



1. Purpose

The West Coast District Health Board (WCDHB) Professional Development & Recognition Programme (PDRP) supports nurses in demonstrating their level of competency to the Nursing Council of New Zealand.

The WCDHB midwifery QLP provides a framework for employed midwives and midwifery employees to meet their respective responsibilities in a manner which models partnership between employer and employee. It is based on the standards of the profession.

The programme promotes nursing and midwifery competence and expertise, and values the nurse's and midwife's contribution to health care.

The PDRP is designed to advance professional development of nurses. It exists:

- to ensure the PDRP/QLP is achievable and managed in a consistent and culturally appropriate manner in all services across WCDHB
- to provide a voluntary process of recognition for nurses and midwives, acknowledging levels of practice in professional development
- to ensure the pathway of professional development is a clear and transparent process for all nurses and midwives wishing to progress
- to enable clear transferability and transportability of the processes between WCDHB services and nationally recognised services
- to ensure the availability of opportunities to develop and progress
- to ensure the availability of education to support development
- to ensure the availability of projects and programmes to participate in clinical and quality initiatives

Nursing

- to ensure the PDRP of the WCDHB meets the requirements of Nursing Council's competency-based practising certificates
- to ensure the WCDHB adheres to the National Framework of Nursing Professional Development Programmes.

Midwifery

- To ensure QLP adheres to the National Framework for a Midwifery Professional Development and Recognition Programme/Quality and Leadership Programme.

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2. Audience scope

This Policy applies to the following (Across all WCDHB services):

- Directors of Nursing and Midwifery, Clinical Midwifery Managers, Associate Directors of Nursing
- PDRP and QLP Assessors
- PDRP and QLP Resource Staff
- Professional Development and Practice Facilitators for PDRP/QLP
- Registered nurses, all grades, including registered obstetric nurses
- Enrolled Nurses/Nurse Assistants
- Midwives

3. Definitions

Term	Definition
Patient	The term 'Patient' means tūroro, patient, client, consumer, service user, whānau, family, community, tangata whaiora.
Transferability	The ability to transfer from one practice setting to another within the same DHB PDRP and retain the transferring level of practice for up to 12 months in recognition of the same competence.
Transportability	The ability to transfer from a different DHB PDRP to another with a similar structural framework and retain recognition of competence at prior level of practice for up to 12 months where professional and technical competencies are substantially similar.
Assessment	A systematic procedure where the qualitative and quantitative evidence (which describes practice competence and achievements) is assessed against the competencies described in the relevant evidence record for each level of practice.
Moderation	The moderation process focuses on reviewing the assessor's decisions to ensure consistency between assessors across the organisation and within the West Coast District Health Board. Moderation is a process that ensures assessment is valid, fair and consistent.
PDRP	Nursing Professional Development & Recognition Programme.
QLP & PDRP	Midwifery Quality and Leadership Programme & Professional Development Recognition Programme.
NETP	Nurse Entry to Practice Programme



4. Process

4.1 Process for Progression on the PDRP/QLP

4.1.1 All nurses and midwives employed by WCDHB must maintain a current practising certificate.

4.2 Nursing

4.2.1 As part of the performance review process, all nurses have an annual competence assessment based on the Nursing Council of New Zealand Competencies for RN and EN scope of practice. Failure to meet the competencies will be addressed using the performance management process.

4.2.2 New Graduates and Return to Nursing staff, on completion of their programme, are assessed against the Competent Level. This will be achieved by the end of the first year of practice.

4.2.3 Nursing Staff applying at Competent, Proficient and Expert/Accomplished levels forward their portfolio to the ADON Clinical Practice Development. Assessments occur from February through to November.

4.2.4 Competent, Proficient and Expert/Accomplished levels are assessed by WCDHB or CDHB PDRP Assessors.

4.3 Midwifery

4.3.1 All midwives have a professional responsibility to provide care which is consistent with the accepted standards, philosophy and ethics of the profession. They also have a responsibility to maintain their competence, regularly review their practice and develop professionally as midwives.

4.3.2 Newly graduated midwives will remain on the Competent domain for 12 months from the commencement of their employment before they can apply to move to the Proficient / Confident domain.

4.3.3 Registered midwives with a current annual practising certificate and over 12 months experience of being either self-employed or employed may apply to be assessed for Proficient/Confident or Expert/Leadership Domain at any time.

4.3.4 Midwives applying for Proficient/Confident or Expert/Leadership domain forward their portfolio to the ADON Clinical Practice Development for assessment by QLP Assessors.



4.4 **Nursing Interim Year / Midwifery Domain Maintenance Requirements**

4.4.1 The Nursing levels and Midwifery domains require full resubmission every three years, with presentation of the portfolio at the annual performance review in the interim year to demonstrate how the applicant is maintaining their current PDRP level/QLP Domain. Three months prior to the applicant's anniversary date, the ADON Clinical Practice Development mails the applicant the interim year revalidation form. Nursing or Midwifery line manager/professional advisor completes the Nursing PDRP interim year validation form or Midwifery QLP Domain Maintenance form which the staff member also signs, and then forwards a copy of the form to the ADON Clinical Practice Development.

If the applicant fails to forward this form by the due date, a reminder letter will be sent out. If after 1 month from the expiry date, no form is received, the nurse manager will be notified that **the level of practice payment has been stopped.**

4.4.2 **Failure to consistently perform at the assigned level of practice.**

Nurses and midwives who are unable to maintain assigned level of practice following feedback, coaching and support within a timeframe of 3 months, may result in reassessment of the level of practice allowance (where a level of practice payment applies) or choose to come off the PDRP process.

4.4.3 **Consideration given to status on PDRP/QLP if illness/disability occurs.**

In the case of illness/disability the PDRP/QLP status should remain the same with the same assessment process continuing. The nurse presents their portfolio at the same level again on their anniversary date, or if not possible, an extension or review is arranged by the DONM and relevant nurse manager. However, if after further development the level is not able to be maintained, the same process will occur as above in 4.4.2.

4.4.4 **Consideration given to status on PDRP/QLP during parental leave.**

In the case of parental leave the PDRP/QLP status should remain the same. As the applicant starts parental leave they will notify the PDRP office of their status. The PDRP office places the applicant on suspended status, not requiring an interim year revalidation form until the applicant returns to work. Upon return to work, the applicant meets with their Nursing Line Manager or ADON Clinical Practice Development to form a development plan to determine how they will meet the interim year revalidation requirements at the next anniversary date.

However, if, the first post parental leave interim year revalidation requirements are not met, the same process will occur as above in 4.4.2.

4.4.5 **The Competent level of the WCDHB PDRP / QLP is verified annually.**

The Proficient and Expert/Accomplished levels require recertification every three years, with presentation of the portfolio at the annual performance review in the interim year to demonstrate how the applicant is maintaining the current level.

Failure to consistently perform at the assigned level of practice following feedback, coaching and support within an agreed timeframe, may result in reassessment of the level of practice allowance (where a level of practice payment applies).



4.5 Storage of Portfolios

Portfolios are held by the WCDHB only during the assessment process. Portfolios are stored securely in the locked PDRP portfolio filing cabinet. A portfolio will only be removed for the purpose of assessment or activities related to support of assessment.

All portfolios are assessed on WCDHB or CDHB premises. All due care will be taken by the assessor to ensure confidentiality and protection of the portfolio. Written permission is obtained for this on the consent form signed on submission of the portfolio.

The applicant will be notified of the completion of their portfolio assessment. The portfolio will either be held in the locked filing cabinet until uplifted by the applicant or the applicant may wish for the portfolio to be returned via the mail (this is determined on the consent form). If returned via the mail, the portfolio is wrapped and sealed and stamped "Confidential" and put into the mail system. Applicants will be strongly encouraged to uplift their portfolio.

4.6 Submission Process

- 4.6.1 A description of the assessment process is given to the applicant either in person or via the phone.
- 4.6.2 The applicant presents their portfolio to the ADON Clinical Practice Development in person and a PDRP / QLP Applicant Consent Form (A1) is immediately filled out.
- 4.6.3 The applicant is given a copy of the Consent Form as a receipt of their portfolio.
- 4.6.4 The applicant's name and details are entered onto the PDRP / QLP Excel database. Once the applicant's consent form is received, these details are completed on the PDRP applicants spreadsheet.
- 4.6.5 A search of the applicant's nursing registration is completed on the Nursing Council New Zealand / Midwifery Council of New Zealand's website. Any discrepancies are followed up with the Nursing Council / Midwifery Council.
- 4.6.6 A file is created and stored in the filing cabinet for each individual containing a copy of their consent form.



4.7 Process for Moderation

The moderation process focuses on reviewing the assessor's decisions to ensure consistency between assessors across the organisation. Moderation is a process that ensures assessment is valid, fair and consistent.

- 4.7.1 All trained portfolio assessors participate regularly in the moderation process to ensure consistency, fairness, validity and reliability of assessment. The ADON Clinical Practice Development oversees the moderation process.
- 4.7.2 1 in 5 Portfolios reviewed by individual assessors will be forwarded to another experienced PDRP/QLP WCDHB or CDHB assessor for moderation. Applicants will be informed if their portfolio is to be included in this process.
- 4.7.3 The moderator will review the portfolio in each domain to check the relevant evidence is in the portfolio. Once they have reviewed the portfolio, the moderator will review the assessor's comments. The moderator will check the evidence is within the last 3 years (or linked to current practice if outside that time period) and the core components are current (e.g. WCDHB competencies).
- 4.7.4 The moderator's assessment and comments are noted on the PDRP moderation form. A letter outlining the findings and recommendations is provided to the Assessor(s). The moderation form is stored in the ADON Clinical Practice Development office for quality control purposes.
- 4.7.5 The outcome of the moderation process does not affect the original assessment decision.
- 4.7.6 Initially new PDRP/QLP assessors will have a second assessment for each application to proficient level as they gain experience. If the moderator finds issues and reports them, the assessor will meet with the ADON Clinical Practice Development to discuss the findings. The next assessment will be re-moderated and then 1:5 audited thereafter.

4.8 Appeals Process

The appeals process ensures a review of a portfolio takes place when an applicant appeals the PDRP/QLP assessor's decision.

- 4.8.1 All applicants will receive detailed feedback from their portfolio assessment, which should minimise the need for an appeals process. However, unsuccessful applications to the PDRP/QLP are entitled to make an appeal. The portfolio will be assessed by alternative assessor/s who are unaware of the original outcome.
- 4.8.2 An interview is conducted by the appeals panel (senior nursing staff from a similar clinical speciality) with the applicant and assessors.
- 4.8.3 The interview provides recommendations in relation to appeals process decisions, improving assessment process or internal moderation process to the PDRP/QLP Committee for consideration.



Appeals Procedure

- Step 1** Applicant completes the Appeal Notification Form (A6) obtained from the ADON Clinical Practice Development
- On receipt of notification form, the ADON Clinical Practice Development arranges two new assessors to reassess portfolio.
 - Applicant is notified of outcome of second assessment and decides whether to progress with appeals process.

If the applicant decides to continue with the appeals process, they will verbally inform the ADON Clinical Practice Development.

- Step 2 Appeals Panel Review**
1. The ADON Clinical Practice Development notifies the Director of Nursing and Midwifery of the appeal. The Director of Nursing and Midwifery then appoints an appeals panel chaired by him/her.
 2. The appeals panel assesses the documented evidence from all assessments.
 3. The appeals panel interviews applicant and all assessors.
 4. On completion, a written report by the ADON Clinical Practice Development outlining recommendations will be sent to applicant and the assessors within seven working days.
 5. The appeals panel decision is final and binding.

The PDRP/QLP Advisory Committee will be notified of any recommendations from the Appeal Panel Review.

5. Transportability and Transferability of PDRP / QLP Level

5.1 Transportability

This process fairly recognises a WCDHB employees previous PDRP/QLP achievements at other DHB's. This recognition facilitates involvement in the WCDHB's Professional Development Recognition Programme and ensures levels of payment are continued, if relevant. It provides documentation that verifies the level of achievement previously obtained.

Step	Action
1	The PDRP/QLP application form for the appropriate level is completed by applicant and sent to the ADON Clinical Practice Development.
2	Evidence of the level obtained at previous DHB's is requested in writing by the ADON Clinical Practice Development from previous employer including evidence of DHB's programme endorsement by Nursing Council. If the programme is not endorsed by Nursing Council, evidence is sought by the ADON Clinical Practice Development to determine differences between the programmes.
3	Verification of completion of WCDHB mandatory training is sought.
4	Evidence of achievement of clinical skills specific to the new work environment will be forwarded by the Clinical Nurse Manager/Nursing Line Manager to the ADON Clinical Practice Development within 6 months of employment commencing.
5	Notification of transportability letter sent to applicant and to the following staff: <ul style="list-style-type: none"> • Director of Nursing and Midwifery • HR Manager, who will communicate this to payroll • Line Manager

5.2 Transferability

This refers to the ability to transfer from one DHB PDRP/QLP to another with a similar structural framework and retain recognition of competence at the prior level of practice for up to 12 months where professional and technical competencies are substantially similar.

Step	Action
1	Moving Clinical Areas (within the DHB) The applicant notifies the ADON Clinical Practice Development of movement to new clinical area.

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2	<p>All Levels – The nurse (or midwife) is allowed up to 1 year to meet area specific competency requirements in the new area of practice.</p> <p>PDRP Competencies/QLP Domain maintenance will be validated at their annual review by their Clinical Nurse Manager/Nursing Line Manager or Charge Midwife. The ADON Clinical Practice Development will only be notified in this first year if these requirements are not met.</p>
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6. Assessor Responsibility

6.0 PDRP/QLP Assessors: Expectation of Nursing and Midwifery

Purpose

The purpose of this policy is to document the expectations and formal processes regarding assessor responsibility in assessing Nursing PDRP and Midwifery QLP & PDRP portfolios

6.1 Assessment of Portfolios

- 6.1.1 Assessments meet required standard and recommended timeframes.
- 6.1.2 Issues identified by the PDRP/QLP facilitator, as part of internal and/or external moderation, are responded to by the assessor (refer to 4.7 Moderation process).
- 6.1.3 Issues identified as causing concern about an applicant during any assessment process are recognised, documented by the assessors and discussed with ADON Clinical Practice Development to follow up.
- 6.1.4 Assessor ensures confidentiality is maintained throughout and after completion of assessment process.
- 6.1.5 Assessor ensures portfolios are kept in a secure and private area during the assessment process.

6.2 Leadership

- 6.2.1 Assessor uses appropriate opportunities to promote and enhance the PDRP /QLP and its processes.
- 6.2.2 Assessor develops and maintains a current knowledge of relevant issues, trends and practices relating to the PDRP/QLP.
- 6.2.3 Assessor ensures his/her regular attendance at PDRP/QLP assessor meetings and updates.

6.3 Responsibilities

- 6.3.1 Assessors are expected to complete NZQA Open Polytechnic 4098 workplace assessor course or other formalised programme of assessment.
- 6.3.2 Assessor identifies his/her further learning needs and develops strategies to meet needs in consultation with ADON Clinical Practice Development

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6.3.3 Nursing assessors attain and maintain a minimum of Proficient level on the PDRP for Registered and Enrolled Nurses and Nurse Assistants.

Midwifery Assessors attain and maintain a minimum of Proficient/Confident Domain A on the QLP and PDRP.

Senior Nursing assessors (i.e. those on the Senior Nursing MECA, NZNO/PSA) will attain and maintain a level of competency required by nurses involved in management, education, policy and research as well as meeting the requirements of position description.

6.3.4 Ongoing performance monitoring of assessors is completed via the moderation process outlined in section 4.7.

6.3.5 Failure of assessors to meet the requirements of the role may involve their removal from the assessor list.

6.4 Assessors Selection Criteria – Subsequently the Assessor will:

6.4.1 be a Registered Nurse, Enrolled Nurse, Nurse Assistant or Midwife recognised for their knowledge, expertise and sound clinical knowledge base.

6.4.2 have a commitment to the PDRP/QLP.

6.4.3 be respected and seen as clinically credible by their peers/colleagues.

6.4.4 Have a commitment to their own education and professional development.

6.5 Nomination Process

6.5.1 Nomination form will be filled out by a colleague or peer. The nominee agrees with the nomination and completes their portion. The relevant Nursing/Midwifery Line Manager signs the nomination form and agrees to facilitate the assessors release as required.

6.5.2 The ADON Clinical Practice Development completes a reference check for qualities of confidentiality, suitable level of professional development and service support for time spent assessing.

6.5.3 The Nominations are discussed by the PDRP Advisory Committee.

7. Review of Policy

The PDRP/QLP Policy will be reviewed every two years

8. Review of Programme

The PDRP/QLP is reviewed every 5 years. The process of evaluation is facilitated by the PDRP/QLP Advisory Committee.



9. References

- Benner, P. (2001). *From Novice to Expert: Excellence and power in clinical nursing*. (Commemorative Edition). New Jersey: Prentice Hall
- Canterbury DHB, (last updated January 2006). *Nurse Entry to Practice Outline and Competency Workbook*
- Canterbury DHB (Year of publication) *Human Resources Manual*
- New Zealand Ministry of Health (2003), Health Practitioners Competency Assurance (HPCA) Act, Wellington
- National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles (2005). *Report to the National Nurses Organisations from the National Professional Development & Recognition Programmes Working Party- Wellington.*
- Nursing Council of New Zealand (2004). *Code of conduct for Nurses*. New Zealand Nurses Organisation: Wellington
- Nursing Council of New Zealand (2005). *Framework for the approval of professional recognition programmes to meet the requirements of competency – based practising certificates for nurses* NCNZ Wellington.

10. Related Documents / Background Information

- WCDHB Nursing Professional Development Recognition Programme Resource Booklet and Appendices A & B Midwifery QLP & PDRP Resource Booklet
- Nursing Council New Zealand June 2005 Competencies for RN Scope of Practice
- Nursing Council New Zealand June 2005 Competencies for EN Scope of Practice
- Nurse Entry To Practice documents

10. Confidentiality

Confidentiality and Protection of Portfolios

All Registered Nurses, Enrolled Nurses, Nurse Assistants and Midwives are obliged to adhere to the Health Information Privacy Code. In accordance with this, no information contained within portfolios will identify patients/communities as well as health team members/staff. Confidentiality requires not only protecting the name of individuals/groups but also their locality/specific unique situation.

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Applicants are required to consider the professional implications before disclosing information about personal practice or that of others that could be regarded as inappropriate (please seek guidance from the ADON Clinical Practice Development if unsure).

The portfolio is a personal document and the information it contains is private and confidential. All assessors are required to respect this expectation. Unsafe practice will continue to be addressed following the organisational Performance Management and Risk Management processes.

The PDRP assessment is a separate process. If a PDRP assessment uncovers unsafe practice, evidence in the portfolio will not be used to initiate a disciplinary process. Instead a supportive development plan will be formulated.

The assessor has an ethical and legal responsibility to refer any identified issue of unsafe practice to the Professional Practice Coordinator – Nursing Services, in the first instance who will then refer to the Director of Nursing and Midwifery (or representative).

Revision History	Version:	4
	Developed By:	Nurse Consultant
	Authorised By:	Director of Nursing
	Date Authorised:	August 2009
	Date Last Reviewed:	August 2009
	Date Of Next Review:	August 2011