

# National AOD Workforce Development Strategy

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## Discussion Questions

### GENERAL WFD QUESTIONS

#### Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

- In QLD, the last 2 years has been a period of significant change and development within government AOD services. With increased focus on consumer outcomes as opposed to consumer output, and greater integration with mental health services, there has been a significant increase in documentation requirements, including integration with the statewide MHAODS electronic medical record (CIMHA), as well as an increased focus on strengthening clinical governance structures. There has also been a significant change in clinical practice with the introduction of LAI Buprenorphine compounded by the ever-changing landscape of COVID-19. Such rapid and significant change can contribute to staff burnout and turnover, especially staff approaching retirement age. Strategies to prevent staff burnout and turnover is therefore a priority WFD issue.
- This leads into my second point of an ageing AOD workforce with associated loss of extensive clinical experience. Without identified training pathways, replacement of senior staff is often by junior staff without AOD experience who require on the job training to obtain sufficient AOD skills. A second priority area would therefore be greater systems-level consideration of succession planning for an ageing workforce and developing clearer AOD workforce training pathways.
- With increasing service provision by the NGO sector there is a requirement for more stable and longer term funding within this sector to allow for more stability of employment and staff development to aid staff retention.

#### Discussion question 2: What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

- At a systems level the highest priority is strengthening and standardizing AOD service funding models. I can't see significant changes in other areas (e.g. Professional Development, remuneration/awards, etc.) occurring without significant increases in AOD funding more generally.
- At an organizational level, I think strengthening organizational systems and governance with a focus on maintaining best clinical practice whilst ensuring worker welfare is the highest priority.
- At an individual level, promoting continuing professional development and a focus on self-care are the highest priorities.

**Discussion question 3: Thinking about specialist AOD workers:**

**(a) What are the priority WFD issues for AOD specialist workers?**

**(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)**

**(c) What are the major steps in the short-medium and longer term to achieve these goals?**

- (a) Ensuring AOD workforce are adequately trained and can maintain their professional development as well as maintaining worker welfare/prevent burnout.
- (b) Development of a national AOD training pathway guideline, including minimum requirements, as a means of systemic succession planning, as well as development of self-care/resilience courses/resources specific to the AOD sector.
- (c) By working on the goals raised in point (b) in the short-medium term this will hopefully allow for organisations to more formally succession plan in the longer term.

**Discussion question 4: Thinking about generalist workers:**

**(a) What are the priority WFD issues for generalist workers?**

**(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)**

**(c) What are the major steps in the short-medium and longer term to achieve these goals?**

- (a) Improving access to AOD-specific training, especially early in the course of generalist education/training/employment and making it more an expected part of generalist work to assess for substance use and implement brief interventions as indicated.
- (b) Increased AOD subjects/topics in undergraduate training and increased mandatory AOD training for generalist workers.
- (c) Engaging employers and educational institutions in discussion about the best ways to introduce the points raised in (b) above. Longer term, it would be hoped that it becomes accepted that AOD screening and brief intervention is part of usual generalist practice.

## **PRIORITY GROUPS**

**Discussion question 5: Thinking about the workforce groups who identify as Aboriginal or Torres Strait Islander:**

(a) What are the priority WFD issues for these workers?

I think many of the priority WFD issues are similar across all of the AOD workforce – training, continuing education and maintaining self-care.

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

Engaging the existing First Nations AOD workforce in consultation as to the best way to meet their training and self-care needs.

(c) What are the major steps in the short-medium and longer term to achieve these goals?

Following consultation it would be hoped that training and self-care resources specific to First Nations workers could be developed similar to my response to question 3.

**Discussion question 6: Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):**

- Refer to answer for Question 5.

**Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?**

- Promoting increased employment of and engagement with First Nations people, including as consumer representatives.
- Increasing connections between AOD services and Aboriginal Health Services, and/or increasing AOD-specific services within Aboriginal Health Services.

**Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?**

- Ensuring diverse representation on any consumer groups within AOD services.
- Promoting staff diversity in employment within AOD services.

## **INTEGRATED CARE**

**Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?**

- In QLD, I feel there has been extensive focus on upskilling AOD workers in mental health, so I think there needs to be an increased focus on upskilling generalist workers in other areas of health service delivery in AOD screening and brief intervention.

- As above, I think the aim should be to make AOD screening and brief intervention a part of usual daily practice for all health practitioners.

## **FUNDING MODELS RETENTION AND TRAINING**

**Discussion question 10: Considering funding models and arrangements in the AOD sector:**

**(a) What are the priority WFD funding issues for the AOD sector? (b) What are the immediate priorities for attention and action in relation to WFD-related funding? (c) What types of funding models would best support the capacity and effectiveness of the AOD workforce?**

- (a) Globally underfunded AOD services with associated chronic understaffing.
- (b) Immediate priorities should be ensuring more consistent and long-term funding for NGO services in an attempt to improve staff retention and to increase funding to government AOD services more commensurate with mental health services.

**Discussion question 11: Considering recruitment and retention in the AOD sector: (a) What are the key issues and challenges? (b) What are the immediate priorities for attention and action? (c) What initiatives would best support effective recruitment and retention in the AOD sector?**

- (a) From a government AOD service perspective, an ageing workforce without readily available AOD-trained staff to replace them is the key challenge. I think from an NGO perspective, the lack of long-term funding and reliance on short-term contracts is a key challenge.
- (b) Development of a national AOD training pathway guideline, including minimum requirements, as a means of systemic succession planning. Ensuring more consistent and longer term funding to NGO services.
- (c) Increased AOD exposure early in training/employment, development of clearer AOD training pathways, greater focus on self-care and for NGO sector less reliance on short-term contracts/greater employment stability.

**Discussion question 12: What substances should be considered of particular concern for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?**

- In QLD there is a lack of government-funded inpatient detox beds and so I think alcohol remains a particular substance of concern given the risks with complicated withdrawal.
- Working for a regional AOD service there is a lack of private OAT prescribers and so this remains a significant proportion of the work of my service, if private OAT prescriber numbers could be increased then this would allow my service to focus more on management of other substance use.

**Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?**

- I think a minimum educational standard that is nationally recognized would be good but would require consultation across the NGO and government sectors, as well as the relevant training organisations, unions, professional bodies, etc.

**Discussion question 14: How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?**

- From a government AOD service perspective that is reliant on medical, nursing and allied health staff, I don't think the current vocational system is meeting the AOD workforce needs. Medicine does have addiction psychiatry and addiction medicine subspecialty training but the numbers of trainees entering this training varies considerably across Australia. I am also not aware of any nursing or allied health vocational training programs specific to AOD.
- Immediate priorities should be expansion of addiction psychiatry and addiction medicine training opportunities and development of nursing and allied health vocational training programs specific to AOD.

**Discussion question 15: What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.**

- In the government sector there is access to supervision and PDL to attend workshops, etc. so I think this is well covered.
- In the NGO sector I think there can be barriers to accessing supervision and further training mainly from a financial perspective.

## **DIGITAL AND ONLINE PLATFORMS**

**Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?**

- With COVID we have already had to transition to use of telehealth which hasn't been a major change as we a regional service who has provided telehealth services to rural and remote areas for a number of years.
- Moving forward I think engagement with young people via online platforms will be a priority area for attention.

## **DATA SYSTEMS, MONITORING AND EVALUATION**

**Discussion question 17: To what extent is the development of a national AOD workforce data collection a priority (e.g., an AOD workforce census)? How could this data collection be integrated with, and leverage, existing jurisdictional AOD workforce data collections? What existing data collections could be used to monitor progress?**

- QLD has already undertaken such a workforce collection and gap analysis (2700 FTE deficit in the AOD sector by 2026!). However, measurement is only one part of the process, political will to act on it is also needed.

**Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?**

- Garnering bilateral political and cross-jurisdictional support to implement the strategy.

## **FINAL**

**Are there any other questions or comments?**