

Looking Back to move forward- professional accountability.

Brief background to the establishment of the Hospital Play Specialist Registration Council

1982 The McKinlay Report and the following survey for the Departments of Health and Education placed focus on the fragmented emotional care of children in New Zealand hospitals and the fragmented access to play within a therapeutic model. The Children's Health Liaison Group (CHLG), a parent /professional advocacy group, became a focal point for change to the model of paediatric care being Family Centred Care. Individuals working as play volunteers and hospital pre-school activities officers across New Zealand became active within the CHLG. Many of the "play ladies" used their professional knowledge and skills as educators to draw attention to the emerging literature of the essential role of play for children in hospital and for this to be provided by staff with the specialist knowledge and skills required for the role.

1987 Title of pre-school activities officer changed to hospital play specialists to align with UK counterparts professional title, but more importantly this title highlighted the value of play.

Feb 1989 At a meeting in Sydney the Australasian Assn of Hospital Play Specialists formed. Goals for hospital play specialists (HPS) in relation to therapeutic play were defined. Marianne Kayes was editor of the first newsletter.

1990 New Zealand Early Childhood Conventions became a forum for HPS networking internationally to advocate for play and recreation programmes for children in hospital to be addressed by the early childhood community in New Zealand. The focus being **'these are your children too'**. At the Wellington Convention (1886) there was a challenge for a focus for children in hospital to be within the professional programme at the next convention in Dunedin. The Dunedin 1990 Convention brought Elizabeth Crocker, a Child Life Director in Canada, and President of the Association for Children's Health (ACCH) as a keynote speaker. During the Dunedin Convention's poroporoaki calls were made from parents and professionals for the New Zealand Ministries of Health and Education staff attending to collaborate and address the needs of young children in New Zealand hospitals.

1992 Changes to New Zealand legislation enabled some hospitals to become licensed and to gain New Zealand Ministry of Education early childhood funding grants. An international first.


1993 At the 'Education in Hospitals' conference for HPS and teachers in hospital in Auckland, with international attendance, New Zealand Auckland based HPS chose to withdraw from the Australasian HPS Assn to focus on a New Zealand professional body for HPS. HPS Services rostered to provide a national monthly newsletter.

1995 Auckland HPS established within DHB/PSA Allied Health salary awards an HPS profession award. Discussion documents on New Zealand HPS competencies circulated nationally.

1996 April -At a national conference for HPS at Waikato, attended by 28 people, a steering group of seven was established to progress the Hospital Play Specialists Association of Aotearoa/New Zealand (HPSAANZ) as an incorporated society and manage activities until the **1st AGM of the Assn on the 28th September 1996**. At the AGM working groups on the development of the HPSAANZ official documents such as Competencies, Ethics, Standards became active.

1998 In 1997 Val Burns, Ministry of Education curriculum division, worked with the HPSAANZ and by June 1998 the HPSAANZ had achieved a one-year contract for professional development within hospital play specialist services who held early childhood licences. In time the scope of the PD contract expanded.

1999 **Credentiailling of allied health professional groups** was implemented at Middlemore Hospital. The process had five domains: professional and clinical practice; leadership and management; teaching learning and development; communication and cultural practices. The process required external participation from the professional body. HPSAANZ nominated Marianne Kayes, who at that time was facilitating the HPSAANZ Ministry of Education Early Childhood professional development contract.



2000 A professional progression pathway for HPS was established in the Middlemore Hospital Play and Recreation Services. The HPS role was benchmarked and included within the Allied Health PACT Award. It was recognised that the credentialling process could have potential national implications for the HPS profession.

The HPSAANZ built on the work and developed the 2003 draft HPSAANZ Professional Progression framework for HPS in New Zealand. HPS attended Child Life Council professional conferences in the USA to develop the clinical and organisational knowledge required to progress the HPS profession in New Zealand. Supportive international networks were established. The HPSAANZ became active within both Health and Education sectors to address gaps in the wider issue of **psychosocial care** of children, young people and families in hospitals.

2001 ‘Standards for the provision of Hospital Play and Recreation Services and Audit tool’ circulated nationally within HPS profession and within Ministries of Health and Education. Among the ten standards were: Scope of Service, staffing, professional qualifications and development. Following feedback 12 standards were developed. **The HPSAANZ released this document in June 2003.**

2001 First transition workshops for HPS were facilitated as part of the HPSAANZ Early Childhood Professional Development Contract.

2002-2003 HPSAANZ established a five-year strategic plan built on the work of the working groups. Eight key issues were identified. **The development of HPS Certification and a professional qualification being among these.**

2003 Oct. At the AGM in 2003 the HPS Certification process was launched.

Governance: The Certification Council would be a standing committee of the HPSAANZ.

Certified HPS would maintain Assn membership as a requirement. As a small profession it was not felt desirable for duplication of some tasks nor desirable to ask members to pay two organisational components within fees. Registration fees recognised the Assn membership component. HPSRC costs involved with assessment processes in Registration were to be self-funding from Registration application fees. Responsibilities and tasks for the HPSRC and the HPS Assn Executive Committee recognised within a written document. This would later be developed into an HPSRC Manual. Certification had two processes.


Initial Application for Certification based on set clinical practice requirements :

- HPS to submit a clinical practice portfolio showing that they were working within a therapeutic play model of care and had been collaborating with families and other HPS/ MDT members.
- Professional development hours requirements,
- Current employment as a HPS and employment hours across past five years established,
- An approved academic qualification. Expectation would be a base in child development,
- Attendance at the HPSAANZ Transition workshops (18hours across 6 workshops) and a youth development workshop were mandatory requirements.
- Pre-requisite readings were provided by the HPSAANZ at the six transition workshops

Renewal of Certification -based on required professional development pathway with other set requirements. The Hospital Play Specialist Certification Handbook was circulated to all DHB Child Health Managers, Ministry of Health and Ministry of Education and to all HPSAANZ members and HPS Services nationally.

2003 onward – moving forward -Certification process identified gaps within HPS clinical practice as some HPS from larger services were able to access international study to progress their clinical practice in line with international best practice on psychosocial care, professional competencies, professional accountability, and ability to articulate their professional role.

The HPSAANZ sought funding and facilitated **the first biennial HPS Professional conference** which had a focus on bringing as keynotes international expertise in clinical practice, leadership and



organisational skills to enable HPS nationally to gain access to relevant PD and build a sense of national identity as well as being part of an international profession.

The ongoing Ministry of Education Early Childhood Education PD contract enabled consistent direct support by an experienced HPS within HPS Services nationally.

The Registration Council assessment and audit reports identified areas where clinical practice performance improvement was required. Planning for conference timetable was established so that dates could be circulated at the biennial conferences and enabled invitations to keynote speaker as part of their university calendar for providing PD internationally. This timeframe and the quality of keynote and the conference programme also assisted the strong international participation at the conferences during the early years.

The regular HPSRC updates within 'CHAPTERS' the Assn newsletter/ bulletin provided supportive information for individuals working towards HPS Registration and renewal of Registration processes. In time these would become the basis for the FAQ/ Let's talk About guidance sheets on the HPS Registration tab today.

HPSRC promoted Registration at all biennial HPS conference, facilitated network opportunities with professionals of similar organisation visiting or attending conferences. International networks were actively established in Australia, Canada, USA, Japan, Kuwait, UK and Europe.

2011 Change from Certification (NZHPSRC) to Registration (NZHPSReg).

Members feedback on the 2011 HPSRC Annual Report highlighted that Registration was a preferred name for the professional accountability process and a full review of Certification was undertaken. The review identified areas where performance improvement was required i.e., strengthening the ability for HPS to articulate in writing their clinical reasoning processes, strengthened PD requirements and referee reports with team leader sign off required. Consultation on proposed new requirements for Registration drew a rush of applications for Certification as all HPS holding current NZHPSC were being grandparented to NZHPSReg. HPS with NZHPSReg with no 3year graduate qualification were advised if their Registration lapsed they would need to strengthen their base academic qualification within any future Registration application. From 2012 all new applications were required to have the new academic qualifications.

HPAANZ established a website, and the Registration process documents were included within the official document section. In 2011 the HPSRC sought to have a Registration tab established on the website.

2014 November. At the HPSAANZ Education working group a recommendation was made for the Registration process and the transition workshops be reviewed in line with current practice and research in our professional field internationally and take into account Registration requirements within similar professions internationally and within NZ Allied Health professions.

The second review of Hospital Play Specialist Registration working group comprised of current HPSRC members, HPSRC External Adviser, past HPSRC members and HPS Assn representation established wide consultation within the Assn membership.

Outcomes: The review identified that in line with Education and Allied Health professions a base 3year academic qualification with child development as a core component was required. Some flexibility was built into this requirement. The review of PD expectation took into account economic restrictions within DHB budgets in relation to PD release time and assistance with funds for PD. A statement of PD Intent and reduced PD hours with more relevance to current and future HPS career goals was implemented. Strengthened PDH evidence and verification in the renewal of Registration requirements was required. Categories of Registration widened to facilitate a variety of conditions. Renewal of Registration reduce to three yearly from 5 yearly. The new Registration requirements were implemented in 2017.

HPSRC requested HPSAANZ fund a joint annual face to face of the Executive Committee and HPSRC to facilitate more effective annual strategic planning and promotion for HPS Professional Registration nationally.

2014 Collection of NZHPSReg workforce data was established. International finding suggested that an 80% retention rate within renewal of NZHPSReg would be an indication that workforce development and retention of HPS within the field was sufficient to build the professional base of a profession group. HPSRC data shows this percentage has been achieved in a limited number of years since the collation of data.

2014 Annual rotation of Council members with an overlap period of 3 months initiated to assist orientation, transition of responsibilities, consistency within assessment processes and maintain Council at three active members for tasks. HPS Registration Handbook updated and the **HPSRC Manual** was developed as a standalone document for the HPSRC and the HPSAANZ Executive Committee. These documents are reviewed and revised at the joint annual Registration review.

2017 Revised Registration Handbook operational after wide consultation between 2015-2017. At the 2017 biennial conference keynote presentation on NZ HPS Registration process and criteria were made. Workshop provided on developing a clinical practice portfolio.

2018 Registration process began moving to being a digital process. Workforce data showed retention rate for HPS holding NZHPSReg was strengthening. Workforce employment numbers were increasing.

2019 -2000 Work commenced on the format and contents for the Registration tab within the HPSAANZ website. HPSRC CHAPTERS's articles on Registration criteria adapted into the Let's talk about...series of guidance sheets for the Registration website page. The Registration tab became active on the HPSAANZ website www.hospitalplay.org.nz. *A positive outcome from covid 19 lockdown and modern technologies.* The Registration tab includes information on Registration process, Registration resources and guidance sheets and the Directory of NZHPSReg.

March 2022 -Publication of the HPSRC flyer **'UPDATE'** which provides information three times a year on the Registration process and developments relevant to the HPS profession.

March 2022 As part of the HPSRC annual report to the HPSAANZ membership the report 'Planning Forward- the value of the HPSAANZ transition seminars within professional accountability' was presented with recommendations for moving forward. Highlighted was the low percentage of HPS completing transition workshops being retained in the profession. Following the AGM, the HPSRC convened a reference group representing the wide diversity of HPS Services nationally to development and implement a national pathway to support those newly employed transition in the HPS role. The pathway would link to existing employment orientation and induction processes and the role and work of the professional body.

Nov 2022 The draft HPSRC Transition Pathway to the role of HPS from the reference working group was presented the joint HPSRC and Executive committee of the HPSAANZ. The joint HPSRC and Executive committee agreed to replace the HPSAANZ transition seminars within the Registration programme with the mandatory requirements within the Transition Pathway to the role of HPS.

March 2023 – HPSRC document "Transition Pathway to the HPS role" presented to the membership at the 2023 AGM. Following national consultation, the mandatory requirements within the transition pathway were approved by the HPSAANZ Executive committee and are placed within the HPSRC Registration Handbook.