

## HPSRC REPORT- PLANNING FORWARD

Value of HPSAANZ transition seminars within professional accountability.

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*Ehara taku toa i te toa*

*Takitahi engari he toa*

*Takimano*

*My strength is not that of*

*an individual but that*

*of the collective*

*The work of those who contributed to the Hospital Play Specialist Association of Aotearoa/New Zealand reports and the data collected which this review has drawn on is gratefully acknowledged.*

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The annual joint review of the Registration programme in July 2021 by the Hospital Play Specialist Registration Council (HPSRC) and the Executive Committee of the Hospital Play Specialist Association of Aotearoa/New Zealand (HPSAANZ) recognised that at this time there is a body of work to be completed to enable the HPS professional body to participate effectively within the Ministry of Health future workforce planning. An initial step has been to clarify current HPS workforce data, the current status of DHB HPS orientation and induction programmes and the current role of the HPSAANZ Transition Seminars within the HPS Registration programme.

At this time hospital play specialists (HPS) are seen as an emerging profession within Allied Health in Aotearoa/New Zealand. The Ministry of Health Work Programme in their framework to understand Allied Health in a NZ context identify two factors- where do professions fit? How to foster professional growth?

The Report of the Health and Disability System Review recommendation is that the Ministry of Health lead development of a workforce plan with a 10-15 year view. The working group proposes merging disparate qualifications into a proposed health science and technology degrees, diplomas, and certificates. Students would study common subjects together and split into modules for their chosen profession. The initial step is to map core skills to identify content common across allied health, science and technical professions.

Ministry of Health Chief Allied Health Professions Officer Martin Chadwick has stated that challenges for Allied Health is to demonstrate their worth in an overstretched health system. He identified five challenges for Allied Health. These include

1. To define Allied Health
2. To determine our Value Add to population health
3. To ensure there is equity across all that we do
4. To make sense of the crowded healthcare landscape
5. To move towards transdisciplinary practice.

## **Executive Summary**

This HPSRC review of the transition seminars (TS) has been a paper and digital review supplemented with telephone discussions with HPS Services nationally who had staff attend transition seminar between 2017 and 2021. Discussions were also held with a selection of hospital play specialists who had been involved in HPSAANZ working groups that this review draws upon. List of participants and reports utilised are within Appendix One.

### **Report sections.**

These highlight current data and comments from within the profession

- 1.0 Introduction to HPS Registration.
- 2.0 Current HPS Workforce Data
- 3.0 Requirement for HPS Orientation and Induction Programmes
- 4.0 Current Status of DHB HPS Orientation and Induction programmes
- 5.0 HPSAANZ Transition Seminars
- 6.0 Planning Forward
  - Report of the Health and Disability System Review
  - Report of the HPSAANZ National Learning Programme
  - HPSRC 2022 Operational Planning for 2022
- 7.0 Membership discussion points on workforce planning in 2022.

### **Conclusion within the review**

Within some DHB orientation and induction programmes the clinical knowledge provided within the TS, is now being provided. The review highlighted for some District Health Board (DHB) HPS Services some of the initial purposes of the HPSAANZ transition seminars for those HPS newly appointed may not now all be required.

Within other HPS Services these have not yet been fully developed in line with current theory and practices and guidance of some requirements to be developed would be welcomed.

While for some HPS attendance is to meet Registration requirements, almost all HPS highly valued the TS. They are seen as a safe and supportive way to identify gaps in knowledge and growth, gain a sense of a wider professional identity and for collegial collaboration nationally.

As an emerging profession the areas of professional identity, support and collaboration nationally should be considered within any changes to the requirement for attendance at transition seminars being a requirement for Registration.

Given the developments within some DHB HPS Services orientation and induction programmes, there should be consideration for the HPSRC to assess HPS Services orientation and induction programmes against the content in the transition workshops with a view to these providing an alternative pathway for the TS component of Registration.

The report's discussion points provide areas that HPSAANZ members see have value for

further consideration within planning forward for the HPS profession workforce development. The draft Planning Forward Report was considered by the HPSRC at the annual operational planning meeting on the 3<sup>rd</sup> March 2022. The 2022 Annual General Report of the HPSRC will outline the actions to date that have been approved for 2022.

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## **1.0 Introduction to HPS Registration and the link to the transition workshops.**

In 2003 the Hospital Play Specialist Registration<sup>1</sup> programme was initiated to

- Foster consistency in standards of practice and ethical conduct
- Enhance the status and credibility of the profession
- Validate professional knowledge and provide a sense of professional pride and achievement
- Provide assurance for the public of the competency within the profession.

The HPSRC in conjunction with the Executive Committee of the HPSAANZ have responsibility for gaining recognition of Registration as well as the promotion of Registration to HPSAANZ members, DHB Child Health Managers, and other relevant employing hospitals and the Ministry of Health Manatū Hauora.

In 2003 the professional role of the HPS was still emerging within many Child Health Services. At that time few HPS Services had clearly defined orientation or learning packages for gaining the required knowledge and skills for the HPS role. Many HPS were working in professional isolation and were finding the complexities of working in a healthcare team and hospital environment challenging.

In 2001 six transition workshops/seminar (TS) were established by the professional body (HPSAANZ). The focus of the transition seminars was to facilitate orientation to the HPS profession for those newly appointed to HPS positions in their first year of service, provide common knowledge on current theory nationally, share clinical knowledge and the skills that HPS were to develop within self-directed learning. The TS were also seen as being a support to professional collaboration and strengthening networks nationally. Attendance at the TS were required as one of the criteria for HPS Registration in 2003 to ensure HPS had access to base professional knowledge.

In the 2012 Review of the HPS Registration programme among the changes made was the strengthened requirements within the Referee Reports. The confidential Referee Reports now require Section A to be completed by a HPS with full Registration who had known the applicant for six months, observed their practice and can attest to the applicant's competency. Section B comprises of an endorsement of the Section A report by the applicant's professional

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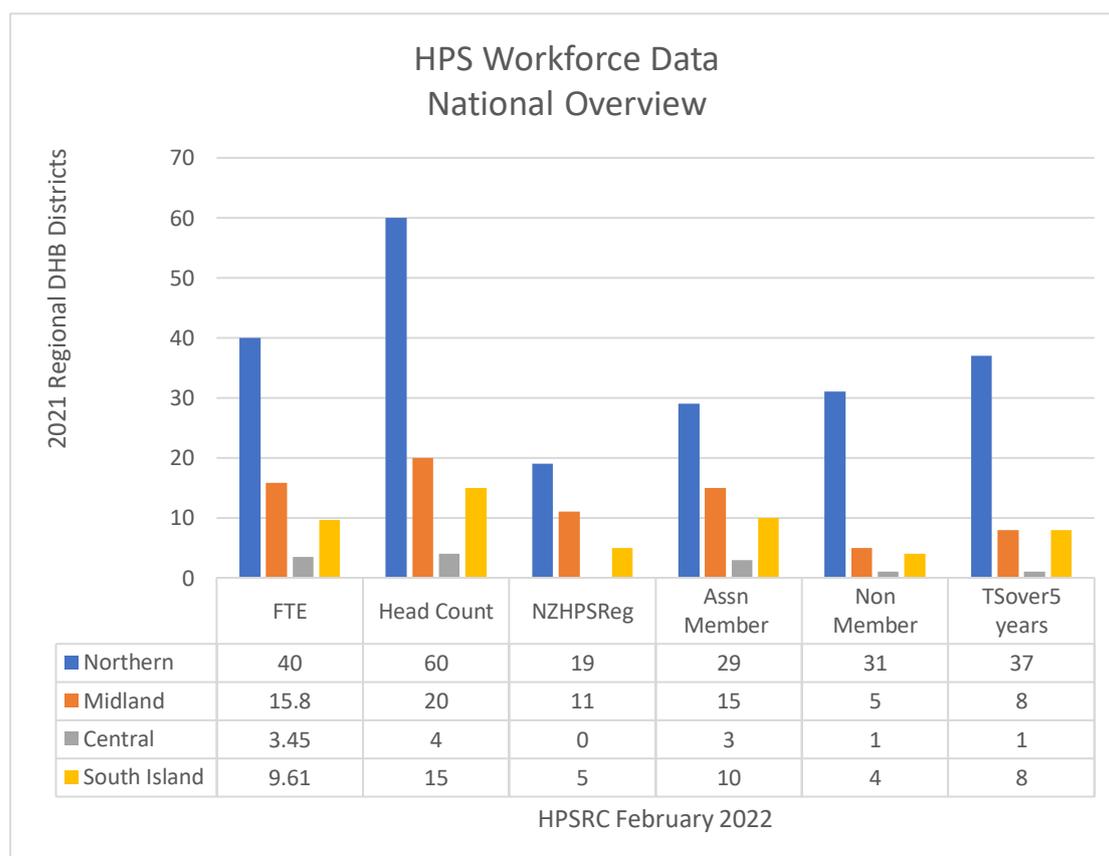
<sup>1</sup> Originally established 2003 as the HPS Certification Programme.  
Changed in 2012 to HPS Registration programme.

leader who is familiar with the applicant’s good character and professional practice. Some HPS Services have established mentor support for learning programmes provided by Registered HPS.

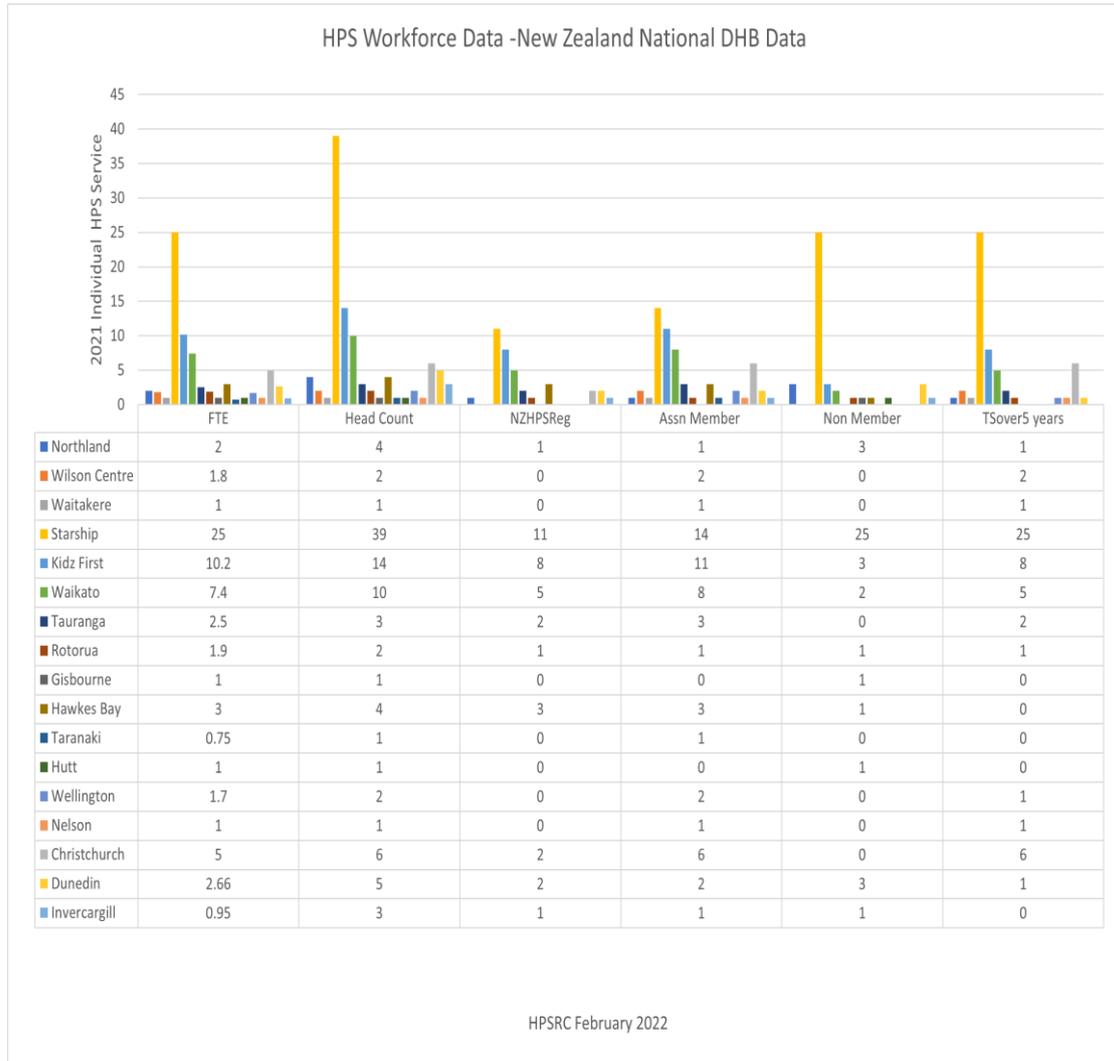
The TS were initially delivered as a component of the Ministry of Education (MOE) Professional Development contract for hospital-based EC Services. Following the cessation of the MOE PD contracts the transition seminars have been underwritten and facilitated by the HPSAANZ, supported by voluntary contributions by Registered or experienced Hospital Play Specialists. In 2020 due to Covid the TS were provided using ZOOM technology.

## 2.0 Current HPS Workforce Data

As part of this review I have drawn on three HPSAANZ databases.<sup>2</sup> The small variances between databases has likely been caused by staff movement and the timeframes the data was collected. The data presented gives insight into the current workforce status by HPS Service, regionally and nationally within six characteristics: workforce distribution, current known FTE, actual headcount, HPSAANZ membership, HPS Registration, HPS attending transition seminars.



<sup>2</sup> HPSRC Registration Workforce data. HPSAANZ membership list 2021. HPSAANZ National Learning Programme working group data.



Note: HPS working dependently or who hold NZHPSReg but are not working are not identified in these graphs.

**Current NZHPSReg:** 43 (39 FULL and 4 STC) with 1 STC pending lapsed.

### Allied Health Workforce Data Collection

As part of this review two reports linked to workforce development were reviewed

-TAS<sup>3</sup> Kahui tuitui tangata Report. *The 20 DHB's Allied Health. Scientific and Technical Workforce. People powered- Bringing the Numbers to Life*

-Tas Kahui tuitui tangata. *Dynamic workforce data at your fingertips*

The Strategic Workforce Services – TAS is a national resource which supports the 20 District Health Board (DHB's) to develop a sustainable and stable health workforce which is able to meet the present and future needs of the population it serves. The Health Workforce New Zealand data collection on Allied Health characteristics are: actual contracted FTE, Headcount, mean FTE for measuring part-time status, wellness and mobility (includes

<sup>3</sup> TAS Technical Advisory Service

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voluntary annual turnover) indicators, workforce profile, composition, gender, age and diversity. This data is collected quarterly from the DHBs.

Allied Health workforce composition by occupation in the report “People powered-Bringing the numbers to life” ( data as at 31 December 2017) **does not identify the HPS profession.** At this time I have been unable to identify what HPS data is held by Allied Health Workforce data providers.

Feedback within relation to workforce in the TS Review

Staffing levels

- Many services identified time deficits, often leading to challenges between meeting clinical and leadership responsibilities.
- HPS with the experience required for some of the organisational, clinical support and practice developments that are identified are often the HPS with complex clinical workloads.

The American Academy of Paediatrics ( AAP) statement on Child Life (USA title for HPS) states that while a ratio of 1 FTE to 15 patients and an HPS within other services where children receive care is desirable the Child Life specialist-to-patient ratios should be adjusted lower as needed for the medical complexity of patients served.

Education Council New Zealand / Matatū Aotearoa. *Guidelines for Induction and Mentoring and Mentor Teachers. Guidelines-for-Induction-and-Mentoring-English.pdf (teachingcouncil.nz)* Downloaded 20Aug2021. *”Section 2.4 Provision of mentor teacher professional development. It is recommended that mentor teachers form professional communities of practice to support each other within/or between schools, kura and ECE settings”*

A number of suggestions were in relation to the development of collaborative process for planning forward for the HPS profession.

Analysis of NZ HPS workforce data shows few HPS services would be able to meet AAP Child Life practice guidance statement for staffing. Within the NZ Health and Disability sector Standards while there are no specific staff ratios identified there is the expectation that service provider availability has the appropriate mix of staff available, at adequate levels, to provide a safe and responsive service for children and young people.

Challenges within transitioning into HPS leadership roles: A point has been made that those appointed to leadership roles often transition directly from Education EC Service with its established frameworks into HPS Services where there are emerging organisational or clinical frameworks. Participants highlighted that while there has been a focus on the transition and support into the HPS profession within the first two- three years and this is valued, a resource enabling access to documents that support and assist those in transition into

direct Team leadership responsibilities or identified leadership roles would be beneficial. The Leader's Forum was identified as a recent important development, however at this time there are a limited number of participants.

- Some NZHPSReg HPS have indicated that they would value opportunities for strengthening competence and confidence in teaching some core HPS competencies.

The Executive Committee of the HPSAANZ have signaled on-line PD initiatives and cluster meetings. These have the potential to assist strengthen issues raised in workforce development. The potential within regional cluster meetings is raised within the discussion points within section 7.0 of this report.

### Planning Forward - Strengthening Data collection

Recommendations to support HPS workforce development collection

1. Priority: Provide HPSAANZ workforce data to Health Workforce New Zealand annually

Tasks:

Physiotherapy Board. Survey 2014. Interim Report on new Graduate survey "83% the vast majority indicated they were well prepared for the transition from student to being in the workforce. Over three-quarters of respondents had experienced an inter-professional clinical placement as a student and this was also the case for 69% in their clinical careers"

- Clarify with Health Workforce New Zealand the data required and align HPSAANZ data collection processes
- HPSAANZ to establish national process for data collection of HPS workforce
- Include HPS workforce data within annual reports to the membership to enable Team Leaders in HPS Service to benchmark nationally

While the graphs above provide analysis of DHB HPS FTE, headcount within regional areas there would be value in compiling information on the scope of service provided by HPS Services nationally to make comparisons between FTE and patient beds and HPS Service in other areas where children have child health care.<sup>4</sup>

While the number of HPS and the FTE count is increasing within some DHB, anecdotal evidence indicates there is wide variance nationally between patient to HPS ratios or HPS in other services where increasingly children and young people receive child healthcare. As examples only a few DHB have weekend HPS Services, 7 day HPS programmes in emergency care, HPS Service in day stay units or outpatient clinics where children are having challenging procedures.

<sup>4</sup> Child Life have a benchmarking programme of FTE for a number of Child Life service programmes ie ambulatory, emergency  
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There is currently no data on how many HPS Services have Education student placements as a part of their workforce planning strategies. Surveys within other Allied Health professions indicate student placements assist the transition of HPS who later move to work in healthcare to transition.

### **3.0. Requirement for HPS Orientation and Induction Programmes**

In 2005<sup>5</sup> the professional body published an HPS Induction programme. In later years Kidz First and Starship collaborated on a preceptor package. From 2015 there has been ongoing discussions in relation to a national induction /learning package for HPS based on this package. In the interim years, a number of HPS Services have modified various induction packages for their requirements. In two HPS Services a one-year Preceptor programme has been developed to further accelerate HPS learning in the absence of a specific HPS qualification.

Recently the Ministry of Health signed off on Standards New Zealand Nga Paewera Health and Disability Services Standards which will come into effect on the 28<sup>th</sup> February 2022.

Within Nga Paewera standards are requirements within DHB's nationally

-Criteria 2.4.2 *service providers are required to ensure that the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.*<sup>6</sup>

-Criteria 2.4.4 *states that healthcare workers shall receive an orientation and induction programme that covers the essential components of the services provided.*

The New Zealand Health and Disability Sector Standards (Children and Young People) Audit Workbook SNZ HB 8134.4:2004<sup>7</sup> developed in 2004 remains the current audit workbook used by Standards NZ within the accreditation of providers of child healthcare. While there are no specific staffing employment recommendation, nevertheless there are expectations of what is required to meet that required for Child Health providers.

A number of HPS Services have Ministry of Education contracts for the delivery of Hospital Based Early Childhood Services. Requirement: *“All licensed hospital-based services are required to meet regulated standards and effectively support HPS to gain the additional knowledge and skills for working in hospital.”*

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<sup>5</sup> Based on a programme developed by HPS Service at Starship Childrens Health.

<sup>6</sup> In 2000 the HPSAANZ developed a professional progression guidance document to assist HPS Services establish these within their DHB.

<sup>7</sup> Developed by Standards NZ: Ministry of Health and the Paediatric Society. Two HPS were nominated by the organisations participating and observing from the health and disability organisations. See Page 2 of the Audit workbook for a list of organisations who made nominations.

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#### 4.0 Status of Orientation and Induction programmes within HPS Services

Within this review of the transition seminar an indication of the current orientation (*understanding the working environment*) and induction (*understanding the knowledge and skills required for the role*) packages, support (*learning resources, DHB release time/ use of personal time, DHB funds for the transition seminars*) across HPS Services, and their relationships with DHB Directors of Allied Health (DOAH) was sought.

Data from HPSAANZ reports<sup>8</sup>:

- 34% of DHB HPS have identified orientation and induction programmes.
- 25% HPS Services where no data has been provided to date.
- Three HPS Services had emerging programmes being developed.
- Three HPS Services identified resources, discussions and reflections on readings and clinical practice as part of “on the job training” process newly employed HPS were experiencing/ or where there was an emerging induction programme.
- Four HPS regional services have formalised orientation and induction programmes supported by experienced HPS within their service as mentors. While all programmes provide release time there is variance within the timeframes utilised which impacts on timely completion of modules. Prioritising against clinical work is often cited as a factor within this variable.
- While most HPS Services identified availability of key publications i.e., Thompson and Gaynard, a number felt the other readings held were dated and were interested in improving these resources.
- Within orientation and induction programmes the most common challenge identified was time, both for availability for mentors / team leaders and for HPS within the programmes regardless of the size of the service.
- There is wide variances in HPS relationships with DOAH from regular and supportive DOAH contact to their being zero knowledge of the DOAH role with HPS Services. Several HPS Services indicated recent contact has been made.

Marianne Kayes research (2005)<sup>9</sup> on HPS transition into their HPS role highlighted the challenges and identified support required. Orientation and induction programmes are essential components of the support required.

Suggestions from membership for planning forward

- See value in benchmarking some processes, resources building on current knowledge to ensure national continuity

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<sup>8</sup> HPSAANZ 2021 Workforce survey, HPSAANZ 2017-2020 transition workshop feedback analysis, survey data from the HPSAANZ National Learning Programme report. Supplemented with telephone contact with HPS Services who had staff attend transition seminars between 2017-2022..

<sup>9</sup>Kayes, Marianne (2005). *The experience of novice hospital play specialists in their early months of employment* MHSC thesis. AUT University, Auckland.

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- Development of practical resources and networking these through the leader forum or placed within the Association website
- Webinars spread across a year with a component for discussions by an experienced /Registered HPS for those newly employed

Collaboration would seem an effective way, both from associated costs perspective and HPS availability for HPS Services yet to develop their orientation and induction programme to accelerate that development.

## 5.0 Transition Workshops/ seminars

The 2015 transition workshop survey showed 64% of HPS were attending in their second or later years of employment.

### 2020 Summary of Attendee feedback

Based on 10 attendees. Delivery was through IT due to Covid restrictions.

Recurring themes in their comments

Strengths	Areas of Improvement
Quality and variety of all seminars	Timeliness of transition seminars when entering profession
Ability to reflect more deeply on evidence based practice	Mode of delivery and time commitment required
Safe and supportive way to identify gaps in knowledge and growth as a professional	Repetition of content between in-house preceptor programmes and national association programmes

### Rating of the overall value of the seminars:

Attendees identified limitations of zoom and repetitiveness of content, however despite this attendees found the seminars extremely valuable, with 9 of the 10 attendees rating them as excellent. They appreciated and recognised that Zoom delivery was a “plan B” and commented generally how well executed the seminars were.

### Suggestions for the improvement of the experience

- In person -34%
- More space between sessions – 22%
- More breakout opportunities within sessions- 22%
- Offered sooner in their careers – 22%
- Comments in relationship to feasibility and potential of offering seminars more regularly throughout the year or having the content recorded

The relevance of the content was high for all attendees. This was despite the fact that the time frame for attendance was not within their transition into the profession.

The annual review of the HPS Registration programme in 2021 considered the national current status of the HPS workforce and included an analysis of transition seminars participation across a five-year timeframe (2017- 2021).

The data shows:

- Total of 54 HPS participated in transition seminars across 2017-2021.
- All DHBs have financially supported HPS staff to attend the transition seminars
- The largest percentage attended from four tertiary hospitals
- Across five years many HPS had been well established in their professional role prior to completing the transition seminars. This would appear to suggest that for some attendance was to meet the criteria for an application for professional Registration rather than transitioning to the HPS role for those newly appointed.
- Registration data across 2017-2021 transition seminars show 20% of TS participants have achieved NZHPSReg at this time.
- Comparison of attendance at transition seminars and the 2021 HPSAANZ membership list indicates a possible 40% loss of HPSAANZ membership across this time. At this time further analysis is required to understand what underpins this figure and what percentage is a result of staff voluntary turnover.

From the supplementary telephone contacts key outcomes identified from the TS included:

- gaining understanding of a national perspective of clinical practice, peer validation of the HPS role
- enabling visits to national/ regional centres for those in professional or regional isolation
- the provision of a safe learning forum while transitioning within the first year for those moving from education sector into the healthcare sector
- Validated a sense of an identity within a national profession
- Provided a common point for reference and promotion of the theoretical base for the profession. The TS were identified as a safe place for learning
- Costs of attendance at TS when associated with staff turnover
- Duplication of some learning for staff from the services with formal induction programmes
- Experienced HPS were attending to meet Registration criteria
- Resistance to attend by some experienced staff is a barrier to progressing professional registration.

## 6.0 Workforce planning –

**The Report of the Health and Disability System Review** recommendation is that the Ministry of Health lead development of a workforce plan with a 10-15 year view. The working group proposes merging disparate qualifications into a proposed health science and technology degrees, diplomas and certificates. Students would study common subjects together and split into modules for their chosen profession. The initial step is to map core skills to identify content common across allied health, science and technical professions common.

At this time, while there is no specific training offered by tertiary institutions in New Zealand to become a Registered hospital play specialist there is a required base qualification. This is a minimum three-year tertiary qualification level 7 or above on the NZQA framework. This will most commonly be a Diploma of Education (EC). Other qualification will be considered but must have a focus such as education, play and child /adolescent development. The quality of orientation/ induction/preceptoring is very significant to the gaining of the theoretical frameworks and core competencies required by newly employed HPS and for preparation for HPS Registration.

The HPSAANZ is the professional body for hospital play specialists in Aotearoa / New Zealand. The Executive Committee and the Registration Council have responsibilities to promote and gain recognition for this profession. The HPSAANZ has representation (Debbie McDougall) within the Allied Health Professional Associations Forum (AHPAF).

Given the significant changes and likely challenges signalled within the Ministry of Health workforce planning it would seem desirable that an HPSAANZ Education task force be established to enable timely responses from this profession to Ministry of Health proposals from the “Framing the Future review” and working groups.

### **HPSAANZ National Learning Programme Report**

In 2020 the Executive Committee established an HPSAANZ working group<sup>10</sup> National Learning Programme to consider a specific tertiary qualification/ training programme. The group reported back in July 2021 to the Executive Committee. Their analysis of the feedback from 11 Team Leaders from the 17 DHB's contacted, and the 30 responses from a total of 77 HPS members indicated that:

- HPS's recognise that a learning package is necessary whether it be NZQA approved or delivered by our professional body
- Support for transition to the HPS role as wanted and imperative.

Within the report's conclusion a pathway to move forward to ensure that the HPS profession sits alongside other Allied Health professionals is identified. The report recognises any

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<sup>10</sup> HPSAANZ working group membership: Chloe Davidson, Diane Havler, Deborah McDougall, Denise Skeen

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pathway will entail a great deal of time, effort and money to maintain. It will be necessary to build strong relationships with DHB's/ employers. As an interim building block was the proposal that a formalised structured learning package, designed and maintained through the HPSAANZ be provided to ensure equitable and quality learning opportunities for all HPS in the country regardless of demographic, size of service, or dependency on individuals within a service.

### **Hospital Play Specialist Registration Council (HPSRC) 2022 Operational Planning**

The draft "Planning Forward Report" was considered by the HPSRC at the annual operational planning meeting on the 3<sup>rd</sup> March 2022. The 2022 Annual General Report of the HPSRC on the 25<sup>th</sup> March will outline the priority actions that have been approved.

The discussion points in section 7.0 were collated from HPSAANZ members feedback in various HPSAANZ reports and from the reference group participants in this review. The HPSRC recognise there are other possible areas that HPS will see as discussion points within workforce development and accountability within the HPS profession. This document provides a base of information that hopefully will enable discussion and strengthened collaboration in relation to HPS workforce development and accountability in the coming year.

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## 7.0 Discussion points for workforce planning in 2022

- HPSRC to consider benchmarking content within individual DHB HPS orientation and induction programmes against the current transition seminars content with a view to potentially provide a second transition pathway within the Registration programme.
- Executive Committee explore the provision of guidance and support for HPS transitioning into the HPS role with a combination of regularly spaced digital sessions based on the core content in the TS and pre-requisite readings.
- HPSAANZ membership consider potential within spaced biennial cluster meetings within the four regional areas ( Northern, Midland, Central and South Island) to strengthen sense of professional identity, enhance specialised HPS clinical practice, encourage professional collaborations in regions where families may access child health services across multiple facilities.
- Strategic Planning.  
Professional body to explore establishment of an Education Task force to assist:
  1. HPSAANZ as the professional body provide timely response to Ministry of Health proposals from the Framing the Future review and working groups.
  2. Explore roles of Team Leaders / HPSAANZ and HPSRC, DOAH, MOH in promoting workforce planning and accountability within the HPS profession nationally
  3. Assist in the establishment of a five year workforce development plan

## **APPENDIX ONE –**

### **REFERENCE GROUP CONTACTS:**

HPSRC member(s) - Allana Bunting

HPSAANZ 2020 Working group Transition Seminars – Morgan Thomas, Meenu Wadhwa

HPSAANZ- 2021 National Learning Programme Working Group Members: Debbie McDougal, Diane Havler, Chloe Davidson, Denise Skeen

Auckland/Starship HPS Service- Nicola Woollaston

Christchurch HPS Service- Melinda White

Invercargill HPS Service- Allana Bunting

Kidz First HPS Service- Robyn Maria

Lakes HPS Service- Jeannie McGowan

Nelson HPS Service- Sue Fahy

Tauranga HPS Service – Debbie McDougal

Waikato HPS Service: Karen Purchase and Lisa Pearson

Whangarei HPS Service- Karen Parker

Wilson Centre HPS Service - Vicky Davies

### **REFERENCE DOCUMENTS**

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