

BUNDEMINISTERIUM FÜR
GESUNDHEIT UND FRAUEN



CONTINUING TRAINING IN THE SUBSTANCE-DEPENDENCE FIELD

**Country report from Austria on the project
"International Symposium on Continuing Training
in the Substance-Dependence Field"**

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1. *Structures for providing continuing training in the substance-dependence field in Austria*

1.1 *Is there a system for providing continuing training in the substance-dependence field?*

- Several forms of continuing training specific to the substance-dependence field have been available in Austria for many years. They range from **short seminars on specific topics** to **university courses** lasting **several years** (see 2.).
- Accordingly, this training is offered by a wide variety of **providers**, including **facilities providing substance dependence-related support**, **professional organizations** and **bodies representing individual professions** (e.g. medical associations), the **Department of Health**, regional **coordinating offices in the substance-dependence field** and **universities**.

1.2 *Is the system directed in any way?*

- There is **currently no national means of directing** the system as a whole. Some years ago, the Federal Ministry for Health and Women's Affairs commissioned the ÖBIG to draw up a concept for **drug-specific continuing training** (cf. 3. and 4.) with the aim of improving the structure of available training in this field and meeting needs which remained unfulfilled in spite of the wide range of opportunities.
- However, the **framework concept** that was produced was **designed to establish standards for content and quality characteristics** for continuing training and **not directly to direct the system**. Moreover, it concentrated primarily on continuing training relating to **illegal drugs**.

- However, certain areas of **continuing training specific to substance dependence** are governed by **regulations designed to direct** training opportunities.
- **Recently**, for example, **national standards** were defined for **mandatory continuing training** for **doctors** wishing to provide **substitution therapy**. The intention is for **steering groups** attached to the regional medical associations to monitor the **compliance** of this training **with the standards** and to work on adapting and developing them further. **Doctors who have completed this training** must demonstrate this to the regional medical associations, which in turn will issue a **form of certification**.
- A working group chaired by the BMGF convened from June 2004 to February 2005, and the results of its deliberations were used to examine and discuss framework conditions for providing substitution therapy; this work culminated in a 10-point package of measures. The intention is to establish **training governed by an ordinance**, which will ensure its **national standardization and uniformity** (see 4.1. for the content of training curricula).
- This special training **has to be completed before a doctor can be authorized to provide substitution therapy**, and all individuals involved in this field (on both an academic and a practical level), including those working in facilities designated under Article 15 of the Addictive Substances Law etc., must be able to demonstrate that they have received this training.
- This **new system** is scheduled for implementation from **September 2005** and is based on past experience in certain regions of the country (predominantly Vienna) where similar structures have been established for a long time.
- The Ordinance on Addictive Toxic Substances provides for an adequate **transition phase** lasting a **maximum of one year** as a precondition for continuing therapy which has already been initiated and for therapy required in the future. The intention is for this Ordinance to be limited to an

initial period **not extending beyond 2008** and to provide for some form of evaluation in anticipation of the "standing committee on safety and quality in substitution therapy and matters relating to addictive substances" which will be set up under the BMGF.

1.3 *What is the status of continuing training have in the professional substance-dependence field, and to what extent does it enhance the professionalism of the field?*

- In general, **a high value** is placed on **continuing training**. In the last few years in particular, there has been growing emphasis on the need for regular in-service training for professionals in the substance-dependence field (doctors, psychotherapists, social workers, pharmacists and people working in substance-dependence support facilities). Continuing training is seen as an important element in ensuring and enhancing professionalism and quality in the substance-dependence field.

1.4 *Financial support*

- In **Vienna**, for example, **financial incentives** are offered to doctors in office practice who take part in an **introductory continuing training** event and regular quality circles on the subject of substitution therapy; they can claim a **special fee from the social security system** for providing therapeutic consultations. A few **other federal regions** have recently started taking a **similar approach**, and there is a move towards implementing a financial incentive scheme on a national level to provide additional motivation for doctors to take part in mandatory postgraduate training.
- **Financial support** for **drug facilities** is only granted to those that comply with relevant **quality standards** or the **guidelines** published by the BMGF; the intention is to introduce "**performance controlling**" carried out by the facilities from the autumn of 2006 using a system

developed by the Federal Drug Forum in the autumn of 2005 and based on the existing standards.

2. Forms of continuing training in the substance-dependence field

2.1 *In what form is continuing training provided?*

➤ Short-term training:

As mentioned briefly before, there is a wide range of continuing training opportunities in the substance-dependence field.

There are a large number of **meetings, conferences, seminars, courses and training programmes** lasting **one to several days** and focusing on specific topics; these are organized by a variety of bodies.

Some examples:

- The **Substance-dependence Prevention Working Group** organizes an annual conference with financial support from the Federal Ministry for Health and Women's Affairs;
 - * **The central theme in 2004** was **preventing substance dependence in industry**. Specialists in substance-dependence prevention, health promotion, occupational medicine, personnel managers and representatives from relevant interest groups were invited to gain greater insight into the opportunities for prevention in the workplace.
 - * **The central theme in 2005** will be **drug policy**. A special series of lectures, etc., will be organized on topics such as drug policy in Austria and Europe, drugs in the era of globalization, ethical and philosophical aspects of drug policy, and substance-dependence prevention. This conference will take place between 26 and 28 September 2005 at Schloss Seggau in Styria.
- In 2003 and 2004, initial and continuing **training** for people working in substance-dependence support facilities was held on the following subjects:

peer support, motivating short-term intervention for young drug users, **substitution therapy in everyday practice** for general practitioners, and **substance-dependence prevention in adolescents**.

➤ Longer courses:

- **1. University degree with advanced option: MSc in "Social therapy, with an emphasis on substance dependence"**; 6 semesters basic course, 1 semester advanced course, 90 ECTS² points for the basic course, 30 for the advanced course; offered by Krems University.
 - * **Main subjects covered:** Reflection on own motives and experience of handling substance dependence, development of personal professional attitude, models of therapeutic intervention in the substance-dependence field, basic knowledge of psychosomatics in dependent individuals, substance dependence, mental disorders and personality, relapses, crises and crisis intervention.
- **2. Course for substance-dependence counsellors** offered by the Austrian Working Group on Group Therapy and Group Dynamics (ÖAGG); 4 semesters, 168 units of tuition in seminars, 48 units of supervision, 20 units of visits to substance-dependence treatment facilities.
 - * **Main subjects covered:** Overview of various forms of substance dependence and addictive substances, causes of and background to substance dependence, distinction between pleasure / abuse / dependence, counselling and treatment concepts, occupation-specific opportunities for using course content in participants' professional environments, basic knowledge of psychiatric disorders, principles of substance-dependence prevention – principles, models and projects, supervision etc.
- **3. Course on "Counselling and treating addicts"**; 60 teaching units; offered by the Anton Proksch Institute.
 - * **Main subjects covered:** Ways in which substance-dependence disorders develop, new approaches to treatment such as telephone or online counselling, systematic approaches to dealing with addicts and their families, co-

² European Credit Transfer System

dependency in addicts' personal environment and in the professional context, counselling, with particular emphasis on the initial encounter, etc.

- All three **courses** are **multidisciplinary** and deal with substance dependence in general. They are intended primarily as **postgraduate training** for individuals who have completed relevant basic training (e.g. in medicine, psychology, social work) and who are already working in the substance-dependence field or intend to; the emphasis is on in-service training.
- There are **also** a number of **courses** designed for **specific professional groups** or activities.

For example:

- in **Carinthia** a four-week **course specifically on drugs** is offered to doctors in the **public health service**;
 - a two-semester **short course** on "**substance-dependence prevention in youth work**" is run in **Vienna**; and
 - in **Styria** a course on "**substance dependence-focused skills in youth coaching**" is offered.
- A number of federal states run **continuing training courses on substance dependence and its prevention** for **teachers** and, in some instances, for **kindergarten teachers**.
 - "**Off-the-job**" training is rounded out by opportunities for "**on-the-job**" and "**near-the-job**" training. However, there is no clear structure for learning in the workplace, job rotation or practical placements; these activities are the responsibility of the individual facilities or individuals with an interest in continuing training. The most prominent form of "near-the-job" training is quality circles which have been established in some federal regions to focus on substitution therapy (see also Chapter 1). There is also an evaluation quality circle for drug experts attached to the ÖBIG which was set up some years ago.

2.2 *Is there formal regulation of the courses and do they satisfy formal standards?*

- University courses are governed by general **formal criteria that apply to all programmes offered by universities**. There is **no formal regulation** of **other types of continuing training** in the substance-dependence field.

2.3 *Do the qualifications acquired affect salaries and/or employment?*

- It is left to the **employer to decide** whether qualifications should affect salaries or employment in any way. There are no central requirements apart from the general requirement for individuals carrying out certain jobs to have received appropriate training; special regulations derive from the legislation governing relevant occupations.

2.4 *Regulations adopted by employers for their employees' participation in continuing training*

- **Many facilities** have **regulations** governing their **employees' participation in continuing training activities**. In 2001, the ÖBIG carried out a survey of the structure of drug-related services in Austria on behalf of the Department of Health, and this also covered arrangements for continuing training.
- The results showed that practically all facilities have regulations covering this area. Some 40 per cent of outpatient services and **one quarter** of **inpatient drug facilities require** employees who work directly with clients to undertake **continuing training**; a further **30 per cent** (outpatient) and **50 per cent** (inpatient) of facilities make provisions for **paid continuing training** on a **voluntary basis**.
- The revised ordinance issued by the BMGF which is scheduled to come into force in September 2005 specifies a **mandatory introductory-level module** for the new **training curricula**. Advanced training modules can be completed on a voluntary basis. Doctors involved in substitution therapy and doctors in the public health service will be required to demonstrate that they have **refreshed their basic training** at least **every three years**.

3. Content of continuing training

3.1 *Are there national guidelines as a reference point for developing the content of continuing training programmes?*

- There are currently **no national guidelines** for designing continuing training in the substance-dependence field in general in Austria.
- However, as mentioned previously, the ÖBIG developed a **concept for drug-specific continuing training for selected professional groups** in 2002/03 at the request of the Federal Ministry for Health and Women's Affairs. In keeping with the health-related measures defined in the Addictive Substances Law and the requirements concerning substitution therapy, the training is designed for five professional groups: **doctors in the public health service, doctors, clinical psychologists, psychotherapists and social workers**.
- The concept is intended as a **framework recommendation** for activities comprising drug-specific in-service continuing training; it includes **requirements** for both the **content** and the **quality** of such activities (cf. 4.). Its purpose is to support the acquisition of skills needed when working with consumers of illegal drugs and not to establish a new profession with a separate diploma and title.

3.2 *Circular process of defining needs and developing programmes*

- The concept developed for **drug-specific continuing training for selected professional groups** consists of **six framework curricula** – one **curriculum common to all professional groups** and one **profession-specific curriculum** for each of the five groups based on it – plus recommendations for implementation. In addition, **teaching content** relevant for the **training** of the five professional groups has been **defined**.
- The **development** of the curricula was preceded by necessary **preliminary work** to define **drug-specific task and activity profiles**

for the five groups; the **interfaces** and **demarcations** between the groups were also **defined**.

- In terms of **content**, the purpose of the project was to **define** the **requirements** (theoretical and practical knowledge, skills and abilities) that individuals in each of the professional groups working specifically with drugs should meet once they are qualified; these findings were used to **develop** specific **proposals** for **designing** training **activities** (content, scope, etc., of curricula).

3.3 *Knowledge transfer between professionals*

- The **project** was **implemented in collaboration** with a number of **specialists working in the drug field**. The task and activity profiles and the framework curricula were developed by six working groups – one for each of the professional groups plus one multiprofessional working group. The results were **discussed** and agreed with a **steering group comprising major decision-makers in this field**.

3.4 *Are activities developed and organized for specific occupations or for all occupations in general?*

- The concept that has been developed **focuses** distinctly on general **skills and requirements applicable to all professional groups** since the core competences for each group are covered by their initial training and can be assumed to have been acquired already.
- The major emphasis of continuing training is therefore **drug-specific skills** in which there is a large degree of overlap between the different professions. The emphasis on continuing training activities applicable to all professions is also a result of the central need for an **interdisciplinary and collaborative approach between the different professions** operating in the drug field.
- **Multiprofessional continuing training** offers the advantage of promoting an exchange between the different professions and a **common understanding** of the task, thus enhancing quality assurance.

3.5 *Which of the professional groups working in the substance-dependence field takes the implicit or explicit "lead" in dependence support and continuing training?*

- The **primary target group** for the drug-specific continuing training foreseen in the concept comprises individuals working in the **five professions included in the project** since they deal with drug clients on an everyday basis. Training activities designed for all professions are also targeted at people working in "related" professions in the drug field (particularly other psychosocial professions and carers). The intention is not to tie continuing training activities to specific types of institution, thus restricting their scope, but to leave this aspect open. **All interested parties** should be able to **offer drug-specific continuing training** of the type defined by the concept to enable it to be implemented across as broad a base as possible.
- The Department of Health has distributed the concept for drug-specific continuing training to **all relevant training bodies**, professional associations and interest groups representing the professions with a recommendation that training activities of this kind should be based on the concept.
- This comprehensive concept for the drug field as a whole was supplemented in the **spring of 2004** with the development of **minimum requirements** to be met by **continuing training activities** relating to **substitution therapy** provided by **doctors** who are or intend to become active in this field (cf. also 1.). This directive defines both the scope and primary content of these training activities and will be implemented as intended in the form of a binding ordinance.

4. Quality of continuing training

4.1 *Are there quality requirements that continuing training activities or the organizations offering them have to meet and, if so, who defines them?*

- To date there are **neither binding quality requirements nor standardized structures** or mechanisms for **checking or evaluating** the quality of continuing training activities in the substance-dependence field.
- However, the planned ordinance governing training curricula stipulates framework conditions and, in particular, defines the **total number of hours** that the **minimum training/introductory module, the necessary advanced training modules** and the periodic **refresher courses** at least every three years need to comprise. It also stipulates that **people teaching these courses** must have a university/academic background (teaching qualification, research activity, etc.) and **proven experience specifically in treating addictions** (former practising therapists, etc.)

4.2 *Who evaluates the quality of training activities, and how?*

- Quality assurance and control are the responsibility of the **individual organizers**, who use various models and approaches (e.g. steering group, advisory board, evaluation programme).
- A regulation will be introduced as part of the **ordinance** on the **training curricula**, and **mandatory evaluation** will be stipulated. A **standing committee on quality assurance** and safety in substitution therapy attached to the BMGF will keep a constant watch on aspects of evaluation with a view to the current state of the art.

4.3 *Requirements for quality and evaluation*

- The continuing training activities currently available are generally evaluated by means of **feedback from participants** about their degree

of satisfaction with the training (tutors, materials etc.) and the learning effect (acquisition of knowledge and its practical relevance).

- As far as the establishment of **mandatory continuing training** for doctors involved in substitution therapy (cf. also 1. and 3.) is concerned, the intention is for the BMGF and the regional health authorities, in particular, in consultation with the **regional medical associations** to take on this role in the future. It will be the responsibility of the BMGF, in consultation with the medical associations, to ascertain which of the training activities being offered comply with the minimum requirements (see above) and therefore justify certification of the participating doctors by the regional health authorities.
- The **concept for drug-specific continuing training** (cf. also detailed comments under 3.) also defines **quality requirements**, as already mentioned. It states, for example, that **group training activities** (course, module, subject area) must be organized in such a way that the groups contain **no more than 15 to 20 people** and that major emphasis is placed on the transfer of practical knowledge (i.e. through guest attendance in facilities, study visits and practical placements). There is no restrictive requirement that the training should be provided by an institution, but bodies offering continuing training must have a specialist to run the course who is responsible for the process and the outcome to ensure the quality of the training activity.
- When selecting **tutors**, the bodies offering the training must ensure that they have **proven expertise** in the relevant subject, teaching skills and **professional experience or practical expertise** relevant to the subject being taught, including elements of the training taught at university level. In addition, the basic didactic principles of adult education must be observed when implementing continuing training activities; these include the orientation of participants and their milieus, their level of self-organization and ability to succeed in the context of independent, open learning, and their ability to integrate phases of face-to-face teaching with flanking measures (e.g. activities in small groups or

with a partner, intervision, supervision, coaching) designed to enable them to cope with experiences in the practical setting, to underpin the transfer between theory and practice, and to promote the process of reflection which needs to accompany the continuing training.

- It is the responsibility of the organization offering the training to ensure that the intended results are being achieved. In keeping with the principles and methods used in adult education, examinations are not used, and other ways of applying knowledge and underpinning skills are recommended. Work is currently in progress on the certification of doctors who provide substitution therapy.
- The concept also proposes that **continuing training activities** based on the concept or on the framework curricula **should be certified** by the Department of Health in the interest of **quality assurance** and, more generally, to provide better guidance for people interested in receiving this training.
- Certification should be provided for bodies offering individual subject areas or modules and for complete courses of training. It has also been recommended that the implementation of the continuing training concept and the framework curricula should be evaluated externally on behalf of the Department of Health within three to five years in the interests of quality assurance. The concept would subsequently be adapted and modified in response to the outcome of this evaluation.

5. Development trends in continuing training

5.1 *What are the challenges, opportunities and risks facing continuing training in the substance-dependence field?*

- In the substance-dependence field – as in many other areas of society – **quality management, demonstration of achievement** and **outcome monitoring** have become **increasingly relevant** in recent years.
- Many institutions and specialists are still not adequately prepared for this shift in emphasis, and it is often very difficult to bridge the gap between

client-based work and client orientation on the one hand and the economic imperatives and requirements of the sponsors on the other. **Opportunities for continuing training which respond specifically** to these **needs and requirements** can make an **important contribution** in this context.

6. Input

6.1 What specific know-how can Austria contribute during the symposium?

- At the symposium the **concept for drug-specific continuing training** could be **presented** – both the methodology used in its development and the results achieved, i.e. framework curricula/substitution for doctors and recommendations on implementation, to the extent that they are **already known**.
- The current opportunities for in-service and continuing training in the substance-dependence field mentioned here give an overview of the activities on offer in Austria and illustrate the **efforts** being made to achieve greater **professionalism**, the aim being to **raise standards** in accordance with national quality guidelines and to **match international practice**.
- Austria's **contribution**, in the form of a presentation of models and examples, could provide a **basis for discussion**, an in-depth **exchange of experience and opinions**, and **dialogue between experts**.
- The Austrian example enables a **region-by-region comparison** to be made of the **functions, content** and positioning of the dependence-related training offered by **various bodies** in the context of the consideration currently being given by the government to regulating the field.

Country dossier: Austria

- The **visible results** that have been achieved show that the approach taken by Austria so far is **worth the effort**. At the same time, **increasing emphasis** is being placed on the **need to network** efforts in order to continually improve cooperation, professionalism, quality assurance and, not least, the safety of substitution therapy. That these concerns are **increasingly** being **taken seriously** is demonstrated by the **clear political framework** provided for these activities in Austria.