Competency 1.2 - Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice

- Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand
- Demonstrates knowledge of differing health and socio-economic status of Māori and non-Māori
- Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice

Competency 1.3 - Demonstrates accountability for directing, monitoring, and evaluating nursing care that is provided by enrolled nurses and others

- Understands accountability for directing, monitoring, and evaluating nursing care by enrolled nurses and others.
- Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work.
- Take into consideration the role and competence of staff when delegating work.
- Makes appropriate decisions when assigning care, delegating activities, and providing direction for enrolled nurses, and others

Competency 1.4 - Promotes an environment that enables health consumer safety, independence, quality of life, and health.

- Identifies and reports situations that affect health consumers or staff members' health or safety.
- Accesses, maintains, and uses emergency equipment and supplies.
- Maintains infection control principles.
- Recognises and manages risks to provide care that best meets the needs and interests of health consumers and the public.
- Ensures up to date knowledge / certification relevant to area of practice

Competency 1.5 - Practices nursing in a manner that the health consumer determines as being culturally safe

- Applies the principles of cultural safety in own nursing practice.
- Recognises the impact of the culture of nursing on health consumer care and endeavours to protect the health consumer's wellbeing within this culture.
- Practises in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.
- Assists the health consumer to gain appropriate support and representation from those who understand the health consumer's culture, needs and preferences.
- Consults with members of cultural and other groups as requested and approved by the health consumer.
- Reflects on his/her own practice and values that impact on nursing care in relation to the health consumers age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability

Domain 2: Management of Nursing Care

This domain contains competencies related to health consumer assessment and managing health consumer care, which is responsive to the health consumer/health consumers' needs, and which is supported by nursing knowledge and evidence based research.

Competency 2.1 - Provides planned nursing care to achieve identified outcomes.

- Contributes to care planning, involving health consumers and demonstrating an understanding of health consumers' rights, to make informed decisions.
- Demonstrates understanding of the processes and environment that support recovery.
- Identifies examples of the use of evidence in planned nursing care.
- Undertakes practice procedures and skills in a competent and safe way.
- Administers interventions, treatments, and medications, (for example: intravenous therapy, calming and restraint), within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines.
- Able to articulate own nursing philosophy and how this is incorporated in nursing care delivery

Competency 2.2 - Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.

- Undertakes assessment in an organised and systematic way.
- Uses suitable assessment tools and methods to assist the collection of data.
- Applies relevant research to underpin nursing assessment

Competency 2.3 - Ensure documentation is accurate and maintains confidentiality of information.

- Maintains clear, concise, timely, accurate and current health consumer records within a legal and ethical framework.
- Demonstrates literacy and computer skills necessary to record, enter, store, retrieve and organise data essential for care delivery

Competency 2.4 - Ensures the health consumer has adequate explanation of the effects, consequences, and alternatives of proposed treatment options.

- Provides appropriate information to health consumers to protect their rights and to allow informed decisions.
- Assesses the readiness of the health consumer to participate in health education.
- Makes appropriate professional judgement regarding the extent to which the health consumer is capable of participating in decisions related to his/her care.
- Discusses ethical issues related to health care/nursing practice, (for example: informed consent, privacy, refusal of treatment and rights of formal and informal health consumers)
- Facilitates the health consumer's access to appropriate therapies or interventions and respects the health consumer's right to choose amongst alternatives.
- Seeks clarification from relevant members of the health care team regarding the individual's request to change and/or refuse care.
- Takes the health consumer's preferences into consideration when providing care

Competency 2.5 - Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations

<input type="checkbox"/> Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis situation. <input type="checkbox"/> Takes action in situations that compromise health consumer safety and wellbeing. <input type="checkbox"/> Implements nursing responses, procedures and protocols for managing threats to safety within the practice environment.
Competency 2.6 - Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.
<input type="checkbox"/> Identifies criteria for evaluation of expected outcomes of care. <input type="checkbox"/> Evaluates the effectiveness of the health consumer's response to prescribed treatments, interventions and health education in collaboration with the health consumer and other health care team members. <input type="checkbox"/> Reflects on health consumer feedback on the evaluation of nursing care and health service delivery
Competency 2.7 - Provides health education appropriate to the needs of the health consumer within a nursing framework.
<input type="checkbox"/> Checks health consumers' level of understanding of health care when answering their questions and providing information. <input type="checkbox"/> Uses informal and formal methods of teaching that are appropriate to the health consumer's or group's abilities. <input type="checkbox"/> Participates in health education, and ensures that the health consumer understands relevant information related to their health care. <input type="checkbox"/> Educates health consumers to maintain and promote health.
Competency 2.8 - Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.
<input type="checkbox"/> Identifies one's own level of competence and seeks assistance and knowledge as necessary. <input type="checkbox"/> Determines the level of care required by individual health consumers. <input type="checkbox"/> Accesses advice, assistance, debriefing and direction as necessary
Competency 2.9 - Maintains professional development
<input type="checkbox"/> Contributes to the support, direction and teaching of colleagues to enhance professional development. <input type="checkbox"/> Updates knowledge related to administration of interventions, treatments, medications and best practice guidelines within area of practice. <input type="checkbox"/> Takes responsibility for one's own professional development and for sharing knowledge with others. <input type="checkbox"/> Attends education programmes relevant to developmental goals, revising and updating goals at least annually
Domain 2: Management of Nursing Care
Competency for nurses involved in MANAGEMENT
<ul style="list-style-type: none"> • Promotes an environment that contributes to ongoing demonstration and evaluation of competencies. • Promotes a quality practice environment that supports nurses' abilities to provide safe, effective and ethical nursing practice. • Promotes a practice environment that encourages learning and evidence-based practice. • Participates in professional activities to keep abreast of current trends and issues in nursing.
Competency for nurses involved in EDUCATION
<ul style="list-style-type: none"> • Promotes an environment that contributes to ongoing demonstration and evaluation of competencies. • Integrates evidence-based theory and best practice into education activities. • Participates in professional activities to keep abreast of current trends and issues in nursing
Competency for nurses involved in RESEARCH
<ul style="list-style-type: none"> • Promotes a research environment that supports and facilitates research mindedness and research utilisation. • Supports and evaluates practice through research activities and application of evidence-based knowledge. • Participates in professional activities to keep abreast of current trends and issues in nursing
Competency for nurses involved in POLICY
<ul style="list-style-type: none"> • Utilises research and nursing data to contribute to policy development, implementation and evaluation • Participates in professional activities to keep abreast of current trends and issues in nursing

Domain 3: Interpersonal Relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation.

Competency 3.1 - Establishes, maintains, and concludes therapeutic interpersonal relationships with health consumer.

- Initiates, maintains and concludes therapeutic interpersonal interactions with health consumers.
- Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for health consumers with mental health needs.
- Utilises effective interviewing and counselling skills in interactions with health consumers.
- Demonstrates respect, empathy and interest in health consumer.
- Establishes rapport and trust with health consumer.

Competency 3.2 - Practices nursing in a negotiated partnership with the health consumer where and when possible.

- Undertakes nursing care that ensures health consumers receive and understand relevant and current information concerning their health care that contributes to informed choice.
- Implements nursing care in a manner that facilitates the independence, self-esteem and safety of the health consumer and an understanding of therapeutic and partnership principles.
- Recognises and supports the personal resourcefulness of people with mental and/or physical illness.
- Acknowledges family/whanau perspectives and supports their participation in services.

Competency 3.3 - Communicates effectively with health consumers and members of the health care team.

- Uses a variety of effective communication techniques.
- Employs appropriate language to context.
- Provides adequate time for discussion.
- Endeavours to establish alternative communication methods when health consumers are unable to verbalise.
- Accesses an interpreter when appropriate.
- Discussions concerning health consumers are restricted to settings, learning situations and or relevant members of the health care team.
- Establishes and maintains effective collegial relationships.

Domain 3: Interpersonal Relationships

Nurses involved in Management, Education, Policy and/ or research MUST meet each of the indicators below

Competency 3

- Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust
- Communicates effectively with members of the health care team, including using a variety of effective communication techniques, employing appropriate language to context and providing adequate time for discussion

Domain 4: Interprofessional Health Care and Quality Improvement.

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

Competency 4.1 - Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.

- Promotes a nursing perspective and contribution within the interprofessional activities of the health care team.
- Collaborates with the health consumer and other health team members to develop plan of care.
- Maintains and documents information necessary for continuity of care and recovery.
- Develops a discharge plan and follow up care in consultation with the health consumer and other members of the health care team.
- Makes appropriate formal referrals to other health care team members and other health related sectors for health consumers who require consultation.
- Contributes to interdisciplinary team meetings.
- Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.

Competency 4.2 - Recognises and values the roles and skills of all members of the health care team in the delivery of care.

- Contributes to the coordination of care to maximise health outcomes for the health consumer.
- Collaborates, consults with and provides accurate information to the health consumer and other health professionals about the prescribed interventions or treatments.
- Demonstrates a comprehensive knowledge of community services and resources and actively supports service users to use them

Competency 4.3 - Participates in quality improvement activities to monitor and improve standards of nursing.

- Reviews policies, processes, procedures based on relevant research.
- Recognises and identifies researchable practice issues and refers them to appropriate people.
- Distributes research findings that indicate changes to practice to colleagues.
- Integrates principles of quality improvement into all aspects of nursing practice.
- Identifies areas for improvement in nursing practice and service delivery and communicates to appropriate personnel.
- Contributes to policy planning, protocols, procedures and other Quality Improvement initiatives.