COUNTIES MANUKAU HEALTH

Professional Development and Recognition Programme (PDRP) Manual

Prepared: October 2015, Updated May 2016.

Counties Manukau District Health Board

Contents

Introduction

Nursing Council of New Zealand (NCNZ).

"In 2004, the NCNZ began approving Professional Development and Recognition Programmes (PDRPs) as recertification programmes under section 41 of the Health Practitioners Competence Assurance (HPCA) Act, 2003. The intention was to allow nurses who were already demonstrating continuing competence through PDRPs to be exempt from the recertification audit.

PDRPs were developed by employers and professional organisations to recognise and support individual nurses. Their assessment processes are based on the submission of a practice portfolio.

PDRP requirements are usually different from the requirements of the recertification audit. This is because these programmes usually look at more than simply competence to practice. They may seek to support individual nurses to develop their practice and also to recognise additional contributions made by nurses to the workplace. The assessment tools used by PDRPs may also be different, as the nurse usually supplies more evidence in a portfolio than is required for audit.

The criteria for advancement through these programmes are determined by the organisation and not by the Nursing Council of NZ (NCNZ). "NCNZ approval means that the programme has met the NCNZ standards for PDRPs and the NCNZ is satisfied that nurses assessed by the programme meet the NCNZ's continuing competence requirements (as well as other organisational requirements)." (NCNZ, 2015: http://www.nursingcouncil.org.nz/Nurses/PDRPs).

Counties Manukau Health's (CM Health's) PDRP is accredited by NCNZ to meet the competency assessment component of the HPCA Act and if nurses are compliant with CM Health's programme then they will be exempt from NCNZ's auditing process.

It is compulsory for all nurses (except nurse practitioners) employed by CM Health to complete a portfolio either through CM Health PDRP or the Huarahi Whakatū PDRP regardless of clinical area and role.

Maaori nurses employed at CM Health can choose to complete either:

- CM Health's approved PDRP, or
- Huarahi Whakatū PDRP for Maaori nurses. (Access and additional information is via this webpage: http://matatini.co.nz/training/M%C4%81ori-nursing-pdrp-huarahi-whakatu-pdrp). Appendix V shows the process for nurses wishing to complete the Huarahi Whakatū PDRP.

The aims of CM Health's PDRP for nurses are to:

- ensure that all nursing staff maintain a professional portfolio that contains evidence of competent (minimum) practice in compliance with the NCNZ competencies and continuing competence requirements
- validation and maintenance of level of practice
- encourage and recognise nursing professional achievement
- value nurses who effectively initiate care that meets the needs of the patient/client
- maintain NCNZ accreditation status
- maintain a fair and transparent process.

At all times, the individual nurse remains accountable for his/her practice.

Portfolio Requirements

"Portfolios provide the means for nurses to gather their evidence and communicate competence to employers and regulators. They allow nurses to demonstrate their continuing competence in a way that is transportable across health jurisdictions and different practice settings, to plan for career development and to practise in a reflective manner" (Cook, foreword, as cited in Andre & Heartfield, 2007).

CM Health has a three year portfolio submission process:

- all nurses are expected to submit a full portfolio every three years
- newly employed nurses are expected to submit a portfolio within 12 months of their commencement date, unless one of the special circumstances listed in Table 2 below applies.

Table 1 below specifies the evidence required for the PDRP process.

Table 1 Evidence required for the PDRP process

Evidence	Clarification
Application form	• Line manager must verify nurse has completed more than 450 practice hours in 3 years. Need to specify the number of hours worked. • Line manager must verify nurse has completed more than 60 hours professional development in 3 years. Need to specify the number of professional development hours. • Must be signed by manager to verify the level of practice applied for and that a level of practice discussion has occurred.(see pages 14 and 42 for further information. • Nurse must sign the declaration that they meet the requirements outlined.
Checklist	• Nurse completes the checklist to ensure all the required evidence is present to the standard required.
Self-assessment against NCNZ competencies	• Nurse must complete the self-assessment by including specific practice examples from current area of practice/s. • Examples must be from within the previous 3 years and reflect practice from the area they work in. • The self-assessments must describe how the nurse's day to day practice meets one of the indicators for the competency. • If the nurse is applying for an advanced level of practice the competencies must also demonstrate that level. • Must be verified by a senior nurse who is compliant with PDRP. • Must include evidence based practice (see below in this table). • For nurses who are not practising in direct patient care NCNZ stipulates the following. *"Registered nurses, who are not practising in direct client care, are exempt from those competencies in Domain two (management of nursing care) and Domain three (interpersonal relationships) that are only applicable to clinical practice. There are specific competencies in these domains for nursing working in management, education, policy and/or research. These are included*

	at the end of domains two and three. Nurses who are assessed against these specific competencies are required to demonstrate how they contribute to practice. • *Those practicing in direct client care and in management, policy, education and/or research must meet both sets of competencies."* (NCNZ, 2007.) • Nurses working in an expanded practice role must also complete the competences for expanded practice. (NCNZ, 2010). Refer to the *Advanced Nursing Certification* webpage on SouthNET for further information.
Treaty of Waitangi/ Maaori Core Values	• The competencies must have robust examples demonstrating how you work with Maaori patients and is specific to the care with Maaori patients rather than all patients (NCNZ PDRP Audit, 2016). • Discuss the 4 principles of the Treaty of Waitangi (Appendix III). • Refer to article by Hikuroa, & Halliday, (2013) (Appendix III). • Must include Maaori Core Values- at least one per domain, refer to page 20.
Cultural Safety	• Must demonstrate how you find what the patient determine is culturally safe for them. • Refer to Appendix IV for further information.
Senior Nurse/Peer Assessment against the NCNZ competencies (refer to page 8)	• Robust individualised practice examples are to be written from the nurse's current area of practice and be from the previous 3 years. • The examples must describe how the nurse's day to day practice meets one of the indicators for the competency. • If the nurse is applying for an advanced level of practice the examples must provide evidence of this. • It is not acceptable to rephrase the competency or indicators. • Evidence of meeting the Maaori Core Values must be provided, at least one per domain. Refer to page 20. • It is not appropriate to complete assessments for close friends and family members. • It is not acceptable to copy and paste the examples from the applicant's self-assessment and replace 'I' with the nurse's name.
Evidence based practice	• Evidence based practice must be included throughout competencies. • Evidence based practice is *"the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research"* (Sackett, 1996). • Nursing care involves a wide range of interventions and therefore draws on a diverse evidence base (including for example, evidence from psychology, sociology, and public health). Individual nurses need to develop key skills in order to access and use evidence appropriately in clinical practice and, where evidence is not available, to make considered decisions (Craig & Smyth, 2002). • This is not an academic exercise. We do not expect APA referencing. • It is okay to refer to policy, procedures, protocols or guidelines as references. • There is no minimum or maximum number of references required.
Professional development	• May be taken as whole days or hours. • Must demonstrate reflection on and/or describe the difference made to nursing practice.

	• Must be verified by line manager. • Must include mandatory requirements of training (eg, PST). • Journal reading may be considered a professional development activity if it takes place within a formal framework such as a journal club, a presentation to colleagues, or to inform an educational or quality improvement process. • Meetings may be considered a professional development activity if they have an educational focus and include appropriate documentation (for example, minutes that clearly identify the education topic).
Performance review	• Must be within the last 12 months. • Must be signed by line manager. • Must identify goals that have been identified for professional development.
Copy of current Practising Certificate	• Copy both sides or print out from NCNZ website.
Level of Practice discussion template	• Proficient (Level 3), Expert (Level 4) or Accomplished (level 4) portfolios only. • Completed by applicant and members of the levels of practice discussion meeting (see page 15). • Must provide evidence and describe what the nurse does in practice to meet the level applied for.
Curriculum Vitae	• Any format allowed. • Proficient (Level 3) /Expert (Level 4) /Accomplished (Level 4) /senior nurses only. • Demonstrate work and education history.

Special circumstances

Table 2 below stipulates the exemptions for the portfolio to be submitted within 12 months.

Table 2 Exemption criteria for submitting portfolio within 12 months

New to CM Health	If the nurse is newly employed and does not meet one of the criteria below, their first portfolio is due 12 months after commencement date.
Transferring between pathways (e.g. generic to senior)	Nurse moving from one pathway to another has 12 months to submit a portfolio from the date of their appointment into the new position.
Transferring within CM Health	• If transferring between similar areas and not changing pathways (e.g. levels of practice), then the nurse will retain the same due date and continue to receive their PDRP allowance until the next agreed due date. • If transferring between two significantly different areas and not changing pathways then the nurse will be required to submit a full portfolio within 12 months which demonstrates the level currently working at. • If the nurse is unable to demonstrate proficient or expert/accomplished practice within the new area, a discussion needs to occur with the line manager at the three month review and the allowance may be stopped.
Transferring from a CM Health PDRP partner	• CM Health has memos of understanding with several external organisations such as Primary Healthcare Organisations, non-government organisations and aged care facilities. They are all aligned with CM Health

	PDRP. • When a nurse transfers from one of these partner organisations, this is considered a transfer within CM Health and the above points apply. • Contact the Post Registration/PDRP Lead for details of CM Health PDRP partner organisations
Transferring between NCNZ Accredited PDRPs	If a nurse transfers from an organisation that has an accredited programme then their level of practice and due date are retained as long as the nurse meets the following criteria. • Transferring to a practice area where the scope and role requirements are substantially similar. • The line manager confirms that the nurse will be able to satisfy the application requirements of that level of practice. • The original certification and assessment documentation is supplied from the previous employer to confirm the current level of practice.
Transferring from overseas	• If a nurse transfers from an organisation that has an accredited programme then the above transfer criteria apply on a case by case basis. • If the nurse has not participated in a PDRP process, they will be recognised as competent and at their three month review a timeline will be developed to meet to discuss whether the nurses is working at an advanced level e.g., proficient or expert/accomplished as appropriate.
Paternal Leave	If the portfolio is due while the nurse is on parental leave, then the nurse will be required to submit a portfolio within six (6) months of their return to work. Please note: if the last portfolio approval date is more than three years previous, then NCNZ may request the nurse complete a recertification audit.
Nurses working as both a senior and registered nurse	• If a nurse works in two different roles i.e., a designated senior position and a registered nurse position, they may be entitled to either a proficient or expert PDRP allowance for the duration of the shift whilst employed as a registered nurse. • This will need to be negotiated with the line manager. • The nurse will need to complete a senior nurse portfolio and within this demonstrate the level of practice for the registered nurse role within the competencies.
Nurses employed in two areas	Nurses employed in two areas of the DHB or at a different organisation at the same level, can submit one portfolio if the following conditions are met: • assessors in both areas are informed and both are involved in the assessment process • both areas of practice must be reflected in the competencies. If the nurse is operating at different levels of practice e.g., competent in one area and proficient in the second • assessors in both areas are informed and both are involved in the assessment process • both areas of practice must be reflected in the competencies Submit a proficient level portfolio for the area and the proficient allowance paid within that area.
Nurse Entry To Practice Graduate Nurses	• Must complete a full portfolio in accordance with the NETP programme requirements i.e. submit after 10 months of the programme or at the 12 month date (whichever comes first). • Once permanently employed the graduate nurse will follow the same process as for a nurse transferring within CM Health and will submit a portfolio within three years.
Bureau and casual nurses	• Are required to comply with the PDRP. • When transferring to the bureau from a permanent position within the

	organisation, the nurse 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. • DHB/NZNO MECA page 8 *"nothing in this definition shall preclude casual employees from moving through the pay scale in this agreement of accessing the provisions of PDRP allowance where they have obtained and continue to maintain their competency as per Nursing Council requirements"*.
Secondments	• Nurses on secondment to another role will maintain their due date. • If the portfolio due date falls within the secondment, the portfolio should reflect their last three years of practice and include evidence from both roles.
Performance management	• Nurses who are on performance improvement plans may have their portfolio assessed once their performance meets the agreed requirements of the plan at the level agreed by their line manager. • All performance management issues will be the responsibility of the line manager, and where this person is not a nurse, in collaboration with the Clinical Nurse Director/Nurse Leader of that service. • Nurses under performance management will be awarded the allowance once their performance meets the agreed requirements of their performance improvement plan and successful submission of their portfolio.

Senior or Peer Assessment against the NCNZ Competencies processes

NCNZ stipulates the following when completing a senior or peer assessment against the competencies for another nurse.

"Senior nurse assessment is completed by a nurse in a designated position e.g. a charge nurse manager, nurse educator, team leader coordinator, nurse manager or director of nursing.

Peer assessment is completed by another nurse. A peer assessor must be an experienced nurse who has recognised clinical skills in the area of practice. This nurse will either work with the nurse or will have observed his/her practice for the purpose of making an assessment." (NCNZ. 2011, page 4.)

The decision on whether or not the assessment is completed by a senior nurse or a peer is made by the line manager and/or Nurse Educator/Clinical Nurse Director. To complete a senior or peer assessment against the NCNZ competencies for another nurse, that person must be compliant with the PDRP themselves.

It is important that the nurse completing the senior nurse assessments against the NCNZ competencies has sufficient time to complete them BEFORE the portfolio due date. More than one person can complete the competencies.

"It is the responsibility of the senior nurse or peer to write the practice examples to demonstrate the competencies. It is not appropriate that the Senior Nurse gets an electronic copy of the nurse's assessment and change 'I' to the nurse's name and not offer any new information or examples regarding the nurses competence". (Communication from NCNZ, 2015).

Assessing another nurse against the NCNZ competencies:

(*NCNZ Guideline for Competence Assessment*, February 2011, pages 6-10).

If you have been asked to complete an assessment for another nurse first of all clarify what the assessment is for and whether it is appropriate for you to complete the assessment. It is not appropriate to complete the NCNZ assessments against the competencies for close friends and family members. You may also need to clarify whether the assessment is to be completed by a senior nurse or peer.

We recommend that you do the following to prepare for the assessment.

- Identify that you have the appropriate tool (i.e. assessment form for the nurse's scope of practice.
- Make sure you understand the competencies and indicators.
- Prepare an assessment plan (consider time for document review, observation of practice, discussion and giving feedback (what order and when), timing, resources and any special needs of the nurse being assessed, or the environment).
- Have a pre-assessment discussion with the nurse to clarify expectations
- Make sure the environment/context is prepared
- Gather evidence –you need enough evidence to be sure the competency is met.
- Discuss the assessment with the nurse's line manager

Refer to section *Principles for assessing the practice of other nurses* for more information on assessor preparation before undertaking assessment.

The type of evidence you will need may include the following:

- direct observation of practice
- an interview with him/her to ascertain nursing care in different scenarios
- evidence provided by him/her including self-assessments, exemplars or examples of practice
- reports from other nurses and other health professionals.

Assessments should be comprehensive and not solely based on the observation of clinical procedures or on the nurse's communication with health consumers and/or their families/whaanau. Observation of practice can be of everyday practice, a specially created practice situation, or your knowledge of his/her prior performance. Consideration of information gathered from at least three sources, ie, triangulation or alignment of evidence from different sources, can enhance the reliability of the conclusions reached. Assessors should reflect on what a 'competent nurse' is and how he/she practises in the particular setting. Each competency has a number of indicators which are not exhaustive and are for guidance only. Some organisations have

performance criteria which describe the intent of each competency. NCNZ staff are also available for advice.

The assessor may comment on any of the following attributes in relation to the NCNZ competencies: knowledge, skill, behaviour, attitudes and values. Each competency must be assessed. Each comment made by the assessor against a competency needs to provide a specific example as to how the nurse meets (or does not meet) each competency. Rephrasing of the competency or indicators is not acceptable.

The assessment must be signed and dated by the nurse and assessor, and provide at least one example or action of the nurse's practice in support of each competency. This can range from usual practice to role modelling how to handle unusual events to peers.

At the end of the assessment:

- give feedback (commend, recommend, commend) – explain achievement/identify and discuss areas where competencies are not met, discuss how to achieve competencies, and develop a plan for improvement
- it may be appropriate to discuss areas for development or overall career direction
- a comment that supports the assessment, indicating the evidence on which the assessment is based, is required for each competency.

An important note to the nurse being assessed - it is your responsibility to ensure the assessor makes a different comment on every competency, does not repeat the competency itself, and writes in the Met/Not Met column.

Principles for assessing the practice of other nurses against the NCNZ Competencies (NCNZ, 2011)

As with all activities in practice, assessments should be undertaken only by those who understand the requirements of the activity. Each competency requires an example or evidence of an action or knowledge by the nurse being assessed which illustrates one or more of the indicators. Throughout New Zealand training is available in assessment for nurses who need to develop their understanding of the nature of workplace assessment.

Although the principles of assessment are the same, the complexity and nature of evidence and the professional assessment judgement required may be expressed differently in different clinical settings and with nurses with different career trajectories. For example, a nurse who regularly assesses students at the end of the same degree programme will become very familiar with the competency outcomes in the same setting. However, when assessing an experienced new employee with a background unfamiliar to the assessor, development of the assessor's skills and processes may also be required.

Nurses involved in assessment (both the assessor and the nurse being assessed) are always governed by the ethical standards of their profession.

The following self-review questions are designed to assist an assessor in understanding the ethical principles involved and how they may be assured they have undertaken an ethical, rigorous and fair competence assessment of a colleague or employee.

1. Contextual assessment
   - What is the setting (e.g. the name and nature of the ward or clinic)?
   - What does the competency mean in relation to the nurse's practice setting?
   - Does the assessor have sufficient knowledge and understanding of the setting, the NCNZ competencies and indicators to make a judgement about another's practice?

2. Ethical assessment
   - Does the assessor have sufficient understanding to use a range of professional assessment practices?
   - Is there mutual respect, honesty, rigour and trust in the assessment and documented feedback process?
   - Does the assessor reflect on the ethical implications of the assessment?
   - What organisational support is available to assist those nurse undertaking assessments?

3. Accountability.
   - Does the assessor:
     - maintain confidentiality and disclose only through appropriate channels?
     - declare any conflict of interest?
     - report in a timely fashion and maintain standards of documentation?
     - engage in quality improvement of their own performance as an assessor?
     - provide feedback according to best professional practice?

4. Validity and reliability of assessment
   - Does the assessment actually measure what is intended? Does the assessment process measure the nurse against the NCNZ competencies?
   - Does the assessor have an understanding of the intended outcomes of the competencies and the indicators in the context/s in which the nurse is practising?
   - Is the assessment consistently applied across the whole process?
   - Would another assessor predict the same results for the same behaviours, knowledge, skills and attitudes/attributes?

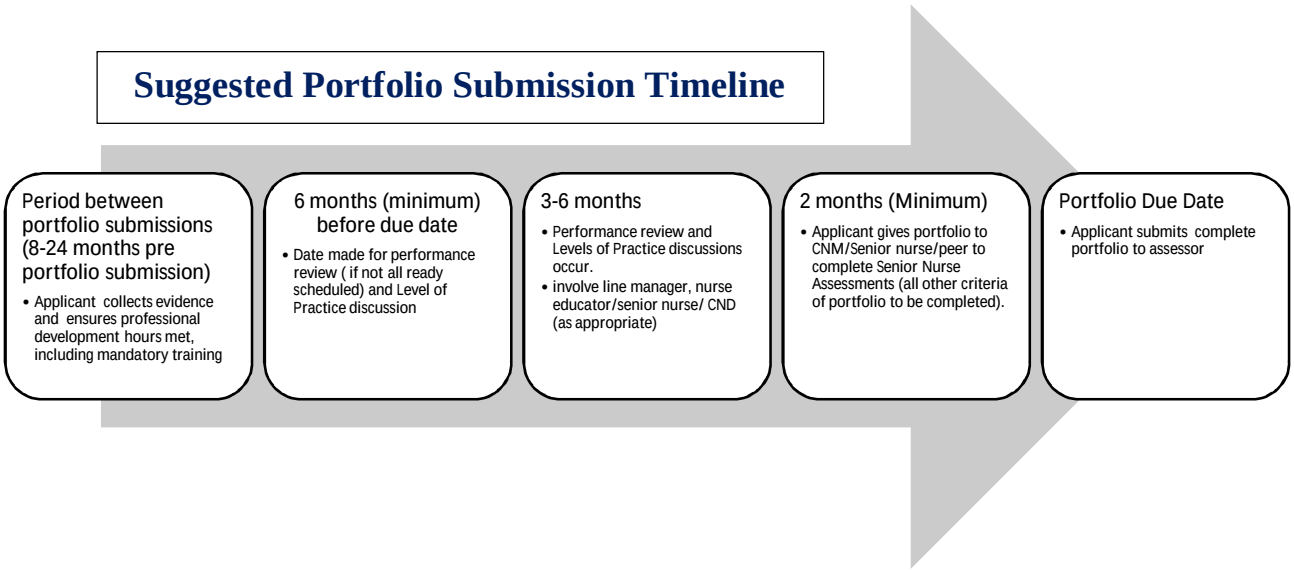
5. Evidence-based assessment
   - Does the assessor have sufficient evidence?
   - Is there a variety of data sources? For example, observation of actions or documentation, interviewing, attestation by reliable informants, and/or testing(either paper-based or in simulation).
   - Are any inferences checked to validate the assessment judgement?
   - Is there enough evidence over a sufficient timeframe to predict that the person being assessed will perform the same way in similar situations and context?

Putting your Portfolio together:

It is important to remember that this is a professional document and so it must reflect this. The evidence needs to:

- demonstrate your level of practice
- be evidence based
- meet the competency identified
- be validated by others.

Figure 1: Suggested portfolio submission timeline



Presentation:

Do:

- remember this is a Professional portfolio and that it could be presented to NCNZ. Ensure that your portfolio is presented in a suitable folder and standard
- place no more than two pieces of paper in one sleeve if plastic sleeves are used
- maintain confidentiality of patients, their family/whaanau and colleagues
- remember that portfolios may be assessed by someone from another area. Evidence needs to be as clear as possible and terminology may need clarification if area specific
- provide a specific practice example, from within the last 12 months, for each competency
- have a senior or peer assessment, you will need identify an appropriate person and arrange times to meet with them to complete the competencies. You will also need to give them sufficient time for them to complete the competencies.
- read each competency carefully and think of and document examples on how this is demonstrated in practice - reflection on practice is encouraged
- ensure that the senior/peer assessment is completed to the standard required.

Do not:

- place original certificates or documents into the folder
- write critical comments about a patient, colleagues or the organisation
- name colleagues, patients, family and family/whaanau

- write about an incident that reflects badly on practice - the portfolio needs to demonstrate competence to practice
- use abbreviations
- give your senior nurse or peer to complete your senior nurse assessment on the due submission date.

Plagiarism:

- plagiarism is a serious matter
- all work must be the nurse's own original work
- if copying or using other's work, references must be provided (including material from the World Wide Web)
- failure to acknowledge copied work will be investigated and will be consider guilty of plagiarism
- suspected plagiarism must be reported to the Post Registration/PDRP Lead. Each case will be considered individually, in consultation with the CND/Nurse Leader and Human resources
- depending upon the extent and significance, may result in a request for resubmission of all or part of the portfolio. The Post Registration/PDRP lead will carry out the assessment process
- the Human Resources Manager may place a note in the nurse's personal file summarising the occurrence
- disciplinary action may be taken by the CND/Nurse Leader
- the Director of Nursing may inform the NCNZ of the occurrence if the issue cannot be solved by one of the above actions.

PDRP days

NZNO MECA page 49

"Clause 27.7- staff working on preparing a portfolio, obtaining or maintaining skill levels associated with the Professional Development and Recognition Programme are entitled to additional leave in order to undertake research or study associated with meeting the PDRP requirements as follows:

Proficient	*1 day p.a.*
Expert/Accomplished	*2 days p.a."*

This does not mean that people can have the PDRP leave to write the competencies up. The leave is for the nurse to do some formal or informal study including reading literature. However, there is the expectation that there will be some form of output from the leave. The PDRP leave must be negotiated with the line manager when having the levels of practice discussion.

Levels of Practice

Why are Levels of Practice so important?

NCNZ needs to ensure that each nurse is competent to practice. Competent is the minimum the level expected by NCNZ. Levels are not just about depth of knowledge and the length of time a nurse has been practising, they are about demonstrating leadership, acting as a role model, being involved in service, professional or organisational activities, acting as a resource nurse, leading changes in practice - to name some of these expectations. The criteria for proficient (Level 3) and expert (Level 4)/accomplished (Level 4) have been developed and are agreed on nationally (see tables below). Proficient(Level 3) and Expert (Level 4) /Accomplished (Level 4) levels will be evident in performance reviews, the levels pf practice discussion document that accompanies each Proficient (Level 3) and Expert (Level 4)/Accomplished (Level 4) submission from the line manager, the self-assessment NCNZ Competencies form and professional development activities.

Senior Nurses:
Senior nurses are nurses that are designated senior as per the NZNO/DHB MECA e.g. charge nurse managers, nurse educators, nurse specialists etc. They are expected to demonstrate their level and leadership skills as per their job description throughout their portfolio.

How to aspire to, achieve and maintain your advanced level of practice:

All Registered & Enrolled Nurses are expected to be competent to practice and as such are required, as part of NCNZ requirements, to submit a competent level (minimum) portfolio every three years.

Some nurses develop their practice to more advanced levels and this is recognised and assessed through the CM Health PDRP levels of practice.

Evidence of practicing at Proficient (Level 3), Accomplished (Level 4) and Expert(Level 4) should be throughout the portfolio, including the self-assessment / senior nurse assessment and , the levels pf practice discussion document from line manager.

To ensure a fair and equitable process all nurses aspiring to apply for an advanced level of practice are required to approach their line manager and request a LOP discussion. This is also required on a three yearly basis for all nurses who are currently Proficient (Level 3), Accomplished (Level 4) or Expert (Level 4) to maintain their advanced level. The line manager also may instigate this discussion. This should be three months in advance of either your application to change levels or your portfolio due date.

Attendance at this meeting will include the following three staff: the nurse concerned, the line manager, a CNS/ NE/ CND or a Nurse Leader and, if desired by the nurse, a support person (this is not a requirement).

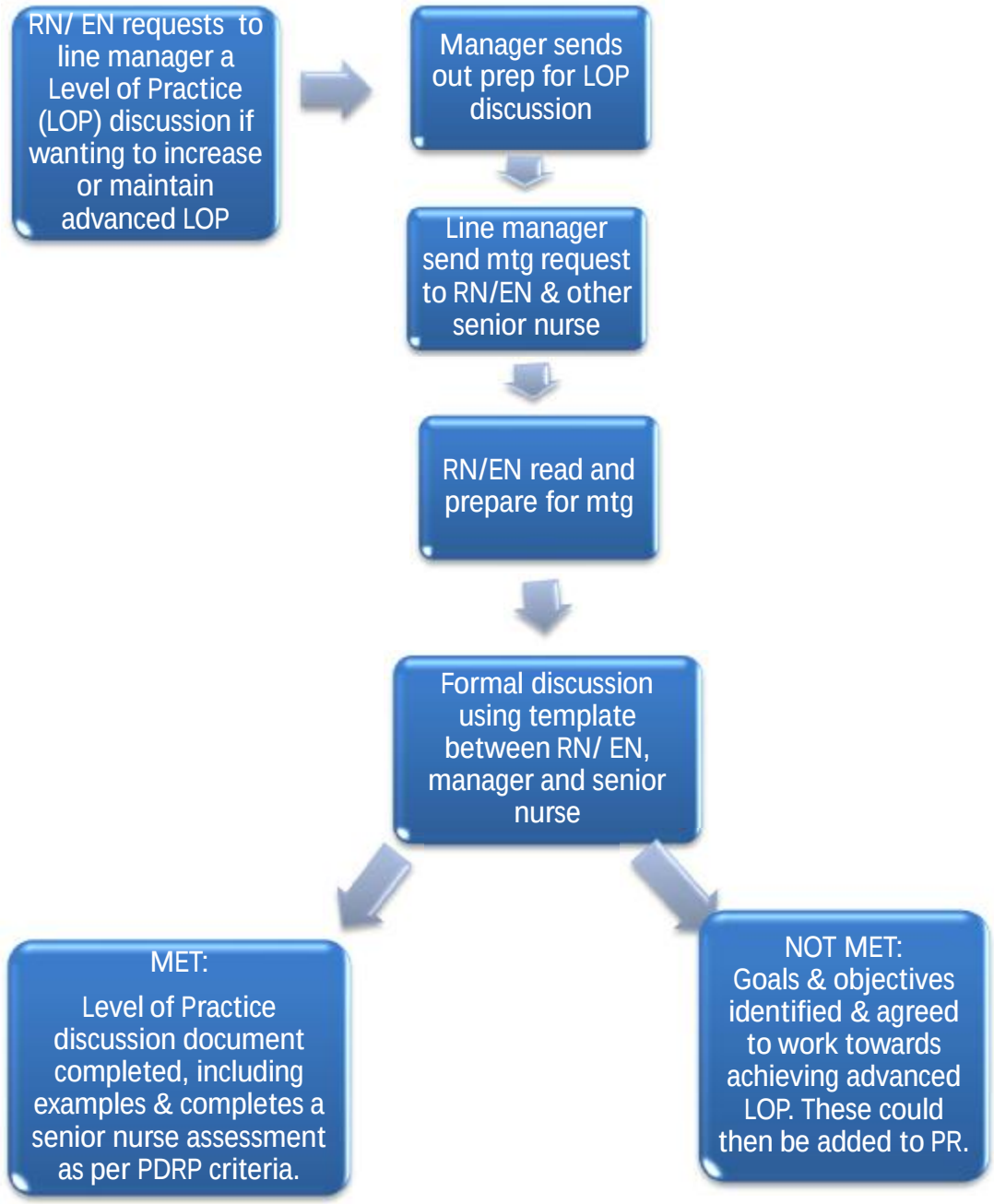
The level of practice discussion looks at all of the specific areas identified within the PDRP document (template see page 45). The nurse needs to come prepared to discuss what they are doing to meet that level of practice and how they will continue to meet the required standard.

If the nurse is developing towards but not quite meeting the standards required for a specific level, discussion will occur with the line manager to develop goals and clear expectations of what is required for that nurse to attain the level. This will then be identified within the Performance Review as objectives.

The nurse completes their portfolio ensuring that examples of their practice (including reflection) on practice meet the standards required.

To ensure the pathway and expectations are clear for staff wanting to progress with a higher level of practice the following flow chart and notes have been supplied.

Figure 2 PDRP Level of Practice Flow Chart



Nationally Agreed Levels of Practice Definitions

Table 3 below contains the Enrolled Nurse level of practice.

Table 3 Enrolled Nurse (Generic pathway) level of practice

(The term client means patient, client, family, whaanau, community.)

Competent (Level 2)	Proficient (Level 3)	Accomplished (Level 4)
Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. Under the direction of the Registered Nurse, contributes to assessment, planning, delivery and evaluation of nursing care. Applies knowledge and skills to practice. Has developed experiential knowledge and incorporates evidence-based nursing. Is confident in familiar situations. Is able to manage and priorities assigned client care/workload appropriately. Demonstrates increasing efficiency and effectiveness in practice. Responds appropriately in emergency situations.	Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe. Has an in-depth understanding of Enrolled Nurse practice. Utilises broad experiential knowledge and evidence-based knowledge to provide care. Contributes to the education of Enrolled Nursing students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses. Acts as a role model and leader to their peers. Demonstrates increased knowledge and skills in a specific clinical area. Is involved in service, professional or organisational activities. Participates in change.	Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe. Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope. Contributes to the management of changing workloads. Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution. Undertakes any additional responsibility within a clinical/quality team, eg, resource nurse, health and safety representative, etc. Actively promotes understanding of legal and ethical issues. Contributes to quality improvements and change in practice initiatives. Acts as a role model and contributes to leadership activities.

Table 4 below contains the Registered Nurse level of practice

Table 4 Registered Nurse (Generic pathway) level of practice

(The term client means patient, client, family, whaanau, community.)

Competent (Level 2)	Proficient (Level 3)	Expert (level 4)
Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe. Effectively applies knowledge and skills to practice. Has consolidated nursing knowledge in their practice setting. Has developed an holistic overview of the client. Is confident in familiar situations. Is able to manage and prioritise assigned client care/workload. Demonstrates increasing efficiency and effectiveness in practice. Is able to anticipate a likely outcome for the client with predictable health needs. Is able to identify unpredictable situations, act appropriately and make appropriate referrals.	Participates in changes in the practice setting that recognise and integrate the principals of Te Tiriti o Waitangi and cultural safety. Has an holistic overview of the client and practice context. Demonstrates autonomous and collaborative evidence based practice. Acts as a role model and a resource person for other nurses and health practitioners. Actively contributes to clinical learning for colleagues. Demonstrates leadership in the health care team. Participates in changes in the practice setting. Participates in quality improvements in the practice setting. Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.	Guides others to apply the principals of Te Tiriti o Waitangi and to implement culturally safe practice to clients. Engages in post graduate level education (or equivalent)[1]. Contributes to speciality knowledge. Acts as a role model and leader. Demonstrates innovative practice. Is responsible for clinical learning/development of colleagues. Initiates and guides quality improvement activities. Initiates and guides changes in the practice setting. 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

[1] *"The applicant is required to demonstrate within their portfolio the integration of the nursing knowledge at level 8 into their nursing practice. Evidence should include: post- registration 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."* (PDRP Evidential Requirements Working Party Final report, (2009) page 10.

		situations. Is involved in resource decision making/strategic planning. Acts as leader for nursing work unit/facility.

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

PDRP allowance

The PDRP allowance is paid in recognition of achieving proficient, accomplished or expert status within the PDRP portfolio. For detail refer to the current collective employment agreements with CM Health (Table 5 below lists the amounts of the allowances).

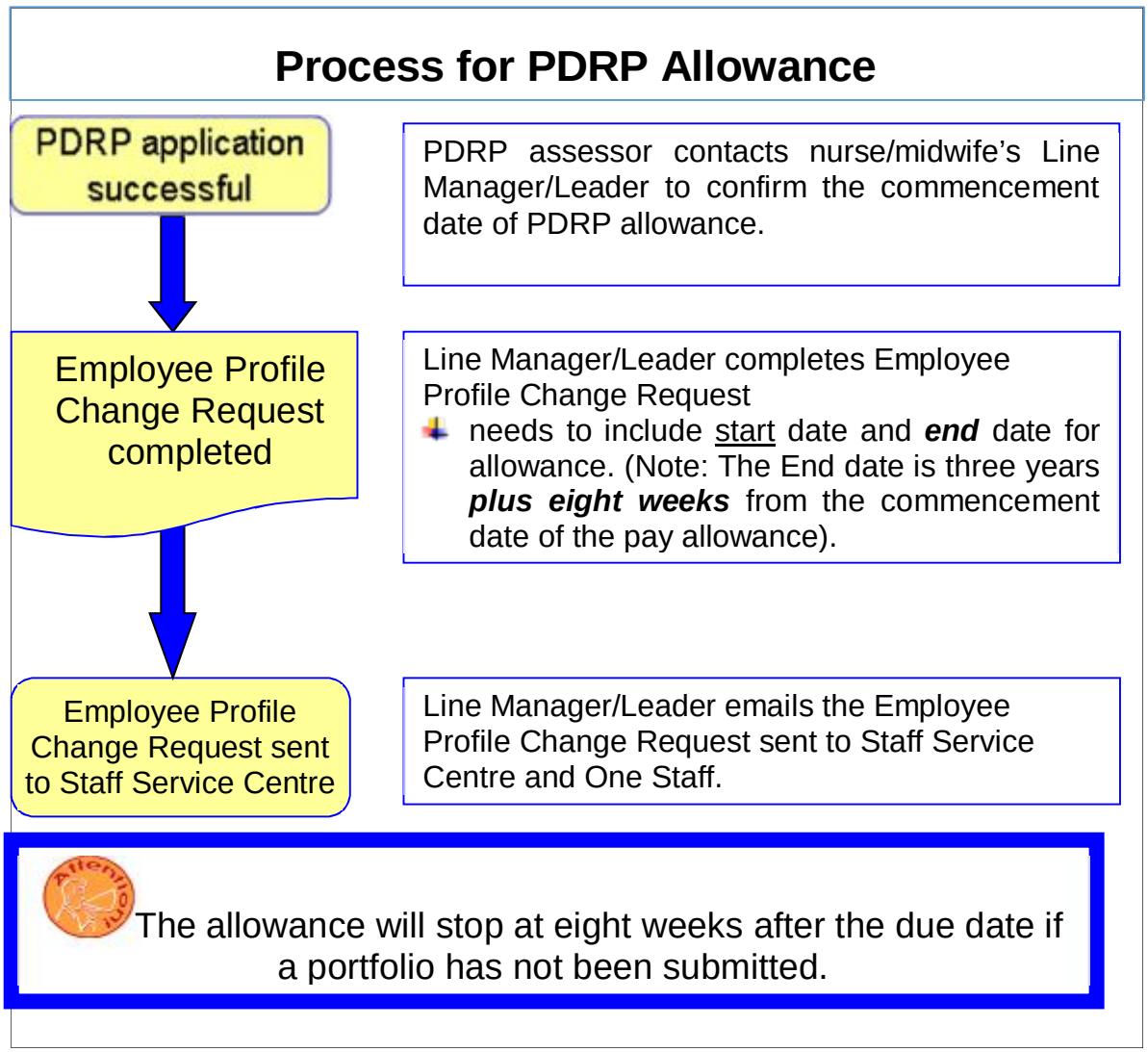
Successful applications for the advanced level of practice entitle the RN/EN to be eligible for the allowance. An allowance back pay will be back dated to the date of the last successful submission date. If a portfolio requires additional work then this indicates that the current submission has not met the standard of a successful submission.

Table 5 NZNO and PSA PDRP allowances

NZNO allowance on base rate:		PSA allowance on base rate:	
RN Proficient (Level 3)	$3000 pa	RN Proficient (Level 3)	$4000 pa
RN Expert (Level 4)	$4500 pa	RN Expert (Level 4)	$6000 pa
EN Proficient (Level 3)	$2500 pa	EN Proficient (Level 3)	$2500 pa
EN Accomplished (Level 4)	$3000 pa	EN Accomplished (Level 4)	$4000 pa

The PDRP allowance will stop eight weeks after the portfolio due date if the nurse has not submitted a full portfolio. Figure three (below) outlines the process that needs to occur to ensure the allowance is stopped.

Figure 3 PDRP Allowance Process



Tikanga Responsiveness

Guidelines for Professional Development and Recognition Programme

To promote a seamless Continuous Quality Improvement (CQI) approach in cultural responsiveness to facilitate best practice for all CM Health staff. To implement Maaori Core Values (table 7 lists the Maaori Core Values) and Maaori Quality Standards (table 6 lists the Maaori Quality Standards) within service delivery.

Table 6 Maaori Quality Standards

TE KAUPAPA PAEREWA – Maaori Quality Standards
Te Kaupapa Paerewa (Maaori Quality Standards – MQS) includes four standards which are designed to assess and measure cultural responsiveness in the workplace. Te Tutakitanga *(Encounter and Engagement)* and Te Mahitahi *(Working Together)* CM Health employees are able to greet and engage patients/clients, whaanau and other health professionals in a culturally responsive manner. All encounters are inclusive of contact (face to face and verbal, phone) and non-contact (letter, email) applications. Te Poroporoaki *(Disengagement)* and Te Whai Mana Painga *(Empowerment)* CM Health employees are able to disengage/discharge and transition patients/clients, whaanau and other health professionals in a culturally responsive manner. All mediums of communication are applied.

Table 7 Maaori Core Values

MAAORI CORE VALUES	
Manaakitanga Kind	I provide manaakitanga by • caring for other people's wellbeing • being caring, compassionate, warm and gentle • supporting physical, cultural, spiritual and emotional needs • going out of your way to help and make it easier, • showing empathy and takes time to reassure.
Whanaungatanga	Whanaungatanga is essential to my practice. I provide

Valuing Everyone	whanaungatanga by • valuing everyone by making them feel welcomed and valued • friendly, polite, develops relationships and trust • smiles, welcoming, approachable, introduces self • values others and is sensitive to diversity • sees the whole person, respects patients and their views.
Kotahitanga together	I provide kotahitanga by • including everyone as part of the team • communicating clearly-using terms the patient understands • being professional, reliable, timely, efficient and thorough • explaining so the patient is empowered to make decisions • working as a tea, involves and encourages • seeking opportunities for collaboration and integration.
Rangatiratanga Excellent	I will provide rangaitratanga by • safe, professional, always improving • inspire confidence in others through safe practice • professional, reliable, timely, efficient and thorough • always looking to innovate and improve practice and results • happy to give and receive feedback, thank people, • challenges constructively.

Table 8 contains the Standards of Competence of the levels of practice.

Table 8 Standards of Competence

STANDARDS OF COMPETENCE		
Competent	Proficient	Expert
Tikanga Best Practice must be completed. It is expected that new employees complete the standards in the first 6 months of employment (mandatory for new staff). Identifies gaps for further learning. Uses own initiative to seek appropriate support or learning from the TIP team.	Tikanga Best Practice must be completed. Tikanga In Practice must be completed. Implement Maaori Core Values and Maaori Quality Standards into your daily practice. Utilises CM Health care services that are available to support Maaori clients eg,	Tikanga Best Practice must be completed. Tikanga In Practice must be completed. Implement Maaori Core Values and Maaori Quality Standards into daily practice. Demonstrates leadership qualities.

Records implementation process of Maaori core values and has documented the learning.	Whaanau Support Workers, Hauora Workers, Kaumaatua, Interpreting Service, Chaplaincy Service. Is proficient in recording processes, highlighting achievements and necessary courses of action and change. Seeks to develop further learning through post graduate studies or other relevant study options.	Has a knowledge base of tikanga and te reo Maaori and is able to utilise it with clients and whaanau. Consults with Mana Whenua, POU and Te Kaahui Ora when developing health practices and services to enhance the health of Maaori. Contributes to policy making, credentialing, and standards of nurse care practice and or research that contributes to the health and well being of Maaori.

Assessment Process

Assessment of portfolios should not take more than eight weeks from submission of the portfolio. Occasionally there may be some exceptional circumstances which may delay the process. In these cases it is important the applicant be notified about any delays.

Portfolio due dates and allowances are back dated to the date of the last successful application/submission date. Successful submission is the day the portfolio was approved.

Once the assessment process has begun the process will be completed by the primary assessor unless an alternative is agreed by the Post Registration/PDRP Lead or CND.

Giving your portfolio to your line manager or another senior nurse to complete the senior nurse assessments (against the NCNZ competencies) is not submitting your portfolio for assessment. Therefore it is important to give the line manager/senior nurse time to complete the competencies before your portfolio due date.

Note. When the applicant is approved as competent and safe to practice and at the level of practice applied for at the time of assessment, the assessor shall not be accountable when the participant does not maintain these requirements

Assessment process

Table 9 lists the process required to undertake when assessing a portfolio.

Table 9 Portfolio assessment process

1. The applicant submits their completed portfolio to the assessor- it may not be an assessor from own area. 2. The assessor checks that all the evidence is present (if not returned to applicant). 3. The assessor enters the submission date into OneStaff™ 4. The assessor reviews all the evidence in the portfolio and reviews it to see if the evidence meets criteria	
Portfolio meets the level required	Portfolio does not meet level required
5. A PDRP assessment memorandum is completed in accordance with CM Health requirements. 6. The One Staff™ is updated with approval date and next submission due date. 7. Portfolio is returned to applicant. 8. Verbal and written feedback provided. The assessor sends a copy of the assessment memo to HR for filing.	a) A PDRP assessment memorandum is completed in accordance with CM Health requirements, clearly indicating the areas that required further development. b) Portfolio is returned to applicant. c) Verbal and written feedback provided. d) A resubmission date is negotiated. The assessor updates One Staff™ with the agreed submission date. e) Applicant updates portfolio to meet the required standards according to feedback. f) Applicant resubmits portfolio by due

	resubmission date. g) Assessor re-assesses portfolio. Portfolio meets criteria- return to step 4
	Resubmitted Portfolio does not meet criteria • Application is declined. • If application is for proficient or expert/accomplished level then the previous level will be maintained. • If applicant does not demonstrate practice at a competent level then the line manager will be informed and performance management processes will be undertaken as per the HR discipline and dismissal policy • The assessor sends a copy of the assessment memos to HR for filing.

To become a Portfolio Assessor

The skills and or qualifications required to be a portfolio assess are as follows:

- be a registered nurse with a current Annual Practising Certificate
- be compliant with PDRP
- have time to undertake portfolio assessments, and

- have completed at least one of the following:
  - undertake and successfully completed a Preceptor programme which includes learning on assessment, or
  - postgraduate study in adult education

- successfully complete the CM Health PDRP assessor programme (or equivalent)
- be prepared to assess portfolios from outside their own area of practice
- participate in any moderation or assessor update workshops as deemed necessary by the Post Registration/PDRP Lead.

Moderation Process

The PDRP moderation process is designed to:

- ensure fair and equitable process across CM Health
- provide objectivity of assessment where there is complexity or uncertainty that the portfolio meets the requirements of the PDRP
- support assessors
- verify new assessments skills and recommendations.

New assessors are allocated advisors/moderators to help with the assessment and to verify their assessment skills.

If the assessor and the moderator do not agree with the assessment and they are unable to come to an agreement then the portfolio is sent to the Post Registration/PDRP Lead for review.

Appeals process

An appeal may be initiated by an applicant at any time during the assessment process by contacting the Post Registration/PDRP Lead in writing and supplying three hard copies of the disputed portfolio or an electronic version (see table 10 below). Each appeal will be managed on a case by case basis. Necessary and appropriate action will be undertaken to resolve the issue/s.

A panel of representatives from the PDRP Governance Committee will review the portfolio and make a decision. The final decision for any unresolved conflict rests with the Director of Nursing.

Table 10 Appeals Process

Written appeal with 1 electronic version or 4 hard copies of portfolio, including assessment memos, lodged with the Post Registration/PDRP Lead
↓
Letter sent to person appealing process and the assessors involved stating the appeal has been lodged-by Post Registration/PDRP Lead
↓
Post Registration/PDRP Lead notifies Appeal Panel* which reviews portfolio (2 weeks)
↓
Panel convenes and discusses portfolio and makes decision (2 weeks)
↓
Applicant is informed in writing of progress/outcome of appeal
↓
Unresolved appeals relating to the assessment of the portfolio is referred to the DoN.

* Panel will be comprised of members of the PDRP Steering Committee and NZNO Professional Nurse Advisor.

Non-compliance

It is the individual nurse's responsibility to remain compliant with the PDRP process at all times.

A nurse will be considered non-compliant with the PDRP when their due date has passed and a portfolio has not been submitted. It is the responsibility of the line manager to manage non-compliance.

At the beginning of each year, the line manager should notify all employees of the following due dates:

- Annual Practising Certificate expiry
- PDRP portfolio
- performance review
- mandatory training.

Management of non-compliance process

Figure 4 below outlines the process line managers need to undertake when managing PDRP non-compliance.

Figure 4 Non-compliance process

Roles and responsibilities

All nurses have roles and responsibilities relate to PDRP. Table 11 (below) outlines these roles and responsibilities.

Table 11 Role and responsibilities

Role	Responsibilities
All nurses	• Submit portfolio on or before due date • Remain accountable for own practice at all times • Ensure portfolio contains all necessary evidence fully completed • Ensure all work in their portfolio maintains professional requirements • Engage in levels of practice discussions with their line managers and nurse educators (as appropriate) • Maintain (minimum) level of practice until next portfolio submission
Charge Nurse Managers or Line Manager	• Remain compliant in accordance with the PDRP • Actively support and promote the PDRP within their area • Ensure all nurses in their work area are compliant with the programme • Administer the programme in accordance with the policy, specifically notification of due dates and management of non-compliance • Undertake levels of practice discussions with staff member especially if staff member does not continue to demonstrate approved level • Complete correct process for PDRP allowance as required (see page 19) • Complete senior nurse assessment against the NCNZ competencies for own employees (if a nurse) • If the line manager is not a nurse then a Nurse Educator or Clinical Nurse Director (or delegate) must be involved in the PDRP • Provide coaching and support to nurses to complete their portfolio as required • Enter all relevant data, in accordance with manual and in a timely fashion into OneStaff™
Nurse Educators	• Remain compliant in accordance with the PDRP • Actively support and promote the PDRP within their area • Provide coaching and support to nurses to complete their portfolio as required • Undertake levels of practice discussions as appropriate • Assessment and moderation of portfolio undertaken in accordance with the assessment process • Enter all relevant data, in accordance with manual, in a timely fashion into OneStaff™

Clinical Nurse Directors	• Remain compliant as per the PDRP • Actively support and promote the PDRP within their area • Provide coaching and support to nurses to complete their portfolio as required • Ensure all senior nurses, within their divisions, are compliant with the programme • Manage the senior nurse or peer assessment against the NCNZ competencies for the area's senior nurses • Enter all relevant data, in accordance with the manual, in a timely fashion into OneStaff™.
Director of Nursing	• Remain compliant in accordance with the PDRP • Actively support and promote the PDRP • Provide support and leadership to the Programme Coordinator as required • Maintains overall ownership of PDRP and makes final decisions re appeals, programme content and processes as required
Post Registration/PDRP Lead	• Remain compliant in accordance with the PDRP • Actively support and promote the PDRP • Provide coaching and support to nurses to complete their portfolio as required • Enter all relevant data, in accordance with the manual, in a timely fashion into OneStaff™. • Ensure the strategic direction of the PDRP is reflective of contemporary practices (clinical, professional, educational, human resource management and information technologies) with the organisation, nationally and internationally • Monitor and report on PDRP compliance quarterly to the Director of Nursing and NCNZ • Ensure compliance of PDRP against the NCNZ standards for PDRP

OneStaff™ Data Management

Data management

All data relating to the PDRP is the responsibility of and entered into OneStaff™ by the line manager or appropriate delegate and is outlined in Table 12 below.

Table 12 Data entry requirements

Event	Action required
Performance review	Date of performance review in Controller User fields Level of practice (Skill & job class) confirmed in Controller User fields PDRP due date confirmed in Personnel User field. 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 line manager
Portfolio approval	Date portfolio successfully assessed

Table 13 below how the PDRP data is to be recorded in OneStaff.

Table 13 Accepted OneStaff™ entries

PDRP Path:	EN COMPETENT EN PROFICIENT EN ACCOMPLISHED RN COMPETENT RN PROFICIENT RN EXPERT RN SENIOR
Pfolio due:	Date full portfolio is due.
Pfolio Sub:	Date full portfolio is submitted.
PDRP allow:	YES for proficient/expert/accomplished. NO for competent and senior.
Pfol aprov:	Date portfolio is approved - this is the date NCNZ requires. If the approval date is more than three years, then NCNZ may request the nurse complete a recertification audit.
Resub due:	Date that portfolio is to be resubmitted by.

It is imperative that timely and correct data is recorded in OneStaff™ for the quarterly NCNZ PDRP report, to monitor ongoing compliance, to determine PDRP compliance percentages for the Director of Nursing report and to ensure that the nurses receiving payment for proficient and expert levels remain compliant.

Reporting on compliance

Counties Manukau Health

CM Health's Post Registration/PDRP Lead is responsible for supplying a quarterly report on PDRP compliance rates to the Director of Nursing. Detailed compliance data will remain the property of CM Health and will not be released externally without the permission of the Post Registration/PDRP Lead or the Director of Nursing. CM Health's Post Registration/PDRP Lead will be responsible for monitoring compliance and will report to the Director of Nursing.

Nursing Council of New Zealand

The Post Registration/PDRP Lead is responsible for supplying quarterly reports to the NCNZ regarding compliance for Annual Practising Certificate auditing purposes.

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Appendix I HPCA Act, 2003, summary

- The Health Practitioners Competency Act, 2003 (the Act), is about public safety. Its purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the lifelong competence of health practitioners.
- The Act builds on the framework created by earlier legislation, in particular the Medical Practitioners Act, 1995. All the major concepts of the Medical Practitioners Act, 1995, have been carried forward into the Act, adjusted where necessary to generic terms to provide a framework that can apply to all health practitioners not just doctors.
- The Act incorporates the basic principles of ongoing competence and the separation of the registration process from the disciplinary process. The Act also continues provisions for the declaration of protected quality assurance activities that were previously contained in the Medical Practitioners Act, 1995.

Important key protections are in place, with provisions that will ensure that:

- Only health practitioners who are registered under the Act will be able to use the titles protected by the Act or claim to be practising a profession that is regulated by the Act; and
- Registered health practitioners will not be permitted to practise outside their scopes of practice;
- Registration authorities will be required to certify that a practitioner is competent to practise in their scope of practice when they issue an Annual Practising Certificate; and
- Certain activities will be restricted and will only be able to be performed by registered health practitioners.

(Ministry of Health, 2007).

Appendix II MECA information

NZNO/DHB MECA PDRP information

The following is from the New Zealand Nurses Organisation/District Health Board Multi Employer Collective Agreement (NZNO/DHB MECA) 2011-2013 pages 49-51.

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.

Level: Proficient 1 day per annum
Expert/Accomplished 2 days per annum

Bureau/casual staff will be reimbursed one days leave on successful completion of their portfolio.

In recognition of the importance of increasing the number of expert/accomplished and proficient nurses, an employee who reaches the following levels will receive a pro-rate allowance as long as the employee maintains that level of practice. All levels of practice allowances shall be added to the base rate of pay and be payable on all hours worked, and shall attract penal rates and overtime.
The rates of allowance are as follows:

RN Expert	$4500 pa	EN Accomplished	$4000 pa
RN Proficient	$3000 pa	EN Proficient	$2500 pa

All RNs and ENs will be able to progress within the pathway, with all RNs and ENs required to demonstrate competent level of practice. Achievement of proficient and expert (RNs) and proficient and accomplished (ENs) is voluntary.

All PDPRs will be aligned to the "National Framework to Nursing Professional Development and Recognition Programmes", Nursing Council NZ and HPCA Act requirements.

Principles

a. PDRPs shall be applied in a consistent manner.
b. The criteria for differentiating levels for each category of nurse and for progression shall be standard across the CM Health and based on demonstrated competence and skill acquisition.
c. The clinical career/workforce structure requires commitment to education and development of expertise, the employer will provide and facilitate such education.
d. No quotas or other in built barriers will be established to limit the numbers at each level of the pathway. Progression through the programmes shall be based solely on achievement of specific agreed criteria eg, for an expert RN post-registration and post graduate education may be deemed to be equivalent.
e. When transferring either internally or externally, continuity of levels should occur with provision for the staff member to meet the competencies for the level in the new area within a negotiated period.

f. A staff member in a position which involves regular rotation between clinical areas shall maintain their level of practice and shall not be prevented from progressing if they apply for advancement.
g. A joint NZNO/employer committee at each DHB will monitor the principles, to ensure a participative process is in place for developing the workforce structure and to make recommendations to the Director of Nursing, which shall cover:

    - Any changes or processes necessary to further the programmes including education.
    - Ensuring that the programmes are managed consistently.
    - Assisting in the development and monitoring of the review process and/or implementation difficulties.
    - Ensuring appropriate training /information/ support for all employees and managers involved in the programmes.

h. The Director of Nursing shall consult with and report back to the Committee on the implementation of recommendations made.
i. A review/appeals process will be included in any accompanying policy.

PSA/DHB MECA PDRP information

As per the Public Services Association /District Health Boards Multi Employer Collective Agreement (PSA/DHB MECA) page 37-38.

"the rates of these allowances will be paid as an addition to the appropriate hourly rate and thereby attracting penal and overtime loadings) where they apply will be as follows:

RN Expert	$6,000
RN Proficient	$3,000

Senior nurses are not entitled to this payment.

EN Accomplished	$4000p.a
EN Proficient	$2500p.a.

Principles

1. PDRPs shall be applied in a consistent manner.
2. The criteria for differentiating levels for each category of nurse and for progression shall be standard across the DHB and based on demonstrated competence and skill acquisition.
3. The clinical career/workforce structure requires commitment to education and development of expertise, the employer will provide and facilitate such education.
4. No quotas or other in built barriers will be established to limit the numbers at each level of the pathway. Progression through the programmes shall be based solely on achievement of specific agreed criteria eg, for an expert RN post-registration and post graduate education may be deemed to be equivalent.
5. When transferring either internally or externally, continuity of levels should occur with provision for the staff member to meet the competencies for the level in the new area within a negotiated period.
6. A staff member in a position which involves regular rotation between clinical areas shall maintain their level of practice and shall not be prevented from progressing if they apply for advancement.

7. A joint PSA/employer committee at each DHB will monitor the principles, to ensure a participative process is in place for developing the workforce structure and to make recommendations to the Director of nursing, which shall cover:
    a. Any changes or processes necessary to further the programmes including education.
    b. Ensuring that the programmes are managed consistently.
    c. Assisting in the development and monitoring of the review process and/or implementation difficulties.
    d. Ensuring appropriate training /information/ support for all employees and managers involved in the programmes.
8. The Director of Mental Health Nursing shall consult with and report back to the Committee on the implementation of recommendations made.
9. A review/appeals process will be included in any accompanying policy.

Appendix III NCNZ - Treaty of Waitangi

"The articles of the Treaty of Waitangi contain the principles of kawanatanga (the governance principles that recognises the right of the Crown to govern and makes laws for the common good) and tino rangatiratanga (which allows Maaori self-determination). The principles of the Treaty of Waitangi form the basis of interactions between nurses and Maaori consumers of the services they provide.

Principle One
Tino rangatiratanga enables Maaori self-determination over health, recognises the right to manage Maaori interests and affirms the right to development, by:

1.1. enabling Maaori autonomy and authority over health
1.2. accepting Maaori ownership and control over knowledge, language and customs and recognising these as toanga
1.3. facilitating Maaori to define knowledge and worldviews and transmit these in their own way.
1.4. facilitating Maaori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self- management and self-control.

Principle Two

Partnership involves nurses working together with Maaori with the mutual aim of improving health outcomes for Maaori by:

2.1 acting in good faith as Treaty of Waitangi partners
2.2 working together with an agreed common purpose, interest and cooperation to achieve positive health outcomes
2.3 not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery
2.4 ensuring that the integrity and wellbeing of both partners is preserved.

Principle Three

The nursing workforce recognises that health is a toanga and acts to protect it by:

3.1. recognising that Maaori health is worthy of protection in order to achieve positive health outcomes and improvement in health status
3.2. ensuring that health services and diverse are appropriate and acceptable to individuals and their families and are underpinned by the recognition that Maaori are a diverse population
3.3. facilitating wellbeing by acknowledging beliefs and practices held by Maaori
3.4. promoting a responsive and supportive environment.

Principle Four
The nursing workforce recognises the citizen rights of Maaori and the rights to equitable access and participation in health services and delivery at all levels:

4.1. facilitating the same access and opportunities for Maaori as there are for non- Maaori
4.2. pursuing equality in health outcomes."

(NCNZ, 2011, page 12-14)

This is an edited extract from: Hikuroa, E., & Halliday, V. (2013). Towards partnership: Indigenous health in Australia and New Zealand. In M.Barnes & J.Rowe (Eds.), *Child, youth and family: Strengthening communities* (2nd edition., pp. 39-58). Marrickville:Elsevier

Box 3.3 Critical reflection: Application of the Treaty of Waitangi in nursing practice

In the New Zealand public, interest in the Treaty of Waitangi and understanding of it varies according to personal and political views. The same variation occurs in nursing despite the fact that as a student or registered nurse you are assessed regularly on your ability to apply the "principles of the Treaty" in your practice (Competency 1.2) (Nursing Council of New Zealand (NCNZ), 2012). What examples are you able to offer when you are undergoing a clinical assessment or appraisal on the application of the Treaty in your practice? Do you explain to your assessor that you apply "the 3 P's" in your interactions with Maori and then name the principles of protection, participation and partnership or worse still do you say that you practise the famous "3 p's with all my patients". If so, have you ever been challenged to elaborate or on the other hand did you feel the assessor was quite happy with your 'evidence' and quickly moved to competency 1.3?

There is a considerable lack of understanding of the evidence required to prove competence in this area. The following points may help nurses to clarify what is expected by the NCNZ in regard to competency 1.2 and the role of nurses to improve Maori health outcomes.

- A good starting point for nurses is to know that the NCNZ has derived 4 principles from the Treaty of Waitangi to guide nursing practice. These are outlined in the NCNZ publication *Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice* (NCNZ, 2011). So nurses should make reference to these 4 principles when they are being assessed not the 3 p's which were developed by the Royal Commission on Social Policy in 1988. While they are similar in intent, the NCNZ principles are specific to nursing practice.
- Application of the Treaty in practice relates to nurses' relationships with Maori, not to 'all people' or 'all patients'.
- Principles 1, 2 and 3 assist nurses to recognize the rights of Maori to self-determination and the role of nurses to work in partnership with Maori clients and their whanau as well as Maori community groups and agencies. Partnership in the context of a Treaty relationship is not just about nursing sick Maori people and "involving them in all aspects of nursing assessment, planning, intervention and evaluation". That form of partnership is the right of 'all patients' and is fundamental in the provision of nursing care. So nurses should reflect on how they interpret and enact partnership with Maori in the context of the Treaty.
- Principle 3 speaks of the opportunity to improve health outcomes for Maori through the provision of health care and the delivery of health service which reflects Maori values and belief systems. Examples include assessing cultural needs and preferences while not assuming needs and preferences are the same for all Maori.
- Principle 4 focuses on the role of the nurse to facilitate the same access and opportunities to health and healthcare for Maori as non-Maori. This can be achieved in a number of ways. Firstly, acknowledging the existence of unequal access for Maori to evidence based practice (differential treatment) and fulfilling our ethical accountability to challenge such practice, is an effective way to improve access. Secondly, having knowledge of Maori providers and initiatives and informing Maori clients and whaanau of these and all possible options related to their health care is very practical evidence of effort to improve access. With a sound understanding of current health issues, risk factors and government health targets nurses will recognize Maori health as a government priority and find opportunities

to support the government's strategies to improve Maori health, in their everyday practice. This starts with self-assessment of any aspect of one's own practice which may contribute a barrier to Maori people. These barriers might include knowledge deficits or personal views and attitudes.

- Using the prevention of Rheumatic Fever as an example, all nurses regardless of practice setting should know that the rates of Rheumatic Fever in New Zealand are considered to be 'third world' and Maori children, with their Pacific Island cousins are most at risk. They should know that currently the New Zealand government has invested considerable funding into the prevention of Rheumatic Fever. Importantly nurses can play a significant role in reducing Rheumatic Fever by staying abreast of current guidelines for the management of sore throats (Heart Foundation, 2012) and seizing every opportunity to ensure they are implemented. The recommended pathway for the screening and subsequent treatment of a child with a Group A Streptococcal infection is clearly defined and if adhered to can prevent the onset of acute rheumatic fever. A significant barrier in the implementation of these guidelines is a lack of knowledge by health professionals and failure to follow them. Nurses can intervene when these guidelines are not adhered to and question why for example screening did not take place or why the treatment prescribed was not for the recommended 10 days. Nurses can also work with whaanau to enhance their understanding of sore throats, how to reduce the risk of throat infections, how to be assertive when they seek medical attention (to ensure appropriate treatment) and the importance of completing the 10 day course of antibiotics for the treatment of Group A Streptococcal infections.
- A further example to illustrate evidence of Treaty application in practice could be in the attempt made to implement the government's health target to provide 'better help for people to quit'. While this is not a health target exclusive to Maori, they have the highest rates of smoking in New Zealand. Implementing smoking cessation interventions such as the ABC brief intervention should be routine with Maori and all clients. However evidence of practice driven by Treaty is demonstrated when assessment of smoking status and the offer of cessation support includes whanau of Maori clients as well as Maori groups nurses engage with (Te Kohanga Reo, marae, nursing students).

These practice examples all illustrate how nurses can improve access to health for Maori and go some way to demonstrate application of the Treaty of Waitangi in practice. As a profession nursing can fulfill a wider role in Maori health advocacy by participating at the political level. Some recent examples of action taken by nursing organisations include the presentation of submissions to the Parliamentary Maori Select Committee on the impact of tobacco on Maori, (Smokefree Nurses Aotearoa New Zealand, 2010, NZNO, 2010, College of Nurses, 2010); to the Maori Select Committee enquiry into the determinants of health for Maori children (NZNO, 2012) and submissions to NZ Government Green Paper on Vulnerable Children (NZNO, 2012).

Appendix IV NCNZ Cultural Safety

Definition

"The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans, or disempowers the cultural identity and wellbeing of an individual (NCNZ, 2011, pages 7-10.).

Cultural Safety Principles

Cultural safety is underpinned by communication, recognition of the diversity of the worldviews (both within and between cultural groups) and the impact colonisation processes on minority groups. Cultural safety is an outcome of nursing education that enables a safe, appropriate and acceptable service that has been defined by those who receive it.

Principle One

Cultural safety aims to improve the health status of New Zealanders and applies to all relationships through:

1.1. An emphasis on health gains and positive health outcomes

1.2. Nurse acknowledging the beliefs and practices of those who differ from them. For example, this may be by:

- age or generation
- gender
- sexual orientation
- occupation and socioeconomic status
- ethnic origin or migrant experience
- religious or spiritual belief
- disability.

Principle Two

Cultural safety aims to enhance the delivery of health and disability services through a culturally safe nursing workforce by:

2.1 Identifying the power relationship between the service provider and the people who use the service. The nurse accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships.

2.2. Empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who feels unsafe may not be able to take full advantage of a primary health care service offered and may subsequently require expensive and possibly dramatic secondary or tertiary intervention.

2.3. Preparing nurses to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves.

2.4. Applying social science concepts that underpin the art of nursing practice. Nursing practice is more that carrying needs in a way that the people who use the service can define as safe.

Principle Three

Cultural Safety is broad in its application:

3.1. recognising inequalities with health care interactions that represent the micrcosom of inequalities in health that have prevailed throughout history and within our nation more generally

3.2 addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use nursing services

3.3. accepting the legitimacy of difference and diversity in human behaviour and social structure

3.4. accepting that the attitudes and beliefs, policies and practices of health and disability service providers can act as barriers to service areas

3.5. concerning quality improvement in service and consumer rights.

Principle Four

Cultural safety has a close focus on:

4.1. understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors

4.2. challenging nurses to examine their practice carefully, recognising the power relationship in nursing is biased toward the provider of the health and disability service

4.3. balancing the power relationships in the practice of nursing so that every consumer receives an effective service

4.4. preparing nurses to resolve any tension between the cultures of nursing and the people using the services

4.5. understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service.

An understanding of self, the rights of others and legitimacy of difference should provide the nurse with the skills to work all people who are different from them".

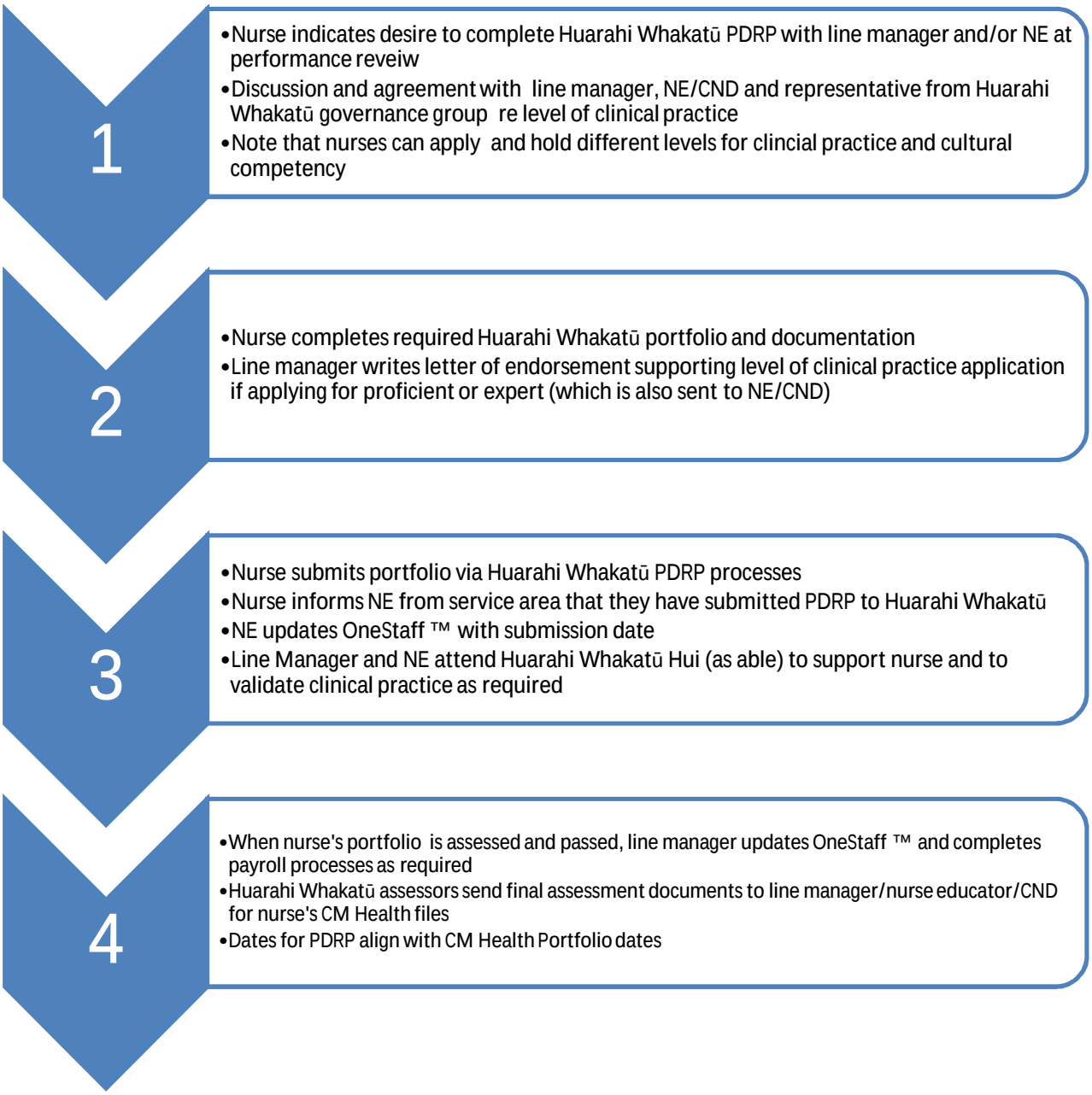
Appendix V: Huarahi Whakatū PDRP process

Process for CM Health Maaori nurses to complete Huarahi Whakatū PDRP is contained in the figure 5 below.

See website for further detail -

http://matatini.co.nz/training/M%C4%81ori-nursing-pdrp-huarahi-whakatu-pdrp

Figure 5 Huarahi Whakatū PDRP process



Appendix VI Additional evidence

Proficient, expert and accomplished nurses can provide additional pieces of evidence (table 14 below) to demonstrate their level of practice if they are unable to demonstrate the level of practice in the NCNZ competencies.

Table 14 Additional evidence suggestions

Additional pieces of evidence for proficient (level 3) and expert (level 4) /accomplished (level 4) only if level not demonstrated in portfolio	Additional evidence may include one piece of evidence from the following list, evidence: • demonstrates involvement in practice change or quality initiative (EN/RN Proficient[level 3] /Expert [level 4], EN Accomplished [level 4] • of teaching or preceptoring or supporting a skill development of colleagues (RN Proficient[level 3]) • illustrating ability to manage and coordinate care processes for patients with complex needs (RN proficient[level 3]) • showing in-depth understanding of patient and care coordination within scope of practice (EN Proficient [level 3]) • demonstrating contribution to speciality knowledge or innovation in practice and the change process in quality improvement activities (RN Expert [level 4]) • describing and reflecting on responsibility or learning and/or development of colleagues (RN Expert [level 4]) • showing engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (RN Expert [level 4]) • showing expert knowledge and application of expert practice to care of the complex patient and clinical leadership in care coordination (RN Expert [level 4]) • showing engagement and influence in professional activities (EN Accomplished [level 4]) • 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 (EN Accomplished [level 4]).

Appendix VII Templates for Levels of practice discussions

RN Proficient Levels of Practice Discussions Templates

This form is to be completed by the applicant before the meeting and then added to at the meeting by those present.

Applicant : _____

Present: _____

Proficient RN	Practice Examples
Participates in changes in the practice setting that recognise and integrate the principals of Te Tiriti o Waitangi and cultural safety.	Applicant:
	Discussion:
	Criterion met/not met
Has a holistic overview of the client and practice context.	Applicant:
	Discussion:
	Criterion met/not met
Demonstrates autonomous and collaborative evidence based practice.	Applicant:
	Discussion:
	Criterion met/not met
Acts as a role model and a resource person for other nurses and health practitioners.	Applicant:
	Discussion:
	Criterion met/not met
Actively contributes to clinical learning for colleagues.	Applicant:
	Group Discussion:
	Criterion met/not met
Demonstrates leadership in the health care team	Applicant:
	Group Discussion:
	Criterion met/not met

Participates in changes in the practice setting.	Applicant:
	Group Discussion:
	Criterion met/not met
Participates in quality improvements in the practice setting	Applicant:
	Group Discussion:
	Criterion met/not met
Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes.	Applicant:
	Group Discussion:
	Criterion met/not met

Date:

Standard for Proficient RN PDRP level of practice: Met/ Not Met

Comments: *(Needs to include plan to achieve LOP if applicant currently not reflecting level)*

RN Expert Levels of Practice Discussions Templates

This is to be completed by the applicant before the meeting and then added to at the meeting by those present.

Name of applicant_____

Present_____

Expert RN	Practice Examples
Guides others to apply the principals of Te Tiriti o Waitangi and to implement culturally safe practice to clients.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Engages in Post Graduate level education (or equivalent).	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Contributes to speciality knowledge	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Acts as a role model and leader.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Demonstrates innovative practice	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Is responsible for clinical learning/development of colleagues.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Initiates and guides quality	Applicant:

improvement activities	Group Discussion:
	Criterion Met/Not Met
Initiates and guides changes in the practice setting.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Is recognised as an expert in her/his area of practice.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Influences at a service, professional or organisational level.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Acts as an advocate in the promotion of nursing in the health care team.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Delivers quality client care in unpredictable challenging situations.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Is involved in resource decision making/strategic planning.	Applicant:
	Group Discussion:
	Criterion Met/Not Met
Acts as leader for nursing work unit/facility.	Applicant:
	Group Discussion:
	Criterion Met/Not Met

Date:

Standard for Expert RN PDRP level of practice: Met/ Not Met

Comments: *(Needs to include plan to achieve LOP if applicant currently not reflecting level)*

EN Proficient Levels of Practice Discussions Templates

This is to be completed by the applicant before the meeting and then added to at the meeting by those present.

Applicant: _____

Present: _____

Proficient EN	Practice Examples
Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe.	Applicant:
	Group Discussion:
	Criterion met/not met
Has an in-depth understanding of Enrolled Nurse practice.	Applicant:
	Group Discussion:
	Criterion met/not met
Utilises broad experiential knowledge and evidence-based knowledge to provide care.	Applicant:
	Group Discussion:
	Criterion met/not met
Contributes to the education of Enrolled Nursing students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses.	Applicant:
	Group Discussion:
	Criterion met/not met
Acts as a role model and leader to their peers.	Applicant:
	Group Discussion:
	Criterion met/not met
Demonstrates increased knowledge and skills in a specific clinical area.	Applicant:
	Group Discussion:
	Criterion met/not met

Is involved in service, professional or organisational activities.	Applicant:
	Group Discussion:
	Criterion met/not met
Participates in change.	Applicant:
	Group Discussion:
	Criterion met/not met

Date:

Standard for Proficient EN PDRP level of practice: Met/ Not Met

Comments: *(Needs to include plan to achieve LOP if applicant currently not reflecting level)*

EN Accomplished Levels of Practice Discussions Templates

This is to be completed by the applicant before the meeting and then added to at the meeting by those present.

Applicant:_____

Present: _____

Accomplished EN	Practice Examples
Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines culturally safe.	Applicant:
	Group Discussion:
	Criterion met/not met
Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope.	Applicant:
	Group Discussion:
	Criterion met/not met
Demonstrates advancing knowledge and skills in a specific clinical area within the Enrolled Nurse scope.	Applicant:
	Group Discussion:
	Criterion met/not met
Contributes to the management of changing workloads.	Applicant:
	Group Discussion:
	Criterion met/not met
Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution.	Applicant:
	Group Discussion:
	Criterion met/not met
Undertakes any additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.	Applicant:
	Group Discussion:
	Criterion met/not met

Actively promotes understanding of legal and ethical issues.	Applicant:
	Group Discussion:
	Criterion met/not met
Contributes to quality improvements and change in practice initiatives.	Applicant:
	Group Discussion:
	Criterion met/not met
Acts as a role model and contributes to leadership activities.	Applicant:
	Group Discussion:
	Criterion met/not met

Date:

Standard for Accomplished EN PDRP level of practice: Met/ Not Met

Comments: *(Needs to include plan to achieve LOP if applicant currently not reflecting level)*