Welcome to the Hauora Tairawhiti DHB PDRP and the opportunity to present a portfolio of work reflecting your Level of Nursing Practice.
The umbilical links back to the whanau from whom we receive Tautoko to be able to develop and grow. The essence of Whanau Ora.

**Mihimihi**

*E Tipu E Rea*

*Grow Up O Tender Shoot*
INTRODUCTION

This package is designed to guide you through the process of developing your professional portfolio for the Northern Districts Regional Professional Development and Recognition Programme (PDRP) for Nurses.

This is a guideline only and the range of evidence you need to provide in your portfolio will depend on the level you are submitting your portfolio for.

You can obtain the self-assessment and third party documents from the HTDH intranet; the workbook and other associated documents from the PDRP link on the Hauora Tairawhiti website www.tdh.org.nz or contact the Education Coordinator – 068690500, Ext 8220 for additional information. The Education Co-ordinator Office is located on 2nd Floor, Gisborne Hospital.

The purpose of this package is to provide you with a step by step guide that can be utilised in conjunction with support and guidance from the PDRP Co-ordinator and appropriate resource people within the DHB. These include Clinical Nurse Managers, PDRP Assessors and other nurses who have achieved on the programme.
HAUORA TAIRAWHITI

VISION:

A healthier Tairawhiti by working together

Whaia te hauora roto i te kotahitanga

Hauora Tairawhiti values form WAKA

The concept of wake reflects our bicultural past while guiding us on our future journeys. Recognising our wake heritage reminds us of the tenacity and teamwork required to overcome challenges; it inspires us toward success.

HAUORA TAIRAWHITI VALUES:

Whakarangatira – Enrich
Awhi - Support
Kotahitanga – Togetherness
Aroha - Compassions
Evidential Portfolio Requirements for RN and EN ................................................ 07 - 10
PDRP Definitions of Levels of Practice

Regional Programme Requirements ............................................................... 11 - 22
Includes:
- Assessment Process
- Portfolio Submission & Assessment Process
- Assessment Process Flowchart
- Assessor Application & Training
- Transferability Process
- Falsification of Evidence & Flowchart
- Moderation Process
- Appeals Process
- Appeals Flowchart
- Appeals Request Form

Regional Competencies .................................................................................. 23 - 28
Includes:
- RN Competencies
- EN Competencies

Additional Information .................................................................................... 29
PORTFOLIO EVIDENTIAL REQUIREMENTS

The standard requirements set below apply to all Registered and Enrolled nurses who prepare a portfolio for assessment through an organisation’s PDRP portfolio assessment processes. A portfolio can be submitted as an eportfolio or as a hard copy in a folder.

To remain in a NCNZ approved PDRP, nurses are required to submit a fresh portfolio of evidence every three years. The triennial application process reaffirms the nurse is consistently practising at that level of practice.

The only time when a nurse submits a portfolio more frequently than three yearly is when the nurse is ready to progress to a higher level of practice. In this situation the nurse prepares his/ her portfolio immediately using the relevant level of practice templates and has it assessed by the organization’s assessment process to complete the requirements of progression – a new triennial cycle will commence from the time that portfolio is approved by the organization.

Standard requirements:

- Support from the applicants Clinical Nurse Manager to support the submission at the identified level
- Verification of 450 hours of practice over last 3 years, validated by either a senior nurse (Clinical Nurse Manager or the nurse to whom the applicant reports) or a letter from the employer (HR Department) indicating the clinical area and number of practice hours over the last 3 years
- 60 hours of professional development over last three years. This may include organisational mandatory / essential requirements.

Professional development requirements must:
- Be validated either by signature or someone who can verify your attendance, or certificate or organisational education record
- Be at an appropriate level for specific practice/related to practice
- Include reflection on at least a statement, describing the difference this learning has made to your nursing practice of (at least) three educational attendances over the past three years

- Self-assessment against NCNZ competencies:
  - A minimum of one piece of evidence for each competency is required. It is recommended that practice examples are used.
  - The practice example is to be from the applicants’ current area of practice and be within the previous three years of practice.
  - It is to describe how the nurse’s day to day practice meets the competency and the level of practice applied for.
  - It must be verified by a Registered Nurse.
  - It is recommended that the Nursing Council indicators are used to support all nurses. This document is available from the Nursing Council website www.ncnz.org.nz
  - Additional information is also available from the PDRP link on the Hauora Tairawhiti website.

- Third party evidence as Peer/Senior nurse feedback against NCNZ competencies describing how the nurse’s day to day practice meets the competency. The practice example must be from the current area of practice, be at the appropriate level, and within the previous three years. This may have been completed as part of the performance review where the NCNZ competencies are the foundation for performance review.
The “You- Time” or Performance appraisal (PA) must be within the last 12 months.
Printout of current practicing certificate (from NCNZ website) or a copy of current practising certificate or a hyperlink to the Nursing Council of New Zealand to your own APC if submitting an eportfolio.

Level of Practice Evidential Requirements:
Set out below are levels of practice specific competencies that the nurse provides evidence of achieving in daily practice. This evidence may be presented within the standard requirements and if this is the case no additional evidence needs to be provided. These level requirements apply to both progression and maintenance of level of practice.

1.1 Competent Registered Nurse
Standard portfolio evidential requirements only.

1.2 Proficient Registered Nurse
Standard portfolio evidential requirements and evidence of achievement of the following criteria:

NB: Evidence of achievement of the specific Proficient requirements / Indicators may be evidenced in standard requirements. e.g. performance appraisal. If so, NO ADDITIONAL evidence is required. If it is not, then separate statements should be provided.

- Statement that the Clinical Nurse Manager, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse’s support may be noted on the application.
- A copy of your CV providing work and education history.
- One piece of evidence to demonstrate involvement in practice change or quality initiative.
- One piece of evidence of teaching, preceptoring or supporting skill development of colleagues. If a teaching session is used to illustrate achievement, session learning objectives and evaluation of the session must be included in evidence. Preceptorship or supporting skills development should include reflection and feedback from the person preceptored or supported.
- One piece of evidence illustrating ability to manage and coordinate care processes for patients with complex needs.

1.3 Expert Registered Nurse
Standard portfolio evidential requirements and evidence of achievement of the following competencies:

NB. Evidence of achievement of the specific Expert requirements/indicators may be evidenced in standard requirements, e.g. performance appraisal.
If so, NO ADDITIONAL evidence is required. If it is not, then separate statements should be provided.

- Statement that the Charge Nurse, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse’s support may be noted on the application.
- CV providing work and education history.
- PG education or equivalence in education and practice. Statement on application of this to practice. (This can be included in the 60 hours of professional development or included within CV.
- Post graduate education is Level 8 and must be relevant to the area of practice. Post graduate certificates, diplomas and Masters degree all meet this requirement.
The educational equivalence option reduces barriers for many nurses who have not had access to level 8 education but who have achieved the equivalent knowledge, skills and attributes through other pathways. The applicant is required to demonstrate within their portfolio the integration of the nursing knowledge at level 8 into their nursing practice. The education pathways to achieve this level of knowledge are to be presented.

Evidence should include:

- Post registration experience and education relevant to current area of practice which impacts on practice at expert level.
- Changes in attitudes and skills which have occurred as a result of this.
- Demonstration of expert practice, critical analysis and reflection consistently in nursing practice and evidence throughout portfolio evidence.
- One piece of evidence demonstrating contribution to speciality knowledge or innovation in practice and the change process in quality improvement activities.
- One piece of evidence of describing and reflecting on responsibility or learning and/or development of colleagues.
- One piece of evidence showing engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (this could be an attestation.)
- One piece of evidence showing expert knowledge and application of expert practice to care of the complex patient and clinical leadership in care coordination.

2.4 Competent Enrolled Nurse
Standard portfolio evidential requirements only.

2.5. Proficient Enrolled Nurse
Standard portfolio evidential requirements and evidence of achievement of the following competencies.

NB. Evidence of achievement of the specific Proficient competencies may be evidenced in standard requirements. If so, NO ADDITIONAL evidence is required. If it is not, then separate statements should be provided.

- Statement that the Clinical Nurse Manager, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse’s support may be noted on the application.
- A copy of your CV providing work and education history.
- One piece of evidence to demonstrate involvement in practice change or quality initiative.
- One piece of evidence showing in depth understanding of patient care and care coordination within scope of practice.

2.6. Accomplished Enrolled Nurse
Standard portfolio evidential requirements and evidence of achievement of the following competencies:

NB. Evidence of achievement of the specific accomplished competencies may be evidenced in standard requirements. If so, NO ADDITIONAL evidence is required. If it is not, then separate statements should be provided

- Statement that the Clinical Nurse Manager, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse’s support may be noted on the application.
• A copy of your CV providing work and education history.
• One piece of evidence demonstrating participation in quality improvement and the change process.
• One piece of evidence showing engagement and influence in professional activities.
• One piece of evidence showing in depth understanding of patient care and care coordination as within scope of practice, and the ability to identify changes in patient health status and action this appropriately.
# PDRP Definitions of Levels of Practice

*All nursing staff should have a thorough understanding of work within their scope of practice as defined by the Nursing Council of New Zealand. (NCNZ)*

<table>
<thead>
<tr>
<th>The New Graduate Registered Nurse:</th>
<th>The Competent Registered Nurse:</th>
<th>The Proficient Registered Nurse:</th>
<th>The Expert Registered Nurse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is a newly Registered Nurse with a practising certificate.</td>
<td>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</td>
<td>• Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety.</td>
<td>• Guides others to apply the principles of Te Tiriti o Waitangi and to implement culturally safe practice to clients.</td>
</tr>
<tr>
<td>• Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.</td>
<td>• Effectively applies knowledge and skills to practice.</td>
<td>• Has an holistic overview of the client and the practice context.</td>
<td>• Engages in Post Graduate level education (or equivalent).</td>
</tr>
<tr>
<td>• Is a multi-skilled beginner nurse with theoretical and practical student experiences.</td>
<td>• Has consolidated nursing knowledge in their practice setting.</td>
<td>• Demonstrates autonomous and collaborative evidence based practice.</td>
<td>• Acts as a role model and leader.</td>
</tr>
<tr>
<td>• Is able to manage and prioritise assigned client care/workload with some guidance.</td>
<td>• Has developed an holistic overview of the client.</td>
<td>• Acts as a role model and a resource person for other nurses and health practitioners.</td>
<td>• Demonstrates innovative practice.</td>
</tr>
<tr>
<td>• Is reliant on learning from the experience of other nurses and her/his own experience.</td>
<td>• Is confident in familiar situations.</td>
<td>• Actively contributes to clinical learning for colleagues.</td>
<td>• Is responsible for clinical learning/development of colleagues.</td>
</tr>
<tr>
<td>• Learns and is developing confidence from practical situations.</td>
<td>• Is able to manage and prioritise assigned client care/workload.</td>
<td>• Demonstrates leadership in the health care team.</td>
<td>• Initiates and guides quality improvement activities.</td>
</tr>
<tr>
<td>• Is guided by procedures policies and protocols.</td>
<td>• Demonstrates increasing efficiency and effectiveness in practice.</td>
<td>• Participates in changes in the practice setting.</td>
<td>• Initiates and guides changes in the practice setting.</td>
</tr>
<tr>
<td></td>
<td>• Is able to anticipate a likely outcome for the client with predictable health needs.</td>
<td>• Participates in quality improvements in the practice setting.</td>
<td>• Is recognised as an expert in her/his area of practice.</td>
</tr>
<tr>
<td></td>
<td>• Is able to identify unpredictable situations, act appropriately and make appropriate referrals.</td>
<td>• Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.</td>
<td>• Influences at a service, professional or organisational level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Acts as an advocate in the promotion of nursing in the health care team.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Delivers quality client care in unpredictable challenging situations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Is involved in resource decision making/strategic planning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Acts as leader for nursing work unit/facility.</td>
</tr>
</tbody>
</table>

Reference:
[http://www.nurses.org.nz/Membership/MemberSupport/Professionaldevelopment.aspx](http://www.nurses.org.nz/Membership/MemberSupport/Professionaldevelopment.aspx)

National Framework for Nursing Professional Development and Recognition Programmes and Designated Role Titles
ASSESSMENT PROCESS

- All portfolios should be submitted to the Education Co-ordinator office, NQS for assessment.

- A signed and dated portfolio submission and consent form must accompany all portfolios submitted for assessment.

- Each portfolio will be assessed by one assessor unless the assessor is in training as an assessor; in this case two assessors will be allocated. This does not preclude some DHBs from choosing to have more than one assessor per portfolio.

- All new assessors are to have their first three, and up to six portfolios cross marked (assessed by a second assessor). Depending of the new assessor level of understanding and response to the initial portfolios assessed, the Education Co-ordinator may deem the new assessor as ‘fully trained’.

- Assessors will not have worked closely with, be a line manager of, or be a personal friend of the staff member being assessed.

- The applicant will be advised in writing the name of assessor allocated to assess their portfolio.

- Māori have the option of being assessed by Māori.

- A face to face discussion may occur as part of the assessment process for all levels. This may be instigated by the applicant or the assessor.

- Assessors will be allocated by the PDRP Coordinator.

- Salary increases will occur from the date of submission of the portfolio on successful completion/assessment.

- If additional information required is not received within the 4 week timeframe as specified on Page 13 then the submission date is considered to be the new date of submission. Where possible the same assessor should be used in this situation.
The assessment process is designed to give certainty to both the applicant and the assessor around expectations and time frames.

PORTFOLIO SUBMITTED

Signed & dated portfolio submission and consent form to accompany portfolio

Minimum requirements present in the portfolio?

Yes

Return portfolio to applicant

No

Assessor(s) assigned. Applicant advised. Areas to have specialty based assessors – Mental Health

Expert portfolio assessor to be expert or at Senior Nurse Level

Portfolio assessed against all criteria

Face to face discussion (optional)

Assessment complete within 8 weeks

4 weeks to provide additional information

Documentation complete

Assessment complete

Applicant notified of outcome and portfolio returned within 8 weeks

Appeals as per Page 19
All assessors will have undergone the NZQA 4098, workplace assessor course.

- The NZQA 4098 training may on occasions occur regionally by agreement within the DHBs.

- In addition to the above, all assessors must have completed organisational cultural assessment training.

- All assessors are training to assess eportfolios and will use either the computer suite in the learning centre, their own work computers or may choose to use their home computers.

- New assessors may act as second assessors for portfolios in another DHB as part of their orientation to the assessor role.

- To provide options for Māori nurses to be assessed by Māori, Māori nurses are encouraged and supported to become assessors.

- All new assessors within Hauora Tairawhiti will have achieved or be working towards a proficient or expert R/N or proficient or accomplished E/N or senior Nurses on the PDRP.

- The first three and up to the first six portfolios assessed by all new assessors will be crossed marked (second assessed) – this is dependent on the outcomes of the individual new assessor and up to the discretion of the Education Co-ordinator.

- Assessor applicants need to complete the assessor application form, this form and the assessor job application form are available from the Education Co-ordinator office. This must be supported by the Clinical Care Manager and forwarded to the PDRP Coordinator.

- Final selection is confirmed by the Director of Nursing.
**PDRP ASSESSOR STANDARDS**

- Assessors sign the PDRP Assessor role description. A copy of this, with manager’s signature, is provided to the assessor and a copy is kept on file in the PDRP office in the assessor folder.

- Hauora Tairawhiti Assessors are working towards or are on confirmed levels on the PDRP – proficient, Expert of Senior Nurse and assess portfolios that are equivalent to or below their level of practice.

- Assessors follow the rules of assessment relating to fairness, openness, validity, sufficiency, reliability, authenticity, and repeatability.

- PDRP assessors maintain confidentiality of applicant information and portfolio content.

- Hard copy portfolios are transported covered and kept in a safe and secure place and Eportfolios are password protected.

- Storage of electronic assessment information must be password protected and when assessment is completed forward to the PDRP for electronic storage. Assessment information is then deleted from personal computers and/or USB.

- PDRP assessors from the Primary Health sector are able to support the assessment of other portfolios.

- A minimum of four portfolios will be assessed by each assessor per year.

- Assessors will complete the assessment within the eight week time frame with additional four weeks for submission of further evidence.

- PDRP assessment documentation is completed accurately and fully for all assessments; this includes electronic documentation:
  - Assessor statements for 1st and 3rd party evidence must be completed against each competency in PDRP level workbooks with the exception of competent level where a tick box format will be used. Statements will reflect the assessor decision that PDRP level competency has been fully met.
  - Summary statements must reflect how the applicant has met the level of practice.
  - PDRP assessment documentation includes verification of practice hours, education hours, APC.
  - Communication with the applicant is documented e.g. letter for further evidence.
  - Additional evidence gathered is identified within the workbook and portfolio.
  - Assessor declaration completed and signed.
  - PDRP Assessor is eligible to seek remuneration for time spent assessing PDRP portfolios in their own time. In this case, hours are conveyed to the Assessor’s manager and the PDRP Co-ordinator for confirmation. Payment to the PDRP assessor is made via the Nursing & Quality Services Microster process.

- A guide for expected time frames for the initial assessment by experienced assessors are as follows although it is acknowledged that the assessment of eportfolios is much quicker:
  - Competent – 2 hours
  - Proficient 2-4 hours
  - Expert 4-6 hours.
It is recognised that on some occasions recommended timeframes will be extended due to the complexity of the presented evidence and in situation where there are a number of portfolios are submitted for assessment within a very short time frame.

For new assessors, it is expected that it will take longer to complete the initial assessment; as assessors become more experienced, the identified timeframes above will apply.

- The identification of professional, ethical, cultural and/or legal issues will be discussed with the Nurse Co-ordinator PDRP who will escalate to the Director of Nursing.
- Breaches of confidentiality identified will be discussed with the Nurses Co-ordinator PDRP

Assessor decisions relating to assessment outcomes:
- Assessor completes the assessment within the required timeframe and approves the PDRP level
- Assessor completes assessment and identifies the level of practice is not strongly evident in the portfolio. On discussion with the applicant, the Assessor may recommend one of the following options:
  - provide all the required further evidence within the four week or stated timeframe
  - in some circumstances a longer time frame may be negotiated (this will need to be discussed with the Nurse Co-ordinator PDRP.
  - when higher level of practice is not evident (proficient/expert, accomplished) the assessor can offer to assess the portfolio at a lower level or decline to assess the portfolio at the level submitted.
  - withdraw the portfolio to access further coaching and re-submit the portfolio at a later submission date. The Nurse Co-ordinator PDRP will be involved in this decision.
- Assessors may request a 2nd assessment to validate their assessment outcome.
TRANSFERABILITY PROCESS

A key driver for taking a regional approach is to ensure transferability of levels of practice for nurses and midwives.

MOVING CLINICAL AREAS: (internal)
- Proficient – protection for up to 1 year to allow the nurse or midwife to meet proficient competency requirements in the new area.
- Expert – protection for up to 2 years to allow the nurse or midwife to meet expert competency requirements in the new area.
- Portfolio to be updated as per 3-year anniversary date.
- Speciality competencies to be completed by the end of first/second year period.

NEW EMPLOYEES:
- Nurses recruited from within the region or from a Nursing Council New Zealand recognised PDRP programme will be employed on the same level that they were on at their previous DHB. If the nurse is moving to a new clinical area then the principles outlined above will apply.

INTERNATIONAL EMPLOYEES:
The process for recognising equivalence of levels of practice for these nurses and will be as follows:
- Pre-employment information will be made available to all nurses, which will include information about the programme, expectations of the programme and definitions for the levels of practice.
- A trained assessor in consultation with the recruiting line manager will establish equivalency.
- In order for equivalence to be considered the following information must be available for competent, proficient and expert levels:
  - CV
  - Education record (formal and informal)
  - Evidence of recent relevant professional development (within last 2 years)
  - Professional interests e.g. speciality interest/project involvement
  - Third party evidence e.g. reference, peer review, attestations, consumer feedback
  - Interview information

In addition, any nurse applying for proficient level must include:
- Evidence of staff and/or patient education.

In addition any nurse applying for expert level must include:
- Evidence of leadership and/or involvement in change management.

On recruitment the following will need to be identified:
- Any requirements in respect of the Treaty of Waitangi (Manager responsibility)
- If the applicant clearly demonstrates a particular level of practice.
- If not already sufficiently demonstrated, new employee’s application of the Treaty of Waitangi in practice will be assessed at the first performance review at 1 year.

Once the process is completed then:
- An appointment at the competency level assessed is confirmed and the nurse is enrolled on the PDRP at the appropriate competency level, and required to present a portfolio within 12 months of appointment OR
- The nurse is placed on the salary levels as per years of service and given the choice as to whether they wish to be enrolled on the PDRP at competent level.

The appeal process as previously outlined may be used where there is disagreement regarding the level assessed as equivalent.
Whilst the vast majority of staff takes the professional responsibility of portfolio development very seriously, occasionally the question arises over the authenticity of portfolio evidence. In most instances the breach is minor.

Where evidence has been deliberately included that is demonstrated to be false, evidence has been deliberately withheld (such as an unsatisfactory performance review), or credit has been assumed for another’s work, the implications are serious.

Essentially this is using a document for pecuniary advantage and the Hauora Tairawhiti HR disciplinary process within the Code of Behaviour (Section 5.5) applies.

The steps to take if there is a question over the authenticity of evidence are as follows:

1. Authenticity of evidence in question either by assessor or by third party notifying the PDRP Co-ordinator
   - Assessment process suspended
   - Candidate and Director of Nursing notified by the PDRP Co-ordinator
   - Investigation undertaken by Director of Nursing or nominee
   - Evidence validated
     - Portfolio returned for assessment
   - Evidence found to be falsified
     - Director of Nursing initiates appropriate disciplinary proceedings
     - Portfolio returned for assessment subject to any conditions imposed through disciplinary process
     - All evidence to be countersigned by Manager prior to assessment
     - New Assessor found. Assessment process proceeds as normal
MODERATION PROCESS

Moderation will be done on both a local and regional basis. This will ensure internal consistency as well as consistency across the region.

- All moderators will be experienced PDRP assessors have appropriate training, determined by the DHB.

- With regards to internal moderation, 1:10 of portfolios per assessor will be moderated or one per year. This may be done more or less frequently if desired.

- Two criteria per domain will be moderated with additional criteria being moderated if required. The decision about what two competencies per domain are to be moderated is a regional decision and is confirmed at a regional PDRP Co-ordinator meeting.

- External moderation will occur annually or more frequently if required across all levels (a minimum of 1 from each level) by other DHB PDRP Coordinators.

- Permission will be sought from individuals prior to external moderation.

- An external moderation report will go to the PDRP Coordinator and to the PDRP council.
There are two appeal processes for the PDRP, one is an appeal on process, the other an appeal on outcome. The applicant may wish to notify NZNO of the appeal.

**PROCESS APPEAL:**
- Appeals are to be made to the Nurse Co-ordinator PDRP in writing within 14 days of notification of assessment outcome, and will be completed within 28 days of receipt of appeal.
- The Nurse Co-ordinator PDRP investigates the nature of the appeal and notifies the DON/M or designate.
- Nurse Co-ordinator PDRP analyses the process and determines compliance with process, procedure and policy.
- Nurse Co-ordinator PDRP determines with DON/M whether due process was followed.
- Nurse Co-ordinator feeds back to assessor(s).
- Applicant notified of outcome in writing by Nurse Co-ordinator PDRP within 28 days of appeal application and that decision is final and binding.

**OUTCOME APPEAL:**
- Appeals are to be made to the Nurse Co-ordinator PDRP in writing within 14 days of notification of assessment outcome, and will be completed within 28 days of receipt of appeal.
- The Nurse Co-ordinator PDRP investigates the nature of the appeal and notifies the DON/M or designate.
- One independent assessor appointed to re-assess portfolio.
- If the PDRP Co-ordinator has been an assessor then a designate will be appointed by DON/M to carry out a review of the portfolio under appeal.
- If the Nurse co-ordinator PDRP has been an assessor then a designate will be appointed by DoNM to carry out a review of the portfolio under appeal.
- Nurse co-ordinator PDRP notified of outcome of re-assessment.
- Original decision upheld or reversed.
- Applicant notified of outcome in writing by DoNM within 28 days of appeal application and that decision is final and binding.
- Nurse co-ordinator PDRP provides feeds back to assessor(s).

**SUBMISSION PROCESS FOLLOWING OUTCOME APPEAL Upheld:**
An applicant can submit at the same level (or higher level) 6 months after the appeal decision was upheld.

The applicant will negotiate with the Nurse co-ordinator PDRP, Clinical Nurse Manager/ Team Leader to establish the process and plan for a new portfolio submission.

The plan will include a new performance development review endorsing the level of practise the applicant is submitting at. A self-assessment will be completed by the applicant within the performance development review. The performance development review will provide evidence that demonstrates the features of the level of practise.

The Clinical Nurse Manager / Team Leader will document the process and plan identifying the supports and resources available for the applicant. This will include the negotiated submission date. Documentation will be sent to the applicant and copied to the Nurse co-ordinator PDRP.
Should any nurse be dissatisfied with the outcome or process related to the assessment of the portfolio, the appeals procedure is as follows:

Applicant completes an appeal / request for review form within 14 days of receiving the assessed portfolio and send to the PDRP Coordinator

The PDRP Coordinator investigates the nature of the appeal and notifies the DoNM

OUTCOME Appeal

One independent assessor appointed to review portfolio

PDRP Coordinator notified of outcome of reassessment

Original decision upheld/reversed

PDRP coordinator feeds back to original assessor(s)

PROCESS Appeal

PDRP Coordinator analyses the process and determines compliance with process and policy.

PDRP Coordinator determines with DoN whether due process was followed

Original decision upheld/reversed

Applicant notified of outcome by PDRP coordinator within 28 days of appeal application
# REQUEST FOR AN APPEAL

<table>
<thead>
<tr>
<th>Employee ID:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Work Area</td>
<td></td>
</tr>
<tr>
<td>Current PDRP Level:</td>
<td></td>
</tr>
<tr>
<td>Date of Assessment</td>
<td></td>
</tr>
</tbody>
</table>

Please outline your reasons for the appeal

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

<table>
<thead>
<tr>
<th>Attached is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Original portfolio submitted</td>
<td>[ ]</td>
</tr>
<tr>
<td>Assessment Summary</td>
<td>[ ]</td>
</tr>
<tr>
<td>Original workbooks</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Signature: ___________________________  Date: ___________________________

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
<td></td>
</tr>
<tr>
<td>Review Assessors:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
<tr>
<td>Outcome:</td>
<td></td>
</tr>
<tr>
<td>Verbal Notification Date:</td>
<td></td>
</tr>
<tr>
<td>Written Notification Date:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
## REGISTERED NURSE COMPETENCIES

### DOMAIN 1: PROFESSIONAL RESPONSIBILITY
This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises clients’ safety, independence and quality of life and health.

<table>
<thead>
<tr>
<th>COMPETENT:</th>
<th>PROFICIENT:</th>
<th>EXPERT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1) Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.</td>
<td>1.1) Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements and provides guidance to others.</td>
<td>1.1) Acts as a role model and resource for colleague in meeting the standards of the professional ethical and relevant legislated requirements.</td>
</tr>
<tr>
<td>1.2) Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice. For example whanau hui, karakia, whakawhanaungatanga, te whare tapa wha</td>
<td>1.2) Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice and supports others to integrate processes appropriate for Maori. For example whanau hui, karakia whakawhanaungatanga.</td>
<td>1.2) Takes a lead role in the application of the principals of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice and coaches colleagues to integrate processes appropriate for Maori. For example whanau hui, karakia whakawhanaungatanga.</td>
</tr>
<tr>
<td>1.3) Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others.</td>
<td>1.3) Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others and provides guidance to colleagues.</td>
<td>1.3) Acts as a role model and provides leadership to colleagues for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others.</td>
</tr>
<tr>
<td>1.4) Promotes an environment that enables client safety, independence, quality of life, and health.</td>
<td>1.4) Identifies and responds to complex situation that impact on the physical and social environment to maximise client safety, independence, quality of life, and health.</td>
<td>1.4) Acts as a resource and guides changes with colleagues in complex situations that impact on the physical and social environment to maximise client safety, independence and quality of life and health.</td>
</tr>
<tr>
<td>1.5) Practises nursing in a manner that the client determines as being culturally safe.</td>
<td>1.5) Demonstrates ability to provide culturally safe practice to meet clients’ needs beliefs and values and guides colleagues to access resources to meet the individual needs, beliefs and values of clients for example, religious support, interpreters.</td>
<td>1.5) Takes a lead role in the implementation of culturally safe practice to meet client’s individual needs, beliefs and values, and coaches colleagues to respond to the individual needs, beliefs and values of clients in complex situations.</td>
</tr>
</tbody>
</table>
## Domain 2: Management of Nursing Care

This domain contains competencies related to client assessment and managing client care, which is responsive to client’s needs and which is supported by nursing knowledge and evidence based research.

### Competent:
These are NCNZ competencies for RN scope of practice (June 2007)

### Proficient:
2.1) Provides planned nursing care to achieve identified outcomes.

### Expert:
2.1) Provides planned nursing care (e.g. Te Whare Tapa Wha) to achieve identified outcomes for Maori and other clients with complex needs which is evidence based and guides colleagues in the planning and delivery of care.

<table>
<thead>
<tr>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1) Provides planned nursing care to achieve identified outcomes.</td>
<td>2.1) Provides planned nursing care (e.g. Te Whare Tapa Wha) to achieve identified outcomes for Maori and other clients with complex needs which is evidence based and guides colleagues in the planning and delivery of care.</td>
<td>2.1) Provides planned nursing care (e.g. Te Whare Tapa Wha) to achieve identified outcomes for Maori and other clients with complex needs, which is evidence based, and acts as a resource and leads opportunities for teaching and coaching colleagues.</td>
</tr>
<tr>
<td>2.2) Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.</td>
<td>2.2) Conducts a comprehensive and accurate nursing assessment of clients with complex needs.</td>
<td>2.2) Leads and acts as a resource in the comprehensive and accurate nursing assessment of clients with complex needs.</td>
</tr>
<tr>
<td>2.3) Ensures documentation is accurate and maintains confidentiality of information.</td>
<td>2.3) Demonstrates accurate, legible and objective documentation that maintains confidentiality in line with organisational policies and guides others to document information necessary for continuity of care and recovery.</td>
<td>2.3) Demonstrates accurate, legible and objective documentation that maintains confidentiality in line with organisational policies, and takes a lead role in reviewing documentation compliance in line with organisational policies in the practice setting.</td>
</tr>
<tr>
<td>2.4) Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.</td>
<td>2.4) Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options and guides and supports colleagues to use information and culturally appropriate communication to enable clients to make informed choices.</td>
<td>2.4) Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options and takes a lead role and coaches colleagues to use information and culturally appropriate communication to enable clients to make informed choices in complex situations.</td>
</tr>
<tr>
<td>2.5) Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.</td>
<td>2.5) Acts as a role model in responding to situations of unexpected client responses, confrontation, personal threat or other crisis situations.</td>
<td>2.5) Actively manages and coaches colleagues to respond to unexpected client responses, confrontation, personal threat or other crisis situations and facilitates discussion to support colleagues to reflect on their experiences.</td>
</tr>
<tr>
<td>2.6) Evaluates client’s progress toward expected outcomes in partnership with clients.</td>
<td>2.6) Evaluates client’s progress towards expected outcomes in partnership with clients and advocates on behalf of the client with complex needs with the interprofessional team.</td>
<td>2.6) Evaluates client’s progress toward expected outcomes in partnership with clients and takes a lead role in facilitating inter-professional team decision making to support best possible client outcomes.</td>
</tr>
<tr>
<td>2.7) Provides health education appropriate to the needs of the client within a nursing framework.</td>
<td>2.7) Provides and supports others in the provision of client health education within a nursing framework to meet the complex needs of Maori and other clients.</td>
<td>2.7) Provides and facilitates an inter-professional approach to client health education within a nursing framework to meet the complex needs of Maori and other clients.</td>
</tr>
<tr>
<td>2.8) Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.</td>
<td>2.8) Uses and supports others to use reflective processes to explore their clinical and cultural decision-making and actions and nursing care reflects an evidence base.</td>
<td>2.8) Initiates reflective practice with colleagues and explores practice and decision making using an evidence base to facilitate the growth and development of own and others clinical and cultural practice.</td>
</tr>
<tr>
<td>2.9) Maintains professional development.</td>
<td>2.9) Contributes to clinical learning and is proactive in seeking professional development opportunities to extend own and others practice which is evidence based.</td>
<td>2.9) Provides formal education which is evidence based to extend nursing practice and engages in Post Graduate education or equivalent (Equivalent in the regional PDRP means post registration education that impacts on practice at the expert level).</td>
</tr>
</tbody>
</table>

**DOMAIN 3: INTERPERSONAL RELATIONSHIPS**
This domain contains competencies related to interpersonal and therapeutic communication with clients, other nursing staff and interprofessional communication and documentation.

<table>
<thead>
<tr>
<th>COMPETENT: These are NCNZ competencies for RN scope of practice (June 2007)</th>
<th>PROFICIENT:</th>
<th>EXPERT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1) Establishes, maintains and concludes therapeutic interpersonal relationships with client.</td>
<td>3.1) Establishes, maintains and concludes therapeutic interpersonal relationships with clients with complex needs.</td>
<td>3.1) Role models and coaches others to establish, maintain and conclude therapeutic interpersonal relationships with clients with complex needs.</td>
</tr>
<tr>
<td>3.2) Practises nursing in a negotiated partnership with the client where and when possible.</td>
<td>3.2) Acts as a resource to others to negotiate nursing care in partnership with the client with complex needs.</td>
<td>3.2) Provides leadership and coaches others to negotiate nursing care in partnership with clients with complex needs.</td>
</tr>
<tr>
<td>3.3) Communicates effectively with clients and members of the health care team.</td>
<td>3.3) Uses a range of communication skills to communicate effectively with clients, colleagues and members of the health team.</td>
<td>3.3) Role models and coaches others in the development of effective communication strategies with clients and members of the health care team.</td>
</tr>
</tbody>
</table>

**DOMAIN 4: INTERPROFESSIONAL HEALTH CARE & QUALITY IMPROVEMENT**
This domain contain competencies to demonstrate that, as a member of the health care team the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

<table>
<thead>
<tr>
<th>COMPETENT: These are NCNZ competencies for RN scope of practice (June 2007)</th>
<th>PROFICIENT:</th>
<th>EXPERT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1) Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.</td>
<td>4.1) Demonstrates ability, and supports others when assisting clients to progress through the continuum of care (E.g. referrals, transfers discharges).</td>
<td>4.1) Acts as a resource to colleagues by facilitating clients with complex needs to progress through the continuum of care (E.g. referrals, transfers and discharges).</td>
</tr>
<tr>
<td>4.2) Recognises and values the roles and skills of all members of the health care team in the delivery of care.</td>
<td>4.2) Demonstrates and shares colleague’s knowledge of the health care team and culturally appropriate services in the delivery of care.</td>
<td>4.2) Leads colleagues in identification and access to the appropriate health care team members and culturally appropriate services to maximise client outcomes.</td>
</tr>
<tr>
<td>4.3) Participates in quality improvement activities to monitor and improve standards of nursing</td>
<td>4.3) Initiates discussions relating to quality and risk issues and contributes to change processes to improve standards of nursing</td>
<td>4.3) Takes a lead role in planning, implementing and evaluating evidence based quality improvement activities to improve standards of nursing and engages with Maori and other key stakeholders to identify appropriate processes for their participation in quality improvement</td>
</tr>
</tbody>
</table>
# ENROLLED NURSE COMPETENCIES

## DOMAIN 1:

<table>
<thead>
<tr>
<th>COMPETENT:</th>
<th>PROFICIENT:</th>
<th>ACCOMPLISHED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1) Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.</td>
<td>1.1) Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements that underpin EN practice.</td>
<td>1.1) Accepts responsibility and actively promotes the standards of the professional, ethical and relevant legislated requirements that underpin EN practice.</td>
</tr>
<tr>
<td>1.2) Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.</td>
<td>1.2) Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice and assists others to integrate processes appropriate for Maori. For example whanau hui, karakia, whakawhanaungatanga</td>
<td>1.2) Acts as a role model to colleagues in the application of the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice. Guides others to integrate processes appropriate for Maori. For example Whanau hui, karakia whakawhanaungatanga</td>
</tr>
<tr>
<td>1.3) Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care.</td>
<td>1.3) Recognises own scope of practice and the registered nurse responsibility and accountability for delegation of nursing care. Advocates for self and others to ensure that E/N scope of practice is understood and not compromised</td>
<td>1.3) Acts as a resource for others on EN scope of practice. Advocates for self and others to ensure that E/N scope of practice is understood and not compromised</td>
</tr>
<tr>
<td>1.4) Promotes an environment that enables health consumer safety, independence, quality of life, and health.</td>
<td>1.4) Identifies and discusses with the RN / RM situations that impact on health consumer safety, independence, quality of life, and health.</td>
<td>1.4) Contributes to changes that impact on the physical and social environment to maximise health consumer safety, independence, quality of life, and health.</td>
</tr>
<tr>
<td>1.5) Participates in ongoing professional and educational development</td>
<td>1.5) Participates in ongoing professional and educational development. Demonstrates sharing of existing and new knowledge and skills within the EN scope of practice</td>
<td>1.5) Undertakes an additional responsibility that relates to quality and EN practice e.g. health and safety representative, infection control representative, EN representative etc.</td>
</tr>
<tr>
<td>1.6) Practises nursing in a manner that the health consumer determines as being culturally safe.</td>
<td>1.6) Practises nursing in a manner that the health consumer determines as being culturally safe and reflects on clinical and cultural practice with RN / RM and EN colleagues.</td>
<td>1.6) Role models culturally safe practice and advocates for health consumer’s rights to receive nursing care that supports their dignity, personal beliefs, values and goals. Reflects on Clinical and cultural practice with RN / RM and EN colleagues</td>
</tr>
<tr>
<td>COMPETENT:</td>
<td>PROFICIENT:</td>
<td>ACCOMPLISHED:</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>2.1) Provides planned nursing care to achieve identified outcomes.</td>
<td>2.1) Provides planned holistic nursing care (e.g. Te Whare Tapa Wha) under the direction of the RN / RM to achieve identified outcomes for Maori and other health consumers</td>
<td>2.1) Uses experience and knowledge to contribute to the provision of planned holistic nursing care (eg Te Whare Tapa Wha) for Maori and other health consumers under the direction of the RN / RM.</td>
</tr>
<tr>
<td>2.2) Contributes to nursing assessments by collecting and reporting information to the registered nurse.</td>
<td>2.2) Contributes to nursing assessments by using a range of tools to collect and report information and discuss decisions with the RN / RM.</td>
<td>2.2) Guides others to use a range of assessment tools to assess needs of health consumers and discuss decisions with the RN / RM.</td>
</tr>
<tr>
<td>2.3) Recognises and reports changes in health and functional status to the registered nurse or directing health professional.</td>
<td>2.3) Demonstrates the ability to plan and manage workload and adapt to unexpected changes</td>
<td>2.3) Uses nursing knowledge and skills to recognise changing health and functional status and report to the RN or directing health professional. Documents changes in client health status in consultation with R/N / RM. Identifies potential workload problems and collaborate with the RN to identify effective interventions.</td>
</tr>
<tr>
<td>2.4) Contributes to the evaluation of health consumer care.</td>
<td>2.4) Promotes and contributes to the evaluation of health consumer care. Contributes to discussions relating to quality improvement.</td>
<td>2.4) In collaboration with RN / RM contributes to the review of care plans. Takes an active role in quality improvement initiatives and implementation of change in collaboration with the RN / RM.</td>
</tr>
<tr>
<td>2.5) Ensures documentation is accurate and maintains confidentiality of information.</td>
<td>2.5) Demonstrates accurate legible and objective documentation and maintains confidentiality of information in line with organisation policy.</td>
<td>2.5) Demonstrates accurate, legible and objective documentation that maintains confidentiality of information in line with organisational policies.</td>
</tr>
<tr>
<td>2.6) Contributes to the health education of health consumers to maintain and promote health</td>
<td>2.6) Provides accurate and culturally appropriate health education to health consumers to maintain and promote health in consultation with RN / RM</td>
<td>2.6) Uses nursing knowledge and skills to plan and provide culturally appropriate health education to health consumers to maintain and promote health in consultation with RN / RM.</td>
</tr>
<tr>
<td>DOMAIN 3:</td>
<td>PROFICIENT:</td>
<td>ACCOMPLISHED:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>COMPETENT:</strong></td>
<td><strong>PROFICIENT:</strong></td>
<td><strong>ACCOMPLISHED:</strong></td>
</tr>
<tr>
<td>3.1) Establishes, maintains and concludes therapeutic interpersonal relationships.</td>
<td>3.1) Supports colleagues to establish, maintain and conclude therapeutic interpersonal relationships with health consumers and their family / whanau.</td>
<td>3.1) Acts as a role model to establish, maintain and conclude therapeutic interpersonal relationships with health consumers, their family / whanau, nursing and the inter-professional team.</td>
</tr>
<tr>
<td>3.2) Communicates effectively as part of the health care team</td>
<td>3.2) Supports colleagues to access and effectively communicate with other members of the health care team</td>
<td>3.2) Role models and uses a range of communication strategies to communicate effectively and contribute to decision making as part of the health care team</td>
</tr>
<tr>
<td>3.3) Uses a partnership approach to enhance health outcomes for health consumers.</td>
<td>3.3) Uses a partnership approach to access resources to enhance health outcomes for health consumers.</td>
<td>3.3) Role models a partnership approach to access resources to enhance health outcomes for health consumers. Acts as an advocate for health consumers with other members of the health care team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOMAIN 4:</th>
<th>PROFICIENT:</th>
<th>ACCOMPLISHED:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPETENT:</strong></td>
<td><strong>PROFICIENT:</strong></td>
<td><strong>ACCOMPLISHED:</strong></td>
</tr>
<tr>
<td>4.1) Collaborates and participates with colleagues and members of the health care team to deliver care.</td>
<td>4.1) Discusses health consumer information with colleagues and members of the health care team and contributes to decision making and care planning.</td>
<td>4.1) Discusses health consumer information with colleagues and members of the health care team and contributes to decision making and care planning.</td>
</tr>
<tr>
<td>4.2) Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants.</td>
<td>4.2) Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants.</td>
<td>4.2) Acts as a resource for differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants.</td>
</tr>
<tr>
<td>4.3) Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse.</td>
<td>4.3) Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse.</td>
<td>4.3) Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse.</td>
</tr>
</tbody>
</table>
**Links:**

Nursing Council New Zealand:  

Forms needed for PDRP:  
- HTDH Intranet/Forms/Human Resources/Self-assessment  
- HTDH Intranet/Forms/Human Resources/3rd Party evidence  
- HTDH Intranet/Forms/Human Resources/CNM support template  
- HTDH Intranet/Forms/Human Resources/Professional Development Template

**Website Links:**  
www.tdh.org.nz  
www.nzno.org.nz

**Eportfolio Link:**  
[http://midlandlearning.elearning.ac.nz](http://midlandlearning.elearning.ac.nz)

**References:**  