

**Workforce Development Issues in the AOD Field:
A Briefing Paper for the Inter-Governmental Committee on
Drugs**

**Ann M Roche
Director
National Centre for Education and Training on Addiction**

May 2002

Abstract

The alcohol and drug field has undergone major changes in last one to two decades. The scientific knowledge base from which the field operates and standard treatment and intervention protocols have changed substantially. So too have the plethora of substances with which communities have to contend. These dramatic changes require equally significant changes on the part of the workforce. The strategies required to develop an adequate workforce response to alcohol and drug problems extend well beyond the narrow traditional notion of “training”. Systemic and sustainable changes within key organisations and agencies are also essential. A major paradigm shift is required to refocus our thinking away from an exclusive orientation on training to one which encapsulates factors such as organisational development, change management, evidence-based knowledge transfer and skill development.

Executive Summary

- Insufficient attention has been paid to workforce development as it pertains to the alcohol and other drugs field in Australia.
- Efforts to address AOD problems will continue to be hampered until workforce development issues are adequately resolved.
- Workforce development extends well beyond education and training and incorporates: recruitment, retention, management support systems and structures, remuneration and awards, the dissemination of research findings and best practice, and skills training and supervision.
- In essence, workforce development requires a comprehensive systems-approach not an individually oriented approach.
- Current governance structures and bodies do not facilitate dialogue or strategic developments around workforce development.
- New structures and activities are required to adequately address AOD workforce development.

Recommendations

- That a national media campaign that promotes the success of AOD interventions be undertaken. This would simultaneously foster the expansion of interventions, provide positive feedback to those working in the AOD field and act as a recruitment strategy to encourage new workers into this area. This is a recommendation that could be implemented immediately.
- That a National Workforce Development Taskforce be established and briefed to develop short, medium and long terms workforce development strategies. Existing governance structures within the AOD field do not provide a mechanism by which to strategically focus on workforce development: it is therefore necessary to create a vehicle to allow dialogue.
- That both APSAD (the peak professional body) and ADCA (the peak NGO representative body) be encouraged to place workforce development on their agendas. Further, that the government Task Force (see #2) work with APSAD and ADCA to develop co-ordinated and strategic workforce development strategies.
- That workforce development initiatives currently underway in the non-AOD field be reviewed and networks established to maximise information exchange.
- That workforce development initiatives undertaken in the AOD field are done so with cognisance of initiatives in other areas and wherever possible and relevant with appropriate partnerships.

Workforce Development: The Background

Problems relating to alcohol and drug use have been an area of growing concern in Australia for some time. Over the past one to two decades specific efforts have been developed to strategically target alcohol and drug problems. These efforts have largely focussed on a number of select areas of attention including demand and supply control and treatment and more recently and to a lesser extent prevention. Efforts to up-skill the diverse workforces that are directly and/or indirectly involved with the management or containment of alcohol and drug related problems have been less prominent. Overall, the area of workforce development has received considerably less systematic attention than most other areas intended to impact on the alcohol and drug “problem”.

The term “Workforce Development” is a broad one used to encapsulate a number of key factors pertaining to individuals, the organisations within which they operate and the systems that surround them. It is not always immediately clear what workforce development means, what it includes (and excludes), who it involves, why it is important, and in what ways is it different to the traditional notion of education and training. Further details and issues about AOD workforce development are explored in the proceedings from the NCETA Workforce Development Symposium 2001 Systems, Settings, People (Roche and McDonald, 2001).

A Conceptual Sea Change

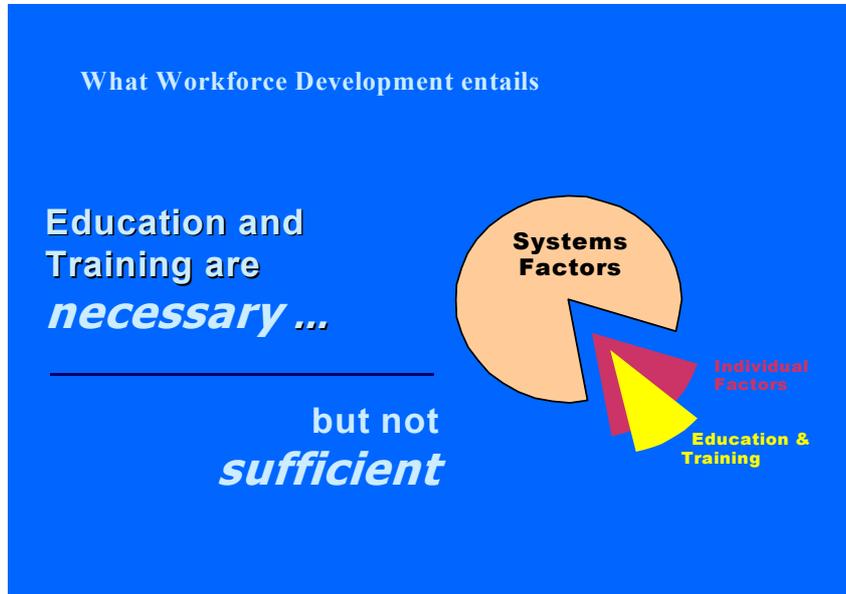
Conceptually, workforce development necessitates a broad, comprehensive and multifaceted focus. It involves systems, settings and people. It represents a significant sea change in thinking and responses to AOD problems. The term is sometimes used synonymously with “education and training”. However, it is argued here that this is a limited, and less helpful, conceptualisation. While education and training clearly form a part, or subset, of the wide range of activities that fall under the umbrella of workforce development, it is only that – a subset, as depicted in Figure 1. An overly heavy reliance on education and training will limit the potential impact of a fully developed workforce development approach.

Factors Impacting on Work Practice

The range of factors which affect work practice, include:

- education, training and workforce development strategies which address knowledge, attitudes and skills
- support strategies for skills and knowledge (eg information systems, mentoring, discussion opportunities, research)
- strategies to effect workplace structure and policy (eg incentives, performance monitoring systems, job specifications, resource allocation, management priorities).

At the most general level, workforce development includes policies, guidelines, management support and supervision, and the legitimisation of initiatives through organisational and structural supports. Its primary aim is to facilitate and sustain developments in the AOD workforce. It does this at different levels, targeting structural, organisational and individual factors as shown schematically below.



LEVEL	DESCRIPTOR	EXAMPLE
Level I Systems	Workforce development aims to improve the functioning of the entire AOD workforce by addressing the systems and structures that shape it. While it includes activities that impact on individuals, its focus is much broader. It involves creating environments and systems that support the full range of workforce development strategies.	Examples of systems and structural factors include: <ul style="list-style-type: none"> • legislation • policy • funding • recruitment and retention • resources • support mechanisms • incentives
Level II Current Workers	At the individual level, workforce development encompasses methods of improving individual professional functioning. It means ensuring that opportunities to develop individual skills, knowledge and attitudes are of high quality, effective and well utilised.	This can include: <ul style="list-style-type: none"> • formal education • training • workplace training • mentoring • on-the-job learning • on-line learning • best practice guidelines
Level III Future Workforce	Development of the workforce also involves ensuring a sufficient pool of skilled workers for the future. A range of important factors and strategies need to be considered for future planning in this regard.	These might include: <ul style="list-style-type: none"> • recruitment strategies • offers of education and training • affordable and accessible education and training • ensuring adequate service funding to employ staff • supportive and facilitate policies

The notion of workforce, and workforce development, is an increasingly common focal point of attention. This is particularly the case in the public health sector and also in human services areas more broadly. In the Commonwealth Department of Health and Ageing's National Action Plan on Illicit Drugs 2001-2002-03 and the National Action Plan on Alcohol, endorsed by the Ministerial Council on Drug Strategy in July 2001, workforce development was identified as critical to sustaining the strategies of the Action Plans. The Illicits Action Plan (p26) highlights the importance of education and training but also indicates that any sustained change will require organisational and structural support. These include policies, guidelines and management support and supervision that value and legitimise a role and skills in responding to drug-related problems. Thus, workforce development includes addressing structural factors at organisational and discipline levels. The Illicits Action Plan goes on to explain that education and training must be sustained through

the development of policies, protocols, post-training support, supervision, practice and career support.

To achieve the goals of workforce development the following seven steps were highlighted in the Illicits Action Plan:

- translation of research findings into practical strategies that can be implemented by the workforce
- strategies to encourage the adoption of evidence-based practice,
- identification, development and dissemination of standards of practice and/or competencies for groups including health, law enforcement, specialist drug, welfare and education staff
- identification and evaluation of models of practice change that can readily be applied in workplace settings
- development and implementation of quality education and training programs and resources, including train-the-trainer programs
- identification and implementation of strategies to support staff and management in the application of strategies to reduce the harm caused by illicit drug use
- development of expertise to foster and disseminate models of practice change.

While the above is not an exhaustive list of workforce development strategies it offers a good conceptual start.

Illustrations of what constitute workforce development are also to be found in projects from other areas. For instance, in Britain at present there is a major effort directed at “workforce reform” as one strategy by which to salvage and revitalise the NHS (Cochrane, 2001). Cochrane holds that

“Workplace change is ...aimed at facilitating service change within evidence-based practice, patient-focused service designs and resource effectiveness including addressing the supply problems in the healthcare workforce. It is also building on successful innovation to-date.”

It is relevant to note that in the AOD field, very little attention has been directed to the question of workforce recruitment and retention. In very recent times, this oversight has become more evident as many service providers find it increasingly difficult to attract and retain suitably skilled and qualified staff – even when funds are available to make much needed appointments.

In Britain, an initiative called “The Future Healthcare Workforce: The National Project” considered the fundamental issues to be addressed to ensure that the future workforce could meet the needs of the health service. They undertook a review of the current characteristics of the workforce and identified pressures for change in work roles. These were seen in terms of fragmentation of the workforce, inflexibility in career structures, the workforce profile, labour market problems and the accelerating pace of change in service delivery. The commonalities between the factors impinging on the British health system and the AOD field in Australia are striking.

New Zealand has recently completed (April 2002) the initial stage of a public health workforce development project (Hornblow, 2001; Health Workforce Advisory

Committee, 2002). In their report, 'The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001' they identified the following key areas:

- workforce planning and development
- quality issues; eg evidence-based practice (at the individual, team, organisational level, and systems level), clinical governance, and credentialing
- environmental trends (eg globalisation, technology, changing consumer knowledge and expectations, labour costs)
- education and training
- service delivery developments
- recruitment
- retention
- workplace environment – 'good employer issues'
- workforce capacity
- Maori workforce development.

Australia needs to systematically address the above areas in relation to AOD workforce development.

Locally, a diverse range of other workforce development projects have also recently emerged. These include the recently established National Public Health Workforce Development Project, established by the National Public Health Partnership. This project aims to develop and implement an agreed national strategic and cohesive approach to public health workforce development. This approach is intended to improve industry capacity and provide a sustainable public health workforce. Priority has been given to infrastructure and capacity development and enhancement and includes:

- development and implementation of a public health workforce program including development of an adaptive capacity in the existing workforce
- education initiatives to support the analytical and evaluation capacity of the public health workforce
- improved capacity in the use of information technology and telecommunications
- ability to undertake legislative review relevant to public health
- management of on-going intelligence functions for emergent issues
- maintenance of an effective research program
- strategies for ensuring new knowledge is incorporated into public health practice (National Public Health Partnership, 2001).

Similar projects have recently commenced in Australia in relation to indigenous health, asthma, hepatitis C and nutrition. The latter is the Public Health Nutrition Workforce Project (PHN). They will undertake work which:

- describes and quantifies the PHN workforce
- develops competency standards for the public health nutrition workforce
- reviews existing public health nutrition capacity and infrastructure
- investigates workforce development opportunities and strategies.

The PHN workforce project has given priority to investigating existing infrastructure related issues and competencies. Research components of the project include:

- investigation of PHN workforce development issues from a range of perspectives including educators and academics, practitioners and employers
- a review of existing organisational infrastructure and its relevance to workforce capacity
- a national PHN workforce continuing education needs assessment
- consensus regarding PHN competencies
- an audit of PHN practices and intervention effectiveness (Hughes, 2001).

Similar concerns and directions have been articulated in regard to the community-based health education workforce involved in HIV/AIDS and hepatitis C. Commentators note that this workforce is “mostly assumed” and

“There has been little research for policy, training and capacity-strengthening purposes, which investigates the workforce, its composition, origins, training, community attachment, HIV/AIDS, hepatitis C and related diseases experience, institutional settings, and the social resources the workforce employs in its work” (Australian Research Centre in Sex, Health and Society, 2000).

In response to this situation, a two-year NHMRC funded project commenced in 2000 to investigate the HIV Community Education Workforce and Training (CEWT) sector in Australia with a view to informing systematic policy, training and capacity-strengthening initiatives. The CEWT study involves:

- a national survey of community health educators, investigating backgrounds, training experience, community attachment, agency settings, and major educational styles, activities and resources
- six action research projects describing and analysing the major pedagogical and curriculum development strategies and resources community educators bring to their daily prevention and health education work.

Hence, workforce development strategies are not unique to the AOD field. It is increasingly recognised as a major contemporary issue across a wide range of human services areas. Much could be gained from cross-fertilisation of ideas and dialogue between these various players. Workforce development provides an ideal opportunity for initiatives to be undertaken through key partnerships.

Monitoring the AOD Workforce

There are several themes that are common to the projects noted above. One is the attention directed to monitoring, measuring and identifying the characteristics of a given workforce. The rationale underpinning this is evident. Without a clear understanding of who forms the workforce it is not possible to ensure that appropriate strategies are in place to support their ongoing development. Moreover, it is not possible to monitor changes over time, or to plan for future changes. In Australia,

virtually no information exists on the size of the specialist or generalist AOD workforce. At the most fundamental level, it is essential that Australia move toward the development of such an essential database. The United States of America have made moderate progress in this regard. Keller and Dermatis (1999) have reported the numbers of professionals identified as engaged in the AOD workforce in the USA, or those who are at least qualified to be so (see Table 1).

Table1: Total Number of US Practitioners and Number of Certified Addiction Specialists by Health Care Discipline

Discipline	WORKFORCE	ADDICTION SPECIALIST CERTIFIED
Primary care	700,000	2,790 ASAM certified
Psychiatry	30,000	1,067 addiction psychiatrists
Clinical psychology	69,800	950 APA substance abuse certified
Social work	300,000	29,400 ^a
Nursing	2,200,000	4,100 ^a
Physician assistant	27,500	185 ^a
Marriage/family therapy	50,000	2,500 ^a

^a Self-described addictions specialist

No comparable data exist for Australia. Moreover, it would be difficult to produce such data for the following reasons:

- the essential data are lacking - we have no mechanisms for retrieving such information from the current workforce
- no formal “addictions” accreditation system exists, as has been established in the USA in relatively recent years
- harm minimisation, the formal basis of Australia’s national drug strategy, involves a very broad spectrum of workers, and monitoring the generalist workforce in relation to level of skill and degree of involvement is challenging.

Evidence-Based Promotion of Best Practice

Beyond the current emphasis on evidence-based practice is the concomitant need for an evidence-base to underpin promotion of knowledge uptake and best practice. Bero et al (1998) highlight how there are many different types of interventions that can be used to promote behavioural change among (healthcare) professionals and implementation of research findings, but that there are very few good studies to guide decision making in this area. Bero and colleagues identified only 18 studies when they undertook a systematic review of the literature, and no reviews were identified that had been published prior to 1988. Thus, seeking the evidence-base for ways to best disseminate current research findings and improve workforce practice is indeed a challenging task.

The dissemination of evidence-based practice entails:

- translating the latest research findings into practical responses which can be implemented by frontline workers, and;

- disseminating those research findings and the evidence-based practice which is informed by them, in ways that are accessible to, and encourage adoption by, frontline workers and policy makers (who have limited opportunities to access and read the academic literature or reflect on how those findings may inform practice).

The process of dissemination is two-fold, initially focusing on the *translation* of evidence into practical responses for frontline workers, and then on the *adoption* of new practices in the workplace. The process of achieving adoption is by far the most difficult.

In addition to education and training strategies and skills and knowledge support strategies, workplace structures and policies have a significant impact on the likelihood that responding to drug issues will be practised in the workplace. Factors such as resource allocation, management priorities, policies and guidelines, work incentives (including pay levels), performance monitoring systems and job specifications, are legitimate and necessary targets for those engaged in effecting work practice change.

Systems Enhancement: Not Skills Deficit

One of the important conceptual leaps involved in a workforce development approach is the shift to “systems thinking”. This is fundamental to grasping what workforce development is about. While, education and training can be an important part of a workforce development perspective, they essentially focus on the individual learner or worker. The deficit requiring rectification (through training) is seen to lie with that individual. No further consideration is given to organisational context in which that person operates or the wider system at large which may ultimately determine whether specific policies or practices can be put in place.

Much of the recent international change management work in systems thinking is particularly relevant to an AOD workforce development approach (Senge, 1990). From this perspective, the protagonist for change would attempt to focus on interconnectedness, hierarchy and the working environment as a suprasystem. Systems thinking therefore requires a systems approach to problem solving – a new way of seeing. By necessity it entails strategic and corporate planning, organisational change, personal development, entrepreneurship and innovation (Bawden, 2001).

Calls for Enhanced Training

Some have argued that training of health care professionals, and other human services workers, has not kept pace with the advances experienced in the field over the past 10-15 years (Roche, 1998; Keller and Dermatis, 1999). While clearly there has been some considerable progress in this area, critics maintain that the advancements achieved fall far short of what is required to make substantial in-roads. Moreover, it is further argued that for significant change to occur in the AOD and related fields involved in addressing alcohol and drug problems, vastly more complex and diverse strategies than merely the provision of training courses are required (Roche, 2001). At one level, there is a case to be made for a major conceptual shift away from the

traditional and narrow confines of “education and training” to a broader more widely encompassing notion of “workforce development”. A workforce development perspective allows for consideration of many of the boundaries and barriers that are frequently encountered by those instigating education and training initiatives.

Recent reviews of the impact of education on professional practice behaviour have often been disappointing (Ashenden et al., 1997; Davis, 1992; 1995; 1999). It is unclear whether this is a weakness in the interventions or a failure to accurately disseminate the interventions and adequately train the intervention agents or a problem at the implementation phase. Nonetheless, strong calls have been made for more and better education and training opportunities. Single and Rohl (1997), in undertaking the evaluation of the National Drug Strategy 1993-1997 made a total of seven specific recommendations. Of these seven recommendations, the following had clear and direct implications for workforce development:

Recommendation #3

Train mainstream health, law enforcement and community officials to effectively minimise drug-related harm.

For doctors, nurses, psychiatric workers, prison officials, social workers, pharmacists and law enforcement personnel to effectively deal with the problems of substance misuse, special training programs should be developed or enhanced. Medical schools, nursing schools and other professional education institutions should give greater attention to specialised education and training in alcohol, tobacco and illicit drugs.

Recommendation #5

Improve the ability to monitor the performance of the NDS and make new developments in prevention, treatment and research more readily available to health care practitioners, law enforcement officers and the public at large.

In order to improve the utilisation of research and successful NDS programming, it is recommended that an Australian National Clearinghouse on drugs be created. The clearinghouse would create an inventory of drug programs and develop an electronic network of key resource centres for front-line professionals. It would develop a website on the Internet and present information in a non-technical fashion on recent developments in prevention, treatment, research and policy targeted at doctors, other health workers, social workers, law enforcement officers and government policy makers. (Single and Rohl, 1997, pp 83-85)

Under each of the above recommendations, the Single and Rohl report made a further series of specific recommendations addressing each of the above specific areas.

Single and Rohl (1997) also stated that...

The development of education and training initiatives was limited in the early phases of the Strategy by the paucity of research and well-trained professionals in the field of substance abuse. Now the NDS has developed a critical mass of talented and highly

qualified specialists and contributed to the development of a much improved knowledge base.

Having reached this more mature state, it would seem appropriate that education and training be given more emphasis in the next phase of the NDS.

Single and Rohl recognised that a significant investment in workforce development is a necessary and crucial element in improving outcomes and quality in Australia's response to drug problems. A similar recognition lies at the heart of the new Directions in Australasian Policing (Australasian Police Ministers' Council, 1999). Three key directions are outlined in that document, the second of which emphasises strategies for professionalism and accountability in police. This direction incorporates a goal relating to education and training which enhances "employee competence and performance and on-going career development", while this and other goals incorporate an emphasis on the development of best practice policies and guidelines for police.

Summary and Recommendations

Developments in relation to AOD workforce development are well overdue. There are strong indications that the field is keen to participate in initiatives in this area. The recently held NCETA Workforce Development Symposium 2002 (Adelaide 1-3 May, 2002) was well received, identified a high levels of interest in this area and a good understanding of the broad issues involved. Overall, the climate appears to be particularly well suited to national developments. This document presents (at the outset) a short list of key recommendations that could be enacted with a short time frame and proposes mechanisms by which strategic medium and long term strategies could be established.

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