

Buying quality drug training

Leading trainers give you the inside information on what to check before you part with your money

HOW DO YOU decide about drug training? Do you conduct a comprehensive training needs analysis? Or do you scan the adverts in *Druglink*, think, "That looks interesting," book a place and pay up front?

If it's the latter, then you're not alone. The market place for training is so full of diplomas, certificates and one-off sessions that the social worker, probation officer or drug worker with money to spend can choose from a huge array of tempting morsels. As with any unregulated market, the key problem is assessing the quality of the product.

Much has been done to address the issues of quality in service delivery^{1,2} but little has been done to establish similar standards in drug training, although the same principles apply. Important work has been done on basic vocational qualifications (NVQs) for trainers – but having a trainer who's achieved an acceptable standard does not guarantee you quality training.

The demanding purchaser

Perhaps the eagerness of the various training providers to relieve us of our budgets should be matched by demands from us, the buyers, for quality guarantees. But how does a buyer gauge the quality of training on offer? Guidance on minimum standards for training events would ease the business of purchasing enormously. These don't exist but there are some general principles.

Pre-event publicity Is it clear, presentable and informative? Does it describe the aims and targets of the event?

The environment Is the venue suitable and does it meet the needs of all participants including the disabled? One

Buying training is like hiring a builder – watch out for the cowboys

of the authors spent a memorable month on a management course in a medical school practical room – fine for studying practical medicine but not anything else.

Training methods How is the training to be delivered? Ideally, quality training should use a mix of training methods. Groupwork and skills-based training are as important as didactic lectures.

Course content Is it really appropriate to the buyer's needs? Some trainers are so desperate they'll call their courses

by

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Before purchasing training on drugs, agencies should seek evidence of quality from the provider covering how they prepare for the training, how it is run, and their follow-up/evaluation procedures. Prospective purchasers also need to ask themselves a series of questions clarifying whether they need this training and what changes they expect it to achieve. To maximise the benefits, purchasing agencies should also arrange for the trainee to be able to put their learning into practice and share it with other staff.

anything to get the punters in. You could find yourself paying for expensive drugs training which contains nothing about drugs and precious little training.

Track record Does the provider have one, and can it be checked, for instance, by references? Can they supply a list of previous attenders or their service managers to whom you can talk? Are there previous evaluations you can see?

Evaluation How will the provider evaluate the training and what will they do with the information? Will their evaluation influence future courses? If the aim is to change practice, can the trainers demonstrate that this has been achieved with previous attenders?

The provider The training may look good but what about the provider? Is their 'business' sound and competitive?

- are they providing value for money?
- is there evidence of good management (clear policies, structures and lines of communication)?
- is there a sound financial base (you don't want a training company to collapse after they've got your money and before you've got the training)?
- are other agencies or individuals already buying from them?
- is there evidence of a commitment to quality, such as publication of standards?

Another major indicator of quality is the drop-out rate. A course, certificate or diploma which prematurely loses a high percentage of its participants is probably a loser. So look for evidence of retention and completion. Costs seem to vary wildly so it's probably wise to compare the costs of comparable courses.

Higher education, diplomas and certificated courses may be worth considering if they are validated by a

university or recognised by a professional/educational body such as the Central Council for the Education and Training of Social Workers (CCETSW) or the United Kingdom Central Council for Nursing and Midwifery (UKCC). If they also offer credits towards a degree or higher qualification, so much the better.

Buying training should be undertaken on the same principles as employing a builder – ask to see examples of previous work, watch out for cowboys, don't pay for anything up front, and make sure that the work is built to last.

Maximising benefit

If these are the questions to be asked of the training provider, purchasers also needs to ask *themselves* some questions – with the focus on outcomes:

- is the training relevant to agency/client/staff needs?
- will we learn anything new?
- will practice change as a result?
- will the clients benefit?
- is this the best use of our resources?

It may be worth commissioning custom-made training rather than buying into off-the-peg events. This allows you, the purchaser, to have far more control and to dictate the content and quality.

1. *A future for drug and alcohol services*. Dept. of Health, Welsh Office, Scottish Home and Health Dept., 1991.
2. *Quality in alcohol services*. Alcohol Concern, 1992.

The success of a training event also depends critically on what happens back at the workplace. Quality training needs to be matched by quality in the exploitation of that training by the purchaser.

There is little point in sending people on training courses if they are not able to put new-found knowledge or skills in to practice when they get back. The quality service should also have a clear mechanism for sharing skills, knowledge and education. Benefits from the knowledge gained in training or at conferences is maximised if it is shared with other workers, so time should be found for feedback. It's not cost effective to do otherwise.

The acid test

So how do Britain's drug trainers match up against these criteria? The first author conducted a straw-poll telephone survey of various training providers asking for evidence of outcomes. It produced equally varied results.

Some were clearly only interested in putting bums on seats and made little or no effort to measure outcomes. One said that the fact people came on their courses was an outcome in itself. Others said that comprehensive follow-up and outcome measurement were time-consuming and expensive; doing them properly was a full-time research job – a valid point. But the absence of such funding should not preclude attempts to conduct good

A QUALITY CHECKLIST

Before the training
Quality training should ...

- Cover new or topical subjects
- Be in appropriate and accessible (including disabled access) venues
- Be easy to get to
- Be well publicised
- Have clear aims
- Give clear information in advance (about objectives, the training organisation, and the anticipated outcome)

During the training
Quality training should ...

- Offer a mix of training formats (groupwork, skills, lectures)
- Demonstrate monitoring of progress and evaluation
- Be well timetabled (plenty of breaks, clear agenda, starting and finishing times)
- Be based on meeting needs
- Monitor and supervise participants' progress

After the training
Quality training should ...

- Monitor outcome indicators
- Have a low drop-out rate
- Follow up attenders/buyers
- Demonstrate change as a result of monitoring and evaluation

outcome measurement within the resources available.

The trainers who made the best impression were the ones who at least tried to measure changes in trainees during the training programme and were keen to stress the importance of continual monitoring and supervision of course participants.

THESE ARE SOME of the issues to be addressed if drug training is to move in to the 21st century on a sound professional basis driven by quality. As the market place gets busier so trainers will need to sell their wares more effectively and purchasers to buy with greater care. Both need a national register of all organisations offering drug training, and a set of minimum standards and quality guidance available to all – *The Good Drug Training Guide?* ○

The Drug Trainers Forum Executive would like to hear ideas on quality from all people involved in drug training or purchasing. Please write to the Chair – Dave Hicks, Plummer Court, Carlisle Place, Newcastle Upon Tyne, NE1 6UR.

Contracting for quality

To indicate the quality of service provided, the trainers/training organisation will provide both monitoring and evaluation indicators. They will consist of the following:

- Demographic information on all participants
- Uptake and dropout rate of participants
- Success and failure rates of participants (if applicable)
- External monitoring of course content and participant progress through validating bodies and external examiner
- Periodic internal appraisal and performance review of training staff
- Monitoring of participant satisfaction through rating scales and open-ended questions
- Measurement of the impact of training on practice, through follow-up involving both participants and managers
- Conducting regular surveys and interviews with commissioners to assess whether courses are relevant to their needs
- Provide mechanism for course participants' views and grievances to be heard
- Provide feedback to commissioners at quarterly monitoring meetings
- An annual report to be submitted to commissioners of training on the success of courses and course changes

If you're in the business of commissioning, funding or contracting with a drug training agency, the requirement for quality indicators should be part of the agreement between you. These are the indicators required of its training providers by South East Thames Regional Health Authority