

National AOD Workforce Development Strategy

**Submission By:
Centre for Alcohol and Other
Drugs NSW Ministry of Health**

The views expressed in this submission are those of the individual/organisation who submitted it. Its publication does not imply any acceptance of, or agreement with, these views by NCETA or the Australian Government Department of Health.



Discussion Questions

GENERAL WFD QUESTIONS

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

Important issues could include (but aren't limited to):

- *Changing service delivery models including as a result of COVID-19, including virtual care models and/or hybrid/mixed modality models*
- *The need for more specialised skill sets to address complex presentations and the inter-disciplinary collaboration needed to enable wholistic person-centred care.*
- *Growth in the proportion of the service delivery system provided by the NGO sector*
- *Growth in digital and online information and service provision*
- *The need for greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce, including peers and people working in both identified positions as well as non-Aboriginal workers*
- *Stronger emphasis on integration of the peer/lived experience workforce into service provision*
- *Increasing recognition of the importance of consumer representation and participation service delivery (including family and carers)*
- *A limited number of early career workers in the AOD sector and the concomitant ageing of the workforce*
- *The need to address AOD workers' wellbeing, and strategies to address stress and burnout*
- *Ongoing challenges related to stigma of AOD work, which may impact worker wellbeing, attraction/recruitment and retention*
- *Increased need for specialised skills sets within AOD e.g. specialists able to work with young people at risk of harm from AOD use.*
- *The availability of take-home naloxone and the available opportunities for promotion and provision, through an increasingly diversified workforce (eg community pharmacy and ED)*

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?

Important issues could include (but aren't limited to):

- *Reviewing and improving funding models to ensure AOD services have optimal support for capacity building and effective service delivery*

- [REDACTED]
- [REDACTED]
- [REDACTED]
- *Development of a national AOD workforce census to guide workforce planning and WFD*
- *Development and promotion of recruitment pathways into the AOD sector from related fields (e.g., public health, community services)*
- *Building and supporting structured career pathways within AOD organisations and the sector in general, including pathways into leadership and management roles*
- *Implementing programs and strategies to increase the accessibility of professional development, clinical supervision and practice support for the AOD workforce (short-med term need)*
- *Developing and implementing public campaigns to address stigma associated with AOD use and AOD work – this needs to be addressed at all three levels identified above.*
- *Support of workers to reduce burn-out and attrition of AOD workforce (Longer term need)*
- *Build workforce capacity in the broader health workforce that can support integrated patient-centered care (systems)*
- *Support for the role of primary care in the provision of alcohol and other drug services*
- *Increased collaboration on system and service planning and contracting across different jurisdictions, including aligning Commonwealth and state funding contract length*
- *Development of a responsive AOD system planning tool to map out existing and predict future service needs.*
- *Integrating AOD into medical training, enhancing exposure and knowledge of generalist workforce and providing opportunities for engagement and potential specialisation.*

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?

Priorities for specialist AOD workers could include (but aren't limited to):

- *Access to clinical supervision and practice support*
- *Increased accessibility and support for accessing advanced training (e.g., funding support for backfill costs)*

- *Programs to address wellbeing (e.g., burnout), including addressing secondary stigma that may be associated with AOD work*
- *Strategies to build and improve career development pathways*
- *Issues may include an aging workforce, but also potentially reduced engagement by those currently in the profession, especially in response to the additional pressures on health staff arising from COVID.*
- *Strategies to recruit AOD specialists into the sector (including across disciplines- nursing, medical, allied health- and across public, NGO and primary care sectors). Such strategies should be targeted to include both early career as well as career transition/development stages.*
- *Hard to establish goals without a baseline- as a short-medium term step, it would be useful to conduct a baseline mapping to better understand what the workforce consists of, including primary care practitioners.*
- *In terms of goals: building an appropriately skilled workforce- ensuring all aspects of the current and future AOD service system are met. For example: this includes having a specialist workforce that possesses both clinical and technical skills such as developing / skilling AOD clinicians to participate in electronic clinical information system development and data management.*

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 we be aiming for?)

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

Priorities for generalist workers could include (but aren't limited to):

- *Integration of AOD content into pre-employment training at vocational and tertiary levels*
- *Increased accessibility to AOD-related training and professional development for established workers, including grad certs and other formal qualifications, at no or low cost to encourage engagement, CPD points.*
- *Opportunities for placements across different program streams (AOD, mental health, violence abuse and neglect)*
- *Cross-discipline consultation liaison roles (e.g. comorbidity mental health/AOD)*
- *Strategies, programs and support to facilitate integrated care that incorporates AOD professionals and organisations*
- *Targeted professional educational campaigns to address stigma and discrimination that may be associated with AOD use and AOD work.*
- *Programs to support health and wellbeing*
- *Supervision and debriefing*
- *Rotations to AOD services within vocational training*

- *Enhancing the capacity of primary care to provide early intervention, screening, brief assessment and referral- targeting for stigma and discrimination*
- *Unrealised potential for community based withdrawal for alcohol by GPs.*

PRIORITY GROUPS

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

- What are the priority WFD issues for these workers?
- What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
- What are the major steps in the short-medium and longer term to achieve these goals?

Important issues could include (but aren't limited to):

- *Culturally safe training and support mechanisms*
- *Availability and accessibility of education, training and professional development for new and established workers*
- *Programs and actions to address the wellbeing and vicarious trauma*
- *How to expand this workforce- graduate programs*
- *Recognition of the difference of groups and sub-cultures within the broader Aboriginal and Torres Strait Islander population (as above with culturally safe training)*
- *Cultural supervision*
- *Supporting non-Aboriginal workforce development in cultural safety and meaningful partnership with and engagement of Aboriginal people*

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):

- What are the priority WFD issues for these workers?
 - Clear competency standards and available training to meet these competencies
 - Personal experiences that may affect capabilities

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

- Ensuring the workforce is engaged, connected, supported and appropriately remunerated.
- Aiming for a pathway that is meaningful, attractive and sustainable

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

- Clinical governance frameworks to support quality care

(d) Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

- Mental Health peer workforce and learnings

Important issues could include (but aren't limited to):

- *Availability and accessibility of education, training and professional development for new and established workers*
- *Strategies needed to support the recruitment and retention of workers*
- *The need for training and professional development to develop particular knowledge, skills or abilities*
- *Programs and actions to address the wellbeing of these workers that meets their unique needs*
- *Cultural shift- stigma and discrimination*
- *Removing barriers to a peer workforce- criminal record check*
- *Formalising the role of the peer workforce within the AOD sector- remove the potential for discrimination by other generalist and specialist worker- clear role and function.*

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?

Important issues could include (but aren't limited to):

- *Systems, organisational and individual strategies that meet the requirements of the Australian Commission on Safety and Quality in Health Care National Standards for Working with Aboriginal and Torres Strait Islander People (hereafter 'Aboriginal') and promote:*
 - *Recruitment and retention of Aboriginal staff*
 - *A welcoming and safe environment that quickly establishes if clients identify as Aboriginal*
 - *Flexible service delivery options*
 - *The use of practice strategies that engage Aboriginal people and their families*

- *Community consultation and engagement and understanding local history and protocols*
- *Evaluation of how well cultural inclusion is implemented- see NADA's document for Cultural Inclusion Guidelines- Audit tool*
- *Increase the number of Aboriginal traineeship programs*
- *Build in accountability for Aboriginal workforce targets (Closing the Gap) into performance management processes for organisations*

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?

Important issues could include strategies that (but aren't limited to):

- *Encourage awareness of additional barriers to accessing AOD services these groups experience*
- *Promote access and equity to services*
- *Prioritise diversity in the recruitment of workers into the AOD workforce*
- *Ensure the comprehensive implementation of diversity training in AOD organisations*
- *Collect data about diverse populations (and improve data collection, standardised gender and sexuality indicators)*
- *Ensure access to information and referral is available and meets the client where they are at in their journey*
- *Evaluating the implementation of diversity training- CALD, LGBTIQ- see NADA resources.*
- *NADA has developed useful resources for people who work with CALD, women who are pregnant or have children, comorbidity*
- *Service delivery is underpinned by principles of trauma informed care (NSW Health Integrated Trauma Informed Care Framework)*
- *Working with people with disability, particularly psychosocial disability and cognitive impairment and ensuring better program linkages with the NDIS.*

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?

Important issues could include (but aren't limited to):

- *Upskilling AOD workers in responding to other health issues and upskilling generalist and specialist workers from other sectors to respond to AOD problems*

- Promoting within-service holistic wrap-around client care and / or improving collaboration between AOD and other health services (no wrong door)
- Promoting and supporting client empowerment, individualised, client-driven treatment and being comorbidity-prepared
- Screening at health system entry points for substance use problems
- Establishing strong partnerships across portfolio areas with a shared understanding of integrated care and commitment to coordinated and collaborative service delivery. To enable this requires visibility of AOD services and clear guidance on what AOD services are available, what they offer and how to access them (better public facing information, commitment to shared care and clear referral pathways).
- Building on existing integrated care frameworks and initiative such as the NSW Health programs: <https://www.health.nsw.gov.au/integratedcare/Pages/key-initiatives.aspx>
- Removal of exclusion criteria, such as AOD treatment required prior to mental health support.
- A shared understanding of, and commitment to, trauma-informed care

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?

Important issues could include (but aren't limited to):

- Activity-based funding models adversely impacting WFD resources (particularly the additional WFD costs associated with providing services in rural and remote areas)
- Ensuring activity based funding models accurately represent the costs and complexities of delivering AOD services
- Meet e-health and enhanced service integration challenges
- Approaches to reduce the stigma experienced by AOD clients attending specialist and non-specialist services
- Multiple funding providers with varying contract lengths, reducing job security- align Commonwealth funding arrangements to state contract periods
- More strategic commissioning across the different sectors, with more coordination between funders to avoid duplication and to better meet the service delivery gaps.
- Understanding what outcome-based funding means for AOD services and how to ensure data assets are able to support/demonstrate value in this context. This includes building the necessary data capability within the workforce.

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?

Priority actions could include (but aren't limited to):

- [REDACTED]
- *Supporting and increasing the capacity of AOD organisations to ensure adequate resourcing and staffing*
- *Developing and promoting clear AOD career steps and pathways*
- *Developing and promoting entrance pathways into AOD work, incorporating training and credentialling pathways*
- *Supporting programs to orientate, train and develop workers new to the AOD sector, eg, mentoring programs and other supportive professional networks*
- *Increasing availability and accessibility of professional development opportunities*
- *Implementing strategies and programs to reduce stigma associated with AOD work*
- *Establishing job security through longer contracted funding periods and timely renegotiation of contracts.*
- *Challenges in attracting staff to rural and regional locations- can this be incentivised through remuneration? How are NGO's able to compete for staff with public health services- bridge pay disparity*

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?

Important issues could include (but aren't limited to):

- *Alcohol, opioids and methamphetamine should be highlighted as the current Big 3.*
- *The impact of enhanced real time monitoring of Schedule 8 and relevant Schedule 4 medicines on treatment demand, including any potential impacts on the illicit drug supply, use and harms*
- *Increased cocaine use, either on its own or in combination with alcohol (the cocaethylene effect)*
- *Increased supply and use of drugs such as Ecstasy which may have been stockpiled as a result of Covid 19-related reduction in demand*
- *Increased use / misuse of gabapentinoids in response to concerns related to prescribing opioids*
- *Increased use of fentanyl, fentanyl analogs and other novel synthetic opioids on their own or to adulterate heroin or mis-sold as stimulants*
- *Gamma Hydroxybutyrate (GHB) (and its precursors, gamma-butyrolactone [GBL] and 1,4-butanediol [1,4-BD]).*

- *Increasing diversity and availability of NPS. Availability, awareness and impact of early warning systems for rapid detection and alerting of circulating substances of concern. The AOD workforce need to be engaged to help aid reporting of issues and harm reduction measures*
- *The Commonwealth's commercial kava importation pilot leading to increased availability of kava in the community prior to the development of appropriate controls and regulations to mitigate health and safety concerns. The potential for adverse effects from kava when consumed with alcohol, recreational substances, and many prescription drugs.*
- *Possible increased recreational use of nitrous oxide based on calls to NSW Poisons Information Centre and emergency department presentations.*
- *New psychoactive substances, such as synthetic cannabinoids, piperazines and novel benzodiazepines, and the need for continual education of the workforce to understand and respond to changing patterns of use in a changing drug market.*

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

Important issues could include (but aren't limited to):

- *What level should minimum educational qualification standards for specialist AOD be at? Should be easy to access. Concerns about barriers to entry, but perhaps have a grading system to reflect level of qualification attainment?*
- *Should minimum educational qualification standards for specialist AOD workers be nationally consistent?*
- *Victoria- Certificate IV in Alcohol and Other Drugs (AOD Workforce Minimum Qualification Strategy)- has there been an evaluation on this? Courses are available for free. Consider that challenges already exist in recruiting and retaining staff, what will the impacts be for the peer workforce? For those who have been working in AOD for some time, what will be the benefit?*

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?

Important issues could include (but aren't limited to):

- *How accessible are the current AOD vocational qualifications (Cert IV/ Diploma I AOD, AOD skills set)*
 - *What are key barriers to workers gaining these qualifications?*
- *How can accessibility be improved? Increase the number of traineeship programs- including Aboriginal traineeships, which have been positively evaluated, and psychology traineeships.*

- *Embed AOD training into other related areas, including mental health, nursing, general practitioner, psychology and pharmacy.*
- *Creating training opportunities in areas of need.*
- *What are the major gaps in the current set of AOD qualifications that impact on workers' capacity and effectiveness?*
 - *Are there particular skill sets that need to be added?*
- *Are there particular areas of knowledge that need to be added? Complex needs, comorbidity, trauma informed care, ageing population and treatment cohorts.*
- *How well is competency-based training meeting the needs of the AOD sector and consumers?*
 - *Are there other training approaches/modalities that are needed to complement a competency-based approach? What might this look like?*

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.

Important issues could include (but aren't limited to):

- *Strategies to increase accessibility of PD, for example:*
 - *Scholarships and other programs to reduce financial burden on workers and organisations, graduate programs*
 - *Increasing the availability of online delivery*
 - *Funding programs to support regional and remote workers to access face-to-face training (e.g., travel, accommodation and backfill costs)*
 - *Development of a centralised register of professional development opportunities*
 - *Work-place based PD, eg reflective learning models with supervision and assessment*
- *Development and support of other approaches to PD that extend beyond training, such as professional placements, conference attendance and mentoring*
- *Conduct of a national review of AOD professional development programs and opportunities to identify major gaps and strategies for improvement*
- *Greater consistency of service delivery models through implementation of best practice treatment modalities and clinical care standards which can then inform consistent PD and training requirements.*
- *High turnover rate from the NGO sector to the public sector that offer more attractive remuneration- consider pay parity and opportunities for further pay increments*

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?

Important issues could include (but aren't limited to):

- *Elements of service delivery that work particularly well (or particularly poorly) when delivered remotely*
- *Specific client/consumer groups for whom remote service delivery is particularly beneficial (or particularly inappropriate)*
- *The ideal ratio of remote: face-to-face service delivery and how this should be established for different groups*
- *Key infrastructure changes/upgrades that are needed to support increased remote service delivery*
- *Training priorities for upskilling staff to effectively utilise new technologies*
- *The barriers preventing more effective use of new technologies, and how they can be addressed*
- *Governance/Policies to guide the delivery of remote care delivery*
- *Appropriate resource investment into infrastructure and training*
- *Digital and online service provision to improve access to specialists in rural and regional locations- how will funding structures work to support this?*

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?

Important issues could include (but aren't limited to):

- *The current gaps in workforce data at a national and jurisdictional level that impact on WFD planning and implementation*
- *The extent to which a national data collection could add value to existing jurisdictional data collections*
- *The potential for greater coordination across jurisdictional data collections to enhance comparability of data*
- *The parameters and scope of a potential national data collection (e.g., frequency of data collection, essential data to be collected)*
- *An absence of an existing baseline and invisibility over certain sectors, such as primary care and private practice*

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

Priority actions could include (but aren't limited to):

- *Development of an implementation plan, quantifying goals, targets and establishing the current baseline*
- *Development and implementation of a monitoring and evaluation plan*
- *Additional consultations with national and jurisdictional stakeholders to address monitoring and implementation*

FINAL