Fit for practice?

addicted to incompetence

As the National Treatment Agency sets out to gauge exactly what drug workers really know about substance misuse, **Jane McGregor** and **Mike Epling** say much needs to be done to create a workforce fully equipped to help users.

WOULD you let someone with no training or practical experience cut your hair or extract a tooth? Would you be happy for them to do so without supervision from someone who knew what they are doing? Considering the nature of substance misuse and the vulnerability of many substance misusers, we would suggest that they deserve support, help and interventions offered by well-informed and competent practitioners. After all, don't we all deserve to be competently cared for by the community in which we live? The National Treatment Agency (NTA) has commissioned a Training Needs Analysis in order to survey and examine the training needs of workers within the drug sector. The NTA will have its work cut out.

LACK OF SKILLS

Experience to date suggests that many substance misuse workers have not undergone training in substance misuse. A study last year funded by the East Midlands Drug Prevention Advisory Service (DPAS) identified that more than half of professionally qualified substance misuse workers did not have specialist training, while 69 per cent of those workers without professional qualifications had not been trained in substance misuse beyond their in-house supervision. A survey among 800 drug and alcohol groups into occupational standards carried out by Healthwork UK, also last year, identified a significant lack of drug and alcohol workers with the skills to meet the need of clients, work in inter-disciplinary teams and in partnerships with other agencies.

The issue of being 'fit for practice' offers cause for concern. We have regularly come across practitioners who can't give accurate advice to service users on safe injecting, reducing health risks such as deep vein thrombosis, pharmacological treatments or drug screening. We have heard staff relay advice such as 'this drug test will tell us whether you are dependent on heroin' when really the urine screen just provides them with a snap shot of recent usage. All sorts of minor and major practice errors and misconceptions that, added together, impact on the quality of care provided.

LET LOOSE

Should a basic minimum level of training be required before one could practice? It seems absurd to consider that practitioners could be 'let loose' in a practice setting without any formal prior training or at minimum, a period of mentorship along modern apprenticeship lines. Nurses, for example, have to undertake a period of practical training even after they have qualified (following 3 years of formal training) to ensure safe practice and can only maintain their nurse registration if they are able to demonstrate evidence of continuing professional development.

If substance misuse workers are to be considered as competent and capable practitioners there is a responsibility to identify the skills, knowledge and attitudes that serve to define the work of substance misuse workers. The NTA acknowledges the need for occupational standards but it takes time to develop these attributes and competencies; there is no quick fix in the preparation of the workforce. For example, you could learn in an afternoon how to saw off someone's leg but that does not make you into a surgeon.

We, as educationalists in the field, have several questions we wish to raise in respect to the future of substance misuse education and training. Substance misuse-related work is diverse, as are people's motivations for working in the sector. Some workers may be professionally trained and have specialised in the issues of substance misuse, whilst others may be volunteers or people who have chosen to work in the sector as a result of personal experience of substance misuse.

Here in the East Midlands, those not affiliated to a profession (those who previously worked as volunteers, youth workers, ex-users for example) make up a relatively high proportion, over 40 per cent, of new recruits to the field. Whilst this, on one hand, is a significant achievement – encouraging recruits from multifarious, diverse backgrounds to enter the field – it could on the other hand prove a short sighted measure if resources are not also targeted at retaining staff through programmes of ongoing development.

NEW RECRUITS

Action is necessary to increase the number of new recruits available to the substance misuse field, but we suspect that there may be little emphasis given to professional development beyond initial basic training. We believe without such opportunities for development they risk becoming isolated, stale and rigid in their attitudes towards their work and defensive of poor practice.

We would like to see the provision of education and development alongside their career for all staff. What are the career opportunities for people coming into the

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field with no professional or specialist substance misuse qualifications?’ In most cases, it is likely that professionally qualified colleagues such as nurses and probation officers will have the upper hand in the career stakes. If we are to retain new recruits in the workforce who reflect the diversity of local populations then this is an issue of some urgency in order to address such inequalities in career development.

AD HOC

If you were to drop in unexpectedly to the majority of services now, they would not operate anything recognisable as a training programme for staff. Services tend to buy ad hoc places on short courses and conferences, or if staff wait long enough they might be offered a diploma or degree course programme – if they are very lucky. We suspect there will be little emphasis on professional development, chiefly because we are now such a disparate group of workers, many of whom are not aligned with a profession as such. The NTA has made no great mention of how they plan to retain staff in the field.

Our suspicions are that future training and education for substance misuse practitioners may take the form of short, modularised courses or one-off study days – the usual forms in which drug training is provided. Whilst usually an economically viable and efficient way to disseminate information relating to good practice, these do not necessarily improve levels of practitioner competence. There may be limited time to develop critical appraisal skills or the ability to reflect constructively on one’s own practice and there may be a lack of support or clinical supervision in the workplace after the course ends.

QUALITY

Accredited training could enable learners to develop the skills and understanding to deliver evidence-based assistance to drug users. Some form of supervision and on the job training would support the various stages of learning. In the nursing profession, it has long been recognised that theoretical study and clinical competence need to be developed hand in hand and therefore most specialist courses have an integrated component of clinical competence. This, in recent years, has required close partnerships to be fostered between health service providers and the academic institutions awarding such qualifications.

Currently there exists a diversity of training that, in many cases, lacks quality assurance monitoring. Our hopes would be that the NTA response to the Training Needs Analysis is one that underpins the principles of an integrated and comprehensive approach, ensuring sufficient quality of training to enable practice of the highest standards. ■

● **The NTA’s Training Needs Analysis reports can be seen at http://www.nta.nhs.uk**