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Have VET reforms resulted in improvements in quality?

Illustrations from the alcohol and other drugs sector

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ABSTRACT

Australian vocational education and training (VET) has undergone major reforms since the 1990s, including the introduction of competency based training (CBT) and the 'streamlining' of qualifications. This paper examines the impact of these reforms, using the alcohol and other drugs sector as a case illustration. A survey of alcohol and other drugs training providers was conducted to explore their views on course quality, content and delivery. Descriptive quantitative and qualitative analyses were undertaken to identify the impact of reforms on training delivery. It was found that CBT and streamlining, whilst having some benefits, were perceived to contribute to inconsistent course quality, content, delivery and assessment, and to result in generic qualifications which may not adequately meet industry need for specialist workers. Findings highlight the impact of VET reforms on industry specific training, and indicate that recent reforms have not fully succeeded in increasing training quality. Recommendations for improvement are identified.

Keywords: VET, quality improvement, training reforms

INTRODUCTION

I ncreasing interest is being directed towards improving the quality of the vocational education and training (VET) and higher education sectors (DPMC, 2012; Krause, 2012). Growing national and international emphasis on quality recognises that excellent education systems are

required to develop highly skilled workforces. In Australia, the pursuit of training excellence has manifested in a series of reforms to the VET sector, designed to improve the standard of training.

Reforms to the VET sector are likely to have significant effects on training quality and delivery. However, little research has investigated the impact

of recent reforms or explored the extent to which they have succeeded in improving training quality. Furthermore, seeking continuous improvement in the standard of VET requires a detailed understanding of quality drivers. This is particularly important given the current review of the Community Services Training Package and moves to develop minimum qualification frameworks in some community service industries. However, the barriers and enablers of quality Australian VET have also received relatively little attention in the literature.

Training providers are well placed to offer valuable feedback regarding the impact of reform efforts on VET. This research therefore sought to examine providers' perceptions of the influence of VET reforms on training delivery and quality at a sector specific level. The alcohol and other drugs sector was used as a case illustration.

It is beyond the scope of the current study to explore the impact of all VET reforms. Thus, two particularly salient reforms were identified. These are: (a) the introduction of competency based training (CBT) in the 1990s; and (b) the more recent 'streamlining' reform which sought to make qualifications simpler and more generic. These reforms are explained in more detail below, along with a brief overview of the Australian VET sector to provide context for the study. The impact of these reforms is then explored in a national survey of alcohol and other drugs training providers.

VOCATIONAL EDUCATION AND TRAINING IN AUSTRALIA

In Australia, post-secondary school education comprises two independent but inter-related systems. These are the higher education system and the vocational education and training (VET) system. The higher education sector traditionally has provided adaptable skills in preparation for professional occupations (DEEWR, 2008). It encompasses both self-accrediting universities and other education institutions accredited by the Tertiary Education Quality and Standards Agency. These

include privately or overseas owned universities and Registered Training Organisations (RTOs) registered to deliver higher education qualifications (TEQSA, 2012).

By contrast, VET typically focuses on vocational training in trades and para-professional occupations (DEEWR, 2008), and is commonly accessed by students seeking to enter or re-enter the workforce, re-train for a new job, upgrade their skills, or gain additional qualifications. All VET courses and qualifications are delivered through RTOs. The majority of students (63% in 2013) undertake VET in Technical and Further Education (TAFE) institutes, with a smaller proportion enrolled through enterprise-based, community-based and privately owned RTOs (NCVER, 2014). A number of schools have also registered as, or partnered with, RTOs to deliver VET-in-Schools programs. Traditionally, VET qualifications have ranged from Certificate I to Advanced Diploma, but more recently they have been expanded to include Associate Degrees, and Graduate Certificates and Diplomas (Australian Qualifications Framework Council, 2013).

Competency based training

The first reform examined in this study is competency based training (CBT). All RTOs in Australia now use CBT when delivering nationally recognised courses (Australian Qualifications Framework Council, 2013). CBT was introduced to the VET sector in the 1990s, supplanting the previous curriculum-based vocational training system. This change was intended to assure national recognition of qualifications, make VET more responsive to industry needs, and meet demand for large numbers of work-ready graduates (Productivity Commission, 2011). Although initially contentious (Group Training Australia, 2012), CBT is now well established in the Australian VET sector (Smith, 2010).

Competency-based training has been defined as 'training which develops the skills, knowledge and attitudes required to achieve competency standards' (NCVER, 2011; p. 39), where compe-

tency is 'an individual's demonstrated capacity to perform a task or skill, that is, the possession of knowledge, skills and personal attributes needed to satisfy the special demands or requirements of a particular situation' (NCVER, 2011; p. 38).

CBT in Australia comprises three main components: units of competency, qualifications and Training Packages. Units of competency form the building blocks of qualifications and Training Packages. They cover the skills, knowledge and attitudes required to operate effectively in a given job role, as identified through national industry consultation processes (NCVER, 2011). Thus, if an individual holds a unit of competency, it should indicate that they possess a certain set of skills and knowledge pertaining to a particular job role. Importantly, units of competency do not have to be acquired through formal training. Instead, 'recognition of current competency' (RCC) and 'recognition of prior learning' (RPL) processes allow students to receive credentials for pre-existing knowledge gained through training, work or life experiences (Smith, 2010).

Units of competency are also grouped together to form qualifications. A CBT qualification comprises a group of related units of competency, all of which pertain to the performance of a particular occupation or job role. Thus, if an individual holds a qualification, it should indicate that they possess the full range of skills and practical knowledge required to perform all aspects of a job (Australian Qualifications Framework Council, 2013).

The final component of CBT is Training Packages. Training Packages provide a framework for understanding and organising units of competency and qualifications (CSHISC, 2013). Specifically, Training Packages comprise all the qualifications and units of competency in a particular field (such as community services, health, agriculture or retail). Most sectors of the Australian economy have an associated Training Package, with over 80 currently in operation in the VET system (Smith, 2010).

The introduction of CBT had many positive implications for the Australian VET system. It

enhanced the consistency of qualifications across Australia, allowing qualifications in one state to be recognised in another. It also promoted qualifications that were responsive to industry need.

However, CBT also entailed several negative consequences which could potentially hamper the delivery of high quality training. In contrast to curriculum-based training, which provided detailed training content and delivery guidelines, CBT focuses on training outcomes which are measured against specific industry standards (Smith & Keating, 1997). As a result, while desired training outcomes are stipulated, specific content and delivery requirements are not. These are instead left to the discretion of RTOs or individual trainers, who are responsible for not only developing course content but also educational design features (for example, mode of delivery, workplace learning, depth and duration of training) (Misko, 2010).

While this degree of flexibility is beneficial in many cases, it can also lead to inconsistency in the volume, nature, quality and duration of VET training and assessment (Halliday-Wynes & Misko, 2013). Hence, these aspects can vary considerably between RTOs, depending on the knowledge and skill of trainers, their personal judgement in relation to assessment, and their access to suitable up-to-date resources, materials and equipment (Misko, 2010). A recent examination of attitudes towards alcohol and other drugs VET found that inconsistent training outcomes were perceived to undermine the reputation of VET and to warrant significant revision of the training system (Pidd, Roche, & Carne, 2010).

CBT also gives students the option of re-using units of competency to achieve additional qualifications. As many qualifications share generic units of competency, an individual who has already obtained a particular unit may 'credit' it towards a number of other similar qualifications, thus reducing the number of units required to gain additional qualifications. However, it is possible that this process may result in individuals holding specialised qualifications without being

appropriately exposed to specialised content (Guthrie, Stanwick, & Karmel, 2011).

In addition, a number of reports have identified that the level of trainer expertise required to provide high quality CBT is lacking in Australian VET (Smith, 2010; Hodge, 2014). This may be partially due to many trainers acquiring their technical and pedagogical skills from the Certificate IV in Training and Assessment (TAA404104). A review of TAA404104 found that graduands of this qualification often had not developed the skills in training and assessment necessary to deliver high quality CBT (National Quality Council, 2011; Smith & Grace, 2011; Hodge, 2014).

Streamlining

The second reform considered in this paper is the recent 'streamlining' of VET qualifications. This reform was initiated subsequent to the introduction of CBT. Broadly, its goals were to simplify and streamline qualifications, and to make the VET system less complex and easier for students and providers to navigate (CSHISC, 2013). In order to achieve these goals, the number of qualifications within Training Packages was reduced, and some industry specific units of competency were replaced with more generic units (that is, units which focus on broad skills, such as communication, rather than specialist content).

Underlying this reform effort was a governmental push to develop a pool of 'generalist' workers who have generic, transferable skills and who can transition easily across a range of job roles (NQC, 2009). It was anticipated that these generically qualified workers could ease the worker shortages emerging in several sectors across Australia, including the community services and health sectors (NCVER, 2002).

However, critics argue that this streamlining reform may result in qualifications which are too general to meet sector specific needs, and do not provide sufficient guidance on the content which should be delivered to ensure that students develop the skills appropriate to a given industry

or job role (Smith, 2010). Furthermore, the promotion of generalist workers and qualifications is in contrast to industry need for specialised workforces. Research indicates that employers tend to prefer graduates with specialist qualifications within specific employment fields (NCVER, 2002; Pidd et al., 2010; Bessant, 2005; Healy & Meagher, 2007).

CURRENT STUDY

These two reforms have both key strengths and acknowledged weaknesses. It is therefore important to evaluate their impact and the extent to which they achieved their goal of increasing training quality. The current study used the alcohol and other drugs sector as a case illustration to address the following research questions – according to VET practitioners:

1. What is the perceived quality of contemporary Australian VET training?
2. To what extent has the quality of VET training been influenced by the introduction of CBT and the subsequent streamlining of qualifications?
3. What do VET practitioners perceive to be the facilitators and inhibitors of quality VET training?
4. What other factors influence the delivery of VET training?

Results are presented within the context of the alcohol and other drugs sector in order to provide a framework for understanding sector specific implications of the broader VET system.

METHOD

A survey of alcohol and other drugs VET providers was undertaken to explore the impact of reforms on training quality. The alcohol and other drugs sector was used as a case illustration in order to provide tangible examples of the implications of reform efforts at a sector specific level. The use of a case illustration also facilitates the investigation of complex dynamics where many variables of differing importance interact

and influence the issues being examined. Case illustrations are often used in educational research as they have proven useful for studying educational innovations, evaluating programs and informing policy (Merriam, 2009).

Informants

Participants were course coordinators, trainers, chief executive officers/owners and/or managers from all Australian states involved in the delivery of nationally accredited alcohol and other drugs qualifications. These qualifications were: Certificate IV in Alcohol and Other Drugs Work (Cert IV AOD), Diploma of Community Services (Alcohol and Other Drugs) (Dip CS (AOD)), and the Diploma of Community Services (Alcohol, Other Drugs and Mental Health) (Dip CS (AOD/MH)). The Cert IV AOD is considered the primary qualification for VET trained workers in the alcohol and other drugs sector. Two jurisdictions (Victoria and the ACT) currently require alcohol and drug specialist workers to be accredited to at least the level of Certificate IV (Roche & Pidd, 2010), and it is the preferred minimum qualification in most other jurisdictions.

Participants were recruited from eligible RTOs listed on the Australian Government's website, www.training.gov.au (Roche & White, 2011). An RTO was eligible if one or more nationally accredited alcohol and other drugs qualifications were on its Scope of Registration as at 30 August 2011. Scope of Registration refers to the qualifications, units of competency and accredited courses which an RTO is registered to provide. Of the 4,889 agencies listed on the government website, 69 (1.4%) met this criterion. Contacts from all eligible organisations were approached and invited to participate in the study or to nominate an alternative organisational representative.

Of the 69 providers invited to participate, nine no longer offered the relevant qualifications, five failed to respond and six could not be interviewed within the timeframe. This resulted in a final sample of 49 participants completing the survey.

Survey

A survey protocol was developed to explore participants' views on the contemporary Australian VET sector, and on how industry-specific training delivery can be facilitated and/or inhibited. This protocol comprised 63 open-ended and categorical questions addressing: qualifications currently offered by the organisation, Australian states in which they were offered, mode of delivery, RPL/RCC processes, future delivery plans, and perceived popularity of units among students. Demographic questions included years of experience, current role, qualifications held, age, gender and organisation location.

Data collection and analysis

The protocols were completed by phone or in writing, with participants assured of confidentiality and anonymity. All participants were initially emailed a copy and asked either to return the completed form via email, fax or prepaid post, or alternatively to nominate a suitable time for the protocol to be completed over the telephone. One participant chose to complete the form in writing. The remaining 48 participants were phoned by a researcher at the allocated time, and were read each question aloud. Participants' responses were manually recorded onto a hard copy of the survey form. The protocols took approximately 20 minutes to complete.

Responses were subsequently transcribed onto an electronic database for analysis. Quantitative data were analysed using SPSS version 19, with descriptive statistics performed to summarise key responses and demographic characteristics. Qualitative comments were analysed and coded according to identified themes. Recurring words, phrases and ideas were identified and consolidated into categories. Key themes were then extracted.

Ethics

Ethics approval was obtained from Flinders University and Southern Adelaide Health Service Social and Behavioural Research Ethics Committee.

RESULTS

Participants held several concerns regarding the impact of reforms on alcohol and other drugs VET in Australia. The quality of training was perceived to be influenced by a lack of guidance within Training Packages, the calibre of trainers and access to resources. Training delivery was also influenced by industry priorities and funding. These issues are explored in more detail below.

Sample demographics

Nearly two-thirds of participants were female, with 81% percent over 40 years of age. Sixty-one percent were trainers/educators, 41% were course coordinators and 31% were RTO managers (roles were not mutually exclusive). All had previous experience in the alcohol and other drugs industry, with a large percentage (82%) having been frontline alcohol and other drug workers and smaller numbers of supervisors, managers and volunteers (56%, 48% and 30%, respectively). Other relevant participant characteristics are shown in Table 1.

Perceived quality of contemporary Australian VET

While alcohol and other drugs VET was generally perceived to be of good quality, participants nonetheless highlighted a number of concerns with the current standard of training. Training quality was perceived to be highly contingent

upon a number of factors, including the structure and content of Training Packages, the calibre of the trainers, and access to good quality resources. The standard of training delivered was thus seen to vary widely between and within institutions. Some participants were concerned that this led to inconsistent skill levels in VET graduates.

Facilitators and inhibitors of quality VET training

Many respondents reported that the Community Services Training Package introduced in 2008 (CHC08) was more generic than the previous version (CHC02) released in 2002. Respondents felt that the new Training Package did not focus sufficiently on alcohol and other drug issues, and incorporated too many generic units of competency within specialist qualifications. This was perceived to lower the standard of training delivered:

The CHC08 package has gone down to a very generic level... this really dilutes the specialisation that you would expect from somebody who has a diploma level qualification.

The Training Package was also perceived to lack clear guidelines on what content should be presented within units and qualifications. Critical details, such as direction on the quantum of knowledge to be delivered about specific issues, were seen to be missing. This was considered to

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Qualification (non-mutually exclusive)	%	Organisation Type	%	Jurisdiction	%
Non-alcohol and other drugs Certificate IV	72	TAFE	43	Victoria	37
Non-alcohol and other drugs Diploma	51	Private	22	New South Wales	29
Bachelor's degree	68	Non-government enterprise	16	Queensland	14
Postgraduate qualification	55	Government enterprise	6	South Australia	6
Cert IV (AOD)	34	Community based adult education	6	Australian Capital Territory	4
Dip CS (AOD)	28	Dual sector	6	Tasmania	4
Dip CS (AOD/MH)	9			Western Australia	4
				Northern Territory	2

result in wide variation between institutions in terms of course content and quality:

There is not enough direction in the Training Package and the requirements could be clarified by reviewing the Training Package.

A number of respondents also highlighted the subjective nature of RPL/RCC processes as an impediment to high quality training. Students seeking RPL/RCC provide evidence that they meet the requirements for a unit of competency or a qualification, which is evaluated by an assessor. However, it was felt that the Training Package and associated guidelines did not provide sufficient guidance on how these processes should be implemented. As a result, these decisions were left to individual RTOs and in some cases individual trainers to determine, often in isolation, resulting in considerable variation in outcomes:

... [the quality of RPL] again becomes very dependent on the staff delivering the RPL.

As little guidance was provided in the Training Package, many participants reported that it was the individual trainers who arbitrarily decided what content to deliver. Correspondingly, participants identified the calibre of the trainers as a critical factor in VET quality. While skilled and knowledgeable trainers facilitated the delivery of high quality VET, inexperienced trainers or those without appropriate sector experience could act as a substantial impediment to high quality training:

... it really depends on who is delivering. Down at that elemental level, it really depends on the knowledge and skills of the teacher.

Access to up-to-date, evidence-informed resources was identified as another essential factor in the delivery of high quality training. Trainers who had access to a comprehensive suite of resources reported that this increased the quality of VET. By contrast, participants who lacked the time to locate and adapt resources, or who were unable to access external presenters,

felt this to be a significant barrier to the delivery of quality training:

[It] really depends on the quality of the resources ... having good resources has made a very big difference in the content and quality of the course.

Influences on delivery

Several external factors also influenced the delivery of qualifications. Local industry priorities were strong determinants of course demand. Respondents indicated that increasing emphasis on mental health skills had resulted in a dual Cert IV (AOD)/Cert IV (MH) qualification being offered. Demand for mental health content had similarly encouraged several RTOs to require students to complete mental health electives in order to gain their alcohol and other drugs qualification:

Driven by the dual diagnosis initiative in Victoria, people are wanting dual capabilities.

This emphasis on mental health skills reportedly led to fewer enrolments in the Dip CS (AOD), in favour of the Dip CS (AOD/MH). In response to this decline, some RTOs tailored their delivery of the Dip CS (AOD) to allow students to transfer credit to the Dip CS (MH), and acquire a mental health qualification by completing only a few additional units. However, a number of respondents indicated that they had difficulty recruiting appropriately trained mental health educators and thus could not deliver a dual qualification.

Subject to demand, most people now do the dual qualification.

Funding availability and subsidies also influenced demand for particular qualifications. When students were required to pay the full fees for the Skill Set or Dip CS (AOD), respondents reported lower student interest in these courses:

The fees for the students to skill up from the Cert IV (AOD) to the Diploma are approximately \$3500. This has dramatically reduced the number of people we are enrolling in the diploma.

In contrast, the requirement in some states for all alcohol and other drugs workers to have a Cert IV (AOD), irrespective of other qualifications held (and fee support for workers undertaking this training), reportedly increased demand for this course:

Some services require a Cert IV (AOD) as the minimum qualification for practice in particular states and therefore we have people with higher qualifications undertaking the Cert IV (AOD) in these states ...

DISCUSSION

This study has explored the views of Australian VET course coordinators, trainers, owners and managers. It sought to determine the perceived quality of VET training in Australia, the impact of recent reform efforts, the factors which influence training quality, and implications for service delivery. The alcohol and other drugs sector was used as case illustration to investigate these issues in depth.

Quality of VET and sector-specific qualifications

This study found a consistent belief among participants that Australian VET alcohol and other drug qualifications were not of optimal quality. In particular, the lack of specified course content, and resultant variability in the nature of qualifications offered among institutions, was highlighted as a major impediment to high quality training. Participants felt that the focus of training was inconsistent and dependent on individual trainers' knowledge, skills, attitudes and access to resources. As a result of this variability, it was possible for students undertaking the same qualification through different providers to receive vastly different training.

Inconsistency in RPL/RCC processes was similarly noted by participants. With little guidance provided in the Training Package, individual RTOs decided which units of competency were appropriate for RPL/RCC, what content would be covered, and the degree of latitude given to

students in identifying the topics on which they would be assessed. This could result in students with similar knowledge achieving different RPL/RCC outcomes, or conversely, students being granted the same qualification but having significantly different ability levels. Furthermore, some RTOs made no provision for RPL/RCC, despite government guidelines mandating that it be available for all VET qualifications (Commonwealth of Australia, 2012). This could negatively impact students' capacity to undertake training, unnecessarily prolong qualifications, and increase training costs to industry and students.

Impact of reforms on VET quality

Participants' responses indicated that the introduction of CBT and the streamlining of qualifications had had several negative consequences for training quality. The introduction of CBT was intended to promote flexibility and relevancy to industry. However, the resultant lack of guidance regarding course content, assessment and delivery led to inconsistencies in training delivery both between and within institutions. There was concern that this could result in graduates with different ability levels holding the same qualification.

Challenges associated with the streamlining reform were also highlighted. As part of this reform, several generic units of competency were introduced at the expense of specialised units. This was done in order to promote the development of a more generalist workforce. However, a number of participants felt that this had resulted in the current Training Package containing too few industry-specific units of competency. In the case of the alcohol and other drugs sector, participants perceived there to be too little alcohol and other drug specific content within ostensibly specialist qualifications.

While there is a need to consider how future demand for community service workers will be met, and creating a cohort of generalist workers may form a part of the solution (NCVER, 2002), as a complete strategy it is problematic. Although

generic qualifications enable workers to transfer between related fields with relative ease, these workers may not have the requisite skills to deal with sector-specific issues. For example, in the context of the alcohol and other drugs sector, workers with generic qualifications may have broad skills in healthcare but lack specialised knowledge in dealing with intoxicated clients.

These issues demonstrate that recent reform efforts have had unintended negative implications for VET training quality. The pervasive variability in course content, training quality and assessment strategies including RPL/RCC could potentially undermine the perceived value of all VET qualifications, and especially those obtained by RPL/RCC. Furthermore, qualifications that fail to provide students with the skills and knowledge necessary to meet industry requirements may reduce the perceived quality of the VET system and its graduates. In this regard, the contemporary Australian VET sector is currently not fully meeting student and industry needs.

Training delivery

Industry priorities were found to influence VET training delivery. An emerging focus on comorbidity (that is, the presence of two or more concurrent disorders) is currently apparent in the alcohol and other drugs sector (Roberts & Johns, 2012). This focus was reflected in declining enrolments in the Dip CS (AOD) in favour of the Dip CS (AOD/MH), which offered a broader coverage of mental health issues. Several RTOs also configured their qualifications to allow students to credit easily units of competency towards both a mental health and an alcohol and other drugs qualification. This growth in dual qualification delivery appears to reflect an increased interest in workers holding dual specialisations, rather than a desire for more generic qualifications.

It is encouraging to see that course delivery at the RTO level is able to respond quickly and appropriately to changing industry and employer needs. The introduction of CBT aimed to increase the responsiveness and flexibility of qual-

ifications, and in the context of the alcohol and other drugs sector, appears to have been successful. Using units of competency to gain multiple qualifications also seems to have been a useful and appropriate mechanism in this situation.

Government funding also played an important role in dictating course demand and delivery. Qualifications which were consistently eligible for subsidies, such as the Cert IV (AOD), enjoyed stable and on-going popularity. By contrast, Diploma level courses (which were typically unsubsidised) had very few enrolments, often due to the high cost involved.

To increase the professional knowledge base of workers, up-skilling should be facilitated as a priority, and strategies implemented to counteract the barrier that high fees or other impediments may pose. It is essential that expensive fees do not impede the completion of higher-level training.

Implications for the alcohol and other drugs workforce and service delivery

In any sector, quality training systems with consistent and appropriately high standards are essential to develop a skilled workforce. Employers must be confident that any potential employee holding a VET qualification meets the specified competency standards and can effectively perform their role. In the context of the alcohol and other drugs sector, education and training are associated with practitioner behaviour and health treatment outcomes (D'Onofrio et al., 2002; Seale et al., 2006), and underpin the technical quality component of service quality models (Dagger, Sweeney, & Johnson, 2007). Thus, the quantity, quality and type of training available to workers have the potential to affect service delivery and client outcomes.

The training limitations explored in this study may potentially lead to inconsistent or poor-quality service delivery in the alcohol and other drugs sector, as well as negative client outcomes. Specifically, reforms to the VET sector resulted in training guidelines which stipulate outcomes without providing sufficient guidance on course content

and/or delivery. While this promotes flexible and industry-focused training, it also leads to considerable variability in the content, quality and delivery of qualifications. This variability could potentially result in sub-optimal education, inconsistent application of RPL/RCC processes and varying requirements for training delivery. VET students may also choose to 'recycle' units of competency to gain more easily additional qualifications outside of their speciality. In conjunction with recent moves to replace industry specific units of competency with generic units, this may result in graduates who do not possess the specialised skills necessary to deal with the complex alcohol and other drug problems facing their clients.

RECOMMENDATIONS FOR IMPROVEMENT

This study found evidence of several concerning issues in the Australian VET sector, stemming from recent reform efforts. Importantly, these reforms were systemic and wide-reaching, and have the potential to affect all VET courses in Australia. Findings highlight the need for these concerns to be addressed at policy and systems level, in order to minimise the potential for inappropriately- or under-skilled VET graduates and a resultant loss of confidence in the VET sector. Drawing on the results of this study, the following recommendations are made for improving Australian VET.

It is vital that clear guidelines are available to shape the content and delivery of courses, as well as assessment and RPL/RCC processes. This initiative could assist greatly in reducing inconsistency between and within RTOs. The issue of generic versus specialist qualifications must also be addressed and resolved. In the case of the alcohol and other drugs sector, this may require the reduction of generic units and a corresponding increase in alcohol and other drug specific clinical content.

More generally, it is of crucial importance that VET providers have access to adequate funding,

skilled trainers with recent relevant experience and a sound knowledge base, and evidence-based resources. Consultation and collaboration with local industry, employers, training providers and researchers may also assist in maintaining relevant and up-to-date course content. Ongoing professional development for trainers is equally important, and has so far been a largely neglected issue.

This study has focused on the influence of VET reforms upon sector-specific training. However, it should be noted that this is not exclusively a unidirectional relationship. It is possible that sector-level factors such as stakeholder engagement and collaboration, market context and operating environment can themselves shape vocational education pathways (Yu, Bretherton, & Buchanan, 2013). As such, while system-level improvements remain an imperative, sector-specific training and development should also be optimised, with the goal of promoting and supporting change to the wider system.

Limitations

Although this study had a respectable response rate, allowing findings to be generalised widely within the alcohol and other drugs sector, some limitations are noted. Two groups relevant to nationally accredited training delivery in the alcohol and other drugs sector were not included: RTOs who offered only the alcohol and other drugs Skill Set or Stand Alone units. The national database which comprised the sampling frame for this project did not identify Skill Set providers, and over 500 organisations had one or more Stand Alone AOD Units on their scope. It was beyond the capacity of this study to include these organisations.

CONCLUSION

This study has explored the implications of two reforms to the Australian VET sector, and the extent to which these reforms have succeeded in improving training quality. The alcohol and other drugs sector was used as a case illustration. The

introduction of CBT and the streamlining of qualifications were perceived to result in ambiguous training guidelines; inconsistent course quality, content, delivery and assessment processes; a reliance on (often unavailable) high quality trainers and resources; and generic qualifications which may not adequately meet industry need for specialist workers.

These findings highlight the impact of VET sector reforms on industry-specific training, and suggest that recent reform efforts have not fully succeeded in their goal of increasing training quality. Suggested improvements to Australian VET include ensuring consistent and high standards in terms of qualification and competency development, enabling access to training materials that reflect evidence-based research and practice, and improving RPL/RCC processes and accessibility. There is also a need to support the development of appropriate pedagogic skills in trainers drawn from industry.

Reform is vital for any sector or organisation to keep pace with changing client and market needs. However, it must always be combined with ongoing evaluation and, where necessary, modification. Future research may further explore the impact of VET sector reform on other industries, and how best to support the system to strive continuously for improvement in an evidence-based and constructive manner.

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