



THE REGIONAL PROFESSIONAL DEVELOPMENT & RECOGNITION PROGRAMME (PDRP) FOR REGISTERED AND ENROLLED NURSES

Date approved: 14 March 2018

Review Date: 14 March 2021

PURPOSE

The Te Kāhui Kōkiri Mātanga PDRP is designed to provide opportunities for nurses to progress and demonstrate their knowledge, skill, attitude, values and leadership within the practice environment, and in return receive employer support, encouragement and recognition for their commitment and contribution to nursing practice. This process also meets the standards of continuing competence requirements for Nursing Council of New Zealand.

PARTICIPATING ORGANISATIONS and MoU

All partner organisations have a Memorandum of Understanding (MOU) with the Canterbury District Health Board. Some District Health Board partners may also form a Memorandum of Understanding with local agencies wishing to access their local PDRP processes. Prior to an MOU being established approval to proceed is made through the relevant DHB DoN and notification made then to the wider group. Nursing Council is notified once the new MOU is signed.

- Canterbury District Health Board (CDHB)
 - Access
 - Forte Health
 - Nurse Maude
 - Pegasus Health
 - St George's Hospital
 - HealthCare NZ
 - Kaupapa Maori and Pacific NGO Collective
 - Rannerdale Veterans Care
 - Oxford Women's Health
 - Intus Digestive and Colorectal Care
 - Laura Ferguson Trust
 - ProCare
 - Waipuna Hospice
 - Ultimate Care Group
- South Canterbury District Health Board (SCDHB)
 - Arowhenua Whanau Services
 - Bidwill Trust Hospital
 - South Canterbury Hospice
 - Supporting Families Aoraki Incorporated
- West Coast District Health Board (WCDHB)
- Nelson/Marlborough DHB (NMDHB)
 - Ashwood Park Retirement Village 2012 Ltd
 - Marlborough PHO
 - Nelson Bays Primary Health
 - Nelson Region Hospice Trust
 - Salvation Army Marlborough Community Hospice Trading as Hospice Marlborough
 - Springlands Lifestyle Village
 - Wakefield Rest Home
- Department of Corrections
- Southern District Health Board (SDHB)
 - Clutha Health First
 - Dunstan
 - Hospice Southland
 - Lesley Groves Resthome and Day Care
 - Maniototo Health Services Lid (Ranfurly)
 - Mercy Hospital
 - Otago Hospice
 - Otago Youth Wellness Trust
 - Oxford Court Lifecare
 - Southern Institute of Technology
 - Summerset Bishops Court

- University of Otago Student Health Services
- Waitaki District Health Services (Oamaru)
- Well South Primary Health Network

Organisations with Memorandum of Understandings accessing Competent level PDRP via Nursing Entry to Practice include:

- Healthcare New Zealand
- Rosebank Resthome and Hospital, Ashburton
- BUPA
- Christchurch PHO
- Homestead Ilam

ASSOCIATED DOCUMENTS

- **National Framework for Nursing Professional Development & Recognition Programmes & Designated role Titles** (December 2005). *Report to the National Nurses Organisations from the National Professional Development and Recognition Programmes Working Party*
- **National Framework and Evidential Requirements. New Zealand Nursing Development & Recognition Programmes for Registered and Enrolled Nurses.** (April, 2017). *Report developed through joint sponsorship of Nurse Executives of New Zealand and New Zealand Nurses' Organisation (NZNO).*
- **Competencies for RN Scope of Practice:** Nursing Council of New Zealand (NCNZ) 2007, reprint May 2012, amended September 2016
- **Competencies for EN Scope of Practice:** NCNZ April 2012
- Te Kāhui Kōkiri Mātanga **PDRP Guidelines** and templates
- **District Health Boards/NZNO Nursing and Midwifery Multi-Collective Agreement (MECA) 24 August 2015 – 31 July 2017**
- **Performance Management and Risk Management policies of participating organisations**

LEGISLATION and Policy

- Privacy Act (1993)
- Privacy Commissioner. (2008)
- Health Information Privacy Code 1994
- Health Practitioners Competence Assurance Act 2003
- Health and Disability Commissioner Act Reprinted 2017
- Nursing Council of New Zealand. (2013). Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses
- NCNZ Guidelines: competence Assessment, 2011
- NCNZ Guidelines: responsibilities for direction and delegation of care to enrolled nurses, 2011, amended 2016
- NCNZ Guidelines: delegation of care of a RN to a health care assistant 2011, amended 2016
- NCNZ Guidelines: cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice 2011
- NCNZ Code of Conduct 2012
- NCNZ Professional Boundaries 2012
- District Annual Plans
- District Maori Health Plans and District Maori Health Policies
- Organisation's Code of Conduct
- New Zealand Nurses Organisation (2016) Guideline- privacy, confidentiality and consent in the use of exemplars of practice, case studies and journaling

FUNCTIONAL RELATIONSHIPS

- Executive Director of Nursing
- Directors of Nursing (DON's)
- Nursing Directors
- Charge Nurse Managers/Senior designated Nursing staff
- PDRP Coordinator and Practice Facilitators and Educators
- PDRP Assessors and Resource staff
- Registered Nurses
- Enrolled Nurses

EXTERNAL FUNCTIONAL RELATIONSHIPS

- New Zealand Nurses Organisation
- Public Services Association / Te Pukenga Here Takanga Mahi
- Nursing Council of New Zealand

PDRP LEVELS

PDRP: Registered Nurses

- Competent
- Proficient
- Expert
- Designated Senior Nurse

PDRP: Enrolled Nurses

- Competent
- Proficient
- Accomplished

Policy Statement:

The Health Practitioners Competency Assurance Act, 2003, requires the Nursing Council of New Zealand (NCNZ) to ensure the ongoing competence of practitioners. The Council approves professional development and recognition programmes as recertification programmes under section 41 of the Act for the purpose of ensuring nurses are competent to practice. Nurses participating in an approved PDRP programme demonstrate continuing competence through submission of a portfolio of evidence. Nurses who are not part of an approved PDRP programme will have to individually meet NCNZ's continuing competence requirements.

The PDRP incorporates the principles of Te Tiriti o Waitangi/Treaty of Waitangi into nursing programmes and practice and support the values expressed in each District Health Boards Maori Health Plans and Policies. The programmes will monitor the responsiveness to Maori and Pacific Island populations within Canterbury and the wider health regions by nursing staff, through support of education and assessment.

Purpose:

- The **PDRP** is required to
 - Provide a clear and transparent progression pathway for nurses
 - Meet the requirements of the Nursing Council of NZ's competency-based Practising Certificates
 - Adhere to the **National Framework and Evidential Requirements. New Zealand Nursing Development & Recognition Programmes for Registered and Enrolled Nurses**
 - Provide support, opportunities and encouragement to participate in the programme

POLICY

- All practising nurses employed by the regional organisations must maintain
 - **A current Annual Practising Certificate.**
 - **An annual Performance Appraisal/Review**
- **The PDRP programme may be a voluntary or mandatory** process for nurses that will
 - Recognise levels of competence and professionalism in the delivery of patient care and nursing practice
 - Promote expertise and leadership within the clinical area
 - Advance professional development
 - Promote job satisfaction and facilitate the retention of expert nurses in clinical practice
 - Value the nurse's contribution to their practice environment, customer service, the organisation and community
 - Reward this commitment to nursing practice.
- **Participating MOU partners** will ensure the PDRP
 - Is managed in a consistent and culturally appropriate manner
 - Is achievable for those who wish to progress their knowledge, skill, expertise and leadership in their practice area
 - Rewards knowledge, skill, expertise and leadership within the practice environment
 - Has processes recognising transferability of skills and knowledge
- **The process includes:**
 - PDRP Progression
 - Illness, disability or parental leave recognition
 - The submission process
 - The moderation process
 - The appeal process
 - Transportability and Transferability of the PDRP
- The PDRP Policy will be reviewed every two years or as necessary.
- The PDRP programme is reviewed every 5 years. The process of evaluation is facilitated by the PDRP Advisory Committee.
- The NCNZ will audit the PDRP regularly as well as require a mid-term report to be sent in interim years.
- Nurses who have submitted their portfolio and are endorsed onto the PDRP are deemed to have met NCNZ's recertification requirements and therefore exempt from Nursing Council audit over the 3 year period.
- Nurse applicants and PDRP resource/assessment personnel, will be guided by the following process for the PDRP.

SUBMISSION OF A PORTFOLIO

- The application criteria are available on the PDRP internet website or from the PDRP Coordinator on request. This must include all organisational PDRP requirements
- The applicant must ensure
 - The line manager has the opportunity to support or not support the level of practice level/domain being applied for. The Charge Nurse/Manager needs to have confidence in the nurses level of practice, professional development process and delivery of the investment through the contractual employment agreements
 - **RNs / ENs** with a current annual practicing certificate and who have met Nursing Council's continuing competence requirements may apply to be assessed at **proficient or expert/accomplished level** at any time, provided they demonstrate adequate evidence to meet the required competency and level of practice criteria.
 - Their portfolio has been **viewed by a PDRP Resource person** prior to submission (regional variances may occur).
- Portfolios **should not contain original material**. Photocopy all original documents to ensure the safety and security of originals.
- CDHB: If all the documentation is complete, the portfolio is sent to the central PDRP office and the applicant's details completed on the PDRP applicant's database and a file is kept.
- Partnering organisations: On receipt of the completed Portfolio the applicant's name and details are entered into the organisational PDRP database and an electronic or hard copy file is kept
- The file will contain essential information, e.g. consent and record of assessment. This is held securely in the filing cabinet or on a secure password protected folder.
- The applicant's nursing registration from the NCNZ website is verified. Any discrepancies are followed up with the NCNZ.
- Timeframes for assessment can vary within each organisation but may take up to 10 weeks to be assessed and returned to the applicant if appropriate evidence is provided. However, should further evidence be required, this timeframe is extended depending on the amount of extra evidence required.

If the portfolio is assessed and further evidence is required, the applicant has up to 6 weeks to provide further evidence. Evidence submitted after a 6 week timeframe will be given a new submission date on receipt of new evidence.

PRIVACY AND CONFIDENTIALITY

Privacy

- Privacy extends to all individuals and portfolio development must take into account an individual's right to privacy. There are three components to confidentiality and privacy in regard to portfolios including electronic portfolios.
 - Privacy Act (1993)
 - Privacy Commissioner (2008)
 - Patients/ family
- All patient personal details and any identifiers must be removed from all parts of the portfolio. The nurse must abide by the Privacy Act (1993), so that information collected for the furthering of patient care is used only for that purpose, not for inclusion in a portfolio.
- 'Identifiers' relates not only to a person's specific information such as birth date or NHI, it can relate to a context or situation whereby if that situation is described, it will identify the person by process of elimination. *"It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in those involved being identifiable. New Zealand is a small country and contextual descriptions along with the author's location can result in identifying those involved."* NZNO (2016).
- **Guidelines for how to anonymise and gain consent for a case study or exemplar can be found at** New Zealand Nurses Organisation (2016) Guideline- privacy, confidentiality and consent in the use of exemplars of practice, case studies and journaling.
- The Health Practitioners Disciplinary Tribunal have stated in respect of a nurse's argument that she had accessed some of the patient records for PDRP case studies: *"There is no justification for a nurse accessing the records of a*

former patient without authority for any reason. Once the care of the patient has passed from the nurse, the nurse has no right or authority to any information concerning the patient's condition, no matter how much concern or curiosity there may be. If there is learning to be done from accessing records and structured inquiry, then that should be done with proper authority and after having obtained appropriate consent."

- Privacy requirements do not preclude the inclusion of exemplars and/or written reflections on practice, as these are expected within a portfolio. The focus of these pieces of evidence is on the nurse's practice rather than on the patient and therefore can generally be provided without accessing a patient's clinical record. In contrast, in-depth detailed case studies have a strong patient focus and are not recommended within portfolios. However, if they are included, full informed consent must be gained and evidenced within the portfolio.

Health professionals/ colleagues

- Nurses must not reveal names or identifiers of other health professionals or colleagues in portfolios. Generic job titles could be used if required. **Privacy extends to all individuals.**

The portfolio contents.

- Portfolios when not being assessed should be secured in a locked cupboard or room
- Consent to access portfolios is given only by the nurse who has completed the portfolio
- Assessors should not discuss what the portfolio contains unless:
 - It is for the direct purpose of assessing the portfolio
 - There are concerns regarding practice found in the portfolio e.g. unsafe practice
 - There are concerns regarding privacy breaches within the portfolio. The inclusion of evidence which breaches privacy in any way should require return of a portfolio and immediate removal of the privacy breach
- If an assessor does need to discuss concerns it should be with the PDRP coordinator, nurse whose portfolio is being assessed, and the nurse leader / line manager of the nurse
- All nurses are obliged to adhere to the Health Information Privacy Code, NCNZ's Code of Conduct, NCNZ Professional Boundaries and each organisation's code of conduct.
- The applicant should consider professional implications before disclosing any unacceptable and/or inappropriate information about personal practice or that of others. If unsure, seek guidance.

STORAGE OF PORTFOLIOS

- Every effort is made to ensure confidentiality and protection of the portfolio.
- Portfolios must be stored securely in a locked filing cabinet and will only be removed when assigned to an assessor, for photocopying, or on return to the applicant.
- If portfolios are assessed outside of the organisation, due care will be taken by the assessor to ensure confidentiality and protection for the portfolio.
- Consent is granted for PDRP assessment, when the applicant signs the Consent Form.
- On completion of the assessment process, the portfolio is returned to the relevant organisation or held until collected by the applicant.

UNSAFE PRACTICE

- If a PDRP assessment identifies unsafe, potentially unsafe or concerning practice, the assessor has an ethical and legal responsibility to refer the matter to the appropriate organisation's PDRP Coordinator
- The PDRP Coordinator will then discuss concerns with the applicant
- The PDRP Coordinator will then discuss the matter with the organisation's DON's or Nurse Directors.
- This evidence in the portfolio will not be used to initiate a disciplinary process, but a supportive development plan will be required to be formulated.
- Unsafe practice will be addressed by the organisation's Performance Management and Risk Management process.

PDRP PROCESS OF PROGRESSION

PDRP APPLICANT ELIGIBILITY

- All nurses must have a current **Annual Practicing Certificate (APC)**
- A current **Performance Appraisal/Review, undertaken within the last 12 months**, which is based on the NCNZ Competencies for RN and EN Scope of Practice
- The applicant must **NOT** currently be under Performance Management review or being investigated by NCNZ for any reason.
- Failure to meet the competencies will be addressed using the performance management process.

COMPETENT LEVEL

- Nurses applying at Competent Level, apply to their Nurse Manager using the '**PDRP Competent Level**' documentation.
- The Nurse Manager will arrange for assessment to take place by a nurse trained in assessment.

GRADUATE NURSES (INCLUDING NETP, AND GRADUATE ENs) AND RETURN TO NURSING STAFF:

- At the end of the first year of practice, the Programme Coordinator arranges for assessment to take place against the **Competent Level** criteria. Graduate ENs and Return to Nursing Staff are assessed as required.
- If this is achieved, they are entered on the PDRP at Competent level.

PROFICIENT AND EXPERT/ACCOMPLISHED LEVELS

- Nurses apply using the '**PDRP Proficient or Expert/Accomplished**' documentation.
- Their portfolio is submitted to the organisation's PDRP coordinator on the assessment dates advertised on the internet (if applicable)
- Portfolios are assessed by PDRP Assessors.

PROGRESSION TO SENIOR ROLE

- Nurses who have achieved **Proficient or Expert level** and progress to a senior role may choose to either
- Maintain a Designated Senior Nurse portfolio (in which case they will be assessed by a similarly scoped peer).
N.B. A designated senior nurse progression through the salary scale is not dependent on PDRP, refer to MECA

- Be removed from the PDRP.

EXPERT RN - support/guidance process

- The RN applicant may meet with the PDRP coordinator or PDRP support person who will assist the nurse to understand the level of evidence required.
- The portfolio will be submitted for assessment at expert level.
- One in every 5 expert portfolios will be moderated by an expert panel to ensure the assessors are assessing to the standards required for expert level.

INTERIM YEAR

PDRP

- **A nurse who has been endorsed onto the PDRP is deemed** to have met NCNZ's **re-certification requirements for 3 years**. It is a requirement that the nurse continues to maintain their competence at this level during this time
- The nurse should bring examples of evidence of how they have maintained their current PDRP level at their **Annual Performance Appraisal/Interim Review**.
- The nurse will be advised in writing prior to their anniversary date for resubmission.
- Nurses at Proficient or Expert/Accomplished level will be sent a reminder to complete a '**PDRP Interim Year Revalidation form**' (**minimum 1 month prior to revalidation due date**) which is then completed by the applicant and signed by both the Nurse Manager and the applicant and returned to the PDRP office
- **If this form is not received by the due date**, a reminder letter will be sent out.
- If after 1 month from the expiry date, no form is received, the applicant (and the Nurse Manager) will be notified that their **level of practice payment is stopped (if applicable) and a note placed onto the database**.

FAILURE TO MAINTAIN LEVEL OF PRACTICE

A nurse who is **unable to maintain the level of practice** following feedback, coaching and support within a specified timeframe e.g. 3 months, may result in a reassessment of the level of practice allowance (if applicable) or they may choose to not continue with the PDRP process. Failure to meet Nursing Council competencies in the interim year will be addressed using the performance management process

ILLNESS/DISABILITY

- In the case of illness/disability the PDRP level should remain the same, with the same assessment process continuing.
- The nurse resubmits their portfolio at the same level on their anniversary date when the portfolio is due.
- If this is not possible, an extension or review is arranged by the PDRP office in exceptional circumstances.
- If the level is not able to be maintained, the same process will occur as above in **Failure to Maintain Level of Practice** process.
- If an extension is requested at the time of resubmission, please see **Resubmission Three Yearly**.

PARENTAL LEAVE

- In the case of parental leave the PDRP level should remain the same in the interim year.
- When the applicant starts parental leave they will notify the PDRP Coordinator of their status and they will be placed on suspended status on the database.
- An interim year re-validation will not be required, until they return to work.
- Upon return to work, the applicant meets with their Nurse Manager to form a development plan to determine how they will meet the interim year revalidation requirements at the next anniversary date.
- If post parental leave interim year revalidation requirements cannot be met, the same process will occur as above in **Failure to Maintain Level of Practice**.
- If parental leave occurs around the time of resubmission, see **Resubmission Three Yearly**

RE-SUBMISSION 3 YEARLY

- NCNZ's PDRP framework requires nurses to undergo a **full re-submission and assessment against the competencies every 3 years**.
- This requires re-submission of the portfolio with new evidence demonstrating the level of practice being applied for.
- A nurse **cannot** request an extension past their resubmission date unless under exceptional circumstances approved by the PDRP Coordinator

MODERATION PROCESS –

Permission is sought from the applicant via the checklist contained within the workbook to have their portfolio moderated through internal / external processes.

Internal Moderation:

- All PDRP assessors participate in the internal moderation process to ensure **consistency, fairness, validity and reliability of assessment** among assessors.
- The PDRP Coordinator oversees the moderation process
- One in ten portfolios reviewed by individual assessors will be forwarded to another experienced PDRP assessor for moderation. Moderation does not change the result of the original assessment.
- Initially new PDRP assessors will have moderation for the first 3-5 assessments, until they gain experience in their role as an assessor.
- The Moderator will follow organisational moderation requirements
- The Moderator's assessment and comments for the individual assessor are noted on the **PDRP Moderation form**.
- A copy of the Moderation Form is provided to the assessor(s).

External Moderation

- All partner organisations participate in the external moderation process three times per year. External moderation maintains a standard of assessment between organisations.
- The external moderation process is undertaken to ensure national consistency, fairness, validity and reliability throughout Te Kāhui Kōkiri Mātanga PDRP Programme as well as with other organisations
- Portfolios are randomly selected and sent a minimum of two weeks prior to external moderation meeting
- Each organisation assesses another organisation's portfolio against the national levels of practice definitions to ensure that the portfolio meets the National Framework and Evidential Requirements (2017) standards for the level applied for
- External moderation provides feedback and advice to the organisation on whether criteria has been met, what is working well and whether assessment processes require improvement.

APPEAL PROCESS

All applicants receive detailed feedback on their portfolio from their assessors. This should minimise the need for an appeal process. However, unsuccessful applicants are entitled to make an appeal against the decision.

The Appeal Procedure

Step 1

- The applicant makes a formal request for an appeal by completing the **Appeal Notification Form** available on the internet or from the PDRP Coordinator.
- An appeal must be made within **7 working days** of notification that the applicant was unsuccessful.
- On receipt of the appeal notification form the central PDRP Coordinator arranges for two new assessors to reassess the portfolio.
- These new assessors will not be told that this is a reassessment or of the original outcome.
- When this assessment is completed, the applicant will be notified of the outcome and decide whether to proceed with the appeal process.
- If the applicant decides to continue with the appeal process, they will **verbally inform** the PDRP Coordinator.

Step 2

- The central PDRP Coordinator notifies the Executive DON/Organisational DON of the appeal.
- The Executive DON or equivalent then appoints an Appeal Panel, with a DON as Chair.
- The Appeal panel assesses the documented evidence from all assessments and carries out an interview.
- The interview is conducted with the assessors, the applicant and senior nursing from a similar clinical specialty. The PDRP Coordinator is present as ex-officio. Other staff may be co-opted as required for their relevant specialty knowledge at PDRP level (eg Maori health service), or for academic/educational advice.
- The interview will also provide recommendation in relation to the appeal process, decisions assessment process or internal moderation process, to the PDRP Committee.
- On completion, a written report on the outcome and recommendations will be sent within 7 working days to the applicant, the assessors, the PDRP coordinator and the PDRP Advisory Committee.
- The Appeal Panel decision is final and binding.

TRANSPORTABILITY AND TRANSFERABILITY OF PDRP

Transportability (external movement)

Allows for nurses gaining employment in the organization to transfer their current level of PDRP from another organisation provided their previous PDRP is from within an approved program.

- It is the transferring nurse's responsibility to provide evidence of approved PDRP level to the PDRP Coordinator. This includes the letter of approval and/or certificate of achievement.
- The PDRP Coordinator of the previous employer may be contacted for verification.
- If the programme transporting from is not endorsed by NCNZ, evidence will be sought to determine the differences between the programmes for equivalence.
- Verification of organisational requirements have been completed at orientation (eg CPR, Fire)
- The applicant has 12 months from commencement of employment to meet the level/domain of practice requirements in the new area. This may be achieved by, but not limited to, having regular professional discussions with the senior RN, or a professional development plan, to assist progress to the relevant level.
- If the nurse does not meet the level/domain requirements at the end of this period, they may choose to be reassessed at a lower level or to no longer engage with the PDRP process.

- A notification of transportability letter is sent to the
 - Applicant
 - Line Manager
 - Nurse Coordinator PDRP
 - HR/Payroll Manager

Transferability (internal movement)

This process enables the transfer to another practice setting within the same organisation and the ability to retain recognition at the achieved PDRP level for up to 12 months, to ensure continuity of levels occurs with provision for the staff member to meet the competencies or requirements for the level in the new area of practice.

- The applicant notifies the PDRP Coordinator of transfer to the new clinical area.
- The nurse is allowed up to 12 months to meet the area specific requirements in the new practice area.
- PDRP level of practice domain maintenance will be validated at the annual Performance Review by their Nurse Manager.

PDRP ASSESSORS

A PDRP assessor is a leadership role within the organisation and has the following leadership and professional responsibilities:

- All assessors will
 - Attend and complete the NZQA 4098 workplace assessor course for PDRP (or demonstrate equivalence), or other formalised programme of assessment.
 - Identify further learning needs and develop strategies to meet needs in consultation with the organisational PDRP Coordinator.
 - Attain and maintain their own professional portfolio (organisational variances regarding level of portfolio may exist) a **minimum of Proficient level** on the PDRP for Registered and Enrolled Nurses.
 - Use appropriate opportunities to promote and enhance the PDRP and its processes.
 - Support and assist nurses interested in applying for the PDRP
 - Develop and maintain a current knowledge of relevant issues, trends and practices relating to the PDRP.
 - Ensure they attend PDRP assessor meetings and updates.
 - Assess and return portfolios within the prescribed timeframe.
- Senior Nursing staff assessors (e.g. CNS) will attain and maintain Senior Nursing portfolio, reflecting the relevant competencies required for nurses involved in management, education, policy and research as well as meeting the requirements of the Position Description. However, some clinical roles, e.g. CNS, may be required to obtain a proficient or expert portfolio should national guidelines dictate this for their role.
- An assessor who fails to meet the requirements of the role may be removed from the assessor list.

Selection Criteria

- Registered/Enrolled Nurses will be recognised for their
 - Clinical knowledge base and expertise.
 - Commitment to the PDRP
 - Respect and credibility from their peers/colleagues
 - Commitment to their own education and professional development.

Nomination Process

- Regional variances occur at each site.
- A Nomination form is filled out by a colleague or peer.
- The nominee agrees with the nomination and completes their part of the form.
- The Nursing Manager signs the nomination form and agrees to facilitate the assessors paid release as required.
- For nurses the PDRP Coordinator completes a reference check for qualities of confidentiality, professional development and service support for time spent assessing.