

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL

TRANSITION PATHWAY INTO THE HOSPITAL PLAY SPECIALIST ROLE

MANDATORY REQUIREMENTS FOR

HOSPITAL PLAY SPECIALIST REGISTRATION (NZHPSReg)

Hospital Play Specialists Association of Aotearoa New Zealand (HPSAANZ). Approved June 2023

HPSAANZ VISION STATEMENT

Resilient children, young people and families.



The Hospital Play Specialist Registration Council (HPSRC) is a standing committee of the HPSAANZ.

Contact hpsreg@gmail.com

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ACKNOWLEDGEMENTS

Ehara taku toa i te toa

Takitahi engari he toa

Takimano

My strength is not that of

an individual but that

of the collective

In March 2022 the Hospital Play Specialist Registration Council (HPSRC) convened a reference group of hospital play specialist (HPS) practitioners working across the wide range of hospital play specialist’s services nationally. The goal was to assist in the development and implementation of a national process to support those newly employed transition into the HPS role.

Reference group participants: Allana Bunting (Invercargill/HPSRC member); Philippa French (Te Toka Tumai Auckland/ HPSRC member); Paula Perham (Te Toka Tumai Auckland /HPSRC member); Melinda White (Canterbury/HPSRC member); Lisa Pearson (Waikato/HPSAANZ President); Diane Havler (Christchurch); Chloe Davidson (Te Toka Tumai Auckland); Deborah McDougall (Tauranga); Sue Fahey (Nelson); Sharon Lusque (Taranaki); Pamela McCullough (Piki te Ora /Hawke’s Bay); Morgan Thomas (Te Toka Tumai Auckland); Karen Purchase (Waikato); Ana Smith (Counties Manukau); Nicola Woollaston (Te Toka Tumai Auckland); Carol Bolton (HPSRC External Adviser/ project facilitator).

The HPSRC recognises the contributions of individuals in Aotearoa New Zealand and internationally towards the development of this transition pathway to the hospital play specialist role.

HPSRC Transition Pathway into the HPS role. Version August 2023

1.0 INTRODUCTION

Since 2003 the Hospital Play Specialists Association of Aotearoa New Zealand (HPSAANZ) had facilitated transition seminars for individuals recently employed within the HPS profession. The focus of the seminars was to support new HPS gain an understanding of the knowledge and skills required for the HPS role and provide participants with an opportunity to gain a sense of professional identity. Attendance at the six transition seminars were mandatory requirements for professional Registration by the professional body.

At the HPSAANZ AGM in March 2022 the Hospital Play Specialist Registration Council (HPSRC) presented the HPSRC report 'Planning Forward - the value of the HPSAANZ transition seminars within professional accountability.'¹ The report highlighted that for a number of HPS, some components of the transition seminars were already covered by their respective health/hospital orientation and induction programme or specific HPS learning programmes.

In accordance with Ngā Paerewa Health and Disability Service Standard NZS 8134:2021 all HPS will receive an orientation and induction programme.² Ministry of Education hospital based early education contracts have an expectation for staff to be provided with the knowledge and skills for their professional role.

The new 2023 Transition Pathway into the HPS role will replace the HPSAANZ transition seminars within the HPSAANZ Registration programme. The mandatory requirements and evidence within the transition pathway reflect the HPSAANZ professional competencies.³ Hospital play specialists who have evidence of attendance at all six of the past HPSAANZ Transition seminars can submit this evidence as part of an initial application for professional HPS Registration **until the 5th November 2024 intake.**

Registered hospital play specialists (NZHPSReg) are recognised as allied health professions with focused training in child development, family systems, and evidence-based supportive interventions. They are members of interdisciplinary healthcare teams who provide strategies to promote resilience, healing, and trust for paediatric patients and their families and whānau during healthcare experiences.

Currently there is no HPS specific qualification offered in Aotearoa New Zealand. However, professional HPS Registration offered by the HPSRC and approved by the HPSAANZ, requires an individual to hold a minimum three-year tertiary qualification level 7 or above on the NZQA framework, and/or Bachelor of Education/Bachelor of Teaching. Other qualifications at level 7 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 the base degree qualification of an applicant does not have a relevant core focus, they may apply for special consideration based on documentation of relevant

¹ HPSRC Report (March 2022. Planning Forward can be downloaded from www.hospitalplay.org.nz/registration annual reports

² 2.4.4. Service management. www.standards.govt.nz

³ www.hospitalplay.or.nz/ official documents

additional qualification, e.g., a Bachelor degree in Social Work, together with a NZ Playcentre Federation Diploma in Early Childhood and Adult Education (NZQA accredited Level 6).⁴

Applicants must also complete self-directed learning (through professional development) that supports an understanding of the knowledge and skills required for the HPS role to meet full HPS Registration criteria.⁵

Planning for making an application for full Registration involves establishing a guidance and support process with a Registered Hospital Play Specialist (NZHPSReg) and engaging in observations and reflective discussions.

The HPSRC Report March 2022 Planning Forward showed across Aotearoa New Zealand HPS services offered a wide variation of content in their respective orientation and induction programmes and in how these programmes are provided to new HPS. The report recognised that while each HPS service's programme would have some content specific to their respective settings, there is strong support for national mandatory requirements to strengthen clinical consistency and professional identity as HPS across the country.

Effective from **November 2023** to apply for HPSAANZ Registration hospital play specialists must provide evidence that they have completed an orientation and induction programme / specific HPS learning programme provided by their respective HPS Service that includes the mandatory requirements required within the new HPS Transition Pathway. These being:

1. Mandatory readings selected by the HPSRC.
2. Two professional development (PD) workshop/in-service - Tikanga Māori (minimum 4 hours) and a youth health workshop (minimum 6 hours) which incorporates youth development.
3. Attendance at a one-day HPSAANZ endorsed professional development (PD) opportunity on HPS clinical practice i.e., HPSAANZ bi-annual professional conference or a regional Kotahitanga HPS cluster meeting. If an endorsed HPSAANZ PD opportunity has not been available a one-day professional visit to one of four regional centres will be accepted as meeting this mandatory requirement (*conditions apply to this option*).

1.1 Transition Pathway evidence requirements in HPS Registration process

The checklist⁶ for the transition pathway mandatory requirements recording the completion of all mandatory requirements for Registration must show date of completion of an individual requirement and what evidence is held e.g., reflection for readings, attendance certificate for in-service. All requirements must be verified as completed by the team leader/ direct line manager as part of the HPS's orientation and induction programme or a

⁴ www.hospitalplay.org.nz/ official documents Hospital Play Specialist Registration Handbook (2021) Edition.

⁵ HPSAANZ 2021 Registration Handbook available on www.hospitalplay.org.nz

⁶ Transition pathway form one

HPS specific learning programme. *NOTE: Please retain the transition pathway mandatory requirement checklist and evidence held as these may be requested in the event that an individual's application for HPS Registration is audited as part of the Registration annual review of 20% of applications.*

When making an application for full Registration completion of the transition pathway mandatory requirements must be entered on the record of professional development (PD) being submitted.

The transition pathway form two: Verification of HPSRC Transition Pathway Evidence is to be completed and submitted with the verified record of professional development. All evidence held for the transition pathway mandatory requirements must be verified by the team leader/ line manager who is verifying the record of professional development in the application for HPS Registration.

1.2 Verification by Team Leader/ Line manager

The transition pathway evidence log (form two) and the evidence held for each requirement being met must be sighted by the team leader/ line manager as part of the verification of the record of professional development process for an HPS Registration application.

(Ref Registration Handbook (2023) Appendix E: Professional Development (PD) Activities and the HPSRC guidance sheet Let's talk about...Evidence of professional development hours. Both these resources are available on the website www.hospitalplay.org.nz within the Registration tab)

1.3 Annual review of HPSAANZ Registration Programme

Each year 20% of all Registration applications are audited. If an application includes the transition pathway mandatory requirements within the record of professional development, then the transition pathway checklist (form one) and evidence held for the mandatory requirements must be submitted.

Note: Please hold transition pathway mandatory requirements checklist and evidence held as part of the initial application for full Registration for 3 years after approval of Registration.

2.0 TRANSITION PATHWAY MANDATORY READINGS

The mandatory readings provide an overview for newly employed HPS on the clinical knowledge and skills to be developed for the HPS role. These link to the HPSAANZ professional competencies.

Planning for making an application for full Registration involves establishing a guidance and support process with a Registered Hospital Play Specialist (NZHPSReg) and engaging in observations and reflective discussions. As a developing HPS there is value in having discussions as part of the orientation and induction programme on how you can plan to achieve professional Registration.

HPSRC TRANSITION PATHWAY MANDATORY READINGS at August 2023

| <p>HPSAANZ</p> <p>Professional Competencies</p> | <p>TEXTBOOKS</p> <ul style="list-style-type: none"> ➤ L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998) <i>Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project</i> ➤ R.H. Thompson (Ed.), (2009) <i>The Handbook of Child Life: A Guide for Psychosocial Care</i>. Springfield, IL: Charles C. Thomas ➤ Opai, Keri (2021) Tikanga: An introduction to te ao Māori. |
|--|--|
| <p>1. Professional knowledge in practice.</p> <p>Outcome: Facilitates educational and therapeutic programmes for children and young people.</p> | <ul style="list-style-type: none"> ➤ Paradigms of play. Jessee, P.O. & Gaynard, L. In R.H. Thompson (Ed.), (2009) <i>The Handbook of Child Life: A Guide for Psychosocial Care</i>. (Chapter 8, pp. 136-159.) ➤ Planning child life care. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998) <i>Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project</i> (Chapter 4, pp. 39-46) ➤ Interactions addressing separation issues. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., (1998) <i>Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project</i> (Chapter 8 pp 85-90) ➤ Assessment and documentation in child life. Hollon, E. & Skinner, L. (2009) In R.H. Thompson (Ed.), <i>The Handbook of Child Life: A Guide for Pediatric Psychosocial Care</i> (Chapter 7, pp. 117-135) ➤ Psychological preparation and coping. In Goldberger, J., Mohl, A. L. & Thompson, R. H. In R.H. Thompson (Ed.), (2009) <i>The Handbook of Child Life: A Guide for Psychosocial Care</i> (Chapter 9, pp. 160-198) |
| <p>2. Safe ethical and legal practice</p> <p>Outcome: Practices safe, ethically and in conformance</p> | <ul style="list-style-type: none"> ➤ Theoretical foundations of child life practice. Turner, J. (2009). In R.H. Thompson (Ed.), <i>The Handbook of Child Life: A Guide for Pediatric Psychosocial Care</i> (Chapter 2, pp. 23-35) ➤ Sighted: Relevant Te Whatu Ora Health New Zealand and the Hospital Play Specialist Service policy and guidelines |

| | |
|--|--|
| <p>with legal and professional requirements</p> | <ul style="list-style-type: none"> ➤ Sighted: HPSAANZ Official documents: HPS Professional Competencies; Code of Ethics, Guiding Principles, Registration Handbook |
| <p>3. Culturally safe practice</p> <p>Outcome: Recognises and is respectful of individual families and cultural values of children, young people, their families and others</p> | <ul style="list-style-type: none"> ➤ Family centred care and implications for Child Life - Bell, J.L, Johnson, B.H, Desai, P.P, McLeod, S.M. <i>The Handbook of Child Life: A Guide for Pediatric Psychosocial Care.</i> (Chapter 6. pp 95-115) ➤ Te Whare Tapa Whā- Māori Health Model. www.health.govt.nz ➤ Tikanga: An introduction to te ao Māori. Keri Opai (2021) ➤ Emotional safety in Pediatrics. Assn of Child Life Professionals. www.childlife.org |
| <p>4. Communication</p> <p>Outcome: Communicates effectively with children, young people and families, with colleagues and with others</p> | <ul style="list-style-type: none"> ➤ Therapeutic relationships in child life. McCue, K. (2009). In R.H. Thompson (Ed.), <i>The Handbook of Child Life: A Guide for Pediatric Psychosocial Care.</i> (Chapter 4, pp. 57-77) ➤ Communication in child life. Klinzing, D.G. & Klinzing, D. (2009). In R.H. Thompson (Ed.), <i>The Handbook of Child Life: A Guide for Psychosocial Care.</i> (Chapter 5. pp78-94) ➤ Talking with children and families about health care experiences. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998), <i>Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project.</i> Chapter 6. pp. 57-66. ➤ -Interactions addressing separation issues. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998), <i>Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project</i> (Chapter 8, pp. 86-91) |

| | |
|--|--|
| <p>5. Professional relationships</p> <p>Outcomes: Relates to others in a professional, collaborative, collegial and supportive manner.</p> | <ul style="list-style-type: none"> ➤ Looking Back To Move Forward -Professional accountability (2023) HPSRC handout: Brief background to developments within the HPS profession in Aotearoa New Zealand. Available on www.hospitalplay.org.nz ➤ Border Crossings: Early Childhood Teachers' Experiences in Healthcare Settings. Kayes, Marianne (2007) <i>NZ Research in Early Childhood Education, Vol 10.2007</i> ➤ Interprofessional work with young children in hospital: the role of 'relational agency', Joce Nuttall, Early Years (2013): <i>Early Years: An International Research Journal, DOI:10.1080/09575146.2013.830283-</i> ➤ The Value of Certified Child Life Specialists: Direct and downstream optimization of paediatric patient and family outcomes. <i>Jan 2020 Association of Child Life Specialists. www.childlife.org</i> |
| <p>6. Professional development and leadership</p> <p>Outcome: Continually develops professional knowledge and practice and seeks and uses opportunities to show leadership.</p> | <ul style="list-style-type: none"> ➤ Program Administration and Supervision. Wilson, JM and Cross, J. In R. H. Thompson (Ed.), <i>The Handbook of Child Life</i>. (Chapter 10, pp. 199-219) ➤ Sighted: HPSAANZ HPS Professional Progression framework. (2003- <i>update in progress August 2023</i>) ➤ Sighted Te Whatu Ora Health New Zealand Allied and Public Health Career Framework for regional area ➤ Sighted: New Zealand PSA/Allied Health, Public Health and Technical collective: Professional Expectation of practice for allied health professionals (MECA) ➤ -Sighted HPSRC Registration Handbook and support resources. http://www.hospitalplay.org.nz/Registration/registrationresources |

Additional professional readings of interest: For the purposes of establishing base mandatory readings within the transition pathway the decision was made to limit the number of text books. Attention is drawn to the references within these mandatory readings as they provide a rich source of other readings that can be used within a self-directed or in an employer supported HPS learning programme to strengthen the knowledge and skills for HPS clinical practice.

The HPSRC flyer “UPDATES” sent out tri annually, has a section sharing information on resources relevant to the HPS role and workforce development.

Registration Resources: Within the HPSAANZ website Registration resource page are guidance sheets, exemplars, templates for PD evidence and HPSRC assessment framework resources to assist the transition into the HPS role.

2.1 Evidence requirement for mandatory readings

Provide a reflection record using HPSRC evidence for PD templates available of the required readings within a competency. Evidence must be submitted using an HPSRC evidence template for an individual reading or evidence template as a literature review i.e., grouping the readings within a specific competency section.

The evidence record will provide information on the reading(s), date of reading, learning outcomes and reflection on relevance to current clinical practice competency. An example of the HPSRC evidence templates available on the HPSAANZ website has been included on page15. <http://www.hospitalplay.org.nz/Registration/registrationresources>

3.0 TRANSITION PATHWAY-MANDATORY PD REQUIREMENTS

3.1 Professional development -Tikanga Māori

Complete Te Whatu Ora Health New Zealand employee Tikanga Māori inservice. (Minimum four hours).

Evidence required: Provider certificate of attendance or completion of an HPSRC evidence template for a workshop or seminar attendance.

3.2 Professional development – youth health

Complete an approved seminar (minimum 6 hours) on working with young people. The seminar must include a component on youth development. If you are unsure whether a course is suitable, please check with the HPSRC prior to enrolment. Contact hpsreg@gmail.com

Evidence required: Provider certificate of attendance or completion of the HPSRC evidence template for a workshop or seminar attendance.

3.3 Professional Development - professional identity and regional networking

In common with colleagues internationally in similar fields many newly employed into the hospital play specialist role in Aotearoa New Zealand have identified early challenges in gaining a sense of their profession identity and professional respect within healthcare teams.⁷ The 2022 feedback in the HPSRC review of the transition

⁷ Kayes, Marianne (2007) Border Crossings: Early Childhood Teachers’ Experiences in Healthcare Setting. NZ Research in Early Childhood Education, Vol 10, 2007
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seminars⁸ the participants indicated the value the face to face opportunities had in transitioning newly employed HPS into their professional role locally and regionally, and within the development of their professional health networks nationally.

Mandatory requirement - Attendance of one day (6 hours) at an HPSAANZ endorsed professional development (PD) event on clinical practice i.e., HPSAANZ bi-annual professional conference or a regional Kohitahitanga cluster meeting.

Evidence required: Reflection provided to team leader/ line manager on learning outcomes as a developing HPS and professional networking made.

Note: Specific clinical presentations attended may be claimed within PD requirements in the record of professional development submitted for full registration.

If the above PD opportunities have not been available, a professional visit to one of four regional centres will be accepted for this mandatory requirement for Registration purposes. Initially the HPS Services approved by the HPSRC for meeting HPS transition pathway mandatory requirements will be HPS Service at Starship, Kidz First, Waikids and Christchurch.

Conditions apply to this option and a written request for HPS visit to be initiated by team leader (*see transition pathway form three: Request for HPS Professional practice visit*). Request to include:

- professional profile of the HPS seeking visit to regional or national HPS Service
- current area of professional practice
- identified focus areas for the visit i.e., observations of HPS clinical practice within a specific focus; opportunity to sight HPS Service policies and procedures/ HPS Services models of care or scope of practice documents.
- confirmation that mandatory readings within competency 1.0 (Professional knowledge and practice) and competency 5.0 (Professional relationships) have been completed.

Evidence of completed visit required: Reflection provided to team leader on learning outcomes as a developing HPS and the professional networking made. *Note: Visits to HPS Services are not accepted for the required professional development of 10 hours within the year before an application for full Registration.*

⁸ HPSRC Report (March 2022) Planning Forward www.hospitalplay.org.nz Registration / annual reports
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Transition pathway form one

HPSRC TRANSITION PATHWAY CHECKLIST

(Please retain as this checklist and evidence held must be submitted if the HPS Registration application is audited)

| | | |
|---|---|--|
| | <p>Mandatory requirements for full HPS Registration</p> <p>NAME</p> <p>Date employment commenced.....</p> <p><i>Requires verification of the completion date of each competency's mandatory requirements and of the evidence the HPS holds.</i></p> | <p>Applicant: Date completed, and evidence held.</p> <p>*Signature of person verifying evidence held</p> |
| 1. Professional knowledge in practice. | <ul style="list-style-type: none"> ➤ Planning child life care. <i>Clinical Practice Manual</i> (Chapter 4, pp. 39-46) ➤ Interactions Addressing Separation Issues <i>Clinical Practice Manual</i> (Chapter 8 pp 85-90) ➤ Paradigms of play. <i>The Handbook of Child Life: (Chapter 8, pp. 136-159.)</i> ➤ Assessment and documentation in child life. <i>The Handbook of Child Life: (Chapter 7, pp. 117-135)</i> ➤ Psychological preparation and coping. <i>The Handbook of Child Life: (Chapter 9, pp. 160-198)</i> ➤ Mandatory PD requirement: Youth Health PD- 6 hrs. <p>*Verification of evidence sighted</p> | |
| 2. Safe ethical and legal practice | <ul style="list-style-type: none"> ➤ Theoretical foundations of child life practice. <i>The Handbook of Child Life: (Chapter 2, pp. 23-35)</i> ➤ Sighted HPSAANZ Official documents (Available on www.hospitalplay.org.com) HPS Professional Competencies; Code of Ethics; Guiding Principles; Registration Handbook. ➤ Sighted: Relevant Te Whatu Ora and the HPS Service's policies and guidelines; Expectations of practice and Career framework for allied health professionals <p>*Verification of evidence sighted</p> | |
| 3. Culturally safe practice | <ul style="list-style-type: none"> ➤ Family centred care and implications for Child Life. <i>The Handbook of Child Life: (Chapter 6. pp 95-115)</i> ➤ Building supportive relationships with children and families. <i>Clinical Practice Manual</i> (Chapter 5. pp. 47-56). ➤ Te Whare Tapa Whā- Māori Health Model. www.health.govt.nz ➤ Tikanga: An introduction to Te Ao Māori. Opai, Keri (2021) ➤ Mandatory PD requirement: Te Whatu Ora New Zealand Health Tikanga Māori inservice- minimum 4 hrs. <p>*Verification of evidence sighted</p> | |

| | | |
|---------------------------------|--|--|
| 4. Communication | <ul style="list-style-type: none"> ➤ Therapeutic relationships in child life. <i>The Handbook of Child Life: (Chapter 4, pp. 57-77)</i> ➤ Communication in child life. <i>The Handbook of Child Life. (Chapter 5 pp78-94)</i> ➤ Talking with children and families about health care experiences. <i>Clinical Practice Manual Chapter 6. pp. 57-66.</i> <p>*Verification of evidence sighted</p> | |
| 5. Professional relationships | <ul style="list-style-type: none"> ➤ HPSRC Looking Back to Move Forward (2022) Brief background to developments within the HPS profession in Aotearoa New Zealand. ➤ Border Crossings: Early Childhood Teachers' Experiences in Healthcare Settings. <i>Kayes, Marianne (2007)</i> ➤ Interprofessional work with young children in hospital: the role of 'relational agency', <i>Joce Nuttall, Early Years (2013) Early Years: An International Research Journal, DOI:10.1080/09575146.2013</i> ➤ Emotional safety in pediatrics. Assn of Child Life Professionals (ACLP) www.childlife.org ➤ Mandatory PD attendance- one day HPS specific PD at HPSAANZ professional conference/Kotahitanga cluster meeting or a one-day professional visit to identified HPS Service <p>*Verification of evidence sighted</p> | |
| 6. Professional development and | <ul style="list-style-type: none"> ➤ Program Administration and Supervision. <i>The Handbook of Child Life. (Chapter 10, pp. 199-219)</i> ➤ The Value of Certified CLS. Direct and Downstream Optimization of Pediatric Patient and Family Outcomes (2022) Assn of Child Life Professionals. www.childlife.org <p>*Verification of evidence sighted</p> | |

Verification by team leader/ line manager of HPS Service that all transition pathway mandatory requirements have been met and evidence indicated on transition pathway checklist form sighted.

**If the same person is able to verify each HPS competency requirements, then they may initial each competency section and complete the verification section below See footnote⁹ below.*

Date all transition pathway mandatory requirements completed.....

Verified by: Print

Name.....Signed.....

Title

Date

⁹ NOTE: In event an HPS changes employment before completing ALL Transition Pathway mandatory requirements the HPS will need to have the team leaders at the respective HPS Services verify mandatory requirements completed within their service. This will require a transition pathway checklist for the respective HPS Service.
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| | |
|---|---|
| Transition pathway form two: | |
| TRANSITION PATHWAY: VERIFICATION of PD LOG EVIDENCE <i>For HPS Registration purposes evidence held on all mandatory requirements to be verified by team leader/line manager¹⁰</i> <i>This section of the transition pathway log to be submitted within PD log in an initial application for HPS Registration.</i> | |
| NAME HPS Employment commenced..... | Applicant: Provide date completed and evidence held for each competency. Transition pathway checklist and evidence held to be sighted by person verifying PD Log evidence. |
| HPS COMPETENCY | |
| 1. Professional knowledge in practice – five readings Mandatory PD: Youth Health – 6 hrs. minimum requirement | |
| 2. Safe ethical and legal practice – one reading Professional documents sighted – see list below | |
| 3. Culturally safe practice - three readings Professional documents sighted – see list below Mandatory PD: Te Whatu Ora Tikanga Māori in-service-4hr minimum requirement | |
| 4. Communication – four readings | |
| 5. Professional relationships – four readings Mandatory PD attend HPS clinical practice - 6 hrs | |
| 6. Professional development and leadership – three readings Professional documents sighted see below: | |
| Professional documents sighted by applicant: ➤ HPSAANZ official documents, ➤ HPSRC Registration Handbook and website resources ➤ Allied and Public Health Career Framework for Te Whatu Ora Health New Zealand region ➤ New Zealand PSA/Allied Health Professional Expectation of Practice (MECA) ➤ Relevant Te Whatu Ora & HPS Service’s policies and guidelines | Signature of applicant and date sighted. |

Verification: Transition pathway checklist for mandatory requirements and evidence held sighted

Name: *Print* Title:.....

Signed:..... Date:.....

¹⁰ In HPS Services where an individual HPS has no HPS team leader, the person who is their direct manager should verify the transition pathway log.

| | |
|---|-------------------------|
| Transition pathway form three. | |
| REQUEST FOR HPS PROFESSIONAL PRACTICE VISIT | |
| REQUEST TO: (<i>print HPS Service name</i>) | |
| REQUEST FROM: (<i>print HPS Service name</i>) | |
| REQUEST FOR (<i>print name of HPS seeking professional visit</i>) | |
| PROPOSED DATE FOR PROFESSIONAL VISIT <i>advise date/ day / time being proposed</i> | |
| HPS Team leader or person making request and their title | |
| Contact details for follow up- <i>advise title i.e. HPS, team leader or other and email or telephone details</i> | |
| Confirm mandatory readings for competency one and five completed. | |
| BRIEF PROFILE OF THE HPS SEEKING VISIT: <i>Qualifications, experience relevant to HPS role, date of employment into HPS role, current clinical practice area.</i> | |
| FOCUS AREAS WITHIN VISIT <i>i.e. Observation of HPS clinical practice (advise any specific interest area)</i> <i>Opportunity to sight HPS Service policies and procedures, operational manuals, scope of HPS Service and clinical programmes.</i> <i>Sight HPS Service's models of care and HPS Service HPS scope of practice documents</i> <i>Documentation / planning and assessment/ evaluation</i> <i>EC programme</i> <i>Korero with experienced HPS or HPS resource person re specific area of interest</i> | List focus areas |
| APPROVAL/ DECLINED/ POSTPONED. Comments | |

EXAMPLE OF EVIDENCE TEMPLATE FOR PD HOURS.

Evidence templates are available on www.hospitalplay.org.nz/registrationresources/templates

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL EVIDENCE TEMPLATE

Article of Interest reviewed for NZHPSReg PD requirements

(This template is provided as guidance for the evidence that should be held within a professional portfolio for verification of your record of professional development prior to being submitted for Registration)

Please provide the following information to illustrate your understanding of the content and how this relates to your current learning or objectives

Article Reference *(include authors, title, publication, page numbers and date)*

Example

Mahanjan, L., Wylei,R., Steffan, R., Kay, M., Kitaoka, G., Dettorre,J., Samra, S. & McCue,K (1998). The effects of a psychological preparation program on anxiety in children and adolescents undergoing gastrointestinal endoscopy. *Journal of Paediatric Gastroenterology and Nutrition*. 21, 161-165

Summarise the reason for selecting this reading *(how does it link to current learning needs/goals/role and the significance to your practice)*

Summary of the key points/findings/new knowledge *(provide at least three points of interest)*

Illustrate how this reading may influence your practice *(does it support your current knowledge / way of working or has it highlighted a potential change in practice? Link this to current role and goals)*

Presented to:

Date:

Verification by professional leader/team leader:

Signature

(print name/role)