



Te Kāhui Kōkiri Mātanga Regional PDRP

Policy and Standards 2024

Professional Development Recognition Programme (PDRP)
For Enrolled and Registered Nurses



The latest version of this document is available on the Te Whatu Ora Health New Zealand, Waitaha Canterbury PDRP website only.

Printed copies may not reflect the most recent updates.

Authorised by Executive Director of Nursing Te Whatu Ora Health New Zealand Waitaha Canterbury

<p>Authorised by: Becky Hickmott Executive Director of Nursing Te Whatu Ora Health New Zealand Waitaha Canterbury</p>	<p> Signed: B. Hickmott</p>
<p>Issue Date: 8 July 2022</p>	<p>To be Reviewed: July 2025</p>

■ Table of Contents - Te Rārangi Upoko

Purpose - Te Take	3
Applicability - Te Hāngaitanga.....	3
Policy Statement - Te Tauākī Kaupapa	3
Te Kāhui Kōkiri Mātanga PDRP Principles - Ngā Mātāpono o Te Kāhui Kōkiri Mātanga PDRP	3
Te Kāhui Kōkiri Mātanga PDRP Outcomes - Ngā Hua o Te Kāhui Kōkiri Mātanga PDRP.....	4
Definitions - Ngā Whakamāramatanga	4
Roles and Responsibilities - Ngā Mahi me Ngā Haepapa	4
Electronic or Hard Copy Portfolios - He Kohinga ā-Rorohiko, He Kohinga Tūturu Rānei	5
Huarahi Whakatū PDRP for Maori Registered Nurses - He Hōtaka mō ngā Tapuhi Rēhita Māori.....	5
Standards and Performance Indicators - Ngā Paerewa me ngā Tūtohu Mahi.....	0
Operational Standards - Ngā Paerewa Mahi.....	0
Applicant Information - Ngā Taipitopito Kaitono.....	0
PDRP Assessors - Ngā Kaiarotake.....	2
Submission of a Portfolio - Te Tukunga o te Kohinga	3
Assessment Process - Te Huarahi Arotake	3
PDRP Submission Dates; and Associated Renumeration - Ngā Rā Tuku me te Utu.....	6
Re-submission 3 Yearly - Te Tuku Anō.....	7
Extension Process - Te Huarahi Hei Nukuhia te Rā Tuku.....	7
Illness; Disability or Parental Leave - Te Māuiuitanga, Te Hauātanga, Te Wā Mātua Rānei	7
Interim Year - Te Tau Waenga	7
Transportability and Transferability of the PDRP - Te Whakawhitinga	8
Resignation from employment - Te Rīhainatanga	9
Evidence which identifies Practice Concerns - Te Taunakitanga Raru ā-Mahi.....	9
Moderation Process - Te Huarahi Whakataurite	9
Appeal Process - Te Huarahi Pīra	10
Privacy and Confidentiality - Te Tūmataitanga	11
Quality and Risk - Te Kounga me te Tūraru	12
References - Ngā Tohutoro	13



Purpose - Te Take

Te Kāhui Kōkiri Mātanga Professional Development Recognition Programme (PDRP) provides an opportunity for nurses to articulate and demonstrate their knowledge, skill, experience, attitudes, values, and leadership within the practice environment by providing a portfolio of evidence for assessment, at a PDRP level which reflects their current practice. In return the nurse will 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 the Nursing Council of New Zealand (NCNZ).

This policy is held in Te Kāhui Kōkiri Mātanga Canterbury office, and incorporates the Te Waipounamu region of Canterbury, Nelson/Marlborough, South Canterbury, Southern and the West Coast PDRP offices, and their partner organisations.

This policy document also includes operational standards which are utilised across Te Waipounamu and the regional partner organisations.

Applicability - Te Hāngaitanga

This policy will apply to all Registered and Enrolled Nurses within Te Kāhui Kōkiri Mātanga Regional health areas, including partner organisations who have a Memorandum of Understanding with a regional PDRP office that provides access to the PDRP

Policy Statement - Te Tauākī Kaupapa

The Health Practitioners Competency Assurance Act, 2003, requires the NCNZ to ensure the ongoing competence of practitioners.

The NCNZ approves professional development and recognition programmes as recertification programmes under section 41 of the Act for ensuring nurses are competent to practice. Nurses participating in an NCNZ approved PDRP demonstrate continuing competence through submission of a portfolio of evidence. Nurses who are not part of an approved PDRP will have to individually meet NCNZ's continuing competence requirements.

Te Kāhui Kōkiri Mātanga PDRP incorporates the principles of Te Tiriti o Waitangi into education and programme activities to support nursing practice (Ministry of Health, 2020). Te Kāhui Kōkiri Mātanga PDRP will support the values expressed in each District Health Board's Health Plans and Policies, and Maori Health plans if available.

Te Kāhui Kōkiri Mātanga PDRP Principles - Ngā Mātāpono o Te Kāhui Kōkiri Mātanga PDRP

- NCNZ competencies for Enrolled and Registered nurses, and relevant legislation, frameworks and guidelines are utilised by the programme
- Contemporary nursing practice is recognised and respected, through a consistent, fair and transparent submission, assessment and moderation process.
- Enrolled and Registered Nurses who are working within an organisation which supports a PDRP, are enabled to apply to the PDRP.
- All practising nurses employed by Te Kāhui Kōkiri Mātanga regional organisations applying for a PDRP level of practice maintain:
 - A current Annual Practicing Certificate.



- A current Performance Appraisal or Competence Assessment, plus a Nurse Peer/Nurse Manager Assessment completed within the 12 months prior to submission of the portfolio for assessment
- A supportive and learning environment, facilitating nurses to provide education and support to their colleagues
- Professional development, innovation and best practice is valued
- A range of evidence to demonstrate competence is accepted
- The programme is developed and managed by nurses for nurses
- Nursing practice complies with relevant legislation
- Review and update of the programme occurs every five years

Te Kāhui Kōkiri Mātanga PDRP Outcomes - Ngā Hua o Te Kāhui Kōkiri Mātanga PDRP

- Nurses will identify and develop their knowledge, skill, expertise and leadership in their practice area, ensuring nursing expertise and leadership is visible, valued and understood
- Enable differentiation between the different levels of EN practice; and RN practice
- Endorses nurses onto the PDRP who have met NCNZ's re-certification requirements and therefore are exempt from Nursing Council audit over the 3-year period.
- Engages with Māori nurses and advisors in the introduction, ongoing development and decision-making processes of PDRP, including the integration of the principles of Te Tiriti o Waitangi
- Supports nurses in designated senior roles to demonstrate their continuing competence in accordance with NCNZ continuing competence requirements for: research, management, education and policy. *Nurse Executives of New Zealand Inc. (2017)*
- Identify expert or accomplished nurses/role models in practice
- Provide a structure for ongoing nurse education and learning, supporting evidence-based nursing practice
- Has a quality process to ensure consistency and validity of the programme
- Assist in the retention of nurses in practice

Definitions - Ngā Whakamāramatanga

- APC Annual Practising Certificate
- DoN Director of Nursing
- DSN Designated Senior Nurse
- EN Enrolled Nurse
- ENSIPP Enrolled Nurse Support into Practice Programme
- RN Registered Nurse
- NCNZ Nursing Council of New Zealand
- MoU Memorandum of Understanding
- NETP Nursing Entry to Practice
- NESP Nurse Entry to Specialist Practice, Mental Health and Addictions

Roles and Responsibilities - Ngā Mahi me Ngā Haepapa

Te Kāhui Kōkiri Mātanga Advisory Group:

Represents nurses from various nursing scopes, roles and clinical areas identified in the Terms of Reference. The role of the PDRP Advisory Group is to provide governance over the PDRP

Te Kāhui Kōkiri Mātanga Operational and Partner Groups:

Represents Te Kāhui Kōkiri Mātanga health regions and their Partner organisations: Coordinators, PDRP educators, and senior nurses of organisations belonging to Te Kāhui Kōkiri Mātanga PDRP.



The role of the PDRP Operational Group, which includes the PDRP regional and partner Nurse Coordinators who fully administrate their own programmes, is to operationalise the following Standards.

Each Regional Te Whatu Ora region will have partner meetings with their respective partners.

Electronic or Hard Copy Portfolios - He Kohinga ā-Rorohiko, He Kohinga Tūturu Rānei

Te Kāhui Kōkiri Mātanga is progressing to electronic portfolios. Nurses may apply to PDRP via the following:

- Hard Copy Portfolios:
- Electronic Portfolios (ePortfolios):

All Te Kāhui Kōkiri Mātanga PDRP health regions, and their partner organisations who utilise Te Kāhui Kōkiri Mātanga PDRP and who have access to the Mahara ePortfolio platform (via healthLearn), may submit via an ePortfolio.

Nurses may transfer their ePortfolios to other health regions nationally when they move into that region if that region's PDRP subscribes to the Koawatea Mahara ePortfolio platform.

Please Note: nurses will need to be aware when their relevant PDRP region or organisation may be moving away from accepting hard copy portfolios. This is specific to Te Kāhui Kōkiri Mātanga regional PDRP's or their partner organisations utilising Te Kāhui Kōkiri Mātanga Regional PDRP.

ePortfolio Education

The Mahara platform sits in healthLearn.

Initial ePortfolio access is via completion of on-line learning on healthLearn 'ePortfolio RGIT003', which then gives on-going access to the Mahara ePortfolio platform.

ePortfolio Mahara access sits within the individual nurse's healthLearn account.

Information sheets for nurses are available within this site.

Further ePortfolio training will support nurses on how to download a 'collection' of templates, and population of same, sharing of the ePortfolio and submission to the regional Te Whatu Ora PDRP for assessment.

Huarahi Whakatū PDRP for Maori Registered Nurses - He Hōtaka mō ngā Tapuhi Rēhita Māori

Te Kāhui Kōkiri Mātanga PDRP is committed to Māori workforce development and as such recognises the value in our Māori nurses being able to access a programme that recognises cultural competency.

Te Huarahi Whakatū PDRP is a PDRP programme specifically for Registered nurses who identify as Māori and wish to undertake their PDRP via this programme, it is not yet available for Māori enrolled nurses. It is an on-line Nursing Council Accredited Professional Development and Recognition Programme (PDRP) specifically tailored by, and for, Māori Nurses.

The Huarahi Whakatū PDRP promotes the philosophy of 'dual competency', that is clinical and cultural competencies. Clinical competencies are drawn from the Nursing Council of New Zealand, whereas cultural competencies are informed by Te Ao Māori.



A range of Māori Registered Nurses throughout the country are engaged with the Huarahi Whakatū professional development programme, with Māori nurses successfully completing the programme across sectors.

Huarahi Whakatū have four levels of competencies – Puna Whakato (Competent), Puna Whakatau (Proficient), Puna Rahi (Expert), and Puna Rangatira (Senior Nurses and Nurse Educators).

Registered nurses that complete Puna Whakatau and Puna Rahi are entitled to remuneration payments (as applicable to the organisation), as per New Zealand Nursing Organisation or Public Service Association.

Submission to Huarahi Whakatū is via an electronic portfolio and can be accessed at <https://teraumatatau.com/courses/huarahi-whakatu-pdrp/>

Registered Nurses who have submitted a portfolio to Huarahi Whakatū PDRP:

At the successful conclusion of your PDRP assessment, the programme coordinator from Huarahi Whakatū will inform the nurse.

Note: Upon successful completion of the PDRP the nurse will then need to provide evidence of their successful completion to their regional PDRP coordinator for data entry, and to action any PDRP remuneration via their organisations pay roll system, if this applies.

Standards and Performance Indicators - Ngā Paerewa me ngā Tūtohu Mahi

Reference: Nurse Executives of New Zealand Inc. and New Zealand Nurses Organisation. (2017). *National Framework and Evidential Requirements: New Zealand Nursing Professional Development and Recognition Programmes for Registered and Enrolled Nurses*. Wellington, New Zealand: Author

The NCNZ standards (Nurse Executives of NZ and NZ Nurses' Organisation, 2017) ensure that nurses' participating in an approved PDRP will automatically meet NCNZ continuing competence requirements. These standards are supported by Te Kāhui Kōkiri Mātanga PDRP Regional Organisational Performance Indicators:

STANDARD 1: The programme complies with legislated requirements and Nursing Council of New Zealand policies, guidelines and codes			
National Framework and Evidential Requirements CRITERIA	PERFORMANCE INDICATOR: Te Kāhui Kōkiri Mātanga	PLANNED IMPROVEMENT OBJECTIVES	RESPONSIBILITY
1.1 All nurses on the programme have a current Annual Practising Certificate (APC)	APC evidence is provided by the applicant. Currency of the APC is reviewed by the PDRP office.	See Action Plan	See Action Plan
1.2 Portfolio requirements encompass the requirements for continuing competence. All nurses on the programme are therefore currently assessed as competent to practice.	<p>Te Kāhui Kōkiri Mātanga programme guidelines describe the continuing competence requirements, as indicated by the National Framework and Evidential Requirements (2017).</p> <p>Competence is assessed against the current NCNZ RN or EN Competencies.</p> <p>Nurses provide evidence to meet one indicator for each NCNZ competency. Note: [Competency Indicators for Proficient, Expert/Accomplished/DSN levels have been defined by the National Framework and Evidential Requirements].</p> <p>Continuing competence requirements are assessed by PDRP assessors, trained in assessment (see further below).</p> <p>Moderation of assessors is undertaken to ensure continuing competence requirements are met.</p> <p>Te Kāhui Kōkiri Mātanga health regions and their partner organisations moderate portfolios externally, three times per year to ensure continuing competence requirements are met.</p>		



<p>1.3 Competence is assessed at least three-yearly. This could be part of the performance appraisal/review process depending on the programme assessment procedures</p>	<p>Competence assessment is via a current Performance Appraisal/Peer Assessment obtained within the last 12 months, by a senior Registered Nurse from applicants' clinical practice speciality, prior to submission of portfolio.</p> <p>Resubmission of Competence assessment is on the three-year anniversary date, of original submission (see further below).</p>		
<p>1.4 The programme's competencies and processes incorporate the principles of Te Tiriti o Waitangi.</p>	<p>Applicant's evidence articulated in Competency 1.2 defines care received by Māori and their whanau.</p> <p>Adherence to the five principles of Te Tiriti o Waitangi is evident within the portfolio: evidence may articulate an understanding of:</p> <ul style="list-style-type: none"> ▪ Tino Rangatiratanga ▪ Equity ▪ Active Protection ▪ Options ▪ Partnership <p>Education on Te Tiriti o Waitangi is available for PDRP applicants and PDRP staff, assessors, educators, utilising Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in nursing, education and practice (NCNZ, 2005 and amended 2011).</p> <p>Engagement with Māori Nurse colleagues, including the respective PDRP health regions Director of Maori Health, in programme development and delivery is evident.</p> <p><u>Huarahi Whakatū:</u></p> <ul style="list-style-type: none"> ▪ Huarahi Whakatū PDRP is available for Maori Registered Nurses. ▪ Successful candidates inform their regional Te Kāhui Kōkiri Mātanga programme coordinator of their PDRP status for data entry and PDRP remuneration, if appropriate. 		
<p>1.5 The programme's competencies and processes incorporate the principles of cultural safety.</p>	<p>Applicant's evidence articulated in Competency 1.5 (RN, or 1.6 (EN) defines care received by clients/whanau whose culture differs from the applicant. [This evidence may include their acknowledgement of reflecting upon, and the potential impact, of their own culture on the care they deliver].</p> <p>Adherence to the principles of Cultural Safety is evident within the portfolio: evidence may articulate an understanding of:</p> <ul style="list-style-type: none"> ▪ Improving the health status of New Zealanders 		



	<ul style="list-style-type: none"> Enhancing the delivery of health and disability services Application of cultural safety, including recognising inequalities, differences, diversity Understanding power imbalance, understanding own culture, history and attitudes. <p>Education on Cultural Safety is available for PDRP applicants and PDRP staff, assessors, educators, utilising Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in nursing, education, and practice (NCNZ, 2005 and amended 2011).</p>			
1.6	<p>Programme records (names, registration numbers and assessment dates) must be kept and supplied to the Council on request.</p> <p>The Canterbury Regional PDRP office maintains the ACCESS database of applicants for Te Kāhui Kōkiri Mātanga PDRP, including registration numbers, application, assessment and moderation data.</p> <p>Te Kāhui Kōkiri Mātanga PDRP health regions and Partners will maintain their own database for their regions or organisations.</p> <p>Te Kāhui Kōkiri Mātanga PDRP health regions and Partners will forward successful and/or removed applicant data to the Canterbury Regional office three monthly.</p> <p>The Canterbury regional office will collate 3 monthly reports to council on applicant submissions or removal from programme.</p>			
STANDARD 2: The Programme supports the nurse to develop their practice				
	National Framework and Evidential Requirements CRITERIA	PERFORMANCE INDICATOR: Te Kāhui Kōkiri Mātanga	PLANNED IMPROVEMENT OBJECTIVES	RESPONSIBILITY
2.1	<p>The programme has a structure and competencies that promote and support ongoing professional development to continue learning and maintain competence and to meet the continuing competence requirements</p>	<p>Canterbury regional PDRP office maintains Te Kōkiri Kāhui Mātanga PDRP website.</p> <p>PDRP levels of practice, guidelines, templates, and programme information is evident on the website for Te Kāhui Kōkiri Mātanga health regions and their partner organisations.</p> <p>PDRP nurse coordinators and/or educators provide education and assistance to nurses, Nurse Managers and senior nurses on competencies and application to practice, levels of practice, development of a PDRP body of evidence, and senior nurse peer assessments.</p> <p>Education is available for all nurses and advertised regionally.</p> <p>ePortfolio education is available on healthLearn and regionally.</p> <p>Professional development hours are evidenced within the applicants' portfolio.</p>	See Action Plan	See Action Plan



		Professional development reflections are evidenced within applicants' portfolio.		
2.2	For each level of the programme, assessment of the nurse's practice against the Nursing Council competencies can be demonstrated at least three-yearly.	<p>Nurses on PDRP resubmit a portfolio three yearly, by the day and month of their first submission.</p> <p>Evidence of meeting competencies is via a three yearly Performance Appraisal/Peer Assessment.</p> <p>Data on submission and assessment time frames is kept by Te Kāhui Kōkiri Mātanga regional PDRP offices, and partner organisations.</p> <p>Extensions to applicant's resubmission date may be given on a case-by-case basis in consultation with the nurse's manager.</p>		
2.3	The programme is written and reviewed in consultation with nurses in practice	<p>Nurses are invited to apply for participation in the PDRP Advisory group.</p> <p>Nurses are invited to contribute to policy development; education development; education and programme evaluation.</p> <p>Feedback and requests from nurses are reviewed and actioned as applicable.</p> <p>Te Kāhui Kōkiri Mātanga PDRP is informed and supported by a Regional Operational group, and a Regional Advisory group.</p>		
2.4	The programme requires practice to be evidence-based	<p>The programme meets National PDRP guidelines, standards, and legislation.</p> <p>Evidence provided in portfolios meets National and local policy, procedures, legislation, guidelines and standards.</p> <p>The above may be referenced within the applicant's portfolio.</p> <p>PDRP education is referenced to National and local legislation, guidelines, and standards.</p> <p>Applicants have access to evidence-based practice, via library, online learning resources, Evidence Based Practice websites.</p> <p>A Quality action plan is facilitated by Te Kāhui Kōkiri Mātanga regional PDRP coordinators and their partner organisations.</p>		



STANDARD 3: The programme will have clearly defined assessment processes			
National Framework and Evidential Requirements CRITERIA	PERFORMANCE INDICATOR: Te Kāhui Kōkiri Mātanga	PLANNED IMPROVEMENT OBJECTIVES	RESPONSIBILITY
3.1 The assessment process is valid and reliable	<p>Assessors are trained in assessment, either by attainment of Unit Standard 4098, or recognition of prior learning, e.g., relevant post graduate papers.</p> <p>Assessors new to PDRP have three portfolio assessments which are moderated, prior to independently assessing portfolios.</p> <p>The assessment of every tenth portfolio is moderated for consistency of assessment.</p> <p>Applicants may appeal an assessment.</p> <p>PDRP coordinators/educators will engage with applicants and senior nurses where there are queries regarding levels of practice, application of competencies, understanding of the PDRP process, further evidence required to meet the competencies.</p> <p>PDRP coordinators discuss with the manager and/or Director of Nursing any issues regarding applicant's assessment.</p> <p>PDRP Advisory group are kept informed of updates or changes to assessment processes, programme data and statistics.</p>	See Action Plan	See Action Plan
3.2 Confidentiality requirements for clients, family and employees are met.	<p>Evidence provided within applicants' portfolios will not identify patient/client/whanau, or colleagues. This includes reflections; and writing about geographical or nursing information which may result in identifying a person.</p> <p>If identifiable information is in a portfolio, the PDRP coordinator is informed, and the portfolio is returned to the applicant for removal of the information.</p>		
3.3 The assessment is undertaken by nurses who are prepared in assessment	<p>Assessors are trained in assessment, either by attainment of Unit Standard 4098, or recognition of prior learning, e.g., relevant post graduate papers.</p> <p>Assessors new to PDRP have three portfolio assessments which are moderated, prior to independently assessing portfolios.</p>		



		<p>The PDRP coordinator engages with new assessors during this period for education and support in understanding the programme, and assessment.</p> <p>Assessors are moderated every tenth portfolio.</p> <p>Feedback to assessors is provided by the PDRP coordinator, as required.</p>		
3.4	Criteria used for assessment are made available to applicants	<p>Assessment and Moderation criteria is available to applicants and assessors on the PDRP website.</p>		
3.5	Applicants have opportunity for self-assessment	<p>Applicants complete a self-assessment within the Performance Appraisal/Peer Assessment process.</p> <p>Applicants reflect upon and provide evidence on three pieces of professional development activities and how this is applied to their professional practice.</p>		
3.6	Applicants receive individual feedback.	<p>Assessment feedback is provided by written comments at the end of the assessment.</p> <p>Applicants have the opportunity for a feedback meeting at their request, at the end of the assessment.</p>		
3.7	Decisions about assessment are based on evidence and documented.	<p>Assessment is provided on the evidence articulated within each portfolio, considering the evidence provided in the applicant’s self-assessment, and a peer assessment to the NCNZ competencies, and the further requirements for each level of practice.</p> <p>One example or action is required for each competency within the Performance Appraisal/Peer Assessment.</p> <p>Applicants provide evidence for one indicator in each competency.</p> <p>The applicant will identify which indicator they are providing evidence for.</p> <p>Assessors complete the assessors document, or moderation document, at the end of the assessment/moderation.</p>		
3.8	Appeal mechanisms are explicit, and appeals are resolved.	<p>The appeals process is available on the PDRP website.</p> <p>Nurses are encouraged to seek support for an appeal process.</p> <p>A record of appeals is kept.</p>		



		<p>The PDRP nurse coordinator engages with the applicant, their nurse manager and/or Director of Nursing during the appeals process to resolve the issue.</p> <p>The appeals outcome is written and provided to the applicant.</p>		
3.9	Assessment timeframes are identified, appropriate and able to be met.	<p>Te Kāhui Kōkiri Mātanga Regional PDRP offices keep data on assessment timeframes.</p> <p>Assessment timeframes are discussed at Operational Group meetings.</p> <p>Data and Statistics on assessment timeframes is reported to the PDRP Advisory group.</p>		
3.10	Processes are in place for recognising transferability of skills and knowledge	<p>Electronic Portfolios are submitted via the Mahara platform, and which enables transfer of portfolios between PDRP programmes nationally.</p> <p>Applicants successful at a level of practice, and who transfer to another clinical area or organisation within Te Kāhui Kōkiri Mātanga health regions, will remain on the same PDRP level of practice.</p> <p>Applicants who transfer into Te Kāhui Kōkiri Mātanga from another PDRP programme will complete a 'transfer' form.</p> <p>If applicable to that Te Kāhui Kōkiri Mātanga organisation, the applicant will receive the Multi-Employer Collective Agreement/Health Services Collective Agreement, current PDRP remuneration on receipt of the 'PDRP Transfer Application' into the regional or organisations PDRP office.</p> <p>This remuneration to the nurse is financed by the organisation, in which the nurse is employed to.</p> <p>If applicants, upon transfer, are required to resubmit a PDRP portfolio, they will have twelve months to attain the relevant level of practice, within that speciality.</p>		

STANDARD 4: Appropriate resources are available to support the programme			
National Framework and Evidential Requirements CRITERIA	PERFORMANCE INDICATOR: Te Kāhui Kōkiri Mātanga	PLANNED IMPROVEMENT OBJECTIVES	RESPONSIBILITY
4.1 Nurses have access to relevant and current literary resources (e.g. Journals/texts/internet)	Nurses have access to resources via their workplace library's, electronic databases and education providers – this is dependent upon regional and organisational resources.	See Action Plan	See Action Plan
4.2 The coordinator of the programme is a nurse with a current practising certificate	Te Kāhui Kōkiri Mātanga PDRP regional Nurse coordinators are Registered Nurses with a current Annual Practising Certificate.		
4.3 Information/education about the programme and assessment processes are made available to all nurses.	<p>PDRP information is available on Te Kāhui Kōkiri Mātanga PDRP website within the Canterbury District Health Board Website.</p> <p>Te Kāhui Kōkiri Mātanga PDRP organisations have linkages to this site.</p> <p>Te Kāhui Kōkiri Mātanga regional (and their partner organisations) PDRP Nurse coordinators provide PDRP information and education for nurses.</p>		
4.4 Nurses have opportunities for ongoing professional development activities	<p>Professional Development is the responsibility of the nurse and is support by Te Kāhui Kōkiri Mātanga.</p> <p>Professional Development activities are available on healthLearn, and by individual Te Kāhui Kōkiri Mātanga health regions and partner organisations.</p> <p>Health education activities are available by external education providers, e.g., local Tertiary Institutes, Universities.</p>		



STANDARD 5: Quality improvement processes are integral to the programme			
National Framework and Evidential Requirements CRITERIA	PERFORMANCE INDICATOR: Te Kāhui Kōkiri Mātanga	PLANNED IMPROVEMENT OBJECTIVES	RESPONSIBILITY
5.1 There is a statement of programme goals and outcomes	Te Kāhui Kōkiri Mātanga PDRP policy is reviewed 3 yearly. Policy includes goals and outcomes, and operational guidelines. The programme is supported by a quality programme, to include evaluation and outcomes of improvements.	See Action Plan	See Action Plan
5.2 The programme is evaluated at least five-yearly. This includes feedback from nurses and participation	Five yearly review is undertaken by Te Kāhui Kōkiri Mātanga regional PDRP offices.		
5.3 The programme has assessor selection criteria and processes, appraisal and development	Assessors are nominated by their Nurse Managers/Nurse Lead. PDRP assessors have successfully attained a PDRP Level of Practice via a portfolio.		
5.4 Assessment is moderated (internal or external as appropriate)	Portfolio assessors are moderated: one in ten assessments are moderated. New Assessors: first three portfolios are moderated. External moderation is undertaken four-monthly between Te Kāhui Kōkiri Mātanga regional PDRP offices and partner organisations and discussed at Operational Group meetings held in Christchurch.		
5.5 Issues and appeals are addressed and resolved	Issues are addressed between the Nurse and/or Nurse Manager and the PDRP coordinator. As appropriate, their Nurse Manager and/or Director of Nursing may be involved in the process. For example, issues may include barriers to submission; timely applicant access to manager or peer assessment/performance appraisal; or senior nurses understanding how to describe applicant's practice across the PDRP levels. The Appeals process is available for nurses on the website. Nurses are encouraged to seek support for an appeal process. A record of appeals is kept.		



	<p>The PDRP nurse coordinator engages with the applicant, their nurse manager and/or Director of Nursing during the appeals process to resolve the issue.</p> <p>The appeals outcome is written and provided to the applicant.</p>		
--	--	--	--

The above Quality Standards are supported by a PDRP Quality and Risk Action Plan

Operational Standards - Ngā Paerewa Mahi

Applicant Information - Ngā Taipitopito Kaitono

Nurses may apply to Te Kāhui Kōkiri Mātanga via their Te Waipounamu region of Canterbury, Nelson/Marlborough, South Canterbury, Southern and the West Coast PDRP offices, and/or their partner organisations at a level of practice relevant to their Scope of Practice.

The nurse will provide a portfolio of evidence to meet the required level of practice.

PDRP applicants will have a discussion with their relevant Nurse Manager regarding the Level of Practice on the PDRP programme, that they are applying for. Each nurse has the opportunity for progression throughout the levels of practice.

Levels of Practice within the PDRP for nurses are:

Information about the Levels of Practice, and templates for hard copy portfolios, are available via regional PDRP websites.

Registered Nurse:

- Competent
- Proficient
- Expert
- Designated Senior Nurse
- Expanded scope of practice: nurses with a designated expanded scope of practice, will complete RN documentation as above, plus the expanded scope competencies.

Enrolled Nurse:

- Competent
- Proficient
- Accomplished

Guidelines for each level of Practice, and programme templates, are available on Te Kāhui Kōkiri Mātanga webpage on the Canterbury PDRP website. Linkages to this information may be available via the Nelson/Marlborough, South Canterbury, Southern and West Coast health regions websites, or partner organisations.

The guidelines will be accessed prior to commencing development of either a hard copy, or an ePortfolio.

Performance Appraisal/Assessment to the Competencies:

Nurses will articulate how they demonstrate nursing practice providing evidence to meet the required competencies, and level of practice criteria.

This evidence is provided within the RN or EN Competencies via the relevant organisation's Performance Appraisal/Competence Assessment form; or via the electronic pages within the ePortfolio for the PDRP. The evidence provided is specific to the PDRP level being applied for.

Assessment against the NCNZ Registered (RN) or Enrolled nurse (EN) competencies must be undertaken by another registered nurse who has a current Annual Practising Certificate. This could be a RN peer, **as directed by the Manager.**

The PDRP applicant will ensure they have their competencies completed and 'shared' with their nurse manager/peer assessor for 8 weeks duration, prior to the submission of the Portfolio - the nurse manager will require this time to complete their sections within the portfolio.



If the nurse manager/peer assessor has not completed their sections within this timeframe, the regional PDRP office will be contacted by the PDRP applicant to escalate this via the relevant Director of Nursing.

The regional PDRP office has an escalation timeframe process for this.

Progression of Level

Nurses may progress onto a higher PDRP level at their discretion, and after discussion with a team leader.

Registered nurses who have achieved Proficient or Expert level and progress to a designated senior role may choose to either:

- Maintain a Designated Senior Nurse portfolio (which will therefore be assessed by a similarly scoped peer)
Note: A designated senior nurse progression through the salary scale is not dependent on PDRP, refer to the organisation's relevant Multi Employer Collective Agreement/Health Service Collective Agreement.
- Withdraw from the PDRP.
- some clinical roles, e.g., CNS, may be required to obtain a proficient or expert portfolio should national guidelines, or organisational policy, dictate this for their role.

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 and allowance (if applicable) or they may choose to not continue with the PDRP process.
- Failure to meet Nursing Council competencies in the interim years will be addressed using the performance management process.

Evidential Requirements within a portfolio

Evidential requirements submitted in a portfolio will be current, valid, and meet the minimum requirements of Te Kāhui Kōkiri Mātanga PDRP guidelines; and the associated templates (hard copy); or the Aotearoa Collaborative PDRP templates (ePortfolio).

After the initial submission of a portfolio and assessment of level, there will be on-going assessment and review of the applicant through:

- An interim yearly discussion/form completion: applicable to the nurse's regional PDRP office.
- Three-yearly resubmission and assessment of a portfolio to maintain competence on the PDRP.

Further Portfolio Information:

Portfolios will not contain original material. Original documents and certificates will be copies, to ensure the safety and security of originals.

Portfolios are owned by the nurse who has control over the sharing of the portfolio content, and consent to access portfolios is given only by the nurse who owns the portfolio.

Nurse Manager role/or their Designated RN lead

Nurses applying for PDRP must have evidence of endorsement from their current nurse manager/lead.

The nurse applicant may meet with the Nurse Manager, PDRP coordinator or a PDRP support person who will assist the nurse to understand the level of expert evidence required.

The Nurse Manager, or their designated nurse/lead, may sign the Performance Appraisal/Peer Assessment and/or the Portfolio application.

Nurses on NETP or NESP programmes must complete a competent level PDRP portfolio to complete their programme. The Peer Assessment within the portfolio may be completed by the nurse's preceptor.

Performance Management Review

PDRP applications at any level of practice, will not be accepted by the PDRP office, if the applicant is currently under Performance Management review, or being investigated by NCNZ for any reason.

Failure to meet the relevant competencies will be addressed using the relevant workplace performance management process.

PDRP Assessors - Ngā Kaiarotake

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

All assessors will

- Complete the NZQA Unit Standard 4098 workplace assessor course for PDRP (or demonstrate equivalence), or other formalised programme of assessment.
- Attain and maintain their own professional portfolio (organisational variances regarding level of portfolio may exist) at a **minimum of Proficient level** on the PDRP for Registered and Enrolled Nurses.
- Ensure competence in assessment, by attending available PDRP education.
- Aim to assess a minimum of 8 portfolios per year.
- Assess portfolios within the prescribed timeframe.
- Identify further learning needs and develop strategies to meet needs in consultation with their nurse manager, or the organisational PDRP Coordinator.
- 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.

Enrolled Nurse PDRP assessors will assess Enrolled Nurse portfolios only.

An assessor who fails to meet the requirements of the role may be removed from the assessor list.

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, or organisational policy, dictate this for their role.

Selection Criteria: PDRP Assessors

Registered/Enrolled Nurse Assessors 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: PDRP Assessors

Regional variances occur at each site.

- A Nomination form is filled out by a colleague or peer, and the RN/EN assessor applicant.
- The Nursing Manager, or their designated senior RN, signs the nomination form and agrees to facilitate the assessors paid release to assess portfolios as required.
- The form is and forwarded to Te Kāhui Kōkiri Mātanga or partner organisations PDRP office.
- Te Kāhui Kōkiri Mātanga regional PDRP office, or partner organisation, will contact the prospective assessor regarding Unit Standard 4098 training if not already undertaken, and assessment/moderation of portfolios.

Submission of a Portfolio - Te Tukunga o te Kohinga

The applicant's submission date is the date the portfolio is received into the regional or partner organisations PDRP office and/or placed on the relevant Organisation's PDRP database.

This date then becomes their three-yearly anniversary date for subsequent submissions.

Hard copy Portfolios

- Are sent to the applicant's relevant Organisation's regional PDRP office.
- The applicant's details are entered on relevant Organisation's regional PDRP database.
- Some Canterbury Regional Partner Organisations who totally administer their PDRP will manage this process and assess their own organisation's portfolios.
- Hard copy portfolios are held securely in a locked cupboard.

ePortfolios

- Are submitted electronically to Te Kāhui Kōkiri Mātanga or partner organisations regional Mahara 'group' they are affiliated with, for example 'PDRP West Coast', or 'PDRP Nelson/Marlborough', 'PDRP Canterbury'.
- The applicant's details are entered on Te Kāhui Kōkiri Mātanga or partner organisations regional PDRP database.
- ePortfolios are secured by password protected computer systems -they are secured via the Mahara ePortfolio platform, and electronic access is granted to assessors for assessment.
- Assessors of ePortfolios will complete a Confidentiality Form regarding ePortfolios.

Assessment Process - Te Huarahi Arotake

- Consent is granted for PDRP assessment, when the applicant signs the hard copy Confidentiality and Personal Declaration. For ePortfolios the tick box of the Nurses Declaration page signifies consent, and therefore submission electronically from their own healthLearn account supports this.
- Each PDRP office will verify the nurse's Annual Practising Certificate on the NCNZ website. Any discrepancies are followed up with the NCNZ.
- Portfolios are allocated to trained nurse assessors, who assess the evidence against the National Evidential Requirements PDRP levels of practice. The assessor will complete and sign and date the assessment form.
- Timeframes for assessment can vary within each organisation but may take 10 weeks to be assessed and returned to the applicant if the appropriate evidence is provided. This timeframe may be extended depending on the amount of further evidence required.
- If further evidence is required, the applicant has up to 6 weeks to provide that extra evidence.
- Evidence submitted after this further 6-weeks will be given a new submission date on receipt of the new evidence. (see below for further clarification)

Hard Copy Portfolios

- If further evidence is required, the assessor may communicate to the applicant via email or phone. Email reply providing further evidence is acceptable.
- The Assessors Assessment Form is returned with the hard copy portfolio the PDRP office.
- The portfolio may be held for moderation before return to the applicant.



- On completion of the assessment and/or moderation process the hard copy portfolio is returned to the relevant organisation, or applicant, or is held until collected by the applicant, as per regional requirements.

ePortfolios

- If further evidence is required, assessors may communicate to the applicant via the comments box within the ePortfolio.
- The applicant can upload further evidence into that comments box; and delete the assessors comment/request if they wish.
- **Note:** Care must be taken when deleting comments in the comments box by the applicant. Senior nurses may also have used the comments boxes to verify evidence within the ePortfolio prior to submission.
- The PDRP Assessment is documented on page three of the ePortfolio.
- The Assessor emails the PDRP office that they have completed their assessment and the hours taken to assess.
- After the assessment/moderation process is completed, the PDRP office will 'release' the ePortfolio back to the applicant by the relevant DBH regional PDRP office.

Registered and Enrolled nurses practising under another registered health professional who is not a nurse:

Registered and Enrolled nurses are responsible and accountable for their own clinical practice within their scope of practice.

In some settings registered and enrolled nurses may be working under the direction and delegation of a registered health practitioner who is not a nurse, for example within Maternity services.

Professional Development:

Professional Development activities may be completed from a variety of sources, including within the work environment, or educational contexts.

The professional development must be relevant to the individual nurse's practice. For example, A nurse could be working in maternity services, and therefore attending education provided by a midwife. This would have direct relevance to the nurse's role and would therefore be credited towards their professional development hours.

RN or EN Performance Appraisals:

All RN's or EN's will require a performance appraisal/competence assessment against the RN or EN competencies as per their organisation's policy.

There are various performance appraisal situations when a nurse is working in a service under the direction and delegation of another health professional who is not a nurse.

Performance Appraisal/Competence Assessment against the RN/EN competencies:

- Assessment against the NCNZ Registered (RN) or Enrolled nurse (EN) competencies must be undertaken by another registered nurse who has a current Annual Practising Certificate. This could be a RN peer.
- The RN peer-assessor may be a current employee of that workplace for example, Maternity Services.
OR
the RN peer-assessor may be a RN employee in a similar service, for example a nurse in a General Practice who has a professional relationship with another RN employee in another general practice – where both nurses professionally engage, reflect and assist with professional issues.
OR
the RN assessor may be a NCNZ approved assessor.
- The role of the RN peer-assessor is to assess competence against the RN/EN Scope of Practice competencies as relevant to that nurse, by providing examples or actions from within the nurse's practice. The peer-assessor will do this by engaging with the nurse and writing evidence within the RN/EN competencies. If the peer-assessor does not practice within the area where they are assessing, they may discuss the nurse's competence with another RN peer in that workplace if necessary. They will assist the nurse with their goal setting with regards to clinical practice.
- The assessment will be signed by the RN peer-assessor.

'Sign-off' by another Health Professional who is not a nurse:

- It is appropriate for another health professional who is not a nurse, to acknowledge and sign a performance appraisal, or application for PDRP, as the Manager/team leader of that service.
- However, if the performance appraisal includes the following, these must be signed within that document, by a RN peer-assessor also (full name and designation) who has a APC:
 - The assessment against the NCNZ competencies, and
 - Goal setting for future nursing development, or the
 - Competent, Proficient, Accomplished, or Expert PDRP application section

Working within a practice setting as explained above, is not a barrier for nurses undertaking a PDRP portfolio. Nurses are encouraged to complete a portfolio particularly at proficient or expert level. As is usual practice when submitting a PDRP portfolio, the nurse will discuss this with the manager of the service and require a RN signature from a peer as indicated above.

A discussion will also be required with the manager, and possibly within the team, on the extra requirements for PDRP proficient and expert levels, for example leading quality activities, role modelling best practice to other nurses, oversight of the enrolled nurse in the service, and so forth.

PDRP Submission Dates; and Associated Renumeration - Ngā Rā Tuku me te Utu

- For those organisations where the nurses receive a Multi-Employer Collective Agreement/Health Services Collective Agreement PDRP renumeration upon successful completion of a portfolio, late submission of evidence/extra evidence will delay the payment schedule.
- **New Submissions:**
 - Proficient/Accomplished/Expert level payments will commence from the date that the PDRP office receives the completed submission.
 - The PDRP continuing anniversary date will be the date the PDRP letter is written to the successful applicant (NCNZ Te Kāhui Kōkiri Mātanga Audit outcome, 2017).
 - If extra evidence is required, the applicant has six weeks to provide further evidence.
 - If this six-week timeframe passes (i.e. 10 weeks assessment time, plus a possible 6+ weeks for further evidence), then the PDRP level payment date; and the applicant's re-submission date; is then from final submission date of that extra evidence
 - If the applicant is subsequently removed from the PDRP, the payment level ceases.
- **Re-submissions:**
 - Resubmitted portfolios must be received into the PDRP office, on or prior to, the required date.
 - There will be no extensions given for a late submission, including during parental leave.
 - For nurses re-submitting a portfolio at the **same** PDRP level as previous, the payment will continue through that resubmission assessment process, however if the portfolio has not been received into the PDRP office by the resubmission date, the PDRP submission and renumeration will cease on that anniversary date.
 - If re-submitting a portfolio at a **higher** PDRP level, the new PDRP level anniversary date will remain at the previous submission date. Payment will be backdated to the original re-submission date - provided the portfolio is resubmitted to the PDRP office on or before the due date.
 - As indicated above, if extra evidence is required when resubmitting at a higher level, the applicant has six weeks to provide further evidence if required. This does not change the date of PDRP level payment change, which will remain at the re-submission date.
 - If the applicant is subsequently removed from the PDRP, the payment level ceases.
- **Request for further evidence by an assessor or the PDRP office:**
 - Nurses have six weeks to provide further evidence if requested by the assessor/PDRP office.
 - If this six-week timeframe passes (i.e. 10 weeks assessment time, plus a possible 6+ weeks for further evidence), then the PDRP level payment date is from final submission of that extra evidence.
 - If a *significant* degree of further evidence is required from an applicant, e.g., 8+ competencies, then assessors will discuss with the PDRP office, and the portfolio may be returned to the applicant to provide the extra evidence, depending on what extra work is required.
 - Only the PDRP coordinator of the regional office will return a portfolio to the applicant.
 - If a portfolio is returned to an applicant, the submission date will then cease, renumeration cease; and a new date of submission will occur if that portfolio is later submitted.

- Illness, Disability or Parental Leave: see section '3 yearly Resubmission' below.
- Interim Year: see section 'Interim Year' below.

Re-submission Process 3 Yearly - Te Tuku Anō

NCNZ's PDRP framework requires nurses to undergo a full re-submission and assessment against the competencies every three years. This requires re-submission of the portfolio with new evidence demonstrating the level of practice (PDRP) being applied for.

- The PDRP office will advise the nurse of their anniversary date for re-submission.
- Portfolios are required to be re-submitted by the due date (see below regarding extension process).
- If the re-submission date expires during Illness, Disability or Parental leave, the PDRP status and payment if this applies to the applicant, will be ceased.

Extensions of a Portfolio - Te Huarahi Hei Nukuhia te Rā Tuku

- There will be no extensions given.
- The nurse may wish to consider not resubmitting (and inform the PDRP office if this is the case), and then commence a new submission when the nurse is able to do so.
- **Please Note:** the PDRP financial remuneration, if this is attached to the PDRP level at the respective organisation, will automatically cease on the three-year anniversary date.
- See 'Resubmissions, page 6' regarding requests for further evidence.

Illness; Disability or Parental Leave - Te Māuiuitanga, Te Hauātanga, Te Wā Mātua Rānei

In the case of illness, disability, or parental leave the PDRP level will remain the same, with the same assessment process continuing. When taking parental leave, the nurse will ensure they are in touch with their regional PDRP office regarding this to ensure the next submission is **submitted on the due date**.

Please see 'Transportability or Transferability' section below if the nurse has transferred work places during or immediately after their period of illness, disability or parental leave.

- The Nurse Coordinator PDRP will be notified of Parental/Illness/Disability leave by the applicant.
- An interim year re-validation will not be required, until the nurse returns to work.
- Upon return to work, the applicant will meet 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.
- **Please Note:** Upon return from illness, disability or parental leave and the interim year revalidation requirements cannot be met within the six months after return from leave, the PDRP status, and payment if this applies to the applicant, will be ceased.
- This will be discussed with the nurse's line manager on a case by case basis.

Interim Year - Te Tau Waenga

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.



Nurses will continue to have a yearly review with their nurse manager/lead using the organisation's performance appraisal/competence assessment process or form; or an Interim appraisal process. This is dependent upon individual organisational policy.

The interim appraisal is not required to be completed for nurses at Competent level. This is dependent upon individual/regional organisation policy.

The Proficient/Accomplished/Expert level nurse should be prepared with examples of evidence of how they have maintained their current PDRP level at their Annual Performance Appraisal/Peer Assessment/Interim Review/Success and Development Plan Discussion/Focus on You discussion - with their Nurse Manager/lead.

- The PDRP office will advise the nurse of their anniversary date for interim appraisal if this applies in the respective organisation.
- Nurses at Proficient, Accomplished/Expert level will be sent a reminder to complete their '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.
- **Please Note:** There may be regional differences to this process.
- If after 1 month from the expiry date, where no information regarding confirmation of meeting the level, is received by the regional PDRP office, the applicant and their Nurse Manager/Director of Nursing will be notified, and a note placed onto the database.

Transportability and Transferability of the PDRP - Te Whakawhitinga

This process enables nurses gaining employment in the organisation to transfer their current level of PDRP from another organisation; or another workplace within the same PDRP organisation or region.

It is the transferring nurse's responsibility to provide evidence of approved PDRP level to the previous, and/or new PDRP Coordinator. This includes the letter of approval and/or certificate of achievement.

It is the responsibility of the nurse to inform their Charge Nurse Manager/Team leader of what PDRP level the newly employed nurse is currently on, upon arrival in the new clinical area/organisation.

The PDRP Coordinator of the previous employer may be contacted for verification.

Their previous PDRP will be from a NCNZ approved programme. If the previous PDRP programme is not endorsed by NCNZ, evidence will be sought to determine the differences between the programmes for equivalence.

Transferred nurses will received their PDRP remuneration from the date the transfer letter is received into the PDRP office.

PDRP Applicant:

A 'Notification of Transportability' form is completed by the PDRP applicant when transferring between any health region PDRP programmes within New Zealand. This form is signed by the nurse and Nurse Manager and forwarded to the new regional PDRP office by the applicant.

PDRP regional office:

The PDRP office receiving the applicant into the programme will forward/confirm this information/transfer with:

- The Applicant, for confirmation
- New Line Manager
- HR/Payroll Manager of the relevant organisation if payments are being activated.

Please Note: This applies when transferring between PDRP programmes; or transferring between clinical specialities within the same PDRP regional programme:

Practising in a New Workplace

- The applicant has 12 months from commencement of employment within the new workplace, 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 working to a professional development plan, to assist progress to the relevant attained PDRP level. This may mean the nurse is working towards meeting this level after their portfolio re-submission date.
- The relevant PDRP payment will continue during this 12-month period. This applies even if the area of practice or role has changed.
- If the nurse does not meet the level/domain requirements at the end of this 12-month period, they may choose to be re-assessed at a lower level, or to no longer engage with the PDRP process.
- The clinical workplace will ensure a process is in place to ensure the nurse meets the competences for the level in the new area within the 12-month period, from when they commenced in that area.
- The clinical workplace will ensure a process is developed for the nurse, should a nurse not maintain their level of practice within the 12 months in the new workplace.
- The new re-submission date, and/or PDRP level, will be recorded on the PDRP database.
- Payments will remain, be changed, or cease, as is relevant to the assessment and PDRP level outcome following the 12-month review, at the date of completion at 12 months.

Resignation from employment - Te Rīhainatanga

- The nurse will notify the PDRP office of their resignation, and a note is placed on the PDRP database.
- The nurse will remain on the PDRP database until their re-submission date, as they may return to employment or transfer to another organisation with a PDRP programme.
- At their re-submission date, if they are not employed by the organisation that they have previously resigned from, and they are unable to be contacted, they are removed from the PDRP and NCNZ are informed.

Evidence which identifies Practice Concerns - Te Taunakitanga Raru ā-Mahi

If a PDRP assessment identifies unsafe, potentially unsafe or concerning practice, the assessor will refer the matter to the appropriate organisation's PDRP Coordinator:

- The PDRP Coordinator will then discuss concerns with the applicant, and if required their nurse manager.
- The PDRP Coordinator may then discuss the matter with the organisation's DON or Nurse Director.
- This evidence in the portfolio will not be used to initiate a disciplinary process, but a supportive development plan may be formulated.

Unsafe practice will be addressed by the organisation's Performance Management and Risk Management process in collaboration with the nurse's nurse manager and DoN.

Moderation Process - Te Huarahi Whakataurite

Permission is sought from the applicant via the checklist contained within the workbook, or for ePortfolio this will be via email, that their portfolio may be required for internal or external moderation. Applicant's may decline their portfolio be moderated.

Internal Moderation

The regional PDRP Coordinator oversees the moderation process of the portfolio.

All PDRP assessors will participate in the internal moderation process to ensure consistency, fairness, validity, and reliability of assessment among assessors.

- One in ten portfolios reviewed by individual assessors will be forwarded to another 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. This is determined by the regional PDRP coordinator.
- The Moderator will follow organisational moderation requirements.
- The Moderator’s assessment and comments for the individual assessor are noted on the PDRP Moderation form.
- The moderation form is then forwarded back to the PDRP office with the portfolio (hard copy), or via email for an ePortfolio.
- A copy of the Moderation Form is provided to the assessor being moderated.
- Moderations are saved on the relevant regional PDRP database.
- Moderation will extend the 10-week time frame and return of the portfolio to the applicant.

External Moderation

- The external moderation process is undertaken to ensure national and programme consistency, fairness, validity, and reliability throughout Te Kāhui Kōkiri Mātanga PDRP Programme as well as with other organisations.
- Te Kāhui Kōkiri Mātanga health regions and their partner organisations participate in the external moderation process two times per year.
- Portfolios are randomly selected and sent or shared a minimum of two weeks prior to the external moderation meeting. This process is facilitated by the Canterbury PDRP office administrators.
- 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.
- Discussion between the moderating organisations takes place after moderation of the portfolios.
- 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 - Te Huarahi Pira

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.

Applicant:

- 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.
- The PRRP office will:
 - 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 inform the PDRP Coordinator via email.

Regional PDRP Coordinators:

- Te Kāhui Kōkiri Mātanga regional PDRP Coordinator notifies the relevant Executive Director of Nursing/Organisational Nurse lead 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 (e.g., Māori 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.

Privacy and Confidentiality - Te Tūmataitanga

- Privacy extends to all individuals and portfolio development must consider an individual's right to privacy. There are three components to confidentiality and privacy regarding portfolios including electronic portfolios.
- 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, but it can also 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.

Portfolio contents.

- The Portfolio is the property of the applicant, and permission is needed to copy or retain contents of the portfolio.
- All nurses will adhere to NZ Government legislation and guidelines, and their organisational policy with regards to the Privacy Act (1993), Health Information Privacy Code (1994), NCNZ's Code of Conduct (2012), NCNZ Professional Boundaries (2012).
- Hard copy portfolios when not being assessed, are secured in a locked cupboard or room.
- ePortfolios are accessed on a database which is password protected.
- 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 and/or the applicant, and/or the nurse manager.
- The PDRP coordinator will discuss privacy breaches with their nurse lead; and/or the nurses relevant Director of Nursing.
- Permission must be sought from a nurse to use their portfolio for internal/external moderation and /or NCNZ recertification purposes.

Storage of Portfolios

- Every effort is made to ensure confidentiality and protection of the portfolio.
- Hard copy 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.
- ePortfolios will be accessed via computers protected by a password.
- If portfolios are assessed outside of the organisation, due care will be taken by the assessor to ensure confidentiality and protection for the portfolio.

Quality and Risk - Te Kōunga me te Tūraru

A quality and risk audit action plan will evaluate each Te Kāhui Kōkiri Mātanga programme/ partner organisation which has a PDRP coordinator.

Quality meetings are held to coordinate quality audits and discuss outcomes.

Quality and risk issues and/or end of year reports/data outcomes are tabled at Te Kāhui Kōkiri Mātanga Operational and Advisory group meetings, or as required to relevant Directors of Nursing.

-END-

References - Ngā Tohutoro

Huarahi Whakatū PDRP. (accessed 2022). <https://teraumatatau.com/courses.huarahi-whakatu-pdrp#>

Ministry of Health. (2003). *Health Practitioners Competence Assurance Act*. Wellington, New Zealand: Author

Ministry of Health. (2020). *Health Information Privacy Code*. Wellington, New Zealand: Author

Ministry of Health. (2020). *Mānatu Hauora Whakamaua: Māori Health Action Plan 2020-2025*. Wellington, New Zealand: Author

New Zealand Nurses Organisation. (2016). *Guideline: privacy, confidentiality and consent in the use of exemplars of practice, case studies and journals*. Wellington, New Zealand: Author

New Zealand Nurses Organisation. (2021). *District Health Boards/NZNO Nursing and Midwifery Multi-collective Agreement (MECA). 1 august 2020-31 October 2022*. Wellington, New Zealand: Author

Nurse Executives of New Zealand Inc. and New Zealand Nurses Organisation. (2017). *National Framework and Evidential Requirements: New Zealand Nursing Professional Development and Recognition Programmes for Registered and Enrolled Nurses*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2007). *Competencies for Registered Nurses*. Wellington, New Zealand. Author.

Nursing Council of New Zealand. (2007). *Competencies for Enrolled Nurses*. Wellington, New Zealand. Author.

Nursing Council of New Zealand. (2011). *Guideline: Competence Assessment*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2011). *Guideline: Expanded Practice for Registered Nurses*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2011). *Guidelines for Cultural Safety, Te Tiriti o Waitangi and Māori Health in Nursing Education and Practice*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2011). *Guideline: responsibilities for direction and delegation of care to enrolled nurses*. Wellington, New Zealand: Author



Nursing Council of New Zealand. (2011). *Guideline: delegation of care by a registered nurse to a health care assistant*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2012). *Code of Conduct for Nurses*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2012). *Guidelines: Professional Boundaries*. Wellington, New Zealand: Author

Nursing Council of New Zealand. (2012). *Guidelines: Social Media*. Wellington, New Zealand: Author