

Midland Region Alcohol & Drug Clinical Qualifications Discussion Paper



July 2011



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Acknowledgements

Comment [m1]: Acknowledgement text to be added

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Contents

Acknowledgements	2
1. Executive Summary	4
2. Introduction	5
3. Purpose	6
4. Background	6
5. Responsible Authorities	8
6. Midland AOD Practitioner Feedback	9
7. Clinical Competence	9
8. Cultural Competence	11
9. DAPAANZ	11
9.1 DAPAANZ Expectations of a Practitioner.....	12
10. Lets Get Real	13
11. Health Professionals Competence Assurance Act, 2003	13
12. Discussion: Qualification and Competencies for Clinical AOD Staff	14
13. Recommended Midland AOD Qualifications Framework	16
13.1 Midland AOD Qualification Framework (DRAFT)	Error! Bookmark not defined.
14. Qualifications Clause for Midland AOD Service Specifications	18
References	19
Appendix 1: HPCA Act 2003	20
Appendix 2: DAPAANZ Registration Requirements	21
Appendix 3: Seven Real Skills	22
Appendix 4: Competency Based Courses	23

Deleted: 17

Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

1. Executive Summary

Midland District Health Boards (DHBs) have recognised the need for consistency in the definition of clinical qualifications and competency in the addictions workforce. Midland DHBs will work with addiction providers in the region to lead and inform professional clinical standards and qualifications for the alcohol and other drugs (AOD) workforce in the Midland region.

With on-going national discussion between the Ministry of Health (MoH), AOD services, professional bodies, training providers and current legislation, on the accepted qualifications, skills and competence for AOD services, Midland has sought a review of the current situation to provide a clear pathway to accepted AOD skills and qualifications for use in determining clinical competence for service specifications.

Qualifications in themselves do not guarantee competence or skill; they merely confirm a level of knowledge and presumed competence in the application of that knowledge. Conversely, a high degree of competency that constitutes effective performance in a defined role is marked by knowledge, attitudes and skills.¹

Any list of qualifications, skills and competencies will need to meet the needs of an evolving workforce and be able to address co-existing problems, such as mental health and AOD problems, while also being oriented towards the best practice outcomes in emerging environments, such as Whanau Ora for example.

While a pathway of qualifications, skills and competency is recommended for the Midland region, based on the best information available at this time, these will still be captured in the on-going national debate. This document seeks to reconcile the existing options to define a list of qualifications and competencies and formulate a credible framework based on current best practice, to inform AOD service contracts in Midland.

Any definition will always be constrained and may be impacted by changes occurring nationally particularly within MoH and national workforce centres.²

¹ Ministry of Health National Screening Unit 2004.

² Midland DHBs Addiction Qualification Project Scope, Aug 2010, pp7

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2. Introduction

The national AOD workforce leadership has been working for the past 5 years to provide clarity of qualifications and competence to providers and practitioners alike, with no clear resolution. There are currently mixed options for clinical and cultural competence within the AOD workforce. The current dilemma for Midland is to assure clarity in the recommended qualifications framework for clinical competence in AOD, thus informing clear service specifications for the employment of appropriately qualified and recognised clinical practitioners in AOD services throughout the Midland region, to ensure clients the best quality services.

As evidenced in existing literature, similar work has been developed with a focus on scopes of practice for AOD practitioners³. An established AOD practitioner qualification pathway would not only benefit potential employers with a tool to easily identify levels of competency and clinical aptitude, it would also give a scope of practice for both employers and employees.

National mental health and AOD service specifications refer to “multidisciplinary teams of practitioners” skilled and experienced in AOD interventions, treatment and support, who belong to one of three categories:

1. Health professionals regulated by HPCA Act⁴
2. Practitioners registered with and regulated by Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ)⁵
 - a. Registered Competency Practitioner
 - b. Associated AOD Practitioners
 - c. AOD Support workers
3. People who interact with service users, who have no regulatory requirements under current legislation

This three tier service specification allows “clinical units” to be purchased as nursing and allied health professionals, with no requirement for specialist AOD competency, skill or experience.

Correspondence with DAPAANZ regarding concerns over the DHBs interpretation and application of the HPCA Act for the AOD workforce, Health Workforce NZ (HWNZ) confirmed that there is “no legal requirement for AOD workers to be regulated under the HPCA Act”⁶. So these question remain:

- What are the relevant qualifications for AOD clinical competence, under allied health criteria?
- Which are acceptable and which are not?
- What relevance does cultural competence have in AOD and how is it determined and recognised?

³ NDSA, AOD Workforce Development: AOD Practitioner Scoping project, May 2006, pp1

⁴ HPCA Act, Health Practitioners Competencies

⁵ DAPAANZ; Drug and Alcohol Practitioners Association Aotearoa NZ, www.dapaanz.org.nz

⁶ Brenda Wright, of Health Workforce NZ letter to Ian Mac Ewan, DAPAANZ, 17 Feb, 2011, re DHBs interpretation of HPACA Act

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3. Purpose

This project responds to Midland DHBs desire to reach an alignment between nationally accepted best practice, qualifications, competencies, remuneration and AOD service contracts in the Midland region will result in the following:

1. Recommend a list of qualifications, competencies and/or regulation by accepted professional bodies that service providers and staff employed in clinical AOD services must have, to meet the requirements of clinical and cultural competence, within the Midland Region.
2. Develop a clear, concise clause regarding qualifications, competence and/or regulated membership of professional bodies, to be included in AOD service agreements as part of the provider specifications.
3. Develop a discussion paper with qualification pathways for approval by the Midland DHBs GMs Planning and Funding and Māori Health.

4. Background

The National Mental Health and Alcohol & Drug (A&D) service specifications allow for the specific purchase of a Senior medical staff, Junior medical staff, Nursing and allied health staff and Non-clinical staff. For community based A&D positions the service specifications stated that they are to be filled by a multi-disciplinary team of people with skills and experience in alcohol and other drug intervention, treatment and support, and who belong in one of the following categories:

- Health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- People regulated by (DAPAANZ) or another health or social service professional body
- People who interact with service users and who are not subjected to regulatory requirements under legislation or by any other means.

The above clarification still leaves Planners and Funders and the sector as a whole with uncertainty as to where the traditional A&D workforce (registered counsellors, ex users with under graduate qualifications etc) in particular those registered with DAPAANZ as Registered Competent Practitioners, Associated A&D Practitioners and A&D Support Workers fit. Are these staff non clinical or allied health staff?

In addition the tier three service specifications allow clinical purchase units to be provided by nursing and allied health staff. Accordingly there is a need to clarify what qualifications will be accepted as A&D clinical when they are claimed under the allied health criteria and therefore those qualifications that will not be accepted.

There is also no clear recognition which (if any) Māori qualifications may be accepted as clinical alcohol and drug. Given the new qualifications that are emerging in the sector it is important to understand how these relate to clinical alcohol and drug.

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DAPAANZ has taken the first steps to bring the A&D workforce under the HPCA Act, however this is likely to be a lengthy process. It took social workers 10 years to establish the Social Workers Registration Act and Psychotherapy has been working towards similar ends for 10 years to date. Thus clarification of the A&D workforce as allied health/clinical is unlikely to occur in the near future. The MoH have indicated that it was never the intention of the HPCA Act to cover all health professions.

As these services are purchased by FTE types, Planning and Funding need to monitor and enforce contract requirements where clarification of the clinical status of A&D workforce is essential. The type of FTE purchased defines the level of funding provided.

The A&D workforce is evolving and nationally steps to improve the training and professionalism of the A&D sector workforce have been undertaken. Over the past three years there has been the development of training courses specific to the treatment of A&D issues. Under-graduate courses to Bachelor level are available from Weltec and post-graduate courses are available from Otago, Auckland and Massey Universities. However there are numerous counselling qualifications, which are appropriate for A&D counselling, this is a real difficulty when looking at Kaupapa Māori qualifications.

The alcohol and drug sector requires clarification as to the qualifications and/or competencies people employed in clinical positions should have. Ideally this clarity should be provided at a national level and incorporated into the new service specifications.

DHBs within Midland have provided clarity to providers within their own district as to what qualifications will be accepted as clinical for alcohol and drug services in their particular health board areas. The local requirements are not consistent across DHBs.

Issues arise where organisations have agreements for alcohol and drug services with DHBs that have different criteria for clinical positions. In addition recruitment may also be problematic for providers that have an agreement with a particular DHB for services across other DHBs boundaries. Staff employed in clinical positions with local providers may not meet the requirements of clinical in a service that has an agreement held by another DHB.

The Midland DHBs agreed to clarify the qualifications that would be accepted as clinical for alcohol and drug services across Midland. This discussion paper aims to provide the regional clarity required by the Midland DHBs.

The AOD workforce is evolving and has taken steps nationally to improve the training and professionalism of the AOD sector. Over the past three years the development of training courses specific to the treatment of AOD issues, such as under graduate courses to Bachelor level available from Weltech, Auckland University of Technology (AUT) and postgraduate courses are available from Otago, Auckland and Massey Universities. There are also a number of competency based courses as listed with DAPAANZ. Cultural competencies have also recently been developed specific to working with Maori and Pacific people with addictions issues.

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Draft July 2011v1

A review of existing qualification pathways and core competencies in the AOD field was undertaken to establish a minimum level of qualifications and define requirements of clinical status among AOD workers in the Midland region. National and international literature on AOD qualification pathways and scopes of practice was researched to inform the review and develop a hierarchy of qualifications.

Existing frameworks from New Zealand were also reviewed to determine whether they were an adequate measure of minimum qualification standards and competency, including existing minimum core competencies and expectations as widely accepted in the AOD field. They include:

- DAPAANZ
- Let's Get Real
- HPCA Act

There has also been significant progress to provide a national framework of service specifications on cultural competence, to enhance clinical competence for Māori working with Māori whanau and Pacific people working with Pacific families in AOD and mental health. Te Rau Matatini, Matua Raki, Le Va and Te Pou; the national mental health and addiction workforce groups, have lead the development of cultural competencies, while working alongside the National Addiction Centre and DAPAANZ. Competency for Pacific people has also been developed by MoH and Pacific providers, with training provided by Moana House and others.

5. Responsible Authorities

In developing national AOD standards and competency, work has been progressing between MoH and other responsible authorities which have an inherent interest in defining workforce competencies, skills and qualifications.

Responsible authorities perform a range of functions. These include:

- Prescribe qualifications required for the profession's scopes of practice, and accrediting and monitoring educational institutions that teach and award/confer these qualifications;
- Consider applications for annual practising certificates;
- Review and promoting the competence of health practitioners;
- Recognise, accrediting and setting programmes to ensure the on-going competence of health practitioners;
- Receive and acting on information from concerned parties about the competence of health practitioners, and in turn notifying the relevant authorities if a health practitioner poses a risk of harm to the public;
- Consider the case of a practitioner who may be unable to perform the functions required for the practice of the profession;
- Set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners;
- Promoting education and training within the profession.

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The following range of information and sources will be essential to the final qualifications pathway for AOD practitioners.

6. Midland AOD Practitioner Feedback

Two focus group meetings were held in the region over the course of the project. Feedback included:

A majority of those within the meeting agreed that defining clinical competence is not dissimilar across Midland and is a debate that continues to occur nationally and that when definitions of clinical competence are made, they are inconsistent. People also voiced that there was not enough clarity in the definition for Planners and Funders, regarding what clinical competence is and what qualifications ensure a clear definition.

Another issue was that qualifications alone do not imply competency. Attitudes, skills and experience must also play a part in defining clinical competence. The following questions were raised:

- Is registration with DAPAANZ the best measure of both adequate tertiary qualification and demonstration of capability, attitude, competency and skill?
- Were the existing accepted competencies outlined, including DAPAANZ's 13 competencies and Let's Get Real 7 Real Skills, an adequate measure of competency for AOD Practitioners?
- Should AOD practitioners fall under the HPCA Act?

Registration with DAPAANZ was identified by most people as the best possible way of easily identifying competency as an AOD practitioner. "Let's Get Real" was also mentioned as being a good guideline for competency. The question of the importance of consumer perspective (life experience) was also raised but most agreed that although important, was secondary to qualifications and demonstrated competency. Co-existing Problems (CEP) training was identified as important and an ideal starting point.

7. Clinical Competence

The AOD sector requires clarification as to the qualifications and/or competencies people employed in clinical positions should have. Ideally this clarity should come from a national level and be incorporated into national service specifications.⁷ As these clinical positions are purchased by FTE types, the Midland Planners and Funders require clear information on the clinical status of an AOD practitioner.

The following framework is recommended to provide clarity in defining clinical FTEs for AOD practitioners working in the Midland region. The framework is consistent with current best

⁷ Midlands DHB, Addiction Qualification Project Scope, Aug 2010

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Draft July 2011v1

practice in the sector and recognition of qualifications and competencies in the field nationally.

There are 3 levels of qualifications recommended as clinical , Levels 3A, 3B and 4. They each also require DAPAANZ registration to confirm competency. Levels 1 and 2 are not clinically recognised, but refer to entry level competency which recognises experience and progress towards a qualification. See Recommendations at the end of the document for the full table of Levels 1-4.

Level	Title	Requirements to achieve this level	Comments	Allied Health / Clinical Purchase Units
4	Registered Advanced AOD Practitioner	Level 7 or higher qualification as per Level 3A and 3B + Current DAPAANZ registration + Specialist Registrations / Advanced Cultural Competency	Advanced relates to one or more specialist registrations AND attainment of recognised cultural competencies at an advanced level Note: Practitioners may be registered under HPCAA Act, but will still require DAPAANZ registration	Yes
3A	Registered AOD Practitioner	Level 7 or higher AOD specific + Current DAPAANZ registration	e.g. Weltech – Bachelors in Alcohol & Drug studies, AUT Addiction Studies Refer to DAPAANZ criteria for registration	Yes
3B	Registered AOD Practitioner	Level 7 or higher non AOD specific qualification + Post graduate AOD certificate/diploma + Current DAPAANZ registration	Qualifications in Nursing, Social Work, Occupational Therapy and other relevant areas of practice Note: Practitioners may be registered under HPCA Act, but will still require DAPAANZ registration	Yes

As is evident in the table, there is provision in this framework for allied health professionals; that is those without generic AOD qualifications, such as nurses, occupational therapists etc to be recognised as clinical AOD practitioners, as long as they also have a specific AOD qualification, such as a post graduate Diploma in addictions studies, or similar and DAPAANZ registration.

Recognition of cultural qualifications and advanced competence is provided for in Level 4, with the Advanced AOD practitioner. Again, all clinicians with these advanced skills must still have DAPAANZ registration.

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8. Cultural Competence

Currently there is no clear recognition which (if any) Māori qualifications may be accepted as clinical alcohol and drug. Given the new qualifications that are emerging in the sector it is important to understand how these relate to clinical alcohol and drug. The inability in the sector to account for cultural expertise has been acknowledged for some time.⁸ The framework recommended for Midland recognises the work undertaken to develop cultural competency and provides for that recognition under Level 4, as an Advanced Clinical Practitioner with core NZQA approved level 7 or higher qualifications and advanced attainment in cultural competency, such as Takarangi, Te Taketake and Sei Tapu for example.

The qualifications framework does not identify any specific kaupapa Maori AOD qualifications that would meet the clinical criteria. However the framework allows for relevant kaupapa Maori courses that are non AOD specific at Level 3, with the addition of an AOD post graduate qualification and DAPAANZ registration. Qualifications at Levels 3 and 4 are recognised as clinical purchase units.

9. DAPAANZ

As the national Drug and Alcohol Practitioners Association, DAPAANZ has a strong influence ensuring there is a competent workforce to work in AOD. DAPAANZ has worked hard as a national body to provide clarity on AOD competence, in the provision of education and training to the AOD workforce. DAPAANZ has also recognised that a professional body can regulate workforce requirements and competence in the field. DAPAANZ registration is a key indication of demonstrated competence, but is not a stand alone requirement.

Registration and endorsement processes have been implemented by DAPAANZ to develop professional standards and levels of training and education for the addiction treatment workforce. See www.dapaanz.org.nz

Registration criteria is based on the needs of providers and funders, and modelled on national and international standards of best and ethical practice. The criteria needs to be in line with current knowledge and skill levels while keeping up with future developments of the field. The evolving nature of the field is problematic to a definitive list of qualifications and competency requirements.

DAPAANZ lists thirteen competencies expected of an AOD worker seeking compliance “to practise independently, or while part of a team and/or within a supervision structure”. They include the following:

Four foundation competencies, based on demonstrated knowledge of:

- Te Tiriti o Waitangi
- Working with Pacific Peoples
- Working with people from other cultures

⁸ NDSA, AOD Workforce Development AOD Practitioner Scoping Report, May 2006, pp11

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Qualifications Framework Final
Draft July 2011v1

- Social justice

These provide the foundation for all AOD practice, and are essential to the thirteen competencies. Aspects of the foundation competencies may also be found in the codes of ethics of other professions.

Three generic competencies

- Relating and communicating effectively with clients and colleagues
- Thinking critically
- Maintaining professional responsibility

These are tailored to AOD work but are also common to other human services and synergize with the other competencies. Administration and record keeping fall under communication.

Six vocational competencies

- Assessment and intervention planning
- Intervention management
- Working with therapeutic groups, families and significant networks
- Working with communities
- Public education
- Consultation and liaison to assist other professionals to deal with alcohol and drug problems.

9.1 DAPAANZ Expectations of a Practitioner

DAPAANZ has provided comprehensive information for the AOD workforce on training, skills and best practice.

- Practice independently and apply skills in a complex, variable and specialised range of contexts
- Understand, and have their practice reflect issues of social equity
- Analyse, apply, evaluate and transform information for a wide range of activities, including the assessment of treatment needs and the formulation of treatment responses
- Formulate and manage appropriate treatment processes
- Plan, resource and manage processes
- Work competently within broad parameters
- Be accountable for determining, achieving, and evaluating outcomes
- Undertake basic research and be able to incorporate their findings competently and appropriately into assessment and intervention planning.

For a full list of DAPAANZ requirements, refer to DAPAANZ Practitioner Registration, Associate Practitioner Endorsement and AOD Support Worker Criteria at www.dapaanz.co.nz.

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Qualifications Framework Final
Draft July 2011v1

10. Lets Get Real⁹

“Let’s Get Real” is not a competency framework but describes the knowledge, skills, values and attitudes required for delivering effective mental health and addiction services. The seven Real Skills of Let’s Get Real identify a number of performance indicators that describe the practice of each of the Real Skills.

Demonstrating familiarity and being able to apply Let’s Get Real’s Seven Real Skills is a good measure of attitude and skill for addiction treatment service workers. Each skill should not be considered independently. A competent AOD practitioner should recognize and apply the skills conjunctively and appropriately. Let’s Get Real provides a foundational framework for existing professional competencies e.g. addiction and other specialist frameworks, including the framework promoted as part of the Co-existing problems (CEP) project.

Providers of addiction education and training, such as Weltec, universities and DAPAANZ have all looked at their frameworks and curricula and aligned those with Let’s Get Real skills. At a high level, service providers could say that those in their workforce who have undertaken AOD or Problem Gambling (PG) courses from Weltec, or a university, have met the expectations of Real Skills.

Working with Maori and Sei Tapu are the two competencies recommended as requirements in the Midland Qualification framework.

11. Health Professionals Competence Assurance Act, 2003

The HPCA Act protects the health and safety of the public by coordinating with responsible authorities who ensure all health practitioners registered with them are fully competent in the practice of their profession. However, it also created pressure to define the place of those who currently do not fit within its auspices and to redefine the relationship between and within health professionals, their scope of practice and the associated levels of remuneration.¹⁰

The HPCA Act ensures that:

- Only health practitioners who are registered under the new Act will be able to use the titles protected by the HPCA Act or claim to be practising in a profession that is regulated by the HPCA Act
- Registered health practitioners will only be permitted to practice within their scopes of practice
- Registration authorities will be required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate

⁹Let’s Get Real: Real Skills for people working in mental health and addiction, MOH, 2008.

¹⁰ WDHCB CADS Discussion Paper, cited in AOD Workforce Development, AOD Practitioner Scoping Report, May 2006

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Qualifications Framework Final
Draft July 2011v1

- Certain activities will be restricted and will only be performed by registered health practitioners

Every health practitioner who practises in a regulated profession in New Zealand must be registered with the relevant responsible authority and hold an Annual Practising Certificate (APC) issued by that authority. Additionally, the HPCA Act specifically bars any individual from claiming to be a practitioner of a regulated profession, or in any way imply that they practise, or are willing to practise a regulated profession, unless they are appropriately qualified, registered with the relevant authority, and hold an Annual Practising Certificate.

The HPCA Act also specifies registered health practitioners registered with a particular authority must not perform activities that fall outside the scope of practice for which they are registered. Scopes of practice for each profession are defined by the responsible authority in the way in which that authority sees fit. A scope of practice may include reference to common tasks performed by the profession; an area of science or learning within the profession; references to names and words commonly understood by those working in the health sector; and reference to illnesses or conditions to be diagnosed, treated or managed by the profession. Only practitioners registered under a scope of practice may use the title associated with their scope.

Under the HPCA Act, allied health practitioners such as general nurses, occupational health nurses, mental health nurses, etcetera can legally practice in AOD, on the basis of the scope of practice for their core qualification and without any necessary skills or specific competence in AOD.

12. Discussion: Qualification and Competencies for Clinical AOD Staff

Any qualification competency pathway/scope of practice document for AOD practitioners would need to be integrated with DAPAANZ in order to be effective.

Registration with DAPAANZ is definitely a critical component of a clear qualification pathway for AOD practice. As it stands, DAPAANZ registration demonstrates competency in AOD practice reasonably well, due to integration with AOD management/supervision and its requirements for competency reports from these parties. With regards to tertiary qualifications, a much clearer pathway and demonstration of AOD practitioner level could be made available to AOD employers by combining minimum levels of tertiary study (Advanced, AOD Specific, Non AOD Specific) and demonstration of DAPAANZ registration, to allow potential employers to quickly recognize an AOD practitioner's level and scope of practice with differentiation between potential staff/contractors rather than just showing registration with DAPAANZ.

DAPAANZ has sat outside the HPCA Act and been supported by the MOH and others in its self-regulating role.

For those practitioners who meet the criteria for HPCA Act and DAPAANZ, or NZSWA Social Workers Association and DAPAANZ, the cost of registration will be a key issue.

An AOD competent, 'multi-disciplinary' workforce, is key to the AOD sector. Social workers, nurses and other disciplines are significant groups that make up the AOD workforce. They have their own respective professional bodies and maintain their respective registrations.

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The expense of dual registration will remain a barrier if this is not addressed by Funders and Providers.

The latest trends in recruitment for AOD positions suggest a greater emphasis on clinical staff who meet HPCA requirements and less emphasis on AOD qualifications and experience.

A recent review (DAPAANZ) highlighted that the Auckland region is the only DHB service (covering 3 DHBs) specifically seeking AOD qualified staff. Others increasingly seek nurses and recent typical examples have advertised an AOD position for a registered nurse, "AOD experience an advantage". Two years ago, most DHBs would have advertised for a qualified AOD practitioner.

New applications to DAPAANZ over the last nine months:

	NGO's	Auckland DHBs	Other DHBs	Others, e.g. students independents	TOTAL
New DAPAANZ Membership	132	10	8	18	168
New DAPAANZ Registrations	51	7	2	1	61
New Associate Practitioner Endorsement	23	1	1	0	25
New Support Worker Endorsement	4	2	0	0	6

In 2007, an analysis of DAPAANZ membership showed 60% of the membership were employed by DHBs, 44% were employed by NGOs and 6% were students and independent practitioners. In 2011, 67% are employed by NGOs, 22% by DHBs (10.5% Auckland and 11.5% other DHBs) and 11% others. This may be partly accounted for by a growth in NGO services and by increasing membership from Maori. Almost 10%, (114) of 1032 members work for 17 DHBs. Of 640 DHB staff, 219 are DAPAANZ members; 109 in Auckland (out of 312 staff) and 114 in other DHBs (out of 328 staff).

This can be seen as a shift from DHB to NGO, as the prime provider of addiction treatment apart from forensic and opioid substitution. Regardless of the interpretation of this trend, the risk is the marginalisation of addiction treatment within DHBs. The driver seems to be the HPCA Act. DHBs, apart from the Auckland Region, want HPCAA registered providers delivering a narrowing range of addiction service within mental health teams.

In order to achieve registration as an AOD practitioner with DAPAANZ, applicants are required to demonstrate at least 6 months in addictions treatment and evidence of relevant tertiary level qualifications. It is recommended that a qualification pathway be utilised with

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DAPAANZ being one part of gaining classification as being clinically competent, in conjunction with a level 7 or higher qualification. Further distinction can be made as to the nature of the AOD practitioner's qualification e.g: non AOD specific versus AOD specific.

Strictly speaking as a measure of competency alone, both "Let's Get Real's" 7 skills, and DAPAANZ's 13 competencies are not relevant to defining whether a AOD practitioner is clinically competent. They are designed as a measure of skills within the field of AOD, yet are applicable to skills that could be utilised in a number of industries including non AOD applications. As the majority of these skills are required for registration with DAPAANZ, which in turn is considered for the purpose of this document to be essential to AOD practice, it is therefore logical to assume that all practicing AOD practitioners will show sufficient grasp of both DAPAANZ's 13 competencies and "Let's Get Real" & Real Skills. Two Real Skills competencies – Working with Maori and Sei Tapu are specifically identified in the recommended qualifications and competency pathway for all persons working in the AOD sector. CEP competence is also specified for all persons.

13. Recommended Midland AOD Qualifications Framework

The table below shows the qualifications and competencies pathway recommended for AOD practitioners in the Midland region. There are four distinct qualification levels. Each level has a respective clinical or non clinical rating. The framework provides guidance on the qualification levels aligned to clinical purchase units for allied health professionals. All levels include specific competencies: CEP competence and Real Skills – Working with Maori and/or Sei Tapu. A DAPAANZ criterion also applies to each level.

Categorising qualifications, competencies and DAPAANZ criteria into four distinct levels: 1- AOD Support workers; 2- Associate AOD practitioners; 3- AOD practitioners; and 4- Advanced AOD practitioners; gives guidance to Providers to identify the various requirements for potential employees or contractors. Though not definitive, it could be utilised as a quick guide to align suitable candidates for specified services and contracts.

AOD practitioners should hold a level 7 qualification or higher. Level 7 refers to a bachelor degree or postgraduate diploma. Distinction can be made between AOD specific qualifications and Non AOD specific qualifications.

Qualifications that meet criteria for clinical purchase units can be divided into the following categories:

- Specialist AOD Practitioners holding a level 7 or higher qualification, specialist registration and advanced attainment in a recognised cultural competency framework
- AOD practitioners with an AOD specific level 7 or higher qualification
- AOD practitioners with a non AOD specific qualification (e.g. nursing, social work, counselling, psychology, etc.) and an AOD post graduate qualification

As these requirements are also necessary for DAPAANZ registration as an AOD practitioner, any person who holds current DAPAANZ registration should be practicing at adequate levels of qualification.

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Qualifications Framework Final
Draft July 2011v1

13.1 Midland AOD Qualification Framework (DRAFT)

Level	Title	Requirements to achieve this level (Qualification/s, Competencies and DAPAANZ criteria)	Comments	Allied Health / Clinical Purchase Units
4	Registered Advanced AOD Practitioner	Level 7 or higher qualification as per Level 3A and 3B + Current DAPAANZ registration + Specialist Registrations / Advanced Cultural Competencies + CEP competence	Advanced relates to one or more specialist registrations AND attainment of recognised cultural competencies at an advanced level, e.g. Mental Health <u>and</u> Advanced Cultural Competency e.g. Advanced level in 'Takarangi framework' or other recognised cultural competency framework Note: Practitioners may be registered under HPCA Act, but will still require DAPAANZ registration Refer to DAPAANZ criteria for registration	Yes (Clinical Purchase Unit)
3A	Registered AOD Practitioner	Level 7 or higher AOD specific + Current DAPAANZ registration Competencies: Real Skills - Working with Maori and/or Sei Tapu + CEP competence	e.g. Weltech – Bachelors in Alcohol & Drug studies, AUT Refer to DAPAANZ criteria for registration Competencies: Real Skills - Working with Maori and/or Sei Tapu + CEP competence	Yes (Clinical Purchase Unit)
3B	Registered AOD Practitioner	Level 7 or higher non AOD specific qualification+ Post graduate AOD certificate/diploma+ Current DAPAANZ registration + Competencies: Real Skills - Working with Maori and/or Sei Tapu + CEP competence	Qualifications in Nursing, Social work, occupational therapy and other relevant areas of practice Refer DAPAANZ for list of Post Graduate AOD options (Massey University, Otago University, Auckland University) Competencies: Real Skills - Working with Maori and/or Sei Tapu + CEP competence Note: Practitioners may be registered under HPCA Act, but will still require DAPAANZ registration Refer to DAPAANZ criteria for registration	Yes (Clinical Purchase Unit)
2	AOD Associate Practitioner (DAPAANZ Endorsed)	Undergraduate Diploma Qualification (Level 4,5,6) in addictions or relevant area of study +	Practitioner has a Diploma level qualification and meets DAPAANZ endorsement criteria. +	No (Non Clinical)

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		Current DAPAANZ endorsement. Competencies: Real Skills - Working with Maori and/or Sei Tapu + CEP competence	Real Skills –Working with Maori and/or Sei Tapu + CEP competence	Purchase Unit)
1	AOD Support Worker (DAPAANZ Membership)	Has completed or is completing relevant courses. Working towards a qualification in addictions or other relevant area of study + Current DAPAANZ membership + Competencies: Completing Real Skills - Working with Maori and/or Sei Tapu + CEP competence	Entry level No qualification or may have partially completed studies Meets DAPAANZ registration criteria. Has completed or is working towards DAPAANZ 13 Competencies + Real Skills- Working with Maori and/or Sei Tapu	No (Non Clinical Purchase Unit)

14. Qualifications Clause for the Midland AOD Service Specifications

Definition: 'Qualification requirement', for clinical purchase units as used in this clause, means a requirement for specified levels of qualification for allied health staff as per the 'Midland AOD qualification framework'.

Clause 1.1 Qualification requirements apply to the purchase units covered by this contract. For all clinical purchase units, the service provider will ensure that it meets the prescribed criteria of specified qualifications, (levels 3 and/or 4).

Clause 1.2 The Provider will demonstrate compliance with the qualification requirements specified in this contract, at each reporting interval.

Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

References

An AOD Practitioner Scope of Practice, Northern Region workforce development project, 2005 -2006

AOD workforce development: AOD practitioner scoping project, Final Report, Northern DHB Support Agency on behalf of Network North Coalition, 2006.

Let's get real: Real Skills for people working in mental health and addiction, MOH, 2008.

Midland Region Co-existing Problems Strategic Plan 2010 – 2015, Midland DHBs, 2011.

Practitioner Competencies for Alcohol & Drug Workers in Aotearoa, New Zealand Alcohol and Drug Treatment Workforce Development Advisory Group, September 2001

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www.moh.govt.nz

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Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

Appendix 1: HPCA Act 2003

Health Practitioners Competence Assurance Act 2003 (HPCA Act)

Purpose of Act

(1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

(2) This Act seeks to attain its principal purpose by providing, among other things,—

- (a) For a consistent accountability regime for all health professions; and
- (b) For the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and
- (c) For systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and
- (d) For power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and
- (e) For certain protections for health practitioners who take part in protected quality assurance activities; and
- (f) For additional health professions to become subject to this Act.

(Preliminary and Key Provisions, Health Practitioners Competence Assurance Act, 2003)

Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

Appendix 2: DAPAANZ Registration Requirements

These are the draft Requirements for applicants applying for Registration as an Alcohol and Other Drug Practitioner, Associate Practitioner or Support worker.

Applicants with an applied bachelor degree, postgraduate diploma or postgraduate certificate in addiction studies, nursing, psychology, social work, medicine, counselling or similar:

- 1. Evidence of education qualification
- 2. Evidence of recognition of learning in the 13 competencies
- 3. Support from your manager
- 4. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at registered practitioner level.
- 5. Evidence of six-months of practice in addiction treatment immediately prior to application
- 6. Evidence of at least 75 hours client work in the six months prior to application

For Associate Practitioner applicants:

- 1. Evidence of education and training.
- 2. Evidence of six months practice, and evidence of ability in assessment and treatment planning.
- 3. Evidence of recognition of learning in the 13 competencies.
- 4. Support from your manager.
- 5. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at an associate practitioner level.

For Support Worker applicants:

- 1. Evidence of education and training.
- 2. Support from your manager.
- 3. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at an AOD support worker level.

Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

Appendix 3: Seven Real Skills

Working with service users

Every person working in a mental health and addiction treatment service utilizes strategies to engage meaningfully and work in partnership with service users, and focuses on service users' strengths to support recovery.

Working with Māori

Every person working in a mental health and addiction treatment service contributes to whanau ora for Māori.

Working with families/whanau

Every person working in a mental health and addiction treatment service encourages and supports families/whanau to participate in the recovery of service users and ensures that families/whanau, including the children of service users, have access to information, education and support.

Working within communities

Every person working in a mental health and addiction treatment service recognises that service users and their families/whanau are part of a wider community.

Challenging stigma and discrimination

Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination, and provides and promotes a valued place for service users.

Law, policy and practice

Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families/whanau.

Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.

Deleted: Midlands AOD
Qualifications Framework Final
Draft July 2011v1

Appendix 4: Competency Based Courses

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[Anamata Diploma in Applied Māori Health Coexisting Disorders Level 6](#)

[Bachelor of Alcohol and Drug Studies \(Weltec\)](#)

[Graduate Diploma in Addictions \(AUT University\)](#)

[PGCert Health Sciences \(Massey University\)](#)

[PGCertHSc and PGDipHSc – Alcohol and Drug Studies \(University of Auckland\)](#)

[PGDip National Addiction Centre](#)

[PGDip Rehabilitation \(Massey University\)](#)

[Te Taketake \(Moana House Training Institute\)](#)

[Working with Pacific Clients \(Moana House Training Institute\)](#)

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Qualifications Framework Final
Draft July 2011v1