



## Description of Pilot: Expanded Training and Education Options within the ACT ATOD Minimum Qualification Strategy

December 2011

### 1. Description

To undertake a small pilot, which includes an evaluation component, where up to 5 current ACT ATOD workers participate in one unit of post graduate level ATOD education, the outcomes of which will inform the further development of the ACT Minimum Qualification Strategy (MQS) policy.

### 2. Background and context

The ACT ATOD sector has demonstrated a commitment to ongoing professional development through the implementation of an MQS since 2006 as sector-wide policy. The focus of the MQS in its first 5 years of implementation has been on providing Certificate IV level training, with an estimated 70% of the sector reaching the MQS by 2011. As administrators of the MQS, the Alcohol Tobacco and Other Drug Association ACT (ATODA) has engaged with the sector to conduct annual workshops, with support from the National Centre for Education and Training in Addiction (NCETA) in recent years to explore opportunities to expand training and education opportunities. This proposal reflects discussions to date with stakeholders including:

- ACT ATOD CEOs/Executive Directors;
- ACT ATOD Workers Groups;
- Participants of the MQS to date;
- ACT ATOD Minimum Qualification Strategy Development and Implementation Committee;
- Participants of the ACT ATOD Sector Consultation Workshop in March 2011;

For further background information on the MQS, including the existing policy visit [www.atoda.org.au](http://www.atoda.org.au).

### 3. Rationale

The pilot would seek to explore opportunities of expanding the options currently available to workers to reach the MQS, by providing post graduate level ATOD specific education opportunities. This responds to the expressed interest of workers who already have a tertiary level qualification.

If deemed appropriate, relevant unit(s) at a post-graduate level could be added to the qualification strategy (this would mirror training available through the Victorian MQS).

It is acknowledged that there could remain gaps in the MQS and other areas for further development, including Diploma level training and undergraduate units. However, due to the limited capacity of the MQS and ATODA, a staged approach is being undertaken.

## **4. Units Available through the pilot**

### 4.1 Applicable units

Mirrored on the Victorian model, the units that will be undertaken through the trial are:

1. *Perspectives in Drug Use / Introduction to Substance Use & Misuse:* Investigates the social, political and historical contexts of alcohol and other drug use, exploring historical and contemporary aspects of alcohol and other drug use in Australia and internationally.
2. *AOD Treatment, Assessment and Planning / Assessment & Interventions for Substance Misuse:* Covers definition, classification and effects of psychoactive drugs; and how these substances affect the body on both the macro and micro level.

*For the purpose of the pilot; the group of participants will be divided into one of the two units listed above (e.g. 3 participants would undertake unit 1, while 3 students undertake unit 2).*

Broadly, these units mirror the core skills / knowledge base / or competencies that would be gained through the 4 Core Competencies.

### 4.2 How could the units align with the existing MQS?

The potential implementation of these units as an MQS option will be explored throughout the trial. However, it is anticipated that access to the units will provide expanded options for people when undertaking the MQS, rather than act as a required replacement of the current system (e.g. a worker may still opt to undertake the MQS through the current processes available through the streamlined course at the Canberra Institute of Technology).

Irrespective of option chosen, all workers will still require Level 2 First Aid to attain the MQS.

### 4.3 Will a qualification be achieved if the units are successfully completed?

No. These units do not equate to a qualification themselves, but can be used toward graduate level ATOD specific qualifications, such as the Graduate Certificate in ATOD.

Assessing how these units align with specific qualifications is the responsibility of the participant.

## **5. Pilot details**

### 5.1 Who could be eligible to undertake the trial unit?

Workers with a health, social, or behavioural science related tertiary qualification will be eligible to undertake the training. For the pilot, up to 5 workers will be sought to participate. Expressions of interest will be taken by ATODA and have been sought through the eBulletin (December 2011).

### 5.2 How will the pilot be delivered?

Each participating worker will be required complete an application form committing to the terms of the pilot. This includes undertaking an assigned unit in Semester 1, 2012 (as per item 4.1). Each worker will either be assigned to undertake the unit through Turning Point Alcohol and Drug Centre (<http://www.turningpoint.org.au/>) or the University of Queensland (<http://www.uq.edu.au/>).

The units will be delivered online in both instances.

Each worker will be required to enrol through the mainstream delivery of these units; and meet requirements in line with this through the administering organisation's processes and timelines.

### 5.3 Cost and subsidies for pilot participants

Each participating worker will receive a full subsidy to undertake the unit at a value of up to \$1700. If the workers does not successfully complete the unit repayment arrangements will need to be agreed to.

### 5.4 Pilot participant roles in the pilot

Some examples of the roles that participating workers must fulfil include:

- Demonstrate that they are able to successfully complete the unit within the constraints.
- Agree to utilise un-paid personal time to undertake self-directed learning and assessment in line with course requirements (note: agencies are expected to pay participants for 30 hours of training/education per unit as part of MQS requirements). Additional study leave etc would need to be negotiated based on individual Awards etc. View the workload section to clarify what these requirements on a participants private unpaid study will be.
- Agree to undertake the unit online, and understand and meet all requirements in line with this delivery modality.
- Participate in a Working Group of pilot participants to provide feedback, engage in evaluative activities and inform MQS policy development.
- Complete all requirements of the training / education provider to successfully complete the unit.
- Ensure processes are agreed to within their own agency to support their participation.
- Manage their own participation in the unit and all associated requirements.

### 5.6 Technical requirements

Participants must have a working email address and reliable and easily accessible internet access in order to complete course work successfully. Participants may also need a CD-Rom reader to view material for some online courses.

### 5.7 Workload

Each participating worker will be required to undertake 1 unit over one semester (approximately 12 weeks). Postgraduate subjects are designed to require approximately 120 hours per subject incorporating approximately 30 hours of web based learning and 90 hours of private study (reading, library searches, self-directed learning, exercises, assignment preparation).

Assessments can include essays, journal reviews, exams and case studies for example.

(note: agencies are expected to pay participants for 30 hours of training/education per unit as part of MQS requirements). Additional study leave etc would need to be negotiated based on individual Awards, and is not a condition of participating in the pilot.

### 5.8 Agencies roles in supporting pilot participants

As part of agencies' commitment to a continuous learning culture, the Health Directorate expects:

- That subsidies for training and assessment places through the pilot will be available to agencies who pay their workers to participate. Paid training / education time must be made available for 30 hours [2.5 hours per week over 12 weeks] in the identified time period as a pilot requirement (above any other negotiated study leave etc). Additional study leave etc would need to be negotiated based on individual Awards, and is not a condition of participating in the pilot.
- Backfill costs where incurred by ATOD services for workers participating in the MQS to be met from within ATOD services operational budgets.

## **6. Actions and timeframes for the pilot**

<b>Action</b>	<b>Timeframe</b>
Develop the proposal (this document)	October 2011
Seek feedback on this proposal from the Health Directorate, as funders of the ACT ATOD MQS.	December 2011
Seek feedback on this proposal from ACT ATOD sector.	December 2011
Develop information package for the pilot, including relevant forms and distribute to workers who have expressed interest.	December 2011

Promote the pilot to the sector	December 2011
Finalise participant details and commence enrolment processes.	December 2011 – January 2012
Pilot participants to enrol in units	January – February 2012
Pilot participants to undertake online unit.	February – May 2012 (semester dates TBC)
Determine evaluative processes to inform MQS policy development.	April 2012

## **7. Governance**

The existing governance structures that oversee the MQS will support the pilot. This includes the Working Group of pilot participants and the ACT ATOD MQS Implementation and Development Committee.

## **8. Further information**

For more information contact a member of the ATODA Team:

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