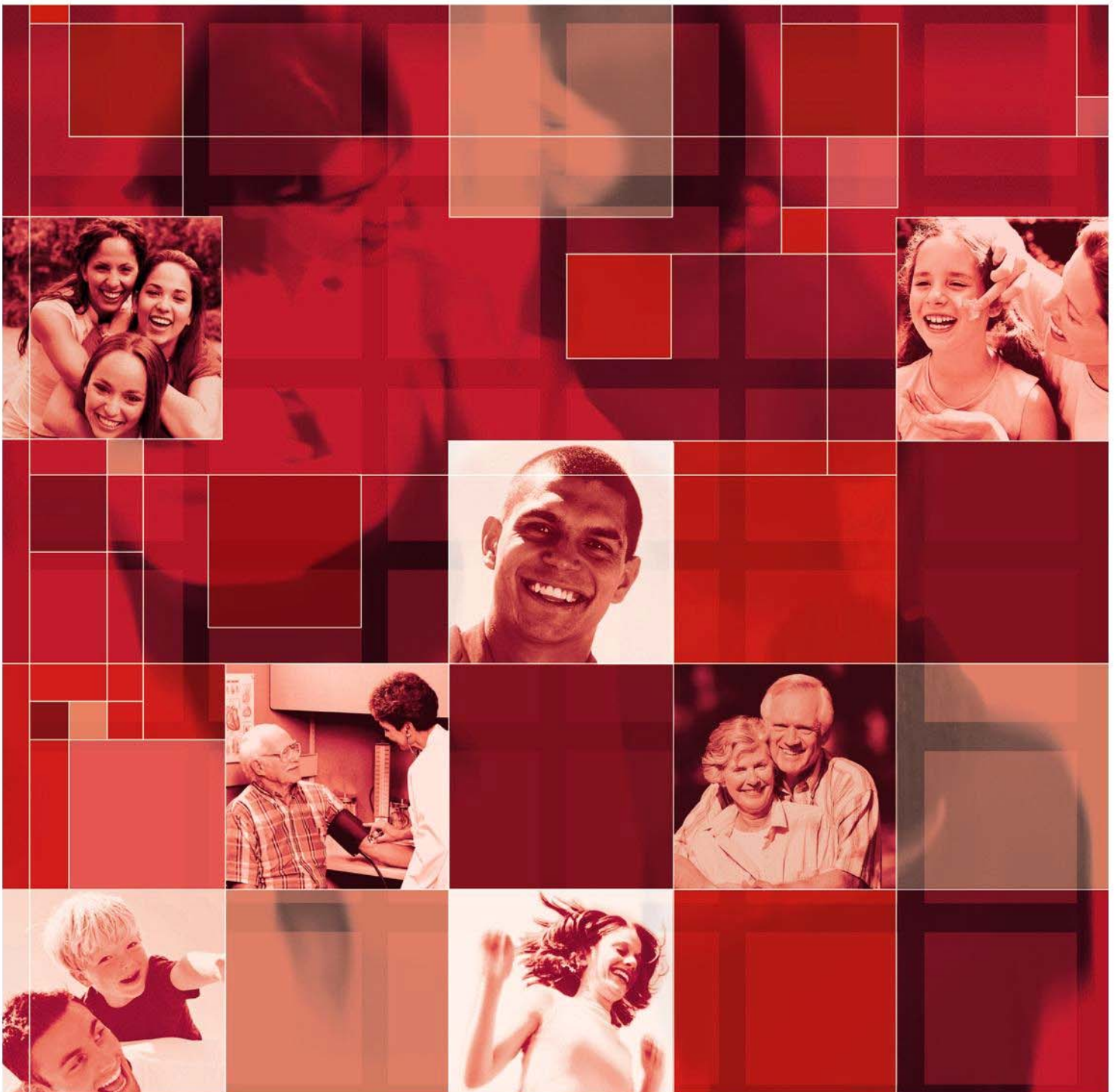


Greater Newcastle Cluster Professional Portfolio for Nurses 2009



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Introduction

The Australian Nursing and Midwifery Council (ANMC) has developed national standards for the regulation of the nursing and midwifery professions within the states and territories of Australia.

These standards have been developed in relation to the current regulatory and legislative environments that govern healthcare in Australia.

Registered and enrolled nurses authorised to practice in Australia have a professional responsibility to ensure that they are competent to practice.

Competence can be described as the combination of skills, knowledge, attitudes, values and abilities that are the basis of effective performance in a professional practice.

Nurses are now required to demonstrate that they have maintained their competence in nursing practice in relation to the specialty or field they are employed in.

The ANMC has developed a **Continuing Competency Framework (CCF)**. This is a structure that will assist nurses to systematically evaluate their practice against the ANMC competency standards, identify development and learning needs and demonstrate their continued competence to practice.

In order for nurses and midwives to be eligible for renewal of registration, enrolment endorsement, or authorisation they must meet all of the framework requirements.

The portfolio will be your own personal record of evidence that you have collected throughout the year in addition to your annual **Performance Development Review (PDR)**.

The portfolio itself does not need to be submitted for annual re-registration; however some components may need to be submitted for auditing by the NMRA.

The Portfolio consists of two sections:

1. Professional History
2. Professional Activities

It is recommended that you use each section of the portfolio according to title and document evidence of your development and accomplishments throughout the year.

Continuing Competency Framework Requirements (CCF)

The CCF requires nurses to be assessed **yearly** in the following areas:

Self Assessment – comparing your practice with the ANMC competency standards or completing a self assessment tool/questionnaire.

Continuing Professional Development Review – PDR to be attended annually with your line manager.

Declaration of Competence – signing of PDR by yourself and your manager which confirms that you are competent to practice in your field or speciality of nursing and have complied with the CCF requirements.

There are three components to the CCF:

1. **Assessment**
2. **Practice hours**
3. **Continuing Professional Development (CPD)**

The following chart provides you with a guide on what the minimum requirements for re-registration are and what to collect as evidence in your portfolio.

Continuing Competency framework

Components	Requirement	Documentation/Evidence
Assessment	<ul style="list-style-type: none"> Annual self assessment of performance in current role, against ANMC competency standards Annual professional review (PDR) Annual self declaration of competence 	Keep in Portfolio Declaration of competency form
Practice Hours Practice is defined as any role in which the individual uses his/her nursing skills and knowledge. It should be noted that for the purposes of the NCCF, practice is not restricted to the provision of direct clinical care only. Being "in practice" includes using nursing knowledge in direct relationship with clients, management, administration, education, research, professional advice, regulatory or policy development roles or any roles that impact on safe, effective nursing service delivery.	<ul style="list-style-type: none"> A minimum of 420 hours in practice every 3 years 	Keep in Portfolio. Copy of pay slips Record from the pay office or Line Manager
Continuing Professional Development (CPD)	<ul style="list-style-type: none"> 30 hours / year or 90 hours / 3 years 	Keep in Portfolio Reports from Pathlore

Portfolio

(CDP) Evidence	1. Self Directed CPD <ul style="list-style-type: none"> prioritised learning need plan based on identified learning needs participated in learning activities related to needs reflected on the value or impact of learning 	Keep in Portfolio Reports of Pathlore In-service Attendance Workshops attended Courses Attended
(CPD) Evidence	2. Formal CPD <ul style="list-style-type: none"> education by professional organisations 	Keep in Portfolio Certificates Diploma's Degrees

(CPD) Evidence	<p>3. Effectiveness in CPD</p> <p>- those in which learning is likely to change practice</p>	<p>Keep in Portfolio</p> <p>Reflective Journaling</p> <p>Mentoring/tutoring</p> <p>Quality Improvement Projects/ Auditing/committees</p> <p>Clinical audits, case reviews</p> <p>Writing or reviewing journal articles, educational materials</p> <p>Active membership with professional groups</p> <p>Reading professional journals</p> <p>Writing for publication</p> <p>Policy, protocol development</p> <p>Presenting at or attending workplace education, in-service or skills workshops</p> <p>Postgraduate studies relevant to field of work</p> <p>Presenting at or attending conferences, seminars, professional meetings</p> <p>Relevant online or distance education</p>
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Section One

Professional Information

Personal Information

SURNAME: _____

FIRST NAME: _____

TITLE: DR /PROFESSOR/ASSOC PROFESSOR/ MR / MRS / MISS / MS: _____

If this Professional Portfolio is found, please return to:

NAME:

ADDRESS:

.....

.....

.....

POSTCODE:

TELEPHONE NO:

MOBILE NO:

FAX NO:

E-MAIL:

Qualifications Registered with Nurses and Midwives Registration Board

(E.g. Registered Nurse, Midwife, Enrolled Nurse, Assistant in Nursing)

INITIAL QUALIFICATION

Qualification: _____

Date Registered: _____

Institution: _____

ADDITIONAL QUALIFICATIONS

1. Qualification: _____

Date Registered: _____

Institution: _____

2. Qualification: _____

Date Registered: _____

Institution: _____

3. Qualification: _____

Date Registered: _____

Institution: _____

4. Qualification: _____

Date Registered: _____

Institution: _____

Relevant Undergraduate & Postgraduate Qualifications

E.g. Degree in Nursing, Master of Nursing, Diploma in Nursing Education, Counselling course.

1. Qualification: _____

Date Registered: _____

Institution: _____

2. Qualification: _____

Date Registered: _____

Institution: _____

3. Qualification: _____

Date Registered: _____

Institution: _____

4. Qualification Awarded: _____

Date Registered: _____

Institution: _____

Your Current Employment

Dates of Employment from: _____ To: _____

Employer: _____

Professional Level (e.g. AIN, EN, RN, CNS, CNC, NP, Manager)

Fulltime: _____ Part-time:(FTE) _____

Position Title: (e.g. Registered Nurse) _____

Area Worked/Specialty/Client Group cared for: _____

Key Responsibilities in this position: _____

Your Past Employment

Dates of Employment from _____ To: _____

Employer: _____

Professional Level (e.g. AIN, EN, RN, CNS, CNC, NP, Manager)

Fulltime: _____ Part-time:(FTE) _____

Position Title: (e.g. Registered Nurse) _____

Area Worked/Specialty/Client Group cared for: _____

Key Responsibilities in this position: _____

History of Certificates/Competencies

(E.g. Venipuncture, Advanced Life Support, Wound Management, Urinary Catheterisation)

Skills/Course	Initial certification	Re-certification	Re-certification
	Date: Certified by:	Date:..... Certified by:	Date Certified by:
	Date: Certified by:	Date:..... Certified by:	Date: Certified by:
	Date: Certified by:	Date:..... Certified by:	Date: Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:

Section Two

Professional Activities

Your Participation in Continuing Professional Development

Use this section to record your participation in continuing education activities.

Activities such as:

- Certificates
- Conferences
- Seminars
- Workshops
- Study days
- Distance learning units
- In-service sessions
- Publications
- Evidence of reading journal articles
- Other examples of self directed learning.
- Mandatory Education



You can use this section to store information as evidence that you have attended or participated in education activities e.g. certificates of attendance. You may also wish to record outcomes of any clinical supervision that you have found helpful.

If you have been qualified for several years, it may be difficult to recall all the events you have participated in. The entry of every event is not essential – the record is for your benefit so enter as many of the important events as possible.

You can access records of education attended by logging onto the HNEAH's intranet and finding your personal records on myLink Learning Portal.

www.mylink.hnehealth.nsw.gov.au

Attendance at Continuing Educational Activities

(Records can be obtained from www.mylink.hnehealth.nsw.gov.au)
(E.g. Workshops, Conferences, Study Days, Certificates)

Activity Attended	Most Valuable Aspect And Learning Outcomes
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	

Attendance at Continuing Educational Activities

Activity Attended	Most Valuable Aspect And Learning Outcomes
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	

Attendance at Continuing Educational Activities

Activity Attended	Most Valuable Aspect And Learning Outcomes
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	
Activity: _____ Date: _____ Venue: _____ Duration: _____ Professional Development Credit Points: _____	

(Records can be obtained from (www.mylink.hnehealth.nsw.gov.au))

[illegible]

[illegible]

Portfolio

[illegible]

[illegible]

Attendance of Mandatory Training

(Records can be obtained from www.mylink.hnehealth.nsw.gov.au)

Topic	Frequency	Date/s Attended
Fire Safety	Annually	
Security	Annually	
Occupational Health and Safety	Annually	
Manual Handling	Annually	
Infection Control and Prevention – Pandemic Preparedness	Annually	
Zero Tolerance (module 1,2)	Once	
Zero Tolerance (module 3)	Once- Managers	
Zero Tolerance (module 4)	Second Yearly	
Basic Life Support	Annually	
Disaster and Emergency Procedures	Annually	
Complaints Management	Once	
Child Protection	Once	
Cultural Awareness –Working with Health Care Interpreters	Once	
Identifying and Responding to Patients at risk of Suicide	Once	
Identifying and Responding to Domestic Violence	Once	
Code of Conduct	Once	
eLearning Blood Safe	Once	
Documentation	Once	

(Workshops, Conferences, Study Days, In-service, Conference presentations, Quality Improvement activities)

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

Portfolio

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Certificates

(E.g. Venipuncture, Advanced Life Support, Wound Management, Urinary Catheterisation)

Skills/Course	Initial certification	Re-certification	Re-certification
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date: Certified by:
	Date: Certified by:	Date: Certified by:	Date: Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:

Certificates

Skills/Course	Initial certification	Re-certification	Re-certification
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date Certified by:	Date: Certified by:
	Date: Certified by:	Date: Certified by:	Date: Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:
	Date: Certified by:	Date: Certified by:	Date Certified by:

(Involvement in any research projects/programs)

[illegible]

[illegible]

Use this section to record your membership of relevant associations or professional bodies.

[illegible]

