

Professional nephrology nursing portfolios: maintaining competence to practise

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Abstract

Australian and New Zealand nurses are required to make statutory disclosures as part of their nursing registration renewal. One area of self-disclosure relates to maintaining competence to practise. Nurses are required to develop and maintain a portfolio that demonstrates their assessment of practice, continuing professional development (CPD) and recency of practice in order to meet their registering bodies' required standards. One of the obstacles for nurses is a clear understanding of what constitutes a professional portfolio as well as what is required of them to demonstrate continuing competence. This paper discusses, from both the Australian and New Zealand regulation authorities' perspectives, the maintenance of competency, the requirements for demonstrating CPD, and how a professional portfolio assists in providing this evidence.

Keywords

Continuing professional development, professional portfolio, competence.

Introduction

Registered and enrolled nurses are required to make several statutory disclosures each time they renew their nursing registration. This paper was written in response to many discussions across several forums that highlighted the need to clarify the Nursing and Midwifery board of Australia (NMBA) and the Nursing Council of New Zealand (the Council) requirements relating to maintaining competence to practise. In particular, this paper will focus on the requirements for continuing professional development (CPD) and provide guidance on how nephrology nurses should meet and verify their continued competence to practise. With the exception of nurse practitioners, nursing registration board requirements for continued registration do not discriminate between generalist and specialist nurses. Consequently, the requirements to maintain competency to practise as discussed in this paper can be applied to the entire nursing audience, regardless of practice context. This paper will not consider the context of midwives or student nurses.

Maintaining competence to practise

Maintaining competence to practise is one of the core elements of nursing registration renewal. With ever-increasing patient acuity and public expectations, nurses have a professional responsibility to maintain competency in order to deliver continued high standards of care (Australian Nursing and

Midwifery Council (ANMC), 2009). Competence has been defined as "The combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional/occupational area" (ANC, 2002, p. 1). Continuing competence, therefore, is a nurse's ability and responsibility to demonstrate maintaining competency against the competency standards of a particular jurisdiction (ANMC, 2009; Nursing Council of New Zealand, 2012).

In Australia, nurses are guided by the NMBA Continuing Professional Development Registration Standard (NMBA, 2010a), a document strongly informed by the ANMC continuing competence framework (ANMC, 2009). The ANMC framework consisted of four components: assessment of practice; CPD; recency of practice; and professional portfolio that enable nurses to "systematically evaluate their practice against the relevant ANMC competency standards (ANMC, 2009, p. 2). This is achieved through a cyclical, self-assessment process whereby each nurse reflects on their own clinical practice in relation to the ANMC competency standards to identify clinical strengths and areas requiring further development. This process can be articulated in the form of a statement that demonstrates how or why learning needs were identified. Such statements may be based on personal reflection, annual performance reviews, peer performance assessments, or regulatory authority statements related to competency in

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relation to one's context and scope of practice. The nurse then links learning needs to appropriate CPD opportunities in order to inform their future professional development plan. CPD activities are then undertaken and the nurse reflects on how they impacted on their competence to practise. The process is then completed with a self-declaration of continued competence to practise. The final component of maintaining competence to practise is that each nurse meets the recency of practice requirements for their corresponding registration body. The NMBA (2010a) require nurses to keep written evidence of how they maintain their competence to practise and will conduct random competence audits to ensure competency requirements are being met. Records must be kept for a minimum of three years in the event that the nurse's registration is audited. At the time of writing, the Australian registering authority is yet to conduct registration audits but is legally empowered to do so (NMBA, 2010a). Under the respective state Acts, failure to comply with standards or codes may result in the removal of a licence to practise. However, the Board does have the power to give exemptions in certain situations (NMBA, 2010a).

The Council is the regulatory authority charged, according to the *Health Practitioners Competency Assurance Act 2003* (District Health Board (DHB) Shared Services, 2012a), to be responsible for the registration of nurses and for the protection of the health and safety of the New Zealand public by ensuring that nurses are fit for and competent to practise (*Health Practitioners Competency Assurance Act, 2003*; Nursing Council of New Zealand, 2012a). The Council achieves this by defining scopes of practice for nurses on the register. These scopes describe the required knowledge, practice activities and skills the Council has mandated as required by nurses to fulfill these scopes of practice. Under each of the enrolled and registered nurse scopes of practice there are up to 20 related competencies and over 80 associated indicators that cover all of the competencies (Nursing Council of New Zealand, 2007; Nursing Council of New Zealand, 2010). In the workplace an assessment of the nurse's practice is made annually against these competencies, in the form of an annual performance review, and the onus of responsibility is on each individual nurse to provide evidence to demonstrate how their practice meets the Council's requirements.

At present, New Zealand nurses can also voluntarily undertake a Council-approved Professional Development Recognition Program (PDRP) to gain recognition. PDRPs have been defined as a "Competence-based programme that assesses nursing practice against competencies, recognises level of practice and supports ongoing professional development" (National Nursing Organisations, 2004, p. 24 as cited in DHB Shared Services, 2012). For nearly 20 years now the concept of PDRP has been a feature of the New Zealand nursing professional development scene and has existed in numerous

forms during that time (DHB Shared Services, 2012a). While PDRPs are developed by individual organisations, they must not only reflect the National PDRP framework but also be approved by the Council (New Zealand Nurses Organisation, 2012), in order for a nurse who has completed one of these programs to be exempt from a Council competency audit.

To achieve recognition through a PDRP, extensive evidence is required of the nurse to support the application that their practice satisfies the requirements for Proficient/Expert RN or Proficient/Accomplished EN practice. Success in attaining such a leveling is valid for three years and attracts a financial enhancement to salary at the Proficient, Expert or Accomplished levels. Successfully gaining recognition on a Council-approved PDRP program exempts a nurse from competency audit by the Council for the same three-year period. After three years, the nurse must complete a recertification process in order to retain this status (DHB Shared Services, 2012b).

With the development of the National PDRP Framework and Council approval and recognition of PDRPs, there is the ability to transfer one's PDRP achievement between organisations. Because there is no one national PDRP program, local coordinators can advise nurses, when transferring employment, as to the new employer's requirements. This assists nurses when seeking prior recognition of PDRP program status or to meet the new requirements for the same PDRP status to be granted (DHB Shared Services, 2012a).

While PDRP completion is not a compulsory requirement in all District Health Boards or private providers, it is in some. In some of these providers, if not most, it is the experience of nurses that PDRP completion is an expectation that is integrated into a nurse's professional development goals as part of the annual performance appraisal process (DHB Shared Services, 2012b).

Annual random competency audits are undertaken by the Council of 5% of all nurses who hold a current annual practising certificate, prior to a new certificate being issued (Nursing Council of New Zealand, 2012b). The intention of these audits is to demonstrate that the competencies nurses are required to meet are able to be evidenced as being met in order to protect the New Zealand public.

The minimum registration requirements for each jurisdiction are presented in Table 1. The components of competency assessment, CPD and recency of practice must be demonstrated by any nurse on their respective country's nursing register in the form of a professional portfolio (NMBA, 2010). The professional portfolio is the accepted method for demonstrating these components.

CPD

CPD affords nurses the opportunity to "maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities" required to

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Table 1. Registration minimum requirements for each jurisdiction (NMBA, 2010a; NMBA, 2010c; Nursing Council of New Zealand, 2012c).

| Requirement | Australia | New Zealand |
|----------------|--|---|
| Practice hours | 3 months full-time (or equivalent) within last 5 years | 60 day or 450 hours |
| CPD | 20 hours per year, relevant to context of practice (+ extra 10 hours for nurse practitioners with scheduled medicines endorsement) | 60 hours of professional development across 3 years relevant to nurses' practice area, work context and appropriate to a nurse's scope of practice. |
| Competence | Relevant competency standards, Code of professional conduct, Code of Ethics provide guidance on expectations to the profession | Meet Council competencies for their scope of practice |

maintain and develop their competence to practise (NMBA, 2010a, p. 1). It must be relevant to the nurse's context of practice and, for Australian nurses, consist of a minimum of 20 hours of active learning per year. The NZNC requirement will require nurses to complete professional development on the code of conduct and professional boundaries (NCNZ, 2012). New Zealand nurses are required to have completed 60 hours of CPD over the previous three years. Context of practice relates to the environmental setting that characterises a nurse's practice (NMBA, 2010a). This includes the type and location of practice setting (for example, urban satellite unit, rural dialysis unit, tertiary referral nephrology ward), the characteristics of health consumers, the focus and complexity of nursing practice (for example, pre-dialysis education, home training, research, management) and the degree of autonomous practice (ANMC, 2009).

One hour of active learning equals one hour of CPD and the onus is on the nurse to identify how many hours of learning have occurred (ANMC, 2009). Active learning relates to the generation and exploration of new knowledge and establishing how it benefits one's practice (Hoke & Robbins, 2005; Horner, 1995). Nurse practitioners with scheduled medicines endorsement are required by law to complete a further 10 hours related to their endorsement (NMBA, 2010a).

The NMBA (2010b) highlights very clearly what activities are acceptable for CPD. Table 2 provides an abridged version of these requirements. Education relating to mandatory skill acquisition such as disaster response or life support may also count as CPD as long as the nurse is able to demonstrate within their professional portfolio that active learning has occurred

which is relevant to their context of practice (NMBA, 2010a).

Australian nurses who want more information on this can view the full registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx. New Zealand nurses can view the required standards online at <http://www.nursingcouncil.org.nz/index.cfm/1,28,0,0,html/New-Zealand-Registration>

From speaking with other nurses across various forums, clarifying potential confusion about the requirement for either Continuing Nurse Education (CNE) points and/or CPD hours was necessary. The regulation bodies do not discuss requirements in terms of CNE points. In the Australian context, CNE points are awarded via Royal College of Nursing-endorsed activities with one 'point' being the equivalent of one hour of active learning. However, the carte blanche awarding of CNE points causes some confusion and may not accurately reflect the time the nurse spent *actively* learning. To illustrate, one of the authors recently attended a national conference and received a certificate stating that they had earned 17.5 CNE points. This is taken to mean that they spent 17.5 hours of *active* learning throughout the conference which was not the case. To put this into the

Table 2. What constitutes a CPD activity? Adapted from NMBA (2010b).

| |
|---|
| Participation in clinical audits, critical incident monitoring, case reviews and clinical meetings such as morbidity or mortality reviews |
| Reading professional journals or books and/or participating in journal clubs or similar |
| Writing or reviewing educational materials, journal articles, books |
| Active membership of professional groups and committees |
| Writing for publication |
| Developing policy, protocols or guidelines |
| Working with a mentor to improve practice |
| Presenting at or attending conferences, lectures, seminars, workshops or in-services |
| Undertaking contextually relevant online education (see for example http://www.nen.org.au/e-learning-modules/) |
| Undertaking undergraduate or postgraduate studies which are of relevance to the context of practice |
| Conducting or contributing to research |

context of maintaining competence to practise and achieving the requisite number of CPD hours, the author would need to demonstrate within their portfolio a process of self-reflection which identified areas of development and then make the link to how attendance at conference sessions impacted on their continuing competence. This would need to be coupled with a breakdown of the sessions attended and an accurate account of the number of hours engaged in active learning. The presentation of the certificate stating the attainment of 17.5 points (even if we assumed this equated to 17.5 hours of active learning) would not be sufficient if the author's nursing registration was audited. The same level of rigour is required of New Zealand nurses with regard to evidencing relevance of CPD activities to practice.

One's CPD plan should align directly with their professional portfolio and the theme of providing evidence of maintaining continued competence to practise. Figure 1 provides an overview on how to develop and execute a CPD plan; this process should be documented clearly within the nurses professional portfolio.

Figure 1. Developing and executing your CPD plan, a quick guide.

1. Assess your learning needs (performance appraisal and peer review will assist with this)
2. Develop goals to address learning needs
3. Write learning objectives that are measurable
4. Describe the learning activities that will meet your learning needs
5. Set target dates to complete learning
6. Set dates to review progress
7. Identify how you will demonstrate learning has been achieved.
8. Reflect on progress and evidence of attainment.

What should my professional portfolio look like?

The professional portfolio is far more than just a lever arch file or box to keep evidence (such as certificates!) of CPD. Numerous definitions for professional portfolios exist, but in essence they are a purposeful collection of tangible evidence that provides proof of accomplishments, competency and learning (Byrne *et al.*, 2007; McCready, 2007; McMullen *et al.*, 2003; Neades, 2003).

Some definitions promote a more dynamic approach, including reflection as a tool to direct professional growth (McCready, 2007). Reflecting on the learning and its application to practice may facilitate the identification of future learning needs. This approach provides a continuous cyclic process of professional development, which underpins the position taken in this paper.

Portfolios are used for a range of purposes and are variously described in different ways. Some nurses may have used portfolios as learners to assess their learning, often within the context of a clinical placement (Mills, 2009; Neades, 2003). Others may have put together a specific set of their best evidence to support their claims for suitability for a job, clinical role or promotion (Andre & Heartfield, 2011). A professional portfolio that demonstrates elements of self-assessment, CPD and reflections on active learning has also been described as a "Learning" or "Working" portfolio (Mills, 2009). This type of portfolio reflects the requirements of both Australian and New Zealand registering nursing authorities (NMBA, 2010; Nursing Council of New Zealand, 2012).

The portfolio can be developed using a traditional paper-based system. For those who enjoy being creative using word processing programs, an attractive portfolio in a folder, compartmentalised into specific categories may be their preferred option. A paper-based system may be the option where some evidence is best presented in a paper or hard copy form. The limitations of this method can be its portability and bulkiness (Andre & Heartfield, 2011). Some nurses may create an electronic folder system on their computer and store their evidence and other related items as electronic files. Many online courses deliver certificates of completion in an electronic form also, so it becomes easy to store. The limitations may relate to the individual's computer literacy and the time required creating the initial electronic template (Andre & Heartfield, 2011). Another option to consider is the use of a professional e-portfolio platform. Some nursing organisations and businesses (for example, the Royal College of Nursing, Australia, Australian Nurses Federation, Ausmed Online) have versions of e-portfolios that record CPD and, in some cases, contain other aspects of a professional portfolio. There are also commercially produced platforms such as PebblePad (see <http://www.pebblepad.co.uk/>), iFolio (see www.ifolio.com.au/) or Mahara (see <https://mahara.org/>). The benefits of e-portfolios pertain to their flexibility and the type of items that can be uploaded to the portfolio (Thompson, 2011). Some versions can also be copied onto transportable mediums such as compact discs or universal serial bus (USB) sticks, reproduced in a paper version or made accessible to others for viewing.

Regardless of the medium in which the professional portfolio is created, there are some key inclusions that will assist the nurse in demonstrating how they maintain their competence to practise. Table 3 provides a suggested structure for a professional portfolio.

Conclusion

Nurses eligible for listing by Australian or New Zealand registration bodies are required to provide evidence of their continued competency to practise. This involves the maintenance of a professional portfolio which clearly demonstrates how the nurse has assessed their own practice, identified learning needs, planned and participated in

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Table 3. Suggested structure for a professional portfolio.

| Component | Structure |
|--------------------------------------|--|
| Title page | Indicates the name of the portfolio owner. The inclusion of a picture can personalise the portfolio, but otherwise it should be kept simple and uncluttered. |
| Table of contents | Lists each section of the portfolio. Sections may be numbered, but avoid page numbering in a paper form. In an electronic form, this page can provide the links to each section. |
| Qualifications and experience | Some biographical data may be included in this section, particularly contact details. Details of relevant qualifications and abridged curriculum vitae (CV) of relevant professional experience are contained within this section. The CV provides evidence of recency of practice which, for registration renewal, is practice equivalent to three months in the previous five years or 60 days (or 450 hrs) in the previous three years for Australian and New Zealand nurses respectively (ANMC, 2009; Nursing Council of New Zealand, 2012). |
| Self-assessment | Enables the identification and prioritisation of learning needs that will support your continuing development and competence. Annual appraisals are often a good starting point. Ask your nurse manager or educator for a copy of your appraisal. Appraisals often ask you to reflect on your performance, as well as provide you with the opportunity to gain formal feedback from your manager. NB: In the NZ context, application for levelling or certification on the PDRP framework must contain an appraisal that is current, at the most within the last 12 months, preferably six, of the application date. |
| Learning plan | Should contain goals related to learning needs identified in your self-assessment. It should also outline a strategy to achieve the goals and some target dates. |
| CPD log | Registering authorities have specific requirements regarding CPD, dependent on jurisdiction. Keeping a concise record of the type of activity, hours spent on the activity and the outcomes will assist in meeting this requirement. Suitable types of activities will be discussed below. |
| Reflections on learning and practice | Reflections may be kept as an ongoing journal/diary, or may be directed towards specific situations or activities that enhance the nurses' competence and address learning needs. This should include CPD activities recorded in your log. The reflection should also identify any future learning needs, which can support your self-assessment, thus supporting the cyclical nature of professional development. |
| Appendices | The evidence to support the claims made in the portfolio will be found in this section. Some examples of such evidence include: <ul style="list-style-type: none"> • copies of attendance/completion certificates • clinical competencies • performance appraisal/review • journal club participation • in-service education/papers presented • poster presentations |

contextually relevant learning activities, and reflected on the value of those activities to their continued competence within their context of practice. Keeping a drawer or box full of certificates or merely stating the date, type of activity, education provider and a summary of learning are not enough. Professional portfolios are dynamic and evolutionary tools which provide evidence to support the maintenance of CPD and competence as a registered nurse.

References

- Andre, K., & Heartfield, M. (2011). *Nursing and Midwifery portfolios, evidence of continuing competence*. Sydney, Australia: Elsevier.
- Australian Nursing Council. (2002). *Principles for the assessment of national competency standards for Registered and Enrolled nurses*. Retrieved July 8, 2012 from: www.nursingmidwiferyboard.gov.au/documents/
- Australian Nursing & Midwifery Council. (2009). *Continuing competence framework*. Canberra: ANMC.
- Byrne, M., Delarose, T., King, C. A., Leske, J., Sapnas, K., & Schroeter, K. (2007). Continued professional competence and portfolios. *Journal of Trauma Nursing*, 14(1), 24–31.
- DHB Shared Services. (2012a). *Overview: Future Workforce*. Retrieved April 7, 2012 from http://www.dhbnz.org.nz/Site/Future_Workforce/Nursing-Midwifery/Nursing-Projects/PDRP/Overview.aspx
- DHB Shared Services. (2012b). *General PDRP Questions*. Retrieved April 16, 2012 from http://www.dhbnz.org.nz/Site/Future_Workforce/Nursing-Midwifery/Nursing-Projects/PDRP/FAQ.aspx
- Health Practitioners Competency Assurance Act, (2003). Retrieved April 16, 2012 from <http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203319.html>
- Hoke, M. M., & Robbins, L. K. (2005). The impact of active learning on nursing students' clinical success. *Journal of Holistic Nursing*, 23(3), 348–355.
- Horner, B. (1995). *Handbook of staff development*. Melbourne, Australia: Churchill Livingstone
- McCready, T. (2007). Portfolios and the assessment of competence in nursing: a literature review. *International Journal of Nursing Studies*, 44, 143–151.
- McMullen, M., Endacott, R., Gray, M. A., Jasper, M., Miller, C. M. L., Scholes, J., & Webb, C. (2003). Portfolios and assessment of competence: a review of the literature. *Journal of Advanced Nursing*, 41(3), 283–294.
- Mills, J. (2009). Professional portfolios and Australian registered nurses' requirement for licensure: developing an essential tool. *Nursing and Health Sciences*, 11, 206–210.
- Neades, B. L. (2003). Professional portfolios; all you need to know and were afraid to ask. *Accident and Emergency Nursing*, 11, 49–55.
- New Zealand Nurses Organisation (2012). National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles: Report to the National Nursing Organisations from the National Professional Development & Recognition Programmes Working Party (2004). Retrieved April 6, 2012 from <http://www.nzno.org.nz/LinkClick.aspx?fileticket=MkAd0SSFxZM%3D&tabid=130>
- Nursing and Midwifery Board of Australia. (2010a). *Continuing professional development registration standard*. Melbourne: NMBA. Accessed on April 8, 2011 from <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>
- Nursing and Midwifery Board of Australia. (2010b). *Continuing Professional Development FAQ for nurses and midwives*. Melbourne: NMBA. Accessed on April 8, 2011 from <http://www.nursingmidwiferyboard.gov.au/FAQ-and-Fact-Sheets.aspx>

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- Nursing and Midwifery Board of Australia. (2010c). *Recency of practice registration standard*. Melbourne: NMBA. Accessed on April 8, 2011 from <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>
- Nursing Council of New Zealand (2007). *Competencies for Registered Nurses: Te whakarite i ng mahi tapuhi kia tiakina ai te haumaru-iwi Regulating nursing practice to protect public safety*. Retrieved 5 July 2012 <http://www.nursingcouncil.org.nz/download/73/rn-comp12.pdf>
- Nursing Council of New Zealand (2010). *Competencies for the enrolled nurse scope of practice*. Retrieved 5 July 2012 <http://www.nursingcouncil.org.nz/download/76/en-competencies-april10.pdf>
- Nursing Council of New Zealand (2012). *A New Code of Conduct for Nurses*. Retrieved Feb, 6, 2013 from <http://www.nursingcouncil.org.nz/index.cfm/1,254,html/A-new-Code-of-Conduct-for-nurses>.
- Nursing Council of New Zealand. (2012a). *Te whakarite i ng mahi tapuhi kia tiakina ai te haumaru -iwi Regulating nursing to protect public safety*. Retrieved 16 April 2012 from <http://www.nursingcouncil.org.nz/index.cfm/1,25,html/Home>
- Nursing Council of New Zealand. (2012b). *Continuing Competence*. Retrieved 6 April 2012 from <http://www.nursingcouncil.org.nz/index.cfm/1,187,html/Continuing-Competence>
- Nursing Council of New Zealand. (2012c). *Continuing Competence Requirements*. Retrieved 6 April 2012 from <http://www.nursingcouncil.org.nz/index.cfm/1,189,html/Continuing-competence-requirements>
- Thompson, T. L. (2011). Electronic portfolios for professional advancement. *Clinical Nurse Specialist*, 25(4), 169–170.

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