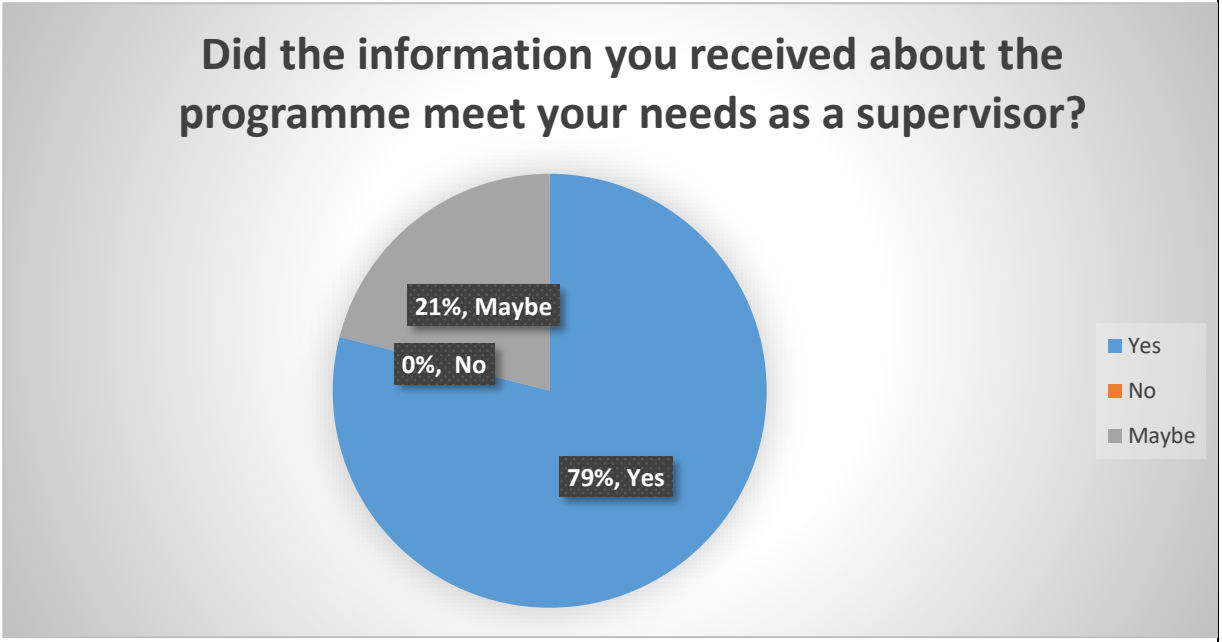
SURVEY REPORT	**RNPCH Survey September 2023**
Date	November 2023
Service/ Unit	Midland RNPCH Collaborative
Survey Title	September 2023 Survey - Results
Survey Objectives	• Gather evidence of the impact of the RNPCH programme • Review the RNPCH program and determine if modification of programme and delivery is required • Have a base line to compare findings with future surveys to evaluate the RNPCH programme
Survey Leaders	Catherine Tobin, Lin Marriott, Heather Robertson, Jessica Knight
Method	Survey was sent to RNPCH participants who participated in the previous four programme deliveries, including those who withdrew/did not complete the programme. May 2023 cohort excluded.
Sample Size	No. Participants (Supervisees) survey distributed to = 182 No. Clinical Supervisors survey distributed to = 88 **Total no.** (supervisees & supervisors) survey distributed to = 270 (See **APPENDIX 1** for full breakdown of distribution across the Midland Collaborative Organisations)
Findings	**Supervisor survey (14 responses)** **Supervision information provided** 79% found the information they received as supervisors' straight forward and they "*felt fully informed*". One of the supervisors indicated it was their second time to supervise on this programme and that they receieved *"great support from facilitator's regarding process".*

Conversly, 21% answered 'maybe' to the question asking if the information they recieved as supervisors met their needs as indicated in the following excerpts: *"not sure of the expectations of the role"*, *"it was not made clear how much time involved to complete all required reporting".* Another supervisor commented that it would have been *"good to have guidance on expectations post completion".*

The online supervision session prior to the participant commencement of the course was identified as helpful by one of the supervisors and they appreciated being invited *'to discuss supervisor role and how to support supervisee".*

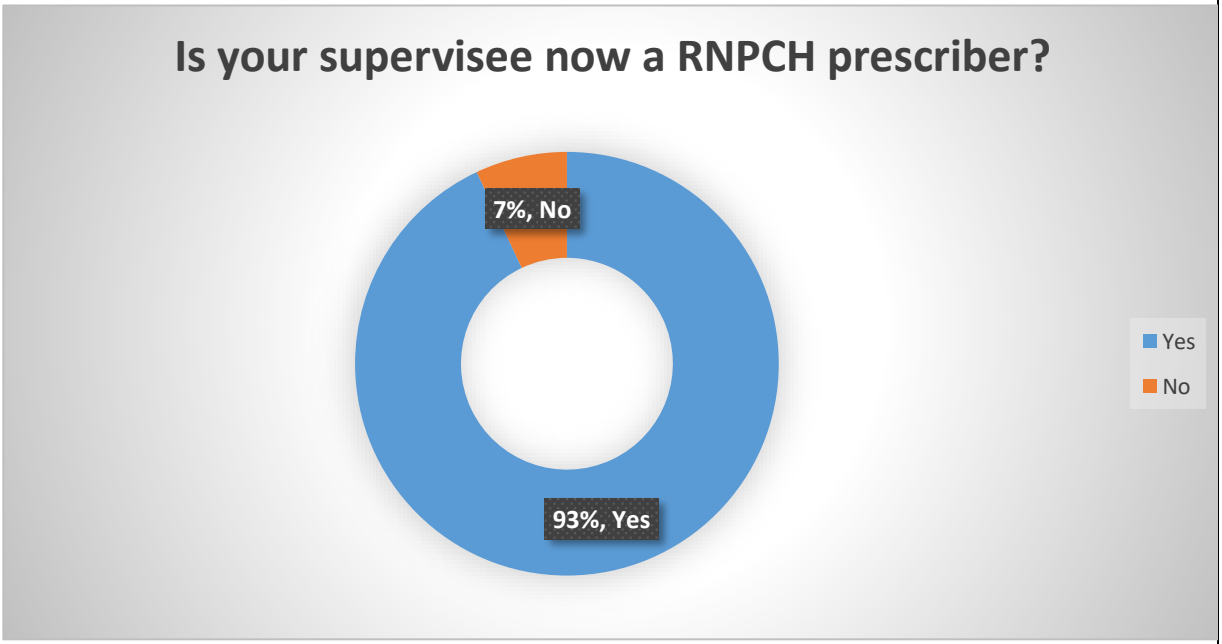


Supervision Experience

The majority of the supervisors who responded enjoyed the supervision experience, with one person commenting they had gained experience and skills as a supervisor. One of the supervisors commented that they *"love seeing nurses grow in their practice'*. One other supervisor stated *"It was a good learning experience, had a deeper insight into how nurses' function on a daily basis".*

Use of RNPCH qualification

93% of supervisor respondents indicated the nurse they were supervising was now a RNPCH prescriber whilst only 7% (1respondant) was not sure stating: *"she moved to another practice soon after she graduated".*



Impact the nurse prescriber has made

Responses to the question of how the RNPCH prescriber was using their prescribing qualification received a positive response. Supervisor responses suggested a theme of "*reducing the workload of the doctors*" whilst others identified the advantages to the patient: "*increased capacity to offer timely consults for clients/patients*". How the nurses prescribing skill were utilised was variable. Some nurse prescribers managed patients with *"minor illnesses",* whilst another nurse worked *"as a prescriber and had appointments*". Conversely one supervisor stated the nurse prescriber hadn't made much of a difference: *"Not a lot really. Just built more confidence for my nurse to actually do some prescribing".* Another supervisor reported that the nurse prescriber had moved from that practice and they did not have the opportunity to experience the positivity of the role. Largely the responses from the supervisors indicated the nurse prescribers were advantageous to the working environment as the following extract summarises: *"RN+Prescriber is a great asset for any organisation".*

Advice to other supervisors embarking on clinical supervision for RNPCH

Whilst it *"does take a fair bit of your time*" as indicated by one supervisor, many others indicated it was a positive experience for both the supervisor, the nurse and the practice: *"If you've got a nurse keen to do it- go with it and support them 100%- happy nurses are so much easier to work with".* One suggestion *"identified that time must be allowed for this and to become familiar with the Nursing Councils RNPCH Handbook and the Midlands handbook".*

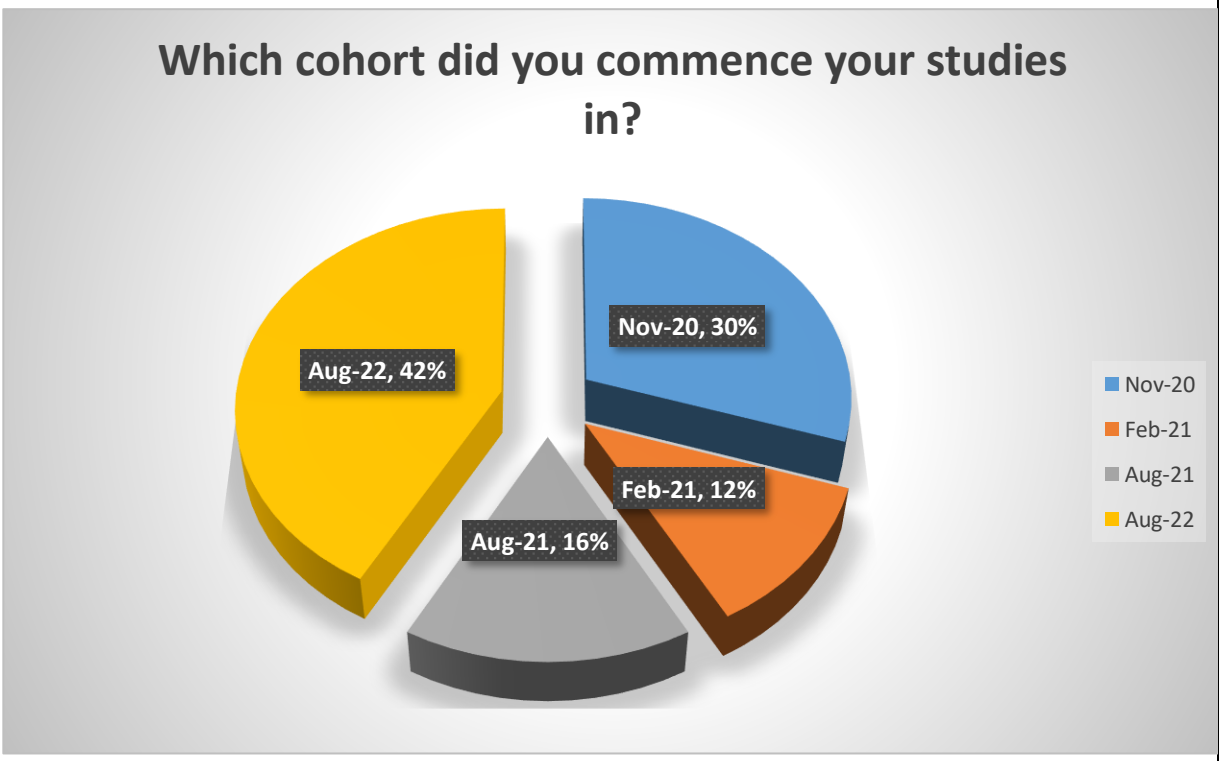
Patient/whanau feedback on the nurse prescriber

Two supervisors acknowledged the positive feedback: *'all positive feedback', "whanau find the acute access excellent".* Nonetheless, one patient was "*resentful of not being able to see a doctor"*.

Other feedback offered by the supervisors included:

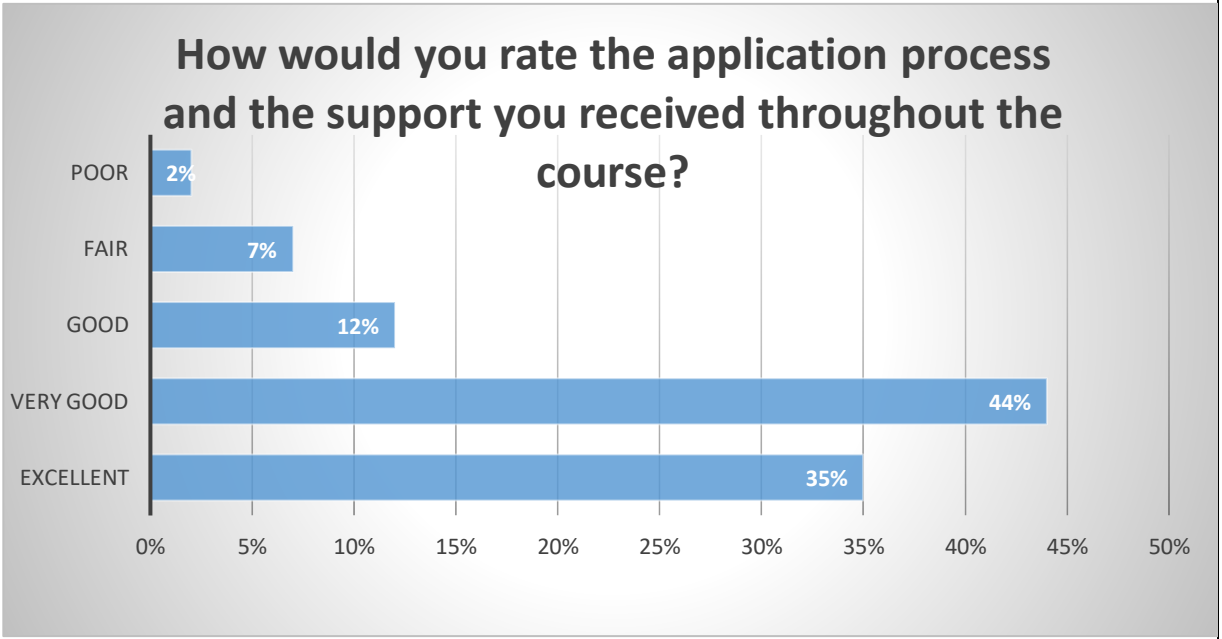
- *"I do think …. should be paid a lot more"*
- *"Loved it"*
- *"Amazing course that gives nurses the confidence to broaden their field and pick up post graduate papers"*
- *"I think the prescribing should be widened slightly. For example when patients are allergic to penicillin the nurses should be given another option to prescribe something and often they aren't"*

RNPCH Participant/ Supervisee Survey (45 responses)



Application process

Most survey participants (91%) responded positively to the application process; a number found the process easy to apply and straightforward as the following excerpt suggests: "*Clear concise information and easy application process"*.



Support from the facilitators

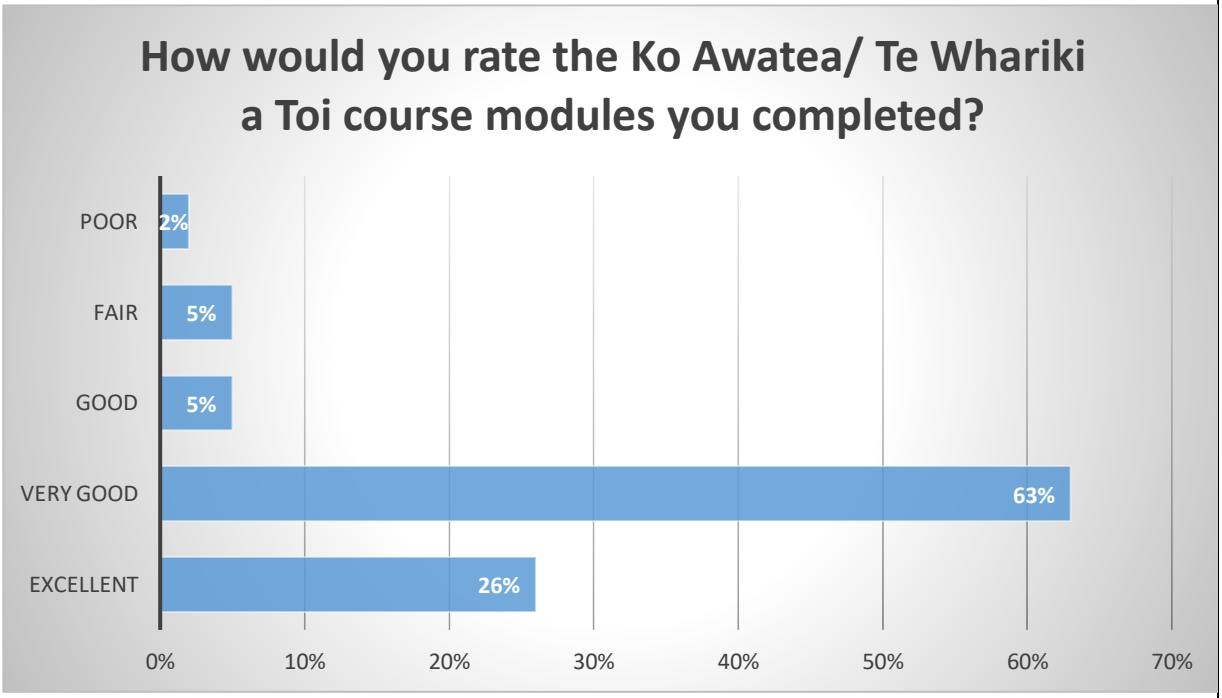
A notable number of RNPCH participants stated they had great support from the facilitators who were considered accessible. Two respondents commented specifically on the first course: '*As we were the first group through this process it was a learning opportunity for not only ourselves but also the program support". "I was in the Guinea pig round so to speak, so I suspect it's clearer now - but it felt a bit murky at the time*". This difference between the cohorts; especially between the first and following was not overly obvious. Of note, improvements were added to the course after each program before the next cohort commenced.

Nonetheless, a third of the respondents provided less positive feedback. More face-to-face time with the facilitators was cited as possibly advantageous and it was stated there was limited support if rural. One person suggested more group zooms post the education modules to check in on progress and see how others were doing. The subsequent programs now offer a check-in session halfway through the programme.

Another person thought spending time with a pharmacist would be useful. This is something each individual nurse could organise as part of their learning as the Midland region is a very large geographical area to practically provide this.

Rating of Ko Awatea/Te Whariki a Toi

One person found it *"hard to navigate the websites"* and there was a cost to some of the overseas websites and content. The survey results suggest it was a positive experience as the following excerpts confirm: *"it was a very easy educational platform to use with access to lots of information" and "a good platform to use with lots of information for further learning"*. It *"covered lots of relevant topics".*

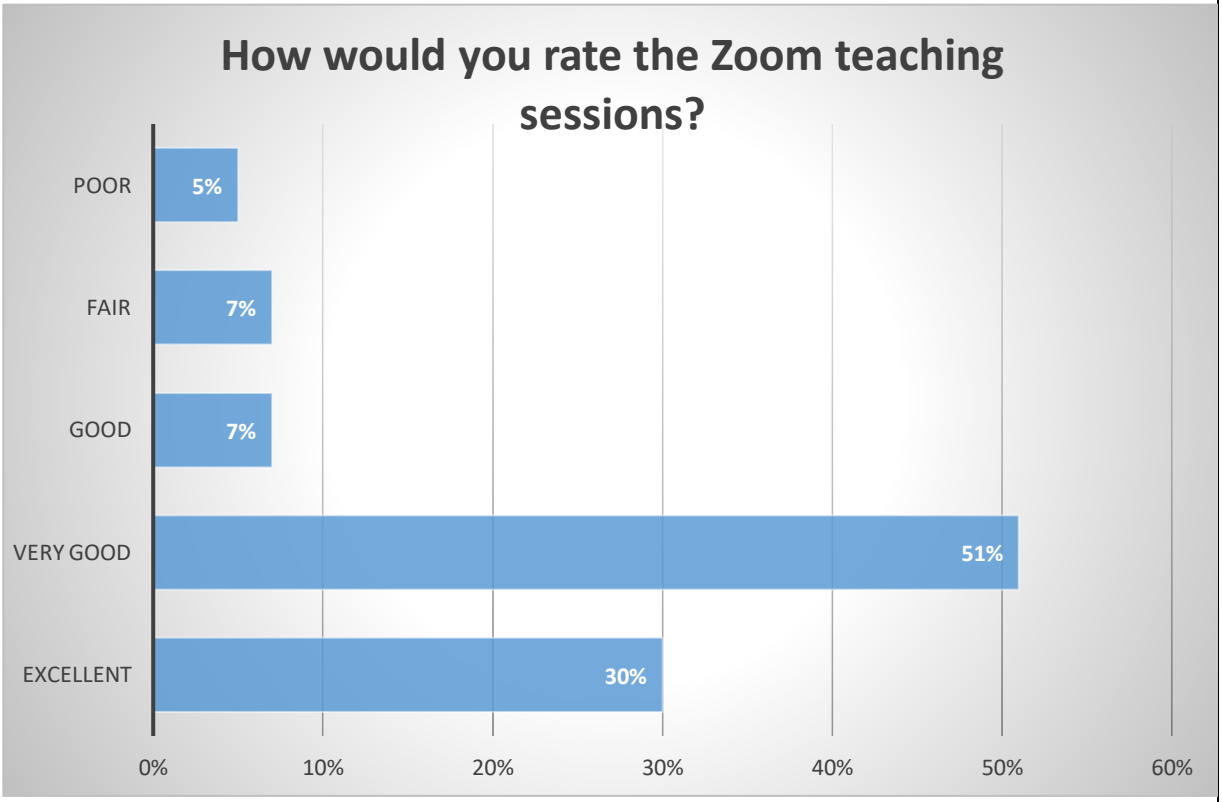


Zoom sessions

Most respondent's feedback was positive and suggested there were great speakers and the content on the zoom sessions and information was relevant. Nonetheless, this was

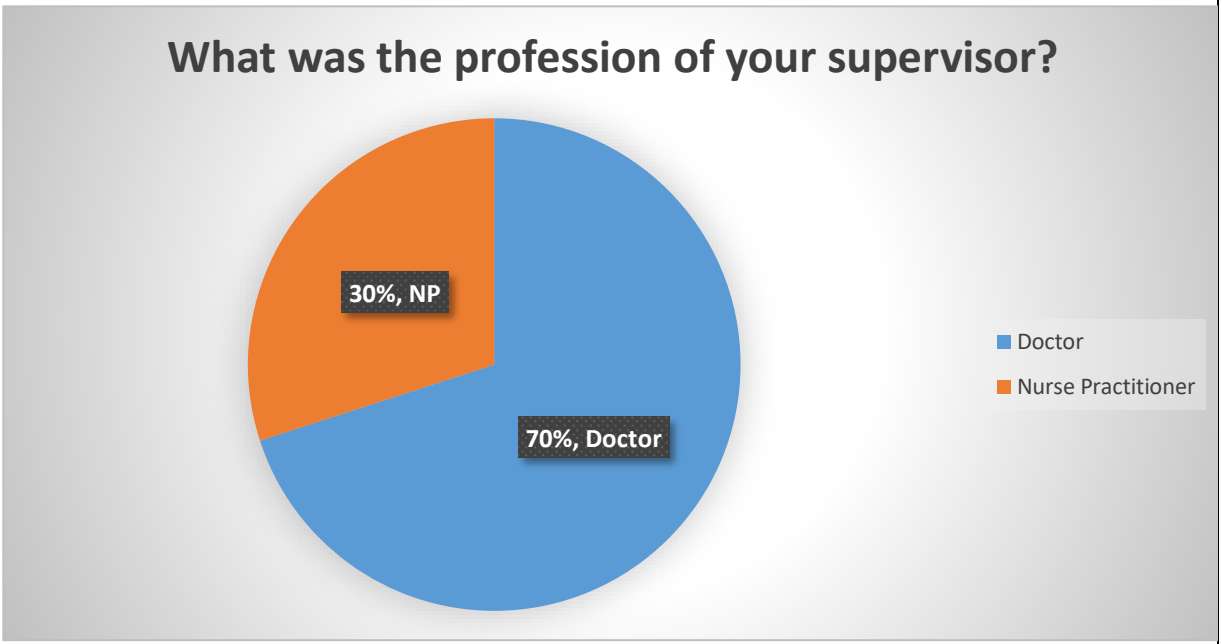
dependant on the relevance to the area of work as this example illustrates: *"A lot of it wasn't relevant for the area I am working in".*

The content was broad and based on the Counties Manukau programme. All participants have the option, and are encouraged to, expand their specific knowledge requirements through their own learning. However, one respondent thought some of the zoom sessions were *"a bit below our level of competency".* Another stated: *"we went straight into the first lecture via zoom. I thought it would have been better to go through the course outline to confirm what was asked of us and be able to ask questions if needed because some things weren't clear."* This occurred in the initial cohort, and following this, there was an optional introductory session included in the program.



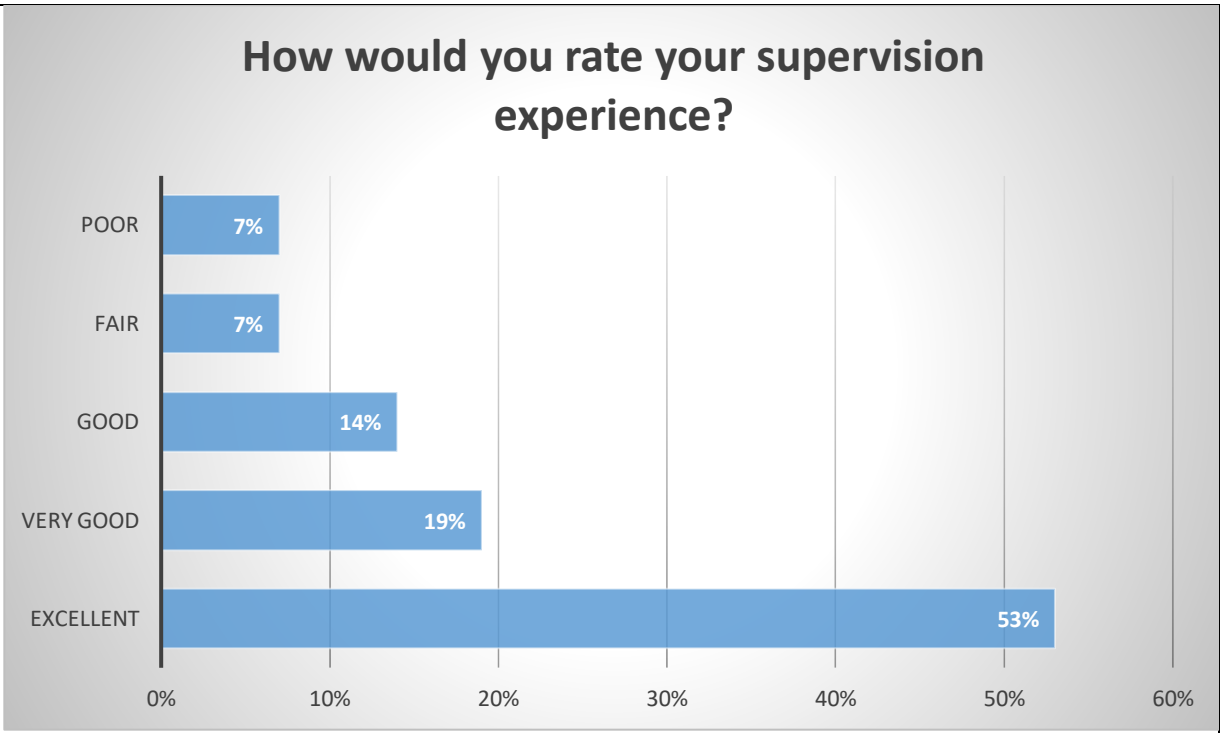
Profession of the supervisor

As the data above suggests the majority of respondent had a doctor as their supervisor compared to having a Nurse Practitioner. This difference was identified in the following comment: "*GPs prescribe and assess differently than nurse prescribers who are more likely to follow guidelines. I think if the practice doesn't have a nurse prescriber then there needs to be one allocated to visit for clinical supervision".*



Supervision experience

The biggest difficulty faced by a significant number of participants was the access to their supervisor with some having to change their supervisor during the programme. Most respondents had a very positive experience with their supervisor as the following illustrates*: "had an amazing supervisor that pushed me to learn more".*



Completion of the program

86% of those that responded completed the programme compared to 14% that responded they did not. This data is not necessarily reflective of the overall number who completed/did not complete as you were more likely to respond to the survey if you have successfully completed it. Those that did not complete the program identified difficulty accessing supervision and limited time to complete the program as the reasons. The following response illustrates the struggle with support: *"Lack of mentoring. I felt really pressured to complete but not supported".*

Use of RNPCH qualification

81% identified they are using their RNPCH qualification with 14% seldom using it whilst 5 % were not using it at all. However, this may not be relative to all the nurses that have passed the RNPCH program as it is a small number of respondents in comparison to the total who have completed the programme.

One of the new prescribers was *"a bit nervous as I do not work with any other prescribers".* This was impacted by the fact they have *"more one-off consultations rather than a patient load with many of our patients being elderly with co-morbidities".* Another person cited lack of incentive or support to use this qualification: *"no incentive (including financial) or support or time to see patients".*

Impact on practice

Those using their prescribing skills cite a positive impact on their practice and overall skill set as the following annotations confirm:

- "*I now am very experienced in patient assessment and examination"*
- *"More confident, easier access for our patients in rural areas"*
- *"Has enabled me to provide a better seamless service to patients"*
- *"Increased knowledge and understanding of presenting conditions, treatment and patient advice for patients within scope'*
- *"Enhanced it massively, we are able to see more patients in a timely manner, and my job satisfaction has gone up"*
- *"It has made such a valuable difference to my practice"*
- *"greater work satisfaction"*
- *"reducing barriers for our people"*
- *"It had made me more autonomous and allowed me to increase equity and access to my patients"*

Other feedback

Suggestions to improve the course going forward: *"Would be good to have a few case studies as demonstration for specific prescribing such as different ages and weight prescribing for 1, otitis media, 2. Impetigo, 3. eczema for example".*

<table>
<tr><td></td><td>One person identified there was an inconsistency in marking the portfolios:
“My only criticism I would feedback about program was after submitting my portfolio and the inconsistencies with the marking process amongst different markers. When you have multiple nurses within the same workplace submitting at the same time and some are being pulled up on things that others are not it was difficult to rationalise and it altered the feeling around the end of the process for me”.</td></tr>
<tr><td>Discussion</td><td>Designated Prescribing for Registered Nurses (RN) in Community Health (designated RNPCH) is a limited guideline-based model of prescribing designed to cater for the needs of normally healthy people who have specific minor ailments or common conditions in the community. The preparation, role and responsibility are not equivalent to other prescribing roles. Registered nurses who prescribe in community health must complete an approved Nursing Council New Zealand education programme. The following table Identifies the different role and educational preparedness for nurses prescribing in New Zealand.
<table>
<tr><th>Registered nurse prescribing in community health</th><th>Registered nurse prescribing in primary health and specialty teams</th><th>Nurse practitioner prescribing authority</th></tr>
<tr><td>Designated prescriber:
Able to prescribe from a limited schedule of
medicines.</td><td>Designated prescriber:
Able to prescribe from a schedule of common
prescription medicines.</td><td>Authorised prescriber:
Able to prescribe any prescription medicine.</td></tr>
<tr><td>Scope of Practice
Must be credentialed on a recertification programme for registered nurse prescribing in community health. Uses clinical pathways/guidelines to treat a small number of conditions for normally healthy people.</td><td>Scope of Practice
Must work in a collaborative team with an authorised prescriber available for consultation. Able to diagnose and treat common conditions (e.g. asthma, diabetes, hypertension) within a collaborative team.</td><td>Scope of Practice
Able to independently assess, diagnose and treat a range of conditions for a population group in an area of practice. May work autonomously or within a health care organisation. Consults with health professional colleagues</td></tr>
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</td></tr>
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Additional Qualification Recertification programme including education, supervision in practice and credentialing.	Additional Qualification Post graduate diploma in registered nurse prescribing for long term conditions and common conditions	Additional Qualification Clinical Master's degree in nursing.

RNCHH prescribers are able to prescribe pharmacy-only and general sale items as well as a limited number of medicines for minor ailments and illnesses. These medicines may only be prescribed for normally healthy people who do not have significant health problems (New Zealand Nursing Council, 2023).

The New Zealand Nursing Council believes that the three models for RN prescribing will provide flexibility for different patient needs and that the prescribing authority will:

- Improve patient access to healthcare
- Promote close collaboration between team members and build on the existing skills and knowledge of registered nurses
- Enable nurses to take accountability for prescribing decisions based on their assessments rather than working under Standing Orders

The members of the Midland Collaborative are committed to the training, supervision, support and development of a sustainable nursing workforce employed in expanded roles. The Midland Collaborative built on the Counties Manukau DHB (CMDHB) Toolkit as a foundation document for community prescribing and utilised the frameworks for RN Prescribing in each Midland DHB region.

The RNPCH prescribing provides flexibility for different patient needs that will:

- Improve patient care without compromising patient safety
- Make it easier for patients to obtain the medicines they need
- Increase patient choice in accessing medicines

	• Make better use of the skills and education of health professionals The Midland region serves a total population of more than 951,900 people. Bay of Plenty has an enrolled population of 225,320. 32% are under 25 and 25% identify as Māori, and like the national population, the Bay of Plenty population is ageing (currently 19% aged 65 or over and forecast to reach 24% in 2026). It is unique in having 18 Iwi within the district and the highest number of Māori health providers (BOP DHB, 2019). Lakes Te Whatu Ora (former DHB) has fewer people in the 20-39 age group than the national average, and a much higher population of Māori and lower proportion of Pasifika in comparison to the national average. There are a relatively high proportion of people in the most deprived sector of the population (Lakes DHB, 2018/2019). Tairawhiti Te Whatu Ora (former DHB) has the highest proportion of young people in New Zealand, 39% of the population is under 25 years. It has the highest proportion of people (65%) who live in the most deprived circumstances. Of the 65%, there are marked inequities for Māori, and Māori children under 10 years. This remains the most important determinant of health, which creates significant challenges to improve health equity and status (Tairawhiti DHB, 2019). Taranaki Te Whatu Ora (former DHB) has a Māori population that is projected to increase to 21.7% by 2028. It has an ageing and older population than the national average; the number of people over the age of 65 accounts for 17.5% of the total population; 7.8% of those over 65 identify as Māori; 32.1% are under the age of 24 and 52.3% within this age group identify as Māori (Taranaki DHB, 2019). Waikato Te Whatu Ora (former DHB) has several challenges which include an extensive regional geographical area, a population that is predominantly rural (60%) and an above average Māori population (23%) who experience a poorer health status at all ages compared with the rest of the population. 28% of the Waikato population are under 20 years and16% are 65 years or older (Waikato DHB, 2019).

This population profile confirms the urgent need to develop effective actions to address inequities and drive the need to ensure culturally safe and competent care is supported. The Midland RNPCH program has been very successful in increasing the number of nurse prescribers to improve access to communities across the Midland region. The first RNPCH programme commenced in November 2020 and is now on the fifth programme delivery. This survey was sent to the first four cohorts of participants and supervisors. This year's cohort were not included in the survey as they had not yet completed the programme in full.

The table below identifies the number of nurses able to prescribe in New Zealand as at the end of September 2023.

Table 6: Nurses with prescribing rights, by quarter

	September 2022	December 2022	March 2023	June 2023	September 2023
Nurse Practitioner	627	672	702	701	703
RN Prescriber - Primary Health and Specialty Teams	388	403	440	433	503
RN Prescriber - Community Health	238	283	300	331	403
RN Prescriber - Diabetes	50	48	47	47	46
RN Prescriber - Emergency Contraceptive Pill	257	263	268	277	284
Total	**1,560**	**1,669**	**1,757**	**1,789**	**1,939**

(source: Nursing Council New Zealand (NCNZ) Quarterly Data Report – September 2023 Quarter)

Midland Collaborative RNPCH list of participant outcomes Nov 2020 - Nov 15 2023			
Date cohort commenced	**No. commenced programme**	**No. recertified as RNPCH @ 15/11/23**	**No. who did not complete**
Nov-20	65.00	34.00	31.00
Feb-21	71.00	40.00	31.00
Aug-21	32.00	12.00	20.00
Aug-22	67.00	42.00	25.00
May-23 ** (cohort in progress, outcomes to 15/11/23)*	* 57	*4 *(to date)*	1 *(to date)*
TOTALS	**292.00**	**132.00**	**107.00**

* Cohort still in progress, due to submit completed portfolios before May 23 2024

As detailed above, the Midland Collaborative has contributed significantly to the total number of RNPCH prescribers across New Zealand.

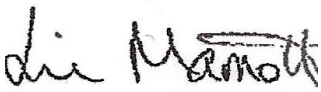
Total no. of RNPCH prescribers as a result off the Midland Collaborative programme: **132** to date (November 2023).

Hence the Midland RNPCH programme has contributed approximately one third of all RNPCH prescribers across New Zealand.

The first cohort in 2020 probably had the least positive experience as it was a new programme, and the facilitators were new to this role; the learnings were still developing. At the end of this cohort and before the next programme began, modifications were made to improve the participant and supervisor experience. For example, a pre-course option was provided for both the participant and supervisors as well as case review and competency samples were provided to support their submission documents. It is acknowledged that the redirection of priorities such as COVID-19 vaccinating and swabbing also had a negative impact of the programme participation; especially affecting the first cohort.

	<u>Attrition</u> It is acknowledged that there has been attrition from the Midland RNPCH programme, with contributing factors likely to have been: - The program commenced and continued throughout the COVID-19 pandemic, with associated impacts on the wellness of participants (and whanau), with attendant uncertainty & anxiety for all. - The increased workload impacts in the healthcare setting during the COVID-19 pandemic, particularly felt by community & primary care- based participants, leading to increased exhaustion and attrition rates. - Midland program taught delivery is provided via virtual learning, and entirely during non-work time, in the evening (Nurse Practitioner led delivery, for eight consecutive weekly evening sessions, 6pm – 8.30pm). This provides both a benefit in terms of access from home, but also a considerable commitment on the part of participants, NP's and Lead Nurse Facilitators supporting virtual sessions in their own time. - Difficulty in achieving sustained Clinical Supervisor support & commitment during the COVID-19 pandemic, with changes to priorities, and the limited face to face patient consult and supervision time available. In general, the Midland Cooperative RNPCH programme has been very successful in achieving its objectives to improve access to medications for the population in the Midland region.
Summary of recommendations	• Present findings to Midland Collaborative facilitator group • Review findings to determine what improvements need to occur with the programme • Present findings to National RNPCH group • Present finding to Midland NP and RNPCH groups • Review process to reduce inconsistences in marking of portfolios and enhance moderation processes • Continue to provide the non-compulsory pre compulsory education session for both supervisors and supervisees • Identify post completion expectations

	• Review supervisor expectations • Encourage more Nurse Practitioners as supervisors • Continue with the Nurse practitioner and RNPCH peer group zoom sessions currently offered.
References	1. Bay of Plenty DHB (2020). https://www.health.govt.nz/new-zealand-health-system/my-dhb/bay-plenty-dhb 2. Lakes DHB (2020). https://www.health.govt.nz/new-zealand-health-system/my-dhb/lakes-dhb 3. Ministry of Health (2019). Achieving Equity in Health Outcomes: Summary of a discovery process. https://www.health.govt.nz/publication/achieving-equity-health-outcomes-summary-discovery-process 4. Nursing Council of New Zealand (2019). Standards for recertification programs for registered nurse prescribing in community health https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/RN_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=01dfa242-5385-4b65-a501-e21955944e0b 5. Nursing Council of New Zealand (NCNZ) Guideline for registered nurses prescribing in community health (managed rollout 2019) https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/RN_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=01dfa242-5385-4b65-a501-e21955944e0b 6. Nursing Council of New Zealand (2023). retrieved from file:///C:/Users/HeatherR/Downloads/Nursing%20Council%20Quarterly%20Data%20Report%20-%20September%202023%20Quarter%20(2).pdf 7. Tairawhiti DHB (2020) https://www.health.govt.nz/new-zealand-health-system/my-dhb/tairawhiti-dhb 8. Taranaki DHB (2020) https://www.health.govt.nz/new-zealand-health-system/my-dhb/taranaki-dhb 9. Waikato DHB (2020) https://www.health.govt.nz/new-zealand-health-system/my-dhb/waikato-dhb

Further Survey required (if Yes include date)	Yes	**Date**	November/December 2024
Audit Leaders **Signed**	Catherine Tobin,  Lin Marriott,  Heather Robertson,  Jessica Knight 	**Date**	11/12/2023

APPENDICES

APPENDIX 1:

Summary of survey distribution aligned to Midland Collaborative Organisations

Midland Collaborative RNPCH Composition		
Region	**Supervisors**	**Supervisees**
Tairawhiti TWO	5	11
Waikato TWO	6	12
Pinnacle	72	124
WBoP	0	25
NHC	0	2
Hauraki	0	3
RAPHS	5	5
TOTAL	**88**	**182**