

Professional Development and Recognition Programme (PDRP)

Evidential Requirements Working Party Report

Sponsors:



Nurse Executives of New Zealand Inc



November, 2009

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Section One:

1. Recommendations

The PDRP Evidential requirements Working Party, having considered consultation input from 82 submissions, recommends that

1. The National Framework for Professional Development and Recognition Programmes PDRP 2005 continues to be used as a framework for the development of PDRPs in New Zealand
2. All organisations review their PDRPs within two years from January 2010 and align their PDRP evidential requirements to those requirements described in this document
3. All organisations develop templates aligned directly to Nursing Council of New Zealand (NCNZ) competencies and where relevant incorporate level of practice competencies for nurses to use when preparing their portfolio and for assessors to use them to assess the portfolio
4. The amount of evidence required to demonstrate achievement of each competency is limited to one indicator/criterion/example for that competence statement
5. A nurse with a current PDRP portfolio assessed through a NCNZ approved PDRP, who transfers employment to either another organisation or area of practice, retains that level of practice in the new employment setting and has 12 months to demonstrate achievement of the competencies at that level of practice in that setting
6. This document is appended to the National Framework for Professional Development and Recognition Programmes PDRP, 2005

2. Background

In February, 2009, Mark Jones, chief nurse, Ministry of Health invited representatives from national nursing organisations to discuss a range of matters relating to nursing, including challenges associated with the registered nurse (RN) scope of practice and the credentialing of nurses or activities of nursing practice.

PDRPs are an established tool that is currently used to assess both continuing competence and where applicable, level of practice. Nationally many programmes have been approved by the NCNZ, thus meeting a minimum set of standards. Nurses most frequently stated the reasons for non participation in a PDRP are

- a lack of national consistency between programmes; and
- excessive evidential requirements for completion of portfolios

According to the national PDRP coordinators' figures participation nationally is 43.7% of nurses as at 31 December 2008. It was suggested as a first step that every effort should be made to increase participation of nurses in PDRPs rather than introduce a separate process to credential standard nursing practice.

Increasing participation in PDRPs is timely in view of the

- Ministry of Health's credentialing working party;
- Nursing Council of New Zealand's review of the RN scope of practice;
- the forthcoming DHBNZ / NZNO MECA negotiations

Moreover, the refinement of evidential requirements will improve transferability between organisations, reduce assessment time and increase uptake as the perceived barrier of excessive evidence is reduced.

Nurse Executives of New Zealand (NENZ) and New Zealand Nurses' Organisation (NZNO) agreed to jointly sponsor this project. A timeline and process was developed which was developed and approved by the wider group of national nursing organisation representatives on 27 April 2009.

The working party representatives were asked to participate in developing recommendations for the sector with regards to evidential requirements for PDRPs, i.e. to look at what evidence was required to support a nurse's application to the programme and to reduce that volume of evidence.

It is intended that the examination and review of evidential requirements will produce a high degree of national consistency across PDRPs and increase participation by nurses.

3. Term of Reference

To simplify and standardise evidential requirements for PDRPs nationally.

4. Process

- 1) A high level of commitment from NZNO and NENZ to review and streamline evidential requirements nationally was agreed. This was to be done by the formation of a small working party, of no more than six people. 27th April 2009 Completed.
- 2) Project concept was presented to National Nursing PDRP Coordinators(NNPC) meeting, in May by Helen Pocknall (NENZ representative). May 2009 Completed.
- 3) The working party was established, which included a representative from NENZ, NZNO, NCNZ, NCMN and 2 from NNPC. An expert nurse involved with PDRP research was also included as an ex –officio member. May 2009 Completed.
- 4) The working party conferred by teleconference and email in June and July, 2009. Four PDRPs (Auckland DHB, MDHB, HVDHB and the Northern Districts Regional PDRP - Waikato DHB, Lakes DHB, Bay of Plenty DHB, Northland DHB and Tairāwhiti DHB), were viewed by the working party to compare similarities and differences in programme requirements. A consultation document was prepared. Completed.
- 5) Consultation with the sector and written feedback by 11th September,2009. Completed.
- 6) Submissions from individuals, organisations and groups of nurses were collated and analysed. The vast majority of these supported the intent and proposed changes with thoughtful commentary offered on minor changes. September 2009 Completed
- 7) Draft Report and final recommendations discussed with NENZ as key stakeholders who would be leading implementation. 6th November 2009. Completed
- 8) Draft report and final recommendations to NZNO Board of Directors, December 2009
- 9) Report finished and widely distributed throughout the sector. The report is available on the NENZ and NZNO websites (www.nurseexecutivesnz.org.nz; www.nzno.org.nz)
- 10) Recommendations to be implemented by employers and organisations from January, 2010

5. Analysis of submissions

82 submissions were received from individuals, groups and organisations (Appendix 1). These were overwhelmingly in the support of evidence reduction in the form of one indicator/piece of evidence per competence, national consistency in PDRP evidential requirements as well as transportability of current PDRP portfolios between NCNZ accredited organisations.

Charge Nurse/Nurse Manager signoff was perceived to be a problem within Primary Health Care, as many nurses work in isolation or did not report to a manager who is a nurse. This factor has been considered by the working party.

The majority of submissions supported the idea of a maintenance portfolio. But in the final review of three yearly portfolio requirements, the working party decided that the minimum evidential requirements should be presented through the individual organisations assessment process every three years.

Senior nurses can be included in an approved PDRP for continuing competence assessment purposes and the inclusion of a PDRP senior nurses is a decision for the individual organisation.

6. Project Steering Group

Project Sponsors	Diana Gunn, NENZ chairperson (to September 2009), Director of Nursing, Burwood Hospital
	Susanne Trim, Professional Services Manager, NZNO
Project Leader	Anne Russell, Nurse Coordinator, PDRP, MidCentral DHB (National Nursing PDRP Coordinators (NNPC) representative)
Project Members	Di Roud, Nurse Advisor (Professional Development), Acting Manager (Learning and Development) Auckland DHB, (NNPC representative)
	Pamela Doole, Professional Standards Manager, NCNZ. (NCNZ representative)
	Helen Pocknall, Director of Nursing, Wairarapa District Health Board (NENZ representative)
	Susanne Trim, Professional Services Manager, NZNO, (NZNO representative)
	Helen Bloomer, PDRP expert RN, Burwood Hospital (PDRP researcher)
	A position was reserved for National Council of Maori Nurses (NCMN) representative but unfortunately they were unable to participate. All email discussions and documentation for discussion was forwarded for comment.

Section Two: Proposed PDRP Requirements

Overview

A portfolio consists of a collection of selected evidence that articulates how in day to day practice the nurse consistently demonstrates achievement of the competencies relevant to his/ her practice. This evidence includes the nurse's self assessment, peer feedback and usually a copy of his/her most recent performance review/appraisal.

It should be noted that for a PDRP to achieve approval by NCNZ, the 'programme' must demonstrate how, through its assessment processes, the NCNZ competencies are assessed.

The working party viewed the evidential requirements of four (4) NCNZ approved PDRPs (Auckland DHB, MidCentral DHB, Hutt Valley DHB and the Northern Districts Regional PDRP – Waikato DHB, Lakes DHB, Bay of Plenty DHB, Northland DHB and Tairāwhiti DHB) to understand the extent of variation of evidential requirements between PDRPs. It was concluded that there are both similarities and some variation. This sample of New Zealand PDRPs indicated that there will need to be a range of adjustments by programmes to align with the recommended evidential requirements.

All programmes approved by NCNZ must use the NCNZ Domains of Practice and the competencies as the foundation of their programme. The working party used the NCNZ continuing competence audit requirements as the basis of the evidence requirements also to ensure alignment in the recommendations.

The portfolio requirements are presented in two sections:

- standard portfolio evidence which applies to all applicants;
- level of practice evidence which identifies specific requirements according to the level of application.

1. Standard Portfolio Evidential Requirements

The standard requirements set below apply to all nurses, RN, EN & NA, who prepare a portfolio for assessment through an organisation's PDRP portfolio assessment processes.

To remain in a NCNZ approved PDRP, nurses are required to submit a fresh portfolio of evidence every three years. The triennial application process reaffirms the nurse is **consistently** practising at that level of practice.

The only time when a nurse submits a portfolio more frequently than three yearly is when the nurse is ready to progress to a higher level of practice. In this situation the nurse prepares his/ her portfolio immediately using the relevant level of practice templates and has it assessed by the organization's assessment process to complete the process of progression – a new triennial cycle will commence from the time that portfolio is approved by the organization.

Components

- Verification of 450 hours of practise over last 3 years, validated by either a senior nurse (Charge Nurse, Nurse Manager or the nurse to whom the applicant reports) or a letter from the employer indicating the clinical area and number of practice hours over the last 3 years
- 60 hours of professional development over last three years. This may include organisational mandatory / essential requirements. Professional development requirements must be
 - validated either by signature or someone who can verify your attendance, or certificate or organisational education record
 - at an appropriate level for specific practice/related to practice
 - include reflection on, or at least a statement, describing the difference this learning has made to your nursing practice of (at least) 3 educational attendances over the past 3years
- Self assessment against NCNZ competencies: One piece of evidence for one indicator in each competency is required. The example is to be from current area of practice and be within the previous 12 months. It is to describe how the nurse's day to day practice meets the indicator for the competency and the level of practice applied for. It must be verified by a Registered Nurse
- Peer /senior nurse feedback against NCNZ competencies describing how the nurse's day to day practice meets the competency (one indicator for the competency is to be used as an example). The information must be from the current area of practice and within the previous 12 months. This may have been completed as part of the performance review where the NCNZ competencies are the foundation for performance review
- Performance appraisal (PA) OR Nursing Development Plan (NDP) – must be within the last 12 months
- Printout of current practicing certificate (from NCNZ website) or a copy of current practising certificate

2. Level of Practice Evidential Requirements

Set out below are levels of practice specific competencies that the nurse provides evidence of achieving in daily practice. This evidence may be presented within the standard requirements and if this is the case no additional evidence needs to be provided. These level requirements apply to both progression and maintenance of level of practice.

2.1 Competent Registered Nurse

Standard portfolio evidential requirements only

2.2 Proficient Registered Nurse

Standard portfolio evidential requirements and evidence of achievement of the following criteria

NB. Evidence of achievement of the specific Proficient (Level 3) requirements / indicators may be evidenced in standard requirements, eg, performance appraisal. If so, **NO ADDITIONAL** evidence is required.

If it is not, then separate statements should be provided

- Statement that the Charge Nurse, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse's support may be noted on the application
- A copy of your CV providing work and education history
- One piece of evidence to demonstrate involvement in practice change or quality initiative
- One piece of evidence of teaching or precepting or supporting skill development of colleagues. If a teaching session is used to illustrate achievement, session learning objectives and evaluation of the session must be included in evidence. Preceptorship or supporting skills development should include reflection and feedback from the person preceptored or supported
- One piece of evidence illustrating ability to manage and coordinate care processes for patients with complex needs

2.3 Expert Registered Nurse

Standard portfolio evidential requirements and evidence of achievement of the following competencies

NB. Evidence of achievement of the specific Expert (Level 4) requirements / indicators may be evidenced in standard requirements, eg, performance appraisal. If so, **NO ADDITIONAL** evidence is required.

If it is not, then separate statements should be provided

- Statement that the Charge Nurse, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse's support may be noted on the application
- CV providing work and education history
- PG education or equivalence in education and practice. Statement on application of this to practice. (This can be included in the 60

hours of professional development or post graduate education may have been completed before the 3 years under certification).

Post graduate education is Level 8 and must be relevant to the area of practice. Post graduate certificates, diplomas and Masters degree all meet this requirement.

The educational equivalence option reduces barriers for many nurses who have not had access to level 8 education but who have achieved the equivalent knowledge, skills and attributes through other pathways. Each organisation should establish a subgroup or identify a person who will assess education equivalence. The applicant is required to demonstrate within their portfolio the integration of the nursing knowledge at level 8 into their nursing practice. The education pathways to achieve this level of knowledge are to be presented.

Evidence should include

- Post registration experience and education relevant to current area of practice which impacts on practice at expert level
 - Changes in attitudes and skills which have occurred as a result of this
 - Demonstration of expert practice, critical analysis and reflection consistently in nursing practice and evidence throughout portfolio evidence
-
- One piece of evidence demonstrating contribution to speciality knowledge or innovation in practice and the change process in quality improvement activities.
 - One piece of evidence of describing and reflecting on responsibility or learning and/or development of colleagues
 - One piece of evidence showing engagement and influence in wider service, professional or organisational activities. Advocacy for nursing needs to be shown (this could be an attestation)
 - One piece of evidence showing expert knowledge and application of expert practice to care of the complex patient and clinical leadership in care coordination

2.4 Competent Enrolled Nurse / Nurse Assistant

Standard portfolio evidential requirements only

2.5. Proficient Enrolled Nurse/ Nurse Assistant

Standard portfolio evidential requirements and evidence of achievement of the following competencies

NB. Evidence of achievement of the specific Proficient (Level 3) competencies may be evidenced in standard requirements. If so, **NO ADDITIONAL** evidence is required.

If it is not, then separate statements should be provided

- Statement that the Charge Nurse, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse's support may be noted on the application
- A copy of your CV providing work and education history
- One piece of evidence to demonstrate involvement in practice change or quality initiative
- One piece of evidence showing in depth understanding of patient care and care co-ordination within scope of practice

2.6. Accomplished Enrolled Nurse/ Nurse Assistant

Standard portfolio evidential requirements and evidence of achievement of the following competencies

NB. Evidence of achievement of the specific Accomplished (Level 4) competencies may be evidenced in standard requirements. If so, **NO ADDITIONAL** evidence is required.

If it is not, then separate statements should be provided

- Statement that the Charge Nurse, or an equivalent senior nurse with whom the nurse has a professional relationship (when the manager is not a nurse), is aware the nurse is making the application. This nurse's support may be noted on the application
- A copy of your CV providing work and education history
- One piece of evidence demonstrating participation in quality improvement and the change process
- One piece of evidence showing engagement and influence in professional activities
- One piece of evidence showing in depth understanding of patient care and care co-ordination as within scope of practice, and the ability to identify changes in patient health status and action this appropriately

**Evidential Requirements – Registered Nurse
PORTFOLIO**

	Competent	Proficient	Expert
Standard Requirements	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC 	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC • Verification that application discussed with C/N/ senior nurse for application at this level of practice 	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC • Verification that application discussed with C/N/ senior nurse for application at this level of practice
Level of Practice Specific Requirements		<ul style="list-style-type: none"> • CV providing work and education history <p>One piece of evidence (if not evidenced in the above) demonstrating:</p> <ul style="list-style-type: none"> • involvement in practice change or quality initiative • One piece of evidence of teaching or preceptoring or supporting skill development of colleagues. • One piece of evidence illustrating ability to manage and coordinate care processes for patients with complex needs 	<ul style="list-style-type: none"> • CV providing work and education history • Pg Education (Level 8) or equivalence in education and practice <p>One piece of evidence (if not evidenced in the above) demonstrating:</p> <ul style="list-style-type: none"> • contribution to speciality knowledge or innovation in practice and the change process 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. • Expert knowledge and application of expert practice to care of the complex patient and clinical leadership in care co-ordination

Evidential Requirements – Enrolled Nurse & Nurse Assistant

PORTFOLIO	Competent	Proficient	Accomplished
Standard Requirements	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC 	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC • Verification that application discussed with C/N/ senior nurse for application at this level of practice 	<ul style="list-style-type: none"> • Validation of 450 hours of practise • 60 hours of Professional development • Self assessment (verified by an RN) against the NCNZ competencies • Peer review / senior nurse feedback against the NCNZ competencies • Performance Appraisal /Nursing Development Plan within the last 12 months • Printout of current APC • Verification that application discussed with C/N/ senior nurse for application at this level of practice
Level of Practice Specific Requirements		<p>CV providing work and education history</p> <p>One piece of evidence (if not evidenced in the above) demonstrating:</p> <ul style="list-style-type: none"> • involvement in practice change or quality initiative • in depth understanding of patient care and care co-ordination within scope of practice 	<p>CV providing work and education history</p> <p>One piece of evidence (if not evidenced in the above) demonstrating:</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 care co-ordination as within scope of practice, and the ability to identify changes in patient health status and action this appropriately

Section Three: Discussion points

The working party recommends that when organisations next review their PDRP, the following points could be considered

1. Performance Appraisal

Many organisations already have performance appraisal documents aligned to the NCNZ competencies, including both self assessment and peer review on all NCNZ competencies. These meet PDRP self assessment and peer review/ senior nurse requirements provided the comments in both reflect of the level of practice for which the nurse has applied.

For organisations where performance appraisal documents do not reflect the NCNZ competencies, it is recommended that a template be developed to enable both self assessment and peer/ senior nurse review.

The annual appraisal and appraisal meeting should focus on assessment against the level of practise of the nurse and any planning towards progression.

2. Competency Indicators

For each competency one piece of evidence is required to demonstrate an indicator of that competency. It is common that a single piece of evidence can demonstrate more than one indicator. Either the nurse or the organisation could determine the competency indicator for which evidence is required. The nurse should be able to determine and be given options how the evidence is supplied – a reflection may provide evidence of practice for several competencies. It is recognition of essential clinical practice that should be identified.

NCNZ have indicators for competent level. Many organisations have already developed indicators for higher levels on the PDRP. Those organisations that yet have to do so, need to develop indicators for proficient and expert RN levels and proficient and accomplished EN/NA levels.

This could be done several ways, e.g.

- one indicator identified, against which the assessor will measure competency
- a series of indicators identified for each competency and the nurse will select one, against which the assessor will measure competency

Other ways of selecting indicators may be identified by the individual organisation, however the evidence for each competency must be assessed against **one** indicator only. The indicator chosen and the evidence presented must reflect practice appropriately for the level of practice for which the nurse has applied.

3. Transferability

DHB/NZNO MECA, 1st April 2007 – 31st March 2010

27.9. Principles (page 50-51)

- (e) “ When transferring either internally or externally, continuity of levels should occur with provision for the staff member to meet the competencies for the level in the new area within a negotiated period”.

It is recommended that the negotiated period be up to one year from the date of commencement. This applies **even if the area of practice has changed**, as in internal transfers. The date of certification is taken from the original certification date from a PDRP accredited programme. Each organisation should ensure a process is in place for the management of this, including a process should a nurse not maintain their level of practice at 12 months. The organisational process should specify that the Level of Practice allowance will be reduced/cease if the nurse has not meet the competencies in the new clinical area for the level of practice they commenced at.

It is noted that some private organisations do not have the same DHB/NZNO MECA terms and conditions clauses relating to PDRPs included within their employment agreements and compliance with this clause is not required but encouraged.

4. Endorsement of level of practice

The Charge Nurse/Manager has responsibility for staff management, ongoing professional development and competence of nurses in their area and the nursing budget within the clinical area. The Charge Nurse/Manager needs to have confidence in the nurse's level of practice, professional development process and delivery of the investment through the MECA. Not all nurses report to a Charge Nurse/Manager as many in the PHC sector work in isolation reporting to a manager who is not a nurse. The Charge Nurse/Manager/nurse you report to, should be given the opportunity to support or not support the level of practice beyond the competent that the nurse has applied for. However, peer/senior nurse review are almost more important as they are the people working with the nurse and know the nurses practice

All portfolio applications including the level of practice applied for should be discussed with the nurse to whom you report, or a senior colleague. This could be done at the time of performance appraisal and individual organisations should utilise their own processes to manage this. Documentation that this discussion has occurred should be part of the portfolio's application process, but should be only one consideration point in the portfolio assessment process and the portfolio evidence should “stand by itself” as it contains peer and senior nurse review.

Section Four

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Section Five

Appendix:

List of groups, organisations and individuals who made submissions on the consultation document.

Anna Craies, Staff Nurse, WDHB
Anne Fraser, District Nurse, Northland District Health Board
Anne McFarlane, EN SDHB
Annie Morley, Clinical Nurse Manager, ICU, Rotorua, LDHB
Bay of Plenty DHB- Robyn Boladeras, PDRP Co-ordinator, DoN Julie Robinson ,
Beth Moody, RN, Nelson Marlborough DHB
Canterbury DHB- Rebecca Hickmott, Nurse Coordinator, PDRP,
Capital and Coast DHB- Amanda McLaren, CNS Professional Development
Carmel Dawson, RN, PDRP assessor, Southern Cross, New Plymouth
Catherine Smith, Clinical Nurse Specialist Lung cancer, Canterbury District Health Board
Christine Cumming, Nurse Educator, MidCentral Health
Christine McDonald, RN, MSN / MHA, Palliative Nurse Specialist and Education Facilitator
Hospice Waikato
Counties Manukau District Health Board Dee Gordon, PDRP co-ordinator
Deirdre O'Daly, R/N, ADHB
DHBNZ- Liz Manning, Project Manager Workforce, DHBNZ- N & M Workforce Strategy Group.
Diane Skelton, Enrolled Nurse, ADHB – Nursing Bureau
Dunedin Public Hospital Workplace Delegates, Otago District Health Board - Anne Marshall
Elizabeth Hunter, RN ADHB
Hawkes Bay DHB-Wendy Kennedy, Nurse Coordinator – PDRP
Heather Dixon. Duty Nurse Manager Whanganui DHB
Heather Symes, RN Hillmorton Hospital, CDHB
Helen Greenway, Clinical Charge Nurse, Department Of Critical Care Auckland City hospital
Helen Sawyers, ACNM, Buller Hospital
Hutt Valley DHB - Clare Hutchins
Irene Langham, Primary Care Liaison Nurse, Adult Mental Health NMDHB
Jan Mitchell, - Charge Nurse Manager, Emergency Department, Nelson Marlborough DHB--
Jenny Humphries, Director of Nursing and Midwifery – Women and Children's Division----
Southland D H B
Jenny Kendall, Senior Enrolled Nurse, Operating Theatres Wellington Hospital. CCDHB
Julia Ebbett, Clinical facilitator Hawkes Bay, PHC
Julie Vickery, Charge Nurse, District Nursing, MDHB
Karol Marshall, Nurse Project Manager, ProCare Health Ltd
Lakes DHB- Cheryl Atherfold
Leanne Havill , Nurse Educator/PDRP Researcher. CCDHB
Louise Carrucan-Wood (ADHB)
Lyn Hibbs, RN, WCDHB
Lyn Sanderson and Vicki Birch, Public Health Nurses Southland District Health Board
Marianne Mackenzie, Palliative Nurse Specialist, Hospice Waikato
Mary Ann Henderson, CNE Theatre Southern Cross, Wellington
Maureen Morris, Clinical Nurse Specialist, Northland District Health Board
Mercy Ascot Hospitals - Bernice Tatton. Clinical Educator /Coordinator
MidCentral Health - Sue Wood, Director of Nursing ,
Mike Hammond, Public health Nurse, Public Health Nursing Service, Nga Kaitiaki Hauora-a-iwi, Public
Health, South Waikari Hospital
Ministry of Health- Faith Roberts on behalf of the Nursing Team
Nelson Marlborough DHB-Marion Elvy, Nurse Consultant Secondary services
Neonatal Nurses College – Aotearoa- Dale Garton/ Charge Nurse Manager; Jane Pope Neonatal Nurse
Practitioner /Debbie O'Donoghue, Chairperson
New Zealand Blood Service - Samantha Heath, Professional Nurse Advisor
Northland District Health Board- Denise Brewster-Webb, Director of Nursing and Midwifery

Nurse Manager group, SDHB - Isabel Radka, Liz Gunn, Linda Cody, Sue Bamford, Jo Clark, Helen McKenzie, Brenda Martin, Trish Clark,
Nursing Council of NZ - Pam Doole

Nursing Directorate, Specialist Mental Health Service, Canterbury District Health Board
NZNO Central Region EN Section - Elsa Morgan, Enrolled Nurse
NZNO Midlands Regional Council Members, NZNO- Janet Black, Margaret Horn, Marianne Lock, Sabena Roberts, Chris Baker, Anne McNicol, Leonie Metcalfe, Diane Dixon
NZNO National Enrolled Nurses section- Robyn Hewlett,
NZNO Primary Health Care Nurses Advisory Committee - Erin Beatson
NZNO Public Health Nursing Section- Laurie Mahoney & Liz Hampton, Committee members
Otago DHB, PDRP Steering Committee and Assessor Group - Juliet Manning, PDRP Coordinator
PHC Nursing, MidCentral DHB- Chiquita Hansen, Director of Nursing
PSA
Rebecca Hickmott, on behalf of PDRP Assessors, Nurse Coordinator, PDRP, C DHB
Royal New Zealand Plunket Society Inc- Alison Hussey, Clinical Advisor/ PDRP Coordinator
Sam Mojel RN Dept Critical Care Medicine Auckland City Hospital
Samuel Mackenzie, WINTEC 2nd year Student Nurse, Waikato Institute of Technology
Sandra Wackrow, Nurse Educator, Rehab Plus, ADHB
Sharon Kingsbury, RN, PDRP assessor, NMDHB
Shona Lawson, Clinical Services Manager, Hospice, South Canterbury
Sonia Tafilipepe , Primhed Coordinator, NMDHB
Southland DHB -Deb Ashworth -Nurse Co-ordinator- PDRP and Co-ordinator Clinical Development
Southern Cross Hospitals Ltd - Carey Campbell, Chief Nurse Advisor
Sue Garland, Clinical Charge Nurse, Auckland D H Board
Tairāwhiti D H B- Robyn Dymock, Co-ordinator for education and professional development
Taranaki D H B - Gail Geange, PDRP/QLP Coordinator, Kerry Ann Adlam, DoN,
Vivienne Walker, DCCM ADHB
Waitemata District Health Board-Jocelyn Peach Director of Nursing & Midwifery
Waikato DHB - Chris Baker and Marian Partington, Nurse Co-ordinators PDRP,
Wairarapa D H B - Lucy McLaren, Nurse Educator and PDRP coordinator ,
Waitemata District Health Board-Jocelyn Peach Director of Nursing & Midwifery
West Coast District Health Board- Karyn Kelly, Associate Director of Nursing, Clinical Practice Development
Whanganui Regional PHC Organisation-Declan Rogers, CTA/NETP Expansion/PDRP Coordinator,
Whanganui DHB - Jevada Haitana, Professional Nurse Advisor / NETP / PDRP Coordinator
White Cross Healthcare Ltd -Linda Adams, Nurse Advisor, Learning & Development,
Yvonne Schuppisser, R/N ED Nelson, NMHS