Policy: Professional Development and Recognition Programme for Nurses

Background /Overview

In order to comply with The Health Practitioners Competence Assurance (HPCA) Act (2003) and the continuing competence requirements of the Nursing Council of New Zealand (NCNZ) all nurses employed by CM Health are required to participate in either the CM Health’s or Huarahi Whakatū’s Professional Development and Recognition Programme (PDRP) process at a minimum level of ‘competent’.

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 Health (CM Health) and the extended programmes.

Note: This policy must be read in conjunction with the PDRP Manual, October 2015.

Important:

The nurse remains accountable for his/her own practice at all times.

Scope of Use

This policy is applicable to all CM Health nursing staff, and nurses who work in areas that have a Memorandum of Understanding with the CM Health PDRP.

Nurse Practitioners are exempt from the process of submission at CM Health.

Policy

All Nurses must present a complete portfolio within 12 months of employment. Thereafter, they will be expected to submit a complete portfolio every three years. If a nurse has been successfully audited by NCNZ and can provide the official NCNZ letter, then the next portfolio will be due three years after the successful audit date.

Nurses who do not comply will be managed according to the CM Health Human Resources Discipline and Dismissal Policy (2011). This process will be managed by the line manager and/or Clinical Nurse Director/Nurse Leader of each service.

Nurses have a responsibility with regard to privacy and confidentiality. The fundamental principles of these must be adhered to at all times.
The PDRP process includes the following:

- Meeting and maintenance of the NCNZ continuing competence requirements (completion of the competencies, verification of professional development, Letter of Endorsement by Line Manager, Curriculum Vitae, practice hours, and the current Annual Practising Certificate).
- Clearly defined levels of practice with competencies/standards of practices described as competent (Level 2), proficient (Level 3), accomplished (EN - Level 4) and expert (RN - Level 4), in accordance with national standards.
- Development of professional development plan to achieve higher level of practice as required.
- Annual performance review (within the last 12 months).

Professional Development and Level of Advancement:

- Nurses develop through the process of education, evidence based practice, supervision, preceptorship, coaching and mentoring, clinical practice and reflection.
- Changes in levels of practice are agreed with the Line Manager and the Nurse Educator and a discussion of level of practice will occur prior to the applicant submitting a portfolio.
- PDRP days and allowances will be paid as per the NZNO/DHB MECA and PSA/DHB MECA.
- Behavioural practice that does not support the level awarded will lead to a formal review and/or professional development support plan.
- While nurses are on a support plan/improvement plan their entitled PDRP allowance will not be stopped.
- Failure to complete the requirements of the PDRP will be performance managed by the Line Manager, Nurse Leader, and/ or Clinical Nurse Director.
- A nurse will be considered non-compliant when their due date has past and an application has not been submitted. The PDRP allowance will be discontinued from the due date plus eight weeks.

Approval and review of the programme:

Governance is provided to the programme by the CM Health’s Nursing Professional Development and Recognition Programme Advisory Committee. The aim of the Committee is to provide an opportunity where participants can participate in the process of review and development of the pathways and associated operational components.

- The Committee consist of nurses with varying backgrounds, for example:
  - Clinical Nurse Director
  - Nurse Educator
  - Charge Nurse Manager
  - Registered Nurse
  - Enrolled Nurse
  - Post Registration/PDRP Lead
Policy: PDRP for Nurses

- Nurse Coordinator/Educator NETP
- Midwifery QLP/PDRP Coordinator, and
- representation from the New Zealand Nurses Organisation (NZNO), Public Service Association (PSA), and the expanded programmes (which includes representatives from Primary Health Care and Aged related Health care sectors).

All policies and associated documents of PDRP will be reviewed biannually, in accordance with Clinical Governance Committee policy requirements or amended if a relevant change is required.

Participants of PDRP will be surveyed no less than five yearly for feedback and evaluation of the programme. This process will take place next in 2019.

The Post Registration/PDRP lead will provide compliance reports from OneStaff™ to NCNZ and Director of Nursing every quarter.

**Assessment process:**

Only assessors who have completed training in assessment and the CM Health assessor training or equivalent may undertake the assessment of a portfolio.

By becoming a trained PDRP assessor the person agrees to assess portfolios from different areas of practice.

Assessment of portfolios for Enrolled Nurses and Registered Nurses will be undertaken by a trained assessor.

Assessment of portfolios for the extended programme partners will be undertaken by assessors identified by the work area.

Assessment of portfolios for Registered Nurses in designated Senior Nurse Positions will be undertaken by the Clinical Nurse Director of the service or another delegated senior nurse.

Once the assessment process has begun, the process will be completed by the primary assessor, unless agreed by the Post Registration/PDRP Lead.

Assessment must not take longer than eight weeks, unless exceptional circumstances occur to delay the process. In this case the applicant needs to be notified, and portfolio due dates and allowances are back dated to the date of the last successful application/submission date.

It is the assessor’s responsibility to ensure all data related to the portfolio assessment is updated on OneStaff™ or designated health record system.
It is the line manager’s responsibility to notify payroll and One Staff™ about any allowance changes.

Assessment will include constructive written and verbal feedback using the PDRP Assessment Memo.

**Moderation process:**

Moderation can be carried out by experienced assessors who have completed assessor training. Assessors must have a minimum of one in eight (1:8) portfolios for each level moderated annually and attend at least one moderation workshop per annum. The moderation form must be completed.

All EN accomplished and RN expert portfolios must be reviewed and moderated by the Clinical Nurse Director or Nurse Leader of the area.

The moderation report should be discussed between the assessor and the moderator and a copy sent to the Post Registration/ PDRP Lead electronically.

If there assessor and moderator is unable to agree about the portfolio’s assessment then the portfolio is sent to the Post Registration/PDRP lead for review.

The moderation process ensures:
- fair and equitable assessment across the organisation and extension programmes
- objectivity of assessment where there is complexity or uncertainty that the portfolio meets the requirements of the PDRP
- support new assessor’s skills and recommendations.

The moderation process must take no longer than two weeks.

CM Health will participate in external portfolio moderation sessions as arranged with other accredited PDRP at least annual.

**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.
- The applicant will need to supply three copies or an electronic copy of the disputed portfolio, along with a copy of the assessment memo and/or moderation form.
- Each appeal will be managed on a case by case basis. Necessary and appropriate will be undertaken to resolve the issue/s.

A panel of senior nurse assessor representatives from the PDRP Governance Committee and NZNO Professional Nurse Advisor will review the portfolio and
make a decision. **The final decision for any unresolved conflict rests with the Director of Nursing.**

**Plagiarism:**

The evidence submitted for the PDRP must be the nurse’s own work, reflecting his/her learning. Where work from other sources is used it must be acknowledged and referenced. This applies also to sources on the world-wide web.

Nurses who fail to acknowledge the work of other will be considered guilty of plagiarism. Suspected plagiarism must be reported by the assessor to the Post Registration/PDRP Lead. Each case will be considered individually, in consultation with the CND/Nurse Leader and Human Resources.

A nurse found guilty of plagiarism will be given the opportunity to present mitigating circumstances and why the plagiarism occurred.

The following actions may be taken if it is decided that plagiarism did occur:

- the nurse involved must submit evidence for their portfolio to replace the work that was plagiarised. 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.

**References**


Definitions/Description

Terms and abbreviations used in this document are described below:

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDRP</td>
<td>Professional Development and Recognition Programme</td>
</tr>
<tr>
<td>NCNZ</td>
<td>Nursing Council of New Zealand</td>
</tr>
</tbody>
</table>

Associated Documents

Other documents relevant to this policy are listed below:

<table>
<thead>
<tr>
<th>NZ Legislation /Standards</th>
<th>Description</th>
</tr>
</thead>
</table>


| Other related documents   | Nursing Council of New Zealand Competencies for Registered and Enrolled Nurses, 2012.                                                                                                                             |