



# Hospital Play Specialists Registration Council

## HOSPITAL PLAY SPECIALIST

### REGISTRATION

#### Handbook

(2019 Edition)

Registration enquiries: [hpsreg@gmail.com](mailto:hpsreg@gmail.com)

# Hospital Play Specialist Professional Registration

---

The Hospital Play Specialists Registration Council (HPSRC) is a standing committee of the Hospital Play Specialists Association of Aotearoa/New Zealand (Inc.) The purpose of the HPSRC is to provide a Registration programme for the hospital play specialist profession. Registration is a process by which a professional organisation or association grants recognition to an individual who has achieved competency.

## **Rationale:**

Hospital play specialist Registration:

- Fosters consistency in standards of practice and ethical conduct.
- Enhances the status and credibility of the profession.
- Validates professional knowledge and provides a sense of professional pride and achievement.
- Provides assurance for the public that Hospital Play Specialists have achieved professional competency requirements for their profession and are maintaining their professional development.

Hospital play specialist re-Registration requires professionals who are considered to be competent to maintain current knowledge and standards in the field, as well as to demonstrate a commitment to continued professional growth.

## **Goals:**

- To establish a process for recognition of hospital play specialists who have achieved professional competencies.
- To provide a mechanism, through re-Registration, that holds individual registered hospital play specialists responsible for ethical conduct and continued professional growth and development.

## **Standards:**

Eligibility requirements, and requirements for Registration and re-Registration, are established by the HPSRC and approved by the Hospital Play Specialists Association Executive. These requirements are reviewed on an ongoing basis and revised as necessary. Members of the Hospital Play Specialists Association will be advised of any changes well in advance of their implementation.

## **Categories of Registration:**

There are three categories of Registration:

- Full: Full Registration. Hospital Play Specialists with Full Registration may put NZHPSReg after their name.
- Subject to Confirmation (STC) for those who have held Full Registration and wish to maintain Registration but are unable to meet the requirements for Full Registration. Hospital Play Specialists Registered STC may put NZHPSReg(STC) after their name.
- Lapsed: Hospital Play Specialists who do not renew their Registration as required by the HPSRC will be considered to have lapsed and will be recorded as such on the HPSRC register. They may not put NZHPSReg after their name.

**Administration of Services:**

1. The Registration programme is administered by the Hospital Play Specialist Registration Council. Applications for Registration should be made on the appropriate form, obtainable from the Hospital Play Specialists Association website. [www.hospitalplay.org.nz](http://www.hospitalplay.org.nz)
2. The fee for Registration and re-Registration is set from time to time by the Executive of the Hospital Play Specialists Association.
3. Registration applications and supporting documents will be held as evidence and for audit purposes for the duration of an individual's Registration. Do not send originals of documents such as qualifications, marriage certificates etc. Applications and documents submitted will not be returned to the applicant.

**Application closing dates:**

5 March, 5 July, 5 November

Applications not received or postmarked by the appropriate date will be considered at the following meeting. Applicants will be informed if this decision is made.

# Table of Contents

Page

## Section A:

### Hospital Play Specialist Registration requirements

- |   |     |
|---|-----|
| 1. Requirements for Full Registration (NZHPSReg)                            | 5.  |
| 2. Renewal of Full Registration   | 7.  |
| 3. Application to Defer Renewal of Full Registration: Special Circumstances | 8.  |
| 4. Renewal of Registration Subject to Confirmation (NZHPSReg STC)           | 9.  |
| 5. Returning to Full Registration from "Subject to Confirmation"            | 10. |
| 6. Lapsed Registration  | 11. |
| 7. Returning to Full Registration for those whose Registration has lapsed   | 11. |
| 8. Revoking of Registration   | 13. |
| 9. Checklist  | 14. |

### Appendices

- |            |     |
|------------|-----|
| Appendix A | 16. |
| Appendix B | 17. |
| Appendix C | 18. |
| Appendix D | 19. |
| Appendix E | 20. |
| Appendix F | 27. |

## Section B

1. Endorsement of Referee Report

## 1.0 Requirements for Full Registration (NZHPSReg)

---

Registration, once granted, is valid for 3 years.

Applicants for Registration by the Association shall:

- 1.1 Pay the required fee.
- 1.2 Be currently employed by a District Health Board (DHB) or similar health provider as a hospital play specialist.
- 1.3 Have completed **3000** employment hours within a hospital play specialist role in the five years prior to application.
- 1.4 Be current members of the Hospital Play Specialists Association at the time of application.  
**Note:** Registered hospital play specialists are required to maintain current membership throughout each year of Registration. If they do not, applications for re-Registration under Section 2.0 will not be accepted. For this purpose, membership must be paid by 28 February in each year.
- 1.5 Hold a minimum three year tertiary qualification (graduate diploma or degree, Level 7 or above on the NZQA framework). This will most commonly be a Diploma in Teaching (ECE), or equivalent as approved by the NZQA, and/or a B.Ed(EC teaching).

Other qualifications at undergraduate degree level will be considered on application, but such applicants must provide evidence demonstrating that their qualification has a relevant core focus such as education, play, and child and adolescent development.

Where an applicant's base undergraduate degree qualification does not have a relevant core focus, they may apply for special consideration based on documentation of relevant additional completed qualifications. e.g. a Bachelors degree in Social Work, together with a NZ Playcentres Federation Diploma in Early Childhood and Adult Education (NZQA accredited Level 6).

All applicants must attach certified copies<sup>1</sup> of their qualifications. If you have changed your name since the award of your qualification then you must provide evidence of the change, e.g. certified copy of a marriage certificate.

---

<sup>1</sup> The following people are authorized to certify documents:

- A Lawyer
- A Notary Public
- A Justice of the Peace
- A Commissioner of Oaths
- A Court Registrar or Deputy Registrar
- A Member of Staff at a New Zealand Embassy

The authorised person must note on the copied document:

1. "Certified true copy" (in English)
2. Their authority (in English)
3. Their name
4. Their signature

*Note: Application forms and supporting documents will be retained by the HPSRC. It is advised that applicants keep a copy of their application. Do **not** send originals of documents such as qualifications, marriage certificates etc.*

- 1.6 Complete the six transition seminars provided by the Hospital Play Specialists Association.
- 1.7 Complete an approved seminar (minimum 6 hours) on working with young people. Seminars to include a component on youth development.  
  
If you are unsure whether a course is suitable, please check with the HPSRC prior to enrolment, hpsreg@gmail.com.
- 1.8 Complete a professional portfolio comprising all items set out in Appendix A. This should include a brief PD plan/statement of intent with regard to future professional development goals over the next three years. (See Guidelines, Appendix E.)
- 1.9 Provide a confidential Referee Report and accompanying Endorsement, attesting to the applicant's competence, good character and ability to carry out the duties of a hospital play specialist safely and satisfactorily. (See attached Referee Reports form, Appendix F.)
- 1.10 Sign an agreement that you have read, understood and agree to abide by the Code of Ethics of the Hospital Play Specialists Association.

**Note:**

***Applicants need to demonstrate competence across all age groups. Please ensure that your application documents provide evidence of your knowledge and skills in working with infants, children and young people in healthcare settings. Evidence may come from a mixture of your qualifications, professional development, observations, case studies.***

---

5. Their official stamp

## 2.0 Renewal of Full Registration

---

Re-Registration will be required every three years, except in special circumstances (see Section 3.0). All applicants for re-Registration shall:

- 2.1 Pay the required fee.
- 2.2 Provide verified evidence of current employment as a hospital play specialist, in a position using the skills and competencies as outlined by the HPSA, and/or in a leadership or education role with hospital play specialists.
- 2.3. Applicants must have maintained membership of the Hospital Play Specialists Association throughout each of the years since previous Registration. If they do not, applications for re-Registration under this category will not be accepted. *Note:* For this purpose, membership must be paid by 28 February in each year.
- 2.4 Professional Development:
  - 2.4.1 Complete relevant ongoing professional development amounting to a minimum of 40 hours within the 3 year period, with a minimum of 5 hours in any one year. (See Guidelines, Appendix E.) This should include a brief statement of how the professional development undertaken has related to the goals previously identified and/or why these may have changed.
  - 2.4.2 Provide a brief PD plan/statement of intent with regard to future professional development goals over the next three years. (See Guidelines, Appendix E).
  - 2.4.3 Provide a confidential Referee Report and accompanying Endorsement, attesting to the applicant's competence, good character and ability to carry out the duties of a hospital play specialist safely and satisfactorily. (See attached Referee Reports form, Appendix F.)
- 2.5 Where applicants are in regional isolation and do not have a Fully Registered Hospital Play Specialist to observe their practice and attest to their competency, the applicant may request consent from the HPSRC to have Section A of the Referee Report signed by a health colleague who holds professional Registration within their profession and has close contact with the applicant. In addition to the referee report the applicant must provide a statement (under 500 words) of how they are regularly maintaining professional networks and communication within the hospital play specialist profession.
- 2.6 Include a self care plan (See Guidelines, Appendix A).
- 2.7 Sign an agreement that you have read, understood and agree to abide by the Code of Ethics of the Hospital Play Specialists Association.
- 2.8 If you have changed your name since your previous application for Registration, then you must provide a certified copy as evidence of this.

**Note:** Hospital play specialists who do not meet these requirements at the time their Registration is due for renewal, or whose Registration has lapsed but who wish to again become Fully Registered, may apply to the HPSRC for Registration 'Subject to Confirmation' (see Section 4.0) or re-apply for Full Registration as outlined in Section 1.0.

### 3.0 Application to Defer Renewal of Full Registration: Special Circumstances

---

Where a hospital play specialist with Full Registration is granted leave from their employment. (e.g. for parental leave, serious illness, secondment) and is unable for this reason to meet the requirements for renewing Full Registration, an application may be made to the HPSRC for a 'grace period'. If granted, Full Registration will be deferred for a limited period. Any remaining time of valid Registration will be resumed after the agreed period.

A special circumstances application to defer renewal of Full Registration may be requested on more than one occasion, but the total period for which Registration will be deferred is 2 years within any five-year period. HPS must maintain membership of the Association during deferment.

All applicants for deferment of referral under Section 3 shall:

- 3.1 Advise the HPSRC by mail or email at least 2 weeks in advance of the expected commencement of leave, supported by evidence from their employer that leave has been granted. In this initial advice, applicants must give an expected date of resuming employment.
- 3.2 On return to work, it is the responsibility of the applicant to immediately advise the HPSRC of the date of their resumption of employment. The HPSRC will then provide a new date for Re-Registration, based on the length of leave.
- 3.3 Hospital Play Specialists who have had HPSRC approval for their renewal of Registration to be deferred may continue to use NZHPSReg.



## 4.0 Renewal of Registration Subject to Confirmation NZHPSReg(STC)

---

This section applies to previously registered hospital play specialists who have been unable to meet the requirements for renewal of Full Registration:

4.1 Hospital play specialists in this situation may apply to the HPSRC for renewal of Registration 'Subject to Confirmation<sup>2</sup>', providing that they:

- Pay the required fee
- Complete the declarations on the application form, including agreement that they have read, understood and agree to abide by the Code of Ethics of the Hospital Play Specialists Association.
- Maintain membership of the Hospital Play Specialist Association throughout the period of their Registration Subject to Confirmation

4.2 Subject to Confirmation (STC) Registration may be re-applied for every 3 years, with a limit of three applications (making a maximum period of 9 years) providing that the person continues to comply with the requirements in 4.1 above.

4.3 Hospital Play Specialists with Registration STC may use the designation NZHPSReg (STC) but may not use NZHPSReg.

4.4 Applicants should maintain professional development during this time.

4.5 Failure to maintain Registration (STC) every 3 years, or to reapply for Full Registration, will result in the person's Registration lapsing and they will be shown as lapsed on the HPSRC register.

4.6 If you have changed your name since your previous renewal, you must provide a certified copy as evidence.

---

<sup>2</sup> Application forms are available on the website; HPSRC tab

## 5.0 Returning to Full Registration following Registration Subject to Confirmation (STC)

---

Applicants who hold Registration 'Subject to Confirmation' may apply at any point within the three year period to again be Fully Registered after they have completed the following requirements:

- 5.1 Pay the required fee for Registration
- 5.2 Provide verified evidence of current employment as a hospital play specialist, in a position using the skills and competencies as outlined by the HPSA, and/or in a leadership or education role with hospital play specialists.
- 5.3 Have completed a minimum of 480 employment hours<sup>3</sup> within the year prior to the date of application to return to Full registration.
- 5.4 Be current members of the Hospital Play Specialists Association at the time of application, and have maintained membership throughout their time 'Subject to Confirmation'.
- 5.5 Completed a minimum of 5 professional development hours within the year prior to the date of application for Full Registration. (See Guidelines, Appendix E.)
- 5.6 Complete a professional portfolio comprising the items below as set out in Appendix A,
  - Three case studies
  - Verified Professional development record (5 PD hrs required) completed.
  - Self care plan
  - a brief PD plan/statement of intent with regard to future professional development goals over the next three years. (See Guidelines, Appendix E.)

*(Applicants who have previously been Registered are not required to again attend the transition seminars, the professional development on adolescence or complete the procedural accompaniments and professional observations).*
- 5.8 Provide a confidential Referee Report and accompanying Endorsement, attesting to the applicant's competence, good character and ability to carry out the duties of a hospital play specialist safely and satisfactorily. (See attached Referee Reports form, Appendix F.)
- 5.9 Sign an agreement that you have read, understood and agree to abide by the Code of Ethics of the Hospital Play Specialists Association.
- 5.10 If you have changed your name since your previous application, you must provide a certified copy as evidence.

---

<sup>3</sup> Calculated on the basis of a 30 hour week over 3 months

## 6.0 Lapsed Registration

---

- 6.1 Registered hospital play specialists who have not renewed their Registration by the expiry date may apply in the next two registration dates, effectively giving a period of grace of 6 months. Hospital play specialists in this category will be recorded as "Pending lapsed" on the HPSRC register.
- 6.2 If application for renewal has not been made within 6 months of the expiry date, Registration will be regarded as lapsed and recorded as such on the HPSRC register.

## 7.0 Returning to Full Registration for those whose Registration has lapsed

---

Applicants whose Registration (either Full or STC) has lapsed may apply to the HPSRC for renewal of Registration as below. There are two pathways for this:

1. Apply as per Section 1.0 (but with exemption from repeating the Transition Seminars and the seminar on youth health/working with young people)
2. Applying as below. *Note:* The requirements under this section must be completed within 12 months from the date of approval by the HPSRC of the application under section 7.0.

Applicants under Section 7.0 must:

- Pay the required application fee for Full Registration
- Be a current member of the Hospital Play Specialist Association
- Complete the appropriate form requesting approval to start the process of return to Full Registration.
- Include in the application evidence of employment in hospital play specialist role

In the first instance, applicants will be issued with NZHPSReg (STC) Registration to cover the period until they are able to complete the requirements for Full Registration.

In order to regain Full Registration, in addition to the above, applicants must within 12 months from the date of approval:

- 7.1 Provide verified evidence from their employer of having completed 700 employment hours<sup>4</sup> as a hospital play specialist, in a position using the skills and competencies as outlined by the HPSA, and/or in a leadership or education role with hospital play specialists, in the 12 months following approval of the application.
- 7.2 Complete a minimum of 5 professional development hours within the time taken to complete Full Registration requirements. (See Guidelines, Appendix E.)

---

<sup>4</sup> Calculated on the basis of a 30 hour week over 6 months

- 7.3 Complete a professional portfolio comprising all items set out in Appendix A (with exemption from repeating the Transition Seminars and the seminar on youth health/working with young people). This should include a brief PD plan/statement of intent with regard to future professional development goals over the next three years. (See Guidelines, Appendix E.)
- 7.4 Provide a confidential Referee Report and accompanying Endorsement, attesting to the applicant's competence, good character and ability to carry out the duties of a hospital play specialist safely and satisfactorily. (See attached Referee Reports form, Appendix F.)
- 7.5 Sign an agreement that you have read, understood and agree to abide by the Code of Ethics of the Hospital Play Specialists Association.
- 7.6 If you have changed your name since your previous Registration, you must provide a certified copy as evidence.

## 8.0 Revoking of Registration

---

Hospital Play Specialist Registration may be revoked by the HPSRC for any reason the Hospital Play Specialists Association Executive deems appropriate, including, but not limited to, the following:

- 8.1 Falsification of the Registration application.
  - 8.2 Falsification of any information requested by the Hospital Play Specialists Association.
  - 8.3 Violation of the Hospital Play Specialists Association Code of Ethics.
  - 8.4 Participation in illegal conduct or impropriety which may compromise or impede the fulfilment of an individual's professional responsibilities or bring the profession into disrepute.
- 

### *Vulnerable Children's Act: Police Checks*

*The HPSRC is aware of their responsibility to ensure that all Registered HPS are safe to work with children. Full safety checks are the responsibility of the employee.*

In the meantime, applicants are required to sign the declaration on the application form regarding convictions.

## 9.0 CHECKLIST

---

### NOTE:

**“Certified evidence” is defined in Section 1.0, p. 4**

**“Verified evidence”:** Verification can be done by your professional leader, team leader or similar. S/he must sight the original of the evidence provided and sign off with his/her name, title, and signature

---

### Section 1.0 Applicants for Full Registration:

- Are you a current member of the Hospital Play Specialists Association of Aotearoa/New Zealand? (If not, you cannot apply for Registration.)

*Have you provided?*

- The required fee (cheques should be made payable to the Hospital Play Specialists Association)
- Referee Report and Endorsement (to be sent direct to the HPSRC by the Referees)
- Completed application form, including agreement to abide by the Hospital Play Specialists Association Code of Ethics

*Have you included **certified** copies of the following?*

- Relevant three year tertiary qualification (Refer Section 1.5)
- Name change (if relevant)

*Have you included **verified** evidence of the following?*

- Current employment as a hospital play specialist in New Zealand
- Sufficient employment hours (Refer Section 1.3)
- Completion of the Transition Courses provided by the Hospital Play Specialists Association
- Completion of approved seminar(s) on working with young people (minimum 6 hours)
- Clinical practice, contained in a professional portfolio (see Appendix A for requirements)

### Section 2.0 Applicants for re-Registration:

Are you a current member of the Hospital Play Specialists Association of Aotearoa/New Zealand? You must have maintained your membership throughout each year. If not, you cannot apply for re-Registration under section 2.0.

*Have you provided?*

- The required fee (cheques should be made payable to the Hospital Play Specialists Association)
- Referee Report and Endorsement (to be sent direct to the HPSRC by the Referees)
- A self-care plan
- Completed application form, including agreement to abide by the Hospital Play Specialists Association Code of Ethics
- A *certified* copy of a change of name, if relevant.

*Have you included **verified** evidence of the following?*

- ❑ Current employment as a hospital play specialist or in a related role (e.g. team leader, professional development role with hospital play specialists)
- ❑ Relevant ongoing professional development amounting to a minimum of 40 hours within the three year period, and with at least 5 hours in any one year. (See Guidelines Appendix E.)

#### **Section 4.0 Applicants for re-Registration 'subject to confirmation':**

Are you a current member of the Hospital Play Specialists Association of Aotearoa/New Zealand? You must maintain your membership throughout each year of Registration "Subject to Confirmation".

*Have you?*

- ❑ Paid the required fee
- ❑ Completed the declarations on the Application Form, including agreement to abide by the Hospital Play Specialists Association Code of Ethics
- ❑ Provided a *certified* copy of a change of name (if relevant).

#### **Section 5.0 Applicants for full Registration following Registration 'subject to confirmation' :**

- ❑ Are you a current member of the Hospital Play Specialists Association of Aotearoa/New Zealand?
- ❑ Have you maintained your membership throughout the time you have been Registered 'subject to confirmation'?

*Have you provided?*

- ❑ The required fee (cheques should be made payable to the Hospital Play Specialists Association)
- ❑ Referee Report and Endorsement (to be sent direct to the HPSRC by the Referees)
- ❑ Completed application form, including agreement to abide by the Hospital Play Specialists Association Code of Ethics
- ❑ A *certified* copy of a change of name (if relevant)

*Have you included **verified** evidence of the following?*

- ❑ Current employment as a hospital play specialist or in a related role (e.g. team leader, professional development role with hospital play specialists)
- ❑ Minimum of 480 employment hours within the year prior to application for full Registration under Section 5.0)
- ❑ Relevant ongoing professional development amounting to a minimum of 5 hours in the year prior to applying for full Registration. (See Guidelines, Appendix E.)
- ❑ Clinical practice, contained in a professional portfolio (see Appendix A for requirements)

## Section 7.0 Returning to Full Registration for those whose Registration has lapsed

*NB. This applies to those applying under Section 7.0, pathway 2 (refer p. 1). You must previously have gained approval from the HPSRC to return to Full Registration under this pathway.*

- Are you a current member of the Hospital Play Specialists Association of Aotearoa/New Zealand?

*Have you provided?*

- The required fee (cheques should be made payable to the Hospital Play Specialists Association)
- Completed application form, including agreement to abide by the Hospital Play Specialists Association Code of Ethics
- Referee Report and endorsement (to be sent direct to the HPSRC by the Referees)
- A *certified* copy of a change of name (if relevant)

*Have you included **verified** evidence of the following?*

- Minimum of 700 employment hours in the 12 months following approval of your application
- Minimum of 5 professional development hours within the time taken to complete Full Registration requirements
- Clinical practice, contained in a professional portfolio (refer 7.3, p. 10)



## APPENDIX A: PROFESSIONAL PORTFOLIO

---

Note: It is not intended that this portfolio involve the applicant in significant amounts of work additional to that which is desirable as a part of the applicant's usual practice. In services where the applicant is required to meet similar requirements (e.g. as part of a preceptor programme or credentialing process), the applicant may submit this same work for Registration purposes, provided that it is in the required format and that confidentiality of children, young people and families is protected. A professional portfolio needs to be planned and organized so as to illustrate the applicant's professional qualities and practices. It is important to follow the suggested structure contained in this Handbook for writing up case studies, observations and procedural accompaniments.

The portfolio must contain:

1. **Three case studies.** (See Appendix B for guidelines)

- a. One child under 5 years
- b. One child 5-11 years
- c. One young person 12 years or older

2. **Three procedural accompaniments of procedures relevant to your workplace.**

(see Appendix C for guidelines).

Accompaniment must be verified by an appropriate person (e.g. hospital play specialist, charge nurse, doctor). Appropriate examples might include:

- Theatre visit incorporating observation of anaesthesia induction and recovery
- IV insertion or blood test
- X-ray and/or other scanning procedure such as CT or MRI
- Sibling visit to neonatal unit/intensive care unit
- Rehabilitation treatment

3. **Professional practice observations** (see Appendix D for guidelines)

- Written observation of at least one healthcare play session conducted by a Registered hospital play specialist
- Written observation of at least one preparation session conducted by a Registered hospital play specialist.

(Where possible, the children involved should be of different age groups)

Applicants are strongly advised to seek opportunities to observe the practice of a variety of experienced colleagues and to receive constructive feedback from colleagues on their own practice, with regard to healthcare play and preparation.

4. **A PD plan/statement of intent** (See Appendix E)

**5. Verified record of ongoing professional development.** (See Appendix E)

For first time applicants, this must amount to a minimum of 10 hours in the one year prior to application, in addition to the transition and young people seminar requirements.

Applicants for re-Registration should refer to the relevant requirements, as set out in Sections 2.0 and 5.0.

**6. Self-care plan**

A statement of how the applicant manages work-related (and/or personal stress which may impact on their professional role), including how they obtain professional support and supervision of their practice.

## APPENDIX B: CASE STUDY

---

Each case study should be written up under the following headings. The assessment criteria which will be used by the Registration Council in evaluating the case studies is indicated in italics. Applicants need to show evidence of their assessment, planning, and intervention. It is expected that the case studies will demonstrate critical self reflection on applicant's own practice and how this might influence their future practice. (Note: Ensure that no information is provided which might identify the child/young person or family)

### 1. Brief background information

*Assessment Criteria:*

- Documents the reason for hospital play specialist involvement.

### 2. Assessment and planning

*Assessment Criteria:*

- Demonstrates that a range of information about the child/young person and/or family has been sought for assessment purposes.
- Identifies and discusses the developmental, social, environmental and cultural factors that may influence or impact upon the actions and responses of the child/young person and family.
- Identifies any likely stress points for this child/young person (and family)
- States desired outcomes for child/young person and family as a result of intervention.
- Documents sources of information used in hospital play specialist assessment and planning, i.e. discussion with child/young person, family and other professionals.

### 3. Intervention

*Assessment Criteria:*

- Documents hospital play specialist intervention and links to assessment/plan of care.
- Explains reasoning behind hospital play specialist decision making.
- Identifies play/recreation opportunities
- Outlines the involvement/action of others (child/young person/family/other professionals)

### 4. Reflective evaluation

*Assessment Criteria:*

- Critically reviews and evaluates the hospital play specialist intervention(s) provided. (The focus should be on your own role and practice: you may like to use a recognized model of critical reflection<sup>5</sup> as a framework.)
- Discusses implications for future practice in relation to self, child/young person/family/other professionals where appropriate.
- Records evidence of feedback from others (child/young person, family other professionals).

---

<sup>5</sup> Examples in: O'Connor, A., and Diggins, C. (2002). *On reflection: reflective practice for early childhood educators*. Lower Hutt: Open Mind Publishing.

Smyth J (1989): Developing and sustaining critical reflection in teacher education. *Journal of Teacher Education* **40**(2) 2-9

## **5. Documentation in clinical notes/medical records.**

### *Assessment Criteria:*

- Provides a charting note (not a sticker) relating to the above, such as would be recorded in the clinical notes/medical record.
- Must demonstrate understanding of legal requirements for charting
- Identifies plan of care, interventions made and evaluation

## APPENDIX C: PROCEDURAL ACCOMPANIMENT

*Note: The hospital play specialist's role for this purpose is as an **observer** only. You should not be actively involved in supporting the child, young person or family.*

---

### **Include the following information with each procedural accompaniment:**

Hospital Play Specialist name: .....

Date: .....

Procedure: .....

Child/young person's age: .....

Sex: M / F

### **Accompaniment verified by:**

**Name (Please print):** .....

**Designation:** .....

**Signature:** .....

### **Ensure your observation includes brief notes on the following (3-4 pages maximum):**

- Family members present
- Previous preparation/information provided to child/young person and/or family
- Describe what happened when the child/young person had the procedure. Include:
  - environment
  - sensory details
  - explanations given
  - people present and/or involved
  - significant details and/or stress points for child/young person, family member or staff
  - child/young person's perspective: what s/he said, or did and what you observed of his/her behaviour.
- Evaluation/reflection. What collaboration /common knowledge was evident within the multi-disciplinary team (MDT) in the procedure?
- Identify stress points, interventions and coping strategies utilised for these stressors for child/young person and family and staff
- Reflect on the procedure from the child/young person and family member perspective.
- What follow-up (post-procedural play, discussion, or other action) might be appropriate?
- Reflect on any discussions with HPS /MDT member being observed
- How might your reflections on this observation affect your own practice in future?
- Reflect on possible developments within your service/or area of responsibility from this observation that you would consider.

## APPENDIX D: RECORD OF PROFESSIONAL PRACTICE OBSERVATION

Note: It is expected that the observation will be discussed with the hospital play specialist facilitating the healthcare play or preparation session following the observation and **prior** to verification.

---

**Include the following information with your healthcare play observation and preparation observations:**

Date: ..... Hospital: .....

Number of children/young people participating: ..... Age(s) .....

**Verified by currently Registered hospital play specialist providing the play session as to the content of the observation and the reflective discussion**

Full Name: (please print) .....

Current HPS Registration number (required): .....

Signature: .....

**Ensure each record includes brief notes on following:**

- **A description of the observation**
  - environment
  - sensory details
  - explanations given
  - people present and/or involved
  - significant details and/or stress points for child/young person, family member or staff
  - child/young person's perspective: what s/he said, or did and what you observed of his/her behaviour.
  - collaboration of health professionals/common knowledge within MDT
- **Reflective comments identifying**
  - potential HPS intervention/ advocacy
  - possible follow up for child, young person and family and MDT to procedure
  - implications from observation for own future practice, future learning requirements
  - possible service development within HPS Service or area of responsibility
  - areas of discussions with NZHPSReg

## **APPENDIX E: PROFESSIONAL DEVELOPMENT (PD) ACTIVITIES**

---

### **Guidelines for Recording Evidence of Professional Development**

Hospital Play Specialists seeking Registration or re-Registration must submit along with their application:

- (i) A summary of participation in professional development activities and PD hours claimed, AND
- (ii) A **brief** (300-500 word) professional development plan/statement of intent

Hospital play specialists making application for renewal of their Registration must include a brief PD plan/statement of intent regarding future professional development goals over the next 3 years. (See exemplar on the Registration tab on the HPS Assn website). The plan should identify:

- Your current role
- Your key PD goal(s)
- How these goal(s) link to your role and its effectiveness over the next 3 years.

It's understood that your role and/or your PD goals may very well change over time. If so, when you submit your PD record, just include a brief statement about changes that have occurred since you first wrote the PD plan.

There are two ways in which PD hours may be gained (see explanations below):

- a. Professional development hours (up to 100% of claimable PD hours over 3 years) – See details in Item 1 below.
- b. Independent learning (up to 50% of claimable PD hours over 3 years) – See details in Item 2 below.

It is important that any study undertaken is relevant to the hospital play specialist's current employment and individual career. Study subjects might include: therapeutic play, clinical topics, child protection, management, Information Technology (IT) skills, psychology/counselling, participating in research or audit, carrying out a literature review, cultural understanding, early childhood education/teaching, leadership.

The sample form is provided as a way of recording a summary of your participation in formal study and/or in professional development, but you do not have to record it in this way, e.g. If your organization has some other format for recording professional development then you may copy this for Registration purposes, but you must be sure to include all the information asked for. (See examples on the following page.) It is highly recommended that you maintain a professional portfolio throughout your career. Please only include the hours relating to your application (not all hours that have been completed in professional portfolio)

**NB First time applicants:** Professional development hours must be over and above the required Hospital Play Specialists Association transition seminars and required youth health hours.

Participation in professional development must be verified either by the provider, professional leader, charge nurse or similar. This must be done on the professional development record prior to this being submitted.

- a. You do not have to submit copies of attendance certificates if you are working in a setting where a professional leader can attest to sighting evidence of participation
  - b. However, if you are not in a situation where you have a team leader or other person able to verify participation, then you should ensure you provide sufficient information to the HPSRC (including copies of attendance certificates, if any).
- **Do not send in originals;** however the HPSRC may request to sight these.
  - In order for you to track the relevance of your professional development participation, it may be helpful to indicate links to Hospital Play Specialist Competencies
  - 
  - **NB:** The HPSRC will audit a 20% random sample of applications for Registration or Re-Registration. If you are audited you will need to provide copies of the evidence that was verified, e.g. certificates of course attendance/completion, notes on attendance, etc. You should therefore maintain documentation of professional development participation for at least three years following your approval for Registration or Re-registration.

## Professional development hours

These may be gained by **evidence<sup>6</sup>** of participation in and completion of professional development opportunities **relevant to Hospital Play Specialist Association Competencies**. There are two ways in which PD hours may be gained:

1. **Attendance at relevant workshops and conferences** *calculated by the actual hours of attendance*. Up to 100% of PD hours over the 3-year cycle may be gained in this way.) Examples of appropriate activities include:
  - Professional development workshops and seminars relevant to HPS practice or current role.
  - Sessions attended at conferences of professions in similar fields, e.g. Australian Child Life Therapists Assn, UK Health Play Specialist Association. (Individual sessions attended must be specified and verified.)
  - Inservice programmes offered by District Health Boards or other employing bodies (other than facility tours and induction/orientation programmes or mandatory training, e.g. Fire and Emergency, CPR)

---

<sup>6</sup> Evidence could include: Verified copies of attendance certificates or certificates of course completion; notes taken at workshops; written reflection on, for example, links between professional development attendance and practice; verification by professional leader of verbal reporting back on professional development attendance



<i>PD Criteria</i>	<i>Possible evidence</i>	<i>Hours claimable</i>
<p><b>Conference attendance</b></p> <p>Name of Conference HPS Assn Biannual Conference 3-6<sup>th</sup> March, 2015</p> <p>Identify individual sessions, workshops or keynote presentations that are being submitted for PD hours with title of presentation Name and title/professional role of presenter</p>	<p>Evidence of registration; Conference programme with handout; Personal notes for each session submitted</p>	<p>1 hour's attendance = 1 PD hour</p> <p>Actual time for each workshop/session must be separately identified within PD record submitted</p>

Please note that the following activities **will not be accepted** for professional development hours:

- Patient care activities
- Meetings
- Networking sessions
- Facility tours and induction/orientation programmes or mandatory training, e.g. Fire and Emergency, CPR
- 

## 2. **Independent learning.**

PD hours for independent learning are *calculated as set out in the chart below*. A maximum of 50% of PD hours within the 3 year PD cycle may be gained in this way. Examples of appropriate activities include:

- Presentations
- Papers passed as part of tertiary qualifications
- Publishing
- Professional service/leadership
- Providing support for HPS internship/preceptorship supervision/guidance
- Service development projects
- Preceptorship
- Post grad study

**Independent Learning (Maximum 50% of required PD over 3 years) – weighting for PD hours**

<i>PD criteria considered</i>	<i>Possible evidence</i>	<i>Weighting for claimable PD hours</i>
<p><b>Article review</b>  <b>Case study presentation</b>            Preparing and presenting an article review and/or case presentation to staff (one time presentation per topic)</p>	Presentation notes and/or verification from professional leader/manager	1 article review/presentation = 1 PD hour claim
<p><b>Literature review</b> (See example template on HPSRC tab on HPS Assn website)            Undertaken literature/text book review and reported back/presented identified links to PD profile/or for service development</p>	Search criteria, number of articles reviewed and notes for report back/presentation, with verification from professional leader/manager	1 report back = 2 PD hr claim
<p><b>Independent learning via</b></p> <ul style="list-style-type: none"> <li>Multi-media package with a graded quiz</li> <li>Video/internet learning with a completion certificate component</li> <li>Self-study with a graded quiz</li> </ul> <p><i>Only online courses with an interactive component (with an instructor and/or other applicants) or which have a standardised, post-completion assessment (quiz/test) meet the required criteria</i></p>	Organisation's documentation of completion; evidence of pass from the course provider	1 quiz = 1 PD hr claim
<p><b>Papers successfully completed through a tertiary institution (university or similar)</b></p>	Evidence of pass (e.g. transcript of results) in the paper(s) from the institution	½ year paper = 5 PD points Full year paper = 10 PD points
<p><b>PRESENTATIONS</b>  <b>(First time only presentations on a topic can be claimed. Time on preparation cannot be included.)</b></p>		
<p><b>Presenting or co-presenting a professional inservice training, or guest lecture</b> for HPS or related professionals in hospital or their workplace for local organisation, association or group on practice related topic</p>	Copy of presentation abstract or copy of programme listing presenter's name, date, length and location of presentation and contact details for organisation	½ hr presentation time = 1 PD hr 1+ hrs presentation time = 3 PD hrs
<p><b>Presenting/co-presenting a poster session</b> on practice related topic for local organisation, association or group, professional association</p>	Copy of presentation abstract or copy of programme with details listing presenter's name, date, length, location and contact details for organisation.	1 poster presentation = 2 PD hrs
<p><b>Presentation at national/international conference.</b> Presenting or co-presenting a</p>	Presentation abstract plus evidence of acceptance; or	< ½ hr presentation = 2 PD hrs

professional workshop, seminar or session at a national/international conference	copy of the programme with details listing presenter's name, date, length, location and contact details for organisation	½ hr -1.5 hr presentation = 3 PD hrs ½ day presentation = 4 PD hrs
<b>PUBLISHING</b>		
- Publishing an article relevant to HPS role/profession in a professional journal	Copy of article, title page or table of contents	One article = 4 PD hours
- Publishing a peer reviewed article relevant to HPS role/profession in a professional journal		One article = 5 PD hours
- Publishing a book/chapter on topics related to HPS role/profession		6 PD hours
<b>PROFESSIONAL SERVICE</b>		
- Serving on HPSAANZ executive, task force or working group	Verification from Executive/Board Minutes of meetings	Appointment – 3 PD hrs per year (Maximum of 9 PD hrs per 3 year cycle)
- Service on professional board or committee relevant to HPS role/psychosocial care or children and young people in hospital/healthcare		1 PD hr per meeting attended with a maximum of 9 PD hrs over 3 year cycle.
- Representing the HPSAANZ on another professional body (e.g. Allied Health, Early Education Federation, Early Childhood Advisory Committee, Ministry of Health or Ministry of Education working parties.		
<b>PROFESSIONAL AND SERVICE DEVELOPMENT PROJECTS</b>		
<i>NOTE: Only the 1<sup>st</sup> time of participation in this activity can be claimed for PD hours. They should be of a nature that demands new learning or professional "stretch". Where this activity is a component of an HPS's primary role this work is not claimable under this PD criteria.</i>		
Direct guidance and support/mentor role for HPS/students within an HPS service, e.g. - Internship/learning modules - Entry/return to work HPS orientation programme - Associate Teacher role supporting students on practicum	Verification by Team Leader/Employer	<i>Minimum 10 hours of HPS/student supervision = 3 hrs</i>
- Research/studies/projects that contribute to the quality of HPS service practice within their service or the HPS profession, e.g. development or implementation of clinical audit tools; development of policy, protocol	Summary of project/outline of HPS role and actions achieved Verified by professional leader/manager.	Each project = 2 PD hrs

<p>and guidelines documents; development/review learning materials for staff.</p> <p>- Projects that contribute to the delivery of psychosocial services, e.g. development and/or audit of clinical protocols/guidelines; involvement in clinical audits; development or audit/review of care plan discussion/guidance documents, policy and position papers; or family information.</p>	<p>As above</p>	<p>Each project = 2 PD hrs</p>
--	-----------------	--------------------------------

## Record of Professional Development - EXAMPLES:

Personal details (Please print in capital letters)

Surname: JOHANSEN First name(s): MIRIAM MAISIE Current HPS Registration number (if applicable): 13/00012

Date(s) of attendance (d/m/year)	Details of PD undertaken (Include presenter information, if applicable)	HPS Comp's	Name of PD provider	No. Of hours	Evidence of attendance sighted/verified	
					Type of Evidence	Verified by Name/Title/date
21/0/12	<i>The philosophical baby:</i> Alison Gopnik University of California, Berkeley, USA. (Detailed look at early brain development and impact of social interactions – what is it like to be a baby?)	1	Robb Lecture at Auckland University	1 hr	Personal notes	
31/3/12	<i>Case Study: A reflection of practice:</i> Nicky Woollaston, Practice Supervisor, Starship	2,4,6	NZ Hospital Play Specialist Assn Conference 2012	1 hr	Evidence of registration and session notes	
20/6/12	"Grand Round" on improving inter-professional communication in order to ensure better support for families, presented by Social Work team (Kiri Smith, Paul Jones and Mary White)	5	Waitaki District Health Board	1 hr	Observed verbal presentation of content to HPS team meeting	PAMELA JONES Practice Supervisor, Tangawai HPS Service 25/5/12 <i>P. M. L. Jones</i>
1 <sup>st</sup> Semester (Feb-June) 2012	MHSc paper, <i>Professional Supervision</i> , 589640. (30 points). Course description: " <i>Develops nursing and other health professionals as supervisors in their selected work areas. Identifies personal learning needs in relation to professional supervision of those involved in health care practice. Facilitates the application of enhanced critical analysis skills required of a professional supervisor.</i> "	5, 6	AUT University, Auckland, Faculty of Health Science	20 weeks, part-time  PD Hrs claimed	Sighted copy of course descriptor from the organisation; Sighted copy of result sheet and pass grade	
<p><i>If the same person is able to verify each component, then they may initial each item and sign at the bottom of the page as follows:</i></p> <p><b>Verification of evidence held for the PD hours submitted within the professional development record</b>            Name in capitals : JANE SMITH Title /Position held : Manager, Women and Children's Health            Date: 25/5/12 Signature of Jane Smith</p>						

**Hospital Play Specialists Registration Council**  
**RECORD OF PROFESSIONAL DEVELOPMENT**

**NB:** Please read the Guidelines and example before you complete this form. The hours of professional development provided will be assessed and only attributed towards the total required if they are clearly applicable to the relevant Hospital Play Specialist Association Competencies. Use as many sheets as you need.

**Personal details (Please print in capital letters):**

**Name:**

**Current HPS Registration number (if applicable):**

Date(s) of attendance (d/m/year)	Details of professional development undertaken <sup>7</sup> (Include presenter information, if applicable)	HPS Comp's <sup>8</sup>	Name of PD provider <sup>9</sup>	No of hours claimed in attendance at workshop; conference; seminars	No. of hours claimed in as Independent learning	Type of Evidence Eg notes, certificate, observed and signed off	Evidence of attendance sighted/verified <sup>10</sup> and signed

*If the same person is able to verify each component, then they may initial each item and sign at the bottom of the page as follows:*

**Verification of evidence held for the PD hours submitted within the professional development record**  
 Name in capitals: JANE SMITH                      Title /Position held: Manager, Women and Children's Health  
 Date: 25/5/12    Signature of Jane Smith

<sup>7</sup> Include enough information to show how the content relates to the HPS Competencies and/or attach copies of information about the course/workshop, and, where applicable, the name and title of the individual(s) presenting the professional development  
<sup>8</sup> Including specific links to the HPS Competencies is optional, but you may find it helpful  
<sup>9</sup> The organization, / institution providing the professional development  
<sup>10</sup> The person verifying your participation must include their name (in capital letters), title/designation, and signature.

# APPENDIX F: Hospital Play Specialists Registration Council REFEREE REPORTS - CONFIDENTIAL

There are **two** sections to this report - *Section A: Statement of Recommendation*, and *Section B: Endorsement*:

- *Section A* is to be completed by a fully Registered hospital play specialist who **has observed, and can attest to**, the applicant's competency.
- *Section B* comprises an endorsement of *Section A: Statement of Recommendation*. It must be completed by the applicant's professional leader **who is familiar with the applicant's good character and professional practice**.

**NB. This form should not be returned to the applicant.** The person completing Section A should pass the form to the professional leader nominated by the applicant, for his or her endorsement, before being posted direct to the Hospital Play Specialists Registration Council. Or scanned and emailed to: hpsreg@gmail.com

## Section A: Statement of Recommendation

This section is to be completed by a **fully Registered** hospital play specialist who has known the applicant for at least 6 months, has had opportunities to observe the applicant's practice, and is sufficiently familiar with their professional practice to verify their competence or otherwise.

Consider the applicant's competence in terms of evidence<sup>11</sup> of each of the following criteria. Indicate (Y, Yes; N, No; P, Partial) that the hospital play specialist has met each of the criteria listed. (If you need to add comments, please do so at the end of each section, or attach a separate letter.)

NAME OF APPLICANT: .....

Competency 1: Professional Knowledge and Practice	Met Y/N/P
Criteria:	
1.1 Provides activities and programmes that support learning and development in children/young people	
1.2 Creates an environment where stress and anxiety are reduced	
1.3 Advocates for the value of play and of practices that are supportive of the well-being of children/young people, families and whanau	
1.4 Helps children/young people express feelings and concerns	
1.5 Assesses and responds to children/young person's strengths, needs and interests	
1.6 Provides therapeutic play and preparation, coping strategies and other interventions to enhance understanding and help children/ young people, families and whanau manage illness, hospitalisation and treatment	
1.7 Supports families, including siblings, and enhances family and whanau involvement in their child's care and education	
1.8 Contributes to clinical decision making	
<b>Comments:</b>	

<sup>11</sup> Evidence would include direct observation of applicant's practice, contribution to professional discussions, feedback from other staff and/or families, chart notes and other documentation, contribution to team functioning, etc.

Competency 2: Safe, Ethical and Legal Practice	Met Y/N/P
Criteria:	
2.1 Complies with the Hospital Play Specialists Association of Aotearoa/NZ Code of Ethics	
2.2 Complies with relevant legislation, regulations, codes, service standards, policies, procedures and professional guidelines, e.g. Ministry of Education Early Childhood Regulations	
2.3 Develops and maintains a safe environment and manages potential risks	
2.4 Demonstrates professional accountability by documenting and reporting information effectively	
2.5 Uses ethical reasoning to make and justify decisions on challenging issues	
2.6 Maintains professional boundaries	
2.7 Demonstrates an awareness of the scope and limitations of hospital play specialist practice and of own personal knowledge and skills	
2.8 Understands operational structures, priorities and objectives of the workplace	
2.9 Manages workload and meets responsibilities in a timely manner	
2.10 Attends to self-care	
<b>Comments:</b>	
Competency 3: Culturally Safe Practice	Met Y/N/P
3.1 Identifies personal and professional cultural values, beliefs, attitudes and prejudices and understands their potential impact on practice	
3.2 Is respectful of the values, beliefs, attitudes and practices of children/ young people, families, whanau and colleagues	
3.3 Acknowledges the uniqueness of the child/young person in the context of their family, whanau and the wider community	
3.4 Has knowledge of the Treaty of Waitangi and works effectively within the bicultural context of healthcare settings to address aspirations of Maori	
3.5 Shows ongoing commitment to increasing knowledge base and skills relating to culturally safe practice	
<b>Comments:</b>	
Competency 4: Communication	Met Y/N/P
4.1 Adapts style and method of communication to suit the individual child/young person, family and whanau	
4.2 Assists the child/young person, family and whanau to identify and communicate their own needs	
4.3 Addresses cultural and language differences and their potential impact on communication	
4.4 Responsibly shares knowledge and communicates all relevant information to colleagues and families in a timely and professional manner	
4.5 Manages conflict effectively and works actively to achieve resolution	
4.6 Utilises a range of media and ICT to communicate effectively	
<b>Comments:</b>	



Competency 5: Professional Relationships	Met Y/N/P
5.1 Develops effective and collaborative relationships to ensure best outcomes for children/young people, their families and whanau	
5.2 Articulates and demonstrates the role and function of a hospital play specialist	
5.3 Uses feedback, supervision, support and guidance to improve practice through critical reflection	
5.4 Provides appropriate support and guidance to colleagues, students and volunteers	
5.5 Develop relationships with local institutions and community groups	
<b>Comments:</b>	
Competency 6: Professional Development and Leadership	Met Y/N/P
6.1 Maintains knowledge of current hospital play specialist- related theories and practice	
6.2 Maintains knowledge and skills required for specific settings	
6.3 Demonstrates commitment to critical inquiry and problem-solving in professional practice	
6.4 Engages in regular and/or ongoing supervision	
6.5 Contributes to the hospital play specialist body of knowledge by sharing knowledge and skills with others, both formally and informally	
6.6 Demonstrates an understanding of research processes and the interpretation of results	
6.7 Actively participates in performance development and review processes	
6.8 Contributes to team functioning and to the wider professional learning community	
6.9 Is proactive in seeking opportunities for responsibility and leadership	
6.10 Demonstrates an awareness of the impact of social and political factors on HPS services	
<b>Comments:</b>	