

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 EN Proficient PDRP.	
Line Manager Name: _____	
Email: _____ Phone: _____	
Signature: _____ Date: _____	

Levels of Practice Definitions: The Proficient Enrolled Nurse (EN)

- **Utilises** broad experiential and evidence-based knowledge to provide care
- **Develops partnerships** with clients that implement the Treaty of Waitangi in a manner, which the client determines is culturally safe.
- Has an in-depth **understanding** of EN practice.
- **Contributes to the education** and/or preceptorship of enrolled nurse students, new graduate EN/caregivers/health care assistants, competent and proficient EN.
- Acts as a **role model** to their peers.
- Demonstrates **increased knowledge and skills** in a specific clinical area.
- Is **involved** in service, professional, or organisational activities.
- **Participates** in change.

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 – Proficient EN

	Applicant Name:	Applicant to complete	Assessor to complete Docs sighted
1	Annual Practising Certificate Printout from NCNZ Website, or copy of current APC (front and back)		
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	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. 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 7, 8, or 9 were completed over 12 months ago then a separate piece of evidence or statement would be needed.		
4	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.		
	<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)		
5	Verification that application of Proficient Level discussed with Manager or an Equivalent Designated Senior Nurse		
6	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NB. If the following level of practice evidence (7, 8, and 9) 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			

7	<p>Contribution in practice change or quality initiative May use the templates found on the website. Please state where evidence is found:</p>		
8	<p>Evidence of Teaching/Preceptorship If a teaching session is used, evidence of organisation and delivery to be included. Please state where evidence is found:</p>		
9	<p>In-depth understanding of patient care and/or care coordination within scope of practice. Please state where evidence is found:</p>		
10	<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	<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>		
12	<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	<p>Practice Discussion if requested by applicant Applicant may request a practice discussion</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 EN 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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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.

- Accepts responsibility for the application of the standards of the professional, ethical and relevant legislated requirements that underpin EN/NA practice and reflects on this
- Utilises NCNZ and organisational standards to guide nursing practice to ensure consistent standards of care for the health consumer, and assists others with this
- Applies ethical principles/codes to ethical situations/examples within area of practice, and reflects on these
- Identifies or describes how practice consistently meets professional standards, scope of practice and relevant legislation and speciality best practice standards

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

- Identifies or describes the development of partnerships with patients that implement the Treaty of Waitangi
- Demonstrates understanding of the Treaty of Waitangi and its relevance to the health of Maori
- Demonstrates ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice
- Demonstrates the ability to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga

Competency 1.3 - Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care

- Recognises and demonstrates knowledge of the Enrolled Nurse scope and acts in accordance with the scope of practice, organisational policy and own level of competence.
- Demonstrates understanding of the registered nurse's role to direct, delegate, monitor and evaluate nursing care and contributes to this knowledge through the education of students, care givers, healthcare assistants and Enrolled Nurse peers.
- Consults with the registered nurse to ensure that delegated tasks and responsibilities are commensurate with own level of competence and demonstrates sound clinical skills, ensuring legal and clinical requirements are met within scope of practice.
- Utilises broad experiential knowledge to provide care and seeks guidance from a registered nurse when encounters situations beyond own knowledge, competence, or scope of practice.

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

- Identifies and discusses with the RN/RM, the physical and social environment in order to maximise health consumer safety, independence and quality of life.
- Identifies and reports risk/hazards and assists team members in infection control, health and safety/environmental safety issues for both health consumers and health team members
- Identifies or describes ability to initiate appropriate emergency response and treatment and to assist co-ordination of emergency/critical event under the direction of a registered nurse
- Participates in debriefing either formally or informally, and demonstrates understanding of the impact of critical incidents on self and others
- Identifies or describes how an environment is maintained that enhances patient safety (e.g. infection control)
- Identifies or describes recognition and appropriate response in emergency situations

Competency 1.5 - Participates in ongoing professional and educational development.

- Reflects on how professional development has been used to keep practice current and how evidence based changes have been made to nursing practice
- Participates in professional development and educational activities – e.g. case reviews, presentations, team meetings and reflects on these
- Evidence of involvement in professional organisations. e.g. NZNO, EN Section and professional involvement within area of practice

Competency 1.6 - Practices nursing in a manner that the health consumer determines as being culturally safe.

- Promotes practice that enables health consumers to receive nursing care that supports their dignity, personal beliefs, values and goals
- Reflects on clinical and cultural practice with RN/RM and EN/NA colleagues
- Demonstrates culturally safe nursing practice and partnership in nursing practice, and the utilisation of appropriate communication skills to empower health consumer choice/knowledge
- Provides culturally appropriate information/principles and communication used in the organisation's informed consent process
- Identifies or describes the development of partnerships with patients in the delivery of culturally safe nursing care

Domain 2: Provision of Nursing Care

This domain contains competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse.

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

- Utilises broad experiential knowledge to contribute to the development of care plans, in collaboration with the registered nurse and health consumers; and clarifies responsibilities for planned care with the registered nurse.
- Promotes independence while assisting health consumers to undertake activities of daily living, such as nutrition, hydration, elimination, mobility, social functioning and personal hygiene through the planning and management of evidence based individualised care with the registered nurse.
- Uses nursing knowledge and problem solving skills when carrying out professional responsibilities and is flexible and responsive to meet patient's multiple needs.
- Role models the ability to prioritise and manage time.
- Acts as a role model to peers to ensure that procedures are undertaken in a competent and safe manner.
- Administers nursing interventions and medications within legislation, codes, scope of practice and according to prescription, and established organisational policy and procedures, and role models this to peers.

Competency 2.2 - Contributes to nursing assessments by collecting and reporting information to the registered nurse.

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Conducts a comprehensive and accurate nursing assessment of the health consumer with complex needs in a variety of settings.
- Demonstrates timely, systematic and holistic assessment skills in partnership with complex health consumers, educating and supporting colleagues in effective use of assessment tools.
- Provides evidence that verifies and describes use of advanced skill in undertaking clinical assessment and physical examination.
- Provides evidence that describes how clinical reasoning and decision-making is applied in practice.
- Educates, coaches and supports health team members in the use of appropriate assessment tools and methods

Competency 2.3 - Recognises and reports changes in health and functional status to the registered nurse or directing health professional. **New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE**

- Utilises broad experiential knowledge in observing changes in consumers' health and functional status in the course of nursing practice.
- Communicates observations to the registered nurse and appropriate members of the health team and demonstrates the ability to adapt to unexpected changes.
- Reports changes in health status in a timely manner and has clear understanding and knowledge of procedures when responding to concerns which are escalating in the health care setting.

Competency 2.4 - Contributes to the evaluation of health consumer care.

- Demonstrates how quality care/safe health outcomes for the health consumer is the focus of nursing practice
- Identifies or describes contribution to service improvement quality activities within area of practice and to evaluation of health consumer care.
- Demonstrates application of clinical knowledge in continuous evaluation/assessment of health consumer health care and response to care being given, under the direction of a registered nurse
- Identifies or describes the skills utilised in routine technology and the ability to perform routine observations, recordings and assessment of patient response to nursing care

Competency 2.5 - Ensures documentation is accurate and maintains confidentiality of information.

- Demonstrates accurate, legible and objective documentation that maintains confidentiality according to organisational policies
- Documentation and recording of health consumer health status is according to organisational and professional documentation standards.
- Demonstrates effective succinct communication about health consumer status with registered nurse and other health team members

Competency 2.6 - Contributes to the health education of health consumers to maintain and promote health

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Role models the ability to provide accurate and culturally appropriate education to health consumers and groups to maintain or promote health in consultation with the registered nurse.
- Determines consumer understanding by seeking feedback on information given and acts as a role model to peers.
- Uses broad experiential knowledge to demonstrate an understanding of how health and disease are affected by multiple and interconnected factors.

Domain 3: Interpersonal Relationships

This domain contains competencies related to interpersonal communication with health consumers, their families / whanau and other nursing and healthcare staff.

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

- Maintains therapeutic relationships and professional boundaries in nursing practice
- Provides culturally safe, negotiated and therapeutic relationships with health consumers, and role models this to peers
- Identifies or describes confident and competent discussion of difficult issues with health consumers
- Communicates effectively to establish, maintain and conclude therapeutic interpersonal relationships with health consumers, nursing and inter-professional team.

Competency 3.2 - Communicates effectively as part of the health care team

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Role models effective and consistent communication skills, both written and verbal.
- Demonstrates the use of a variety of communication styles and role models these approaches in different situations.
- Role models to colleagues the ability to give and receive constructive feedback that enhances service delivery to health consumers.
- Contributes to a positive working environment and acts as a role model and leader to Enrolled Nurse peers.

Competency 3.3 - Uses a partnership approach to enhance health outcomes for health consumers.

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Demonstrates and role models the application of the principles of a recovery centred approach to nursing care, within different health care settings.
- Is able to demonstrate a broad use of nursing interventions which lessen the impact of stigma and discrimination on health outcomes for health consumers and enhance fairness, equality and self-determination.
- Has a broad knowledge of resources in the health consumer's community and utilises these in an effective manner to improve health outcomes.

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.

- Collaborates with the health consumer, the RN and health team members to contribute to the development of an individualised plan of care
- Demonstrates effective and professional communication with health team members, supporting other team members with this
- Collaborates with and contributes to the health care team in the delivery of health consumer care
- Is involved in service, professional or organisational activities within area of practice and participates in change management

Competency 4.2 - Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Demonstrates a clear understanding of the enrolled nurse role and responsibilities in the context of health care settings.
- Acts as a resource and role model for nurse students and health care assistants.
- Shows broad experiential knowledge in the prioritisation of nursing care to health consumers as guided by the registered nurse.
- Co-ordinates and role models effective provision of care by health care assistants within the team as delegated by the registered nurse.

Competency 4.3 - Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse.

New Competency by Nursing Council - NOT ASSESSED FOR ENs IN RESTRICTED SCOPE

- Demonstrates and has broad knowledge of the enrolled nurse role and boundaries in relation to the scopes of practice of other registered health professionals.
- Role models safe practice within legislative requirements, organisation policy and refers issues outside scope to a registered nurse supervisor.
- Works under the direction of an identified health professional and consistently and accurately communicates observations, changes in health status and escalates concerns in a timely manner to that health professional.