



**European Association of Professionals
working in the Drug Field**

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Continuing Training in the Addiction Field

Country specific report

Italy

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Introduction to the Questionnaire

Italian Continuing Education on the subject of addiction has evolved along with the phenomenon as well as changes in sector interventions and clinical knowledge and interventions in general.

The elements that have influenced its development the most are:

- a. The absence of scientific and professional information and knowledge at the start of the phenomenon of addiction, at the end of the Sixties.
- b. The tendency to approach knowledge and findings in an unequal, non-linear manner.
- c. The presence of two parallel systems (public and private/social) that were partly competitive and partly cooperative.
- d. Changes in the organization of treatment services and social and health skills (from the national government to the Regions).

From the very beginning, one of the most difficult problems has been a lack of specific Basic Education for the sector.

This problem has still not been completely solved today; despite the initiation (in the last 5-6 years) of masters and specialization courses in Addiction Medicine, the Epidemiology of Addiction and others, the Basic Education system still lacks training for practitioners, psychologists, social workers and nurses. It can be said that the initiatives undertaken have been episodic and not systematic.

Continuing Education initiatives have suffered the same fate.

In Italy, a multi-year drug intervention plan has never been defined and, thus, the question of Continuing Education has never been systematically addressed.

This notwithstanding, Continuing Education initiatives are rather frequent.

The professionals involved are mostly: practitioners, psychologists, social workers, educators and nurses.

The role of the national ECM program will be presented at the end of this introduction.

In general, one can say that:

1. there is a great variety of providers; they can be: Public Institutions (generally, Regions, but also universities and local agencies), other treatment providers or their umbrella organizations, scientific organizations and associations and pharma companies.
2. the subjects covered in Continuing Education courses are not homogeneous and, too often, are based on the narrowest current topic (for example, at present, courses on cocaine addiction are very frequent; but, in the past, they were numerous courses on pharmacological treatments (see below) and on dual diagnoses.

3. even the formats vary widely and can range from single-theme days (6 h) to extended 5-10 day courses (about 40 h).
4. there is little thought given to understanding apprenticeship activities or exchanging professionals between providers
5. the practice of clinical supervision as Continuing Education is frequent.
6. there is no system or study for evaluating training or Continuing Education needs in the specific sector.

In addition, one can say that:

- I. many treatment providers tend to organize Continuing Education activities for their professionals in a form and with content that is too homogeneous with the organization's experience and history. Continuing Education activities are seldom really innovative or adaptable to other models than their own. So the trend is, thus, very self-referential.
- II. Various Continuing Education activities have been realized to provide official recognition to professionals of residential programs who come from the program itself (former addicts).
- III. There is very strong financial influence from the pharma companies in Continuing Education activities directed towards practitioners of services specializing in addictions. The pharma companies also finance conferences and workshops.
- IV. The majority of Continuing Education activities conducted in the last 8 years were made possible using resources from the Fondo Nazionale di Lotta alla Droga (FNLD). 75% of FNLD resources are assigned to the Regions; the remaining 25% stays with the Central Administrations. As regards the latter part, from 1997 to 2001, 27% of the projects realized have Continuing Education as their primary goal. Data is not available for subsequent years and there is no data on the resources assigned to the Regions, or their use. The format of the project seems to have the limitation that activities cannot be repeated over time.
- V. A certain number of Continuing Education initiatives are offered through participation in conferences for which ECM accreditation is requested. This form does not appear to be adequate for offering true Continuing Education, since it's very fragmentary and brief.
- VI. In practice, this form of training (multi-year and continuously throughout the year) does not exist due to its high costs.

ECM: Continuing Education (CE) in Medicine

ECM is a national program that, since 1992, has been regulating CE in Italy for several professions (practitioners, psychologists, nurses and educators, among others).

From the official ECM mission statement: "A health operator's professionalism can be defined by three fundamental characteristics:

The possession of updated theoretical knowledge (knowing);

The possession of technical or manual abilities (doing);

The possession of communication and relational skills (being).

These are the goals of the Continuing Education in Medicine (ECM) programs that have been established in every country in the world; they include an **organized and controlled** set of all those theoretical and practical training activities promoted by **anyone who wants to** (whether a scientific or professional company, hospital or specific organization dedicated to health field training, etc.), with the purpose of ensuring that health professionals maintain a high level of professionalism that is in-step with the times.

Of course, each health operator will see to its own updating in full autonomy; but the emphasis will, in any case, have to be placed on training objectives of national and regional interest. ECM evaluates training events so as to provide individual practitioners, nurses or other health professionals, a guarantee of their quality and utility for the purpose of protecting their own professionalism; in addition, ECM is a tool for reminding every professional of his/her duty to participate in an adequate number of professional updating and requalification activities."

Professionals employed by the National Health Service (CE is not yet obligatory for independent professionals) are, therefore, required to earn a certain number of training credits each year.

Credits can be earned through participation in training, courses and conferences.

In order to award ECM points to participants, these training events must be submitted following a certain procedure. The event will be recognized based on the opinion of a group of referees, which also set the amount (number of points) awarded.

The national objectives set for ECM do not include any specific items regarding the field of drug abuse interventions.

The specific items that are closest to the specific sector are:

GROUP 1

Objectives that, in the Commission's opinion, all professional categories, areas and disciplines can share:

- c) systems for evaluating, verifying and improving preventive diagnostic, clinical and therapeutic interventions and measuring their effectiveness, including systems for the evaluation, verification and improvement of the efficiency and appropriateness of the services provided at the various levels of assistance

- d) interdisciplinary training for the purpose of encouraging the integration of assistance and social-assistance activities
- f) improving healthy lifestyles
- h) protecting assistance and social-assistance aspects, including psychological, for disadvantaged groups
- m) the introduction of pharmaceuticals based on proof of practical effectiveness

GROUP 2

Objectives that, in the Commission's opinion, specific professional categories, areas and disciplines can share:

- f) training in the use and implementation of guidelines and diagnostic-therapeutic paths
- h) clinical and diagnostic education on emerging and re-emerging infectious diseases: importation pathologies
- u) professional updating in psychological and psychotherapeutic practice
- v) updating professional procedures and activities for non-medical health professions
- z) evaluation of the scientific foundations and effectiveness of alternative or unconventional medicines

As can be seen, these are very general aspects and not specific to the drug field.

Nevertheless, as ECM programs have been put into practice (over the last 6 years), one can see that many continuing education courses (as well as conferences and meetings) have been recognized by ECM and the participants have received the requested points.

In the last two years, an experimental program has been transferring accreditation authority to the Regions. To date, 6 Regional Authorities are participating. We foresee that the others will come on-board in coming years.

We do not have any long term and follow up evaluation of CE outcomes as well as results of CE on daily practice. The evaluation of the activity is limited to measuring the degree of understanding immediately after the end of the course (with a questionnaire) and measuring the participant's satisfaction (with another questionnaire).

In short, the ECM Program seems like a good idea that has been implemented rather badly: the system is not sensitive to the specific field of pathological addictions, is very bureaucratic and does not respond to the need for continuous changes in clinical knowledge and interventions.

Questionnaire

1.	System / structure •
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1.1 Is there systematic provision of continuing training in the substance-dependence field? If so, what does the system consist of (players, providers, offerings) and what are its interrelationships and limits (interfaces)?

Continuing Education "system" in Italy does not have systematic organisation

1.2 Is the system directed in any way? If so, by whom (government, administration, NGOs, professional associations) and how (national or international coordination, financial support, setting of standards, educational policy goals, recognition and certification of qualifications acquired)?

Continuing Education "system" in Italy is not directed (see introduction). No standard, no national goals. Recognition and accreditation are part of ECM (see ECM chapter)

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

See ECM chapter. Continuing Education in the field of addiction in Italy is too much occasional and "casual" to achieve and improvement of treatment provision

1.4 Where financial support is provided:

- Is such support oriented entirely or predominantly to the offering or also to demand, e.g. in the form of educational vouchers?

See Chapter ECM

- Are structures and/or programmes supported?

Only partially and occasionally.

2.	Form
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2.1 In what form is continuing training provided?

- off the job: seminars, courses, curricula 80% + or -
- on the job: training, job rotation 10% + or _
- near the job: project work, quality circles, E-learning 10% + or -

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

No regulation (apart from ECM) and national standards are available

2.3 At what level of the national educational system are the courses and curricula positioned (according to the International Standard Classification of Education ISCED)?¹

NO

2.4 Do the qualifications thus acquired affect salary and/or employment?

Partially (see ECM)

¹ http://www.unesco.org/education/information/nfsunesco/doc/isced_1997.htm

2.5 What agreements (time, costs) do professionals in this field have with their employers with regard to participation in continuing training?

Participation is, normally, free of charge or, rarely, in charge of the treatment providers (TPs). Payment directly by professionals is very rare. Time spent in Continuing Education is in charge of TPs. TPs are, usually, planning the participation of its operators (rotation and/or attendance linked to competencies).

3.	Content
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3.1 Are there national guidelines (general concept) as a reference point for the content of continuing training programmes that are under development?

No National nor Regional Guidelines are available

3.2 How does the circular process of defining needs, developing programmes and evaluating results, and vice versa, take place?

No evaluation is available for Continuing Education. No education needs collection is available

3.3 How does knowledge transfer between vocational training (theory), research, practice and continuing training take place?

Usually, the knowledge transfer from theory into practice is part of an individual process. No "really continuing" monitoring of Continuing Education is available. Research outcomes and studies (both international as well as national based) are not very well and systematically disseminated in Italy.

3.4 Are programmes developed on an occupation-specific or a cross-occupational basis (inter/multidisciplinary or inter/multiprofessional)?

Sometimes, professionals other than specific are invited and attending Continuing Education initiatives. Not systematic. Some problems exist with GPs, Mental Health professionals, Hospital staffs.

3.5 Which of the occupational groups active in the care and treatment of addicts has the implicit or explicit "lead", in terms both of their work with addicts and in continuing training?

No real leadership is visible.

4	Quality
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4.1 Does continuing training (whether individual courses, curricula or programmes) and/or institutionalized continuing training providers have to satisfy quality requirements, and who defines these requirements?

No quality requirements are available. Continuing Training and Education providers are free to arrange it by themselves

4.2 By whom and how is the quality of continuing training evaluated?

By same Continuing Training and Education providers. External evaluation is very unusual

4.3 On what level(s) is the evaluation of continuing training focused (after Kirkpatrick, 1987)?

- Reaction: How satisfied are the participants with the training programme?

Frequent. Mandatory in ECM courses

- Learning outcome: To what extent did the participants extend their knowledge and skills and change their values (as measured by tests or other procedures)?
Not frequent, at all.

- Behaviour: To what extent did the participants' learning affect their behaviour at work (transfer of learning to the workplace)?
Not frequent, at all.

- Results/effects: Have the desired effects of the participants' participation in the further training been displayed at the team/institution level and how were they demonstrated?
Not frequent, at all.

- What was the cost/benefit ratio?
Not existing

5.	Trends
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5.1 What are the challenges, opportunities and risks

- which affect continuing information and which you would like to see addressed in the symposium, regarding the future of professional care and treatment of addicts in particular

Statement on strong link between development of Continuing Education system and a modern treatment provision. No real development and change of treatment provision is possible without a Continuing Education national efficient system
National specific education needs study
National Plan on Continuing Education
Quality criteria for Continuing Education
Variety of Education providers is better than a small number of providers
Adoption of recommendation by EMCCDA, EC and EP

About contents, stress on:

Clinical continuing supervision
Patient placement criteria
Outcome evaluation and monitoring
Integrated treatment and case managing

- and continuing training in the substance-dependence field in general, independently of the care and treatment of addicts?