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Updated September 2022

# Abbreviations

|  |  |
| --- | --- |
| APA | American Psychological Association |
| APC | Annual practicing certificate |
| FTE | Full time equivalent |
| NZCHWB (CHW) | New Zealand Certificate in Health and Wellbeing (Social and Community Services) Level 4 - Community Health Work (CHW) strand |
| NCNZ | Nursing Council New Zealand |
| NZNO | New Zealand Nurses Organisation |
| PD | Professional Development |
| PDRP | Professional Development and Recognition Programme |
| PDP | Professional Development Plan |
| RNZPT | Royal New Zealand Plunket Trust |
| WCTO | Well Child Tamariki Ora |

**T**he information in this handbook is for Whānau Āwhina Plunket Health Workers, Kaiāwhina and Community Karitane.

Collated by Jess Beauchamp, Safia Sabbir and Anne Hodren

Whānau Āwhina Plunket National Education Team 2022

**PDRP Coordinator and PDRP Advisory group:**

The Whānau Āwhina Plunket PDRP coordinator is a registered nurse with a current APC who is on PDRP and a PDRP assessor. The coordinator is responsible for ensuring all aspects of the PDRP system are running smoothly and that communication about PDRP is effective. The role has advisory, coordination, quality, and administrative functions. The coordinator maintains the PDRP database and provides information to the Nursing Council of New Zealand (NCNZ) as requested. The coordinator reports (PDRP related issues) directly to the Chief Nurse.

The PDRP Advisory Group provide leadership and governance to ensure PDRP meets NCNZ standards for professional development and recognition programmes.

See Appendix 1 [Appendix](#_Appendix) PDRP Coordinator and PDRP Advisory Group Key Tasks.

For further information about PDRP and for questions not answered in this handbook, please contact your Clinical Leader/ Clinical Nurse Consultant/ National Educator or the PDRP coordinator at: [PDRP@plunket.org.nz](mailto:PDRP@plunket.org.nz)

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# Introduction to PDRP

## What is a Professional Development Recognition Programme (PDRP)?

A PDRP is a clinically focused competency-based programme. PDRP evolved from clinical career pathways and has been adapted to the Aotearoa New Zealand context. District Health Boards and other health care providers including Whānau Āwhina Plunket have a PDRP for health workers and other clinical staff

PDRP for health workers has many benefits (RNZPT, 2015) including

* To ensure health worker practice is visible, valued and understood
* To show the different levels of health worker practice
* To value and reward health worker practice
* To encourage practice development
* To identify advanced practice
* To encourage reflection on practice
* To support the use of evidenced based practice
* To provide a structure for ongoing education and training

## Health Workers in Whānau Āwhina Plunket

Health workers are valued and integral members of Whānau Āwhina Plunket WCTO teams. They work alongside registered nurses who, following needs assessment and in partnership with whānau, delegate to a Health Worker, specific planned care, and service the whānau need to improve their health and wellbeing. Most Health Workers have completed specialist training like the New Zealand Certificate in Health and Wellbeing (Social and Community Services) Level 4 - Community Health Work (CHW) strand or an equivalent qualification (RNZPT, 2013).

Whānau Āwhina Plunket health worker practice is underpinned by te Tiriti o Waitangi including the three action principles of participation, protection, and partnership to support equity in health outcomes (NCNZ, 2011). This acknowledges the impact of social and economic determinants on whānau and child health. Care is strength based and planned in partnership with whānau to support their health goals. Health workers have special areas of expertise and cultural knowledge and contribute to area planning for health promotion strategies that aim to reduce health inequity.

Health workers are recognised by several role titles including Kaiāwhina and Community Karitane.

Kaiāwhina are qualified Māori community Health Workers who focus on engaging with and supporting Māori whānau to achieve their aspirations for improved health and wellbeing of the whānau. They have deep knowledge of their community, embody a Kaupapa Māori world view and work collaboratively with others to support whānau.

Community Karitane have extensive knowledge of issues relevant to child health, development, and parenting and of their community. They may have special areas of expertise and cultural knowledge.

## Whānau Āwhina Plunket Health Worker PDRP levels

Health workers in Whānau Āwhina Plunket are supported to gain the knowledge and skills required for their role. They are expected to maintain a portfolio of current evidence of practice that is reviewed as part of their annual appraisal.

A Health Worker can be assessed against two PDRP levels to show their advancing knowledge and skills. These are Proficient and Accomplished. (RNZPT, 2015). Health Worker PDRP evidence is assessed against the NCNZ four domains of practice. These are, professional responsibility, accountability for delegated care, interpersonal relationships and collaborative teamwork. The competencies for these domains of practice are described in detail in The *Health Workers* *Standards of Practice* (RNZPT, 2013).

|  |  |
| --- | --- |
| Proficient and Accomplished | |
| **Proficient Health Worker practice requires evidence demonstrating** | * being a role model in their team * showing leadership to develop their own and others practice |
| **Accomplished Health Worker practice requires evidence demonstrating** | * leadership and influence in the team through innovative practice * being a role model in their team * leadership and influence in the team through participation in quality activities |

## Are incentives or an allowance package linked to Whānau Āwhina Plunket PDRP?

All health workers under the Collective Agreement (RNZPT/NZNO, 2021) are entitled to four hours per year of study leave to support their PDRP portfolio development. This allocation is to be used in conjunction with an annual appraisal. As well, four hours are allocated every three years to support PDRP reapplication.

Proficient and Accomplished have a PDRP allowance as stipulated in the Collective Agreement. The allowance is paid pro rata for hours worked. For example, in the Collective Agreement Proficient is $3000 FTE per annum and Accomplished is $4500 FTE per annum (RNZPT/NZNO, 2021).

The Clinical Services Manager is responsible for approving the allowance and sending the form to payroll. This form needs to be completed when you are first on PDRP and subsequently (whether you have maintained the same level or progressed).

# Submitting for PDRP

## Whānau Āwhina Plunket PDRP

Submission for PDRP is encouraged for Health Workers in consultation with their Clinical Leader.

## What level of PDRP can I submit for?

You can submit for the level of PDRP that consistently describes your practice when you are assessed against the Health Worker Standards of Practice competencies (RNZPT, 2013). Your level of practice is not based on years in practice or experience alone. Rather it is the combination of your knowledge and skills and how you submit them in practice.

All competencies must be consistently met at the level of PDRP you submit for. For example, a Health Worker whose practice is Proficient may also be meeting some Accomplished indicators. But as all competencies must be consistently met at the PDRP level applied for, this Health Worker can submit for Proficient. To submit for Accomplished all competencies for both self and Senior nurse/Clinical Leader assessment must be described as Accomplished.

Health Worker practice then is on a continuum and application for either PDRP level is welcome providing all the competency indicators for that level are being consistently met.

## I want to submit for PDRP, what do I need to consider first?

First, you need to decide which level of PDRP to submit for. A discussion with your Clinical Leader or manager is needed to decide the level you will submit for as their support is a requirement for PDRP.

## Can I submit for PDRP at any time?

Proficient and Accomplished Health Workers have a yearly schedule of set submission dates (see below).

### Table 1. Proficient and Accomplished Portfolio Submission Dates

|  |  |  |
| --- | --- | --- |
| Portfolios due | Assessment completed during | Outcome advised and PDRP payments start/stop |
| 1 March | March | 31 March |
| 1 June | June | 30 June |
| 1 October | October | 30 October |

## What if my Clinical Leader/Manager does not support my submission for PDRP?

You will need to meet with them to explore your request for PDRP submission and the reason they did not support it. They will provide feedback to you, for example specifyingwhere your practice needs developing before you are ready to submit for PDRP at the level you have requested. The feedback may include;

* A professional development plan (PDP) with agreed objectives/goals
* An agreed schedule for feedback on progress

## Transferring to Whānau Āwhina Plunket PDRP from a previous job.

If you are already on a NCNZ approved PDRP as an enrolled nurse from a District Health Board or another WCTO service, your level can be transferred, but you are required to submit for PDRP within 12 months of starting work at Whānau Āwhina Plunket or at the previous portfolio expiry date (whichever comes first).

To transfer you don’t need to present your portfolio, but you must complete a PDRP transfer application form and evidence that shows you are currently on an approved PDRP programm**e** [**click here**](https://www.plunket.org.nz/plunket/careers/professional-development-and-recognition-programme/)

You then need to submit a portfolio within 12 months or the previous portfolio expiry date (whichever comes first).

## What if after transferring, I can’t meet my previous level of PDRP?

You will need to meet with your Clinical Leader / Manager to explore your current practice. They will provide feedback to you, for example identifying where your practice needs developing to meet your previous level of practice or identifying what level of PDRP they would support you to submit for.

## I work for Whānau Āwhina Plunket and someone else. Do I need two PDRPs?

If you work in more than one organisation and both organisation’s have PDRP, only one portfolio should be required. Ideally use your primary employers PDRP, but in all cases this should be discussed and agreed with both employers.

# Your Portfolio

## A professional portfolio

Aportfolio is a collection of specially selected evidence that shows how in day-to-day practice you consistently demonstrate Health Worker practice at a specified level.

Your portfolio is a tangible record of your practice, activities and achievements. Portfolio evidence demonstrates your Health Worker skills and knowledge and can help you to plan your professional development and career path.

Both Proficient and Accomplished PDRP portfolios require six pieces of evidence to show current and relevant practice. These evidence requirements are summarised below and set out in detail in the next section.

## What format must my portfolio be in?

A portfolio is a professional document presented in a professional way using an e-portfolio to collect and order your evidence according to the relevant portfolio check list.

All your evidence needs to be:

* Within the required timeframes i.e., 12 months
* Your own work
* Demonstrate practice at least at the PDRP level you are submitting for

Do not include personal reflections or feelings that you would not want critiqued by others. Personal pictures, cards or photos should not be included.

The privacy of all individuals must be protected in all evidence presented in your portfolio.

## How do I ensure that I don’t breach privacy in my portfolio?

Privacy extends to all individuals (not just clients) and all details that could identify people or a situation must be removed. This means you must also not reveal names or identifiers of clients, other health professionals or colleagues, ethnicity, place of residence, any disease or illness in your portfolio. Generic job titles can be used if required.

It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in people being identifiable. Ensure that any descriptions of practice do not contain any identifiable information.

Client notes must not be accessed for the purpose of your portfolio or any of the documentation included in it. As a Health Worker you must abide by the Privacy Act 2020 so that information collected for client care is used only for that purpose, and not for inclusion in a portfolio.

When including examples of practice in your self-assessment, ensure the focus of these is on your practice and the outcomes of your care, rather than on the client. Ensure you do not identify clients or access any clinical records.

## Does all my evidence need to be verified?

The Statement of Integrity that you sign says that all the evidence provided is your own work.

Two pieces of evidence also require explicit verification to support that they are a true record of your work. These are your professional development summary and your self-assessment.

Ensure all your evidence is dated to show it is valid for the requested time frame.

Any registered nurse who holds a current APC can verify your evidence. They need to sign, date, and record their APC number on the evidence they are verifying.

## What referencing style must I use in my portfolio?

If you talk about any research or literature in your evidence (e.g. in a self-assessment example or reflection) the reference format must be in the most current American Psychological Association (APA) format (<http://www.apastyle.org>).

## How do I submit my portfolio?

All e-portfolios are emailed to the PDRP coordinator at PDRP@plunket.org.nz

The PDRP Coordinator will acknowledge the receipt of your portfolio within five working days.

# Evidence requirements

There are seven standard evidence requirements for Proficient and Accomplished Health Worker portfolios

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### Table 2. Summary of evidence requirements for portfolios.

|  |  |  |
| --- | --- | --- |
|  | PROFICIENT | ACCOMPLISHED |
| **1** | Manager support letter | Manager support letter |
| **2** | Statement of Integrity | Statement of Integrity |
| **3** | At least 450 practice hours in the last 3 years | At least 450 practice hours in the last 3 years |
| **4** | At least 20 hours of professional development hours in the last year | At least 20 hours of professional development hours in the last year |
| **5** | Self-assessment showing Proficient practice against the health worker competencies in the last 12 months | Self-assessment showing Accomplished practice against the health worker competencies in the last 12 months |
| **6** | Clinical Leader/Senior Nurse evidence showing Proficient practice against Health Worker competencies in the last 12 months | Clinical Leader/Senior Nurse evidence showing Accomplished practice against Health Worker competencies in the last 12 months |
| **7** | Performance appraisal Undertaken in the last 12 months.  Note in most cases this is the same as number 6 above unless a senior nurse completed 6 then a performance appraisal including a practice development plan | Performance appraisal Undertaken in the last 12 months.  Note in most cases this is the same as number 6 above unless a senior nurse completed 6 then a performance appraisal including a practice development plan |

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# The seven standard evidence requirements

All portfolios require the following seven standard pieces of evidence

## 1. Manager Support Letter

This letter says that your Clinical Leader or manager supports your submission for PDRP at a specified level and is signed by them.

NOTE: Your Clinical Leader or manager must be a registered nurse and have a current APC.

If your manager is not a registered nurse with an APC, then you need to identify a Senior Nurse with whom you have a professional relationship who will support your application.

## 2. Statement of Integrity

The Statement of Integrity is your declaration about the contents and use of your portfolio and is signed and dated by you.

## 3. Evidence of at least 450 practice hours in the last three years

For this evidence you need to request an email or letter from payroll stating your role and clinical area and total number of practice hours you have worked over the last three years e.g. 940 hours. NOTE: request the total number of practice hours e.g. hours not FTE or % of days worked.

## 4. Verified evidence of at least 20 professional development hours in the last year

**Required:**

A summary record of your professional development over last year in your area of practice. A registered nurse with an APC must verify this summary.

**Optional:**

You may like to include a reflective statement for each PD activity that describes the difference the learning has made to your practice at the level applied for. This statement is usually 1-2 paragraphs long.

## 5. Verified self-assessment against the Health Worker Standards of Practice (2013), completed in the last 12 months

Your self-assessment provides the key evidence for PDRP and must provide **a** clear example of practice for each competency showing how you meet the competency for the level of PDRP you are submitting for in the previous year. You can use the same example for more than one competency, but it is expected to give a range of examples. The example must show current, sufficient, authentic and repeatable evidence in your current area of practice that;

* Includes a brief reflective statement showing you understand the competency
* Clearly describes a practice example showing how your day-to-day practice meets the competency indicator. This must be at the level of practice you have applied for
* Must provide an example for each competency from the last 12 months
* Demonstrates your ability to apply the principles of te Tiriti o Waitangi to WCTO practice in a culturally safe / Kawa whakaruruhau way

Examples are not limited to but could include:

**For Proficient examples of**

* precepting or mentoring others
* presentations to your team or in the community
* leading change in your own practice or the practice of others

You may like to provide a presentation summary including references to the evidence base you used, participant or team feedback etc. but this evidence is not necessary if you have discussed the outcomes sufficiently in your self-assessment

**For Accomplished examples of**

* Precepting or mentoring others, presentations to your team or in the community,
* leading change in your own practice or the practice of others
* Involvement in quality initiatives such as feedback to policy review, innovative projects in your area etc

You might like to use a reflective tool to guide writing your practice example.

This could be:

* **Rolfe et al (2001) reflective model** which includes describing What (the situation), So What (analysis), including an outcome at the level applied for
* or the **STAR template** as below:

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Your self-assessment must be verified, either by your Clinical Leader/ Senior Nurse who provides feedback (see below) or a registered nurse with a current APC.

## 6. Clinical Leader/Senior Nurse evidence against the Health Worker Standards of Practice (2013), completed in the last 12 months

The Clinical Leader/ Senior Nurse providing feedback must have a current APC.

Clinical Leader/ Senior Nurse evidence can be gained by direct observation of your practice but also an interview or discussion on practice, exemplars, examples of practice, evidence from other colleagues etc. This assessment will be signed by them (as above).

Their feedback describes how your day-to-day practice meets the competency at the level being applied for. They may comment on the same example used by you in your self-assessment, however, it should be a validationof the self-assessment, providing objective comments from a different viewpoint or focus.

NOTE**: As part of your annual performance appraisal** your Clinical Leader/Senior Nurse competency evidence may have been completed as the competencies are the foundation for the appraisal. If so and done within the last 12 months, it does not need to be repeated but the evidence for each competency must be at the level you have applied for.

## 7. Performance Appraisal completed in the last 12 months

See NOTE above. However, if, for example, a Senior Nurse did your assessment, and your Clinical Leader did your annual performance appraisal then include both of these as your evidence.

# Assessment moderation and audit

E-portfolios will be stored in the Whānau Āwhina Plunket password protected network. Only Whānau Āwhina people directly involved in the assessment process have access to your portfolio.

Assessors/ moderators will not discuss what a portfolio contains unless for the direct purpose of assessing the portfolio or if there are concerns regarding practice or breaches of privacy.

## PDRP assessment

A PDPR assessor is a nurse who is trained in assessment and has been designated a PDRP assessor. They must:

* Be a registered nurse with a current APC with no restrictions impacting on ability to practice
* Be on Whānau Āwhina Plunket PDRP
* Have completed assessor training e.g. NZQA 4098 Workplace Assessor Training or Whānau Āwhina / Whitireia Assessor Training programme
* Complete an annual assessment update
* Assess a minimum of 3 portfolios annually

PDRP assessors meet prior to scheduled assessments to review the requirements and to support the consistency and quality of their assessments.

The assessor looks to see that all evidence requested is presented and meets the standard required for the level of PDRP applied for. The assessor will complete the assessment template.

## The possible outcomes for PDRP assessment

There are three outcomes following assessment for PDRP

1. **Successful application**

* You will be advised either via phone or in writing by the assessor.
* Your assessment template will be emailed to you.
* You and your manager will receive a letter of success.
* Your successful completion will be recorded on the Whānau Āwhina PDRP register.
* Your Clinical Service Manager will approve your PDRP allowance and notify Payroll.

2. **Further evidence required**

In this case one or more pieces of evidence may be incomplete or not show practice at the level applied for. The assessor will provide constructive feedback when evidence is not enough and can be further strengthened for re assessment.

When further evidence is required, the PDRP assessor will advise you of this outcome via email and will offer you anopportunity to submit further evidence.

You will have **15 working days** from getting the email to submitting the requested further evidence. NOTE: Only the further evidence requested will be assessed and not the whole portfolio.

If the further evidence is accepted and the portfolio is successful, then you will be advised of this successful outcome in writing and the National PDRP register will be updated.

If the further evidence is insufficient, then the application outcome is unsuccessful. You and your Clinical Leader/ Manager will be notified regarding the insufficient evidence. You will be encouraged and supported to resubmit for PDRP at a future assessment date.

**3. Evidence of unsafe practice**

If a portfolio contains material that indicates unethical, illegal or unprofessional behaviour and unsafe practice (including unsafe cultural practice) as directed by NCNZ or Whānau Āwhina Plunket Code of Conduct, the assessor will discuss this with the PDRP Coordinator. The PDRP Coordinator will then liaise with the Chief Nurse and action will be taken in accordance with relevant policy.

## When would my portfolio be moderated?

Moderation is a quality process to support fairness and consistency in assessment. Portfolios are moderated when:

* The evidence they contain is assessed as unsuccessful in showing competence at the PDRP level applied for
* A minimum of 10% of all portfolios will be randomly moderated annually at each level
* An experienced assessor will moderate the first 5 portfolios reviewed by a new assessor
* External moderation of a selection of portfolios occurs at least once annually by PDRP Coordinators from other NCNZ approved PDRP Programmes

When you complete the PDRP application letter and Statement of Integrity, you agree to your portfolio being involved in moderation or audit.

## Moderation and auditing of PDRP

An evaluation and audit of the Whānau Āwhina Plunket PDRP Programme is undertaken every five years by NCNZ.

# Appealing an assessment decision

If you are not satisfied with your assessment, you can appeal the decision. The appeal process is as follows:

1. You write to the PDRP Coordinator **within 10 working days** of receiving the PDRP outcome letter, stating clearly the reasons for your appeal.
2. The PDRP Coordinator will acknowledge receipt of your letter **within 5 working days** requesting that you return your portfolio as originally submitted.
3. The PDRP Coordinator convenes an appeal review panel **within 5 working days** of the receipt of your portfolio being assessed for appeal. This will be different to the original assessment panel and will be made up of a minimum of two experienced assessors and the PDRP Coordinator. The appeal review panels’ job is to decide if the original assessment decision is to be upheld or not. The original assessors/ panel may also present their case directly to the appeal review panel.
4. The appeal review panel will consider your original portfolio with no alterations, the assessment tool from the original assessment and your statement regarding the appeal. You can request to attend to present the grounds of your appeal and this will be either by video conference or face to face.
5. The PDRP Coordinator will provide a written response with supporting evidence and return your portfolio within **10 working days** of the panel’s decision.
6. The PDRP Coordinator advises the Chief Nurse and Clinical Leader / Line Manager of the outcome and decision from the appeal review panel.
7. If you still disagree with the decision you can submit in writing to the Chief Nurse for review within **10 working days** from the receipt of the appeal review panels decision.
8. The decision of the Chief Nurse will be final.

**Note:** Your portfolio evidence must be as originally submitted and must not have been altered in any way after the original submission to be eligible for assessment by the appeal review panel.

# PDRP Summary Flow Chart

**ACCOMPLISHED**

**PROFICENT**

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Complete Accomplished portfolio and submit by specified date to PDRP coordinator.

Complete Proficient portfolio and submit by specified date to PDRP coordinator.

PDRP coordinator arranges for portfolio to be assessed by trained assessor

**Evidence Insufficient -   
Requires further evidence**

When the portfolio contains insufficient evidence, the portfolio will be moderated. The applicant will be notified with an email stating the further evidence required.

From receipt of email the applicant has 15 working days to provide the evidence required and re submit the portfolio to the PDRP coordinator for further assessment.

**Submission Successful  
Evidence Sufficient**

Entered onto the Whanau Awhina PDRP Register.

Portfolio valid for three years from date of successful submission.

Submission Unsuccessful  
Evidence Insufficient

Applicant can appeal the process.

Applicant can resubmit for PDRP at a later date.

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**Submission Unsuccessful  
Evidence of Unsafe Practice**

The Coordinator will liaise with the Chief Nurse and action decided in discussion with the health worker.

# Maintaining PDRP

PDRP does not end after completion of a portfolio. Rather, it is an ongoing process requiring maintenance of the portfolio competencies and annual performance appraisal to show continued competence.

All health workers need to maintain a portfolio of examples that demonstrate competent practice at a minimum. You are required to present your portfolio as part of your annual performance appraisal and discuss the development of your portfolio with your Clinical Leader/ Manager to plan your professional development and PDRP progression.

## PDRP is current for three years

To remain on a NCNZ approved PDRP, you are required to submit a current portfolio of evidence every three years. This reaffirms that you are consistently practicing at that level of practice. This is stipulated by NCNZ and is a nationally endorsed expectation.

Health workers due for re assessment of PDRP will be advised by the PDRP Coordinator three months prior to their PDRP expiry date. including the consequences of not resubmitting for PDRP by the expiry date, which may include

* Possible removal or alteration of additional conditions linked to their employment contract e.g. remuneration.

Successful re assessment is required to be completed before the expiry of the PDRP allowance payment date.

The PDRP allowance may be continued for up to a maximum of 30 working days for health workers who need to submit additional evidence, or until the resolution of any appeal that is in progress once the PDRP Coordinator notifies payroll.

## What circumstances could mean I lose my PDRP status?

You will be removed from the PDRP register if:

* You don’t submit a portfolio for PDRP assessment when due three yearly
* You have a significant breach of conduct or competence that demonstrates your inability to continue to perform consistently at your PDRP level
* If you advise the PDRP coordinator in writing that you wish to withdraw from the PDRP
* If you have transferred to the Whānau Āwhina Plunket PDRP from another PDRP but fail to submit a portfolio within 12 months of your transfer or at the portfolio expiry date (whichever comes first)

## What if I resign from Whānau Āwhina Plunket?

When you leave, payroll advises the PDRP Coordinator so that your information can be removed from the PDRP register.

You may then apply to have your PDRP recognised by your new employer, provided they have an approved NCNZ PRDP programme. You are responsible for requesting transfer of your PDRP status dependent on your new employers’ criteria and then by completing the transfer form and providing the appropriate supporting documentation requested by your new employer, e.g., a PDRP certificate or letter of confirmation from the PDRP Coordinator.

## I resigned but returned to Whānau Āwhina Plunket, what happens to my PDRP?

If you return to the same or a similar position within Whānau Āwhina withinthree years of your previous PDRP portfolio submission*,* your PDRP status will be reestablished until your portfolio expiry date.

If you have been away for more than three years and are reemployed after the expiry date of your original PDRP, you cannot have your level reestablished or be on PDRP until you submit a successful portfolio.

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# Appendix

**Appendix 1: PDRP Coordinator and PDRP Advisory Group Key Tasks**

The Whānau Āwhina PDRP Coordinator is responsible for ensuring all aspects of the PDRP system are running smoothly and that communication is effective. They report directly to the Chief Nurse. The coordinator is a registered nurse with a current APC who is on PDRP and is a trained PDRP assessor. This role has advisory, coordination, quality, and administrative functions. The coordinator maintains the PDRP database and provides information to NCNZ as requested. The Whānau Āwhina PDRP Coordinator is responsible for managing both the nurse and health worker PDRP programmes within Whānau Awhina.

Key tasks:

* Coordinates the process of application and assessment for nurse and health workers at all levels of the Whānau Āwhina PDRP, including overseeing the maintenance and reporting of the database and records.
* Coordinate and manage the PDRP moderation and appeal processes.
* Respond to all enquiries from nurses, health workers and managers about PDRP
* Provides advice and guidance to applicants about the PDRP process.
* Supervise the administrative functions of the PDRP, and the administrator.
* In collaboration with the PDRP administrator the PDRP coordinator collates the reminder letters for applicant’s due assessment and all outcome letters.
* Update the PDRP Handbook, applications forms, all the templates and ensure the most up to date forms are available on the Whānau Āwhina web site
* Convene and report to the PDRP Advisory Group.
* Arrange the convening of the PDRP Assessment panels to assess applications for Proficient and Expert three times a year.
* Liaise with National Education Team to implement assessor training and updates.
* Project manage the review of PDRP processes and documents.
* Report to Nursing Council after each assessment panel and undertakes regular programme audits.
* Liaise with People and Capability advisors to ensure PRDP processes align with best HR practice.
* Attend National PDRP Coordinator’s meetings and keep up to date with developments in PDRP in New Zealand.
* Participates in local external moderation panel with other PDRP coordinators annually.
* Undertake annual audit and evaluation of assessment, moderation, appeal and PDRP programme.
* Report directly to the Chief Nurse

Is responsible for formulating a report after each assessment panel, and to the Advisory Group at least once a year.

The Whānau Āwhina PDRP Advisory Group is accountable to the Chief Nurse and has Terms of Reference.

The Advisory Group is responsible for:

* Providing leadership and governance to ensure Whānau Awhina’s PDRP Programme for nurses meets Nursing Council of New Zealand standards for professional development and recognition programmes.
* Making recommendations to develop the nurse and health worker programmes, support staff through the process, and manage priority risks. The Advisory Group has a chairperson (not the PDRP coordinator). Group membership consists of:
* PDRP Coordinator
* Chief Nurse
* Māori representation
* Clinical Service Manager
* Area Whānau Āwhina Plunket Nurse
* Postgraduate Certificate Educator
* Clinical Nurse Consultant
* Clinical Leader
* People and Capability Consultant (may be co-opted into meetings as required)
* Whānau Āwhina Health Worker (Whānau Āwhina Kaiāwhina / Community Karitane)

The PDRP Advisory Group will meet three times a year in the month following an assessment panel period.