

Continued Education: a cross-national comparison

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The following is based on 11 country reports written 2005 in response to a structured questionnaire. This text also follows the same structure. A schematic overview is attached.

The European countries are: Austria=at, Finland=su, France=fr, Germany=de, Greece=gr, Italy=it, Netherlands=nl, Scotland=sc, Switzerland=ch. Non-European countries : Australia=au, USA=us. EC=continued education in the substance abuse field.

1. System / structure

1.1 Is there systematic provision of continued education and training in the substance abuse field? If so, what does the system consist of (players, providers, offerings) and what are its interrelationships and limits (interfaces)?

A systematic provision of CE is available in gr and usc, while at and nl are preparing a national plan for this. In some countries, the medical profession has started a systematic education for addiction specialists in an association for addiction medicine (su, de, ch, us).

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)?

The systematic provision of CE is directed in sc by the Scottish Executive, in gr by 3 mandated institutions (1 for planning and funding, 1 for prevention and 1 for treatment). The national plans in preparation are directed or by the responsible Ministry (at), or by a commissioned national council (nl). In other countries some direction is present through provincial executives (Länder in de) or government appointed expert committees (ch).

1.3 What is the status of continued education and training in the professional substance abuse field and to what extent does it enhance the professionalism of the field?

The status of CE is considered to be high in 7 countries (at, de, gr, sc, ch, au, us), low in 2 countries (it, nl) and non-existent in fr.

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?
- Are structures and/or programmes supported?

Financial support in general is available in gr and sc, partially in de, ch, and au, little in fr, it, ne, us. The funding models are diverse, mostly for providers.

2. Form

2.1 In what form is continued education and training provided?

- off the job: seminars, courses, curricula
- on the job: training, job rotation
- near the job: project work, quality circles, E-learning

Most CE is offered off the job (courses, workshops, seminars, curricula etc.), while on the job training is part of CE in some countries (at,su,fr,us).

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

No overall formal regulation exists except in gr. In 2 countries such a step is planned (at, nl). A formal regulation however is mentioned for EC provided by universities (at, ch, au) and is possibly present as well in other countries.

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

In only a few reports this question is answered: level 3+ (au), level 5A (ch), level 10-11(sc).

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

A definite affirmation is mentioned in 1 country (au), while in others an eventual impact on salary / employment depends on the employer (au, fr, it, sc, ch). In 1 country this is not practiced (us).

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

Such agreements are highly variable in most countries, mainly depending on the employer. No such agreements have 1 country (de), while in 1 country agreements are very common (ch). 1 country mentions in this context that CE is free (it).

3. Content

3.1 Are there national guidelines (general concept) as a reference point for the content of continued education and training programmes that are under development?

No country has national guidelines covering the contents of CE. 1 country is in preparation of guidelines (at), while 2 reports mention that in specific fields / professions such guidelines are available (de.gr).

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

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

Such a circular process is mentioned in only 1 report (sc), whereas 3 countries know it for special fields / professions (at, au, us).

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

There is a diversity of transfer models in each country.

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

Mainly multidisciplinary CE is mentioned from 1 country (au), both models are practiced in 6 countries (at, fr, it, sc, ch, us) and in 2 countries there is no mentioning of interdisciplinary training (su, de).

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 continued education and training?

A leading role of the medical profession is mentioned in 5 reports (su, de, ch, au, us). Cooperative leadership is preferred in 2 countries (at, sc), for the rest the situation is not clear.

4. Quality

4.1 Does continued education and training (whether individual courses, curricula or programmes) and/or institutionalised education and training providers have to satisfy quality requirements, and who defines these requirements?

No generalised quality requirements have been established in any of the participating countries. Such requirements are planned in 2 countries (at, nl). However, partial regulations for specific fields / professions exist in 5 countries (de, gr, ch, au, us), mostly established by professional associations.

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

As a rule, evaluation is in the hands of CE providers (self-evaluation) in 8 countries (at, de, gr, it, nl, ch, au, us), with differences in frequency and level of professionalism. No evaluation is mentioned from 1 country (fr).

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

- Reaction: How satisfied are the participants with the training programme?
- Learning outcome: To what extent did the participants extend their knowledge and skills and change their values (as measured by tests or other procedures)?
- Behaviour: To what extent did the participants' learning affect their behaviour at work (transfer of learning to the workplace)?
- 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? What was the cost/benefit ratio?

There is information to this question from 4 countries: level 1 (gr), level 1-3 (us), level 1-4 (nl, ch).

5. Trends

What are the challenges, opportunities and risks

- which affect continued information, regarding the future of professional care and treatment of addicts in particular
- and continued education and training in the substance-dependence field in general, independently of the care and treatment of addicts?

A general trend towards more systematic regulations, quality standards and affectivity controls are mentioned by 2 reports (at, nl). In other countries there is a preference to develop curricula for master degrees (de, ch), to prepare best practice recommendations (sc), to focus on workforce development (us) or to develop incentives for those engaging in CE (au).

Comment

Since good practice is expected to be evidence based, service improvement strategies and especially continued education and training have become more important. In most countries therefore, continued education and training are fairly high valued in principle, and the respective activities have increased. Those activities however are mainly driven by providers in a top-down fashion and rarely based on surveys on competence gaps and bottom-up needs assessment. Incentives for services and professionals engaging in education and training are the exception rather than the rule.

In a majority of country reports we find little efforts to systematise continued education, to establish a conceptual framework for forms and contents and to care about quality standards. Evaluation is mostly done by self-evaluation of providers, and only exceptionally are the effects of educational inputs on the teams, services and their effectiveness researched. Professional associations and Universities have a dominant role in developing educational programs and providers operate in a market competition rather than in a guided structure. It seems that a deficit is identified here and that state commissioned organisations are increasingly working on filling the gaps in a number of countries.

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Synopsis - Contryreports

System

1.1	Not yet	MD only	No	No	National plan	No	Not yet	Yes	Partially	No	No
1.2	Ministry	Med.Assoc.		Länder	OKANA e.a.		National Council	Executive	National committee		
1.3	high		no status	high	high	low	low	high	high	high	high
1.4	from 2006		little	partially	yes	little	little	high	partially	partially	little
Form											
2.1	all forms	on & off job	on & off job	curricula	mainly off	80% off	mainly off	mainly off	mainly off	off the job	all forms
2.2	Universities		no	no	partially	no	Not yet	yes	Universities	Universities	States
2.3	?	?	?	?	?	?	?	level 10-11	level 5A	level 3 plus	?
2.4	variable	?	variable	?	?	variable	?	variable	variable	yes	no
2.5	variable		variable	no	?	free	?	variable	yes	variable	variable
Content											
3.1	not yet		no	partially	partially	no	?	no	no	no	no
3.2	partially		no	?	?	no	?	yes	little	partially	partially
3.3	diverse		diverse	?	?	diverse	?	diverse	diverse	diverse	diverse
3.4	both	MD only	both	no multidisc.	?	few multidisc	?	both	both	most multidisc	few multidisc
3.5	pluralist	MD only	?	MD	?	none	?	pluralist	MD	MD	MD
Quality											
4.1	Not yet	?	no	partially	partially	no	Not yet	no	partially	partially	partially
4.2	provider	?	nobody	provider	provider	provider	provider	?	provider	provider	provider
4.3	?	?		?	level 1	?	level 1-4	?	level 1-4	?	level 1-3

