

# Aotearoa Collaborative PDRP

Registered Nurse

## Introduction:

This PDRP is based on the minimum requirements outlined in the National Framework and Evidential Report 2017 and is for use by any nurse associated with any of the collaborative PDRP programmes across New Zealand. Contact your PDRP Nurse Co-ordinator/ Educator to find out if this is the correct document for you.



*This design represents animals related to New Zealand's sea, land and sky: manta (freedom and beauty), shark (strength and protection), kiwi (generosity) and waka (journey).  
Image courtesy of artist GiErre (May 2019)*

This design can be related to the journey and collaboration of nurses across Aotearoa New Zealand to develop a national PDRP. The graphics within the design acknowledge the place of tāngata whenua and represent the role of nursing competencies to protect and meet the health needs of the population of Aotearoa New Zealand

## Checklist:

### Minimum PDRP Evidential Requirement:

All documentation below are required at the time of submission, missing documentation may result in your PDRP not being accepted		✓ when completed
1. Manager Endorsement	Manager complete & sign	<input type="checkbox"/>
2. Nurse Declaration	Applicant complete & sign	<input type="checkbox"/>
3. CV	Not required for competent level	<input type="checkbox"/>
4. Annual Practicing Certificate (APC)	From Nursing Council website (screenshot or scan)	<input type="checkbox"/>
5. Hours of practice:	Verification of 450 hours of practice over last 3 years, validated by either a senior nurse or a letter from the employer	<input type="checkbox"/>
6. Record of Professional Development Hours (PD Hours)	60 hours of professional development over last three years, validated either by signature or someone who can verify your attendance, or organisational education record	<input type="checkbox"/>
7. Reflections on Professional Development	A statement for each PD activity or a short reflection on three key activities attended	<input type="checkbox"/>
8. Self-assessment	From the last 12 months: one specific practice example for each competency	<input type="checkbox"/>
9. Appropriately experienced Peer Domain Statements	From the last 12 months: Statement to support validation of competency	<input type="checkbox"/>
10. CNM/NM/ND supporting statement of competency	From the last 12 months: Statement to support validation of competency	<input type="checkbox"/>
11. Performance appraisal	From previous 12 months	<input type="checkbox"/>

**Note:** If completing a proficient or expert PDRP and you have written about a teaching session or quality improvement package include it within your portfolio to validate what you have written about under the competencies.

#### Resources:

Nurse Executives of New Zealand (April 2017) *National Framework and Evidential Requirements: New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses*

Nursing Council of New Zealand (2012) *Competencies for Registered Nurses*. Wellington: Author

Nursing Council of New Zealand (2012) *Competencies for Enrolled Nurses*. Wellington: Author

Health Quality & Safety Commission NZ (2015) *Open for Better Care*. Wellington: Author

#### Acknowledgements:

National Nursing PDRP Committee members

Aotearoa Collaborative PDRP

# Manager Endorsement

Statement that the line manager, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), supports the level of practice the nurse is applying for. This support must be in writing. The statement must not be unduly withheld.

I \_\_\_\_\_ support \_\_\_\_\_ in submitting  
(Print name) (Applicants/ nurses name)  
his/her \_\_\_\_\_ PDRP  
(level of PDRP submitting)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Designation: \_\_\_\_\_  
E-,mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Note:  
If submitting PDRP and a month has passed since receiving managers endorsement, have the below section completed by your manager.

I \_\_\_\_\_ confirm my continued support of the above submission.  
(Print name)  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Designation: \_\_\_\_\_

# Nurses Declaration

Name on APC .....

Position(s): ..... Workplace(s) .....

APC number ..... Employee number .....

Ethnicity: Please mark the space or spaces which apply to you

- New Zealand European       Maori       Chinese
- Other European       Cook Island Maori       Indian
- Samoan       Niuean       African
- Pacific Peoples       Tokelauan       Latin American
- Asian       Fijian       Middle Eastern
- South East Asia       Tongan
- Other: .....

Contact Phone details .....

Email address(s) .....

Current PDRP Level (*if applicable*) ..... **Application for Level** .....

**Declaration and Consent:**

- I declare the attached portfolio contains my own work
- I declare at the time of submission of this portfolio, I am not the subject of any performance management process or NCNZ competence review.
- Confidentiality will be maintained throughout the Portfolio to ensure patients, family/whanau, community and colleagues are not identifiable.
- I give consent for the assessor(s) to take my portfolio off site for the purposes of assessment and recognise that my portfolio may be selected for internal/external moderation
- I understand the assessor(s) may need to contact me or my peers/manager for additional evidence if not adequately supplied.
- I understand a timeframe is required for assessment dependent on organisation.

I declare that the above statements are truthful and this portfolio is an accurate description of my previous 3 years practice.

Signature: ..... Date: .....

## PDRP level definitions:

PLEASE ENSURE THAT YOU ARE REFLECTING THE NURSES LEVEL OF PRACTICE INTO YOUR APPRAISAL OR REVIEW

### Definition of 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

### Definition of 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

### Definition of 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

Reference: National Framework and Evidential Requirements: New Zealand Nursing Professional Development & Recognition Programmes for Registered and Enrolled Nurses ( March 2017). Report developed through joint sponsorship of Nurse Executives of New Zealand and New Zealand Nurses' Organisation (NZNO).



**Tip:** Suggestions and indicators are located under each competency to help you understand the information you are required to include at each level. To access suggestions and indicators, click on the level desired and then click the drop-down arrow.

**Note:** If using the suggestions and indicators pick one point only, as you are only required to have one example per competency

## DOMAIN ONE: PROFESSIONAL RESPONSIBILITY

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises patients' safety, independence, quality of life and health.

### Self-Assessment

**1.1** Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional ethical and relevant legislated requirements.

[Competent suggestions & indicators](#) [Proficient suggestions & indicators](#) [Expert suggestions & indicators](#)

Practice Example:

**1.2** Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

[Competent suggestions & indicators](#) [Proficient suggestions & indicators](#) [Expert suggestions & indicators](#)

Practice Example:

**1.3** Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.

[Competent suggestions & indicators](#) [Proficient suggestions & indicators](#) [Expert suggestions & indicators](#)

Practice Example:

**1.4** Promotes an environment that enables client safety, independence, quality of life, and health.

[Competent suggestions & indicators](#) [Proficient suggestions & indicators](#) [Expert suggestions & indicators](#)

Practice Example:

**1.5** Practices nursing in a manner that the client determines as being culturally safe.

[Competent suggestions & indicators](#) [Proficient suggestions & indicators](#) [Expert suggestions & indicators](#)

Practice Example:

### Domain One: Professional Responsibility

#### Peer statement supporting validation of competency.

The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.

YES  NO

Peer statement provider	
Name:	Date:
APC No:	Email:
Statement:	
Signature:	

DOMAIN TWO: MANAGEMENT OF NURSING CARE	
This domain contains competencies related to client assessment and managing client care, which is responsive to clients' needs, and which is supported by nursing knowledge and evidence based research.	
Self-Assessment	
<b>2.1</b>	Provides planned nursing care to achieve identified outcomes.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>	
Practice Example:	
<b>2.2</b>	Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>	
Practice Example:	
<b>2.3</b>	Ensures documentation is accurate and maintains confidentiality of information.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>	
Practice Example:	
<b>2.4</b>	Ensures the client has adequate explanation of the effects, consequences and alternative of proposed treatment options.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>	
Practice Example:	
<b>2.5</b>	Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>	
Practice Example:	
<b>2.6</b>	Evaluates client's progress toward expected outcomes in partnership with clients.



[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:

**2.7** Provides health education appropriate to the needs of the client within a nursing framework.

[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:

**2.8** Reflects upon, and evaluates with peers and experienced nurses the effectiveness of nursing care.

[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:

**2.9** Maintains professional development.

[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:

**Domain Two: Management of Nursing Care.  
Peer statement supporting validation of competency.**

**The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.**

**YES**                         **NO**  

**Peer statement provider**

Name:

Date:

APC No:

Email:

Statement:

Signature:

**DOMAIN THREE: INTERPERSONAL RELATIONSHIPS**

This domain contains competencies related to interpersonal and therapeutic communication with clients, other nursing staff and interprofessional communication and documentation.

**Self -Assessment**

**3.1** Establishes, maintains and concludes therapeutic relationships with client.

[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:
<b>3.2</b> Practises nursing in a negotiated partnership with the client where and when possible.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>
Practice Example:
<b>3.3</b> Communicates effectively with clients and members of the health care team
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>
Practice Example:
<b>Domain Three: Interpersonal Relationships.</b> <b>Peer statement supporting validation of competency.</b>
<b>The nurse consistently meets the NCNZ <u>level</u> of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.</b>
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Peer statement provider</b>
Name: _____ Date: _____
APC No: _____ Email: _____
Statement:          
Signature: _____

<b>DOMAIN FOUR: INTERPROFESSIONAL HEALTH CARE &amp; QUALITY IMPROVEMENT</b> This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.
<b>Self-Assessment</b>
<b>4.1</b> Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>
Practice Example:
<b>4.2</b> Recognises and values the roles and skills of all member of the health care team in the delivery of care.
<a href="#">Competent suggestions &amp; indicators</a> <a href="#">Proficient suggestions &amp; indicators</a> <a href="#">Expert suggestions &amp; indicators</a>
Practice Example:

**4.3** Participates in quality improvement activities to monitor and improves standards of nursing.

[Competent suggestions & indicators](#)   [Proficient suggestions & indicators](#)   [Expert suggestions & indicators](#)

Practice Example:

**Domain Four: Inter-professional Health Care and Quality Improvement  
Peer statement supporting validation of competency.**

The nurse consistently meets the NCNZ level of practice competencies, and the examples provided by the nurse are a true and accurate reflection of their practice.

YES                         NO  

**Peer statement provider**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

APC No: \_\_\_\_\_ Email: \_\_\_\_\_

Statement:

Signature:

**The supporting statement of competency from the nurse's professional lead  
(CNM / Nurse Manager / Nurse Director)**

I endorse that the evidence provided by the nurse and appropriately experienced Peer(s) is correct, and meets the PDRP level requirements

YES                         NO  

**CNM/NM/ND**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

APC No: \_\_\_\_\_ Email: \_\_\_\_\_

Statement:

Signature:

## Complete with Manager at time of appraisal

Performance Objectives for the next 12 months: <i>(These can be related to Job Description performance indicators or professional development and career planning as agreed by the Nurse and Manager).</i>		
Objectives	Plan for achievement	Timeframe

<b>Manager's Comments:</b>  <input type="checkbox"/> Mandatory training completed per organisation <input type="checkbox"/> Annual Appraisal completed _____ <span style="margin-left: 250px;">(date annual appraisal completed)</span>	
<b>Nurse Manager:</b>  <b>Print name:</b>  <b>Signature:</b>  <b>Role:</b> ..... <b>Contact</b> <b>Details:</b> .....  <b>Date:</b> ..... <b>APC #:</b> .....	

<b>Nurse's Comments:</b>   
<b>Nurse:</b>  <b>Print name:</b>

**Signature:**

**Role:** ..... **Contact**

**Details:** .....

**Date:** ..... **APC #:** .....

# PDRP Assessors Assessment Tool

*To be completed by PDRP Assessor*

Manager Endorsement	Yes / No
Nurses Declaration	Yes / No
Reflections on Professional Development activities	Yes / No
Verified minimum of 60 days (450hours) of nursing practice in the last 3 years	Yes / No
A minimum of 60 hours of education in last 3 years	Yes / No
Current APC	Yes / No
CV (required at proficient and expert level only)	Yes / No

*Tick (✓) Met/Not Met.*

*Note: If Not Met request further evidence, once received and meets requirements indicate by ticking (✓) MFE (met with further evidence)*

Domain 1: Professional Responsibility	Self-Assessment		
	Met	Not Met	MFE
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 3: Interpersonal Relationships	Self-Assessment		
	Met	Not Met	MFE
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain	Peer Evidence	
	Met	Not Met
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>

Domain 2 : Management of Nursing Care	Self-Assessment		
	Met	Not Met	MFE
2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domain 4: Interprofessional Health Care and	Self-Assessment		
	Met	Not Met	MFE
4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PDRP Assessor Declaration

This declaration verifies that assessment of this PDRP portfolio has been based on evidence provided at the time of submission.

The evidence (based on the Nursing Council competencies) considered for this assessment was:

- Self-Appraisal/Peer Statement /CNM/NM/ND Statement of competency
- Other (optional e.g. reflection/QI project/feedback forms)
- Further evidence sought

Assessors comments regarding further evidence sought:

## PDRP Assessor Declaration

I ..... declare that the evidence provided meets the Nursing Council of New Zealand PDRP requirements.

### Assessor Summary:

- I did not identify any professional, cultural, ethical, legal, confidentiality or other practice issues in the evidence provided

**OR**

- I did identify a professional, cultural, ethical, legal, confidentiality or other practice issue in the evidence provided, which was discussed with Nurse Co-ordinator PDRP. The outcome from this discussion was:

- Issue resolved and portfolio approved (relevant documentation completed by assessor)

**OR**

- Issue not resolved and portfolio not approved (relevant documentation completed by Nurse Co-ordinator PDRP)

### ASSESSMENT OUTCOME

<input type="checkbox"/>	All criteria met	<input type="checkbox"/>	Further evidence required. To be supplied by ..... (date)	<input type="checkbox"/>	All criteria met with further evidence supplied	<input type="checkbox"/>	Submission Withdrawn
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### Assessor Summary:

.....meets the definition of .....registered nurse as reflected in practice example.

**PDRP Assessor Signature:** ..... **Date:** .....

**Please retain your workbook and associated documentation, as these may be required for audit and moderation purposes**