

# National AOD Workforce Development Strategy

**Submission By:**  
**The Royal Australasian College of  
Physicians (RACP)**

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Ms Victoria Kostadinov  
Senior Research Officer  
National Centre for Education and Training on Addiction (NCETA)  
Flinders University  
E: [ncetaconsultation@flinders.edu.au](mailto:ncetaconsultation@flinders.edu.au)

Dear Ms Kostadinov

**Re: Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy**

Thank you for the opportunity to provide feedback to the review and revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy (“the Strategy”).

The Royal Australasian College of Physicians (RACP) represents 33 medical specialities and trains, educates and advocates on behalf of physicians and trainee physicians across Australia and Aotearoa New Zealand. The RACP plays a lead role in developing world best practice models of care and drawing on the expertise of our members. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of our patients and the broader community.

The RACP feedback to the Strategy has been drafted following consultation with its Australasian Chapter of Addiction Medicine executive and council members.

*General feedback*

- The RACP is very supportive of reviewing funding model arrangements. Ensuring the review addresses current and future AOD service provision and demand (rather than an arbitrary level).
- The RACP is supportive of the concept of a AOD workforce census
- The RACP agrees there is a great need to support key groups including Aboriginal Health Workers and consumer/peer workers – and adequately fund positions on and ongoing basis

The big picture issues (outlined below) need to be addressed to ensure the success of the minor improvements.

### *Key issues*

- The Strategy is currently lacking any overall Drug and Alcohol (specialist or generalist (GP)) workforce strategy. Presently it addresses specific issues (as outlined in the discussion questions) but does not provide a roadmap or guide to address a Federal or State-level workforce strategy.
  - Addressing how the next generation of doctors/nurses/psychologists and other health professionals with an interest in this field are developed and recruited is crucial to success.
  - Currently the Strategy lacks ambition in relation to funding goals and service provision.
  - Many of the discussion questions appear to scrape the surface of what to do, rather than noting the primary issues, which include:
    1. Lack of commitment at Federal/State levels to meet unmet patient demand
    2. Lack of recognition of an ageing workforce with no plan to entice newer graduates into this area
    3. No specific strategy to recruit addiction medicine specialists (current and future planning)
    4. Lack of specific strategies by each professional group (addiction medicine specialists, nursing, psychology, pharmacy etc.)
    5. Lack of strategies to continue to interest GPs in this area – partnership with RACGP and the Australian College of Rural and Remote Medicine (ACRRM) to facilitate workforce growth
- The Strategy currently does not appear to mention the difference in service provision approaches, such as state-funded and operated, versus non-governmental organisations. These distinctions should be highlighted.

### *Recommendations*

The RACP recommends the Strategy be further developed to include current workforce data, together with projected workforce needs to ensure adequate funding, personnel and services are available to the community. Specifically, the below should be captured in the Strategy:

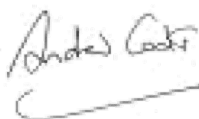
- **Detailed information on the number, location and type of health professional in the AOD workforce** – this data should be illustrated in clear tables and geographic maps to illustrate key shortages and/or needs. This data should provide a clear picture of the following:
  - The number of addiction medicine/psychiatrist specialists and their distribution by jurisdiction and by capital city, regional centres/remote areas
  - The number of general practitioners who provide AOD treatment as part of their practice
  - The number of nurses specialising in the addictions area per jurisdiction/region

- The number of psychologists specialising in addictions per jurisdiction/region
  - The number of counsellors and/or peer support workers per jurisdiction/region
  - Funding provision of the AOD specialist workforce – Federal/State funding and government/non-government funding (recognising that much AOD intervention is provided by generalist workers)
- The above data should be compared with what is needed – **a national needs assessment of the AOD workforce for both now and future requirements**. This has already been established in Victoria for addiction medicine specialists, psychiatry specialists and other specialist workers.
  - Details of **key initiatives that are currently resulting in significant developments in the AOD workforce**. Outlining the data behind these initiatives, together with impact reports and any recommendations. For example, Royal Commission into Victoria’s Mental Health System has had a very significant impact on AOD workforce planning and models of service, this is currently not mentioned in the Strategy. Other equivalent commissions of inquiry or developments in other jurisdictions should also be included together with evaluation of recommendations.
  - Details of the **current pathways to gain qualifications and training relevant to working in the AOD sector**. Including Masters level and Undergraduate level degrees, professional training programs, certificate courses, other higher education courses. Outlining the throughput of students and those qualifying and subsequent recommendations for development of training programs.
  - Examples of **successful initiatives which have resulted in better quality treatment and better and more sustained service provision**.

To ensure the Strategy has the desired outcomes in the areas of AOD, the above recommendations need to be addressed to gain a full picture of the current and future workforce needs.

Thank you again for the opportunity to provide feedback to the review and revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy. Should the NCETA wish to further discuss the RACP feedback, please contact Fiona Hilton, Project Manager, Workforce and Practice.

Yours sincerely



**Prof. Andrew J Stewart Coats, AO**  
Executive General Manager, Strategy and People & College Dean