

<b>Title</b>	<b>Project Title: Midland Region Alcohol and Drug Qualifications for Clinical Positions</b>
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<b>Project Consultant</b>	TBC
<b>Date</b>	September 2010
<b>Version</b>	Final

**Project Statement**

The purpose of this project is to recommend to the Midland DHBs what qualifications would be accepted as clinical for alcohol and other drug services in the Midland.

**Objectives**

- To establish a list of qualifications that staff employed in clinical alcohol and other drug positions must have to meet the requirements of clinical across Midland
  - To clarify the following:
    - Confirm how the three levels DAPAANZ fit within the National service specification purchasing framework and in particular which category fits the requirements of clinical.
    - Clarify the qualifications that may be held by allied health staff for the person to be recognised as a clinical.
    - Clarify what Māori qualifications (if any) may be held by staff for the person to be recognised as a clinical
  - That the proposed list of qualifications is:
    - aligned to national work and directions in this area (within boundary of new specs)
    - likely to be agreeable to all five Midland DHB Planning and Funding
    - workable and aligned to wash up process
    - includes process to enable additions or deletions from the approved list
- To develop a clear concise clause re qualifications to be included in A&D agreements as part of the provider specific terms and conditions
- To develop a discussion paper with qualification pathways for approval by the GMs Planning and Funding and Maori Health

## Strategic Accountability

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The project will be guided by:

- Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) Competencies, 2008
- MoH: Te Tahuhu, Improving Mental Health 2005-2015, The Second NZ Mental Health and Addiction Plan, 2005.
- MoH: Service Delivery for People with Co-existing Mental Health and Addictions Problems: Integrated Solutions, 2010
- MoH: Te Puawaiwhero, The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015
- Midland Region Mental Health and Addiction Needs Assessment Summary Report 2005.
- Midland Region Mental Health and Addictions Strategic Plan 2008-2015.
- Midland Region Mental Health Draft Workforce Development Plan 2008 – 2011
- Treaty of Waitangi
- Midland DHBs District Annual Plans (DAPs)

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## Background

The new National Mental Health and Alcohol and 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 the Drug and Alcohol Practitioners Association Aotearoa New Zealand (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 work force (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 additional 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.

Finally 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.

DAPAANZ has taken the first steps to bring the A&D workforce under the HPCA Act, however this is likely to be a lengthy processes. 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

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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 FTEs type and Planning and Funding need to monitor and enforce contract requirements 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, but 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 have been incorporated into the new service specifications.

District Health Boards 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 have agreed to clarify the qualifications that will be accepted as clinical for alcohol and drug services across Midland. This project will provide the regional clarity required by the Midland DHBs.

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## Approach

- Review work previous completed by Midland DHB Planning and Funding
- Canvas the sector for their views
- Canvas national groups for their views
- Develop a list of qualifications
- Undertake stakeholder consultation
- Gain agreement from Midland Portfolio Managers and Midland Addictions Forum
- Submit to Midland GMS Planning and Funding

## Options Considered

### 1. No nothing

District Health Boards 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.

### 2. Each Midland DHB decided on how to manage the issue locally

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- 3. Await a national directive
  - 4. Undertake a Midland Project

#### Option 4 Undertake Midland project

Clarification of A&D clinical qualifications has been ongoing national issue for the past 5 years and there has been no resolution. It was hoped that the new National Service Specifications would provided guidance but this has not occurred. Such clarification is need if Planning and Funding is to contract for A&D services in a safe and effective manner which recognises the evolving A&D workforce.

Options 1 and 2 would result in the inconsistent service provision and approaches to wash process across Midland. This will result in recruitment and retention issues across Midland DHB services. Currently there is project management resource available within the Midland Regional Mental Health and Addiction service. A Midland approach to this issue would result in better more clinically effective services.

#### The project will include

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The project will recommend to the Midland DHBs a list of qualifications that staff employed in clinical alcohol and other drug positions must have to meet the requirements of clinical across Midland.

The following is considered to be within the scope of this project:

- National documents or directives related to clinical alcohol and drug qualifications
- Requirements of the national specifications and data dictionary
- Existing funder positions as to what qualifications are accepted as clinical for alcohol and other drug services (Midland and other DHBs where relevant)
- Qualifications recognised by the sector for clinical alcohol and drug positions
- Midland Regional Network – Mental Health and Addictions
  - Director
  - Midland Alcohol and other Drug Forum
  - Midland Mental Health and Addictions Portfolio Managers
  - Midland Clinical Leadership group
- Midland GMs Planning and Funding
- Alcohol and other drug providers in Midland
- DAPAANZ regulatory framework
- Nursing and allied health (with appropriate scope of practice)
- Māori qualifications that may be accepted under these clinical addiction positions

#### The project will not include

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The following is considered to be outside the scope of this project:

- Changes to service specifications
  - Changes to wash up process
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**Completion Criteria** The project will be completed once a discussion paper is completed that is agreed to by the Midland Regional Portfolio Managers and Addictions groups.

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**Internal Stakeholders** Midland Portfolio Managers Forum  
Midland Addictions Forum

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**External Stakeholders** Midland Addiction providers who hold clinical positions

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**Implications for Maori** Maori are over-represented in mental health and addictions services. This project will ensure that Te Puawaiwhero is clearly evident in determining a way forward for the Midland region.

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**IM Implications** Improved access to information is required by all parties to ensure a seamless service across the continuum of care is provided and maintained within a real time framework. The regional forums and Midland website will be utilised to convey information to the sector.

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**Resources and Project Structure** The project will be lead by the Project Consultant who is responsible for reviewing the information and the writing an Midland Addictions Qualification for Clinical Positions discussion paper. The Project Consultant reports directly to the Midland Region Director as sponsor for this project.

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**Key milestones and timeline**

Date	Deliverable
	Draft Project Scope to GMs Planning & Funding and GMs Maori Health
	Final Project Scope agreed with Project Consultant
	Project commences
	Consultation is undertaken
	Draft discussion paper is developed and agreed with internal stakeholders
	Final discussion paper is submitted to GMs Planning and Funding and GMs Moari Health

**Project relationships and linkages**

Other projects or initiatives that this project relates to and key contact people that provide liaison:

Project	Contact
Individual DHBs projects relevant to this project	Midland Portfolio Managers

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**Financial Summary**

**One time cost** – Three weeks information review, consultation and 1 week for draft document completion. The project should take no longer than one month (160 hours) to complete

**Ongoing cost** – Nil

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**Budget - TBC**

**Cost Savings**

**Risk  
management**

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**Risks associated with the project.**

**Risk Mitigation**

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| <ol style="list-style-type: none"><li>1. Unable to find a suitable Project Consultant - <b>Medium</b></li><li>2. Project is not delivered with stated timeframes - <b>Medium</b></li><li>3. There is not DHB agreement re qualifications - <b>High</b></li><li>4. Qualifications do not fit the with national direction - <b>Medium</b></li></ol> | <ul style="list-style-type: none"><li>• Canvass Portfolio Managers and Clinical Leaders</li><li>• Midland Regional Director actively manages the project</li><li>• Agreed Communication Plan is developed</li><li>• Midland internal and external stakeholders are fully involved</li></ul> |
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**Risks we are exposed to if we do not proceed with the project.**

- The Midland DHBs continue to have a lack of consistency and definition of clinical qualification for the addictions workforce
- There is no alignment with national, regional and local strategies.

**Quality**

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**Stakeholder Quality Issues**

- That there is sector involvement throughout the project
- That the project manager has:
  - Expertise and standing in the A&D field
  - understands the national service framework and purchasing requirements
  - has knowledge of current A&D training
  - has links with A&D national bodies.

**Stakeholder Quality Expectations**

The following customer's quality expectations have been noted:

- That this is an inclusive process that is conducted with transparency and certainty.
  - That the project deliverables are provided as per the stated time frames
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**Project Opportunities**

The key input section of the national service specifications and tier three specifications for A&D services does not provide sufficient clarification to allow Planning and Funding to accept A&D trained staff including counsellors to be employed against allied health/clinical FTE purchase lines.

The national service specifications for A&D services states that people regulated by DAPAANZ or another health or social service professional body can be employed, however the service specifications do not state which level of DAPAANZ registration is aligned to which purchase unit nor is there clarification as to what is meant by social services professional body.

**Benefits of the project**

1. To recommend to the Midland DHBs what qualifications would be accepted as clinical for alcohol and other drug services in the Midland
2. To establish a list of qualifications for staff employed in clinical alcohol and other drug positions which
  - Confirms how the three levels DAPAANZ fit within the National service specification purchasing framework
  - is agreeable to all five Midland DHB Planning and Funding
  - is aligned to national work in this area
  - is workable and aligned to wash up process.
3. To provide consistency across the Midland DHBs to:
  - The use of national service specifications
  - the clinical expertise of A&D staff
  - the application of wash up processes.
4. Increase visibility of A&D trained workforce as health professionals resulting in effective treatment of service users with A&D issues.
5. To develop a clear concise clause re qualifications to be included in A&D agreements as part of the provider specific terms and conditions

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**Assumptions**

The following assumptions have been noted:

- The project will be funded by Midland Regional Network – Mental Health and Addictions
- The project will be managed by Midland Regional Director
- The project is supported Midland GM Planning and Funding and Maori Health
- The Midland Portfolio Managers Mental Health and Addictions will actively participate in and support the project
- The project deliverables may not align to everyone's views however it will be the best fit to allow for quality service delivery

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**Constraints**

This project is constrained and maybe impacted by the changes that are occurring nationally particularly within the Ministry of Health and National Workforce Centres

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**Communication Plan**

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To be developed by Project Consultant in partnership with key Internal Stakeholder groups.

**Sign-off (signatures required)**

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Project Consultant - TBC

Project Sponsor – Eseta Nonu-Reid

GM Planning & Funding Lakes DHB – Mary Smith

Date