



Professional Development & Recognition Programme

Operational Manual 2007

Department:
Document Owner:
Approved by:

Counties Manukau District Health
Board

Director of Nursing
Nurse co-ordinator, PDRP
Nurse Professional Development
Forum

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Welcome to the Counties Manukau District Health Board's (CMDHB) Professional Development & Recognition Programme (PDRP).

- The Professional Development and Recognition Programme recognises nurses who have developed their practice to competent and beyond
- The programme encourages and values nurses who can provide care that meets the needs of the patient/client
- The Programme is a framework which provides structured support, learning and feedback to assist nurses to develop the knowledge and skills necessary to provide safe effective patient/client care

This manual aims to provide you with clear information about how the programme works.

Aims

The aims of Counties Manukau District Health Board's Professional Development & Recognition Programme for nurses are to:

- Ensure that all nursing staff maintain a professional portfolio that contains evidence of their competent practice in compliance with the Nursing Council of NZ competencies.
- Validate levels of practice
- Promote effective evidence-based quality nursing care
- Recognises nursing professional achievement
- Maintain a fair and transparent process
- Maintenance of NCNZ accreditation status

Overview

The PDRP has two pathways:

1. A generic pathway for enrolled nurses (ENs), nurse assistants (NA), registered nurses (RNs), mental health nurses, primary health care nurses.
2. A senior pathway for nurses within designated senior positions.

Within the generic pathway there are three levels of practice: competent, proficient and expert. For further detail, refer to the section: Definitions of Levels of Practice (page: 20).

Evidence required to validate each level of practice is specific to each level and pathway, and is also able to accommodate diverse scopes of practice.

Within the Senior Nurse pathway there is one level and there are evidence options to suit all senior nurse positions across CMDHB.

The assessment criteria are based upon:

- Nursing Council of New Zealand (2005). *Competencies for registered nurse, and nurse practitioner scopes of practice*. Wellington: Nursing Council of New Zealand.

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- Nursing Council of New Zealand (2005). *Competencies for nurse assistant and the enrolled nurse scopes of practice*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand (2005). *Competencies for nurse practitioner scopes of practice*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand (2004). *Nurse Assistant Education framework*. Wellington: Nursing Council of New Zealand.
- Tikanga Best Practice Policy. (2006) CMDHB. Nursing Council of New Zealand (2005) *Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand (2005) *Guidelines for Cultural Safety. The Treaty of Waitangi and Maori Health in Nursing Education and Practice*. Wellington: Nursing Council of New Zealand.

Table one (below) gives a brief overview of significant events in the history of the programme. Further detail is available on the PDRP Website, SouthNet.

Table One: Overview of the development of CMDHB's PDRP.

1988	Towards Excellence An Introduction to Nursing Quality Assurance Theo Kooger, Inservice Education Supervisor, Middlemore Hospital
1992	Auckland Area Health Board Nursing Services (Revised @ Middlemore) "Towards Excellence From Policy to Practice" Quality Assurance Nursing. "Levels of Practice Programme"
1994	Survey of nurses
1995	Evaluation of piloted programme
1997	CCP implemented for nurses
1999	Survey of nurses CCP implemented for CSWs, & senior nurses
2001	Revised edition implemented for nurses
2003	Survey of nurses
2004	NCNZ approved PDRP
2005	Successful NCNZ audit. PDRP approved for four years
2007	Review of policy, procedure and assessment Re-branding of the programme to PDRP Clinical Support workers move to the Merit Allowance programme
2008	Implementation of the new PDRP structure

Principals

Underlying all aspects of the PDRP, ranging from operational to professional issues, the principles of respect and fairness will apply. The process for the validation of levels of practice must be achievable, consistent, transparent, accessible and the pathways reflective of contemporary practice and professional standards incorporating the principles of Te Tiriti o Waitangi and Te Kanga Best Practice principals.

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The structure and processes incorporated within the programme will be applied in a consistent manner across the organisation. Operational management, monitoring, implementation and review of the programme will be professionally led by nursing leaders with active involvement from the nursing workforce. The pathways have been developed to ensure progression is clear and achievable by all participants.

No quotas will be established to limit the numbers of staff within each level of practice. Funding for relevant clinical education will be made accessible to everyone covered within CMDHB's and NZNO and PSA Nurses and Midwives current Collective Employment Contract. Staff and all appropriate others required to implement the programme will be supported in their roles and respective responsibilities.

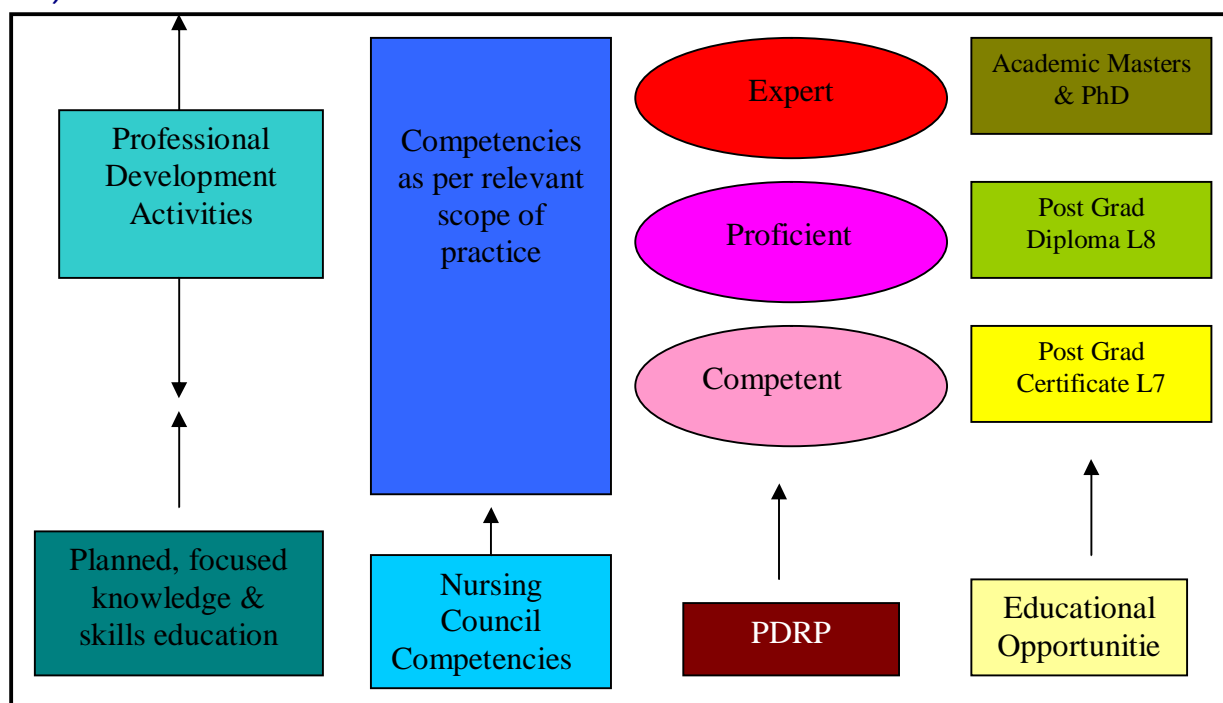
The programme will be linked to an education plan reflecting CMDHB's commitment to education for all staff and the provision of quality patient care. Assessor training and portfolio development training will comply with the requirements of the Framework for Educational Development Policy.

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Professional Development

It is essential that RN/EN/NA has comprehensive orientation, preceptoring, support, guidance coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting (National Professional Development & Recognition Programme's Working Party, 2005).

Diagram One: adapted from the education and career pathway model in Investing in Health: Whakatohutia te Oranga Tangata. A framework for activating Primary Health in NZ (MOH, 2003).



Governance

Governance is provided to the programme by CMDHB's Nurse Professional Development Forum (NPDF). The aim of the forum is to provide a round-table where users of the programme can participate in the process of review and development of the pathways & associated operational components.

Nursing Professional Development Forum: TERMS OF REFERENCE

May 2007.

Purpose:

The purpose of the forum is to provide stakeholders with an opportunity to participate in the process of review and development of the Professional Development & Recognition Programme (PDRP) and the Post Graduate Education (PGE) programme.

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The Terms of Reference and the membership of the Forum will be reviewed at a minimum annually or as required.

Objectives:

1. Actively support both programmes.
2. To monitor the implementation of PDRP and PGE programmes, making recommendations to improve programmes as necessary.
3. Disseminate information relating to the PDRP & PGE programmes and to promote and facilitate a consultative culture.
4. Review Terms of reference annually and/or as deemed appropriate.

Frequency of meetings:

The meetings will be held initially monthly. This is to be regularly reviewed by forum. The quorum for meetings is six members.

Membership:

Table two: NPDP Membership.

Nurse Co-ordinators, PDRP & Post Graduate Education

Nurse Leader, Education & Professional Development

CCP Co-ordinator, Midwifery

CND

Nurse Co-ordinator NETP

Primary Health Care Nurse

Tangata Whenua

Union organisers NZNO/PSA (Professional Nursing Advisor)

Tertiary Education providers representatives

CNE

Enrolled Nurse/Nurse Assistant

Registered Nurse

Registered Mental Health Nurse

Registered Nurses Primary Health Care

Senior Nurse

Deputies can be appointed as required.

Decision Making:

- External advice may be sought as deemed appropriate by individual committee members,
- Where an issue remains unresolved, the Director of Nursing (DON) will make the final recommendation
- As required, the DON may refer matters to an appropriate forum, for example, CMDHB Executive Management group or Clinical Board

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Consultation:

Consultation does not replace accountability for decision making. After considering issues and information raised by the consultative process through the NPDP, the co-ordinators (PDRP/PGE) make recommendations to the DON who makes the final decisions (MoOD).

Minutes and agendas:

Minutes will be taken at each meeting and distributed to all the Forum members before the next meeting.

A copy of minutes will be held by the Chair and Secretary and will be available on the PDRP website.

The agenda will be sent out one week prior to the meetings.

References:

Management of Organisational Development (MoOD), CMDHB, NZNO, PSA (No date).

Desirable attributes of Committee Members

A commitment to:

- continuous quality assurance &/or assessment
- &/or development of the occupational group
- &/or education
- &/or research
- &/or development of the profession

Term of membership

- Nurse Co-ordinators, Professional Development & Post Graduate Education
- CCP Co-ordinator Midwifery
- Nurse Leader, Education & Professional Development
- CND
- Tangata Whenua
- Union organizers

CMDHB and the Unions will ensure a process is in place, which reviews membership as required. The aim of this process is to ensure members are representative and committed to the work of the Nurse Professional Development Forum.

Process for adoption of change

All participants of NPDP can propose a modification or addition to any part of the programme. All proposed modifications or additions must be processed in the following sequence:

- Discussed and as appropriate, developed with the guidance of the relevant Nurse Co-ordinator
- Tabled for discussion at the Nurse Professional Development Forum
- Tabled for discussion and endorsement at the DoN Governance group and/or other appropriate forum/s if appropriate
- Endorsed by the Nurse Co-ordinator and the DON
- Where appropriate, tabled at CMDHB's Clinical Board.

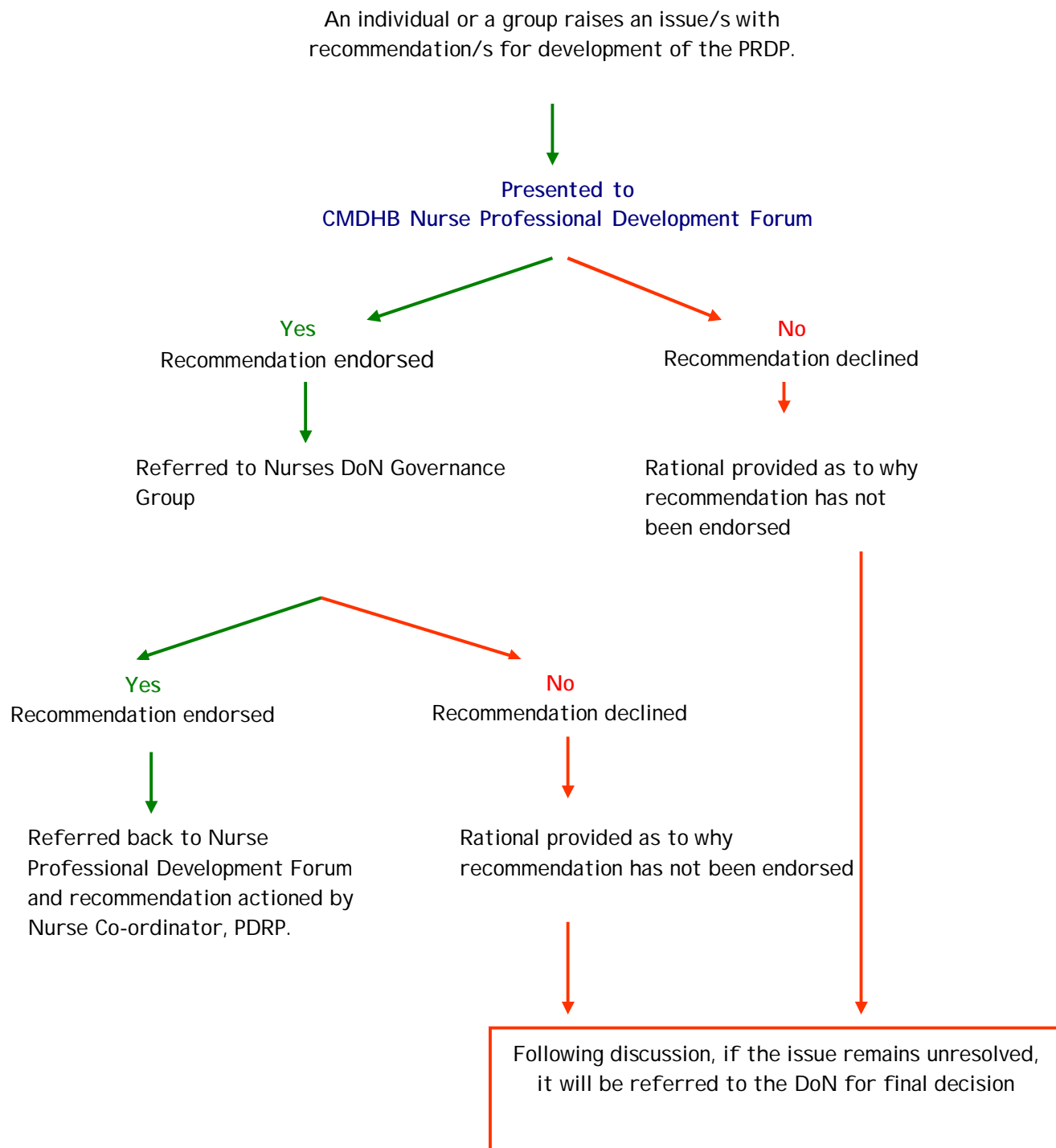
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In keeping with the Terms of Reference of the Nurse Professional Development Forum, any member of the Forum may seek external advice before final endorsement takes place.

- All recommendations are tabled at DoN Governance Group. In the event of a recommendation being made to the DoN Governance Group (or the later forum making a recommendation to the Nurse Professional Development Forum) and the recommendation is not endorsed, the forum/committee not endorse the recommendation must articulate the rationale for the decision. Where an issue remains unresolved, the Nurse Co-ordinator and the Director of Nursing (DoN) will make the final decision. As required, the DoN may refer matters to an appropriate forum for example, CMDHB Executive Management Group or Clinical Board.

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Diagram Two: Nurse Professional Development Forum's process for endorsement of recommendations for the PDRP



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Requirements of Participation & Entitlements

Table Three: Time line of due dates for submission of portfolios

Year One	<ul style="list-style-type: none"> • Performance Review including new goals/objectives and verification of NCNZ competencies for your scope of practice • One Piece of evidence demonstrating your level of practice for your portfolio¹ • Verification of professional development hours & Evidence of mandatory training requirements <p>Senior pathway only:</p> <ul style="list-style-type: none"> • Leadership Plan following feedback
Year Two	<ul style="list-style-type: none"> • Performance Review including new goals/objectives and verification of NCNZ competencies for your scope of practice • One Piece of evidence demonstrating your level of practice for your portfolio • Verification of professional development hours & Evidence of mandatory training requirements <p>Senior pathway only:</p> <ul style="list-style-type: none"> • Leadership Plan following feedback
Year Three	<p>Three year full portfolio submission:</p> <ul style="list-style-type: none"> • Performance Review including new goals/objectives and verification of NCNZ competencies for your scope of practice • One Piece of evidence demonstrating your level of practice for your portfolio • Verification of professional development hours & Evidence of mandatory training requirements • Requirement Check List • Application signed by your Nurse Manager/MW (or delegated other) • Letter of endorsement of practice level form your Nurse Manager/MW (or delegated other) • Self Assessment against NCNZ Competencies • CV <p>Senior pathway only:</p> <ul style="list-style-type: none"> • Leadership Plan following feedback

All nurses are contractually² required to attain & maintain a competent level of practice. Progression beyond competent is optional but strongly encouraged. Portfolios are required to be submitted within 12 months of employment (during which time the nurse may be called for audit by the NCNZ), thereafter three yearly. Should a due date arise whilst an employee is on

¹ One piece of work each year from one of the options in the application as appropriate assessed on submission.

² As per the current Multi Employee Collective Agreement (MECA) between Counties Manukau District Health Board and NZ Nurses Organisation Contract. CMDHB Professional, Administrative, Clerical, and Technical Employees contract & the New Zealand Nurses Organisation (NZNO).

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parental leave, then the employee will be required to submit a portfolio within six months of their return to work.

Interpretation and application of the requirements for participation will be governed by the principles that underpin the programme. Due dates are negotiated and will be based on contractual and policy requirements.

PDRP Days

Staff working on preparing a portfolio, obtaining or maintaining skill levels associated with the PDRP are entitled to additional leave in order to undertake research or study associated with meeting the PDRP requirements. Those working for Expert level will be entitled to two days. Bureau/casual staff, will be reimbursed one days leave on successful completion of their portfolio. The PDRP day can be taken in parts and should be used in a demonstrable way towards the development of the portfolio requirements. These days are not accumulative and are granted at the discretion of the nurse manager.

Transferring between NCNZ accredited Professional Development & Recognition Programmes

A nurse who transfers between accredited Professional Development & Recognition Programmes will have their competent, proficient and expert level of practice recognized and retain their due date by the employing organization as long as the following requirements have been met:

- She/he is transferring to a practice area where the scope and role requirements are substantially similar At the first performance review, the line manager confirms the nurse will, in all probability, be able to satisfy the application requirements of that level of practice, within the agreed time period (12 months). Any areas requiring further development will be identified, discussed and an appropriate plan put in place with an agreed time period for completion
- She/he is able to supply the original certification and assessment documentation from the previous employer to confirm their current level of practice

Nurses transferring from overseas will be reviewed using the criteria above and on a case by case basis. If they have not participated in a PDRP, they will be recognized as competent and at their three month performance review a timeline will be developed to meet proficient or expert competencies as appropriate.

Transferring within CMDHB

Staff moving from one pathway (generic/senior) to another, or into a significantly different role, have 12 months to submit a portfolio from the date of their appointment to the new position. Staff transferring between similar areas and not changing pathway will keep the same due date, and continue to receive their PDRP allowance until their next agreed due date. In the event of the staff member being unable to demonstrate proficient or expert competencies within the new context of care, entitlement to the allowance may be withdrawn.

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PDRP allowance and management of non compliance

PDRP 'allowance' is paid in recognition of generic proficient or expert competencies. For detail refer to the current collective employment agreements with CMDHB. Successful applications eligible for the allowance will be back dated to the date of the last successful submission date.

A nurse who works in a designated senior position and a staff nurse position will automatically be entitled to either a proficient or expert PDRP allowance for the duration of the shift/s whilst employed as a staff nurse. More specifically, whilst employed in a staff nurse position nurses who have completed a competent senior portfolio, will have automatic entitlement to the proficient PDRP allowance for the duration of the shift. Or, with a completed proficient or expert senior portfolio, automatic entitlement to expert PDRP allowance for the duration of the shift. An expert generic portfolio will be accepted as a competent senior portfolio.

Nurses currently employed in two areas of the DHB at the same level can submit one portfolio providing the NE's (assessors) for both areas are informed and the evidence provided reflects both areas of practice. If the nurse is operating at different levels of practice, the portfolio should reflect the higher level of practice for example, proficient in one area and competent in the other: a proficient portfolio should be submitted and the proficient allowance paid in that area. 'Nurses working in two roles, who are approved at different levels in each role, will be paid at the level they are approved at, for each role and area of work. One portfolio submission will be required, covering both areas of practice and demonstrating the higher levels of practice.'

All performance management issues will be the responsibility of the line manager and where this person is not a nurse, in collaboration with the CND. Nurses under performance management will be awarded the allowance once their performance meets the agreed requirements of their performance plan and successful submission of their portfolio.

A nurse will be considered non-compliant when their due date has past and an application has not been submitted. PDRP allowance will be discontinued from the due date. The process for awarding or removing a PDRP allowance will be managed by the line manager, CND and HR. Refer: SouthNet/Health Alliance/HR forms/management forms/Employee Profile Change Request Form.

<http://ha-intranet/humanresources/forms/management.htm>

NETP Graduate Nurses.

Graduate nurses on the NETP are required to complete a competent portfolio by the end of their twelve month programme. They will be entitled to one PDRP day to complete their portfolio. Once permanently employed, grads will be subject to the rules for PDRP and will be due to submit their next portfolio in three year unless moving to a new area or applying for a higher level.

Bureau and Casual Nurses

Bureau/casual nurses are required to comply with the programme requirements. For bureau nurses, performance will be captured by the verification (by a senior nurse) of annual NCNZ

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competencies and the completion of the self assessment of NCNZ competencies (verified by a senior nurse) and the bureau nurse goals and objectives document, for the full portfolio. Nurses transferring to Bureau/casual from a permanent position within the organisation will continue to have their entitlement to PDRP allowance honoured until their portfolio due date passes. Portfolio due dates will remain the same irrespective of when the nurse transfers to Bureau/casual. Nurses entering Middlemore Bureau/casual will be entitled to proficient or accomplished/expert PDRP allowance, with proof of validation of current proficient or expert level of practice by a accredited programme and subject to the requirements listed on page 10. 'Current' defined within this context is within three years of date of employment. This entitlement will continue for twelve months from the date of employment when a portfolio is required to revalidate the current level of practice. Bureau/casual nurses that submit a portfolio and successfully validate their level of practice will have a days paid leave reimbursed. PDRP allowance arrangements will be the same as those for permanent employees.

Fixed Term contracts

Nurses on fixed term contracts will be offered the same entitlements as Bureau/casual staff.

Secondments

Nurse on secondment to another role will maintain their due date. If their due date falls within the secondment, their portfolio should reflect their last three years of practice and include evidence from their primary role and the seconded role.

Performance Management Issues

Nurses under performance management plans may have their portfolios assessed once their performance meets the agreed requirements of their performance management plan at the level agreed by their nurse manager.

Roles & Responsibilities of the Programme Administrators

Charge Nurse Managers are responsible for:

- Ensuring all nursing staff within their Wards/Units, are compliant within the programme
- Administering the programme as per the policy specifically including the assessment of portfolios, notification of due dates and management of non-compliance
- Entering all relevant data, in a timely manner into *One-StaffTM*

Nurse Educators and appropriate others are responsible for ensuring the following:

- Assessment of portfolios is carried out as per the assessment process
- Entering all relevant data in a timely manner into *One-StaffTM*
- Send a copy of the feedback memorandum for filing

Clinical Nurse Directors are responsible for:

- Providing support and expert advice to all administrators of the programme
- Ensuring all senior nurses, within their divisions, are compliant with the programme
- Administering the programme as per the policy specifically including the assessment of portfolios, notification of due dates and management of non-compliance for nurses in designated senior positions

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- Entering all relevant data in a timely manner into *One-Staff™*

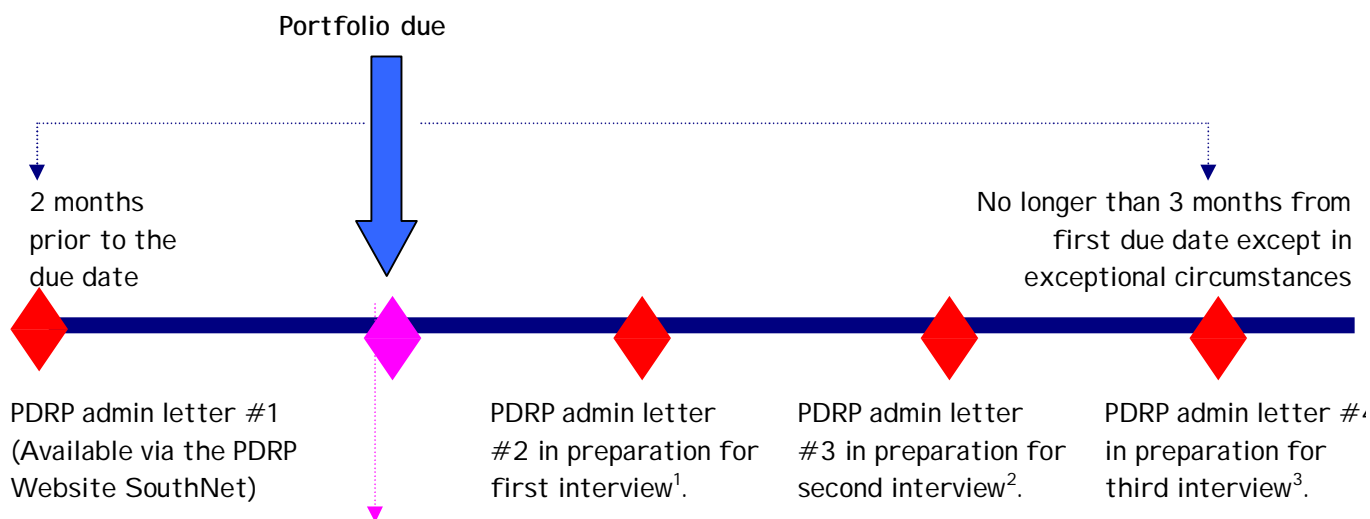
Nurse Co-ordinator, PDRP responsibilities are to:

- Ensure the strategic direction of the PDRP is reflective of contemporary practices (clinical, professional, educational , human resource management and information technologies) within the organisation, nationally & internationally
- Monitor and report on PDRP compliance
- Act as a resource for administrators and users of the PDRP

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Management of Compliance

Diagram Three: Process for Management of Compliance



Monthly, the CN Manager or appropriate other, identifies staff who are due to submit their portfolio in the coming months, or are due and have not submitted in the preceding month and proceeds with the following process.

Staff who are identified, as receiving the PDRP allowance and who are non-compliant, must have their allowance discontinued. To make this alteration, refer to the appropriate Payroll process located on the Payroll Website <http://ha-intranet/humanresources/forms/management.htm>

¹ First interview - informal
Opportunities to facilitate progress identified
Resubmission date negotiated & recorded on OneStaff

² Second interview - formal
Opportunities to facilitate progress identified. Advised of next step in the process.
Interview & resubmission date recorded.

³ Third interview - disciplinary
Initiated in consultation with Human Resources &/or appropriate others.

PDRP 'admin' letters are available to administrators via the PDRP Website within SouthNet.

Assessment Policy

Assessment will be undertaken using criteria as defined for each level of practice using the PDRP's assessment forms available on the PDRP Website, SouthNet.

Nurse Educators (NEs) who have completed the PDRP assessor training³ will undertake assessment of evidence. Where there is no nurse educator employed for the area, the portfolio

³ This includes completion of study on assessment (including theory and practice), undertaken in any recognised tertiary institution/organisation or within CMDHB.

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can be submitted to the Nurse Co-ordinator, Professional Development or the Nurse Leader, Education and Professional Development who will allocate an assessor to carry out the assessment. Assessment of portfolios for registered nurses in designated senior positions will be undertaken by the Clinical Nurse Director/s that have completed the PDRP assessor training⁴.

Once the assessment process has begun, the process will be completed by the primary assessor (NE) unless an alternative is agreed by the Nurse Co-ordinator, Professional Development or the CND.

In addition to verbal feedback, written feedback will be given using PDRP's "assessment documentation", available on the PDRP Website, SouthNet. Certification will be by the programmes' "PDRP certificate", available on the PDRP Website, SouthNet.

Assessment should take no longer than 8 weeks (2 months) although exceptional circumstances may occur to delay the process in which case, the applicant will be notified of the delay and when the portfolio will be assessed by. Portfolio due dates and allowances are back dated to the date of the final successful application/submission date.

First submission date is when the portfolio is first reviewed by the assessor. After the second submission for assessment (within two months from the return of the portfolio), if criteria are not met, the application will be declined. If competent level is not met, performance management will be initiated by the nurse manager or delegated other. If proficient/expert level is not met, the previous level may be maintained and the final decision will be made by the CND, CN and Nurse Co-ordinator, PDRP.

Staff are required to submit their own original work, and to provide complete references for any copied material or ideas (including material from the worldwide web). Failure to acknowledge copied material or ideas will be investigated and depending on the extent and significance, may result in any or all of the following range of actions: request for re-submission of all or part of the portfolio.

In extreme cases of proven dishonesty the Nursing Council may be notified that the requirements for the portfolio have not been met. A performance management process may be initiated and disciplinary action taken for unacceptable behaviour or falsifying records (refer to CMDHB HR Discipline and Dismissal Policy).

Appeals process

The applicant may initiate this process at any stage of the assessment process by making contact with the Nurse Co-ordinator, PDRP. The applicant will be informed of the progress/outcome of their appeal within four weeks of their appeal being lodged with the Nurse co-ordinator Professional Development. Necessary and appropriate action will be taken to resolve the issue/s. Unresolved disagreement relating to assessment of portfolios will be referred to the DoN. The final decision for any unresolved conflict rests with the Director of Nursing.

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Moderation

The PDRP portfolio moderation process is designed to:

- Ensure fair and equitable assessment across the DHB
- Provide objectivity of assessment where there is complexity *or* uncertainty that the portfolio meets the requirements of the PDRP
- Support assessors and verify new assessors skills and recommendations

Moderation can be carried out by experienced assessors who have completed assessor training: Open Polytechnic 4098/11551 *or* the Portfolio Assessment training at CMDHB *or* equivalent.

New assessors are allocated advisors to check their assessment skills. Assessors should have a total of eight assessed portfolios moderated annually. The moderation report should be discussed between the assessor and the moderator and a copy should be sent to the Nurse Co-ordinator, Professional Development.

Assessment Process

Process to assess competent and proficient levels of practice:

The following steps are taken:

1. Upon receipt of a PDRP portfolio application, enter date of submission into *One-Staff™*
2. Discuss the application with the CN/Line manager to confirm agreement of level of practice
3. Ensure all evidence has been supplied as outlined in the PDRP application form
4. Review the portfolio
5. Assess the evidence against the requirements outlined in PDRP application form
6. Provide constructive written and verbal feedback using the PDRP: Assessment documentation
7. Incomplete applications are returned to the applicant with feedback and a re-submission date within two months is agreed.
8. The original copies of the completed assessment documentation are given to the applicant and photocopies sent to Human Resources for filing
9. Update One Staff

Table Four: PDRP Assessment Process for Expert and Senior Nursing Applications

Generic Pathway	Senior Pathway
Competent & Proficient	
Assessed by the NE and discussed with the line manager	Assessed by the CND ⁴ . Interview with Clinical Nurse Director or appropriate other ⁵
Expert applications only	

⁴ Portfolios may be assessed by the Nurse Co-ordinator or designated others if requested by the CND or in the absence of a CND.

⁵ "Appropriate other/s" participating within the interview process are negotiated and agreed with the applicant & Clinical Nurse Director. In the event agreement is not reached, a compromise will be put forward by the Nurse Co-ordinator, Professional Development.

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Assessed by the NE & discussed with the CND/line manager	
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Administrative processes for all Expert applications

1. Application discussed with the line manager to confirm the expert level is agreed
2. Completed portfolio submitted to the NE for assessment
3. Assessment outcomes discussed with the line manager and CND
4. Line manager & CND recognises and rewards the applicant

Senior Pathway:

Interview for validation of expertise

The purpose of the interview is to:

- Identify opportunities for professional development
- Facilitate consistency of applications

Following the interview, if an applicant wishes to lodge an appeal, it should be made to the DoN.

Administrative processes

1. Portfolio, completed application form (inclusive self assessment of competencies) forwarded to CND
2. CND reviews portfolio⁵
3. Contact applicant and negotiate interview date and appropriate participants

Reward and recognition for proficient and expert levels of practice

In addition to contractually agreed entitlements, PDRP Badges are available for the recognition of these levels of practice and are obtained from the Nurse Co-ordinator, PDRP. Presentation of the badges and certificates will be made within the ward/unit. With consent, selected items from portfolios may be published on the PDRP website in CMDHB's SouthNet.

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Data Management

All data relating to the PDRP is entered into *One-Staff™* by the CN Manager or appropriate delegate and is outlined in Table Five (below).

Table Five: Data entry requirements:

Event	Action required
Appointment of new hires and transfers into the ward/unit/team/area	Notify <i>One-Staff</i> Administrator
Performance review	Date of performance review in Controller Userfields Level of practice (Skill & job class) confirmed in Controller User fields PDRP due date confirmed in Personnel User fields Check all Controller fields
Portfolio submitted	Enter date of submission in Personnel User fields
Portfolio returned	New Portfolio due date, pathway and level recorded in Personnel User fields and assessment date Eligibility for PDRP allowance confirmed in Personnel User fields.
PDRP Allowance	Change request completed by CN manager

Reporting on Compliance

CMDHB's Nurse Co-ordinator, PDRP is responsible for supplying a monthly report on PDRP compliance rates by Service to the DoN. These reports will be made available via *One-Staff™* monthly KPI reports. Detailed compliance data will remain the property of CMDHB and will not be released externally without the permission of the Nurse Co-ordinator, PDRP or the DoN. CMDHB's Nurse Co-ordinator, PDRP will be responsible for monitoring compliance with the discontinuation of the PDRP allowance for non-compliant nursing staff and will report to the DoN.

Nurse Co-ordinator, PDRP is responsible for supplying quarterly reports to the Nursing Council New Zealand regarding compliance for Annual Practicing Certificate auditing purposes.

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Quality Assurance

In keeping with CMDHB's Clinical Board policy, all policies associated with this programme will be reviewed via the Nurse Professional Development Forum bi annually. Participants of the programme will be surveyed no less than five yearly for feedback purposes. Audits of processes relating to the implementation of the programme will be undertaken on a regular basis facilitated by the Nurse Co-ordinator, PDRP or appropriate delegate/s.

PDRP Website - SouthNet

The PDRP Website within CMDHB's internet SouthNet, provides access to all relevant and current information relating to the programme. The Website is maintained and updated regularly by CMDHB's Nurse Co-ordinator, PDRP. The website will be accessible from CMDHB site for those in Primary Health Organisations (<http://www.cmdhb.org.nz>).

Definitions of Levels of Practice.

Enrolled Nurse

Enrolled Nurses practise under the direction of a Registered Nurse or Midwife to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement. The responsibilities of the Enrolled Nurse include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan (NCNZ, 2004).

Nurse Assistants

Nurse Assistants assist registered nurses to deliver nursing care to individuals in community, residential and hospital settings. They perform delegated interventions from the nursing care plan to provide care and comfort for individuals groups, assist and support clients with activities of daily living, observe and report changes in individual/group conditions and behaviours, safeguard dignity and promote independence and health and safety. The Nurse Assistant does not undertake independent nursing assessments or plan and evaluate nursing interventions. Nurse Assistants may be required to practise in a specific area based on their practicing certificate (NCNZ, 2004).

Registered Nurses

Registered nurses utilise knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct Enrolled Nurses and Nurse Assistants. They provide comprehensive nursing assessments to develop implement and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered

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Nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some Registered Nurses according to their qualifications or experience limiting them to a specific area of practice (NZNC, 2004).

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Table Six: Enrolled Nurse/Nurse Assistant (Generic pathway)
(the term client means patient, client, family, whanau, community)

Competent	Proficient	Accomplished
Under the direction of the Registered Nurse, 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 culturally safe.	Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe.
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/Nurse assistant practice.	Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse/Nurse Assistant scope.
Applies knowledge and skills to practice.	Utilises broad experiential knowledge and evidence-based knowledge to provide care.	Contributes to the management of changing workloads.
Has developed experiential knowledge and incorporates evidence-based nursing.	Contributes to the education of Enrolled Nurses/Nurse Assistant students, new graduate Enrolled Nurses/Nurse Assistants, care givers/healthcare assistants, competent and proficient Enrolled Nurses/Nurse Assistants.	Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.
Is confident in familiar situations.	Acts as a role model and leader to their peers.	Undertakes any additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
Is able to manage and priorities assigned client care/workload appropriately.	Demonstrates increased knowledge and skills in a specific clinical area.	Actively promotes understanding of legal and ethical issues.
Demonstrates increasing efficiency and effectiveness in practice.	Is involved in service, professional or organisational activities.	Contributes to quality improvements and change in practice initiatives.
Responds appropriately in emergency situations.	Participates in change.	Acts as a role model and contributes to leadership activities.

National Framework for Nursing Professional Development & Recognition Programmes and Designated Role Titles. (2005) Report to the National Nursing Organisations from the National Professional Development & Recognition Programmes Working Party. New Zealand.

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Table Seven: Registered Nurse (Generic pathway)
(the term client means patient, client, family, whanau, community)

Competent	Proficient	Expert
Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe.	Participates in changes in the practice setting that recognise and integrate the principals of Te Tiriti o Waitangi and cultural safety.	Guides others to apply the principals of Te Tiriti o Waitangi and to implement culturally safe practice to clients.
Effectively applies knowledge and skills to practice.	Has a holistic overview of the client and practice context.	Engages in Post Graduate level education (or equivalent).
Has consolidated nursing knowledge in their practice setting.	Demonstrates autonomous and collaborative evidence based practice.	Contributes to speciality knowledge.
Has developed an holistic overview of the client.	Acts as a role model and a resource person for other nurses and health practitioners.	Acts as a role model and leader.
Is confident in familiar situations.	Actively contributes to clinical learning for colleagues.	Demonstrates innovative practice.
Is able to manage and prioritise assigned client care/workload.	Demonstrates leadership in the health care team.	Is responsible for clinical learning/development of colleagues.
Demonstrates increasing efficiency and effectiveness in practice.	Participates in changes in the practice setting.	Initiates and guides quality improvement activities.
Is able to anticipate a likely outcome for the client with predictable health needs.	Participates in quality improvements in the practice setting.	Initiates and guides changes in the practice setting.
Is able to identify unpredictable situations, act appropriately and make appropriate referrals.	Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.	Is recognised as an expert in her/his area of practice.
		Influences at a service. Professional or organisational level.
		Acts as an advocate in the promotion of nursing in the health care team.
		Delivers quality client care in unpredictable challenging situations.
		Is involved in resource decision making/strategic planning.
		Acts as leader for nursing work unit/facility.

National Framework for Nursing Professional Development & Recognition Programmes and Designated Role Titles. (2005) Report to the National Nursing Organisations from the National Professional Development & Recognition Programmes Working Party. New Zealand.

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Nursing Council of New Zealand (2004). *Scopes of practice*. Wellington: Nursing Council of New Zealand.

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Nursing Council of New Zealand (2005) *Guidelines for Cultural Safety. The Treaty of Waitangi and Maori Health in Nursing Education and Practice*. Wellington: Nursing Council of New Zealand.

Tikanga Best Practice Policy. (2006) CMDHB.

Wikipedia.2007. *Moderation*. Retrieved May 25th 2007, from <http://en.wikipedia.org/wiki/moderation>.

Recommended Reading:

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Policy: Professional Development & Recognition Programme (PDRP)

Purpose

The purpose of this policy is to ensure that the PDRP for nurses is achievable, understood and managed in a fair consistent and culturally appropriate manner, across all clinical services of Counties Manukau District Health Board (CMDHB).



Note: This policy must be read in conjunction with the PDRP Operational Manual.

Scope

This policy is applicable to all CMDHB staff working as nurses and those in Primary Health who have agreed to participate.

Policy

Principals

The Professional Development & Recognition Programme is a framework that supports a competency assessment and professional development pathway at CMDHB. CMDHB PDRP is an accredited programme by the Nursing Council of New Zealand (NCNZ) and thus ensures that nurses are not required to submit a portfolio to the council, for auditing purposes, when applying for Annual Practising Certificates.

The aims of the PDRP are to:

- Ensure that all nursing staff maintain a professional portfolio that contains evidence of their competent practice in compliance with the Nursing Council of NZ competencies.
- Validate levels of practice
- Promote effective evidence-based quality nursing care
- Recognises nursing professional achievement
- Maintains a fair and transparent process
- maintenance of NCNZ accreditation status

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The PDRP process includes:

- Support and guidance regarding the programme and professional development
- Clearly defined levels of practice with competencies/standards of practice described as competent, proficient, accomplished (EN) and expert (RN)
- Development of a professional development plan
- Annual performance review

Professional Development and level advancement:

- Nurses develop through processes of education, evidence based practice, supervision, preceptorship, clinical practice and reflection
- Changes in levels of practice are agreed with the professional nursing leader and the nurse educator (NE), on successful completion of a portfolio for that level
- Behavioural practice that does not support the level awarded will lead to a formal review
- Failure to complete the requirements of the PRDP will be performance managed by the nurse manager, NE and professional nursing leader

Approval and review of the programme:

Governance is provided to the programme by CMDHB's Nurse Professional Development Forum (NPDF). The aim of the forum is to provide a round-table where users of the programme can participate in the process of review and development of the pathways & associated operational components

In keeping with CMDHB's Clinical Board policy, all policies associated with this programme will be reviewed via the Nurse Professional Development Forum bi annually. Participants of the programme will be surveyed no less than five yearly for feedback purposes. Audits of processes relating to the implementation of the programme will be undertaken on a regular basis facilitated by the Nurse Co-ordinator, PDRP or appropriate delegate/s.

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Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	HPCA Act (2003)
CMDHB Clinical Board Policies	Framework for Educational Development
NZ Standards	Nursing Council of New Zealand competencies for registered and enrolled nurses
Organisational Procedures	CMDHB PDRP for Midwives
Other related documents	CMDHB PDRP Operational Manual Nurses MECA PSA Settlement

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Nursing Council of New Zealand (2005). *Competencies for nurse practitioner scopes of practice*. Wellington: Nursing Council of New Zealand.

Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
PDRP	Professional Development & Recognition Programme
CMDHB	Counties Manukau District Health Board
MECA	Multi-Employer Collective Agreement

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