

Nursing Professional Development and Recognition Programme

INFORMATION and GUIDELINES HANDBOOK

TABLE OF CONTENTS

SECTION 1 - INTRODUCTION	3
INTRODUCTION	3
WHAT IS PDRP?	3
GOALS OF PDRP PROGRAMMES	3
PROFESSIONAL DEVELOPMENT and RECOGNITION PROGRAMME PRINCIPLES	4
NURSES EXPECTATIONS and COMPETENCE BASED PRACTISING CERTIFICATES	4
NURSING COUNCIL RECERTIFICATION AUDIT or PDRP?	5
DO I HAVE TO BE ON PDRP?	6
SECTION 2 - PORTFOLIO EVIDENCE	7
QUALITY EVIDENCE	7
CONFIDENTIALITY	7
PORTFOLIO PRESENTATION	7
PORTFOLIO SUBMISSION DATES	8
TRANSFERRING BETWEEN NCNZ ACCREDITED PDRP PROGRAMMES	8
TRANSFER OF PRACTICE AREA/ROLE WITHIN TE WHATU ORA HAWKE'S BAY.....	8
PDRP ALLOWANCE	8
FAILURE TO RESUBMIT	9
SECTION 3 - ASSESSMENT and MODERATION	10
ASSESSMENT OF LEVELS OF PRACTICE AND COMPETENCIES	10
SELF ASSESSMENT	10
SENIOR NURSE ASSESSMENT	11
WRITTEN EVIDENCE OF COMPETENCIES.....	11
CULTURAL SAFETY, THE TREATY OF WAITANGI AND MAORI HEALTH.....	12
PORTFOLIO EVIDENTIAL REQUIREMENTS	13
SUBMISSION & ASSESSMENT PROCESS FLOWCHART	15
APPEAL PROCESS.....	17
APPEAL PROCESS FLOWCHART	18
SECTION 4 - PDRP COORDINATOR and ASSESSOR ROLES	19
NURSING PDRP COORDINATOR.....	19
PDRP ASSESSORS	19
SECTION 5 - PDRP GOVERNANCE / ADVISORY GROUP	21
PDRP GOVERNANCE	21
SECTION 6 - USEFUL INFORMATION	23
FREQUENTLY ASKED QUESTIONS.....	23
GLOSSARY	26
SECTION 7 - PDRP APPLICATION TEMPLATES	27
APPENDICES	28
APPENDIX 1 - NATIONAL FRAMEWORK RN LEVELS FOR PDRP.....	28
APPENDIX 2 - NATIONAL FRAMEWORK EN LEVELS FOR PDRP.....	28
REFERENCES	30

SECTION 1 - INTRODUCTION

INTRODUCTION

The Professional Development and Recognition Programme¹ (PDRP) is a contemporary professional development framework which assists nurses to further develop knowledge and skills to provide safe and effective care.

The Te Whatu Ora - Te Matau a Māui Hawke's Bay PDRP is accredited by the Nursing Council of New Zealand (NCNZ) to meet the competency assessment component of the Health Practitioners Competence Assurance (HPCA) Act 2003. The PDRP includes NCNZ requirements for annual practicing certificates (APC). If you are currently employed by Te Whatu Ora Hawke's Bay or another organisation that has a MOU with Te Whatu Ora Hawke's Bay **and** you have a currently assessed Te Whatu Ora Hawke's Bay PDRP portfolio, you will have demonstrated the NCNZ continuing competence requirements and will not be subject to the recertification audit process by NCNZ.

WHAT IS PDRP?

The Te Whatu Ora Hawke's Bay Professional Development and Recognition Programme (PDRP) for nurses is based on the Nursing Practice Structure established in the 1990s for nurses in Hawke's Bay. The initial programme was based on the work of Patricia Benner (1984) with the New Zealand context recognised and Te Tiriti o Waitangi is implemented throughout.

The Nursing PDRP has been developed in accordance with the National Framework for Nursing Professional Development and Recognition Programmes² This framework provides standards for PDRP programmes to enable national consistency between programmes. The National Framework for PDRP programmes identifies levels of practice for registered and enrolled nurses (refer Appendix 1 and 2):

- Competent Registered Nurse
- Proficient Registered Nurse
- Expert Registered Nurse
- Competent Enrolled Nurse
- Proficient Enrolled Nurse
- Accomplished Enrolled Nurse

GOALS OF PDRP PROGRAMMES

The PDRP aims to:

- Ensure that all nursing staff maintains a professional portfolio that contains evidence of competent (minimum) practice in compliance with NCNZ competencies and continuing competence requirements
- Maintenance of level of practice
- Validate level of practice
- Ensure nursing expertise is visible, valued and understood
- Encourage reflection on practice
- Encourage evidence based practice
- Maintenance of NCNZ PDRP accreditation status
- Maintains a fair and transparent process

¹ National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (2004).

² National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (2004)

PROFESSIONAL DEVELOPMENT and RECOGNITION PROGRAMME PRINCIPLES

The PDRP standards have been developed to provide a national guideline for consistency between programmes.

PDRP Principles

- Award, recognise and respect nursing practice
- Are open (all nurses able to participate)
- Are owned by the profession
- Are reviewed a minimum of 3 yearly
- Have consistent, fair and transparent processes
- Comply with relevant legislation
- Have Te Tiriti o Waitangi as a foundation
- Support innovations
- Support and facilitate nurses to provide education
- Support and facilitate nurses in their professional development
- Are competence based i.e. knowledge, skill and understanding acquisition
- Recognise professional development
- Have flexible assessment-based evidence
- Reflect contemporary practice
- Link to Nursing Council of New Zealand competencies

NURSES EXPECTATIONS and COMPETENCE BASED PRACTISING CERTIFICATES

The Health Practitioners Competence Assurance Act (HPCA Act) 2003 was developed to increase the accountability of health practitioners and protect the health and safety of the public. To help achieve this, the HPCA Act requires the Nursing Council of New Zealand (NCNZ) to ensure the ongoing competence of nurses. To monitor this, NCNZ has developed continuing competence requirements. Nurses applying for an Annual Practising Certificate (APC) are asked by NCNZ to declare that they have met these requirements and it is a professional responsibility for all nurses to do so. These include:

- 1. Evidence of ongoing professional practice**
 - a. A minimum of 60 days or 450 hours of nursing practice within the last three years. (Nursing practice in a capacity for which a nursing qualification is required in order to practise in direct relationship with clients³, or in nursing management and administration, nursing education, nursing research or nursing professional advice or policy development)
- 2. Evidence of ongoing professional development**
 - a. Ongoing education - completing 60 hours of professional development in the last three years, relevant to work environment and practice as a nurse (from the date of portfolio submission)
 - b. Reflection on at least three (3) professional development events, identifying the difference the professional development activity has had on your practice.
- 3. Evidence of meeting the Nursing Council's competencies for the registered or enrolled nurse scope of practice**
 - a. Two assessments against the NCNZ competencies for your scope of practice i.e. Registered Nurse or Enrolled Nurse, applied to the area or context in which you practise (this can be self and senior nurse / peer).

³ This term refers to patient, client, whanau, family, community, tangata whaiora.

NURSING COUNCIL RECERTIFICATION AUDIT or PDRP?

PDRPs are developed by employers and professional organisations to recognise and support individual nurses. Their assessment processes are based on the submission of a practice portfolio. PDRP requirements are usually different from the requirements of the recertification audit. This is because PDRP programmes usually look at more than simply competence to practice. The PDRP seek's to support individual nurses to develop their practice and also to recognise additional contributions made by nurses to the workplace. The assessment tools used are also different, as the nurse usually supplies more evidence in a portfolio than is required for audit.

The criteria for advancement through these programmes are determined by the organisation and not by the Nursing Council. Council approval means that the programme has met the Nursing Council standards for PDRPs and the Council is satisfied that nurses assessed by the programme meet the Council's continuing competence requirements (as well as other organisational requirements).

	Recertification Audit	Professional Development and Recognition Programmes (PDRP)
Purpose	To ensure nurses are meeting the continuing competence requirements	Designed to also develop and recognise the expertise of nurses in clinical practice
Legal basis	Set by the Nursing Council under section 41 of the Act and evidence must be completed before a practising certificate is issued	May be voluntary or compulsory depending on the organisation and employment agreement
Developed by	The Nursing Council following extensive consultation with nurses and the health sector	The organisation in consultation with employees/members
Evidence requirements	Evidence is limited to practice hours, professional development hours and two assessments of competence	Additional evidence may be required and this is determined by the organisation
Support	Nursing Council provides information and assessment tools only	Provide information and tools/workbooks. Education and support are provided by the Coordinator, educators/assessors and other senior nurses
Assessment	Completed by auditors and assessed as met/not met	Completed by assessors who give individual feedback on practice/evidence
Remuneration	There is no link to remuneration	Attainment of some level may be linked to remuneration
Recognition of skill level	Levels are not included in the Council's requirements	Levels for increasing expertise may be demonstrated and recognised
Timeframe for completion	Nurses selected for audit have six weeks to send their evidence to Council	Participants usually have several months or longer to complete a portfolio

DO I HAVE TO BE ON PDRP?

All Te Whatu Ora Hawke's Bay nursing staff are encouraged to participate in the PDRP process and to submit at least a Competent level portfolio. This should be discussed at your annual performance appraisal with your Clinical Nurse Manager (or equivalent).

For those in the wider HB health sector, employers may wish their staff to access the PDRP and this is achieved through a Memorandum of Understanding signed by the employer and Te Whatu Ora Hawke's Bay. For further information regarding the MOU please contact the PDRP Coordinator.

Movement to the Proficient and Expert / Accomplished are voluntary and there is additional financial remuneration for these levels as outlined in the DHB / NZNO Nurses & Midwives MECA (clause 28)⁴ or other relevant MECA which recognises PDRP levels / remuneration.

For non- Te Whatu Ora employees any remuneration should be discussed with your employer and in conjunction with any relevant employment agreement.

⁴ District Health Boards / NZNO Nursing and Midwifery Multi-Employer Collective Agreement (1 August 2020 - 31 October 2022)

SECTION 2 - PORTFOLIO EVIDENCE

QUALITY EVIDENCE

Evidence provided in your PDRP portfolio is renewed every three years, unless otherwise specified. This timeframe is determined by NCNZ, hence the three yearly cycle of portfolio resubmission.

The use of good quality portfolio evidence demonstrates your awareness and understanding of the required knowledge, skills and attitudes for the level at which you need to practice⁵. Evidence becomes quality evidence when it is the most accurate and tangible evidence from a range of primary and secondary sources.

Primary evidence refers to evidence which comes from direct practice outcomes e.g. client care activities, or other evidence developed directly by the practitioner. **Secondary evidence** refers to evidence from a secondary source, such as a manager or colleague.

CONFIDENTIALITY

Professional portfolios submitted for assessment remain **confidential** to the individual nurse, PDRP coordinator, assessors and the moderation panel. When not in the possession of one of the above mentioned, to retain confidentiality professional portfolios are retained in a locked office while on premises.

All evidence contained within your portfolio must be **anonymised of all** client details. **The use of clinical documentation within your portfolio IS NOT permitted.**

Minutes from meetings can be used and names of other attendees identified within these minutes may be utilised within a portfolio (as long as the minutes are in the public domain and not in a closed session). However, the nurse applicant must clearly identify and describe what their specific individual contribution was and the relevancy of the minutes.

PORTFOLIO PRESENTATION

Clear presentation of your portfolio will assist with the assessment process.

- Ensure your portfolio is presented in a suitable folder with pages clearly numbered
- Do reference other material e.g. policies etc.
- Acknowledge work of others (see note below)
- Write / reflect on everyday practice using the NCNZ competencies for specific scope
- DO NOT place original certificates or documents in your portfolio
- If using plastic sleeves, NO MORE than two pieces of paper back to back should be in a single sleeve
- Maintain CONFIDENTIALITY

A suggestion is to download the PDRP templates to a memory stick. This means you will be able to expand the allocated space as necessary, and to use the computer to fill in the evidence/example space. This makes your portfolio tidier, as well as smaller.

Acknowledging the Work of Others

You are required to submit your own original work and to provide references for any copied material of ideas (including material from the World Wide Web). Failure to acknowledge copied material or ideas will be investigated and depending on the extent and significance, may result in a request of resubmission of all or part of a portfolio.

In the event where unacceptable behaviour or falsification of documentation is potentially identified within a portfolio, an investigation process may be initiated through relevant Te Whatu Ora Hawke's Bay policies.

⁵ Andre, K. & Heartfield, M. (2011). Nursing and midwifery portfolios: Evidence of continuing competence.

PORTFOLIO SUBMISSION DATES

Portfolios are to be renewed every three (3) years (this is a NCNZ requirement). Te Whatu Ora Hawke's Bay has set PDRP submission dates and these are set annually (usually first Monday every second month) and will be advertised on the PDRP page on the Te Whatu Ora Hawke's Bay intranet i.e. Our Hub and the Te Whatu Ora Hawke's Bay website.

The portfolio submission date cannot be adjusted. The due date can only be changed in extenuating circumstances e.g. severe illness. This is negotiated directly with the PDRP Coordinator.

TRANSFERRING BETWEEN NCNZ ACCREDITED PDRP PROGRAMMES

A nurse who transfers between accredited programmes will have their level of practice recognised and will retain their due date as long as the following requirements are met:

- The nurse is transferring to a practice area where the role requirements are substantially similar
- The nurse is able to supply the original certification / assessment documentation from the previous employer to confirm their level of practice.

There is an application form available on the Te Whatu Ora Hawke's Bay intranet i.e. Our Hub and the Te Whatu Ora Hawke's Bay website for nurses to seek transfer of PDRP.

Please contact the PDRP Coordinator for any additional information regarding transfer onto the Te Whatu Ora Hawke's Bay PDRP.

TRANSFER OF PRACTICE AREA/ROLE WITHIN TE WHATU ORA HAWKE'S BAY

A nurse who transfers within the Te Whatu Ora Hawke's Bay to a new area or is appointed to a new role where the requirements are substantially different will be required to submit a portfolio within 12 months of commencement to demonstrate the level of practice currently working at.

This is in line with the National Framework and Evidential Requirements for the New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses, and also specified in the DHB/NZNO MECA.

It is a requirement to contact the PDRP Coordinator when you have changed your area of practice or been appointed to a new role. The PDRP Coordinator will provide additional information regarding this process.

PDRP ALLOWANCE

PDRP 'allowance' is paid to those nurses employed on the DHB/NZNO Nursing MECA (or other MECA which provides payment), who successfully achieve proficient or expert / accomplished PDRP (excluding those nurses on the Senior Nurses MECA). For specific detail about current allowances and study days please refer to the relevant current collective employment agreement.

For all other nurses please refer to your employment contract for potential remuneration or speak with your employing manager.

FAILURE TO RESUBMIT

A nurse who has failed to resubmit their portfolio when their due date has past will be considered as no longer current on PDRP.

The nurse will be notified in writing of this and:

- Have their name removed from the PDRP database
- PDRP payment ceased (payroll notified)
- NCNZ notified via the quarterly report requirements

The nurse's line manager will be informed of this outcome.

SECTION 3 - ASSESSMENT and MODERATION

ASSESSMENT OF LEVELS OF PRACTICE AND COMPETENCIES

It is intended that the assessment process will be a positive experience for all concerned, whereby a nurse's contribution to practice and personal and professional development can be recognised.

It is important that all nurses adequately prepare for the assessment process to avoid disappointment. When preparing a portfolio for assessment, you should read the programme handbook / resource manual and become thoroughly familiar with the requirements.

To remain in a NCNZ approved PDRP, nurses are required to submit a fresh portfolio of evidence every three years. This three yearly process reaffirms the nurse is consistently practicing at that level of practice. The only time a nurse submits a portfolio more frequently than three yearly is when the nurse is ready to progress to a higher level of practice⁶.

A portfolio is presented in two sections:

1. Standard portfolio evidence which applies to all applicants
2. Level of practice evidence which identifies specific requirements according to the level of application

Standard Portfolio Evidential Requirements (refer page 12)

The standard requirements apply to all nurses who prepare a portfolio for assessment through the Te Whatu Ora Hawke's Bay PDRP portfolio assessment processes.

Level of Practice Evidential Requirements (refer page 12)

The level of practice specific competencies requires the nurse to provide evidence of achieving these in their daily practice.

SELF ASSESSMENT

Domains of Practice and Competencies

There are four domains of practice for the Registered Nurse and Enrolled Nurse scope of practice. Evidence of safety to practise as a Registered / Enrolled nurse is demonstrated when the applicant meets the competencies within the domains.

The competencies in each domain have a number of key generic examples of competence performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence. The indicators are designed to assist both yourself and the assessor when using his/her professional judgement in assessing the attainment of the competencies. The indicators are found in the NCNZ Registered Nurse Competencies⁷ or Enrolled Nurse Competencies⁸ documents.

Note: Those Enrolled Nurses working within the Restricted Scope are excluded from assessment for the following competencies 2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3.

Preparation for Your Self-Assessment

Reflective practice is an essential element of your self-assessment. This may be defined as:

A way of learning that involves using personal experience as a basis from which to identify and understand the knowledge that is developed from and used in practice⁹

Nursing Council of New Zealand provides a guide to competence assessment, which includes a section on self-assessment¹⁰.

⁶ PDRP Evidential Requirements Working Party Report (2009)

⁷ Nursing Council of New Zealand. (2007). Competencies for registered nurses.

⁸ Nursing Council of New Zealand. (2010). Competencies for enrolled nurses.

⁹ Andre, K. & Heartfield, M. (2011). Nursing and midwifery portfolios: Evidence of continuing competence.

¹⁰ Nursing Council of New Zealand. (2011). Guidelines for competence assessment.

Recommendations for the Self-Assessment Process

1. A self-review takes time. You may wish to do this over a period of days or weeks.
2. Before commencing, read the NCNZ Competencies for RN / EN, and other documents as recommended in this handbook
3. Work through each competency, giving examples of 'how you met this' wherever applicable. Personalise it to your own nursing experience.
4. The PDRP template is designed to be flexible. Personalise it to your own practice experience. You may be able to identify more than one competency in each example.
5. Always remember that if you are recording details of your clinical practice, you must maintain patient and colleague confidentiality

SENIOR NURSE ASSESSMENT

A full competence assessment from a senior nurse is also required **every three years**. This assessment needs to provide specific examples of how you as the nurse meet the competencies, rather than the senior nurse merely verify the self-assessment that you have provided or paraphrasing the competency. Further information on assessment is available from the Nursing Council

WRITTEN EVIDENCE OF COMPETENCIES

There are four domains of practice for the Registered Nurse and Enrolled Nurse scope of practice. There are additional requirements for those applying to proficient and expert / accomplished, which reflect the change in expected skill acquisition for that level.

All applicants must provide written evidence for each criterion of meeting competencies associated with a particular level of practice. This evidence is a selection of current information and examples of your work, to demonstrate aspects of your practice and professional activities.

The written evidence represents you professionally, identifies your interests, and shows the way in which you write and reflect on your practice and illustrates your creativity, professionalism and future aspirations.

The resource manual (the second half of this handbook) identifies different examples of evidence which may be included in your portfolio e.g. case studies, quality initiatives, feedback forms and guidelines.

All applicants must sign and date their evidence to validate it and where possible this evidence should be validated by another Registered Nurse.

CULTURAL SAFETY, THE TREATY OF WAITANGI AND MAORI HEALTH

Cultural safety, the Treaty of Waitangi and Maori health are aspects of nursing practice that are reflected in the Council's standards and competencies¹¹. Nursing Council defines **cultural safety** as:

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

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

The principles of cultural safety are explained further in the NCNZ document on cultural safety, the Treaty of Waitangi and Maori health.

For further information go to: <http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>

Listed are a number of websites which may provide you with further information:

Maori health <http://www.maorihealth.govt.nz/>

Waitangi Tribunal <http://www.waitangi-tribunal.govt.nz/>

Treaty of Waitangi <http://www.waitangi-tribunal.govt.nz/treaty/>

English and Maori versions

<http://www.waitangi-tribunal.govt.nz/treaty/maori.asp>

<http://www.waitangi-tribunal.govt.nz/treaty/english.asp>

Independent Maori health websites

<http://www.maorihealth.govt.nz/moh.nsf/fa3e60120be90f70cc25719100711ad4/01621d4836ed64c5cc2571bd006827ad?OpenDocument>

¹¹ Nursing Council of New Zealand. (2011). Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice.

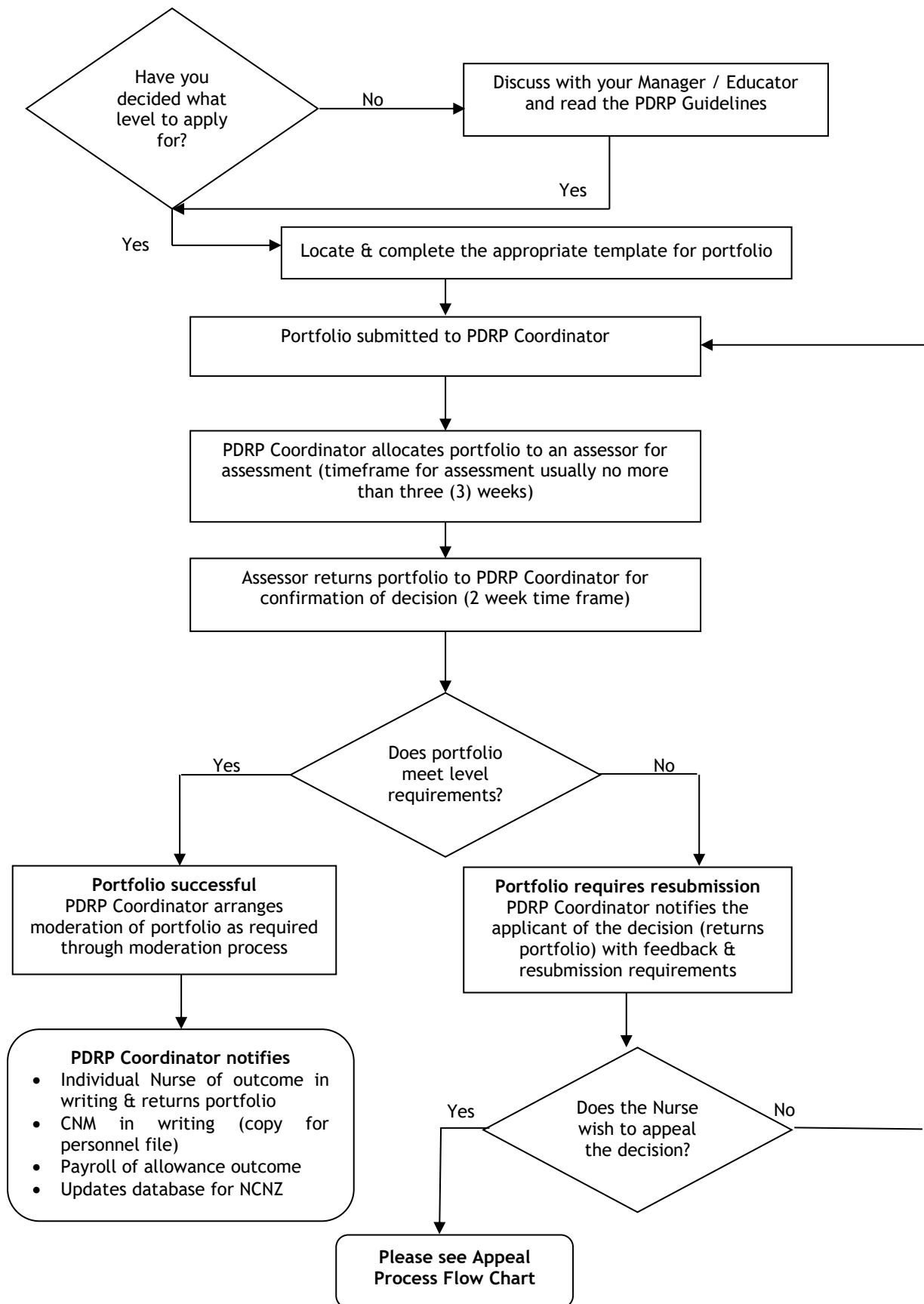
PORTFOLIO EVIDENTIAL REQUIREMENTS

REGISTERED NURSE PORTFOLIO REQUIREMENTS - for application to and maintenance of level		
Competent	Proficient	Expert
<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development (PD) - including reflection on PD • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC 	<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development - including reflection on PD • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC • Curriculum vitae • Validation that PDRP application discussed with CNM at this level of practice 	<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development - including reflection on PD • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC • Curriculum vitae • Validation that PDRP application discussed with CNM at this level of practice
	<p>Level of Practice Specific Requirements</p> <p>Provide one piece of evidence demonstrating the following:</p> <ul style="list-style-type: none"> • Involvement in practice change or quality initiative • Teaching / preceptoring / supporting skill development of colleagues • Ability to manage and coordinate care processes for patients with complex needs 	<p>Level of Practice Specific Requirements</p> <p>Provide one piece of evidence demonstrating the following:</p> <ul style="list-style-type: none"> • Contribution to speciality knowledge or innovation in the change process and in quality improvement activities • Describing and reflecting on responsibility for learning and / or development of colleagues • Engagement and influence in wider service, professional or organisational activities • Demonstrates expert knowledge and application of expert practice to care of the complex patient & clinical leadership in care coordination

ENROLLED NURSE (see note below) PORTFOLIO REQUIREMENTS - for application to and maintenance of level		
Competent	Proficient	Accomplished
<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development - including reflection on professional development • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC 	<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development - including reflection on professional development • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC • Curriculum vitae • Validation that PDRP application discussed with CNM at this level of practice 	<p>Standard Requirements</p> <ul style="list-style-type: none"> • Verification of 450 hours of practise • 60 hours of professional development - including reflection on professional development • Self-assessment against the NCNZ competencies • Senior nurse feedback against the NCNZ competencies (from current area of practice and within the previous 12 months) • Performance Appraisal or Nursing Development Plan within the last 12 months • Printout of current APC • Curriculum vitae • Validation that PDRP application discussed with CNM at this level of practice
	<p>Level of Practice Specific Requirements</p> <p>Provide one piece of evidence demonstrating the following:</p> <ul style="list-style-type: none"> • Involvement in practice change or quality initiative • In-depth understanding of patient care and coordination within scope of practice 	<p>Level of Practice Specific Requirements</p> <p>Provide one piece of evidence demonstrating the following:</p> <ul style="list-style-type: none"> • Participation in quality improvement and the change process • Engagement and influence in professional activities • In-depth understanding of patient care and coordination within scope of practice and the ability to identify changes in patient health status and action this appropriately

Note: Those Enrolled Nurses working within the Restricted Scope are excluded from assessment for the following competencies 2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3 at all PDRP levels

SUBMISSION & ASSESSMENT PROCESS FLOWCHART



Note: A portfolio will not be assessed by an assessor who works in the same area / department as the applicant

MODERATION PANEL AND TERMS OF REFERENCE

A monitoring process has been implemented to continually assess the consistency of assessments. Moderation of portfolios occurs to ensure consistency and fairness in PDRP assessment. The process of moderation is:

- Every 10th portfolio will be fully cross-assessed by another PDRP assessor
- New portfolio assessors will have at least their first five (5) portfolios initially cross-assessed to check their assessment skills
- External moderation of a section of portfolios annually by PDRP coordinators from other DHB's

A moderation panel has been developed to provide further support to the moderation process.

TERMS OF REFERENCE

Purpose:

- To provide a forum for the moderation in the Nursing Professional Development Recognition Programme (PDRP)

Key Tasks:

- To monitor validity, reliability, consistency, accuracy and fairness of the standard of assessment
- To consider the assessor recommendations from the portfolios assessed
- To address issues raised in assessor recommendations
- To make recommendations if level requirements are not met
- To consider recognition of prior learning (RPL) of external portfolios (if not from a NCNZ approved organisation)
- To accept the outcomes of any PDRP appeal's

Level of and Delegated Authority:

- The Moderation Panel reports through to the Chief Nursing Officer (CNO)
- The Committee members have delegated authority from the CNO

Membership

Chairperson - PDRP Coordinator

The following members will be appointed for one (1) year and must be a PDRP Assessor (with a currently assessed portfolio).

- Clinical Nurse Specialist (1)
- Nurse Educator (1)
- Direct Care Registered Nurse (1)
- Primary Health Care/Aged Care Representative (1)
- External panel member e.g. EIT Nursing Lecturer

Operational Matters:

- Bi-monthly meeting (following submission dates)
- The quorum must be no less than three (3) people including the Chairperson, for a decision to be confirmed
- The panel meets as required to resolve urgent issues
- Agenda items will be sought two (2) weeks before the scheduled meeting from the Nurse Educator PDRP and agenda circulated one week prior to the scheduled meeting
- Members should, if unable to attend the meeting, notify the Nurse Educator PDRP in advance with apologies

Minutes:

- Minutes of each meeting shall be recorded and distributed promptly to each member of the Team within two (2) weeks of the meeting
- The Minutes are permanently retained on file in a secure location

Review Period:

- The Terms of Reference will be reviewed annually

Reporting and Communication:

- Findings and decisions will be reported to the Nursing PDRP Advisory Group quarterly by way of summary report

APPEAL PROCESS

Reasons for Appealing PDRP Decision

There may be an occasion when a nurse believes the outcome of their PDRP application for a specific level is inaccurate.

Application for Appeal

A nurse must make a formal request in writing to the Te Whatu Ora Hawke's Bay Chief Nursing Officer setting out in detail the basis for the appeal.

The right to pursue an appeals review expires **TEN WORKING DAYS** after notification of unsuccessful application.¹²

Appeal Method

On receipt of the application, the Chief Nursing Officer will make arrangements for a review of the process to be undertaken. The review would generally be completed no later than fifteen working days after expiration of the period for lodging complaints.

The Appeal Panel

The appeal panel will comprise of:

1. A nominated (by the Chief Nursing Officer) Designated Senior Nurse e.g. Nurse Director and
2. Two people selected from the PDRP assessor pool.
3. The Chief Nursing Officer will appoint one member of the appeal panel as Chairperson.

Staff involved in the original assessment will be ineligible for membership of the appeal panel.

Appeal Committee Procedures

The review can be conducted on the basis of written material supplied by the applicant and participants responsible for making the assessment decision.

The appeal panel arranges to interview the complainant, original assessors and anyone else they feel is relevant. An employee may choose to be accompanied by an advocate e.g. union delegate and /or support person e.g. friend, staff member.

When an appeal panel decides to conduct interviews, it is up to this panel to set the procedures to be followed.

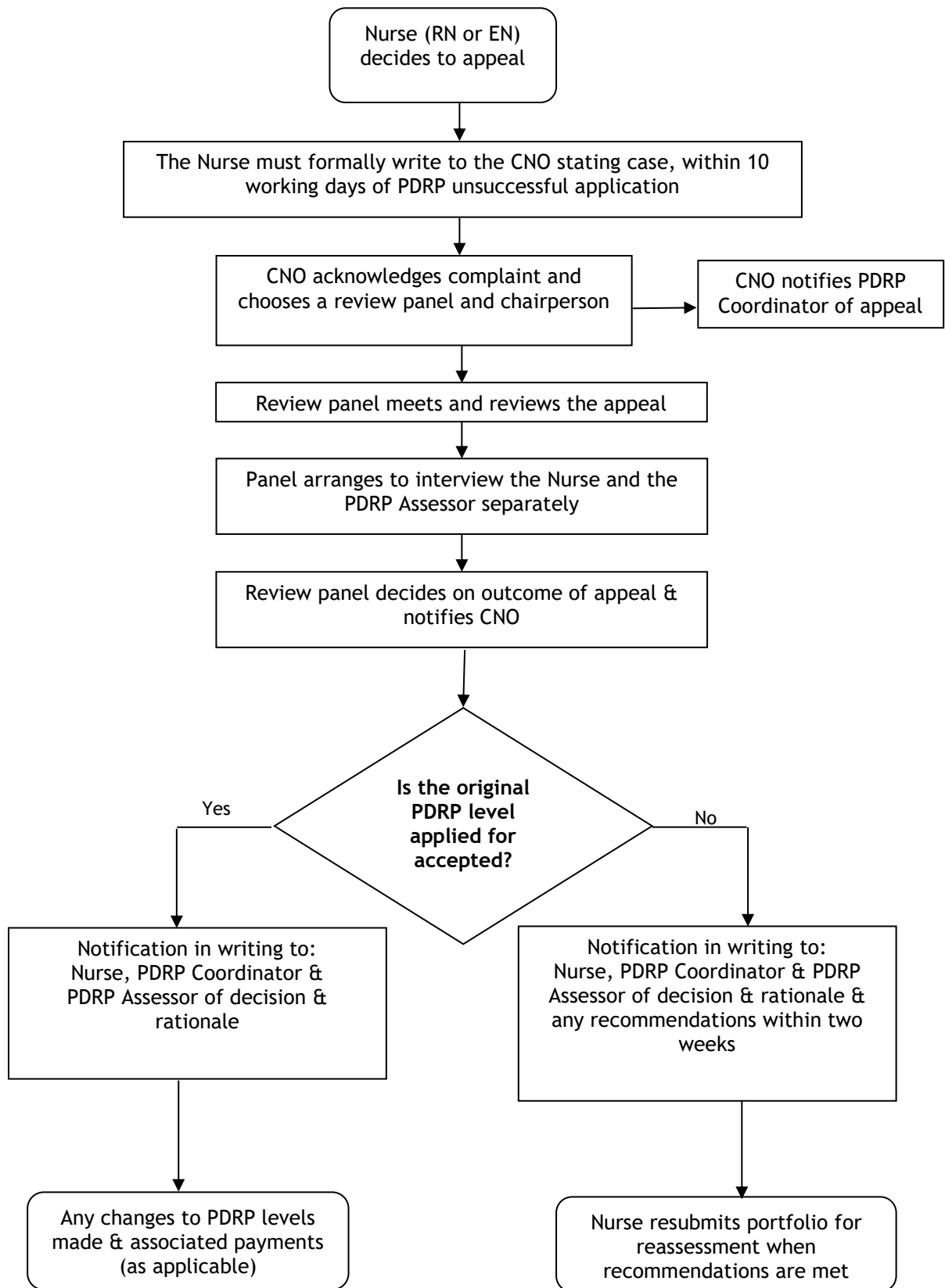
The appeal panel's responsibility is to deal fairly with an individual's complaint and to test whether or not the requirements to appoint the person to the level have been met.

On completion of the appeal, the Chairperson will provide a written report outlining the panel's recommendations to the applicant, with copies to the PDRP Moderation Committee, PDRP Nurse Educator and original assessors.

The decision of the appeal panel will be final.

¹² This may be extended if there are extenuating circumstances, after consideration by the Chief Nursing Officer.

APPEAL PROCESS FLOWCHART



SECTION 4 - PDRP COORDINATOR and ASSESSOR ROLES

NURSING PDRP COORDINATOR

The role of the Nursing PDRP Coordinator is to:

- Provide education to nursing staff on portfolio development and process
- Allocate individual portfolios for assessment
- Facilitate the assessment process
- Develop and maintain PDRP registers and records
- Provide feedback for assessors

Expectations:

- Commitment to the Nursing Professional Development and Recognition Programme
- Professional credibility
- Ability to maintain objectivity and respect confidentiality
- Participation in quality improvement to ensure continual improvement to the Professional Development and Recognition Programme
- Advice and support to colleagues will be constructive
- Allocation to assessors will allow for a minimum of ten portfolio assessments per annum
- Participate in monitoring through the moderation process
- Provide information and data related to nursing PDRP and portfolio programmes
- Assessments will be fair, objective and consistent
- Feedback and recommendations to applicants will be professional and constructive and within the specified timeframe
- Participate in panel assessments as required
- Participate in ongoing training as required
- A good understanding of the appeal process
- Appeal process participation as required
- Providing annual evaluation and feedback regarding assessor performance
- Experience of utilising the Te Whatu Ora Hawke's Bay nursing professional development & recognition programme
- Excellent report writing skills
- Proven experience in implementing quality systems and audit processes

PDRP ASSESSORS

An expression of interest is circulated among the Te Whatu Ora Hawke's Bay nursing staff and primary health care PDRP partners when further assessors are required to support the programme. The pool of assessors consists of the Nursing PDRP Coordinator and registered nurses. Each assessor has:

- Commitment to the Professional Development and Recognition Programme
- Ability to maintain objectivity and respect confidentiality
- Respect and credibility from colleagues
- Completed an assessment training course

Essential Criteria

- Nurses currently involved in clinical practice
- Nurses with a currently assigned PDRP assessment

Each assessor's performance is evaluated annually and a monitoring process is in place to continually assess the consistency of assessments.

The Role of the Assessor is:

- To assess portfolios according to the criteria defined in each of the levels of practice, and the Nursing Council of New Zealand Competencies for Registered Nurse or Enrolled Nurse scope of practice
- To facilitate the assessment process of the Professional Development and Recognition Programme

Expectations of an Assessor:

- Commitment to the Nursing Professional Development and Recognition Programme
- Professional credibility
- Ability to maintain objectivity and respect confidentiality
- Participation in quality improvement to ensure continual improvement to the Professional Development and Recognition Programme.
- Advice and support to colleagues will be constructive
- Assessors will be responsible for a minimum of ten portfolio assessments per annum.
- Assessments will be fair, objective, unbiased and consistent. This includes declaring any conflict of interest e.g. works in the same ward / department as applicant
- Feedback and recommendations to applicants will be professional and constructive and within the specified timeframe
- Participate in panel assessments as required
- Participate in ongoing training as required
- A good understanding of the appeal process
- Participate in appeal process as required
- Excellent report writing skills

Hours

It is predicted that it will take two (2) hours to assess a portfolio. An agreement has been negotiated with the Chief Nursing Officer to provide paid clinical release time for Te Whatu Ora Hawke's Bay employed assessors to undertake portfolio assessments. Nurses who become assessors from MOU partner organisations will be supported by their individual employer to facilitate the completion of assessments.

Training

An assessors training course will be available to all potential assessors who have not completed one, and for those who wish to up-skill.

SECTION 5 - PDRP GOVERNANCE / ADVISORY GROUP

PDRP GOVERNANCE

Governance is provided to the programme by Te Whatu Ora Hawke's Bay Advisory Group. The aim of the Advisory Group is to provide a round-table where users of the programme can participate in the process of review and development of the pathways and associated operational components.

TERMS OF REFERENCE

Purpose

To monitor the principles surrounding and ensure a participative process and resources is in place for developing the workforce structure and uptake of PDRP in accordance with the DHB/NZNO Nursing & Midwifery MECA clause 28.

Key Tasks

To make recommendations to the Chief Nursing Officer. These will include (but not limited to):

- Identifying any changes or processes necessary to further the PDRP including education
- Ensure that the programme is managed consistently
- Assisting in the development and monitoring of the review process and/or implementation difficulties
- Ensuring appropriate training / information / support for all employees and managers involved in the PDRP

Level of and Delegated Authority

The Nursing PDRP Advisory Group reports through to the Chief Nursing Officer
The Committee members have delegated authority from the Chief Nursing Officer.

Membership

Sponsor - Chief Nursing Officer

As following positions will have standing membership of the committee

Co-Chairperson - Nurse Directors (2)
Nurse Educator Professional Development Recognition Programme

The following members will be appointed for two (2) years

- NZNO Representative
- Direct Care RN (2 in total) - (Hospital 1), Primary Care (1) on RN MECA) (2)
- Clinical Nurse Manager / Associate Clinical Nurse Manager (2)
- Nurse Educator (1)
- Clinical Nurse Specialist (1)
- Primary Care Representative (1)
- Aged Care Representative (1)
- Maori Health representative (1)

Operational Matters

- Quarterly meeting (with paid release time to attend the meetings)
- The quorum must be no less than four (4) people including the Chairperson, for a decision to be confirmed.
- The Team meets as required to resolve urgent issues.
- Agenda items will be sought two (2) weeks before the scheduled meeting from the PDRP Coordinator
- Agenda will be circulated one week prior to the scheduled meeting
- Members should, if unable to attend the meeting, notify the Chairperson in advance with apologies

Minutes

- Minutes of each meeting shall be recorded and distributed promptly to each member of the Team within two (2) weeks of the meeting.
- The Minutes are permanently retained on file in a secure location.

Review Period

The Terms of Reference will be reviewed annually.

Reporting and Communication

Findings and decisions will be reported to the Nursing and Allied Health Credentialing Advisory Group and the HS Managers six monthly, by way of summary report.

A copy will be forwarded to the Te Whatu Ora Hawke's Bay NZNO Delegates meeting.

SECTION 6 - USEFUL INFORMATION

FREQUENTLY ASKED QUESTIONS

What is the relationship between the PDRP and the annual practising certificates? Can I be audited by Nursing Council if I am on a PDRP?

A PDRP may be approved by Nursing Council as meeting the requirements for a practising certificate. The Te Whatu Ora Hawke's Bay PDRP was granted approval by Nursing Council of New Zealand in July 2007. Any nurse successful on this PDRP will not be audited by Council as s/he will already be deemed "competent" by Nursing Council.

The differences between PDRP and NCNZ audit are many. The PDRP exists to:

- Advance professional development in nursing
- Support nurses in demonstrating competency to the Nursing Council
- Fulfil obligations negotiated under the DHB / NZNO MECA

Nursing Council is the statutory authority that governs the practice of nurses. The HPCA Act (2003) requires the Council to ensure the continuing competence of practitioners to protect public safety. Therefore competence evaluation is carried out through 5% random audit of nurses per annum. Council is legally obliged under the Act to monitor and audit competence. If the nurse audited has not provided sufficient evidence, Council will request that further evidence is supplied within a few weeks.

On the other hand, PDRP is an organisational programme that recognises and rewards the valuable contributions of our nurses to patient care outcomes. It offers support for nurses to demonstrate their level of practice on Competent, Proficient, Expert or Accomplished levels, in addition to providing exemption from Council's audit processes. The competent level, therefore, is very closely aligned to Council's audit processes with only minimal differences.

In assessing competencies, feedback and encouragement is given to nurses submitting portfolios. If an applicant has not yet met the requirements of the level applied for, feedback is given on the specific requirements. The goal of PDRP is to have nurses achieve. The PDRP is an excellent tool to provide individualised direct feedback on their nursing practice.

How much evidence do I need to provide for each competency?

Nursing Council expects an example from practice for each of the competencies (relevant to your scope of practice). You should provide an example (not just a statement) which demonstrates how you evidence the competency in practice. The PDRP templates enable you to provide the example directly into the template.

Why do I need another RN to provide feedback on my competencies?

Nursing Council requires two forms of evidence for demonstrating competence - your self-assessment and then feedback from a senior nurse / peer. For the Te Whatu Ora Hawke's Bay PDRP it is expected the feedback will come from a designated senior nurse, and they too must provide an example of how they believe you demonstrate the competencies in practice.

Is there capping of numbers at applications to Proficient and Expert levels?

No, it is open to all who can demonstrate the criteria for each level have been met.

Do I have to do this? Is being on a PDRP compulsory?

No, but some nurses may have this as an expectation within their job description. However, proving competency to Nursing Council is and this is certainly a productive way to do so. You will also receive individual feedback.

Will the "Competent" level on the PDRP eventually be compulsory?

The competent level requires that you demonstrate the requirements for an annual practising certificate. There are two issues which need consideration in answering this question. The first is

related to the competence requirements of the Nursing Council for retention of a practising certificate and the requirements of your organisation of you as an employee. The second is related to the PDRP.

Firstly, the requirements of the regulatory body, the Nursing Council of NZ, for a practising certificate and your obligations to your employer to fulfil your position description are compulsory. You cannot practice without a practising certificate and if you do not fulfil the requirements of your employment position then the employer will undertake a process to ensure that you meet them in the future. Both the Council's and the employer's requirements are said to be at competency to practice level.

Secondly, a PDRP establishes levels that differentiate beginning practice through to expert practice. The Te Whatu Ora Hawke's Bay PDRP complies with the national framework which identifies the number of levels for RN and for EN. The first level of a PDRP is specified as beginning practice, a transitional and familiarisation level, with level 2 being named competent practice. The upper two levels for RN (proficient and expert) and the upper two levels for EN (proficient and accomplished level) which attract an additional payment in recognition of that extra endeavour within the MECA.

The RN Proficient/Expert and EN Proficient/Accomplished levels of the PDRP are voluntary (unless specified in your position profile / job description). Nursing Council is notified of those successfully participating at competent level and they are exempt from audit.

How are the assessors selected and trained?

Assessors are nurses who have expressed an interest in this role and endorsed by their line manager. The assessors training is delivered in conjunction with academic staff from the Eastern Institute of Technology (or other academic institution) who are familiar with assessment and moderation. There is a moderation process to ensure consistency of assessor decisions.

How difficult is it to attain the "Expert" level of recognition and payment?

This level is sufficiently difficult in order to indicate that the expert level is a level which shows skill and expertise and as such is to be valued. The criteria set is consistent with national standards in other Te Whatu Ora Health New Zealand programmes and complies with the national framework for PDRPs as per the MECA settlement. Criteria at the expert level is challenging and has been selected to differentiate expertise.

How long does the process take?

The process for initial assessment should take no longer than five weeks from the date of submission, however, there are occasions where it may take longer, in which case you are notified that this is the case.

What if I'm not a member of NZNO?

This does not stop you from joining the PDRP.

How will I know which level of the PDRP I should submit under?

Read the criteria for the levels and decide which level your practice sits at. If you are not sure, you can discuss this with your CNM or a trusted colleague.

Enter the PDRP at whatever level you feel you meet, remembering that you must show evidence required to meet that level.

Will an assessor be available from my area of practice?

The criteria are generic rather than specialty specific. Therefore evidence should be able to be verified by a trained Assessor. It is not necessary for the Assessor to have detailed specialty-specific knowledge.

Can extensions be given at expiry for resubmissions of PDRP portfolios?

Unfortunately it is not possible for the PDRP to grant extensions to expiry dates as Nursing Council requirements state assessment against the competencies must take place every three years for nurses. If you resubmit your portfolio prior to or on your expiration date, there should be no interruption in your level of practice payment. Only if the expiration date comes and goes without

resubmission will the PDRP payment be removed. If the nurse submits their portfolio before or on their three year anniversary date, there will be no interruption to any financial remuneration that may be associated with their PDRP level.

Is there study leave associated with submitting a portfolio?

Staff working on preparing their portfolio or maintaining their skill levels associated with PDRP may require additional time to undertake research or study associated with the PDRP depending on your Employee Agreement. This may be negotiated with your CNM. For Te Whatu Ora Hawke's Bay staff please refer to the DHB/NZNO MECA (or other agreement) which outlines additional leave requirements or discuss with your CNM.

How much reflection am I expected to do on my professional development?

Nursing Council of New Zealand has specific requirements regarding reflection on professional development activities.

Evidence of professional development hours (a minimum of 60 hours in the last three years) must be verified by your employer (CNM or other designated senior nurse). This person is to include his or her name, designation, address and phone number.

Council expects you to provide an overall statement of your learning, which includes three key activities you attended within the last three years. Of these three key activities, you must explain what you did, what you learned and how each activity affirmed or influenced your practice. This information must be included within your PDRP portfolio.

Where can I get help and support?

- PDRP Nurse Coordinator
- Nursing page on Te Whatu Ora Hawke's Bay website
- Attending a portfolio clinic
- Nurse Educators
- NCNZ website www.nursingcouncil.org.nz

GLOSSARY

Abstract	A brief, comprehensive summary of a study
Accountability	Accepting our rights & responsibilities of conduct & behaviour to our clients, peers, self, profession & organisation
Appropriate	Matching circumstances to a situation
Assessment	A systematic process by which a decision is made by an assessor about the competence of an individual
Assessment Process	The measurement of evidence against particular criteria
Authentic	Honest reflection and attributable to the individual
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse ¹³ and is demonstrated by meeting the NCNZ competencies / standards for nurses
Competencies	Sets of attributes with pre-set standards, required to execute nursing practice
Complex	A client with a complex condition - involved, complicated, co-morbidities
Compliance	The assessment and reporting process, which provides the Te Whatu Ora Hawke's Bay with assurances of legislative requirements being met
Consistency	Uniform & reliable practice and / or assessment
Ethical Practice	Professional practice based on moral values, conduct and principles
Evidence Based Practice	Evaluation of evidence and application of knowledge for practice improvement
Level	A step within the Professional Development and Recognition Programme with pre-set criteria
Moderation	A process reviewing consistency, relevance and fairness of assessments
Performance Criteria	Statements describing a pre-set level of performance
Personal Professional Profile (Portfolio)	An individual's assembly of evidence, which demonstrates and supports knowledge, skills, experience and achievement
Preceptor	A nurse who has undertaken a formal preceptor training programme, who assists a beginning practitioner or a nurse changing areas to achieve a level of practice
Professional Development	An individual's informal and formal education, which contributes to knowledge, skills, experience and achievement
Role Model	A nurse who exemplifies an aspect of professional practice that is emulated by less experienced colleagues
Scope of Practice	Defines the boundaries of clinical practice with which the Registered & Enrolled Nurse may provide care. Registration may also include specific restrictions on the individual's scope of practice, and may also define the range of tasks or procedures covered while undertaking coverage of duties
Validity	The extent that a measurement tool measures that which it purports to measure - that is actually happened or is practised as stated

¹³ Nursing Council of New Zealand. (2007). Competencies for registered nurses.

SECTION 7 - PDRP APPLICATION TEMPLATES

All nurses (registered or enrolled) are to select the appropriate level of practice template for the desired level.

The level of practice submission templates are available electronically on the following sites:

- Te Whatu Ora Hawke's Bay website (Nursing & Midwifery page located under the health professionals tab on home page)

These can be downloaded to print copy or can be emailed to you via any valid email address.

These templates and resources will be made available electronically to any organisations who are covered by a PDRP Memorandum of Understanding.

For all applications you must complete and provide the following:

- PDRP Declaration
- Demonstration of Continuing Competence Requirements against scope of practice
- Proficient or Expert / Accomplished evidence for those applying against these levels

Additional resources and templates can also be found on these pages for the following:

- Professional Development Hours
- Reflection on Professional Development
- Quality Improvement Activity
- Teaching Session & Evaluation
- Peer Case Review

APPENDICES

APPENDIX 1 - NATIONAL FRAMEWORK RN LEVELS FOR PDRP¹⁴

The Competent Registered Nurse

- Effectively applies knowledge and skills to practice
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Has consolidated nursing knowledge in their practice setting
- Has developed an holistic overview of the client
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload
- Demonstrates increasing efficiency and effectiveness in practice
- Is able to anticipate a likely outcome for the client with predictable health needs.
- Is able to identify unpredictable situations, act appropriately and make appropriate referrals

The Proficient Registered Nurse

- Acts as a role model and a resource person for other nurses and health practitioners
- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety
- Has an holistic overview of the client and the practice context
- Demonstrates autonomous and collaborative evidence based practice
- Actively contributes to clinical learning for colleagues
- Supports and guides the health care team in day to day health care delivery
- Participates in quality improvements and changes in the practice setting
- Demonstrates in-depth understanding of the complex factors that contribute to client health outcomes

The Expert Registered Nurse

- Is recognised as an expert and role model in her/his area of practice
- Guides others to apply the principles of Te Tiriti o Waitangi and to provide culturally safe care to clients
- Engages in clinical learning for self and provides clinical learning opportunities for colleagues
- Contributes to specialty knowledge and demonstrates innovative practice
- Initiates and guides quality improvement activities and changes in the practice setting
- Delivers quality client care in unpredictable challenging and/ or complex situations
- Demonstrates successful leadership within a nursing team unit/facility
- Advocates for the promotion and integrity of nursing within the health care team
- Is involved in resource decision making/strategic planning
- Influences at a service, professional or organisational level
- Is involved in resource decision making/strategic planning
- Acts as leader for nursing work unit/facility

APPENDIX 2 - NATIONAL FRAMEWORK EN LEVELS FOR PDRP¹⁵

The Competent Enrolled Nurse

- Under the direction of the RN, contributes to assessment, planning, delivery and evaluation of nursing care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines as culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge and incorporates evidence-based nursing
- Is confident in familiar situations

¹⁴ National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (2005)

¹⁵ National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (2005)

- Is able to manage and priorities assigned client care/workload appropriately
- Demonstrates increasing efficiency and effectiveness in practice
- Responds appropriately in emergency situations

The Proficient Enrolled Nurse

- Utilises broad experiential and evidence-based knowledge to provide care
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Has an in-depth understanding of enrolled nurse practice
- Contributes to the education and/or preceptorship of enrolled nurse students, new graduate EN, care givers/healthcare assistants, accomplished and accomplished EN
- Acts as a role model to their peers
- Demonstrates increased knowledge and skills in a specific clinical area
- Is involved in service, professional or organisational activities
- Participates in change

The Accomplished Enrolled Nurse

- Demonstrates advancing knowledge and skills in a specific clinical area within the enrolled nurse scope
- Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe
- Contributes to the management of changing workloads
- Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution
- Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
- Actively promotes understanding of legal and ethical issues
- Contributes to quality improvements and change in practice initiatives
- Acts as a role model and contributes to leadership activities

REFERENCES

- Andre, K. & Heartfield, M. (2011). *Nursing and midwifery portfolios: Evidence of continuing competence*. New South Wales, Australia: Elsevier.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. California: Addison-Wesley Publishing Company.
- Gibbs G. (1988). *Learning by doing: A guide to teaching and learning methods*.
- Johns C. (2000). *Becoming a reflective practitioner: A reflective and holistic approach to clinical nursing, practice development and clinical supervision*. Wiley-Blackwell.
- National Professional Development & Recognition Programmes Working Party. (2004). *National framework for nursing professional development & recognition programmes & designated role titles (reviewed and updated December 2005)*. New Zealand: Author.
- Nursing Council of New Zealand. (2007). *Competencies for registered nurses*. Retrieved from <http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Registered-nurse>
- Nursing Council of New Zealand. (2010). *Competencies for enrolled nurses*. Retrieved from <http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Enrolled-nurse>
- Nursing Council of New Zealand. (2011). *Guidelines for competence assessment*. Retrieved from <http://www.nursingcouncil.org.nz/Nurses/Continuing-competence/Competence-assessment>
- Nursing Council of New Zealand. (2011). *Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice*. Retrieved from <http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>
- PDRP Evidential Requirements Working Party. (2009). *PDRP evidential requirements working party report final*. New Zealand: Author.
- Rolfe G, Freshwater D, Jasper M. (2001). *Critical reflection in nursing and the helping professions: A user's guide*. Basingstoke: Palgrave Macmillan.