

**PROFESSIONAL DEVELOPMENT &
RECOGNITION
PROGRAMME
(PDRP)**

Handbook

Enrolled & Registered Nurses

Resource for:

Capital and Coast

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Important Information

This handbook is for Enrolled Nurses (ENs) and Registered Nurses (RNs) completing their portfolio for the PDRP. Designated Senior nurses* please refer to the Senior nurse PDRP Handbook.

*A senior nurse is a nurse employed into a designated senior position as per the current Collective Agreement and/or in a position with little or no direct health consumer contact. 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 the PDRP webpage: <https://www.ccdhb.org.nz/working-with-us/nursing/professional-development/professional-development-and-recognition-programme/>

PDRP workshops are also available, these can be found on Connectme and the PDRP webpage. <https://www.ccdhb.org.nz/working-with-us/nursing/professional-development/professional-development-and-recognition-programme/>

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 and peer 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.

The levels of the PDRP

The levels of the PDRP are based on the work of Patricia Benner (1984). This is seminal work and fundamental to models of clinical progression nationally and internationally. Her work is based on the Dreyfus Model of Skill Acquisition that proposes skill acquisition and development evolves through five levels of proficiency: novice, advanced beginner, competent, proficient and expert.

Graduate nurse refer to nurses within their first year of practice who are not on the PDRP. They work towards achieving Competent level at the end of their first year.



The times above are an approximate guide for considering time to progression. Progression can only occur or be maintained if all the requirements for the level are consistently being met.

For a summary description of each level of the PDRP, refer to Appendix 1 for RNs and Appendix 2 for ENs.

PDRP level reflects the nurse's day to day practice. All applications for portfolio progression should be discussed with the nurse's manager to allow the opportunity to endorse or not endorse application for any level of practice above competent i.e. Proficient, Accomplished, Expert (NENZ, 2017).

PDRP levels for Registered Nurses

Competent
Proficient
Expert

PDRP levels for Enrolled Nurses

Competent
Proficient
Accomplished

PDRP levels for Designated Senior Nurses*

Senior (Education, management, policy, research)*
Senior Expert

The terms RN (or EN) 1, 2, 3 or 4 are now obsolete and should not be used. They were replaced by the terms above in 2005.

* Designated senior nurses in management, education, policy or research roles please refer to the Senior Nurse PDRP Handbook. The Senior pathway is for nurses employed into designated senior roles. It does not reflect years of nursing or employment but the position description of the role. Nurses in designated senior roles where the majority of the role involves direct health consumer care, e.g. CNS, clinical coordinators, should complete the Senior Expert level of the PDRP (NENZ, 2017).

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 and 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

RNs working in expanded practice roles must include three additional competencies and evidence within their portfolio which are required for nurses with an expanded scope.

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.

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.

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

For nurses employed under the Health NZ and NZNO Collective Agreement you are entitled to additional leave in order to undertake research or study associated with meeting the PDRP requirements. This may include time spent writing self-assessment examples. This applies to nurses working proficient and expert/accomplished portfolios only, as per collective agreement. These leave requests should be discussed with your manager.

When are PDRP allowances allocated?

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

PDRP related study day allowances commence from the date of progression as above

Section 2: Application to the PDRP

Who is expected to be on the PDRP?

All HSS Enrolled Nurses (ENs) and Registered Nurses (RNs) are expected to be on the PDRP. This includes the Integrated Operations Centre (IOC) and casual nursing staff.

In the primary care sector expectations for PDRP are determined by the employer.

How do I apply?

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

- PDRP workshops ([Capital & Coast](#))
- PDRP webpages ([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. A nurse can apply directly to any level but should discuss this first with their manager for endorsement of that level.

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 New Zealand | 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 that demonstrates that they meet the requirements of the level applied for in each separate role using examples from either area. Their peer assessment may be provided by nurse(s) from one or both areas.

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)

For all the above both managers must endorse the PDRP level being applied for or maintained.

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.

Can I apply straight to Accomplished or Expert level?

Progression is based on consistent day to day practice and not linear. Therefore direct application to any level is welcome as long as the requirements for that level are consistently being met and the Nurse Manager supports and endorses the application.

Do I have to wait for the three years to apply to a higher level on the PDRP?

No, a portfolio can be completed at any time, as long as the requirements for the level are consistently being met in day to day practice. This must be endorsed by the Manager.

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

Postgraduate study is not a requirement for expert level portfolio submissions.

I am leaving or I have left my job at Hutt Valley: 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 and peer 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

Under normal circumstances, if an employee on the PDRP resigns and then returns within three years of their previous full portfolio review, their status will be re-established, at the existing level. Nurses who have been away for more than 3 years or who did not complete a full PDRP portfolio prior to leaving cannot have their level re-established as the organisation cannot guarantee they meet NCNZ continuing competency requirements. A full performance review and portfolio assessment at the relevant level must be completed within 12 months of employment for all returning employees regardless of whether PDRP level was re-established or not.

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 WPD 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. We do not need to see 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.

What if I can't meet the level requirements after transferring?

If the requirements are not met, the Professional Development Career Plan (PDCP) must include strategies and a negotiated time frame to meet them. Continuation of allowances is at the discretion of the manager during this time. Voluntary regression down the PDRP is allowed at any time.

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; who is not on the PDRP and is called up by NCNZ for recertification audit, will be encouraged and supported by their senior team to successfully complete a competent PDRP according to the requirements of the CC or HV Programme. The nurse may choose whether to pursue a Competent PDRP or to proceed with the NCNZ rectification audit process. If they choose to complete a PDRP, 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. This is because the senior nursing team believe that every effort must be made to encourage nurses to be part of the PDRP and this is fully achievable with supports available. If you have any questions regarding this, please contact the [PDRP Coordinator](#).

Section 3: Portfolio Requirements

What needs to be in a portfolio?

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

What is the electronic portfolio (ePortfolio/ ePDRP) and who uses this?

Instead of completing and submitting the portfolio on paper, NETP and NESP nurses use what is called an electronic portfolio (the ePDRP) which allows them to add documents and evidence to an electronic portfolio.

This is still being trialled and so all other nurses are to complete their PDRP with the word documents as the templates.

What are the portfolio requirements for RNs?

Registered Nurse Portfolio Requirements

	Competent	Proficient	Expert
1	Application letter	Application letter	Application letter
2	Copy of APC Profile	Copy of APC Profile	Copy of APC Profile
3a	Competent RN: Self-assessment	Proficient RN: Self-assessment	Expert RN: Self-assessment
3b	Competent RN: Peer assessment	Proficient RN: Peer assessment	Expert RN: Peer assessment
4	Not required	Evidence of teaching, precepting or supporting skills development of colleagues	Evidence of contributing to the education and development of colleagues
5	Evidence of 450 practice hours (completed within last 3 years)	Evidence of 450 practice hours (completed within last 3 years)	Evidence of 450 practice hours (completed within last 3 years)
6	Performance Appraisal (completed within last 12 months)	Performance Appraisal (completed within last 12 months)	Performance Appraisal (completed within last 12 months)
7	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)
8a	Professional Development Record (PDR) demonstrates 60 hours within last 3 years	Professional Development Record (PDR) demonstrates 60 hours within last 3 years	Professional Development Record (PDR) demonstrates 60 hours within last 3 years
8b	Three reflections on three different Professional Development activities	Three reflections on three different Professional Development activities	Three reflections on three different Professional Development activities
9	Not required	Curriculum Vitae	Curriculum Vitae
10	Manager declaration	Manager declaration	Manager declaration

What are the portfolio requirements for ENs?

Enrolled Nurse Portfolio Requirements			
	Competent	Proficient	Accomplished
1	Application letter	Application letter	Application letter
2	Copy of APC Profile	Copy of APC Profile	Copy of APC Profile
3a	Competent EN: Self-assessment	Proficient EN: Self-assessment	Accomplished EN: Self-assessment
3b	Competent EN: Peer assessment	Proficient EN: Peer assessment	Accomplished EN: Peer assessment
4	Not required	Evidence of contributing to the education of the healthcare team	Evidence of contributing to the education, quality and service improvement
5	Evidence of 450 practice hours (completed within last 3 years)	Evidence of 450 practice hours (completed within last 3 years)	Evidence of 450 practice hours (completed within last 3 years)
6	Performance Appraisal (completed within last 12 months)	Performance Appraisal (completed within last 12 months)	Performance Appraisal (completed within last 12 months)
7	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)	Professional Development and Career Plan (PDCP)
8a	Professional Development Record (PDR) demonstrates 60 hours within last 3 years	Professional Development Record (PDR) demonstrates 60 hours within last 3 years	Professional Development Record (PDR) demonstrates 60 hours within last 3 years
8b	Three reflections on three different Professional Development activities	Three reflections on three different Professional Development activities	Three reflections on three different Professional Development activities
9	Not required	Curriculum Vitae	Curriculum Vitae
10	Manager declaration	Manager declaration	Manager declaration

What are the document and evidence requirements?

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, family/whanau or colleagues or contain incomplete documents, will be returned for amendment.

Document and evidence requirements

All parts of all templates must be completed. Document templates (where applicable) must be sourced from PDRP website only

Competent / Proficient / Expert/Accomplished

1	Application Letter/ Declaration	<ul style="list-style-type: none"> Initialling the statements and signing this declaration indicates compliance with, and agreement to, all specifications
2	Copy of APC profile	<ul style="list-style-type: none"> 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 <i>does not</i> meet this requirement as it does not include the required information
3a	Self-assessment	<ul style="list-style-type: none"> Completed for the level being maintained or 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
3b	Peer assessment	<ul style="list-style-type: none"> Completed for the level being maintained or applied for All examples are from the current area of practice and are less than 12 months old Peer assessment clearly and completely answers chosen Indicator with examples from day-to day practice Completed by a nurse who meets the requirements to be peer assessor The peer assessor is responsible for giving feedback (if required) on the self-assessment prior to submission of the completed portfolio
4	Evidence of education of the healthcare team (Not required for Competent level)	<p>Proficient RNs & ENs If this evidence is clearly provided within the self-assessment additional evidence is not required. Options for additional evidence include:</p> <ul style="list-style-type: none"> Education session plan with at least one evaluation from a nurse Precepting or supporting skill development of the health care team <p>Expert RNs If this evidence is clearly provided within the self-assessment additional evidence is not required. Options for additional evidence include:</p> <ul style="list-style-type: none"> Education session plan with at least four evaluations <p>Accomplished ENs Evidence of contributing to the education, quality and service improvement. If this evidence is clearly provided within the self-assessment additional evidence is not required. Options for contributing to education include:</p> <ul style="list-style-type: none"> Education session plan with at least four evaluations
5	Evidence of 450 practice hours	<ul style="list-style-type: none"> 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
6	Performance Appraisal (completed within last 12 months)	<ul style="list-style-type: none"> 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

Competent / Proficient / Expert/Accomplished

<p>7</p> <p>Professional Development and Career Plan (PDCP)</p> <p>Professional Development Record (PDR)</p> <p>8a</p> <p>8b</p>	<p>Professional Development and Career Plan (PDCP)</p> <p>Professional Development Record (PDR)</p> <p>Three reflections on three different Professional Development activities</p>	<ul style="list-style-type: none"> • Must be signed by both the nurse and their manager • Must be dated within 12 months of portfolio assessment <p>Must include:</p> <ul style="list-style-type: none"> • 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 <p>Verification can be provided by:</p> <ul style="list-style-type: none"> • 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 <p>Please note:</p> <p>“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”</p> <p>NCNZ Professional Development webpage</p> <ul style="list-style-type: none"> • Include 3 short reflections on how the selected Professional Development activities affirmed, influenced or changed practice. <p>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.</p>
<p>9</p> <p>10</p>	<p>Curriculum Vitae (CV) (Not required for Competent)</p> <p>Manager declaration</p>	<ul style="list-style-type: none"> • Current and identifying current role(s) • Must include work and education history • Must be completed by the manager endorsing the PDRP level applied for. • When the manager is not a nurse this should be also endorsed by a relevant senior nurse. Within HSS this may be a Nurse Director or Associate/Director of Nursing.

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/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?

- Competent and Proficient portfolios are assessed in the clinical area and submitted to a Nurse Educator/manager/team leader in the clinical area.
- Expert and Accomplished portfolios are submitted to the Workforce and Practice Development Unit, Level 11, Grace Neill Block.
- Electronic portfolios are submitted in Connectme. They are then allocated by the PDRP coordinator
- If there are no portfolio assessors within the clinical area please contact the PDRP coordinator.

What are the submission dates?

- Competent and Proficient level portfolios can be submitted at any time
- Expert and Accomplished level portfolios are submitted by the first day of the month, February to December to be assessed at that month's panel. There is no panel in January

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

If you are completing a portfolio as part of your NETP, NESP or ENSIP Programme please check with the programme coordinator for your submission due date.

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 four to six 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. Portfolios are not assessed during the month of January.

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 (PR)?

For nurses employed by CCHV, a Performance Review (PR) is required annually. This will be either a full or revalidation PR.

For nurses employed in the Primary / ARC / NGO sector, PRs are carried out according to the policy of the individual organisation and may have different or additional requirements. However for application to the CC PDRP, templates for the self and peer assessment must be used.

What is the difference between a full and revalidation PR?

A full PR (PR) includes completion of the full self and peer assessment document at the relevant PDRP level. This document is also assessed as part of the PDRP portfolio. For Performance review for Senior Nurses, please refer to the Senior Nurse PDRP Handbook.

For the two years in between the three yearly full self and peer assessment (performance review), nurses employed by CCHV must complete a Revalidation PR (RPR) for the appropriate PDRP level. A RPR is a record of a verbal discussion with the Manager or delegated representative and the nurse as to how the nurse maintains their level on the PDRP. Written answers or evidence against the PIs are not required as the conversation is recorded in a checklist format. However,

- the most recent PDRP portfolio, updated PDR and Professional Development and Career Plan are required at each RPR.
- for RN Proficient and Expert level and EN Accomplished level, the yearly education session plan and evaluation/s must be Presented

Updating CC systems

Capital Coast:

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

Section 5: Self and Peer Assessments

NCNZ currently require two assessments against each competency and therefore a self-assessment and peer assessment is required as part of the PDRP.

The National Framework and Evidential Requirements (2017) provides additional specifications regarding self- and peer assessments which are incorporated into Capital, Coast & Hutt Valley PDRP programmes.

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 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 you are practicing evidence-based practice. This is a requirement of all levels but especially at Proficient, Expert and Accomplished level.

- References must be from a source of evidence based on peer reviewed medical or nursing 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 a peer assessment?

The peer assessment must be completed/signed by a registered or enrolled nurse who:

- Has a current nursing APC
- Is delegated this responsibility by the manager
- Is employed as a Designated Senior Nurse (e.g. CNM, DNM, ACNM, NE, CNE, TL) or is a nurse who is current on the PDRP on the same or higher level as the nurse being assessed
- Be familiar with the processes and policies of the clinical area
- Be familiar with the practice of the nurse completing the portfolio
- It is expected that Accomplished level ENs and Expert RNs are peer assessing whenever possible, as delegated by the manager. Being able to give feedback on areas of practice requiring development is an expected part of the professional role
- The peer assessor should not be a close personal friend or relative of the nurse being assessed. A high level of professionalism is expected of the peer assessor and any conflicts of interest must be declared and another assessor chosen
- In some settings where the manager completes the peer assessment but is not a nurse, each competency within the peer assessment must be completed in collaboration with a nurse who has a current APC and is current on the PDRP at the same level or higher. The collaborating nurse must verify/sign each competency

Can ENs be peer assessors?

Yes, ENs can assess other ENs but not RNs, as delegated by the manager. The EN peer assessor must be on the PDRP at the same or a higher level than the EN being assessed.

What is needed to complete a peer assessment?

- Peer-assessments must clearly and completely answer the KPI / chosen Indicator with an example from practice. The KPI / Indicators change at each level to reflect the different levels of practice
- Examples must be provided from the current area of practice and be less than 12 months old
- If the peer assessor is using the same example/scenario as the nurse has used in the self-assessment then it should be a validation of this, providing comments from a different viewpoint or focus.
- Statements such as 'agreed', 'see above', 'nurse meets this competency' do not meet requirements because there is no example given
- Peer assessors should also consider what has been written in the self-assessment and whether this has met the KPIs/Indicators, and if needed, provide feedback

As the peer assessor, do I use what the nurse has written in the self-assessment or what I have seen in practice?

Evidence for the peer assessment can be based on:

- Direct observation of practice
- An interview / discussion with the nurse to ascertain nursing care in different scenarios
- Evidence in self-assessments, exemplars or other examples of practice
- Reports from other nurses or health professionals

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

- 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
- 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

Can more than one nurse complete the peer assessment?

Peer assessments 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 assessment and they should all sign and date their contributions. If more than three peer assessors are to be used this needs to be discussed with the PDRP Coordinator.

Can I record the time spent writing peer assessments in Trendcare?

If spending 15 minutes or more writing a peer 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.

What if I disagree with the choice of peer assessor and/or the peer assessment?

All peer assessors must have been delegated by the manager. If the nurse being assessed disagrees with the choice of peer assessor, they can discuss with their manager and request an alternative assessor before the peer assessment commences.

What is the difference between a peer assessment and the portfolio assessment?

Peer assessment provides examples of the nurse's practice against each of the NCNZ competencies. The peer assessor must be familiar with the nurse's practice.

Portfolio assessment involves an assessment of the entire portfolio contents to review whether it meets all PDRP requirements. The portfolio assessor does not need to be familiar with the nurse's practice.

Can the peer assessor be the same nurse as the portfolio assessor?

No. The nurse who has completed the peer assessment for a portfolio cannot also be a portfolio assessor for the same portfolio.

Are there examples of self and peer assessments?

It may be useful to 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. Competent and Proficient portfolios are assessed within the clinical area. Accomplished, Expert & Senior portfolios are managed centrally by the PDRP Coordinator who liaises with portfolio assessors for these levels.

Who can assess portfolios?

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)
- Have a Senior Nurse Title (for example, CNM, CNE, ACNM) OR the Manager can delegate an appropriate senior nurse who is on the same or higher level of the PDRP
- An Enrolled Nurse may be a portfolio assessor for another Enrolled Nurse but not for a Registered Nurse
- 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.

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.

It is expected that Accomplished ENs and Expert RNs employed in the HSS are assessing portfolios whenever possible.

How many assessors review each portfolio?

A competent portfolio only requires one independent assessor. However, Proficient, Expert, Accomplished and Senior Expert portfolios require two independent assessors. Senior and Senior Expert portfolios require an assessment from their Nurse Director.

How do I assess a portfolio?

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.

What is assessed during portfolio assessment?

All components of the PDRP portfolio ([see Section 3: Portfolio Requirements](#)), including the self and the peer assessments, are assessed using the portfolio assessment tool at the appropriate level.

Will my portfolio go to the Expert Panel?

Expert pathway portfolios are assessed by the PDRP panel. The PDRP panel meets every month (unless there are no portfolio submissions) with the exception of January. Expert portfolios must be submitted by the first day of the month to be assessed at that month's panel.

Every panel is chaired by the PDRP Coordinator or designated other to ensure a consistent and fair process.

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 CCF under the HPCA Act (2003).

Do I have to wait for the three years to apply to a higher level on the PDRP?

No, a portfolio can be completed at any time, as long as the requirements for the level are consistently being met in day to day practice. This must be endorsed by the Manager.

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 allowances and 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?

Yes. If you wish to go down a level on the PDRP, this should be discussed with your line manager first. If you go down a level, allowances will change accordingly.

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 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)"
- 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.

- Competent and Proficient level portfolios will be reassessed by the PDRP coordinator
- Expert and Accomplished 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:

- Proficient, Expert, Accomplished 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: RN Competencies and Levels of Practice Definitions (NENZ, 2017)

The Graduate RN

- Graduates should, in their first year of practice, be gathering evidence for competent level RN portfolio submission at end of the first year of practice
- It is essential that graduate RNs have comprehensive orientation, mentoring, support, guidance, coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting

The Competent RN

- Effectively applies knowledge and skills to practice
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Has consolidated nursing knowledge in their practice setting
- Has developed an holistic overview of the client
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload
- Demonstrates increasing efficiency and effectiveness in practice
- Is able to anticipate a likely outcome for the client with predictable health needs.
- Is able to identify unpredictable situations, act appropriately and make appropriate referrals

The Proficient RN

- Acts as a role model and a resource person for other nurses and health practitioners
- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety
- Has an holistic overview of the client and the practice context
- Demonstrates autonomous and collaborative evidence based practice
- Actively contributes to clinical learning for colleagues
- Supports and guides the health care team in day to day health care delivery
- Participates in quality improvements and changes in the practice setting
- Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes

The Expert RN

- Is recognised as an expert and role model in her/his area of practice
- Guides others to apply the principles of Te Tiriti o Waitangi and to provide culturally safe care to clients
- Engages in clinical learning for self and provides clinical learning opportunities for colleagues
- Contributes to specialty knowledge and demonstrates innovative practice
- Initiates and guides quality improvement activities and changes in the practice setting 11 10 April 2017 Nurse Executives NZ FINAL VERSION
- Delivers quality client care in unpredictable challenging and/ or complex situations
- Demonstrates successful leadership within a nursing team unit/facility
- Advocates for the promotion and integrity of nursing within the health care team
- Is involved in resource decision making/strategic planning

- Influences at a service, professional or organisational level

Appendix Two: EN Competencies and Levels of Practice Definitions (NENZ, 2017)

The Graduate EN

- Graduates should, in their first year of practice, be gathering evidence for competent level EN portfolio submission at end of the first year of practice
- It is essential that graduate ENs have comprehensive orientation, mentoring, support, guidance, coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting

The Competent EN

- Under the direction of the RN, contributes to assessment, planning, delivery and evaluation of nursing care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge and incorporates evidence-based nursing
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload appropriately
- Demonstrates increasing efficiency and effectiveness in practice
- Responds appropriately in emergency situations

The Proficient EN

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

The Accomplished EN

- Demonstrates advancing knowledge and skills in a specific clinical area within the enrolled nurse scope
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the clients determine is culturally safe
- Contributes to the management of changing workloads
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues
- Contributes to quality improvements and change in practice initiatives
- Acts as a role model and contributes to leadership activities

Appendix Three: 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

Manager: is the person the nurse concerned reports to

Peer assessor: a nurse with delegated authority from the manager to complete the peer assessment process. They should be on the PDRP at the same or higher level to that being applied for.

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.