As part of the national changes to the PDRP requirements, postgraduate education has been set at Level 8 and must be relevant to the area of practice. Completion of the following meets this requirement:

* Postgraduate certificate
* Postgraduate diploma
* Masters degree

An applicant must be able to demonstrate how the knowledge gained through a postgraduate paper / qualification is being utilised in current practice. A copy of an academic transcript may be provided as secondary evidence.

Postgraduate education may be more than three years old BUT it is essential that the applicant clearly demonstrates relevancy of the education to current practice.

**What is Equivalency?**

As an option for nurses who **have not had access to** level 8 post graduate education, but have achieved the equivalent knowledge, skills and attributes through other pathways, the HBDHB PDRP has provided an application process for recognition of equivalency. This will reduce barriers for these nurses wishing to submit a portfolio at expert level on the PDRP.

Should you wish to apply for consideration of equivalency, you are required to demonstrate within your portfolio the integration of the advanced nursing knowledge at level 8 into your nursing practice. The education pathways you used to achieve this level of knowledge are to be presented to the moderation committee with your portfolio.

Evidence should include:

1. Post registration experience and education relevant to current area of practice which impacts and influences practice at expert level
2. Changes in attitudes and skills which have resulted in improved care delivery
3. Demonstration of expert practice, critical analysis and reflection consistently in nursing practice and evidenced throughout the portfolio

**How to Apply for Equivalency**

Please utilise the [equivalency](http://www.cdhb.govt.nz/pdrp/documents/Word/POSTGRADUATE-EQUIVALENCY-APPLICATION-FORM.doc) application form which follows. You will need to have your Clinical Nurse Manager / Nurse Leader in your area of practice who is familiar with your work/skills/knowledge completes the statement of support at the end the template.

Note: Please add in extra lines as required

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| **Name:** |  | | **Signature:** | |  | |
| **Date:** |  | | **Designation:** | |  | |
| **Department / Area of Practice:** | | |  | | | |
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| **Criterion 1**  Please identify the equivalent nursing knowledge you have gained and the education and professional development activities you have attended and how these activities are applicable to your current nursing practice. This criterion seeks to explore how specialist knowledge development has occurred rather than maintenance or broad application of professional development activities | | | | | | |
| **Comments** | | | | | | |
| **Professional Development Activity or Education** | | **Timeframes**  (hours) | | **Supporting Evidence**  (page numbers) | | **Outcomes**  Implementation of professional development into practice |
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| **Criterion 2**  Please describe your post-registration experience that is relevant to your current area of practice. This could include leadership, management or strategic planning skills that you developed over time as well as the clinical experiences.  Also please describe how this experience and education has impacted on practice at expert level. For instance the advanced clinical assessment and clinical decision-making knowledge development and the response to complex, unpredictable clinical scenarios. | | | |
| **Comments** | | | |
| **Example** | **Timeframes**  (hours) | **Supporting Evidence**  (page numbers) | **Outcomes**  Describe how you are influencing / impacting on practice |
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| **Criterion 3**  Please outline the changes in your attitudes and skills that have resulted in improved care delivery influencing patient and/or organisational outcomes. | | | | |
| **Comments** | | | | |
| **Criterion 4**  Provide an example of your expert practice including how you critically analyse and consistently reflect on your nursing practice. | | | | |
| **Comments** | | | | |
| **Clinical Nurse Manager / Clinical Leader Statement of Support** | | | | |
| **Comments** | | | | |
| **Name:** |  | | **Designation:** |  |
| **Date:** |  | |  |  |
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This template has been used and adapted with the permission of the Canterbury DHB.