TE POU

Health improvement practitioner

Training programme evaluation report, January to June 2026

August 2026

tepou.co.nz

Contents

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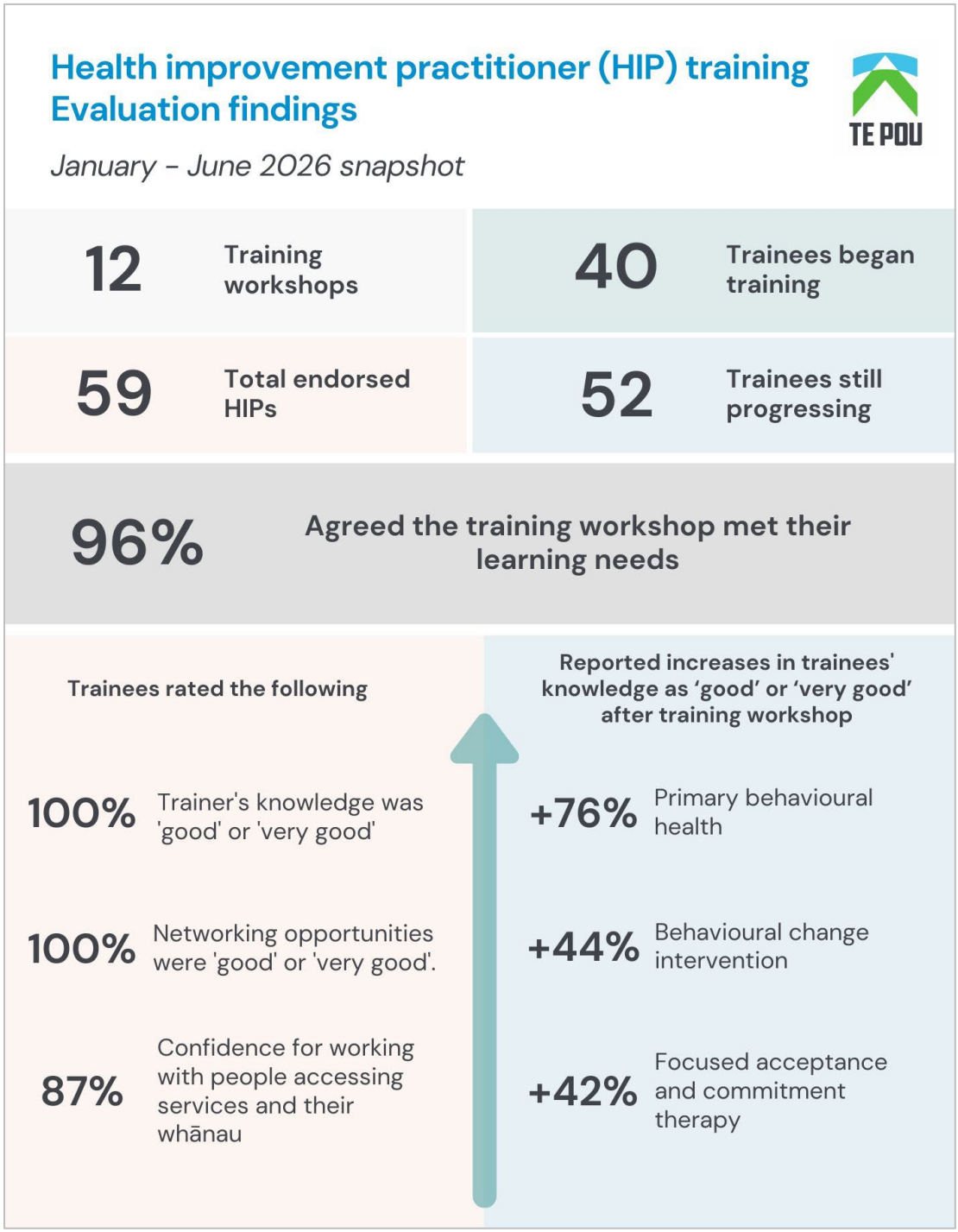
Summary of results

The infographic summarises the number of people who started on the health improvement practitioner programme, those who completed the training workshops, the total number of people endorsed, and those who were still progressing through the programme between 01 January to 30 June 2026. Trainees reported increased knowledge and understanding in primary behavioural health (+76 percent), behavioural change intervention (+44 percent) and focused acceptance and commitment therapy (+42 percent) after the training workshop.



Background to the HIP programme

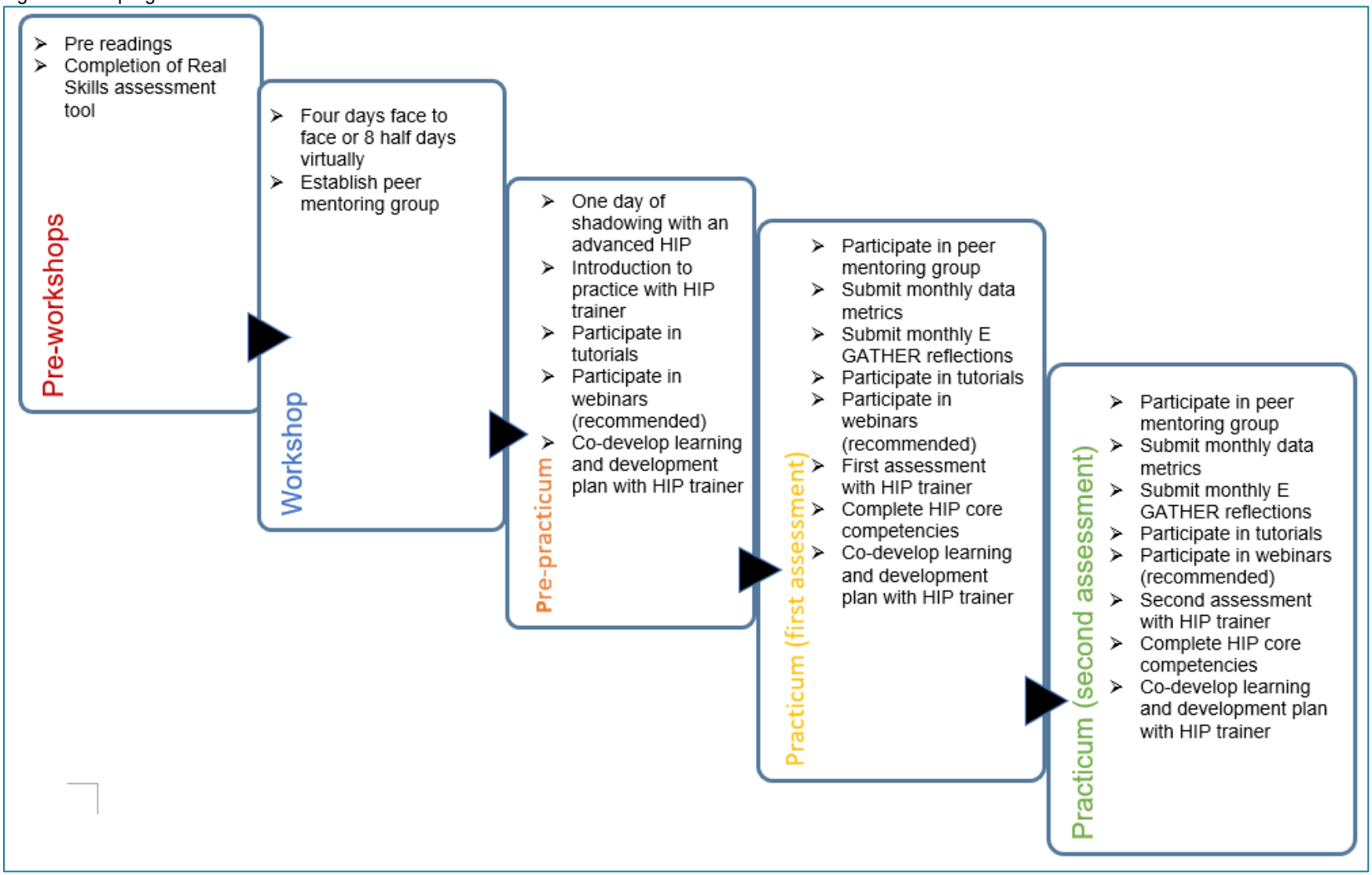
The role of the health improvement practitioner (HIP) supports systemic change within primary care using a multidisciplinary approach. HIPs typically collaborate with general practitioners, nurses, health coaches, other primary care staff, and external services to develop treatment plans. They also collaborate to offer brief and evidence-informed interventions, connect people to other support services, monitor people's progress, and flexibly provide care to meet their changing health needs. Most people engage with a HIP when they identify a need with their primary care provider, at which point they are offered a consult with a HIP to address their specific need.

Te Pou began delivering the training programme, initially developed by Mountainview Consulting in the USA, in 2020. As a result of trainee feedback and a thorough programme review, the training structure and content were adapted and updated, and the revised programme delivery began in January 2021. From this point trainees became endorsed by completing all aspects of the programme, including a full six months of practicum. The current programme consists of three main components, as follows:

- A **training workshop**, of four consecutive days (or eight half days if delivered virtually)
- A two-day **pre-practicum** which includes: a day observing an advanced HIP, being introduced to all aspects of HIP practice, and spending a day with a trainer, in their own practice setting, being actively mentored and coached in all aspects of the HIP work
- A **practicum** to support and mentor trainees to develop all relevant competencies and to achieve endorsement as a qualified HIP. This includes participation in peer mentoring groups, submission of monthly data metrics and with E Gather reflections, two practice review assessments where a trainer observes the trainee in their practice, and recommended attendance of virtual tutorial hours facilitated by a trainer, webinars or other development resources during the practicum period.

Te Pou has documented periodic evaluation feedback from HIPs from the start of the programme to date. This feedback has been used for programme quality improvement. Evaluation reports from 2020 through to December 2025 are available on the Te Pou website.

Figure 1: HIP programme structure



Updates from past reporting period

In 2024, Health New Zealand | Te Whatu Ora confirmed a shift to a hub-and-spoke model for HIP programme delivery. In this model, Te Pou has the role of national hub, supporting regional spokes to coordinate and deliver training within each region. WellSouth is contracted for the co-ordination and programme delivery in Te Waipounamu and ProCare Freshminds for the Northern region. Te Pou continues to coordinate HIP training programme delivery for the Te Manawa Taki and Central regions whilst it is identified the timing of when regional spokes may be established.

Purpose of the evaluation

This report shares and discusses the evaluation findings for the HIP training programme from January to June 2026. It provides a snapshot on the HIP training programme during the period, as well as compares evaluation data from the immediate past reporting period to the current one. This report is intended for the primary care workforce, IPMHA trainers and programme funders.

Learning outcomes

The programme learning outcomes are outlined as follows:

- consistently practicing within the primary care behaviour health model
- using behavioural health techniques and tools to explore diverse people's health situations and progress them towards improved health and hauora
- working collaboratively to offer and promote integrated care within a primary care context.

Key evaluation questions

The aim of the evaluation in this six-month period was to understand how well the HIP programme is working by examining the following key questions.

- How much did the programme do?
- How well did the programme do it?
- Who benefitted (what difference did it make)?
- Is anyone better off?

Methods

Evaluation data includes feedback from trainees who started on the programme and completed the training workshop, and those who were endorsed on completion of the programme as HIPs during 01 January to 30 June 2026. Four different data sources were used in this report:

- post-training evaluation workshop survey (January to June 2026)
- evaluation after pre-practicum
- first assessment
- and second assessment (final evaluation) (January to June 2026).

The Wilcoxon matched-pairs signed-ranks test was used to test for significance in trainees' level of knowledge and confidence in primary behavioural health, brief behavioural change intervention and focused acceptance and commitment therapy (fACT).

Findings

This section presents findings from evaluation surveys in relation to each evaluation question.

How much was done?

New trainees – training workshops January to June 2026

In total, 12 virtual and in-person training workshops were delivered. Five were delivered nationally (by Te Pou, the hub), four by the Northern spoke and three by the Te Waipounamu spoke. A total of 40 people completed the workshop training. See Tables 1, 2 and 3 for regional completions.

Workshop completions

Table 1: Te Manawa Taki and Central region (Te Pou)

Start date	Delivery mode	Number of attendees
2/02/2026	Virtual	8
16/03/2026	Virtual	5
15/04/2026	Virtual	6
18/05/2026	Virtual	2
8/06/2026	Virtual	3
Total		24

Table 2: Northern

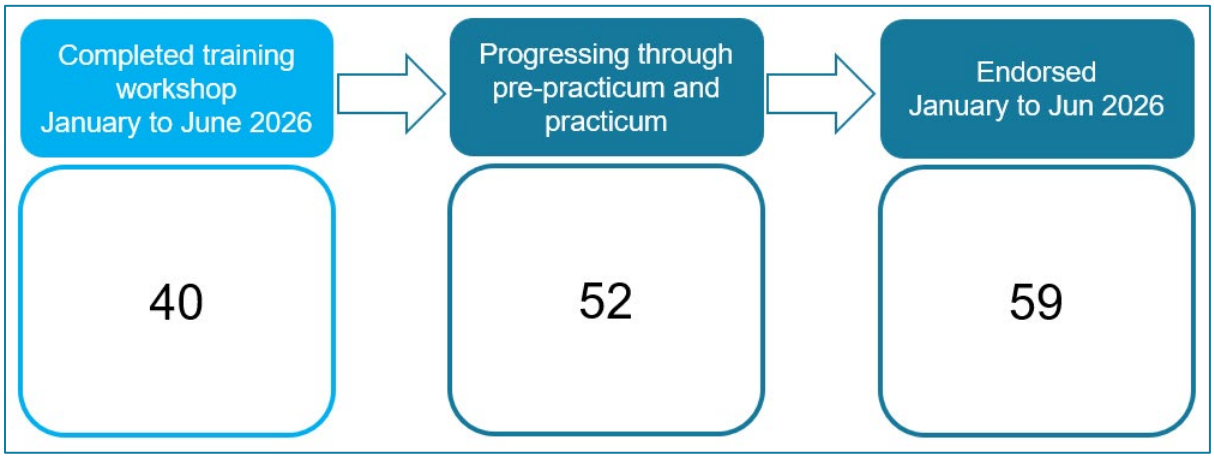
Start date	Delivery mode	Number of attendees
19/01/2026	In-person	5
16/03/2026	Virtual	1
20/04/2026	Virtual	4
18/05/2026	Virtual	1
Total		**11**

Table 3: Te Waipounamu

Start date	Delivery mode	Number of attendees
23/02/2026	Virtual	3
15/04/2026	Virtual	1
18/05/2026	Virtual	1
Total		5

A total of 40 people commenced the HIP training programme and completed the training workshop; 52 were progressing through pre-practicum; and practicum and 59 HIPs were endorsed. See Figure 2.

Figure 2: Trainee progression (measures and number of people)



Completion to date

Since the programme's inception in 2020, **915** HIPs have started the programme and completed training workshops. The training workshop is the first in a series of activities in the programme. Table 2 shows completion by each reporting period.

Table 4: Training workshop completion to date and by reporting period

Timeline	2020	2021	2022	2023	2024	2025	2026	Total
	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Jun	
Completed training workshop	110	179	158	169	139	120	40	**915**

Trainee progress to date

Out of these **915** HIPs, **695** have been endorsed, **52** are still progressing through pre-practicum and practicum, and **164**[1] have withdrawn from the programme, see Figure 3. Most people who withdrew from training reported resigning from employment.

Figure 3: Trainee progress to date

[1] There is a variation between the total number of trainees reported as starting and completing the training and the combined total of trainees endorsed, trainees progressing through pre-practicum and practicum, and trainees who left the programme shown above. **2** trainees are included in both the count of trainees endorsed and trainees who left the programme as they were endorsed before later withdrawing from the programme (-2) and **1** trainee withdrew before completing the training workshop (-1). Between 2020 and 2023, the number of trainees starting the programme was overreported by **7** trainees due to duplicate enrolments (+7). As these were reported historically, these variations are included in the cumulative total.

How well was it done?

Evaluation of training workshop

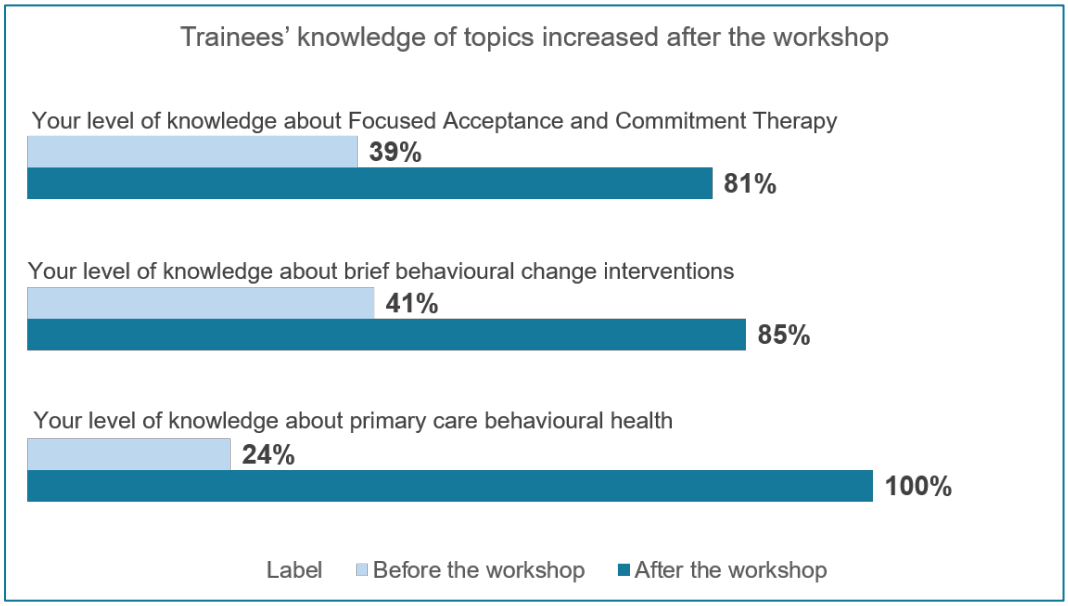
Everyone who responded (100 percent) to the training workshop evaluation said the trainers had good or very good knowledge of the subject, and ability to facilitate group learning, same as the immediate past training evaluation report for July to December 2025. They also reported that the training provided good or very good networking opportunities (87 percent, down from 93 percent from the last report). See Figure 4.

Of the 40 people who commenced the HIP training programme during the current reporting period and completed their training workshop, 30 filled in a post workshop evaluation. This gives a 75 percent response rate, indicating a very good level of confidence that the feedback is representative of those who completed the workshops.

Figure 4: Trainees' rating of their trainers

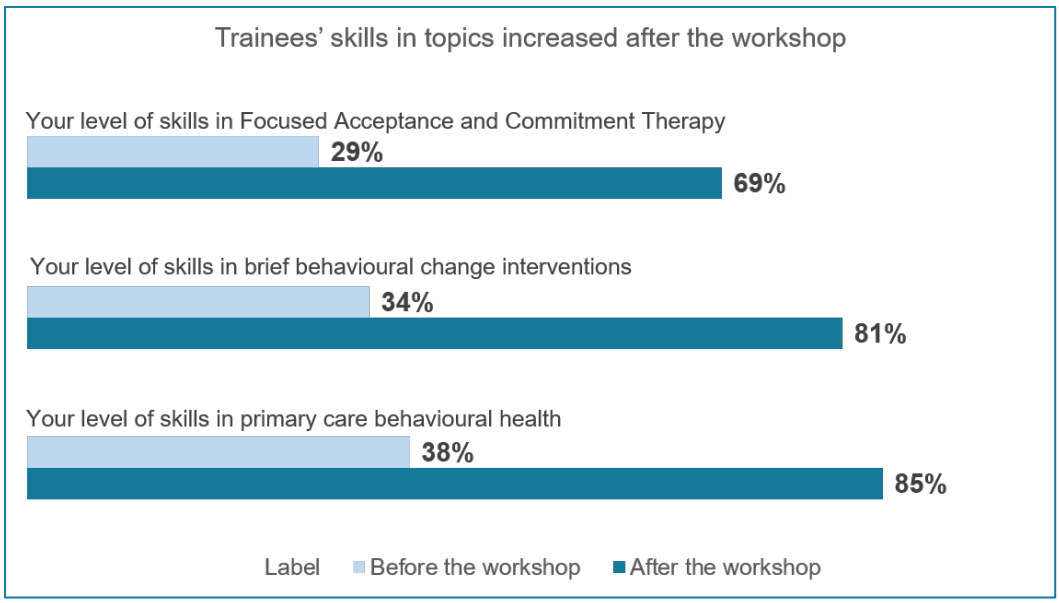
Trainees reported significant increases in their level of knowledge in primary care behavioural health (4.2 times), brief behavioural change intervention (2.1 times) and Focus Acceptance and Commitment Therapy (2.1 times) after the training workshop ($p < .001$). See Figure 5.

Figure 5: Trainees' rating of their knowledge of topics as 'good' or 'very good' before and after the workshop



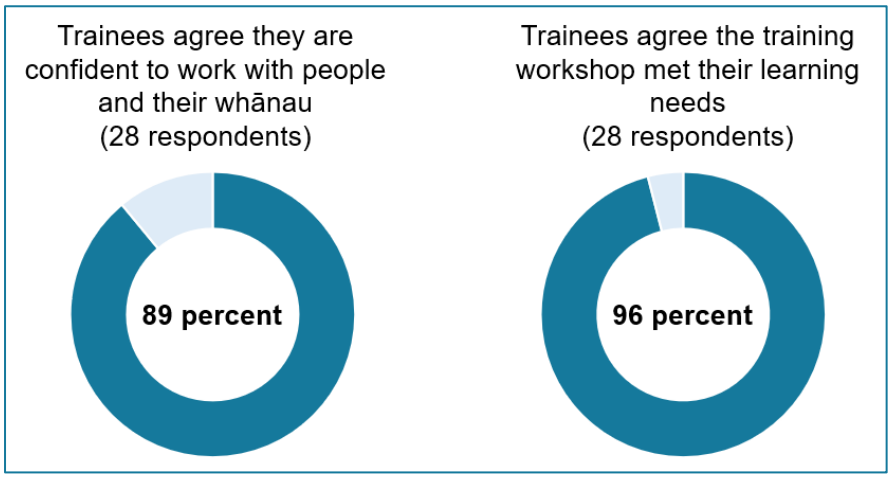
Similarly, trainees reported significant increases in their level of skill in primary care behavioural health (2.2 times), brief behavioural change intervention (2.4 times) and Focus Acceptance and Commitment Therapy (2.4 times) after the training workshop ($p < .001$). See Figure 6.

Figure 6: Trainees' rating of their skill of topics as 'good' or 'very good' before and after the workshop



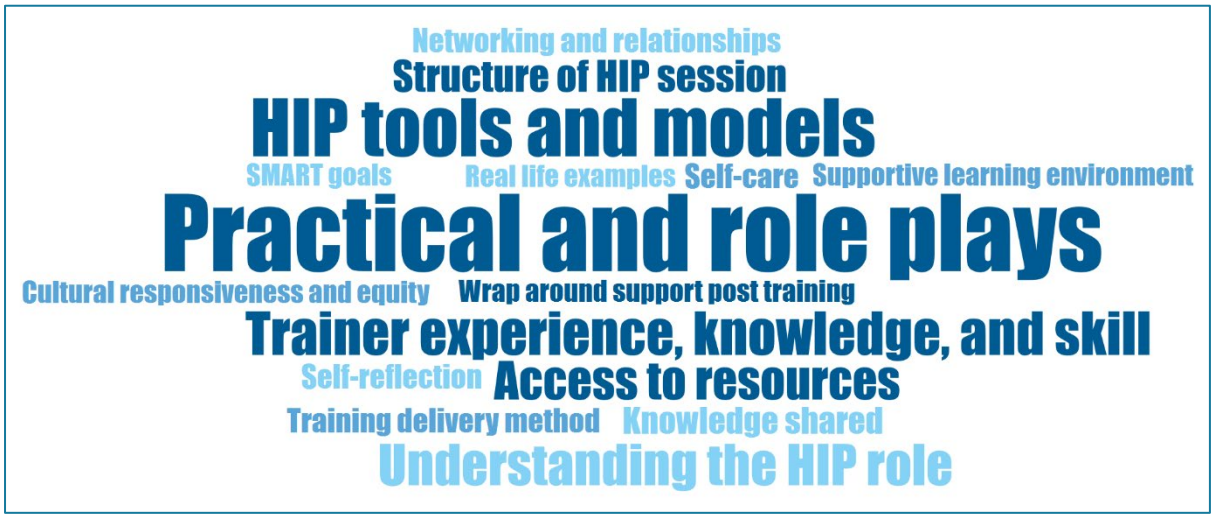
Most trainees agreed they are more confident to work with people and their whānau who access their services (89 percent), down from 95% in last reporting period. A slight increase was reported in the proportion of trainees who agreed that the training met their learning needs (96 percent compared to 95 percent in the last report). See Figure 7.

Figure 7: Trainees rating of their confidence to support people



Trainees provided feedback on three most useful aspects of the HIP training workshop. The practical, group work and role plays (21 mentions), learning about HIP tools and models (14 mentions), and trainer experience, knowledge and skill (9 mentions), were mostly cited as useful. Other aspects cited include ‘understanding the HIP role (8 mentions). Access to resources (7 mentions), and structure of the HIP session (5 mentions). See Figure 8.

Figure 8: Three most useful aspects of the HIP training workshop



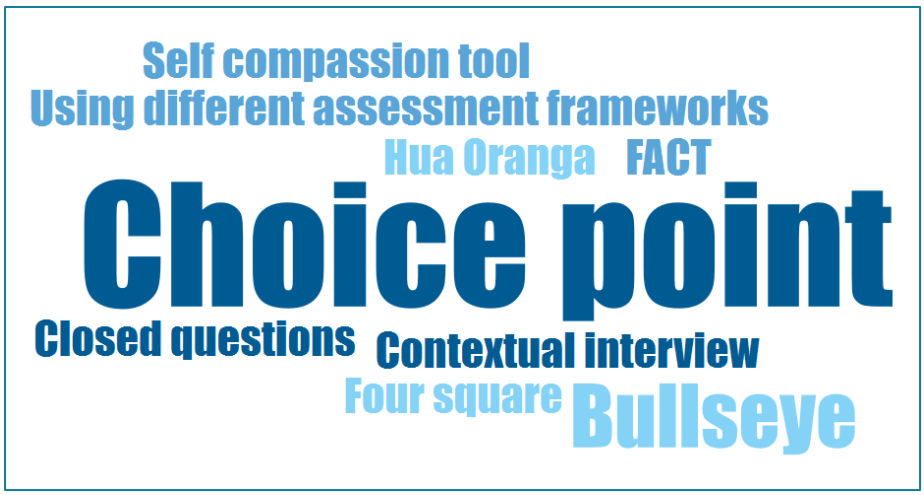
See comments in quotes below.

> “Group work - the small training group allowed for great learning opportunities when moving into breakout rooms. The facilitators made group

> work feel like a safe space that encouraged reflection and feedback from both the other training person and the trainer. This helped hugely with gaining confidence throughout the 8 study days."
>
> "Trainers / facilitators, their knowledge was great and ability to facilitate discussing their experiences. Our group has felt safe environment. Great awareness of how training online can feel good breaks and lovely check ins."
>
> "Learning the different tools such as the Four square or the Bullseye to help me as a clinician figure out the problems."

People also shared examples of tools or strategies learned from the training workshop that they intend to use in their practice. Choice point (16 mentions) was mostly cited, followed by Bullseye (5 mentions). See Figure 9.

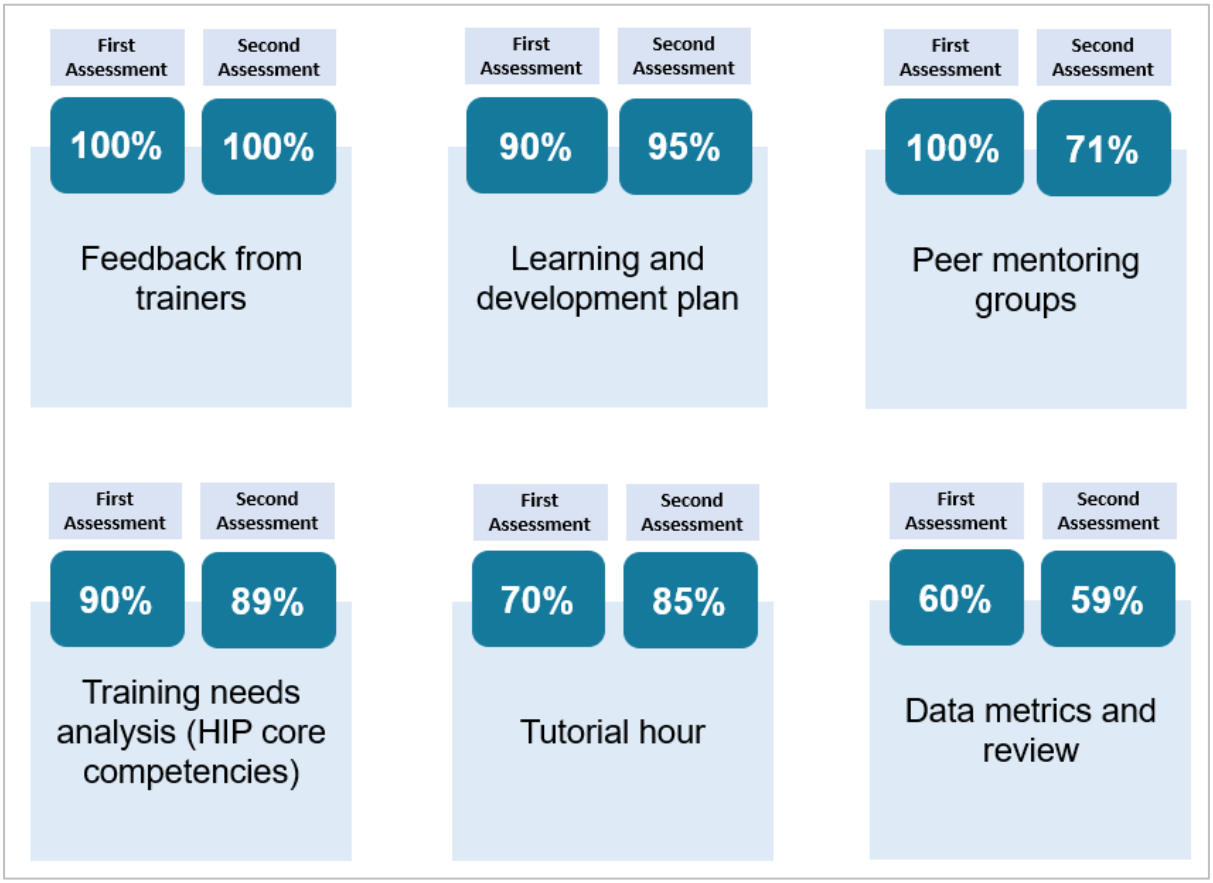
Figure 9: Tools and strategies trainees intend to use



Trainees' feedback after first and second assessments

Following their first and second assessments, trainees were asked how useful different practicum activities were in supporting their development. Figure 8 shows the proportion of trainees who rated each activity as 'useful' or 'very useful' (10 trainees after the first assessment and 37 after the second assessment). Overall, trainees rated most practicum activities positively at both assessment points. As with previous report, usefulness ratings for data metrics were lower when compared to other practicum components. The sample size from both assessments should be considered when making comparisons, as feedback from the second may represent a more variable perspective due to higher sample size.

Figure 10: Percentage of trainees' rating practicum activities as useful during first and second assessment



Trainees rated trainer support during practicum highly across both assessment points, with ratings slightly higher after the first assessment for most indicators. This small difference is likely due to the smaller number of responses after the first assessment. In the second assessment, the three to five percent difference represents one or two trainees who rated some aspects of trainer support as either ‘fairly useful’ or ‘not useful’. See Table 3.

Table 5: Trainees rating of their trainers after their first and second assessment

Indicator	First assessment	Second assessment	Change
Knowledge	100%	97%	-3
Engagement	100%	97%	-3
Approachability	100%	95%	-5
Ability to identify trainees’ learning needs	100%	97%	-3
Responsiveness to trainees’ learning needs	100%	97%	-3
Ability to give adequate and timely feedback	100%	95%	-5
Skills as they model the HIP role	100%	97%	-3
One-to-one coaching	100%	97%	-3
Facilitation of assessment and professional conversations	100%	97%	-3
Cultural sensitivity	Now being collected as from July 2026	97%	Not applicable

Trainees provided feedback on their experience and professional engagement with their trainer during practicum coaching before their first assessment. Overall, the feedback was positive, as trainees described their trainers as helpful, encouraging, knowledgeable, approachable, and supportive. Trainees commented that their trainers were also available, easy to contact and communicated clearly and professionally. Some comments and presented in quotes below.

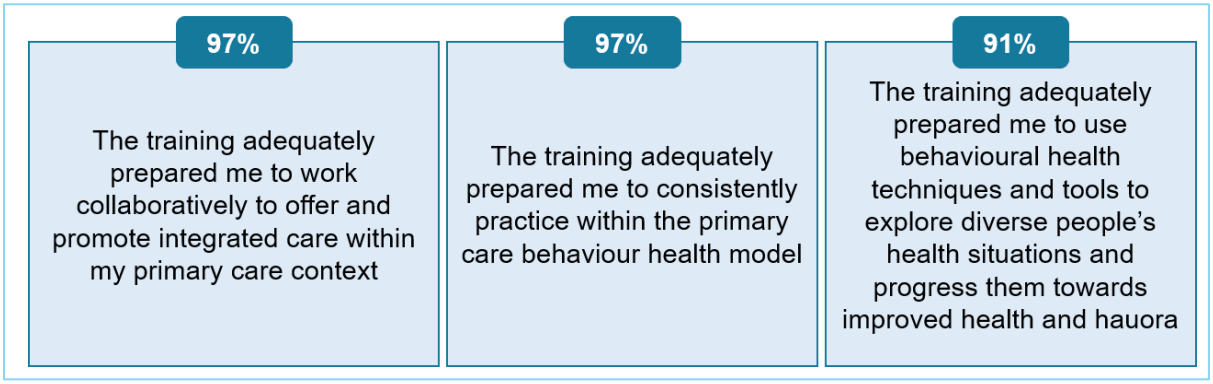
> “It's been great!!! Very helpful, understands me and where I'm at and what I need. Responsive to what I'm trying and wanting to work on. Feels like we're on the same page.”
>
> “I found my trainer to be sincerely interested in supporting my development as a HIP. I felt that my previous knowledge and experience was validated and that opportunities for growth within the new role identified and supported in a way that enhanced my mana whilst advocating for the fidelity of the HIP model.”
>
> “My trainer has been very supportive, encouraging, directing me when feeling uncertain, professional and very thorough with contact and communication. Really explaining things that has made this HIP journey not only enjoyable but exciting.”
>
> “My trainer went great lengths to provide me with all relevant information and documents before assessments and made it very clear that she was available at any time should I require additional support in my role.”

Trainees shared their experience with their trainers during coaching before their second assessment. Figure 11 shows the words they used most often. Many described their trainers as supportive, knowledgeable and excellent. Trainees also said they valued the coaching they received, and found trainers approachable and easy to contact

Figure 11: Trainer support before second assessment

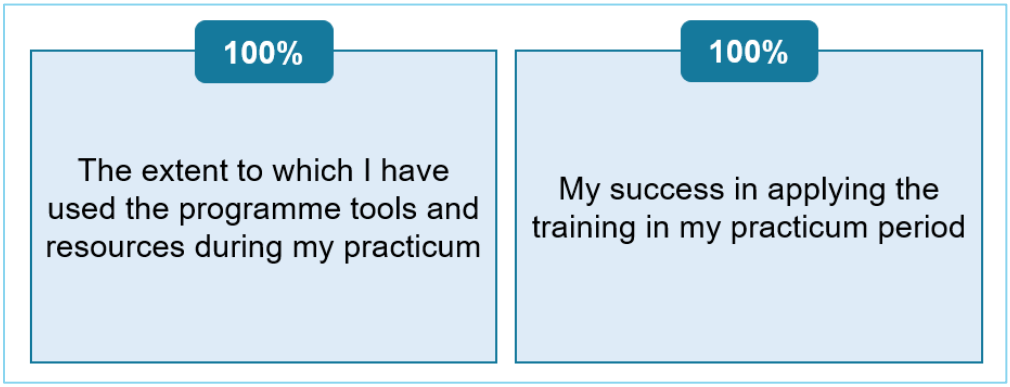
Most trainees reported that the training prepared them to offer and promote integrated care (97 percent). Similarly, almost everyone said the training prepared them to consistently practice within the primary care behaviour health model (97 percent) and use behavioural health techniques and tools to support people who access their services (91 percent). See Figure 9.

Figure 12: Trainees' preparedness to practice (32 people)



All trainees (100 percent) rated the extent to which they have used the tools and resources during practicum, and success in applying their training during practicum as 'good' or 'very good'. See Figure 10.

Figure 13: Trainees' success in using tools and applying learning during practicum (31 people)



Trainers

During this period, there were fifteen active HIP trainers, including three master trainers, nine trainers, and three trainer candidates. Two of the trainer candidates commenced in this period; one in the Northern region and one in the Central region.

Is anyone better off?

Trainees were asked to feedback on aspects of the HIP training programme that were most valuable for their learning towards becoming a HIP. The responses cuts across several aspects of the trainings including, the workshops, practicum activities, shadowing an experienced HIP. People also mentioned they found the coaching and mentoring, trainer feedback, peer group mentoring, assessments and the shared experiences valuable. Please see comments in the quotes below.

> "In person 4-day training at the beginning. Getting to observe an experienced HIP. Pre assessment coaching session."
>
> "Hearing the experiences of other new HIP and how they are managing certain scenarios, feedback from them. Tutorials were very helpful as well."
>
> "HIP shadowing and ongoing access to contact, resources and information from her. My HIP trainers sharing their experience and practical examples of practice."
>
> "The 3-month/6-month assessments."

Discussion

The evaluation findings suggest that the HIP training programme is continuing to provide a strong foundation for trainees to move into the HIP role with greater confidence, knowledge and practical skills.

The post-workshop data indicates that the training is achieving its immediate learning intent. Trainees reported meaningful gains in knowledge and skills across primary behavioural health, brief behavioural change interventions and focused acceptance and commitment therapy. These gains were statistically significant, which strengthens confidence that the workshop is contributing to trainees perceived capability. The qualitative feedback helps explain why these gains may be occurring. Trainees repeatedly pointed to role plays, group work, practical tools, trainer experience and opportunities to apply concepts as the most useful parts of the training. This suggests that the programme's value is not only in the content delivered, but in how the content is translated into practice through practical learning.

Trainer quality remains a major strength of the programme. Trainees consistently described trainers as knowledgeable, supportive, approachable and responsive. These comments align with the high ratings for trainer knowledge, facilitation and practicum support. The qualitative feedback also shows that trainer support was experienced as more than technical supervision. Trainees described feeling encouraged, understood and supported to grow into the HIP role while maintaining the fidelity of the model.

The findings point to some areas that may need ongoing attention, for example ratings for how some practicum activities supported trainee's development, particularly data metrics and review, were lower than for other components. This pattern has appeared in previous reporting and may suggest that trainees do not always see the connection between data collection and their learning or practice development. There may be an opportunity to strengthen how data metrics are explained, used and linked to reflective practice, service improvement and demonstrating the value of the HIP role.

Similarly, although trainees rated trainer support during practicum highly overall, ratings were slightly higher after the first assessment than after the second. While this difference appears small and may partly reflect the larger number of responses at the second assessment, it suggests that trainees' support needs may change as they move further through practicum. These differences will be tracked in subsequent periods to see if there is a pattern.

Conclusion

Te Pou continues to deliver the HIP training programme as part of the workforce development programme for the Integrated Primary Mental Health and Addiction Programme. From January to June 2026, 40 people started HIP training and completed the training workshop. In total, 12 workshops were delivered: five nationally, four by the Northern region spoke, and three by the Te Waipounamu spoke.

The training workshop improved trainees' knowledge and skills in primary behavioural health, brief behavioural change interventions, and Focused Acceptance and Commitment Therapy. Consistent with previous reports, these improvements were statistically significant and contributed to increased confidence in practice. Ninety-six percent of trainees said the training workshop met their learning needs.

Trainees found the practical, group work and role plays, learning about HIP tools and models, and trainer experience, knowledge and skill especially useful. All (100 percent) of the trainees said they used the tools and resources during practicum, and successfully applied their learning, an increase from 89 and 92 percent, respectively in the previous report.

Overall, trainee feedback shows the programme is helping people feel prepared to deliver integrated care and use behavioural health tools with confidence in primary care settings. However, areas like data metrics and review during practicum would benefit from continued monitoring. In addition, tracking trainee experiences of trainer support over time, will help ensure the programme remains responsive to trainees' needs across the full practicum pathway.

Since the programme began in January 2020, 915 people have started and completed the training workshop. Of these, 695 trainees (76 percent) went on to finish the full programme and gain endorsement. Another 52 trainees are still working through their practicum. A total of 164 people has left the programme, mostly due to changes in their personal circumstances or jobs.

Appendix

Appendix A – Post training workshop evaluation form

Training

About this survey

This workshop training evaluation survey is part of the evaluation of the training programme for Health Improvement Practitioners (HIP). The aim of the evaluation is to help us understand what difference HIP training workshop makes to participants and how to improve it in future. Your responses will be anonymised.

Please circle one rating that best fits your experience of each aspect of this training workshop	Very poor	Poor	Unsure	Good	Very good
Preparation for the training workshop – Te Pou administrative support, including provision of resources to read before the workshop					
The trainers' knowledge of the subject					
The trainers' ability to facilitate group learning					
The value of the networking opportunities					
The helpfulness of the mix of methods used in the training to the way you learn					
The printed resources provided during the training workshop					
The online resources to which access was provided					
The length of the training workshop					

Please rate your knowledge and skills on the following topics now and before the training workshop	Very poor	Poor	Unsure	Good	Very good
Your level of knowledge about primary care behavioural health					
Now					
Before the training workshop					
Your level of skills in primary care behavioural health					
Now					
Before the training workshop					
Your level of knowledge about brief behavioural change interventions					
Now					
Before the training workshop					
Your level of skills in brief behavioural change interventions					
Now					
Before the training workshop					
Your level of knowledge about Focused Acceptance and Commitment Therapy					

Now					
Before the training workshop					
Your level of skills in Focused Acceptance and Commitment Therapy					
Now					
Before the training workshop					
Your confidence to apply knowledge and skills gained from the training workshop					
Now					
Before the training workshop					

Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree	Unsure
You are confident in your knowledge of the tools and techniques covered in this training workshop						
You are confident to support people accessing services and their family/whānau						
You are confident to support underserved tāngata whai ora and whānau accessing services						
The training workshop equipped you to work in the NZ primary care context						
The training workshop has adequately prepared you to work collaboratively with tāngata whai ora						
The training workshop met your learning needs						

What were the three most useful element(s) of this training workshop at this stage of your preparation to be a HIP and why?
1. 2. 3.

How could the training course be improved?
Please add other comments or feedback about your experience of the training.

Now, a bit about you ….

Characteristics

In what year were you born? (enter your 4-digit birth year, for example 1976)*

Which of the following ethnic groups do you identify with? (select as many as apply)*

- Aotearoa New Zealand Māori
- A Pasifika ethnic group eg Samoan, Tongan, Rarotongan Māori, Fijian, Niuean
- An Asian ethnic group eg Chinese, Indian, Fijian Indian, Sri Lankan, Indonesian, Filipino
- A Middle Eastern, Latin American, or African ethnic group
- New Zealand European or other European
- Other (please specify)

Which option best describes your gender identity? (select one only)

- Wahine, Woman
- Tāne, Man
- Gender diverse
- Other (please specify)

In which region do you mainly work? (select one only)

- Northern (Northland, Auckland, Waitematā and Counties Manukau)
- Te Manawa Taki (Bay of Plenty, Waikato, Lakes Tairāwhiti and Taranaki)
- Central (Mid Central, Whanganui, Capital and Coast/Hutt Valley, Hawkes Bay and Wairarapa)
- Te Waipounamu (Canterbury, West Coast, Nelson - Marlborough, Southern and South Canterbury)

Current employment

What is your HIP role title? _____

[deleted hours per week and start date]

Professional background

What level is your most relevant tertiary qualification for the HIP role? (select one only)

- Bachelor's degree
- Graduate or post-graduate certificate, diploma, or degree
- Other (please specify)

What professional registration(s) do you hold? (select all that apply)*

- Counselling Aotearoa: New Zealand Association of Counsellors
- dapaanz
- New Zealand Psychologists Board
- Nursing Council of New Zealand
- Occupational Therapy Board of New Zealand
- Social Work Registration Board
- Te Whatu Ora accreditation within New Zealand Association of Counsellors (NZAC)
- Other (please specify)

Work history

What role were you previously employed in? _____

Which option best describes your previous employer? (select one only)

- The same primary healthcare organisation (PHO) as now
- A different PHO
- Te Whatu Ora (former district health board)
- Iwi provider
- Other non-government organisation
- Other (please specify)

What sector was your previous role in? (select one only)*

- Mental health and addiction
- Other (please specify)

Thank you so much for doing this survey.

Appendix B – HIP trainee survey after pre-practicum

Pre-practicum two days

The Pre-practicum is designed to prepare you with establishing the practical set up and to experience HIP skills in action.

How well have these elements prepared you to commence your practicum?	**Not very well**	**Not well**	**Indifferent**	**Well**	**Very well**
Warm handovers					
Use of practice management sheet					
Initial session					
Follow up session					
Closing the loop					
Pathway					
Group session					
Session structure					
Thorough introduction					
Efficient use of outcome measure					
Strength focus outcome feedback					
Use of FACT metaphors					
Follow up plan					
Recommendation to referrer					
Introduction to practice day					

Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	**Strongly agree**
You received **timely** feedback from your trainer during pre-practicum					
You received **adequate** feedback from your trainer during pre-practicum					
You received **timely** administrative support from Te Pou during pre-practicum					
You received **adequate** administrative support from Te Pou during pre-practicum					

Appendix C – HIP trainee survey after 3-month assessment

Introduction

Congratulations on completing your first 3-months into practicum.

Please take about 10 minutes to complete this short survey about the first three months of your practicum. All your answers will be anonymised. Your input is important. It will be used for training quality improvement, for reporting and for informing future development of workforce training.

If you have any questions about this survey, please contact Katie Palmer du Preez (manager – evaluation and monitoring) by email katie.Palmerdupreez@tepou.co.nz

1. How effective was each of the following aspects of the webinars overall in supporting your learning?

	Not effective at all	Not effective	Fairly effective	Effective	Very effective	Not applicable
The length of the webinars						
The quality of the content of the webinars						
The delivery						
Cultural relevance of the webinar content						
Role plays						
Breakout rooms						

2. How useful were each of the following activities in focusing your development and learning during the first three months of your practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful
Data metrics and review					
Learning plan					
Tutorial hour					
Peer mentor groups					
Self-reflections					
Feedback from trainer					
Training needs analysis					
The webinars					

3. How would you rate your trainer during the first three months of your practicum period in terms of their

	Very poor	Poor	Fair	Good	Very good
their knowledge					
their engagement					
their approachability					
their ability to identify your learning needs					
their responsiveness to your learning needs					
their ability to give adequate and timely feedback					
their skills as they model the HIP role					
their one-to-one coaching					
Their facilitation of assessment and professional conversations					

4. Please describe your experience with your trainer during practicum coaching before your three months assessment?
5. Please comment on your trainer's availability and professional engagement before your three months assessment.
6. Please add any feedback you would like to give about your practicum trainer

Appendix D – HIP trainee survey after the final assessment (6-months)

Final HIP trainee survey

Introduction

Congratulations on completing your HIP training.

We at Te Pou would very much appreciate your time in providing us feedback and insights on your overall HIP training experience. We encourage you to be as descriptive and frank with your answers as possible so we can ensure the training is relevant.

The survey will take approximately 10 – 15 minutes to complete. All your answers will be anonymised. Your input is important. It will be used for training quality improvement, for reporting and for informing future development of workforce training.

If you have any questions about this survey, please contact Katie Palmer du Preez (manager – evaluation and monitoring) by email katie.Palmerdupreez@tepou.co.nz

1. What month and year did you complete the programme? MM/YYYY

Webinars

2. How useful was each of the webinars to you during your HIP practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful	Not applicable
Psychological distress in primary care						
Childhood challenges						
Addiction						
Kernels of behaviour change						
Long term conditions						
Pain						

3. How effective was each of the following aspects of the webinar in supporting your learning?

	Not effective at all	Not effective	Fairly effective	Effective	Very effective
The length of the webinars					
The quality of the content of the webinars					
The delivery					
Cultural relevance of the webinar content					
Role plays					
Breakout rooms					

4.What was most useful about the webinars?
5. What was least useful about the webinars?
6. What could be improved about the webinars?

Practicum

7. How useful were each of the following activities to your focus areas for development and learning during your practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful	Not applicable
Data metrics						
Learning plan						
Tutorial hour						
Peer mentor groups						
Reflections						
Feedback from trainer						
Training needs analysis						
One-on-one coaching						

8. How would you rate your trainer during the practicum period in terms of their…

	Very poor	Poor	Fair	Good	Very good
Knowledge					
engagement					
approachability					
ability to identify your learning needs					
responsiveness to your learning needs					
ability to give adequate and timely feedback					
skills as they model the HIP role					
one-to-one coaching					
facilitation of assessment and professional conversations					
cultural sensitivity					

9. Please describe your experience with your trainer during coaching before your six months assessment?
10. Please comment on your trainer's availability and professional engagement before your six months assessment.
11. Which practicum activities have supported your understanding of learning and development needs to practice as a HIP? Please select all that apply. • Data metrics • The training manual • The online resources • Learning plan • Tutorial hour • Peer mentor groups • Reflections • Feedback from trainer • Training needs analysis • The webinars • One-on-one coaching • All the above

12. Please indicate any factor that affected or had potential to affect your engagement with training or trainer during your practicum, eg sickness, employment changes, personal circumstances, etc
13. Please add any feedback you would like to give about your practicum trainer?

The HIP training programme as a whole

14. Please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree
My experience of the HIP training programme was valuable overall					
Training programme expectations were clear to me (workshop, practicum, and assessment requirements/expectations.)					
My working context was considered and informed my progression through the practicum.					
Please comment on your ratings (it is okay if you do not want to)					

15. Looking back on the whole training programme, how well did the following support your learning and development to becoming an endorsed HIP?

	Not at all well	Not well	Fairly well	Well	Very well
Training workshops					
Training needs analysis					
Shadowing of an advanced HIP					
Ready to Practice day					
Peer mentoring group					
Tutorials					
Coaching by the trainers during the practicum					
Learning plan					
Self-Reflections					
Data Metrics					
The webinars					
The e-book ‘Behavioural Consultation in Primary Care’					

The resources (eg printed materials, literature, textbook)					
Please comment on your ratings (it is okay if you do not want to)					

16. Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree	Unsure/ Not applicable
The training adequately prepared me to work collaboratively to offer and promote integrated care within my primary care context						
The training adequately prepared me to consistently practice within the primary care behaviour health model.						
The training adequately prepared me to use behavioural health techniques and tools to explore diverse people's health situations and progress them towards improved health and hauora.						

17. Please rate	none	a little	some	a lot	All the time	Unsure/ Not applicable
The extent to which I have used the programme tools and resources during my practicum						
My success in applying the training in my practicum period						

18. What factors supported your integration as a HIP into primary care practice and collaboration with colleagues?

19. Which programme activities have been most valuable for your learning?

20. Which learning activity added the least value to your learning?

21. Are there any established networks, engagements, and connections you intend to continue with to keep up to date and reflect on practice going forward?

22. Please add any further comments about your HIP training programme experience.

About you

Please tell us a bit about you to help us understand who has provided feedback.

In what year were you born? (enter your 4-digit birth year, for example 1976)*

Which of the following ethnic groups do you identify with? (select as many as apply)*

- Aotearoa New Zealand Māori
- A Pasifika ethnic group eg Samoan, Tongan, Rarotongan Māori, Fijian, Niuean
- An Asian ethnic group eg Chinese, Indian, Fijian Indian, Sri Lankan, Indonesian, Filipino
- A Middle Eastern, Latin American, or African ethnic group
- New Zealand European or other European
- Other (please specify)

Which option best describes your gender identity? (select one only)

- Wahine, Woman
- Tāne, Man
- Gender diverse
- Other (please specify)

In which region do you mainly work? (select one only)

- Northern (Northland, Auckland, Waitematā and Counties Manukau)
- Te Manawa Taki (Bay of Plenty, Waikato, Lakes Tairāwhiti and Taranaki)
- Central (Mid Central, Whanganui, Capital and Coast/Hutt Valley, Hawkes Bay and Wairarapa)
- Te Waipounamu (Canterbury, West Coast, Nelson - Marlborough, Southern and South Canterbury)

Current employment

What is your HIP role title? _____

[deleted hours per week and start date]

Professional background

What level is your most relevant tertiary qualification for the HIP role? (select one only)

- Bachelor's degree
- Graduate or post-graduate certificate, diploma, or degree
- Other (please specify)

What professional registration(s) do you hold? (select all that apply)*

- Counselling Aotearoa: New Zealand Association of Counsellors
- dapaanz
- New Zealand Psychologists Board
- Nursing Council of New Zealand
- Occupational Therapy Board of New Zealand
- Social Work Registration Board
- Te Whatu Ora accreditation within New Zealand Association of Counsellors (NZAC)
- Other (please specify)

Work history

What role were you previously employed in? _____

Which option best describes your previous employer? (select one only)

- The same primary healthcare organisation (PHO) as now
- A different PHO
- Te Whatu Ora (former district health board)
- Iwi provider
- Other non-government organisation
- Other (please specify)

What sector was your previous role in? (select one only)*

- Mental health and addiction
- Other (please specify)

Thank you so much for doing this survey.