Evaluation of the Professional Development Recognition Programme (PDRP)

Report prepared for Counties Manukau Health by:

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EXECUTIVE SUMMARY

The PDRP process developed by Counties Manukau Health (CMH) utilises the NCNZ framework and is an accredited NCNZ programme to meet the competency assessment component of the Health Practitioners Competency Assurance (HPCA) Act (2003). This report is based on a formal evaluation of the PDRP undertaken during 2014. An evaluative approach using both quantitative and qualitative data to evaluate each objective of the PDRP was used. The period under evaluation was from the 1st January 2013 to the 31st December 2013.

The key messages from this evaluation include:

1. The process meets the needs of Council’s continuing competence requirements as well as incorporating organisational requirements related to developing and recognising the expertise of nurses in clinical practice
2. The current process which meets both NCNZ requirements and organisational requirements is resource intensive, with some inconsistencies in processes and understanding across the registered nurse population and across different areas of practice
3. Clarity is needed around the two areas of requirements. Development of new processes could clearly establish where the NCNZ requirements and the organisation requirements sit: primarily nurses need to be able to meet/ demonstrate continuing competence; secondly nurses can participate in a process to develop and recognise expertise in clinical practice and thirdly nurses can participate in a process whereby levels of achievement are linked to remuneration. All these processes do not need to sit together as one complex process
4. The performance review process is a distinct process from the PDRP and can provide the linking of achievement to remuneration. The PDRP process and the performance review process should not require nurses to duplicate evidence
5. Processes need to be simple and clear so that inconsistency across areas of practice and individuals can be minimised
6. Support should continue through the provision of information, educators, assessors and senior nurses as this is an area of positive feedback from the evaluation

It is recommended that CMH undertake a major review of the PDRP process with specific focus on addressing the following:

- Retaining aspects of the PDRP that performs well, in particular the level of support and information available to staff
- High level of workload
  - Workload could be improved by re-considering the annual submission and moving to a 3-yearly submission process
  - Shifting responsibility of the PDRP back to the nurse and re-consider the expectation that charge nurses or nurse managers should write the competencies for their staff every 3 years.
- Aligning the PDRP with the performance review process in order to remove any duplication or repetition between these two processes.

- Ensure greater consistency in the PDRP process across the organisation, in particular address the perceived inconsistency in release time to complete the PDRP and ensure remote access to information and forms is available and communicated to all.

- Reconsider the purpose of the PDRP and address the tension between compliance and professional development. Consider what part the performance review process may play in the professional development aspect of the PDRP. Consider separating out the regulatory and legislative compliance requirements from the professional development requirements by CMH.

- Staff motivation and attitude in relation to the PDRP. Address the perceived idea that it is a paper exercise that suits those who can write succinctly and that it does not reflect a nurse’s actual day-to-day practice. Consider how those who have English as a second language or who struggles with writing, could be better supported.

Maintenance of an Annual Practising Certificate is the professional responsibility of every registered nurse and is fundamental to any PDRP programme.
Evaluation of the revised Nursing Council Competence Review Process

INTRODUCTION
"The Health Practitioner Competency Assurance Act 2003 ("the Act") requires the Nursing Council of New Zealand ("the Council") to ensure the ongoing competence of practitioners. The Council approves professional development and recognition programmes as recertification programmes under section 41 of the Act for the purpose of ensuring nurses are competent to practice."

The Nursing Council of New Zealand (NCNZ) developed a national framework for PDRP’s in an effort to ensure consistency and transportability between DHBs. The approval of a PDRP as a recertification programme allowed nurses who were demonstrating continuing competence through RDRP’s to be exempt from selection for audit by NCNZ for recertification which is the case for any registered nurse who works for CMH and has completed an approved portfolio. However, nurses who are new to the organisation or new to a particular CMH area or and who have not yet submitted an approved portfolio, could be subject to audit.

The PDRP process developed by Counties Manukau Health (CMH) utilises the NCNZ framework and is an accredited NCNZ programme to meet the competency assessment component of the Health Practitioners Competency Assurance (HPCA) Act (2003). The CMH PDRP was first accredited by the NCNZ in May 2004 and has been in use for more than a decade. While this programme has undergone several re-accreditations by the NCNZ, Counties Manukau Health has not yet done a formal evaluation of the programme to establish if the programme is meeting all the objectives. This report is based on a formal evaluation of the PDRP undertaken during 2014.

Evaluation Objectives:

The evaluation of the PDRP was against the programme’s stated objectives:

- Ensure that all nursing staff maintain a professional portfolio that contains evidence of competent (minimum) practice compliance with NCNZ competencies and continuing competence requirements
- Maintenance of level of practice
- Validate levels of practice
- Encourage & recognizes nursing professional achievement
- Value nurses who effectively initiate care that meets the need of the patient/client
- Maintenance of NCNZ accreditation status
- Maintains a fair and a transparent process

The evaluation also focused on the time/commitment that nurses put into the process and the value they place on it.
Rationale/justification of the proposed evaluation:
CMH is an organisation that continuously strives for improvement and to implement best practice. While the PDRP is an accredited programme which requires regular external scrutiny by the NCNZ, it is important for CMH to determine how well it is achieving the stated objectives of the programme. The Director of Nursing recognised the importance of an independent person leading the evaluation who is not employed by CMH. The evaluation was led by Willem Fourie of Manukau Institute of Technology, assisted by Michelle Nicholson-Burr and Jane Earl of CMH.

Design of the Evaluation

An evaluative approach using both quantitative and qualitative data to evaluate each objective of the PDRP was used. The period under evaluation was from the 1st January 2013 to the 31st December 2013. To ensure benchmarking, the instrument used by Canterbury District Health Board was used as the basis in the design of this evaluation. The evaluation was enriched through focus group interviews. Various data sources were used which included:

Data Collection Methods

A mixed methodology was used consisting of quantitative and qualitative data gathering methods. Based on the Canterbury evaluation and in consultation with CMH, an anonymous survey questionnaire was developed (see Appendix 1) consisting of 28 questions and one open-ended question. The survey was administered via Survey Monkey and targeted all Registered Nurses and Enrolled Nurses at CMH who completed a PDRP for the period 1 January to 31 December 2013. The link to the survey was distributed via the CMH internal networks and was available from 14 July 2014 to 25 August 2014 resulting in a total of 707 responses of which 54 were from Enrolled Nurses.

A total of seven focus groups were held with nurses at CMH. The recruitment of participants was through an open invitation to nurses and the numbers who participated ranged from 3 to 15 in a focus group. The questions in the focus groups were the same for each and focused on what participants knew about the PDRP, their experience of the PDRP and how well it worked for them and for the overall objectives of the PDRP programme (See questions in Appendix 2).

All participants in the PDRP for the period 1 January 2013 to 31 December 2013 were invited to participate in the anonymous survey, 707 nurses responded via Survey Monkey. Participation was voluntary and included the following groups.

Enrolled Nurses:
- EN Competent
- EN Proficient
- EN Accomplished
Registered Nurse:
- RN Competent
- RN Proficient
- RN Expert
- RN Senior

The Stratum Expert Registered Nurses and Senior nurses included:
- Specialty Clinical Nurses
- Clinical Nurse Specialists
- Nurse Co-ordinators
- Nurse Consultants
- Nurse Practitioners
- Charge Nurses
- Nurse Managers

A total of 51 nurses participated in 7 focus groups conducted in a variety of clinical settings over CMH nursing services.

Data analysis

Quantitative data from the survey was analysed using simple descriptive statistics. The data is presented in this report using graphs and tables. The qualitative data from the survey was thematically analysed. Focus group interviews were audio taped and these were also thematically analysed to derive themes. Verbatim quotes from participants have been used to support the description of the identified themes.

Ethical considerations:

Since the purpose of this evaluation is for self-analysis and improvement of the PDRP by CMH, ethical approval was not required. However, strict ethical protocols were followed by the evaluators to allow participants to express and participate freely. The survey was anonymous and the focus group participants all received information about the group interview. Participants gave written consent for the interviews to be audio taped (see Appendix 3). Participation was voluntary and had no impact on an individual’s current or future employment. All raw data will be deleted/destroyed once the report has been accepted by CMH. No identifying information will be used in the report.

LIMITATIONS

The report is limited by the usual limitations of surveys and focus groups. This includes the inability to show a cause and effect relationship or the effect of participation in focus groups by nurses who may be particularly discontented or vice versa with the PDRP process. However both the survey and the focus groups constitute a good representation (29.56%) of
the population (2391) under evaluation and the survey results are generalizable to the wider population of registered nurses undertaking the PDRP process. The focus groups provided a deeper insight into the PDRP experience for registered nurses. The comments from participants in focus group interviews was generally congruent with the data from the survey monkey undertaken.
RESULTS

A total of 707 responses consisting of Enrolled Nurses and Registered Nurses were received in a questionnaire administered by Monkey Survey of which 9.05% (64) indicated that they did not submit a portfolio in 2013. Of the 707 respondents, 54 were enrolled nurses and 653 were registered nurses. The questionnaires to the EN and RN groups were identical each consisting of 28 questions related to the PDRP at CMH.

Professional Development Recognition Programme (PDRP) Evaluation (1 January 2013 - 31 December 2013)

<table>
<thead>
<tr>
<th>I submitted my portfolio in 2013 under the following level of practice</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN Competent</td>
<td>3.5%</td>
<td>25</td>
</tr>
<tr>
<td>EN Proficient</td>
<td>3.1%</td>
<td>22</td>
</tr>
<tr>
<td>EN Accomplished</td>
<td>1.0%</td>
<td>7</td>
</tr>
<tr>
<td>RN Competent</td>
<td>24.9%</td>
<td>176</td>
</tr>
<tr>
<td>RN Proficient</td>
<td>24.6%</td>
<td>174</td>
</tr>
<tr>
<td>RN Expert</td>
<td>8.2%</td>
<td>58</td>
</tr>
<tr>
<td>RN Senior</td>
<td>25.6%</td>
<td>181</td>
</tr>
<tr>
<td>Did not submit a portfolio during 2013</td>
<td>9.1%</td>
<td>64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>707</strong></td>
</tr>
</tbody>
</table>

Registered Nurse Survey Results
From the above graph it is clear that most registered nurse respondents who completed a PDRP in 2013 understood the purpose of the PDRP at CMH by either agreeing or strongly agreeing with the statement.

From the above graph it is clear that most registered nurse respondents who completed a PDRP in 2013 understood the purpose of the PDRP at CMH by either agreeing or strongly agreeing with the statement.
RN Competent (43.75%), RN Expert (38.30%) and RN Proficient (38.36%) respondents did not feel personally motivated to complete the PDRP process by disagreeing with the statement. Only RN Senior (38.82%) agreed more with the statement, however 33.55% also disagreed or strongly disagreed (10.53%). This graph suggests that RN’s overall do not feel personally motivated to complete their PDRP.

Most registered nurses felt they had sufficient knowledge to complete their PDRP by agreeing or strongly agreeing with the statement in the question.
Most registered nurses felt they knew where to find information about the PDRP by agreeing or strongly agreeing with the statement in the question.

The website instructions for the PDRP are clear.
Most participants felt that the website instructions for the PDRP are clear by agreeing with the statement in the question. There is also some disagreement with this statement in each category of nurses with 36.62% of RN Competent in disagreement. 36.96% of the RN Expert respondents disagreed that they felt sufficiently supported to complete the PDRP process. 30.56% of the RN Proficient respondents also disagreed however the RN Competent (45.39%), RN Proficient (44.44%) and RN Senior (49.66%) respondents overall agreed that they were sufficiently supported to complete the PDRP process.
Most registered nurse respondents agreed or strongly agreed that they were able to undertake mandatory training in preparation for the PDRP process.

I am able to undertake mandatory training in preparation for the PDRP process

<table>
<thead>
<tr>
<th>Role</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Competent</td>
<td>52.11%</td>
<td>17.61%</td>
<td>6.34%</td>
<td>11.97%</td>
<td>11.97%</td>
</tr>
<tr>
<td>RN Expert</td>
<td>59.57%</td>
<td>17.02%</td>
<td>0.00%</td>
<td>14.89%</td>
<td>8.51%</td>
</tr>
<tr>
<td>RN Proficient</td>
<td>51.05%</td>
<td>25.17%</td>
<td>3.50%</td>
<td>15.38%</td>
<td>4.90%</td>
</tr>
<tr>
<td>RN Senior</td>
<td>50.67%</td>
<td>14.67%</td>
<td>2.67%</td>
<td>3.33%</td>
<td>17.02%</td>
</tr>
</tbody>
</table>

I understand the competency requirements of the PDRP process

<table>
<thead>
<tr>
<th>Role</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Competent</td>
<td>61.31%</td>
<td>12.41%</td>
<td>2.19%</td>
<td>18.25%</td>
<td>5.84%</td>
</tr>
<tr>
<td>RN Expert</td>
<td>58.14%</td>
<td>2.33%</td>
<td>0.00%</td>
<td>30.23%</td>
<td>9.30%</td>
</tr>
<tr>
<td>RN Proficient</td>
<td>68.09%</td>
<td>10.64%</td>
<td>0.71%</td>
<td>19.15%</td>
<td>1.42%</td>
</tr>
<tr>
<td>RN Senior</td>
<td>54.36%</td>
<td>8.05%</td>
<td>0.67%</td>
<td>36.24%</td>
<td>0.67%</td>
</tr>
</tbody>
</table>
Most registered nurse respondents agreed or strongly agreed that they understood the competency requirements of the PDRP process.

All 4 categories of registered nurse respondents rated the disagree option the highest in relation to the PDRP being a genuine reflection of their nursing competency. RN Proficient respondents had a strongly disagree response (30.34%) to this question while the other categories significantly opted for this option as well. RN Senior respondents had the highest level of agreement (42.42%) with this statement.
Most registered nurse participants agreed that they had sufficient time to undertake the PDRP for year 1 and year 2, however there was also significant disagreement with this statement with 31.11% of RN Experts, 33.57% of RN Proficient and 31.51% of RN Senior nurse participants disagreeing with the statement.
RN Competent (37.04%), RN Expert (54.35%) and RN Senior (41.22%) all agreed that they had sufficient time to undertake the PDRP 3rd year submission, however 33.78% of RN Senior nurses disagreed while more of the RN Proficient (40.56%) disagreed with the statement.

From the above graph it is clear that all categories of registered nurse participants either agreed or agreed strongly that release time is required to complete the PDRP.
RN Expert (47.83%), RN Proficient (39.58%) and RN Senior (43.33%) participants agreed that they always submitted their portfolios on time, however a significant number 32.61%, 34.03% and 34.67% respectively also disagreed with the statement. The RN Competent participants had a slightly larger number of disagreements (37.32%) than agreements (34.51%) with the statement.
From the above graph it is clear that participants in all categories disagreed or disagreed strongly that a positive culture change has occurred in their area as a result of the PDRP.

Continuing education has increased as a result of PDRP.
The RN Expert (36.96%), RN Proficient (42.96%) and RN Senior (38.82%) participants disagreed that continuing education has increased as a result of the PDRP. The RN Competent (33.58%) is the only category of participants that agreed more with the statement than otherwise.

There is significant disagreement or strong disagreement across all 4 categories of participants with the statement that personal and professional development in their area had increased as a result of the PDRP.
From the graph above there is significant agreement across all 4 categories of participants that the moderation processes in the PDRP is reliable.
RN Competent (37.68%) and RN Senior (38.93%) participants agreed that the numbers of elements in the PDRP to complete are acceptable, while the RN Expert (48.94%) and RN Proficient (43.66%) disagreed with the statement.

From the above graph it is evident that registered nurse participants agreed that non-compliance of the PDRP was promptly followed up.
The RN Expert (87.24%), RN Proficient (65.46%) and RN Senior (73.83%) participants either agreed or strongly agreed that their current PDRP level reflected their actual level of practice. For the RN Competent participants the disagreement (30.22%) response is the single highest but overall RN competent respondents agreed with the statement as well (56.12%)
From the above graph it is evident that all 4 categories of registered nurse participants agreed or strongly agreed that demonstrating evidence-based practice in their PDRP is important.
RN Competent (53.14%), RN Expert (50%), RN Proficient (52.08%) and RN Senior (57.9%) disagreed or strongly disagreed that they felt recognised and valued when they achieved their PDPRs.

From the above graph it is evident that participants in all 4 categories agreed or strongly agreed that their managers valued the PDRP process.
From the above graph it is evident that participants in all 4 categories agreed or strongly agreed that they valued their senior nurses’ competency assessment of them every 3 years. However there is more than 30% disagreement or strong disagreement with the statement by RN Expert, RN Proficient and RN Senior participants.

My manager completes my full portfolio competencies in a timely manner
From the above graph it is evident that participants in all 4 categories agreed or strongly agreed that their manager completed their full portfolio competencies in a timely manner. However, there is a reasonable level of disagreement or strong disagreement by RN Competent (24.64%), RN Expert (29.55%), RN Proficient (28.78%) and RN Senior (36.24%) participants.

While RN Competent (46.43%) and RN Proficient (45%) agreed that the PDRP is consistently applied throughout the organisation, both RN Expert (51.07%) and RN Senior (45.70%) disagreed with the statement. 86.43% of RN Competent, 85.71% of RN Proficient, 93.61% of RN Expert and 93.47% of RN Senior participants agreed that a review of the PDRP is needed.

Based on the quantitative data a Traffic Light System has been used to indicate areas that work well and areas that may require some action. This information is provided in the table below.
Key to Traffic Light System

<table>
<thead>
<tr>
<th>Traffic Light</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Responses are largely favorable and may not require any action</td>
</tr>
<tr>
<td>Yellow</td>
<td>Responses are both favorable and unfavorable and may require some action</td>
</tr>
<tr>
<td>Red</td>
<td>Responses are largely unfavorable and may require action</td>
</tr>
</tbody>
</table>

1. I understand the purpose of the PDRP
2. I feel personally motivated to complete the PDRP process
3. I have sufficient knowledge to complete the PDRP process
4. I know where to find information about the PDRP process
5. The website instructions for the PDRP is clear
6. I feel sufficiently supported to complete the PDRP process
7. I am able to undertake mandatory training in preparation for the PDRP process
8. I understand the competency requirements of the PDRP process
9. I consider the PDRP process to be a genuine reflection of my nursing competency
10. I had sufficient time to undertake the PDRP Year 1 and Year 2 submission
11. I had sufficient time to undertake the PDRP Full/Year 3 submission
12. Release time is required to complete the PDRP
13. I always submit my PDRP on time
14. A positive culture change in my area occurred as a result of the PDRP process
15. Continuing education has increased as a result of PDRP
16. Personal and professional development in my area increased as a result of PDRP
17. The moderation processes in the PDRP is reliable
18. The number of elements in the PDRP to complete are acceptable
19. Non-compliance of the PDRP is promptly followed up
20. My current PDRP level reflects my actual level of practice
21. Demonstrating evidence-based practice in my PDRP is important
22. I feel recognized and valued when I have achieved my PDRP
23. My manager values the PDRP process
24. I value my senior nurses competency assessment of me every 3 years
25. My manager completes my full portfolio competencies in a timely manner
26. The PDRP process is consistently applied throughout the organization
27. I support a review of the PDRP process

Participants in the survey were given the opportunity to add ‘any other comments.’ The contribution to this option of the survey was exceptional with most of the participants writing extensively about the PDRP, signalling that the matter is important to them and that they would like their voices heard. The key messages from these comments are:

- The process is time consuming and complex
- It should be done every three years rather than yearly
- It favours those who can write well and disadvantage those who cannot express themselves well eg those with English as a second language
- That nurses should be given paid time to do the PDRP
- The workload on Charge Nurses is too high
- Writing competencies is repetitive
- The PDRP does not reflect the true level of practice of nurses, it is too academic
- The PDRP is causing frustration and discontent with the amount of work required, possibly leading to a loss of staff
- The PDRP is inconsistently applied across the organisation

The number of comments about the PDRP that suggests the process is working well is insignificant, compared to those who would like to see change. Below are some verbatim examples of how participants saw the PDRP and these quotes are a mere sample of the data available (Full responses in Appendix4).

**RN Competent**

Portfolio updates every year is time consuming, if a more simplified process was available, that would be appreciated. Also the DHBs ability to recognise previous DHBs competencies.

I think the submission of PDRP should be every three yearly rather than yearly.

PDRP is good for those who are creative writers and not for nurses with patients at heart. It's high time the practical side be considered as well.

I feel very strongly that all nurses including those who are doing the "RN Competent", pathway should have 'paid time' to do their PDRP. We spend the same amount of time doing this and not to get paid for it is insulting and non-motivating...

I think it's too much pressure on the charge nurses to complete the 3rd year competencies for the staff, they have too much on their plate already and on top of that they have to write about 10-20 staff's competencies in 1 year.

Writing the competencies is an inane and repetitive waste of time. They are dependent on very subjective marking and do not reflect in any way the actual competence of the nurse. We have gone from writing 2 exemplars to approx twenty four.

I feel the PDRP is an ENORMOUS weight over my head. how does this prove I am a great nurse. patients telling me I am great and do a good job is more reward than the PDRP. I Am seriously considering changing my job so I can get away from PDRP...

Reaching levels within PDRP seem to vary greatly between wards leading to staff discontent.

... I would be much more motivated if we were allowed to only complete a 2 yearly or 3 yearly PDRP instead of every year. It seems to come by far too
quickly and takes a good couple of months to chip away at it while on shift. I don’t enjoy it at all.

RN Proficient

There is far too much required in the self assessment- too much writing, and no-one actually looks at any evidence to support this assessment. Anything could be written as evidence and this could be untrue. This process may not identify any nurse who practices in an unsafe manner.

PDRP doesn’t reflect the level of practice at my place of work. Nurses practicing at expert levels are not allowed to submit expert portfolios due to portfolio allowances. Some nurses are chosen to do expert while they are not practicing at expert levels.

PDRP should be based on how you practice in your area because not everyone can write a good portfolio.

I believe there is too much pressure on staff to submit their PDRP each year. As registered nurses it would be more efficient to submit a full portfolio every 3 years, not each year. The Nursing Council requirements are to ensure that all nurses submit their Full Portfolio every 3 years.

I have no concerns with the current PDRP format. I find it more straightforward than past years where an exemplar was required.

The PDRP is not showing exactly how we are working. Staff are being marked by Nurse Educators who do not work with them yet they have to decide if one is competent.

It has been noted in our area over the years that often PDRPs are rejected without proper foundation. In one instance a colleague submitted hers and it was rejected. She held on to it for 2 weeks, did nothing and resubmitted it. It passed.

Having to do it every year is taking the educators/assessors away from the wards. I feel it would be better use of their skills to be backing up the staff on the wards.

RN Expert

I feel and have always felt that the PDRP is NOT and NEVER will be a true reflection of your daily practice. For some it is very easy to write "wonderful" competencies which sound just fabulous but for others they find it quite daunting and it is a struggle to write competencies where as they are practising and functioning at an already high level.

I feel the PDRP is used as a financial weapon. I have observed a number of expert clinicians been not accepted for expert level again due to finances.
This is obvious as the nurse is still maintaining her enthusiasm and involvement however then been told that they aren't doing enough 'for the organisation'. I feel this then tends to remove so much interest and the nurses often then don't both being involved in extra activities. This can lead to negativity and nurses feeling devalued.

Long winded repetitive not reflective of practice reflective of being able to write up what is wanted to be heard.

PDRP reflects absolute academia, nurses who deliver amazing care and practice at the bed space but who are not so academic can be disadvantaged as language of expression may be inhibited. I have seen nurses who write beautiful port folios but the clinical skills require more application.

The PDRP does not necessarily reflect ones actual level of practice. sometimes a higher level is conferred on someone by the PDRP co-ordinator based on some weird assessment, while others have to prove their capabilities a 100 times over.

RN Senior

I feel a review of the process is important as although I believe that the competencies reflect practice and are essential, I feel submitting this yearly is perhaps too much to expect when these take several hours of our own time to complete. Perhaps biannually may be considered?

I strongly believe there should be a review in the current PDRP process. Involves lots of writing rather than assessment and feedback from the clinical setting, which reflects our actual daily clinical practice.

I don't believe that a written assessment is the best appraisal of a nurses competency. A nurses competency is more than a written document; their practice is multifactorial and needs to be assessed as such...

The PDRP process has become very complex again, just like when it was first introduced - it has become a weight around our necks.

I feel that yearly is too often . There is never enough time in my 0.6 FTE to manage a caseload do professional development and try and find time to achieve goals which I have set...

Hideous process. In no way is it a reflection of my performance. The only feedback I welcome is my peers. Appraisal is rushed and not relevant. No real feedback on my performance. My Manager and I just go through the motions to get it done...
Yearly PDRP requirements are excessive. The requirements for every senior nurse to write the 3 year PDRP of nurses and new grads is unrealistic. All nurses should write their own in collaboration with the senior nurse...

Process inconsistently applied across organisation. Manager is non nurse who doesn’t understand her role in PDRP. Zero recognition for specialty nurses working at expert level devalues them and their contribution to this organisation...

Completing the PDRP is more of a chore than a joy. Aside from completing requirements it is not really relevant to my day to day work.

I do not feel that the PDRP process shows clinical competency I have had RN's write wonderful competencies but clinically are not competent on the floor...

Do not feel that a PDRP in any way reflects whether a nurse is achieving. It is a paperwork exercise. Sorry but it is a waste of time.

Strongly believe the process is inconsistent throughout the organisation.

I am regularly frustrated by the delay in receiving my completed documentation from my CNM in order to hand in my PDRP in a timely manner. I feel that this 'penalises' me in some way..

The PDRP process at CMH is now a process that is fair for all nurses. it clearly demonstrates the nurse's progression over time. While there are areas that can be improved, i firmly believe that it is not onerous over all. What is onerous is many individual nurses do not take accountability of their own professional requirements.

Not sure why we have to do a PDRP each year. This is the only DHB that I have worked for that require this. A yearly appraisal and PDRP every 3 years is more manageable.

Results from focus group interviews

The thematic analysis of the focus group data revealed the following themes:

Compliance: Focus group participants almost all identified that the purpose of the PDRP is a compliance exercise, where the compliance relates to the Nursing Council of New Zealand competencies, the requirements of an Annual Practising Certificate, the requirements of the Health Practitioners Competency Assurance Act and the need to practice safely. One participant stated: “At its base level it is simply compliance”.
**Professional Development:** Only some of the focus group participants identified the purpose of the PDRP as a process for professional development. Participants related these to the validation of levels of practice, e.g., RN Proficient and RN Expert, and that the PDRP serves as a record of their professional development. Participants recognised that CMH required more in the PDRP than what is required by the Nursing Council of New Zealand. “We need to be clear what is Nursing Council requirements and what is Counties requirements, they are different” One participant stated: “Professional development was the whole point of the PDRP”. However, a number of participants questioned this aspect of the PDRP. “What we do does not reflect the name PDRP, it is not professional development”. Many participants felt that the PDRP did not reflect their actual practice. “It is not about professional development it is about your everyday clinical practice”. “I am not recognising your professional development, I am actually recognising your clinical practice”.

**Inconsistency in the PDRP Process:** Some participants reported that the PDRP was applied inconsistently from one area to another. This was also evident to the facilitators of the focus group who noted that participants around the table described variable or inconsistent practices. Examples of inconsistencies include the use of release time (days off to do the PDRP). These days are not available to all registered nurses and in some areas the workload does not allow staff to take the days. There was a sense that everyone should be entitled to time to complete their PDRPs and this is also strongly supported by the quantitative data. The variability in the PDRP process is best captured by the following statement: “It is only as good as the Charge Nurse (who) is managing it”.

**Support and Information:** New staff are inducted and oriented to the PDRP process and must complete a full portfolio before the end of their first year of employment. Focus group participants overwhelmingly felt that there was sufficient information and support available and that access to both information and support was good. These comments were supported by the quantitative data. Participants noted that support generally came from senior nurses, charge nurses or nurse educators. Participants were divided on the user-friendliness of the Intranet (Southnet), with some describing it as user-friendly while others felt it required too many clicks to access the relevant information and that the language used could be simplified. One participant comment, “I spent a lot of time trying to find my way around the system”. There was significant variability in the views of participants on remote access to the intranet, with some indicating that they could access the PDRP from home via the CMH website, while others either did not know they could remotely access the information or they did not know how to do this. Other participants believed that a fee might apply to remote access or that only some nurses were granted remote access. There were variable opinions on making the process more online, with some participants supporting the idea of a fully online submission while others felt it may disadvantage nurses who may not be very computer literate or who may not have good access to the internet from home.
Workload: All participants commented on the amount of work involved in undertaking a PDRP. Some described it as hard, repetitive and time consuming work with one participant commenting that “They have to do the same thing again and again”. In particular the workload for charge nurses is huge and variable with some charge nurses having to take responsibility for large numbers of registered nurses. Another participant commented on the assessor role: “I spent 7 and half hours of my week on portfolios because I have to comment on every single action. It is about 28 to 30 pages we have to write on each portfolio”. Completing the PDRP is costly with one participant stating that “More than a month’s pay that I get is just to mark PDRP”, while another remarked, “I took 4 hours out of my day to write two of them and I have 40 staff”.

The workload generated by the PDRP process including assessment was also perceived to result in a lot of stress: “You find charge nurses and nurse educators are stressed”. The issue of workload contributed to some unwanted practices such as plagiarism or copying and pasting from previous portfolios. “Everybody is cutting and pasting” commented a participant. Another participant described the PDRP process as something that has become an industry in itself, suggesting that it no longer serves its purpose. “I honestly think it is an industry it has become an industry.”

Performance Review: All focus groups discussed the lack of alignment between the PDRP process and the performance review process. Participants described a lot of overlap and repetition and some areas managed to align the two processes better than others. “We married up the PDRP process with the Performance review process” One participant reported: “I do the performance review first because that is a separate issue then they submit their portfolio which is a discussion for year one and two.” The overall theme is that poor aligned of these processes adds to workload and repetition between them.

The PDRP favours those with good writing skills: Participants commented that nurses with English as a second language or those who came from overseas are at a disadvantage expressing themselves well and therefore they are unable to submit well written PDRP’s despite being highly competent nurses. Participants reported that degree prepared nurses generally do well in their PDRP’s as they have been prepared to write academically. “The new graduates in my area are perfect” One participant asked: “Are we looking for improving the practice or are we looking for improving the writing?” Another stated: “It is almost as if it has become too academic”
Enrolled Nurse Survey Results

When considering the results for EN participants it is important to keep in mind that only 7 EN Accomplished participants completed the survey compared to 25 EN Competent and 22 EN Proficient.

From the above graph EN participants across all 3 categories felt that they understood the purpose of the PDRP with none of the participants in the EN Accomplished cohort disagreeing or being unsure.
EN Accomplished participants agreed (42.86%) or strongly agreed (42.86%) that they felt personally motivated to complete the PDRP process. However, 66.67% of the EN Competent participants disagreed with the statement while 56.25% of the EN Proficient agreed.

I have sufficient knowledge to complete the PDRP process

EN Accomplished participants agreed (42.86%) or strongly agreed (42.86%) that they felt personally motivated to complete the PDRP process. However, 66.67% of the EN Competent participants disagreed with the statement while 56.25% of the EN Proficient agreed.
From the graph above EN participants agreed or strongly agreed that they had sufficient knowledge to complete the PDRP process. However, 38.89% of the EN Competent participants disagreed with the statement.

From the graph above EN participants either agreed or strongly agreed that they know where to find information about the PDRP process.
The EN Competent participants disagreed (58.83%) that the website instructions for the PDRP is clear in contrast with the EN Accomplished (85.71%) and EN Proficient (81.25%) participants who agreed or strongly agreed with the statement.

I feel sufficiently supported to complete the PDRP process
While the EN Proficient and EN Accomplished participants either agreed or strongly agreed that they felt sufficiently supported to complete the PDRP process, 52.94% of the EN Competent participants disagreed and a further 11.76% strongly disagreed with this statement.

Both EN Proficient and EN Accomplished participants agreed or strongly agreed that they are able to undertake mandatory training in preparation for the PDRP process, however EN Competent participants were undecided in either agreement or disagreement with the statement at 47.06% respectively.
All EN categories of participants agreed or strongly agreed that they understood the competency requirements of the PDRP process.

I understand the competency requirements of the PDRP process

I consider the PDRP process to be a genuine reflection of my nursing competency
EN Accomplished (71.43%) and EN Proficient (60%) participants agreed that the PDRP process is a genuine reflection of their nursing competency, while 58.83% of the EN Competent participants disagreed with the statement.

EN Accomplished and EN Proficient participants agreed that they had sufficient time to undertake the PDRP year 1 and year 2 submissions while 44.56% of the EN Competent participants disagreed with the statement.
Both EN Accomplished and EN Competent participants disagreed that they had sufficient time to undertake the PDRP full/year 3 submission while 81.25% of EN Proficient participants agreed with the statement.

Both EN Accomplished and EN Competent participants disagreed that they had sufficient time to undertake the PDRP full/year 3 submission while 81.25% of EN Proficient participants agreed with the statement.

Release time is required to complete the PDRP
All 3 categories of Enrolled Nurse participants either agree or strongly agree that release time is required to complete the PDRP.

EN Accomplished participants agreed 100% that they always submit their PDRP on time, while EN Competent (58.82%) and EN Proficient (53.34%) disagreed with the statement.

EN Accomplished participants agreed 100% that they always submit their PDRP on time, while EN Competent (58.82%) and EN Proficient (53.34%) disagreed with the statement.
A positive culture change in my area occurred as a result of the PDRP process

There is disagreement or strong disagreement by all 3 categories of EN participants with the statement that a positive culture change in my area occurred as a result of the PDRP process.

Continuing education has increased as a result of PDRP

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Both EN Accomplished (71.43%) and EN Proficient (75%) participants agreed that continuing education has increased as a result of PDRP while 64.71% of the EN Competent participants disagreed with the statement.

42.86% of the EN Accomplished participants agreed and disagreed respectively that personal and professional development in their area increased as a result of the PDRP, while 72.22% of the EN Competent participants disagreed with the statement. 66.67% of the EN Proficient participants agreed with the statement.
EN Proficient participants (75%) agreed that the moderation process in the PDRP is reliable; however EN Competent participants (50%) disagreed with the statement and 28.57% of the EN Accomplished participants were not sure about the statement.
EN Accomplished (57.14%) and EN Competent (83.34%) disagreed that the number of elements in the PDRP to complete are acceptable while 50% of the EN Proficient participants agreed with the statement.

From the above graph there is agreement in all 3 categories of EN participants that non-compliance of the PDRP is promptly followed up.
100% of the EN Accomplished participants and 73.33% of the EN Proficient participants agreed that their current PDRP level reflects their actual level of practice while 76.47% of the EN Competent participants disagreed with the statement.

100% of the EN Accomplished participants and 73.33% of the EN Proficient participants agreed that their current PDRP level reflects their actual level of practice while 76.47% of the EN Competent participants disagreed with the statement.
100% of the EN Accomplished participants and 87.50% of the EN Proficient participants agreed that demonstrating evidence-based practice in their PDRP is important while 58.82% of the EN Competent participants disagreed with this statement.

71.43% of the EN Accomplished participants and 75% of the EN Proficient participants agreed that they feel recognised and valued when they have achieved their PDRP while 72.22% of the EN Competent participants disagreed with this statement.
From the graph above there is agreement or strong agreement in all 3 categories of EN participants that their managers value the PDRP process.

I value my senior nurses competency assessment of me every 3 years
85.71% of the EN Accomplished and 75% of the EN Proficient participants agreed that they value their senior nurses competency assessment of them every 3 years, while 52.94% of the EN Competent participants disagreed with this statement.

From the above graph there is agreement or strong agreement by all 3 categories of EN participants that their manager completes their full portfolio competencies in a timely manner.
While EN participants (85.71%) agreed that the PDRP is consistently applied throughout the organisation, 46.67% of the EN Proficient and 22.22% of the EN Competent participants were unsure about this statement.

68.43% of the EN Competent, 93.33% of the EN Proficient and 100% of the EN Accomplished participants would like to see a review of the PDRP.

Based on the quantitative data a Traffic Light System has been used to indicate areas that work well and areas that may require some action. This information is provided in the table below.
Key to Traffic Light System

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<thead>
<tr>
<th>Traffic Light</th>
<th>Description</th>
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<tr>
<td>Green</td>
<td>Responses are largely favorable and may not require any action</td>
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<tr>
<td>Orange</td>
<td>Responses are both favorable and unfavorable and may require some action</td>
</tr>
<tr>
<td>Red</td>
<td>Responses are largely unfavorable and may require action</td>
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</tbody>
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<table>
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<tr>
<th>Number</th>
<th>Statement</th>
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<tbody>
<tr>
<td>1</td>
<td>I understand the purpose of the PDRP</td>
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<td>2</td>
<td>I feel personally motivated to complete the PDRP process</td>
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<tr>
<td>3</td>
<td>I have sufficient knowledge to complete the PDRP process</td>
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<td>4</td>
<td>I know where to find information about the PDRP process</td>
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<td>5</td>
<td>The website instructions for the PDRP is clear</td>
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<td>6</td>
<td>I feel sufficiently supported to complete the PDRP process</td>
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<td>7</td>
<td>I am able to undertake mandatory training in preparation for the PDRP process</td>
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<td>8</td>
<td>I understand the competency requirements of the PDRP process</td>
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<tr>
<td>9</td>
<td>I consider the PDRP process to be a genuine reflection of my nursing competency</td>
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<td>10</td>
<td>I had sufficient time to undertake the PDRP Year 1 and Year 2 submission</td>
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<td>11</td>
<td>I had sufficient time to undertake the PDRP Full/Year 3 submission</td>
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<td>12</td>
<td>Release time is required to complete the PDRP</td>
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<td>13</td>
<td>I always submit my PDRP on time</td>
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<td>14</td>
<td>A positive culture change in my area occurred as a result of the PDRP process</td>
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<td>15</td>
<td>Continuing education has increased as a result of PDRP</td>
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<td>16</td>
<td>Personal and professional development in my area increased as a result of PDRP</td>
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<td>17</td>
<td>The moderation processes in the PDRP is reliable</td>
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<td>18</td>
<td>The number of elements in the PDRP to complete are acceptable</td>
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<td>19</td>
<td>Non-compliance of the PDRP is promptly followed up</td>
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<td>20</td>
<td>My current PDRP level reflects my actual level of practice</td>
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<td>21</td>
<td>Demonstrating evidence-based practice in my PDRP is important</td>
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<tr>
<td>22</td>
<td>I feel recognized and valued when I have achieved my PDRP</td>
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<td>23</td>
<td>My manager values the PDRP process</td>
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<tr>
<td>24</td>
<td>I value my senior nurses competency assessment of me every 3 years</td>
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<tr>
<td>25</td>
<td>My manager completes my full portfolio competencies in a timely manner</td>
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<tr>
<td>26</td>
<td>The PDRP process is consistently applied throughout the organization</td>
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<tr>
<td>27</td>
<td>I support a review of the PDRP process</td>
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Participants in the survey were given the opportunity to add ‘any other comments.’ The key messages are:

- The process is time consuming and complex
- It favours those who can write well and disadvantages those who cannot express themselves well such as nurses with English as a second language
- Nurses should be given paid time to do the PDRP
- The PDRP does not reflect the true level of practice of nurses
- The PDRP is causing frustration and discontent with the work, possibly leading to a loss of staff
Below are some verbatim comments by the EN participants

EN Competent

The PDRP process has been a burden to many nurses in my immediate association. The whole process takes up so much of our own personal time, therefore interrupting with our down time that we should be spending with family and friends and that the organisation strongly recommend we do. This process only reflects the capability of one to put down on paper words that appear and sound good opposed to some people who have a struggle with the command of english and how to put it on paper. I personally have not benefited in any way from completing a PDRP each year and find it is just something else that we have to do in our already busy lives. I have witnessed nurses feeling threatened by completing a PDRP each year, and becoming extremely stressed by what is involved in the whole process and this is a disadvantage to nurses in more than one way including self doubt and loss of enthusiasm to follow in the vacation of our choice.

I feel that the PDRPs do not prove that you are good at your job they only prove you are proficient at descriptive writing!!! May be it's about time the nurse educators came to work alongside the nurse as after all this is a practical profession!!!!

EN Proficient

PDRP does not reflect competent practice. Some nurses on the unit have handed in Competent portfolio's but practice consistently at a higher level. They do not hand in Proficient portfolios because they are unable to articulate themselves well on paper and don’t want to undergo the stress of trying to complete a portfolio at a higher level. The reasons for this are multifactorial and therefore different for each individual. In contrast you have those that can articulate themselves well but do not practice clinically at the higher level that they have applied for. The competencies completed by the managers are at best subjective and don’t necessarily reflect the true clinical competence of the practicing nurse. I think that instead of the manager completing competencies there should be some sort of clinical assessment done particularly on the Proficient and Expert level nurses.

EN Accomplished

I think the process is very clear I think it is good you must summit every year so nurses don’t leave things till the last min every 3 years and it is a opportunity for CNM and CNE to address any issues on a yearly basis or gaps in education it is a positive way to do things for the nurse. I think it is always good to review processes but feel the way it is at present is very good.
Clause 27.7 of the MECA regarding leave to work on your PDRP needs to be recognised by Charge Nurses. Very frustrating having to use a different example for each competency when one may cover several.

**DISCUSSION**

Generally participants understood the compliance component of the PDRP and this was evident in both the quantitative and qualitative data. However the PDRP was also designed for professional development. This aspect of the PDRP is either not recognised by some nurses or some feel that the PDRP does not serve this purpose well. The PDRP is currently used to support nurses progressing from one level of practice to another. The Nursing Council requires a certain number of professional development hours in a 3 year cycle. When compliance and professional development are combined in one process there will always be some tension between the two constructs. The foremost purpose of the PDRP must surely be to ensure compliance with regulatory and legislative requirements. This is a mandatory requirement and cannot be removed from the process. Because a second process focused on performance review exists, some consideration should be given to what part that process could serve in promoting professional development. It may be possible to use the performance review process for progression from one level of practice to another. From the qualitative data it is clear that participants would like to see better alignment between the PDRP and performance review processes. There was a strong feeling amongst participants that there is repetition between the two processes.

The majority of participants (RN’s and EN’s) did not feel personally motivated to complete the PDRP process. A lack of motivation will hamper success in the desired outcomes of the PDRP process. There may be many reasons for the lack of motivation however the work involved and the annual submission process are contributing factors identified by the participants. Another factor may be the common practice of charge nurses in driving the PDRP process, resulting in nurses not taking professional responsibility for something they should be accountable for and preferably taking the initiative in. The perceived inconsistency in the application of the PDRP between areas is another possible contributor to the lack of motivation.

There were significant differences in the responses of different subgroups of participants notably in the EN group, to some questions. It is not within the scope of this evaluation to explore the factors that might have contributed to these differences however the results reinforce the need to have an established process that will enhance the experience of participants in terms of the consistency across areas and individuals when undertaking PDRP.

Most participants were satisfied with the amount of information and support available to them on the PDRP, including the use of the intranet. Most participants felt they understood the competency requirements and they could undertake the mandatory training in
preparation for the PDRP. While it would be prudent to continue the current level of provision of information and support, further investment in this area may be unnecessary.

The majority of participants did not consider the PDRP a genuine reflection of their actual practice. The PDRP was seen as a burden where those who are able to write well gain the most and those are not as competent as expressing themselves in writing are disadvantaged. There was a real sense of discontent about this matter, which is aggravated by the fact that registered nurses have to submit their PDRP annually. It is therefore not surprising that participants also expected release time to complete their PDRPs and that they felt they could not always submit their PDRPs on time. When asked about the one thing that could be improved in the PDRP process almost all nurses commented that it should be done 3-yearly or that the annual submission should be changed. The majority of participants either agreed or strongly agreed that the PDRP should be reviewed.

Because participants believe that the PDRP is not a true reflection of their actual practice it is not surprising that they do not believe patient care improved as a result of the PDRP process or that the PDRP resulted in a positive change in culture within their work area. Nor did they believe that continuing education had increased or that personal and professional development had increased in their work area.

Participants valued the role of their managers in the PDRP process, they felt that their managers valued them and that they completed their part of the process in a timely manner. Participants also recognised the PDRP as reflective of their actual level of practice which appears to be in conflict with the notion that the PDRP does not reflect their actual practice. The reason for this finding is unclear but, it may be the way participants interpreted the question as it referred to levels of practice. Qualitative data suggests that the PDRP is not considered a true reflection of their actual practice.

Participants have reported some inconsistency in the application of the PDRP in both the quantitative and qualitative data. This is not surprising as CMH is a very large organisation with many employees who all will have their own interpretation of the process. However, this may need to be addressed so that inconsistencies are minimised as best as possible as inconsistency could be one of the contributing factors in the discontent participants had with the PDRP process.
RECOMMENDATIONS:

It is recommended that CMH undertake a major review of the PDRP process with specific focus on addressing the following:

- Retaining aspects of the PDRP that performs well, in particular the level of support and information available to staff
- High level of workload
  - Workload could be improved by re-considering the annual submission and moving to a 3-yearly submission process
  - Shifting responsibility of the PDRP back to the nurse and re-consider the expectation that charge nurses or nurse managers should write the competencies for their staff every 3 years.
  - Aligning the PDRP with the performance review process in order to remove any duplication or repetition between these two processes.
- Ensure greater consistency in the PDRP process across the organisation, in particular address the perceived inconsistency in release time to complete the PDRP and ensure remote access to information and forms is available and communicated to all.
- Reconsider the purpose of the PDRP and address the tension between compliance and professional development. Consider what part the performance review process may play in the professional development aspect of the PDRP. Consider separating out the regulatory and legislative compliance requirements from the professional development requirements by CMH.
- Staff motivation and attitude in relation to the PDRP. Address the perceived idea that it is a paper exercise that suits those who can write succinctly and that it does not reflect a nurse’s actual day-to-day practice. Consider how those who have English as a second language or who struggles with writing, could be better supported.

CONCLUSION

Registered nurse and enrolled nurse participants used the opportunity to respond and comment on the PDRP process at CMH. None of the participants would like to abolish the process but they would like to see change that will lessen the amount of work required and that relates more closely to their day-to-day practice. The evaluators would like to thank all the nurses who gave their time to complete the survey and participate in the focus group interview. The evaluators would also like to thank Denise Kivell for the opportunity to do this work.
REFERENCES


Nursing Council of New Zealand (2013). Framework for the approval of professional development and recognition programmes to meet the continuing competence requirements for nurses. (Revised August 2013)

APPENDICES
Appendix 1

Survey Questions

CMH is an organisation that continuously strives for improvement and to implement best practice. While the PDRP is an accredited programme which suggests regular external scrutiny by the NCNZ, it is important for CMH to determine how well it is achieving the stated objectives of the programme. The Director of Nursing recognised the importance of an independent person leading the evaluation who is not employed by CMH. The evaluation is led by Dr Willem Fourie of Manukau Institute of Technology, assisted by Michelle Nicholson-Burr CND Kidz First & Women's Health and Jane Earl CND Mental Health CMH.

Please make sure you complete the questionnaire that fits the level of practice under which you submitted your portfolio in 2013 for the period 1 January to 31 December 2013.

Key: 1 = strongly disagree; 2 = disagree; 3 = Agree; 4 = Strongly Agree; 5 = Not sure

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<tr>
<th>Question</th>
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<td>I submitted my portfolio in 2013 under the RN Competent level of practice</td>
<td>Yes</td>
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<td>If you answered No to this question please exit this survey and choose the correct link for the category under which you have submitted your portfolio in 2013. Thank you</td>
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<td>1. I understand the purpose of the PDRP</td>
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<td>20. My current PDRP level reflects my actual level of practice</td>
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<td>21. Demonstrating evidence-based practice in my PDRP is important</td>
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<td>22. I feel recognized and valued when I have achieved my PDRP</td>
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<td>23. My manager values the PDRP process</td>
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<td>24. I value my senior nurses competency assessment of me every 3 years</td>
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<td>25. My manager completes my full portfolio competencies in a timely manner</td>
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<td>26. The PDRP process is consistently applied throughout the organization</td>
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27 I support a review of the PDRP process

Any other comments?

Thank you for completing this questionnaire
### Appendix 2

**Focus Group Questions**

1. Please describe what you understand is the purpose of PDRP within our organisation?

2. Please describe what you know about the application process for nurses?

3. Where would you access PDRP information from?

4. What is your understanding of the support available to staff wishing to participate in PDRP?

5. If you have used the PDRP intranet site, please describe your experience? how user friendly did you find it? If no, can you list the reasons why not? What suggestions do you have for improving the usefulness of the Intranet site?

6. How do you feel the programme is working for you and the staff in your area?

7. What improvements do you feel could be made to the programme?

8. Any other comments
Appendix 3

CONSENT TO PARTICIPATION IN A FOCUS GROUP INTERVIEW

CMH STAFF

Title of Project: Professional Development & Recognition Programme (PDRP)
Evaluators: Willem Fourie; Sharon Rydon; Michelle Nicholson-Burr; Jane Earl

I have been given an explanation of this evaluation project and I understand that explanation. I have had an opportunity to ask questions and have them answered. I understand that I may withdraw myself or any information I have provided from this project (before data collection is completed), without having to give reasons and without penalty of any sort. I also understand that due to the nature of focus groups every effort will be made to preserve confidentiality but that it cannot be guaranteed by the focus group facilitator.

Evaluation Objectives:

The evaluation of the PDRP will be against the programme’s stated objectives:

- Ensure that all nursing staff maintain a professional portfolio that contains evidence of competent (minimum) practice compliance with NCNZ competencies and continuing competence requirements
- Maintenance of level of practice
- Validate levels of practice
- Encourage & recognizes nursing professional achievement
- Value nurses who effectively initiate care that meets the need of the patient/client
- Maintenance of NCNZ accreditation status
- Maintains a fair and a transparent process

I consent to participate in this evaluation through focus groups. I understand that I will not be identified in any transcriptions or subsequent reports. I understand that CMH may use the findings of the evaluation to inform future decisions about the PDRP.
I understand that the focus group will be audio recorded.
I understand that taking part in this focus group is voluntary and will not affect my employment at CMH.
I have had time to consider whether to take part.
I agree to take part in this focus group.

Signed:

Name: (please print clearly)

Date:
Appendix 4

RN Competent (45 responses)

- suggestion: nurses with more than 25 years of experience should not have to do PDRP.
- Abolish PDRP. Doesn't really reflect your clinical practice/knowledge.
- not a true reflection of practice. Should instead be a case study.
- Portfolio updates every year is time consuming, if a more simplified process was available, that would be appreciated. Also the DHBs ability to recognise previous DHBs competencies
- I believe this should be in work time and not invade my own private time. My private time is very limited and valuable to me.
- I feel as tho does not reflect true perspective of practice. I find it difficult to write down what I want to say on paper. But have been on ward for 10yrs and should b proficient.
- The current PDRP process needs major overhauling. Perhaps the NCNZ should review best practices from Australia, USA and Europe and apply to our practice in NZ.
- I think the submission of PDRP should be every three yearly rather than yearly.
- I am in a new area and my Manager has not assessed me yet. I find it is not clear what is being asked by the competencies in relations to my day to day practice. My CNE helps me to understanding what is actually required. Some competencies are very similar and you end up repeating yourself. I think a nursing assessment by a more senior nurse or your manager who observes you on a day to day basis would be more accurate assessment. I think the ongoing education hours are essential and the PDRP does encourage that.
- Am a new member to CMDHB
- PDRP is very good tool for evaluating and motivating nurses to grow in the field that they choose, but doing it yearly is too much as they dont provide sufficient time to do it. as such, nursing council only requires nurses to assess their pdrp every three years, so why hassle nurses to do it yearly..
- PDRP is good for those who are creative writers and not for nurses with patients at heart. Its high time the practical side be considered as well.
- I hate writing and I should be assessed by my mangers in my clinical area. I may not be able to express myself accurately due to my culture. I am not supposed to report on my significant performance at all. Somebody else should recognise my performance and reinforce on my area of strength. If i have any need I should be helped by my clinical nurse educator specifically on area needed. I would be very much happy if I will be recognised within my clinical area. Thank you for allowing me to get my voice across.
- PDRP is not an accurate or fair assessment of practise. It is stressful and unfair to expect nurses to spend their own time doing hours of paperwork. Education is not supported to allow for 20 hours per year in my area of practice. Little support is given to me to complete my pdrp. It would be better to be observed in practise.
- PDRP does not measure my level of practice, especially in the area that I work in. Some people could just write well but do not actually perform in the level that they are on.
- I feel very strongly that all nurses including those who are doing the "RN Competent", pathway should have 'paid time' to do their PDRP. We spend the same amount of time
doing this and not to get paid for it is insulting and non-motivating. I do not have time at home to do this, busy Mother etc. The whole process needs to be looked at, it does not need to be such a lengthy process and something that is a ‘horrible thing to have to be done’ and not to be paid, UNBELIEVABLE.

• I believe it should be up to the charge nurses to identify the level of practice instead of writing examples as they see our practice on a daily basis. Plus we do not have the time to actually do it properly especially since we are always short staffed. Writing examples do not reflect our actual practice as sometimes it is difficult to identify examples.

• nil

• I think it’s too much pressure on the charge nurses to complete the 3rd year competencies for the staff, they have too much on their plate already and on top of that they have to write about 10-20 staff’s competencies in 1 year.

• Yearly PDRP submission to be reviewed.

• PDRP does not mean that nurses are practising their craft in a competent manner, it just indicates that people are good at putting the “ideal” down on paper. Also some competencies are so similar that it is hard to find a different example for them.

• I believe ward based assessments a much better indication of my practise.

• I find that I have to complete the same thing over and over again every year and this has taken up not just my time from work but my personal time as well. It is a very inefficient way to assess the level of practice for nurses as some nurses are very experienced at work but unable to appropriately put that into words.

• What you write on paper does not necessarily reflect your level of practice. I have been nursing for over 40 years and in my current department for 20 years. I was an Expert Nurse for 3 years, then, because I was late with my next portfolio I was demoted to competent. That is ridiculous! My practice is unchanged. Now, because I am working in a different area of my department I cannot be promoted because I am not regarded as knowing enough. So much for the many years of experience and knowledge I can pass on. The whole process is ridiculous. I know non-English speaking who have presented portfolios written in immaculate, grammatically correct English when their documentation in the patient notes is appalling, and their spoken English is not good. A far better way of assessing our performance is by practical assessments.

• Time consuming maybe done with some extra time, and or over two years instead of every year.

• This is a poor reflection on nurses practice. A huge waste of time. A bureaucratic endeavour to regulate those in a clinical role by those not in a clinical role.

• Writing the competencies is an inane and repetitive waste of time. They are dependent on very subjective marking and do not reflect in any way the actual competence of the nurse. We have gone from writing 2 exemplars to approx. twenty four.

• I have been under the impression that going up a level from competent to proficient is easier in some areas than our area...i.e we are expected to return to university whereas some areas don’t expect this. This to me isn’t fair because it does not actually state in the PDRP requirements that you have to return to university to further studies to go up a level from competent to proficient.
• I feel the PDRP is an ENORMOUS weight over my head. how does this prove I am a great nurse. patients telling me I am great and do a good job is more reward than the PDRP. I Am seriously considering changing my job so I can get away from PDRP. I work overtime all the time and then have to go home and run my family. I can barely spare the time to do PDRP and then to get it back and be told incorporate more treaty stuff. WELL...... as you can tell I am very frustrated with the PDRP. I want to escape it. I don't feel it proves at all what I do.

• It is important to complete the PDRP process however with a busy work load it is not always possible in the allocated time. It is good that educational days are provided to help maintain the hours need for practice development. When its completed it does give you a sense of achievement.

• Reaching levels within PDRP seem to vary greatly between wards leading to staff discontent.

• Filling out a form on my competencies as a nurse does not adequately demonstrate my competency. I demonstrate this daily in my actions in my workplace and receive feedback as required from the senior nurses I work with. We would feel more supported if the nurse educators can and worked with us rather than assessed our creative writing skills once a year. Why are we the only country in the world that has such a length process to demonstrate our competency to maintain our registration? Perhaps a review of this at nursing council level would be more beneficial.

• Other hospitals I have worked at only submit every three years. I wonder whether submitting every year improves and/or reflects nursing practice.

• Some people's practice is nowhere near what they say it is in their competencies, i.e it is easy for people to make up stuff that they do not actually do. While it may be beneficial for the PDRP process to be undertaken as it currently is, I personally feel more emphasis should be on educating nurses with rationale and ensuring that their practice is at the expected/desired level through actual practice and not only by reading what they have written. Furthermore some of us were brought up to believe that talking about our achievements is vain.

• PDRP is a waste of time. In my opinion, it is not an accurate reflection of one's level of nursing skill. Our days -off should be spent with family and not slaving away infront of the computer completing it. RNs are not always honest with what they write in their PDRP, some could be bluffing away and not found out. They could also be "hiring" someone to write their PDRP for them.

• Make on-line policies intranet accessible from home for the sake of nurses completing typing PDPR at home.

• Paid and pre-allocated time is required to complete PDRP, regardless of what level you are going for.

• NZ PDRP does not enable nurses to improve or show how they are performing. There is too much emphasis on cultural safety and being politically correct which hinder the clinical aspect of nursing. Most Western countries only require nurses to meet standards based on 60 hours of education over 3 years and maintain proficiency in CPR and medication safety which are more important standards. The NZ version focuses too much on the Treaty of Waitangi and when I showed my PDRP to an Australian colleague
she couldn't believe we have to write such nonsense! Please, we need to get back to a clinical approach and not be influenced by people with an agenda in pushing the Treaty as a cause! I'm embarrassed by PDRP and the nurses who can talk themselves up in PDRP but not perform in a functional sense. Cultural issues are important and when I talk with many Maori they state that they do not necessarily adhere to concepts being put forward on their behalf. We need to rid ourselves this nonsense that is called PDRP!!

- Submission of portfolios/complying the PDRP process should not be an exhaustive task. Most of us have families to look after thus, does not have the luxury of time to do this at home. Though we are given a portfolio day every year but when we have to do a re-submission (as the pdrp coordinator is not satisfied) that means another few hours to sit in front of the computer. The competencies should be consistent in all wards and not a personal opinion of the pdrp coordinator. This makes it more stressful in doing this. The whole process should be reviewed again and make the competencies much simpler and not only focusing on a lot of Maaori core values as these values can be applied in our day to day work without using the Maaori terms (when we dont really remember them at the end of the day). I strongly support a review of this process. Thank you.

- What a waste of time the whole PDRP process is! It shows nothing about one's practice except how to write as much BS as possible. If you are good at academic writing etc, your PDRP will probably guarantee you a stepup to Proficient. And nobody seems to know exactly what is required!! Whatever you do, it's never enough!! At the end of the day this does not relate to our daily practice - it's fiction. And the time that it takes is completely unacceptable. Why should we do this on our precious days off?

- I feel an annual PDRP with all the competencies is too much. I feel like I am repeating myself from year to year and really struggle to with it. I would be much more motivated if we were allowed to only complete a 2 yearly or 3 yearly PDRP instead of every year. It seems to come by far too quickly and takes a good couple of months to chip away at it while on shift. I don't enjoy it at all.

- I have always found the nursing council competencies very repetitive, tedious and no way reflects how I work. I find the competencies ambiguous, and those that mark PDRPs are NOT consistent. Personally I feel PDRP does not reflect anyone's ability to care for a patient proficiently or as an expert as anyone can articulately write but their practice is not necessarily aligned with what they have written. Filing yearly nursing competencies is absurd, and often leaves me struggling to think of different examples for each and every competencies.

- I feel like its unnecessary to do PDRP annually.
- PDRP is not reliable especially if your are poor in writing and good in practical application
- I feel completing it every year is unnecessary as it creates more work for our already busy schedule

RN Proficient (45 responses)

- nurses who have completed post graduate studies should be automatically passed PDRP and should be paid according to individual's qualification achieved.
there is far too much required in the self assessment- too much writing, and no-one actually looks at any evidence to support this assessment. Anything could be written as evidence and this could be untrue. This process may not identify any nurse who practices in an unsafe manner.

I’m not sure staff are aware the availability of the one day to complete PDRP. My manager has never made it available to her staff which should occur automatically in the roster when the forms are given to the nurse. I also think there is a huge gap between what nurse say they do and what they actually do hence I ? the accuracy of the assessment. The career plan needs more input and support to be achieved

PDRP doesn’t reflect the level of practice at my place of work. Nurses practicing at expert levels are not allowed to submit expert portfolios due to portfolio allowances. Some nurses are chosen to do expert while they are not practicing at expert levels.

I find the pdrp process extremely time consuming and making sure we are paid for time to do it is important. I also think it doesn’t recognise actual skills on the floor. it’s more about how well you can write up a situation

SOME NURSES ARE GOOD AT WRITING AND NOT GOOD IN PRACTICAL WORK AND SOME NURSES HAVE GOOD KNOWLEDGE OF THEIR PRACTICE BUT ARE NOT GOOD AT WRITING HOW DO YOU ASSESS THESE NURSES.

nil

PDRP should be done every 3 years .......

I feel that the Nursing Council competencies are repetitive and don’t necessarily fit into specialty areas. We are expected to write extensively on each competency which doesn’t necessarily reflect our actual practice. A clinical review of actual practice would be much more effective. Treaty of Waitangi and Maori values should not have to be included in every competency. The PDRP are very time consuming to complete every year, almost always in our own time.

There are a lot of repetition requirements, with modified wording, but meaning the same, which is very irritating. There a lot of competency requirement, not applicable to all areas of practice. The PDRP should reflect the specific areas of practice, otherwise is deemed unrealistic and invalid. The Treaty of Waitangi is far too much covered in the PDRP, should be less intrusive. The Waitangi process is very much a political issue, and is NOT applicable to Nursing in the way, people are confusing it with in Nursing!!!

PDRP should be based on how you practice in your area because not everyone can write a good portfolio.

I think there is an underestimation of the time it takes to complete a PDRP. I spent many many more hours of my own time than the time given to complete it. There questions are somewhat repetitive. Having said that I do think it gave me a chance to reflect on my work and for my seniors to get a glimpse of how I think and reflect about my work. This was very useful to gain some recognition of my contribution. I also had to wait far too long for the level to be reflected in my pay (I think about 3 months).

Making PDRP every year is a challenge. Can the Council review if it really needs to be done yearly for nurses?
I don’t believe that PDRP gives an accurate view of the nurse, their clinical practice or knowledge and takes no account of their behaviours or professionalism. Anything can be written. I was not aware they are actually moderated.

A PDRP 3 yearly is comprehensible, not every year, a yearly PDRP is quite stressful on the nurse as most of the questions are repetitive and need new examples. A yearly PDRP will be valued more and more input will be available to the nursing staff. A yearly appraisal by the unit manager is acceptable as it ensures educational updates and staff needs and requirements.

The current system is too long winded, unfair and an insult to professional nurses. I agree with maintaining a portfolio and the DHB ensuring standards are maintained however how many other professions are subjected to this degree of scrutiny within the healthservice. I am unhappy that following interviews and assessment by my manager my PDRP was sufficient however when reviewed at the next level by service leaders it fails. Interesting that these people have not practiced physical nursing for several years and yet they overrule my manager who is aware of my actual duties, performance and has awareness of the cultural changes within our nursing field and that of patient type and acuity. I believe a simpler system is required, and kept local with team manager’s.

I think the competencies duplicate themselves and that there could be fewer. I also think that those who are more comfortable with writing find the PDR process easier.

I do not feel that writing PDRP makes me any better as a nurse, after more than 20 years. It is stressful every year when the time for it comes around, and feels like I am only burping up the same every year, only with different wording, to satisfy someone else. It does absolutely nothing for me, I would prefer to have face-to-face follow up, and reflection with my seniors. I also often feel that the correspondence between the PDRP level my colleagues are at, and the hands on patient care they provide, is not so good. Many people can write good, but have no people skills, and a lot of good nurses cannot put everything on paper in the way that is demanded of us.

I believe there is too much pressure on staff to submit their PDRP each year. As registered nurses it would be more efficient to submit a full portfolio every x3 years not each year. The Nursing Council requirements are to ensure that all nurses submit their Full Portfolio every x3 years. I fully understand that being employed with CMH that we are to submit an annual portfolio for each year but this places too much pressure on staff. This is fantastic that this survey has put out for staff to express their views on PDRP.

The portfolio does not reflect true competencies on paper. Some expert are not expert in demonstrating in their field of work. I find the PDRP a burden on staff to accomplish while you are working. This issue has always been a dreaded, anxious expectation. Having pages signed off without any consideration is false. I believe if you are a Registered Nurse you have been approved to practise by Nursing Council and passed in your education requirement of study. If and when you start in a new area you would be assessed in those areas as an added experience level. The annual update and PDRP need reviewing. Annual update days have also been scaled down to a frantic session as well, and also has become another anxious expectation which is not enjoyable for learning. Please review the PDRP and Annual update, perhaps workbooks, self directed learning.
• Can the process be changed to once in 3 years, its too much work and no time provided to do it. Also some people are good at writing and may not be practicing at that level...so its not a true test of competency.
• Feels like a complete waste of time, money & resources. The competencies have got nothing to do with my practice, and as a means of assessing my practice, they are irrelevant. My work as a student nurse 10 years ago was expected to be far more academic than PDRP. The only thing I like about it is that the unit endeavours to make the goals for the coming year happen, for example, I got put hro ACLS as a consequence of the process last year.
• My manager and Nurse Educator had different views of what was required, which was very unhelpful to me.
• I have no concerns with the current PDRP format. I find it more straightforward than past years where an exemplar was required.
• Stressful and time consuming. a waste of time. Doesn’t reflect peoples practice. You can write whatever you want on paper.
• always had to complete PDRP in own time
• Writing up your competencies in PDRP and equating it to your level of process is a joke. If someone is a very good writer, he/she will be expert in no time. Acquiring the proficient/expert level through this does not reflect clinical practice. A clinical assessment is much more reliable than coming up with these examples as basis of competency. Organisational consistency if almost non-existent. I know a few people in other areas who has only submitted their PDRP once in almost 5 years now.
• There is little encouragement to do further learning. The courses available to senior staff are limited. It is not always possible to get study time off the ward to do study to make up the required hours. There seems to be a discrepancy in the way the General Hospital nurses are assessed compared to Mental Health Nurses.
• I feel that the written PDRP does not reflect how people work practically, some nurses are excellent at writing PDRPs but not working to the standard
• I feel that PDRP is not a genuine reflection of a professional practice because there are nurses who are computer savvy and are good in writing but are not good in their practice. I recommend attending continuing education units every 2 yrs. for example to maintain professional practice instead of doing portfolios just like what they do in the U.S.
• The CMDHB is out of sync with the Nursing Council requirements and the expectations of the Nurse Educators is personalised, contradictory and not in keeping with the PDRP guide.
• The PDRP process is very time consuming and puts more pressure on us as nurses to do it in our own time. For part timers like myself we still have to do the same amount of work as a full time nurse. There are plenty of so called expert nurses around who are far from it. Also, the amount of maori culture we need to incorporate is excessive when they are only a small proportion of our patients. Where is the Indian, PI, or Asian cultures incorporated?
I think we should only need to do the PDRP once every 3 years as it used to be. Once
you hand in your PDRP and it is marked, you usually only have about 9 months till the
next one is due! I think it is a total waste of everyone’s time. If a nurse was monitored
from the bed side it would be a much better indication of their nursing skills and level of
practice.

• The PDRP is not showing exactly how we working. Staff are being marked by Nurse
Educators who does not work with them yet they have to decide if one is competent.
The competences have become burden to staff as we already have lots of other things
to do and now required to do all lots of examples in the PDRP. Can we not have a
system were staff get to be monitored on the job and evaluate the actual work they do
they decide if one is competent or not?

• some educators turn a necessary requirement into a stressful experience .ie I don’t like
what you did ! no guidance is given ,people often in tears and not supported when they
try to improve their level, even if the C/N is supportive the educator makes the whole
thing an ordeal and people feel bullied .This can be an educating, positive part of our
work and shouldn’t be so hard because of the educator .Time is never given to complete
the process .Changing work area I have a new educator and the process is so much
nicer !!!

• Writing good PDRP doesn't actually reflect the person’s competency levels. Some are
good writers and some are bad writers which doesn’t reflect their level of practice. I
think charge nurses should be able to assess their nurses depending on how they
practice in the clinical area.

• should not have PDRPs it doesn’t reflect the level we are working at or different types of
styles people have at showing this level. I have seen many people go on to expert level
who are only expert at writing and not practise. Most of us stay at competent or
proficient because we are not good at writing not because we are not working at expert
level.

• many nurses have excellent PDRP but only in writing. a lot of nurses do not practice
according to their level in a clinical and practical areas but have excellent PDRP.

• I don’t think the PDRP reflects a person’s practice at all. I would much rather have some
sort of peer review. We have to complete the PDRP in our own time. I could get
anyone to write mine and no-one would know the difference. People may be very good,
competent nurses but not be very good at expressing themselves on paper. After all
these years of doing PDRP's I still really don't know how they want it written. When you
ask for direction I feel you are just fobbed off. Everyone who looks at your PDRP has a
different idea of what is required!

• In my personal opinion PDRP is good for people who can write and present stories.

• I do not find PDRP's to be a great reflection of nursing competency. I also feel that
submitting competencies every year is not helpful and has little impact on how nursing
function.

• It has been noted in our area over the years that often PDRPs are rejected without
proper foundation. In one instance a colleague submitted hers and it was rejected. She
held on to it for 2 weeks, did nothing and resubmitted it. It passed.

• PDRP causes a lot of stress and is a reason some nurses are leaving.
i don’t believe it needs to be done every year. SSenior nurse completing it for me creates a huge workload. Evidence does not necessarily reflect practice....IE someone can write great exemplars and still be crap in practice.

PDRP is a time consuming and unnecessary thing that i believe only NZ is doing. It gives stress and sickness to staffs. The steps and level of practice should be depending on the years of service and total years of experience that a staff holds and not that something has written in a paper. Anybody can write anything. Staffs are becoming a competitive unusual personality that they have to create something to show the management even if it is unnecessary. Promotions to next level should be depending on years of practise.

Having to do it every year is taking the educators/assessors away from the wards. I feel it would be better use of their skills to be backing up the staff on the wards.

RN Expert (13 responses)

Not consistent between markers, or between areas of work

Q 15, 16 & 17: i have answered as I have because CM have always ben good at encouraging ongoing education & prof development. I don’t think the PDRP had influence over education as it has always been valued & offered.

A positive culture change has occurred in our unit over time but I think it is more to do with leadership & management rather than the PDRP process.

I feel and have always felt that the PDRP is NOT and NEVER will be a true reflection of your daily practice. For some it is very easy to write "wonderful" competencies which sound just fabulous but for others they find it quite daunting and it is a struggle to write competencies where as they are practising and functioning at an already high level. There is a different need for the whole PDRP to be changed. It is also very challenging for staff coming from a different cultural and or ethnic background. I know my thoughts are echoed by many.

There is a lack of recognition for staff working many years in the organisation CMDHB, there is a lack of job development or progression, thus leads to lack of job satisfaction. There is no support from the Clinical Educators, it is very rare to have their contact in the workforce. CNE lack developing relationships with Nurses, and provide poor assistance for developing proficient or Expert nurses. The PDRP portfolios are inaccurate measures of the daily work Nurses are completing or accomplishing daily.

I feel the PDRP is used as a financial weapon. I have observed a number of expert clinicians been not accepted for expert level again due to finances. This is obvious as the nurse is still maintaining her enthusiasm and involvement however then been told that they aren’t doing enough 'for the organisation'. I feel this then tends to remove so much interest and the nurses often then don’t both being involved in extra activities. This can lead to negativity and nurses feeling devalued.

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long winded repetitive not reflective of practice reflective of being able to write up what is wanted to be heard

I do accept the importance and why it is done, I just want to point out that it is a stressful process in itself.
PDRP reflects absolute academia, nurses who deliver amazing care and practice at the bed space but who are not so academic can be disadvantaged as language of expression may be inhibited. I have seen nurses who write beautiful port folios but the clinical skills require more application.

Allocation during work time to implement PDRP requirements. Once PDRP has been submitted, it should be reviewed within a one month period. I have submitted my Year 1 and Year 2 and have had up to 4 month delay before final sign off.

It doesn't really show level of practice. If you are good at fabricating stories and have the gift of the gab you can do well in PDRP but it still doesn't show practice level on some staff who have proficient/expert portfolios and still are not managing at that level because they "look good:" on paper they have achieved that level.

The PDRP does not necessarily reflect ones actual level of practice. sometimes a higher level is conferred on someone by the PDRP co-ordinator based on some weird assessment, while other have to prove their capabilities a 100 times over.

Portfolios requirements are getting larger and larger requiring more and more evidence, like a novel. Is getting too hard and onerous to complete especially since the money was increased

A review of any process is always a positive in my view

RN Senior (71 Responses)

I feel a review of the process is important as although I believe that the competencies reflect practice and are essential, I feel submitting this yearly is perhaps too much to expect when these take several hours of our own time to complete. Perhaps biannually may be considered? I have not been able to utilize work time to complete competencies as there is no work time available due to high work loads and projects. I do all my competencies at home once my kids are in bed asleep. I take approx 1 hour per competency to write them effectively and be proud of my work. I have been working at CMH for over 15 years and only taken a PDRP day once. Thank you.

I strongly believe there should be a review in the current PDRP process .Involves lots of writing rather than assessment and feedback from the clinical setting, which reflects our actual daily clinical practice.

Different levels for Senior PDRP might be useful

I don't believe that a written assessment is the best appraisal of a nurses competency. A nurses competency is more than a written document, there practice is multifactorial and needs to be assessed as such. Anyone who is good with the written word can come across as competent/proficient. The current process is very time consuming and creates a lot of stress.

I think the PDRP is designed to reflect the ability to write with imagination and express one's self in words on paper. It depends greatly on how well the "assessor" knows the person being assessed. I dont believe the person responsible for doing the 3rd year assessments always have sufficient knowledge of the person they are assessing e.g.
night and PM staff. I also don’t know, I’m sorry to admit, how this system could be fairer or better designed.

- selective sampling of supporting examples not a true picture; should not have to wait for a 1-3 year process to get feedback on your practice, should be a more timely approach but only heard of that happening when there are performance issues.
- it seems that expert level is highly contentious at present and is it approved fairly throughout the hospital or are some areas expectations to high to achieve this.
- I feel the PDRP process is valuable when used as a tool to show what you've achieved however in the case of 90% staff, it is seen as a chore which has no value and does not influence their practice. Staff are also able to write a self-assessment of their competencies and not necessarily practice what they write and it requires a vigilant and strong manager to challenge that which therefore doesn't usually happen.
- the PDRP process has become very complex again, just like when it was first introduced - it has become a weight around our necks.
- Hi, As a new manager, I find that there is a need for 'looking back' and revisit all events not just 'celebrating achievement' ; as in a year there are events that although not all positive determine a course of action that leads to professional growth. I see this 'yearly review' as a complete, unbound, honest look at the personal professionalism in nursing, not just a plan for the future. Also I believe staff should reflect every year through their competencies, as they change workplace, specialties, placements, go on maternity; so the third year lap I do not find it beneficial for staff.
- I dont feel the current PDRP does reflect level of practice. It is time consuming and to a large extent depends on how well one writes. I question whether this needs to be completed annually - especially the Nursing Council competencies if you are in the same job from one year to the next it is very difficult to write something new and different. Hours of practice, ongoing education and appraisal could remain an annual return and consider competencies every 2 or 3 years?
- 3 yearly mandatory as per NZNC is acceptable. It is so stressful doing annual submissions, there has to be another way. As seniors with so many years of experience and safe practice, surely we are in a different category than new registered nurses.
- I feel that yearly is too often . There is never enough time in my 0.6 FTE to manage a caseload do professional development and try and find time to achieve goals which I have set , then a year is up and its time to do another set of goals . The PDRP process is very time consuming each year . So this year to achieve my goals I have had to do this in my own time , this is certainly not ideal .
- Time consuming
- I feel the process for senior nursing does not seem to be fully understood including the process of moderation
- PDRP PAPERWORK AND Competency performance of nurse in clinical areas has a big gap. I strongly agree that some are very good in papers but not in clinical areas. So the feedback from clinical areas should be collected by managers and assessed with PDRP.
- I think people interpret the evidence for PDRP very differently some people are very punitive and picky whereas others are more open to interpretation and discussion. Not having defined time is a challenge for us, with the current clinical workload, plus post
grad expectations we are taking more and more work home with us. We also have to do another portfolio to maintain our Diabetes Nurse Specialist status, this too is based on Nursing Council competencies and is marked. I remain unclear as why we cannot do 1 portfolio to cover both when they are both based on the same framework. It just seems more work for the sake of it, when then puts you off doing something well you tend to do what needs to be done so you can get through which is not the point at all!!

- I have to do a separate portfolio for national nurse specialist accreditation and prescribing. It would be good if the 3 could be combined as they are all based around nursing council competencies. One portfolio would then fulfil all requirements.
- my portfolio marker takes too long to return my portfolio to me - last year 9 months, this year so far 6 months
- Manager does not complete 3 yearly competencies hence my response
- Completing the nursing competencies is time consuming and repetitive, the same each year, and this process does not consistently reflect the overall responsibilities of my role or of my capabilities. My last competencies should have been completed by a nurse more senior than myself, but I was told to do it myself. The marking of the competencies takes too long for the amount of time taken to complete the process. I do not feel that the time and effort to complete the competencies is justified on an annual basis, and it has become too difficult to arrange PDRP release days in the current economic climate in which staffing is at a minimum. I question the value of the competencies for individual nurses, and also question the validity of the repetition of questioning. Additionally in my current role I have limited contact with nurses more senior to myself, and therefore feel that the process of competency/PDRP submission is very impersonal and cannot be fairly moderated. I do agree that nurses need to reflect on and be accountable for their roles and professional development but feel that the process needs to be more relevant and much less time consuming. Release time needs to be more readily available, but in reality, when in a senior position with a large patient population this is impractical and counterproductive to the clients we are caring for.
- Hideous process. In no way is it a reflection of my performance. The only feedback I welcome is my peers. Appraisal is rushed and not relevant. No real feedback on my performance. My Manager and I just go through the motions to get it done. Way too many competencies that repeat themselves tediously. Made up most of my examples of how I met the competencies. Get no time off to do the blasted thing and ends up taking hours of my off time which is extremely precious to me!!!!!!I know personally of nurses who have been driven to despair by the process. Who on earth keeps coming up with the requirements?.....
- Need to change to PDRP to once every 3 years - it is too repetitive and time consuming.
- Educational requirements are becoming increasingly difficult for nurses to obtain as tight rostering makes release time an issue. Processes appear to be done differently depending upon where you work in the organisation. Follow up on non concordance needs to be tightened
- portfolio submitted in July 2013 I have not received it back or had any feedback since submission i.e over 1 yr since submission
As an NP the process is completed and sent to Nursing Council who reply in a timely fashion

yearly PDRP requirements are excessive. The requirements for every senior nurse to write the 3 year PDRP of nurses and new grads is unrealistic. All nurses should write their own in collaboration with the senior nurse - this takes a huge amount of time to do 2-3 Hours per every 3rd year PDRP. 3 yearly PDRP would be sufficient with appropriate appraisals in between to ensure objectives and good standards are maintained

I don't think we should have to do this every year. Once every 3 years should be sufficient

Process inconsistently applied across organisation. Manager is non nurse who doesn't understand her role in PDRP. Zero recognition for specialty nurses working at expert level devalues them and their contribution to this organisation. Individuals not held account for lapse PDRP can be out of date for up to a year then competencies will be written for them by Nurse Educator. Support any review that has genuine input from clinical staff rather than those who moderate

Senior nurses have not got a "level". they are all assessed the same.

my marker of my portfolio takes too long as she has many to do, she keeps telling me that she will make my next portfolio due later but this does not fit with my professional development. Its hard to keep up to date with doing the portfolio on an annual basis

This PDRP does not reflect actual bedside practise. It is all about who can write well or not as to whether your competencies are seen as being fulfilled or not. Maybe clinical peer review would more accurately show nurses abilities and competencies

As full time mother I find hard to complete PDRP; it's too much writing and time consuming. I agree with PDRP, but there should be less writing, 1 goal for year would be sufficient. Sometimes I feel nurses who are good writers seems on paper fantastic but in reality it's not true. I know I'm very hardworking, doing great job, but I'm not good to write this done.

totally agree with proving accountability but the current system is dreadful

Completing the PDRP is more of a chore than a joy. Aside from completing requirements it is not really relevant to my day to day work.

I do not feel that the PDRP process shows clinical competency I have had RN's write wonderful competencies but clinically are not competent on the floor. I have an RN who has received her masters but practises on the floor clinically as competent not sure that the PDRP process is a level playing field.

I understand the necessity for the demonstration of competency requirements within the PDRP BUT I think the current process is labour intensive, tedious and does not accurately reflect competency. The 360 degree feedback process is negative, invasive and destructive. It does not invite constructive criticism nor is it a true representation or reflection of practice.

Do not feel that a PDRP in any way reflects whether a nurse is achieving. It is a paperwork exercise. Sorry but it is a waste of time

PDRP It is not something I enjoy doing, it feels like another 'tick the box' task than a genuine reflection of your past working year. I do value my annual performance
development review with my team leader and enjoy the verbal discussions/feedback this generates. I loathe the strong focus on academia and using the right words/phrases when documenting in PDRP especially when filling in the nursing competencies. Just because a nurse is able to 'play the game' and do this well does not automatically mean they are an awesome nurse; similarly a nurse who is more challenged with writing as reflected in a PDRP doesn't automatically mean they are a crap nurse. I can talk about these competencies but struggle to accurately articulate my daily practice when writing.

- Strongly believe the process is inconsistent throughout the organisation
- Despite PDRPs being within the CMDHB organisation for > 15 years in it's various forms many nurses do not appear to understand the importance of self responsibility and professionalism when it comes to these documents.
- with the cutbacks in money my manager does not have time for this review of PDRP. I have successfully passed but am mystified how I got there. We are provided with any education sessions despite asking over several years for some
- The PDRP process needs to be consistent across all DHBs. I find that it is much more time consuming and demanding at CMH than at some other DHBs. If we are measuring competency, then it should be measured the same at all DHBs.
- the requirements are over and above the Council requirements to have senior nurses write other PDRP is not an acceptable use of time and should be a collaborative process with all RN's writing theirown - not being written by another RN. The same outcome can be achieved with collaborative approach the RN writing the PDRP & then being discussed and signed by the CNM/ACNM or CND. It is becoming a cumbersome time consuming exercise that does not reflect clinical practice
- PDRP's are not a reflection of one's practice, but rather a reflection of how well one can right to impress the person reading. The third year competencies are completed by people who have no idea of what I "actually" do while at work. They only know what I "should" be doing and can only make assumptions.
- Nurse are reliant on senior nurse comments and senior nurses are struggling to have free time to complete this aspect of the PDRP resulting in delayed completion.
- Submitting A full every 3 years and perhaps more of a goal setting and how you are doing with manager rather than repeating every year then I would be able to really talk about the last 3 years. i find this process repetitive and unsure if it is really required ie Auckland submits only every 3 years.
- The documents that are set out to submit our PDRP on do not seem to make sense and are still difficult to navigate unless the manager spells out exactly what documents she requires. I do not mind having to submit annual parts because it is building my PDRP for the full 3 year submission however the documents that we have to complete are not all user friendly. Electronic PDRP templates may be easier to complete and navigate.
- filling in a year 3 PDRP when changing a job is very confusing. I find the competencies repetitious
- PDRP is an extremely stressful & time consuming exercise Nursing council requirement is for 3yearly PDRP PLEASE can CMDHB have PDRP 3early for nurses who are compliant with this process Yearly PDRP is way too stressful - why are you stressing compliant nurses unnecessarily????
• Staff always appear to leave the completion of this for the last moment in spite of reminders. CNM need to drive this with upcoming performance review.

• I am regularly frustrated by the delay in receiving my completed documentation from my CNM in order to hand in my PDRP in a timely manner. I feel that this 'penalises' me in some way.

• This is difficult to do as own experience as a senior nurse differs from service I deliver to others

• I believe that as Nursing Council requirements are a three year competency review, that there should be no requirement to present a portfolio for year 1 & 2. If this is necessary then the volume of work required should be reduced.

• Nurses have a full year to complete their competencies. They do not require non-clinical time. The PDRP process is minimal compared to post grad papers. Nurses should all be encouraged to keep a reflective journal to make it easier. Ongoing education would occur with or without the PDRP process in our area.

• PDRP should only require 1 submission of senior nurse and self every 3 years. It is a lot of work otherwise and extremely repetitive. Some of the competencies are repetitive and it doesn’t need to be that long. Staff don’t always understand how to answer the competencies. Staff view this PDRP process as a chore and don’t see the value in it. Doing senior nurse feedback on 30 staff members is a mountain of work for a CNM. Can it not just be a peer review? With the appropriate education staff can learn how to appropriately peer review. This feedback would be far more valuable both for the reviewee and the reviewer.

• I THINK THE CURRENT pdrp PROCESS IS TO LONG AND NOT REFLECTING THE LEVELS THAT NURSES ARE PRACTICING AT - IT ALSO STOPS NURSES GAINING HIGHER EDUCATION AS MENTAL HEALTH NURSES REQUIRE PROFICIENCY TO ACCESS FUNDING

• The PDRP process at CMH is now a process that is fair for all nurses. It clearly demonstrates the nurse's progression over time. While there are areas that can be improved, I firmly believe that it is not onerous over all. What is onerous is many individual nurses do not take accountability of their own professional requirements.

• I think 1 self assessment and 1 peer review should be sufficient per 3 years

• Not sure why we have to do a PDRP each year. This is the only DHB that I have worked for that require this. A yearly appraisal and PDRP every 3 years is more manageable.

• Is it necessary to have a yearly PDRP when nursing council only require annual submission, and I believe Auckland only have annual submissions. This makes a lot of extra work and cost. When assessing PDRP I often notice that the examples given do not always truly reflect the nursing practice; some nurses can write excellent examples but their performance is not as good as this, and visa versa. We do not need to write examples in order for our managers to see our performance surely. However, I do think that there are times when it does enable us to pick up on problems. The way that the PDRP dates are recorded on One Staff are not very user friendly. It would be good to have a date for submission by the nurse, then submission to the educator and then the approval date for each year.

• some of the competencies are closely related and therefore seems like a repetition.
• A 3 yearly appraisal is required by the nursing council - why is it yearly at Counties? My manager should not be writing my 3 yearly competencies - this is way too time consuming. It is hard enough to make an endorsement for each competency. The nurse should write her 3 yearly competencies. There are way too many competencies on the senior pathway that are repetitive.
• Non compliance is high due to the annual requirements that don't match the NZNC requirements.
  Annual PDRPs should only be submitted/required if there are performance issues identified for the individual nurse.
• Highly recommend the year 1 and 2 submissions to be removed. Instead every 3 years a full submission should be made (as per NCNZ guidelines) with the years in between used for staff who required additional support i.e. support plans etc.
• PDRP helps to reflect on practice and improve/ undertake education to enhance practice.
• PDRP is time consuming and should be completed every 3 years
• Re number 7 not relevant as am self driven, not relevant RE no 12 and year 3, this is not applicable as it is done by someone else. Some of these questions are not relevant, do not have a senior Nurse to report to in this role
• I support a review - especially of the Charge Nurse role in managing nurses who are not compliant (particularly with their 3rd year full portfolio submission). As an assessor my biggest challenge is with the Senior Nurse assessment either not being done or being done poorly - particularly when the submitting nurse has put so much effort into their own work and submitted on time.
• We pat ourselves on the back for having an 80+% PDRP rate, but in my opinion this is not good enough - we should be at 100%. As a registered nurse if i have to maintain and prove competency in accordance to organisational as well as NCNZ requirements then as far as I’m concerned so should all my counterparts. If the process isn’t recognised as being sufficiently important from all levels then we should not be spending so much resource on achieving part of a goal. Whilst I accept complexities to the process, such barriers should be explored.
• I feel that annual self competencies are not useful, everyone should submit one self assessment competency. Follow up process is not done well by managers, usually left up to Nurse Educators to follow up and remind staff. Performance reviews are not done well by managers, 360 degree not useful at all, does not give a true reflection of my role. no acknowledgement given for Post graduate studies but we are clearly informed it is an expectation!! although this does not occur with all senior staff.
• PDRP portfolio should be completed once every 3 years not each year
• Last submission Y2 required 42 pages of work, time release is never given, no recognition for senior nurses working at expert yet other level receive additional remuneration devalues input of senior nurses. Manager in non nurse non health back ground unlikely to be valid person to assess my portfolio. Just another significant paper exercise that really does need to be done yearly. CMH seems to have grossly over applied process and demands more in portfolio than other organisations.
• Needs to be clearer guidance/ability to highlight behaviour that does not meet PDRP levels. Clinical skill alone is not enough
• Manager is a non health professional therefore don't feel that she is in position to assess portfolio. Requirements are inconsistently applied over organisation and there is no recognition of senior nurses working at expert level

EN Competent (10 responses)

• PDRP's should not be compulsory
• 20 hours of professional development per year is the only valued part of the PDRP process as new learning knowledge are developed when attending educational inservice relating to the particular department/area a nurse works in. Writing on nursing competencies does not help with any new learnings as one is writing down what they have been doing to maintain their nursing competencies, doing nursing competencies can be stressful and motivation levels low in completing PDRP. Writing on nursing competencies should be phased out and only 20 hours of professional development should be kept within the PDRP framework for better learning and educational knowledge in particular area/department of nursing.
• 20 hours of professional development a year is the most important aspect of improving our nursing skills.
• The PDRP process has been a burden to many nurses in my immediate association. The whole process takes up so much of our own personal time, therefore interrupting with our down time that we should be spending with family and friends and that the organisation strongly recommend we do. This process only reflects the capability of one to put down on paper words that appear and sound good opposed to some people who have a struggle with the command of english and how to put it on paper. I personally have not benefitted in any way from completing a PDRP each year and find it is just something else that we have to do in our already busy lives. I have witnessed nurses feeling threatened by completing a PDRP each year, and becoming extremely stressed by what is involved in the whole process and this is a disadvantage to nurses in more than one way including self doubt and loss of enthusiasm to follow in the vacation of our choice.
• I do not find it that easy to complete
• I have to answer the same questions every year which makes me feel like not wanting to do nursing.
• I feel very strongly that not giving any 'paid time' for "competent
• I feel that the PDRPS do not prove that you are good at your job they only prove you are proficient at descriptive writing!!! May be it's about time the nurse educators came to work alongside the nurse as after all this is a practical profession!!!!
• difficult when working part time to attend education sessions if you don't work on that day/
• I find that the PDRP process if quite time consuming and feel that you are just ticking boxes to get it done for council approval. Some nurses can write an amazing pdrp but are not actually working at this level. I also find that when you are practicing above your
level this is not recognised especially if you move from one area to another - you go from expert back down to competent - it makes it hard for to be motivated to continue on with this lack of recognition. Adding the cultural component to every competency feels like you proving a point and it is not easy to do well.

EN Proficient (3 responses)

- I think that this is a pointless activity... those that are good at writing can get this done without a problem and can achieve their levels even if their practice isn't great.
- PDRP does not reflect competent practice. Some nurses on the unit have handed in Competent portfolio's but practice consistently at a higher level. They do not hand in Proficient portfolio's because they are unable to articulate themselves well on paper and don’t want to undergo the stress of trying to complete a portfolio at a higher level. The reasons for this are multifactorial and therefore different for each individual. In contrast you have those that can articulate themselves well but do not practice clinically at the higher level that they have applied for. The competencies completed by the managers are at best subjective and don’t necessarily reflect the true clinical competence of the practicing nurse. I think that instead of the manager completing competencies there should be some sort of clinical assessment done particularly on the Proficient and Expert level nurses.
- Some time it is hard to find time with family commitment and heavy work lord.

EN Accomplished (5 responses)

- have not had any pdrp days allowed as per the meca for at least 3 years, still on the meca why are we not getting our entitlements
- takes alot more time than the previous pdrps did and staff are not getting the days to do it that they used to get as per the meca agreement
- I think the process is very clear I think it is good you must summit every year so nurses don't leave things till the last min every 3 years and it is a opportunity for CNM and CNE to address any issues on a yearly basis or gaps in education it is a positive way to do things for the nurse. I think it is always good to review processes but feel the way it is at present is very good
- The PDRP helps to keep as motivated to undertake more educational steps and keep me confident and refresh on my practice.
- Clause 27.7 of the MECA regarding leave to work on your PDRP needs to be recognised by Charge Nurses. Very frustrating having to use a different example for each competency when one may cover several