**PDRP Advisory Committee**

**Meeting Minutes**

**Meeting Date: Tuesday, 9th August 2016**

**Meeting Location: Room 211 - Level 2, 32 Oxford Terrace, Christchurch**

**Present:**  Mary Gordon (MG), Becky Hickmott (BH), Suzanne Johnson (SJ)**,** Adriana Humphries (AH), Julie Symons (JS), Di Bos (DB), Fiona Irving (FI), Sandy McLean-Cooper (SMC), Jess Wolfenden (JW), Julia Anderson (JA), Elly Grant (EG), Juliet Nelson (JN), Josie Tait-Jamieson (JTJ), Tracey Worthington (TW), Kelly Robertson (KR), Janette Dallas (DS), Vivienne Erickson (VE)

**Apologies**: Jane Barnett (JB), Margaret Bigsby (MB), Diana Gunn (DG), Brittany Jenkins (BJ), Sarah Johnson (SJ), Debbie O’Donoghue (DO), Anna Wright (AW), Wendy Davie (WD), Lynne Johnson (LJ),

**Absent:**

| **Item #** | **Progress to Date** | **Action Required** | **Person Responsible & Date** |
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| **Last Minutes** | Mary Gordon (MG) welcomed everyone. Previous minutes were accepted as true and correct. No other issues were raised with previous minutes. |  |  |
| **1. Update from West Coast** | SJ on behalf of BJ:   * 55 nurses on PDRP, increase of 20%. * 30 Competent, 4 Designated Senior Nurse, 2 Expert and  2 Accomplished. * 1 assessor coming over to do the Newt Assessor training. * 2 dormant assessors that have come out of retirement. |  |  |
| **2. Update from Nurse Maude** | JTJ gave an update:   * 15% - decline due to people moving into more senior roles from Proficient and Expert level. As there is no payment at that senior level, they are choosing not to resubmit instead of changing to the DSN PDRP. This might change as it is attached to funding for study. * Hoping to get more assessors have 2 active assessors at the moment. |  |  |
| **3. Update from South Canterbury** | Tracey Worthington gave an update:   * 23.5% in May –increase of 27% - 80 nurses are currently on the PDRP Programme. * Majority are on Proficient level but had an influx of Designated Senior Nurse level. 16 DSN portfolios. * 4 submission dates for the year which is working really well * Currently have 10 assessors. |  |  |
| **4. Update from  St George’s** | SJ on behalf of WD:   * 37 % of nurses are currently on the PDRP Programme mostly at Proficient level. |  |  |
| **5. Update from Pegasus** | DB gave an update:   * 8 nurses have dropped off the programme – 5 are no longer employed at Pegasus and 3 have expired and not resubmitted. * Primary Care MECA still have Merit steps 1 & 2 * Currently have 5 assessors and 1 is doing the New Assessor training in August. |  |  |
| **6. Update from NMDHB** | SMC gave an update:   * 406 out of 820 nurses plus 25 Enrolled Nurses which equates to 48% of their staff are on the PDRP Programme. Most are at Proficient level with 183, 129 at Competent, 44 at Expert and 36 at Designated Senior Nurse. * For an Enrolled Nurse perspective the majority 9 are at Proficient, 3 at Competent and 1 at Accomplished. * Positive energy around PDRP in NMDHB at the moment. * Some of the Enrolled Nurse who have transitioned are doing more education towards transitioning |  |  |
| **7. Update from Department of Corrections** | FI gave an update:   * Had a few resignations * 14 nurses on PDRP * New nurses that are coming into Corrections are transferring their PDRP. |  |  |
| **8. Update from Forte Health** | No update. |  |  |
| **9. Update from Southern & Regional** | JS gave an update:   * 27% of their nurses are currently on PDRP, which is down a little. * District wide appraisal documents is working well and has been a smooth transition. |  |  |
| **10. Update from**  **Kaupapa Maori & Pacific Island Shared Services** | EG gave an update:   * Stables figures but there been resignations from the collective including all assessors apart from 1. * There is a huge motivation for nurses to do PDRP as 2 nurses were just audited by Nursing Council. * Setting some submission dates in order to push their interest a bit further. * Managers are not giving nurse the time to do their PDRP. |  |  |
| **11. Update from Health Care NZ** | KR gave an update:   * KR has been permanently employed by Health Care Holding Limited a parent company of Health Care NZ. * Identified a number of Enrolled Nurses who hadn’t transitioned but were still working outside the scope of practice. Worked with Jo Greenlees-Rae and 9 nurses volunteered to transition and 3 are still outstanding, nearly finished portfolios at competent level * 2 nurses who have transitioned to the new scope of practice have proficient portfolios * Nurses need support and momentum to get started * 6 Enrolled Nurses – 5 Competent and 1 Proficient. * 3 Registered Nurses are Proficient and 1 Designated Senior Nurse. * Issue has been getting the getting peer reviews done - managers non nurse therefore peer reviews are done by colleagues * Getting new nurses that come into the organisation to transfer their PDRP. * Currently 1 assessor. |  |  |
| **12. Update from Access Health** | No update. |  |  |
| **13. Update from Intus** | Jess Wolfenden gave an update:   * 1 staff member who submitted a Post Graduate Equivalency application has passed and she’s not far off completing an Expert level portfolio. * We have another Senior Nurse portfolio coming soon. * We give 8 hours of paid leave for nurses to do their PDRP. * 5 nurses about to lose remuneration soon – have been given 6months timeframe to complete * 3 Nurses that are reluctant to have anything to do with PDRP   + Difficult to get motivated |  |  |
| **14. Update from Laura Ferguson** | No update. |  |  |
| **15. Update from Rannerdale** | VE gave an update:   * There have been a few management changes and we are just stabilising now. * Management is open to remuneration for PDRP to try to get the interest going. * Once new manager in place will push portfolios |  |  |
| **16. Update from CDHB** | SJ gave an update:   * National Evidential Requirements: * Some CNM’s providing evidence at the wrong level (e.g. competent examples in the applicants Performance appraisal for a proficient portfolio); * It is time for CNM updates at all hospitals; * Couple of breaches of confidentially, particularly around photocopying patient’s notes and care plans. Nurses think the entire process is confidential because the portfolio is confidential. A memo to reminder people of confidential could be a good idea. * We currently have 69 portfolio submissions in process and sent out an email to all assessors. * We had 2 submissions for Postgraduate Equivalency and both have been successful. We have another meeting coming up on 16th August and we have 2 submissions. * No changes to the Postgraduate Equivalency process and we are waiting the outcome of the National Review of Postgraduate Equivalency. * National PDRP Working Party has been formed and we are about to do a press release of who is on the Working Party and send documents out for consultation. * We have had a few educational sessions: * 4 PDRP in-service clinical area; * 4 CNS/CNM education requirements for PDRP/Performance Appraisals; * 2 days PDRP ProCare – Procare Advisors/Assessors/Nurses;   + - Now on Regional PDRP programme * 3 days West Coast - PDRP assessor update/Performance Appraisal writing CNM/Nurses; * 3 Grey Hospital/Westport and Hokitika; * 1 Laura Fergusson Trust; * 2 PDRP Workshops; * 1 PDRP Resource Person Workshop; * 1 Gerontology Lecture – NCNZ Audit/Portfolio requirements; * 1 NZNO delegates – discussion PDRP requirements and barriers;   + - Performance Appraisal was sometimes a barrier – nurse able to do self-assessment but line manager finding difficult to make time to the assessment       * Reasonable for Line Manager to have as much warning as possible when writing up PA       * Reported that some clinical areas had no one on PDRP – barrier was getting a PA * Asked to be informed of any clinical area having difficulty obtaining a PA5 Nurses Postgraduate Equivalency (2 external partner). * Education Sessions: * New PDRP Assessor Training – next training will be on 24-25 August and 9-10 November. * Last PDRP Workshop 40 people attended. * Current Assessor Training is on 8th September and 13th October Resource Person Training is on 15th September. * 2565 total on Regional PDRP Programme - 1084 CDHB/1481 external – with the majority at Competent and Proficient level.   + Mainly Competent & Proficient level, 84 Expert portfolio’s   + Influx of Expert portfolios so now we have about 84 Expert portfolios   + Nurses removed from the PDRP programme – update NCNZ report     - 240 nurses removed – 66 CDHB/174 External Organisations (last quarter NCNZ Report).   + All Organisations had 169 nurses that never completed portfolio (didn’t resubmit portfolio)   + 42 Competent, 61 Proficient and 19 Expert.   + All organisations has 52 resignations with 26 at Competent and 10 Proficient level. |  |  |
| **External Moderation Meeting Update** | * We sent out portfolios that were externally moderated.   + Evidence of 1.2 and 1.5 is not at the right level, Competencies often the right example but not the right level e.g. proficient level.   + We did externally assess one portfolio where the assessor asked for the wrong evidence (e.g. evidence was required for 1.2 but the assessor requested evidence of 1.5).   + Over assessment – a couple of external organisations found that when the assessor asked for extra evidence which was more than required to meet the standard.     - Discussion about what point do PDRP coordinators intervene if an assessor is asked for further evidence and this looks to be over assessment. Important not to undermine the assessor’s role. What is the right process? Intervene early or let the assessment process continue and then request a moderation for that particular portfolio. * Previously over assessment has been managed through the moderation process so that the assessor’s role is not undermined. The assessor was then moderated the next 3 times.   + Evidence particularly for the CNM is not at the Proficient level. Often the evidence is right at Competent but not a Proficient level     - Since 2013 evidence at the right level has improved.. They have taken on board the tools and how to do Performance Appraisals quite well.   + CNM are still not circling “I Support”. We thought about changing the document to a tick box.   + Verification signatures around educational, practice hours and signatures for reflections are not been done.   + Some assessors are still commenting on each individual competency instead of the Domain. Need to remind the assessor group.   + Interested in refreshing the website and developing a flow chart for PDRP for the website with the appropriate documents for each stage of the PDRP process.   + On the website under forms and templates there are many documents, it would be useful to group the associated documents together to be more user friendly such quality documents and teaching/evaluation documents. |  |  |
| **PDRP Consent Form Change** | * Advisory Group endorsed having the consent form included in the documentation itself. Draft will be sent out to the group for comment. You click on the link and then you end up going to a page where all the assessors name are listed and if there are any assessor that you have a conflict of interest in, then you can out their name down in the document.3 | SJ |  |
| **Senior Nurse Indicators** | * Senior Nurse Indicators for 4.1 and 4.2 will be updated at the same time as the consent form/document. | SJ |  |
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| **Quality Plan** | * Started to do some work around the Quality Plan as the Nursing Council Audit is coming up next year August 2017.   + We are due for review around the quality plan   + Starting to think about the type of information required by NCNZ in terms of evidence.. * Quality document will be send out for review before next meeting. | SJ |  |
| **Endorsement of PDRP in more than 1 organisation** | * + If a nurse is working under two different organisations, what organisation will they be recorded as being endorsed for their PDRP?     - Appropriate for the organisation who has the highest FTE e.g. 0.6 as opposed to 0.4. The PDRP allowance also goes into the hourly rate so they are not going to be overpaid     - If the nurse has been assessed by one organisation working at that level not unreasonable for the nurse to an interim validation form for both organisations     - When resubmitting not unreasonable to have evidence from both organisations (balanced)       * May need x2 PA.     - Reminder that on transfer to a new clinical area/organisation the nurse has 12 months to show evidence at level initially applied for       * If unable to do this the nurse would go down to the next level     - Clarification on 0.5 RN role & 0.5 DSN role       * Nurse would not be paid for being on DSN PDRP       * Nurse would provide evidence of their role in clinical practice e.g. Proficient level as an RN not use evidence of their DSN role |  |  |
| **NCNZ Wording** | * NC initially asked for Overall statement of learning   + This has recently changed to either short statement for each course that you have done education for or activity or a more detailed statement for 3 key courses and activities * An Overall Statement of learning is no longer required. | **SJ** |  |
| **Reminder External Moderation** | * We only have two more External Moderations before the NZ Audit in 2017. |  |  |
| **PSA** | * Follow up with PSA re representation on the PDRP Advisory Committee | **BH & MG** |  |

**Future Meetings**

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| **Date** | **Venue** | **Time** |
| 7th March | Room 211, Level 2 - 32 Oxford Terrace, Christchurch | 14:30 - 16:00 |
| 9th May | Room 211, Level 2 - 32 Oxford Terrace, Christchurch | 14:30 - 16:00 |
| 8th August | Room 211, Level 2 - 32 Oxford Terrace, Christchurch | 14:30 - 16:00 |
| 14th November | Room 211, Level 2 - 32 Oxford Terrace, Christchurch | 14:30 - 16:00 |