Health New Zealand
Te Whatu Ora

PROFESSIONAL DEVELOPMENT & RECOGNITION PROGRAMME (PDRP)

Handbook

Senior Nurses

Resource for:

Capital and Coast

Contents

Contents

Contents 2

Important Information 3

Section 1: Introduction to the PDRP 4

Section 2: Application to the PDRP 6

Section 3: Portfolio Requirements 10

Section 4: Performance Reviews 15

Section 5: Self-Assessments and Attestation 16

Section 6: Portfolio Assessments 19

Section 7: Maintenance of PDRP level 21

Section 8: Privacy and Confidentiality 21

Section 9: Appeals, Moderation and Audit 23

References 25

Appendix One: Senior vs Senior Expert Level Decision Flow Chart 26

Appendix Two: Abbreviations and Terminology 27

Appendix Three: 28

Important Information

This handbook is for Designated Senior Nurses completing their portfolio for the PDRP. Registered Nurses and Enrolled Nurses applying for Competent, Proficient, Expert or Accomplished level please refer to the Enrolled and Registered nurses PDRP Handbook.

*A senior nurse is a nurse employed into a designated senior position as per the current Collective Agreement. Senior does not relate to length of time employed or qualified.

Help with your PDRP

The handbook is a resource to help you complete your portfolio for the PDRP. Further resources can be found on your organisation's PDRP webpages.

PDRP workshops are also available, these can be found on Connectme and the PDRP webpage.

If you have accessed these resources but still have a question, please contact the PDRP Coordinator:

Capital & Coast:

Sara Robinson
PDRP@ccdhb.org.nz
027 406 4989

Further resources:

- NZNO (2021) Education and Professional Development Guideline: Reflective writing.
- Ingham-Broomfield, B. (2020). A nurses' guide to using models of reflection. *Australian Journal of Advanced Nursing*, 38(4), 62-67.

Section 1: Introduction to the PDRP

What is the Professional Development and Recognition Programme (PDRP)?

The PDRP is a clinically focused competency-based programme for nurses. The PDRP is a way of recognising, valuing and acknowledging nursing practice. It provides a framework that helps nurses develop their professional practice and assist them on a career pathway. It also encourages nurses to reflect on their practice and to set goals to plan for their future in care delivery and leadership. All previous District Health Boards (DHBs) are now Districts under Health New Zealand | Te Whatu Ora, and each have their own PDRP approved by Te Kaunihera Tapuhi o Aotearoa | Nursing Council New Zealand (NCNZ). Other health care providers may also have a PDRP. Many processes and components of PDRPs are nationally standardised.

What are the goals and benefits of the PDRP?

- To ensure nursing expertise is visible, valued and understood
- To encourage reflection on and development of practice
- To enable differentiation between the different levels of practice
- To value and reward developing practice
- To identify expert nurse / role models
- To support evidence based practice
- To provide a structure for ongoing education and training
- To assist in the retention of nurses
- To assist nurses to meet the requirements for competence based practising certificates (Nurse Executives of New Zealand Inc., 2017).

How does the PDRP relate to the Health Practitioners Competence Assurance Act 2003 (HPCA) and NCNZ?

It is the professional responsibility of all practicing nurses to maintain their competence to practice by meeting the requirements of the Continuing Competency Framework (CCF) developed by NCNZ as a result of the HPCA Act 2003. To ensure nurses are maintaining competency requirements, the NCNZ complete a recertification audit of 5% of nurses across New Zealand.

Every time an application for an annual practicing certificate is made, nurses are asked to declare whether they have met the CCF requirements. This includes meeting the required practice hours (450 hours or more over the last three years), professional development hours (60 hours or more over the last three years) and completing a self assessment against the NCNZ competencies for the relevant scope of practice (at least once in the last three years). Nurses are individually accountable for meeting these requirements. The Districts require nurses to complete annual Performance Reviews (PR).

These CCF requirements form part of the PDRP portfolio requirements and therefore Nurses on an approved PDRP are exempt from the NCNZ recertification audit.

PDRP Portfolios are current for three years and should be formally renewed every third year. However, relevant evidence, e.g. professional development, performance appraisals and practice hours, should be kept up to date constantly.

How does the Senior PDRP differ to the PDRP for Registered Nurses?

The Senior pathway was developed in recognition of the fact that while many senior roles have some clinical component, not all have direct health consumer contact primary to their roles. Nurses do not have to work directly with a health consumer (clinically) to maintain an APC (NCNZ definition of practising). To reflect this, NCNZ developed competencies for nurses working in management, advisory roles, education, policy development and/or research. The senior PDRP pathway has been developed to cover these roles with little or no health consumer contact (non-clinical roles).

Nurses in Designated Senior roles cannot apply for Competent or Proficient level as it is expected they are practicing beyond these levels.

The National PDRP Framework allows a programme to have, a senior pathway, an expert pathway, or the option of a Senior/Expert pathway.

For nurses employed in Designated Senior Nurse roles, the Capital and Coast programme currently has a Senior pathway and a Senior Expert pathway. Nurses employed in management, education, policy, research and co-ordination should follow the Senior pathway. Nurses employed as Clinical Nurse Specialists (CNS) and Specialty Clinical Nurses (SCN) should follow the Senior expert pathway.

The competencies and KPI/Indicators for Senior expert level are applicable to the clinical focus of the CNS and SCN roles. Whereas the senior level competencies are tailored to the distinctive Management, Education, Policy and Research focus of other senior roles.

Note: MHAIDS Senior nurses – for those in roles providing direct clinical care complete the Senior Expert eg Consult Liaison nurses complete senior expert, MHAIDS CNS's complete senior pathway. All others complete Senior Pathway. Please contact your DON/ADON who will support clarification.

If you have any questions, please contact the PDRP Coordinator: mailto:PDRP@ccdhb.org.nz

A decision flow chart has been included in this handbook. See Appendix One.

Huarahi Whakatū

Health New Zealand | Te Whatu Ora has an agreement with Huarahi Whakatū. This is a PDRP specifically tailored by, and for, Māori Registered Nurses. The Huarahi Whakatū is strongly encouraged within CCHV and although it is an external PDRP programme you will receive all the same PDRP benefits as the Capital Coast PDRP programme affords. Nurses completing the Huarahi Whakatū do not need to complete the transfer process but need to provide a copy of their letter of success or certificate to the PDRP Coordinator on completion. Please follow the following link for more information on Huarahi Whakatū webpage: https://terauora.com/huarahi-whakatu-pdrp/

Registered Nurses with Expanded Scope

The NCNZ provides guidance for registered nurses and their employer organisation when nurses are supported to undertake clinical practice activities that are considered expanded practice. The NCNZ decision-making process for expanding scope of registered nursing practice flowchart assists with the considering if there is a need for introducing expanded practice in a nursing role (see appendix three).

When a service/speciality is considering introducing expanded practice a collaborative decision making approach between the nursing, professional leadership and medicine is important. Planning for expanded practice includes

considering the legislation, standards, education and training to support practice development and credentialing. When nurses have completed required education and assessment they complete the three expanded practice competencies including links to the associated policy. These three additional competencies can be found on the PDRP webpage.

Additional support is available from the PDRP coordinator: PDRP@ccdhb.org.nz

Registered Nurse Prescribers

The assessment against the prescribing competencies is currently separate to the PDRP and requires a recertification process which is managed by NCNZ. RN Prescribers are expected to apply for PDRP at Proficient level or above. RN Prescribers who are in a DSN role will complete a senior / expert portfolio.

Nurse Practitioners (NPs)

Nurse Practitioners do not participate in the PDRP pathway. The process for NPs to demonstrate their scope of practice is managed by NCNZ. However, NPs can support the PDRP by acting as peer assessors and portfolio assessors providing they meet the requirements for these roles.

Are there entitlements or allowances linked to the PDRP?

This depends on your employment contract and/or employer collective agreement.

- Under the Health NZ and NZNO Collective Agreement, nurses employed into a designated senior role in the HSS are not eligible for the PDRP related financial packages, regardless of the pathway chosen or level of transferred PDRP.
- Senior nurses in the HSS working part time in an RN role who have met the requirements for Expert level are entitled to the RN expert level allowance package for the pro rata FTE of the RN role

Is there additional leave available for nurses working on their PDRP?

The PDRP additional study leave entitlement for Proficient and Expert RNs under the Health NZ & NZNO Collective Agreement does not apply for nurses employed into Designated Senior Nurse roles.

Section 2: Application to the PDRP

Are Senior nurses expected to be on the PDRP?

All HSS nurses employed in Designated Senior Nurse roles are expected to be on the PDRP. This can be at either Senior or Senior expert level.

Senior nurses cannot apply for Competent or Proficient level as it is expected they are practicing beyond these levels. In the primary care sector expectations for PDRP are determined by the employer.

How do I apply?

Familiarise yourself with the requirements of the level and confirm this with your Charge/Clinical Nurse Manager/ line-Manager or Team Leader. In addition to this handbook, resources to guide you with this process include:

- PDRP workshops
- PDRP webpage (Capital & Coast)

I have just been employed, how soon can I apply?

Newly employed nurses in HSS should complete and submit a portfolio within 12 months of employment.

I work in the primary sector, how do I apply?

Primary sector organisations that support their nurses to engage with the PDRP need to have a Workforce and Professional Development (WPD) Agreement with Health NZ | Te Whatu Ora Capital, Coast and Hutt Valley. For further information on this please contact the PDRP Coordinator.

Nurses working in organisations with a WPD Agreement can apply to the PDRP as long as they have their manager's endorsement.

I am a nurse employed in more than one role, what do I do?

If a nurse works in more than one organisation only one portfolio is required. It is recommended that this be for the primary employer, if there is one, but in all cases this should be discussed, agreed and documented, by both employers.

Nurses who work in two different areas where their practice is at the same level may complete a single portfolio. They must demonstrate that they meet the requirements of the level applied using examples from either area. Their senior attestation (senior nurse's verification declaration) may be provided by nurse(s) from one or both areas. In these circumstances both managers must endorse the PDRP level being applied for.

Nurses who work in two different areas where their practice is not at the same level please discuss with the PDRP Coordinator for guidance. For example, RNs practicing in direct care and in management/education/policy/research must meet both sets of competencies in Domains 2 and 3 (NENZ, 2017.

I work on the Bureau/Casual/Agency, what are my options?

You can discuss with your charge nurse/manager or relevant senior colleague to establish the level that best reflects your consistent day to day practice.

I am an RN with an APC employed into a non-nursing role, can I apply to the PDRP?

Yes, as long as you have a current nursing APC and can maintain the requirements for the NCNZ CCF.

Which level do I apply for?

See 'How does the Senior PDRP differ to the PDRP for Registered Nurses?' or the Senior vs Expert Decision Flowchart in Appendix One.

How do the requirements for the Senior or Senior Expert pathway for senior nurses differ?

The Senior PDRP is based on two components:

1. Completion of the Senior RN full self-assessment document, which includes NCNZ competencies for nurses working in management, advisory roles, education, policy development and/or research. This fulfils the CCF requirements to complete assessment against NCNZ competencies every 3 years.
2. A Senior Nurse performance review against the performance indicators of the senior role in the role description.

The Senior Expert pathway is based on the RN expert level with the addition of completing a Senior Nurse performance review against the performance indicators of the senior role in the role description.

The documentation and evidence required for each option is detailed in Section 3.

Do I need to have done Postgraduate Study to apply for Senior Level?

Postgraduate study is not a requirement for Senior or Senior Expert level portfolio submissions.

I am leaving or I have left my job at Capital and Coast: Can I still submit my portfolio for assessment?

Nurses who are resigning from their role and wish to have a portfolio assessed prior to leaving will need to submit their completed PDRP portfolio, including full self-assessment with manager's endorsement, prior to six weeks before the last day of employment.

Portfolios submitted after this date may not be assessed.

The same expectation applies for those moving their role within the organisation.

This process does not apply to those who are going on extended leave (e.g. parental leave).

Returning Employees

If an employee on the PDRP resigns and then returns within three years of achieving their portfolio their PDRP level will be re-established, please follow the PDRP transfer process below.

Nurses whose portfolio has expired or who did not complete a full PDRP portfolio prior to leaving, cannot have their level re-established.

Transferring your PDRP

If I am already on a PDRP can I transfer this when I start a new role?

As per the Health New Zealand |Te Whatu Ora - New Zealand Nurses Organisation (NZNO) Collective Contract (CA) clause 28.2.9, nurses on a NCNZ approved PDRP at a previous place of employment can transfer their level.

For nurses in the primary sector, the new employing organisation must have a CCHV Workforce and Professional Development Agreement with the provider of the PDRP.

Nurses are able to transfer their portfolio until the expiration date of the original portfolio.

To remain current on the PDRP, a new portfolio reflecting the new role needs to be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio.

For other organisations, please contact the PDRP coordinator for your organisation.

How do I transfer my PDRP?

A transfer application must be completed and sent to the PDRP coordinator. This application form can be obtained from the PDRP page on the organisation's website. You must include evidence of currency on a NCNZ approved PDRP e.g. a copy of a PDRP certificate or letter of confirmation from the PDRP Coordinator at the previous place of employment. You do not need to provide your previous portfolio.

A new portfolio of evidence at the relevant level and area of practice must be completed and assessed as meeting all requirements prior to the expiration of the transferred portfolio for allowances to continue. This must be on the organisation's PDRP templates and meet the PDRP assessment criteria. This includes both internal and external transfers.

Where PDRP allowances are applicable, these are paid from the time of employment until the expiration of the transferred portfolio.

If I have completed an audit with NCNZ am I now on the PDRP?

From the 20th August 2024 the CCHV Nursing leadership team made the following decisions to apply across the CCHV District:

1. Any nurse who is newly employed; who is not on a PDRP; who has successfully completed a NCNZ Recertification Audit within 12 months of their employment with CCHV, may follow the PDRP Transfer process and be recognised as Competent on the PDRP for the site their HR records are with: Capital Coast or Hutt Valley. This will be valid up until 12 months following their commencement date with CCHV, by which time they should be supported to complete a PDRP.

2. Any nurse who is currently employed by CCHV in a Designated Senior Nurse role; who is not on the PDRP and is called up by NCNZ for recertification audit, will be encouraged and supported by their manager to successfully complete the Senior PDRP pathway. This is according to the requirements of the CC or HV Programme. They will be supported by the PDRP Coordinator to request an extension from NCNZ to allow sufficient time to complete their PDRP.

Note: If the nurse chooses to complete the NCNZ audit process only, this will not be recognised as being on the PDRP programme. If you have any questions regarding this, please contact the PDRP Coordinator.

Section 3: Portfolio Requirements

What needs to be in a portfolio?

In order to ensure each portfolio requirement meets assessment criteria the table below provides further details on each the portfolio requirements.

Portfolios that do not contain the evidence required, breach confidentiality of health consumers / tāngata whaiora, family/whanau or colleagues or contain incomplete documents, will be returned for amendment.

The following tables explain the required contents. Please do not include any additional documentation to that listed below.

Senior PDRP Portfolio requirements		
	Senior pathway	**Senior expert pathway**
1	Senior Portfolio Assessment Tool (PAT)	Senior Portfolio Assessment Tool (PAT) Expert RN level Portfolio Assessment Tool (PAT)
2	Application Letter	Application Letter
3	Copy of APC (Print out of profile from public register)	Copy of APC (Print out of profile from public register)
4	Senior RN: NCNZ_Full Self-Assessment Senior	Expert RN: NCNZ_Full Self-Assessment_Senior Expert
5a	Additional evidence of influencing the quality of nursing practice, service delivery and health consumer outcomes in the directorate or organisation	Education session plan
5b		Evaluation of education
6	Evidence of practice hours	Evidence of practice hours
7	Senior Nurse Performance review (against KPIs of the job description)	Senior Nurse Performance review (against the KPIs of the job description)
8	Professional Development & Career Plan (PDCP)	Professional Development & Career Plan (PDCP)
9	PD Record (PDR)	PD Record (PDR)
10	Curriculum Vitae (CV)	Curriculum Vitae CV
	*Attestation form (Senior nurse's verification declaration) if no written peer assessment	*Attestation form (Senior nurse's verification declaration) if no written peer assessment

	Document and evidence requirements All parts of all templates must be completed. Document templates (where applicable) must be sourced from PDRP website only		
	Senior and/or Senior Expert PDRP Portfolio Requirements		
Senior/ Senior Expert	1	Portfolio Assessment Tool (PAT)	• Printed and included in front of portfolio
Senior/ Senior Expert	2	Application Letter/ Declaration	• Initialling the statements and signing this declaration indicates compliance with, and agreement to, all specifications
Senior/ Senior Expert	3	Copy of APC profile	• A copy from the NCNZ public register website • APC must be current at time of portfolio assessment • The tax invoice from paying the annual practicing certificate (APC) fee *does not* meet this requirement as it does not include the required information
Senior/ Senior Expert	4	Self-assessment	• Completed for the Senior level being applied for • All examples are from the current area of practice and are less than 12 months old • Self-assessment clearly and completely answers chosen Indicator with examples from day-to day practice • References (where required) are in APA format
Senior/ Senior Expert	4b	Peer assessment/ Attestation (verification/formal agreement)	Peer assessments no longer need to be written examples of the nurses' practice. Instead the **manager / delegated designated senior nurse** is required to provide an attestation statement (formal verification/ agreement) that the competency self-assessments and examples from practice are a true reflection of the nurse's practice. **For all portfolios:** • The expectation is that before providing this verification, the manager / delegated senior nurse will first check that each of the nurse's self-assessments meet the required PDRP portfolio standards and provide feedback to the nurse if they do not. **For paper-based portfolios** • The completed attestation (Senior Nurse verification declaration) form must be included with portfolio submission (this includes the verifiers APC, role, name and date) • The attestation must be completed by the nurse's manager or a delegated designated senior nurse. **For electronic PDRP (ePDRP):** • The attestation must include the following sentence: "This self-assessed evidence of competence is, to best of my knowledge, an accurate reflection of this nurse's practice". • The attestation must be completed for each of the four domains
Senior only	5a	Evidence of influence the quality of nursing practice, service delivery and health consumer outcomes in the	• If this evidence is clearly provided within the self-assessment additional evidence is not required.

		directorate or organisation	
Senior Expert only	5b		For the Senior Expert level included is the Education session and Evaluation of education
Senior/ Senior Expert	6	Evidence of 450 practice hours	• Must demonstrate actual number of hours worked over the past 3 years and be dated within 12 months of the date of assessment • This may be a copy from Trendcare, a signed letter from Human Resources or your manager
Senior/ Senior Expert	7	Performance Review (completed within last 12 months)	• Must be signed by both the nurse and their manager • Must be dated within the last 12 months at time of portfolio assessment

	Document and evidence requirements (continued) All parts of all templates must be completed. Document templates (where applicable) must be sourced from PDRP website only		
	Senior and/or Senior Expert PDRP Portfolio Requirements		
Senior/ Senior Expert	8	Professional Development and Career Plan (PDCP)	Please use the PDCP document available on the PDRP website. • Must be signed by both the nurse and their manager • Must be dated within 12 months of portfolio assessment
Senior/ Senior Expert	9	Professional Development Record (PDR)	Must include: • Verification of minimum 60 hours professional development within the last 3 years • Mandatory core competencies/requirements in the workplace and date completed. If overdue PDCP document must show plan for completion Verification can be provided by: • Learning Management System (e.g. Ko Awatea, Connect Me) Verified Record. • My Pay record of learning and/or • Completion of the Professional Development record and verified by a nurse manager or other Senior nurse, including their name, signature and APC number. See the PDRP website for the Professional Development Record template Please note: "Reading journals or other literature may only be considered a professional development activity if it takes place within a formal framework such as a journal club, a presentation to colleagues or to inform an education or quality improvement process. Meetings may be considered a professional development activity if they have an educational focus and appropriate reflection on learning included" NCNZ Professional Development webpage
Senior/ Senior Expert	9a	Three reflections on three different Professional Development activities	• Include 3 short reflections on how the selected Professional Development activities affirmed, influenced or changed practice.

			Please note: This reflection should be more in-depth than a statement of learning. It might help you to use a recognised model of reflection.
Senior/ Senior Expert	10	Curriculum Vitae (CV)	• Current and identifying current role(s) • Must include work and education history
Senior/ Senior Expert	11	Manager endorsement	• Must be completed by the manager endorsing the PDRP level applied for.

How old can the evidence included be, does it have to be from my current area of practice?

All examples must be of day to day practice from the current area of practice and must be less than 12 months old (NENZ, 2017).

What format must the portfolio be in?

A portfolio is a record of professional practice, activities and achievements to evidence competency to practice. It is a professional document and therefore must be presented in a way that reflects this.

For nurses working within HSS, including nurses in Community Health and Public Health, this evidence may be demonstrated within their electronic portfolio or the original paper based templates.

Are there additional forms of submission?

Generally portfolios are submitted as a written document. However, additional forms of submission may be accepted, e.g. a verbal presentation and/or use of hui are accepted. Please contact the PDRP coordinator to discuss arrangements.

What is the difference between the portfolio requirements for initial application to a level and application to maintain a level?

There is no difference in the portfolio requirements or assessment process for progression to a level or maintenance of an existing level

.

What should not be included in a portfolio?

Portfolios for application to the PDRP must not include:

- Information or documents that in any way could identify health consumers/tāngata whaiora, family/whānau or other health care providers. All privacy and confidentiality requirements are documented in Section 8: Privacy and Confidentiality. The inclusion of evidence which breaches privacy in any way will require return of a portfolio and immediate correction of the privacy breach
- Evidence which may demonstrate incompetence rather than competence of self or others
- Personal reflections or feelings which the applicant would not want critiqued by others
- Work or evidence that is older than 12 months or from a previous area of employment

- Documents not on the checklist. Only documents specifically prepared for the current portfolio submission should be included in the portfolio (NENZ, 2017)
- Original documents. Please only submit copies of documents for assessment

Where/who do I submit my portfolio to?

- Written (Paper based) portfolios are submitted to the manager or senior nurses who will organise for the portfolio at competent or proficient level to be assessed within the clinical area.
- Electronic portfolios are submitted in Connectme. They are then allocated for assessment by the PDRP coordinator
- Accomplished, Senior and Senior Expert portfolios are submitted to the PDRP coordinator.

What are the submission dates?

All portfolios can be submitted at any time. However, Expert and Senior Expert portfolios must be submitted by the last day of the month in order to be assessed within the following assessment period (4-6 weeks). No assessments occur in January.

Consideration should be given to submission dates. If you are applying for funding for post-graduate (PG) study, a current portfolio is required. Application for PG funding is open August to early October.

When will I be notified of the outcome?

The applicant should be informed of the outcome by the assessor(s) or PDRP coordinator within target timeframe of 4-6 weeks of submission dates noted above. This is usually via email.

These timeframes are ideal, however allowances must be made for leave and other extenuating circumstances.

How is the date of a successful completion of PDRP recorded?

Once the PDRP has been assessed as meeting all requirements, the portfolio assessor(s) email the PDRP coordinator. The PDRP coordinator is responsible for ensuring that the nurse's PDRP level is updated with HR records and NCNZ reports.

PDRP level related monetary allowances for HSS nurses are paid from either the 1st (if progression occurred between 1st and 14th) or the 15th (if progression occurred between 15th and the end of the month) of the month that successful progression is achieved

Section 4: Performance Reviews

Performance Reviews (PR) are an opportunity to give and receive feedback about performance and discuss ways to develop roles and practice and plan goals for the year ahead.

How often do I have to have a Performance Review?

For nurses employed at CCHV a Performance Review is required annually.

Which documents do I use for my Performance Review?

Refer to required documents on the PDRP webpage

- For RNs: The first performance review, includes the full self-assessment as per the PDRP. Use the document titled “CC Annual Performance Review Full Self-Assessment_*RN/EN* *PDRP level*, within this, Part B is completed as a full self-assessment against NCNZ competencies. This document is used again after three years, to maintain a current PDRP.
- For RN performance reviews in the intervening two years, use the document titled ”CC Annual Performance Review and Revalidation_*RN/EN* *PDRP level*”
- For Designated Senior Nurses: The first performance review includes the full self-assessment as per the PDRP. Use the CC NCNZ Full Self-Assessment Senior document or NCNZ Full Self-Assessment Senior Expert document depending on the PDRP pathway required for the senior role. In addition the “CCHV Annual Performance Review Designated Senior Nurse” is to be completed by the nurse and their manager.
- For Designated Senior Nurses performance reviews in the intervening two years, use the same “CCHV Annual Performance Review Designated Senior Nurse”
- For those nurses using ePDRP, the performance review document is completed in Parts A and Part C. For Part B the nurse should write: “refer to ePDRP”, and the document should be uploaded to their ePortfolio.

For nurses employed in the Primary / ARC / NGO sector, performance reviews are carried out according to the policy of the individual organisation and may have different or additional requirements.

Updating CC systems

It is the line manager’s responsibility to ensure that all performance reviews are scanned and emailed to Payroll Support Services RES-PayrollSupport@ccdhb.org.nz.

Section 5: Self-Assessments and Attestation

What is needed to complete a self-assessment?

- All examples must be from the current area of practice and be less than 12 months old
- All examples must meet the Key Performance Indicator (KPI) or chosen Indicator for each of the NCNZ Competencies. The KPI / Indicators change at each level to reflect the different levels of practice
- Self-assessments must clearly and completely answer the KPI / chosen Indicator with an example from practice
- A statement such as 'I ensure my practice is culturally safe by treating each health consumer / tāngata whaiora as an individual' does not meet requirements as there is no example given
- The italicised information provided for each competency gives hints and guidance to aid reflection

What do I need to do for referencing?

References are a way to demonstrate your practice is evidence-based practice. This is a requirement of all levels but especially at the Senior level.

- References must be from a source of evidence based on peer reviewed evidence. Wikipedia is not acceptable
- Full references can be included as an appendix to the self-assessment, or can be provided at the bottom of the example for the individual Competency.
- References should be less than six years old unless it is a seminal piece of work (e.g. Benner, P. (1984). *From Novice to Expert*. California, Addison Wesley.)
- References in self-assessments must be in the most current American Psychological Association (APA) format. As the requirements change over time, please use an internet search engine to find the current guidance.
- Failure to provide references (where required) will result in the portfolio not meeting the requirements and being returned to the submitting nurse for amendment.

Who can complete an attestation (verification)?

Effective from 1st April 2025 there will no longer be requirement for a nursing peer assessment against each of the NCNZ competencies. Instead the nurse's **manager or a delegated designated senior nurse** is required to provide an attestation statement (verification) that the competency self-assessments and examples from practice are a true reflection of the nurse's practice.

The expectation is that before providing this verification, the manager / delegated senior nurse will first check that each of the nurse's self-assessments meet the required PDRP portfolio standards and provide feedback to the nurse if they do not.

The attestation must be completed by

- The nurse's manager or a delegated designated senior nurse (e.g. CNM, DNM, ACNM, NE, CNE, TL)

The manager or delegated designated senior nurse should:

- Not be a close personal friend or relative of the nurse being verified. A high level of professionalism is expected of the verifier and any conflicts of interest must be declared and another verifier chosen

For HSS a Designated Senior Nurse can be in one of the following positions (e.g. CNM, DNM, ACNM, NE, CNE, TL, line manager)

What is needed to complete an attestation (verification)?

- Be familiar with the nurse's practice
- Before providing this verification, the manager / delegated senior nurse will first check that each of the nurse's self-assessments meet the required PDRP portfolio standards and provide feedback to the nurse if they do not
- Use the appropriate method which will include the sentence "This self-assessed evidence of competence is, to the best of my knowledge, an accurate reflection of this nurse's practice." (see table in section 3 for details)
- APC number (this is automatically generated within the ePDRP)
- If you are not the nurse's manager you must also include your role/job title.
- For the ePDRP, the verification sentence must be completed for each of the four domains

What do I do if I don't think the KPIs/Indicators are met?

If your concerns are about how the self-assessment is written - discuss with the nurse why you believe it doesn't meet the requirements. Being able to provide specific feedback on practice including writing self-assessments is an expected part of your professional role.

If your concerns are about their practice discuss your concerns with the manager. Managers should not delegate assessments when there are concerns with the performance of the nurse being assessed

Can more than one nurse complete the attestation (verification)?

Attestations (verifications) should usually be done by one nurse. However, if completed by a number of nurses it must be clear who has completed which part of the verification and they should all sign and date their contributions (this is done automatically in the ePDRP).

Can I record the time spent reading self assessments in TrendCare?

If spending 15 minutes or more reading self-assessments or assessing portfolios please document this in TrendCare under Competency Assessments. This can be found on TrendCare in the extended list under the orange Education section.

For any further assistance please contact the TrendCare team.

Can the senior nurse completing the attestation (verification) be the same person as the portfolio assessor?

No. The nurse who has completed the attestation (verification) for a portfolio cannot also be a portfolio assessor for the same portfolio.

Are there examples of self-assessments?

Please speak to your Nurse Educator, manager or colleagues who have previously completed the portfolio.

Section 6: Portfolio Assessments

How are portfolios assessed, where and by whom?

Portfolios are assessed by nurses who have completed training requirements. Portfolios for Designated Senior Nurses are managed centrally by the PDRP Coordinator who allocates portfolio assessors.

Who assesses my portfolio?

- Senior nurse portfolios are assessed by 2 Portfolio Assessors who are senior nurses. The portfolio is also viewed and signed by the Director of Nursing / Nurse Director / Associate Director of Nursing / Associate Director of Midwifery, for their service.
- Expert portfolios for designated senior nurses are assessed by 2 Portfolio Assessors who are either senior nurses or expert RNs. The portfolio is also viewed and signed by the Director of Nursing / Nurse Director / Associate Director of Nursing / Associate Director of Midwifery, for their service.
- Portfolios of Charge / Clinical Nurse Managers, Nurse Managers, Team Leaders and Nurse Directors are assessed by the PDRP Coordinator and a Director of Nursing / Nurse Director / Associate Director of Nursing / Associate Director of Midwifery.

Who can assess portfolios of Designated Senior Nurses?

Portfolio assessors must:

- Be an RN with a current APC
- Be on the PDRP with good understanding of the requirements of the programme.
- Completed Workplace Assessor Training / PDRP Assessors Workshop or similar (e.g. NZQA US4098, Adult teaching qualification)
- Be a Designated Senior Nurse (e.g. CNM, CNE, ACNM)
- They may or may not know the nurse and their practice and in order for objective assessment to occur, any knowledge of the nurse's practice must be suspended.
- Any variations to the above must be discussed with the PDRP Coordinator.

How do I become an assessor?

Nurses with existing qualifications that meet the above criteria can apply to the PDRP coordinator to be an assessor. PDRP Assessor workshops are offered regularly within Capital and Coast.

You should discuss this with your manager because assessors are expected to assess a minimum of three portfolios per year. These can be at any level that they meet the requirements to assess.

Does my portfolio go to an assessment panel?

Senior Expert portfolios are assessed at Expert panel.

- PDRP panel meets every month (unless there are no portfolio submissions) with the exception of January

- Expert and Senior portfolios must be submitted by the last day of the month to be assessed at the following panel
- Two nurses or more including the Chair make up the PDRP panel
- Every panel is chaired by the PDRP Coordinator or designated other to ensure a consistent and fair process

What is assessed during portfolio assessment?

All components of the PDRP portfolio (see Section 3: Portfolio Requirements), including the self -assessment, are assessed using the portfolio assessment tool at the appropriate level.

It is a professional responsibility of the assessor to ensure portfolios comply with the requirements. As a NCNZ approved PDRP, the PDRP must comply with the Framework for Approval of PDRP Programmes (NCNZ, 2013) in order for the nurse to be exempt from NCNZ audit. The assessment tools that portfolio assessors complete have been developed to enable this.

To ensure a fair and equitable process, assessment must be as objective as possible. Either the evidence meets the requirements/ indicator or it does not. Comments from the portfolio assessor should be included on the assessment tool (especially for NCNZ competencies 1.2 and 1.5).

If you are not familiar with the process, please seek assistance from an experienced assessor. As a portfolio assessor you must be familiar with the requirements of the PDRP and have completed appropriate training.

How long should assessment take?

The applicant should be informed of the outcome by the assessor within 4-6 weeks of receiving the portfolio. However allowances must be made for leave and other extenuating circumstances. If this timeframe is unlikely to be achievable then another assessor should be found.

What happens to portfolios that do not meet the requirements?

The portfolio is returned for amendment. Only the parts that do not meet the requirements need to be rewritten or amended. When portfolios are reassessed, only the parts that did not meet during the previous assessment are reassessed.

All components of the portfolio need to be from the past 12 months, (three years for Professional development and clinical practice hours) at the date that the portfolio is submitted for assessment.

Section 7: Maintenance of PDRP level

How often do I need to apply to the PDRP?

A fresh portfolio is required every three years in order to stay current on the PDRP. This is required by NCNZ to meet the legislated requirements of the Continuing Competence Framework (CCF) under the HPCA Act (2003).

What happens if I don't reapply?

A successful assessment of a new portfolio is required prior to the expiry date. If this is not done you will be removed from the PDRP and any associated benefits will stop. In addition you may then be selected for NCNZ audit.

Please note: The timeframe for portfolio assessment is 4-6 weeks from the date of portfolio submission.

What is the difference between the portfolio requirements for initial application to a level and reapplication to maintain a level?

There is no difference in the portfolio requirements or assessment process for progression to a level or maintenance of a level.

Can I go down a level on the PDRP?

No. Nurses employed as Designated Senior Nurses are expected to be on the senior pathway of the PDRP.

What happens if I am on a performance improvement plan?

If nurses are on an individualised performance improvement plan, this is managed separately to the PDRP process. If this process results in the nurse having their level changed or being removed from the PDRP, the appropriate process must be followed.

Removal from the PDRP

If at any time a nurse breaches nursing conduct or there are competency concerns this nurse may have their PDRP status reviewed. Their manager, Nurse Director/Director of Nursing, Human Resources, and NZNO (as appropriate) will decide whether or not removal of the PDRP status is an appropriate action. The Nurse Director/Director of Nursing is ultimately responsible for the decision to remove a nurse from the PDRP.

Section 8: Privacy and Confidentiality

Privacy extends to all individuals and portfolio development must take into account an individual's right to privacy.

All portfolio contents remain confidential to the assessor(s)/moderator(s) unless the assessor has reason to believe that the nurse "may pose a risk of harm to the public by practising below the required standard of competence" section 34.1, HPCA Act 2003.

There are 3 components to confidentiality and privacy in regard to portfolios, including electronic portfolios.

1. People and whānau
2. Health professionals and colleagues
3. Portfolio contents

People and whānau

- Any health consumer / tāngata whaiora personal details or identifiers must not be included in a portfolio. The nurse must abide by the Privacy Act which advises that information collected for the purpose of a person's care is used only for that purpose
- 'Identifiers' relates not only to a person's specific information such as birth date, address or NHI, it can relate to a context or situation whereby if that situation is described, it will identify the person in any way. If a pseudonym is used, e.g. Mr A, Mrs B, then it must be clearly stated that this is a pseudonym and not the initial of the health consumer. E.g. "Mrs B (Pseudonym)" or "Mrs B (this is not their real name)"
- Some examples when referring to the person could be with the terms: client, patient, healthcare user, tāngata whaiora, them, they, he, she.
- The Health Practitioners Disciplinary Tribunal has stated: *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*. NENZ (2017)
- The New Zealand Nurses Organisation (NZNO, 2016) Guideline- privacy, confidentiality and consent in the use of exemplars of practice, case studies and journaling provides more information

Health professionals and colleagues

- Nurses must not reveal names or information that identifies other health professionals or colleagues. Generic job titles can be used if required. Privacy requirements extend to all individuals

Portfolio contents

- Portfolios should be secured in a locked cupboard or room
- Assessors should not discuss what the portfolio contains unless it is for the direct purpose of assessing the portfolio

The use of technology in healthcare is continuing to grow. Nurses are cautioned against using video and /or photographs in portfolio evidence and where they are used they should adhere to the organisation's privacy requirements and those stated above.

If a portfolio breaches confidentiality the nurse will be informed and asked to make required changes to remove the privacy breach.

Section 9: Appeals, Moderation and Audit

How do I appeal the assessor's or assessment panel's decision?

If a portfolio assessment is unsuccessful the applicant can appeal the decision.

A letter stating the reasons for the appeal must be sent to the PDRP coordinator within one month of the date of the assessment. The original unchanged portfolio and assessment tool must be sent with the letter.

- Expert and Senior Expert portfolios will be reassessed by two different assessors allocated by the PDRP coordinator
- Portfolios must not be altered from the original submission prior to the appeal process
- The applicant may request a meeting with the PDRP coordinator to present the grounds of the appeal. A support person may also attend
- The appeal assessors will consider the applicant's original portfolio, the assessment tool from the original assessment and the applicant's statement in regard to the appeal. The original assessor/panel may present their case directly to the appeal assessors. The PDRP coordinator /appeal assessors' aim is to decide if the original decision is to be upheld or not. If it is upheld, the assessors will advise the applicant what is required for a successful portfolio
- The applicant is given the decision with supporting evidence in writing within one month of the appeal request
- If a decision cannot be agreed between the appeal assessors this will be escalated to the relevant Nurse Director.

Is the Professional Development and Recognition Programme moderated or audited?

An audit of the programme is undertaken every five years by NCNZ. This is managed by the PDRP Coordinator.

Are portfolios moderated?

Moderation of portfolios occurs in a range of ways to ensure accuracy, consistency and fairness in assessment.

Internal moderation:

- Expert and Senior portfolios are assessed by two independent portfolio assessors as a form of moderation
- Where agreement cannot be reached by the two assessors, the portfolio shall be moderated by the PDRP Coordinator or the Nurse Director for Policy and Practice
- Two competent and two proficient level portfolios are moderated quarterly by the PDRP Coordinator
- The PDRP Coordinators works with the NETP, ENSIPP, NESP Coordinators to support these portfolio assessments and provide moderation as required.

External moderation:

- External moderation of a selection of portfolios occurs annually by PDRP coordinators from other NCNZ approved PDRPs.

When the applicant completes the application letter they agree to their portfolio being involved in moderation. After assessment, portfolios must be available within two weeks of request for moderation by the PDRP coordinator. All documents must be left in the paper or electronic portfolio in case of moderation.

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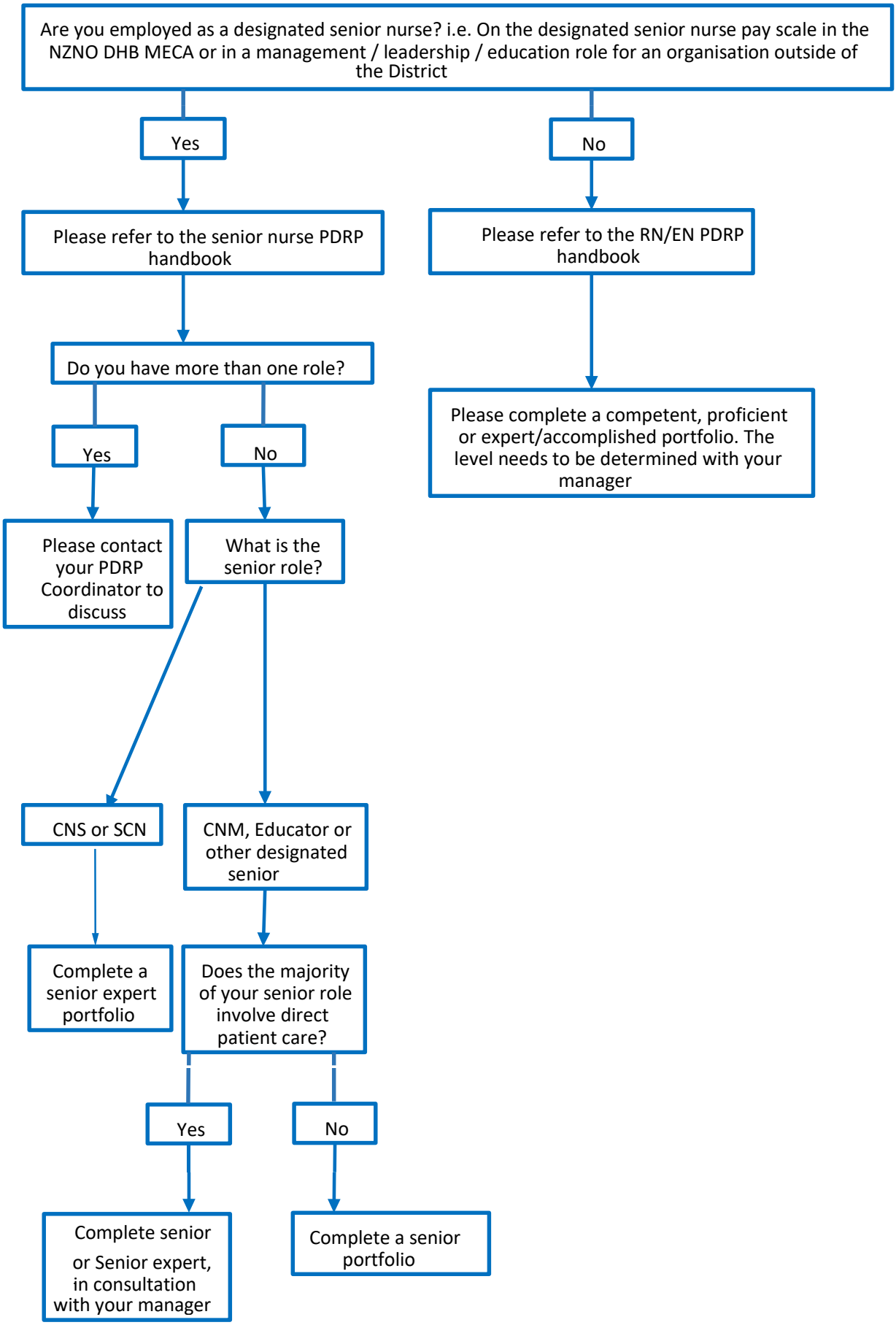
Appendix One: Senior vs Senior Expert Level Decision Flow Chart

(MHAIDS Senior nurses: Please discuss with DOMHN, ADONs to seek clarity)



Appendix Two: Abbreviations and Terminology

Abbreviations

APC	Annual Practicing Certificate
CC	Capital & Coast
CCF	Continuing Competence Framework
CNS	Clinical Nurse Specialist
EN	Enrolled Nurse(s)
ePortfolio/ePDRP	Electronic portfolio
HSS	Hospital and Specialist Services
HPCA Act	Health Practitioners Competence Assurance Act 2003
HV	Hutt Valley Hospital
KPI	Key Performance Indicator
NCNZ	Nursing Council of New Zealand
NZNO	New Zealand Nurses Organisation
PDCP	Professional Development and Career Plan
PDR	Professional Development Record
PDRP	Professional Development and Recognition Programme
PDRP Coordinators	Coordinators are designated Senior Nurses who manage the PDRP (Nurse Coordinator Professional Development)
PR	Performance Review(s)
RN	Registered Nurses(s)
WPD Agreement	Workforce and Professional Development Agreement (previously known as the MOU)

Terminology

Health consumer: includes any recipient of nursing care e.g. patients, clients, residents, turoro and can include family, whānau, significant others or people of importance to the health consumer

Tāngata whaiora: includes any recipient of nursing care e.g. patients, clients, residents, turoro and can include family, whānau, significant others or people of importance to the health consumer

Manager: is the person the nurse concerned reports to

Portfolio assessor: a nurse with a current PDRP at the same level or higher to that being applied for. They must have completed the appropriate assessment education.

Primary sector: refers to health care provider / organisation, e.g. Primary Health Organisation, Non-Government Organisation, Aged and Residential Care provider. Primary nurses include any nurse employed under this definition.

Appendix Three:

The NCNZ decision-making process for expanding scope of registered nursing practice flowchart

Decision-making process for expanding scope of registered nursing practice

Before considering an expansion of practice the following issues and questions should be considered in a collaborative manner by both the nurse and the employer:

Is there evidence that the expansion of scope of nursing practice will improve the health outcome of the health consumer? Is there an appropriate rationale for a registered nurse to undertake this activity?

NO → If no to any, further planning and consultation are needed and referral may be necessary in the meantime.

YES

Is the role or activity supported by any legislation or professional standards?*

NO → Refer to appropriate health practitioner or health care provider and collaborate for ongoing care.

YES

- Has the nurse considered any potential risk(s) and developed strategies to avoid them?
- Are there policies and procedures as part of an organisational risk management framework that support this practice?
- Will the organisation culture and interdisciplinary team accept the change?

NO

YES

- Have the following been determined:
  - acceptable level of educational preparation required?
  - acceptable level of theory and supervised clinical practice?
- Has a process been established:
  - to assess competencies for expanded practice?
  - for ongoing education to maintain competence for the expanded scope of practice?
  - to access other health professionals to support the activity?

NO → If no to any, further planning and consultation are needed to consider what needs to occur for these to be developed.

YES

Is the nurse educationally prepared and competent to perform the activity?
Is the nurse confident of their ability to perform the activity safely?
Does the nurse understand their level of accountability?

NO

YES

Is there on going monitoring and evaluation of the expanded activity?

NO

YES

Proceed with activity.

(Adapted from Nurses Board of Victoria, 2008)
If 'Yes' to all, then it is appropriate to proceed with the expansion to practice but if the context changes the issues and questions must be reapplied.
If 'No' to any, the situation requires review, further planning and consultation. Referral may be necessary in the meantime.
* Standards may be developed by national professional associations or by an expert group convened by national groups.
Legislation can be a barrier to nurses performing some roles, e.g. signing death certificates.