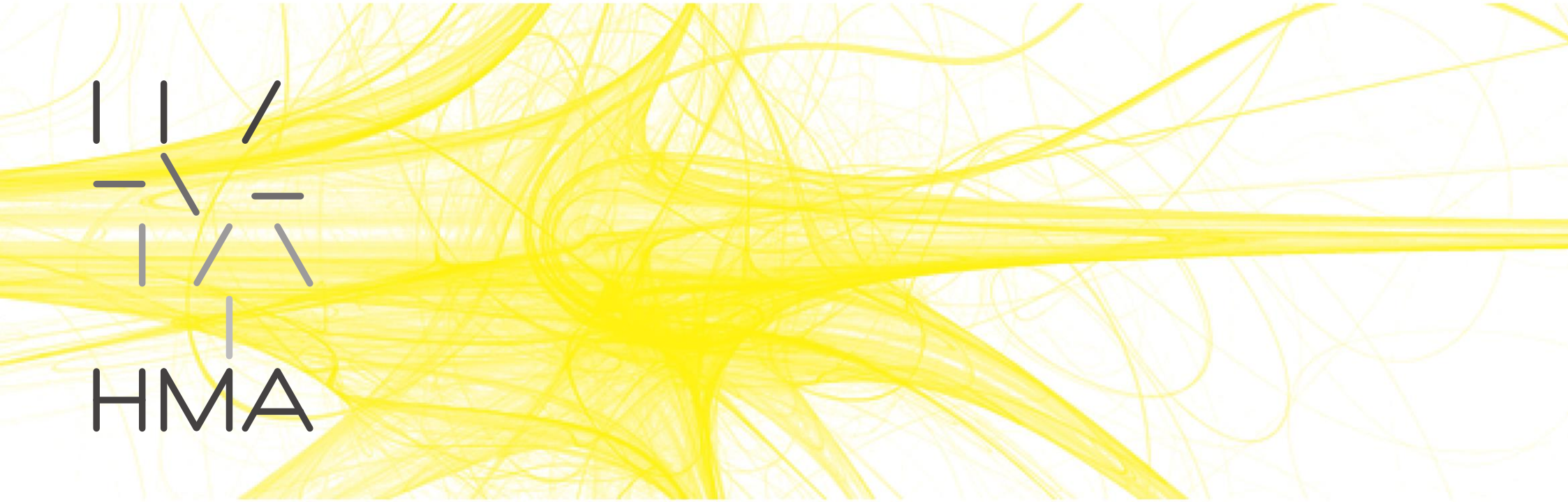
HMA

DEPARTMENT OF VETERANS' AFFAIRS

Review of DVA Online Professional Development Requirements and Incentives

FINAL REPORT

04 DECEMBER 2018



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ABBREVIATIONS

AASW	Australian Association of Social Workers
ACMHN	Australian College of Mental Health Nurses
ACA	Australian Chiropractors Association
ACPA	Australian Clinical Psychology Association
AHPA	Allied Health Professions Australia
AHPRA	Australian Health Practitioner Regulation Agency
APS	Australian Psychological Society
CPD	Continuing Professional Development
CPR	Cardiopulmonary resuscitation
DAA	Dieticians Association of Australia
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
ESSA	Exercise & Sports Science Australia
GP	General Practitioner
HMA	Healthcare Management Advisors
MBS	Medicare Benefits Schedule
MHPN	Mental Health Professionals Network
NASRHP	National Alliance of Self-Regulating Health Professions
OPTSC	Online Provider Training Steering Committee
OTA	Occupational Therapy Australia
PBA	Psychology Board of Australia
PTSD	Posttraumatic Stress Disorder
PPF	Professional Performance Framework
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australia and New Zealand College of Psychiatrists
The Committee	Senate Standing Committee on Foreign Affairs, Defence & Trade
VVCS	Veterans and Veterans Families Counselling Service (Note, VVCS changed its name to *Open Arms – Veterans and Families Counselling* in October 2018)

EXECUTIVE SUMMARY

BACKGROUND

The Department of Veterans' Affairs (DVA) engaged Healthcare Management Advisors (HMA) to review DVA's online professional development offerings for health professionals treating veterans, report on findings and provide recommendations for future activity.

This review was prompted by recommendations made within the Senate Standing Committee on Foreign Affairs, Defence and Trade (Committee) inquiry into suicide by veterans and ex-service personnel, published in August 2017, *The Constant Battle: Suicide by Veterans*. The Senate Inquiry recommended:

> *...the Australian Government review the enhancement of veteran-specific online training programs intended for mental health professionals. In particular:*
>
> - *requirements for providers to undertake training; and*
> - *the introduction of incentives for undertaking online training and demonstrating outcomes in clinical practice.*
>
> *Senate Inquiry: Recommendation 4, 2017*

The objectives of the review were to:

- determine the effectiveness of DVA compliance **requirements** and professional development **incentives** for health professionals working with DVA clients and compare to best practice
- ascertain the needs and requirements of relevant stakeholders in relation to ongoing professional development opportunities, and identify barriers and enablers to professional development uptake, and
- make recommendations that will improve DVA's requirements and incentives structure for online training to ensure veteran-specific professional expertise is kept current.

CONTEXT

It is important for health professionals treating veterans or their family members to understand the types of mental health conditions likely to be present, the causative nature of these conditions and to be informed on the current best practice in treatment of the mental health conditions.

Professional development programs are accessed by health professionals as part of their registration requirements. These programs are used by health professionals to improve knowledge in various areas of healthcare, including treatment of military personnel, veterans and their families.

KEY FINDINGS FROM THE REVIEW

The review found that:

- DVA online professional development programs were poorly marketed.
  - Most peak bodies and health professionals had not heard of the programs.
- Some DVA online professional development programs were not endorsed by peak bodies, despite being eligible for endorsement with many of those that were consulted.
- Mandatory professional development was not an appropriate approach for increasing knowledge via online professional development programs.

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  - However, DVA has accountability to monitor mandatory professional development programs where it has a financial relationship with an individual provider for the provision of service in an area.
- Monitoring of internal or external professional development programs was not a feasible option for most organisations, due to the extensive resource and infrastructure requirements to implement.
  - However, DVA has accountability to monitor completions of their professional development programs, to evaluate effectiveness.
- Key factors in encouraging health professionals to complete professional development included: ensuring that content was applicable to health professionals' scope of practice, committing to currency of information, peak body endorsement, and providing health professionals with evidence of CPD hours/points upon completion (i.e. certificates of completion). No single incentive was of standout importance.
- Certificates of completion were an important consideration for health professionals when choosing what online professional development activities to complete.
- DVA needs to work with peak bodies to develop future online professional development programs.
  - Ideally this process should involve use of a formal design framework to understand potential design impacts on program outcomes.
- There is a need for some form of recognition process related to expertise/experience of clinicians in veterans' care.

RECOMMENDATIONS

Based on the review findings, HMA identified thirteen recommendations for improvement of current and future DVA online professional development programs.

These recommendations aim to increase the knowledge of health professionals, and in turn increase the provision of appropriate care to currently serving military personnel, veterans, and their families with mental and other health conditions. A summary of review recommendations is included in Table ES.1.

Table ES.1: Summary of review recommendations

SUMMARY OF RECOMMENDATIONS	
Recommendation 1:	Explicitly describe the target professions and specific benefits to each target profession in all marketing material developed to support and deliver DVA online programs.
Recommendation 2:	The general preference is to avoid specifying mandatory completion of online professional development programs.
Recommendation 3:	DVA has an obligation to monitor actual completion of a mandatory requirement specified by the department where it has a financial relationship with an individual provider for the provision of service in an area, and that service should be at some minimum level specified in the professional development program.
Recommendation 4:	Work with peak bodies and veteran's representative groups to develop or update existing professional development programs to ensure their appeal to health professionals and relevance to veterans' needs.
Recommendation 5:	Monitor up-take, completions and standards of completion for online professional development programs developed by DVA for program evaluation purposes.
Recommendation 6:	Incentives should not be viewed as a 'quick fix' to increasing participation in professional development programs. Both requirements and incentives should be

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	considered holistically when considering modifications to existing programs or design of future programs.
Recommendation 7:	DVA should continue providing certificates of completion for all current and future professional development programs.
Recommendation 8:	The department program areas should work with peak bodies to obtain endorsement of DVA online professional development programs.
Recommendation 9:	Explore the option of developing a recognition framework for individuals who have completed DVA online professional development programs.
Recommendation 10:	Explore the option of incorporating DVA online professional development programs into existing or future recognition frameworks offered by other organisations (*e.g.* peak bodies or other health professional representative groups).
Recommendation 11:	Marketing of DVA online professional development programs should include information emphasising that the programs are free.
Recommendation 12:	Develop a marketing plan for all DVA online professional development programs.
Recommendation 13:	Consider the use of a design framework to inform the development of new online professional development programs

- make recommendations that will improve DVA's requirements and incentives structure for online training to ensure veteran-specific professional expertise is kept current.

Definitions

Examples of compliance **requirements** include, but are not limited to, the following:

- type of health professionals that are targeted for the training
- consideration of which professionals should be targeted, noting stepped-care models of treatment
- mandatory/optional nature of training
- knowledge requirements for treating veterans or specialising in veteran's care
- developing a mechanism to monitor evidence of completion by individual professionals, and
- ensuring the training is completed by professionals to a satisfactory standard.

Examples of professional development **incentives** include, but are not limited to, the following:

- continuing professional development (CPD) points
- certificate of completion
- program endorsement
- financial incentives, and
- recognition-based incentives.

1.1.2 Project Scope

The review focused on programs targeting mental health professionals and the development needs of other health professionals providing services to veterans. The scope of the review was to:

- analyse DVA's six existing online mental health programs targeting health professionals to assess the appropriateness of the requirements and incentives. The six online professional development programs in-scope of the review are:
  - VetAWARE
  - Understanding the Military Experience
  - Case Formulation
  - Working with Veterans with Mental Health Problems (GP specific)
  - PTSD – Psychological Interventions Program, and
  - the VVCS Practitioners Guide.
- consider the broader context of DVA professional development activities as a whole
- consider the professional development needs of mental health professionals and other health professionals that treat DVA clients. In-scope health professionals may be contracted by DVA directly (i.e. Open Arms clinicians) or indirectly (i.e. clinicians who treat patients with DVA Gold or White cards).

1.2 METHODOLOGY

The method used to undertake the review occurred in six stages, as follows:

(1) **Project initiation** to confirm the approach to be applied and ensure a common understanding of project scope, deliverables and timelines. This was used to prepare a detailed project plan.

(2) **Environmental scan** that sought to set the context of the review. It included:
   (a) analysis of the in-scope online training programs
   (b) scan of relevant peer-reviewed and grey literature on best practice relating to requirements and online incentives.

(3) **Consultation with key stakeholders** on requirements for health professional registration and ongoing professional development, current practices and typical incentives used across the sector. Consultations were conducted with DVA executives including Open Arms (previously named VVCS) management, 14 health professional peak bodies and registration boards, two ex-service organisations (ESOs) and Department of Defence (Defence) clinicians. Further details of the consultation process are available in Chapter 5 of the Technical Paper.

(4) **Survey of health professionals** to measure the effectiveness of compliance requirements and incentives to undertake the in-scope DVA online training. There were 279 survey responses from a variety of health professionals, including psychologists, clinical psychologists, GPs and allied health professionals. Further details on the survey responses are available in Chapter 6 of the Technical Paper.

(5) **Options analysis workshop** with the Online Provider Training Steering Committee (OPTSC) to consider DVA practices against best practice and typical practice across the sector.

(6) **Formulation of recommendations** to improve DVA's requirements and incentives structure for online training programs.

Further details on the review method are available in Chapters 3, 5, 6 and 7 of the Technical Paper.

1.3 PURPOSE OF THIS DOCUMENT

This document (the draft report) synthesises the findings from the review process. It makes recommendations to improve DVA's requirements and incentives structure. This will ensure currency of veteran-specific expertise among health professionals, including mental health professionals.

1.4 DOCUMENT STRUCTURE

This document is structured as follows:

Part A: Context

- **Chapter 1:** Introduction
- **Chapter 2:** Environmental context

Part B: Review findings, evidence and recommendations

- **Chapter 3:** Compliance requirements
- **Chapter 4:** Incentives for online professional development
- **Chapter 5:** Other learnings
- **Chapter 6:** References

2 ENVIRONMENTAL CONTEXT

2.1 TREATING VETERANS – WHAT DO HEALTH PROFESSIONALS NEED TO KNOW?

There are many health conditions that veterans may experience as a result of military service. In treating veterans, it can be useful for health professionals to understand the nature of military service and types of health conditions that can result from service in the ADF. Common conditions experienced by veterans due to their service include tinnitus or hearing loss; asthma-like symptoms; bowel disorders; joint pain or other chronic pain; and trauma and poor mental health. Common mental health disorders experienced by veterans include:

- PTSD
- sleep disorders
- depression
- alcohol and other substance use disorders, and
- anxiety disorders [1] [2] [3] [4].

It is important for health professionals treating veterans or their family members to understand the types of mental health conditions likely to be present, the causative nature of these conditions and to be informed on the current best practice in treatment of these mental health conditions.

It is important for health professionals to understand the unique circumstances and mental health issues of the veteran population, in comparison to the general population. The Senate inquiry noted that some health professionals felt they lacked the experience and skillset to work with current-serving ADF personnel and veterans [5].

This report focuses on an assumption that health professionals with expertise or experience in treating veterans provide a higher quality of care. If there are two professionals with similar expertise in a mental health condition, then the individual with superior knowledge of veteran care would be preferred. However, it is important to note that expertise in treating specific mental health disorders is what is most likely to result in superior care. Although it is not the focus of this report, there is clear importance of clinical expertise in the mental health condition and therapeutic alliance in addition to military knowledge.

2.2 HEALTH PROFESSIONALS AND PROFESSIONAL DEVELOPMENT

To ensure public health and safety, suitably trained and qualified health practitioners must be registered to practice within the scope of their profession with the Australian Health Practitioner Regulation Agency (APHRA) or their Professional Registration Board. Boards are responsible for registering health professionals and students and setting requirements for their workforce to undertake continuing professional development.

Health professions likely to treat veterans were included in the scope of the review, as follows:

- General practice
- Psychiatry
- Psychology
- Social work (specialising in mental health)
- Nursing

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- Pharmacy
- Physiotherapy
- Occupational therapy
- Chiropractic
- Dentistry
- Exercise physiology
- Audiology.[1]

Defence clinicians (i.e. employees and contractors) were considered as part of this review. The strong relationship between DVA and Defence meant that some programs were completed by Defence clinicians, but the separate governance of each organisation, and the disparate nature of employment and training, meant that the review focussed on DVA and the needs of its associated health professionals.

To maintain registration, health professionals must comply with the registration requirements of their relevant boards which typically include maintaining professional indemnity insurance, current first aid and cardio-pulmonary resuscitation (CPR) certificates and prescribed continuing professional development (CPD) requirements.

CPD needs differ for each health profession and are published in the Codes and Guidelines by each National Board for AHPRA-registered practitioners. In addition, peak bodies for health professions not registered under AHPRA (e.g. social workers, audiologists, exercise physiologists) publish requirements in line with the National Alliance of Self-Regulating Health Professions (NASRHP). These are comparable to standards managed by AHPRA.

For medical practitioners, the Medical Board sets minimum registration standards for CPD. However, the standards explain that medical practitioners who are members or fellows of an accredited college must meet the CPD requirements of the college. The relevant colleges for medical practitioners within scope of this review are:

- General Practice: Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP), and
- Australian College of Rural and Remote Medicine (ACRRM)]

Table 2.1 summarises the CPD requirements set by health professional boards, peak bodies and colleges for maintained registration. For all in-scope profession types, online training can contribute to an individual's CPD target.

Impact of Professional Performance Framework

The Medical Board has developed a Professional Performance Framework (PPF), to ensure that medical practitioners practise competently and ethically throughout their working lives [6]. The Medical Board is currently in the process of implementing the PPF, which consists of five pillars. The first pillar is *Strengthened Continuing Professional Development*, and advises that all doctors will:

- have a CPD home and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base their CPD on a personal professional development plan
- do at least 50 hours of CPD per year, that includes a mix of:
  - reviewing performance
  - measuring outcomes, and
  - educational activities.

The lead-up to development of the Framework indicates there will be an increased focus on professional development activities for medical practitioners in the future. It will be important for DVA recognise the implementation of the PPF as a time of change in regard to CPD requirements for medical practitioners. This has potential implications on DVA online professional development activities and could influence the attitude of other professional groups to online CPD.

[1] *Note: All professional boards are registered with APRHA, with the exception of social work, exercise physiology and audiology.*

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Table 2.1: Summary of annual CPD requirements by health professional type

Profession	APRHA Registered Board / Relevant Peak Body [where there is no APRHA board]	Required volume of CPD per annum and characteristics
General practitioner	RACGP, ACRRM	**50 hours**
		130 points (RACGP, allocated to specific activities based on content and length) **100 points (ACRRM, allocated to specific activities based on content and length)**
Psychiatrist	RANZCP	**50 hours.** This must include: • a Professional Development Plan (maximum of five hours) • 10 hours of peer reviewed activities • five hours of practice development, quality improvement and review activities, and • 25 hours of self-guided learning activities (including online learning). An additional 5 hours of CPD can be completed from any of the above categories.
Psychologist	Psychology Board	**30 hours** • At least 10 of these hours must be by peer consultation. • In addiiton, an individual learning plan must be completed.
Mental health social worker	Australian Association of Social Workers	**50 hours** This must include: • 10 hours supervision • 30 hours skills and knowledge (including online professional development) • 20 hours relevant to mental health practice, and 10 hours relevant to focused psychological strategies • Five hours professional identity An additional 5 hours of CPD can be completed from any of the above categories.
Nurse	Nursing and Midwifery Board	**20 hours**

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Profession	APRHA Registered Board / Relevant Peak Body [where there is no APRHA board]	Required volume of CPD per annum and characteristics
Pharmacist	Pharmacy Board	**40 credits** CPD activities can be accredited or non-accredited, and should be spread across three groups: • Group 1: information accessed without assessment (maximum 20 credits – one CPD credit accrued per hour of activity) • Group 2: knowledge or skills improved with assessment, including online professional development (two CPD credits accrued per hour of activity), and • Group 3: quality or practice-improvement facilitated (three CPD credits accrued per hour of activity).
Physiotherapist	Physiotherapy Board	**20 hours** CPD can consist of *formal* (including online professional development) and *informal* learning activities.
Occupational therapist	Occupational Therapy Board	**30 hours** Activities must be undertaken from two or more of the following three categories: • Formal learning activities (including online learning that includes an examination, assessment or certificate evidencing learning outcomes): maximum 25 hours • Informal learning activities: maximum 25 hours • Engagement with the profession: maximum 10 hours.
Chiropractor	Chiropractic Board	**25 hours** Fifty per cent or more must be form *formal* learning activities (including online professional development), with the remainder to be completed as *informal* learning activities
Dental practitioner	Dental Board	**60 hours** • a minimum of 48 hours (80 per cent) must be spent on clinically or scientifically-based activities, and • a maximum of 12 hours (20 per cent) can be spent on non-scientific activities.
Exercise physiologist	Exercise and Sports Science Australia	**20 points**
Audiologist	Audiology Australia	**20 points** CPD points must be achieved across three categories, as follows: • Development through listening to others (minimum of six points) • Development through active participation in guided activities (minimum of three points), and • Development through self-guided activities (minimum of three points). In addition, audiologists must gain 4 points of *knowledge* and 4 points of *skills*.

2.3 DVA ONLINE PROGRAMS FOR HEALTH PROFESSIONALS

To assist health professionals in their treatment of veterans, DVA has produced six online training programs designed for either specific health professionals (e.g. GPs or community nurses), or more broadly for a wide spectrum of health professionals.

A summary of the in-scope training course requirements (e.g. target audience, experience level, mandatory status) and incentives (e.g. CPD, completion certificate) is provided in Table 2.2.

Table 2.2: Key features of DVA online professional development programs in scope for the review

Program	Length	Target health professions	Learning objective	Experience of health professionals	Assessment included	Mandatory	CPD endorsed	Completion certificate available
VetAWARE	5 hours multiple sittings	DVA-contracted community nurses	Realities of military service, health issues of veterans	All	Yes	No Recommended for community nurses providing care to veterans under the DVA Community Nursing Program, but completion is not enforced.	**Yes** – The Australian College of Nursing	Yes
Understanding the military experience	2 hours multiple sittings	• Primary mental health care providers: GPs, psychiatrists • Secondary mental health providers: psychologists, mental health social workers, mental health occupational therapists	Realities of military service, health issues of veterans, self-care for professionals	Less experienced	Yes	No	**Yes** – RACGP	No
Case formulation	3 hours multiple sittings	Psychologists, social workers, other allied health professionals	Treatment strategies	More experienced	Yes	No	No	No

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Program	Length	Target health professions	Learning objective	Experience of health professionals	Assessment included	Mandatory	CPD endorsed	Completion certificate available
Working with veterans with mental health problems	1 hour	GPs	Realities of military service, health issues of veterans, treatment strategies	All	Yes	No	No	Automatically entered into RACGP CPD system at completion
PTSD: Psychological interventions program	4-6 hours multiple sittings	All mental health professionals	Realities of military service, treatment strategies	More experienced	Yes	No	No	Yes
VVCS practitioner's guide	1 hour	Open Arms clinicians and outreach providers likely to include psychologists and social workers	Realities of military service, health issues of veterans, treatment strategies	Less experienced	Yes	No Recommended for Open Arms staff and contracted health professionals, but completion is not enforced.	No	Yes

2.4 OTHER INCENTIVES FOR PROFESSIONAL DEVELOPMENT PROGRAMS

CPD points / hours and completion certificates are common incentives used by training program providers, including DVA. Other incentives offered to encourage health professionals' participation include financial incentives and accreditation incentives.

2.4.1 Financial incentives

Financial incentives for professional development programs are common in many industries, including health, education and engineering [6]. In the health industry, provision of financial incentives is not by direct cash payments, but via a financial proxy, such as increased access to additional Medicare Benefits Schedule (MBS) items for GPs, or a professional development allowance for nurses.

Financial incentives are not currently provided to health professionals for completing DVA online programs. However, the programs are offered at no cost to the health professional which can be viewed as a positive financial incentive.

2.4.2 Recognition-based incentives

Some health professionals can choose to specialise in certain interest areas. For example, the RACGP recognises the additional interest and expertise held by general practitioners across 29 specific subject areas such as mental health, aged care, disability, sport and exercise medicine and sexual health medicine.

Likewise, the Australian Psychological Society (APS) offers a selection of Practice Certificate programs aimed to consolidate practitioner knowledge in purpose- or context-specific practice areas. Practice Certificates (which take approximately 28 hours to complete) enable practitioners to show they have obtained extended knowledge in the specific topic.

DVA does not currently offer practice certificates for veterans' health, nor does it have any specialist interest accreditation with colleges or peak bodies such as the RACGP. This is an area that could be further explored by DVA.

PART B

REVIEW FINDINGS, EVIDENCE AND RECOMMENDATIONS

3 COMPLIANCE REQUIREMENTS

3.1 OVERVIEW

This chapter outlines the review findings and associated recommendations about compliance requirements for online professional development programs in the health area, including how they apply to DVA programs. In presenting our findings we refer to the four main evidentiary sources described in Chapter 1.

- the literature scan,
- consultations with key stakeholders (i.e. peak bodies and boards, ESOs, DVA and Defence clinicians,
- the workshop with the Online Provider Training Steering Committee (OPTSC), and
- the survey of health professionals.

3.2 DIFFERENT APPROACHES TO TARGETING HEALTH PROFESSIONALS

The literature scan found that different approaches could be effective in targeting health professionals for professional development. Some studies indicated that professional development programs could be more effective when delivered to target more than one health profession [7]. However, other studies found that by developing programs targeted at individuals with specific levels of knowledge or experience in a particular health area, organisations were able to ensure a broader reach of their professional development programs [8].

The consultations found that the approach to targeting varied; different approaches were used to target health professionals, often depending on the aims of the specific program.

Some organisations (e.g. Exercise and Sports Scientists Australia (ESSA) commented on the need to target specific groups of health professions, noting that their professional members tend to seek out programs directly relevant to their current scope of practice.

Conversely, casting a 'broad brush' approach to target multiple professions was a targeting method used by other organisations not associated with a single profession. For example, the Mental Health Professionals Network (MHPN) said:

> *"(we) pitch across a horizontal segment. Targeting a broad range of professionals is important, especially in relation to multi-disciplinary learning. However, what's most important is making the programs appealing for individual professions."*

The OPTSC acknowledged that the targeting strategy used by professional development programs should reflect specific aims. For example, programs such as *Understanding the Military Experience* were targeted more broadly; programs such as *Case Formulation* had a narrower target scope. The OPTSC recognised the value of working with peak bodies, or the broader health sector representative bodies where relevant, to identify those online professional development needs.

Finding 1: existing online professional development programs could be targeted to both specific and broader groups of health professionals. The key factor in deciding how to target the programs was an investment in understanding the needs of the health professionals and aims of the programs to be targeted.

Feedback from peak bodies indicated that a lack of profession-specific information in the DVA program descriptions was a major barrier preventing individuals from completing the programs. This point was reaffirmed in comments from the health professionals survey, where individuals felt that there was a lack of information around

the profession-specific benefits of completing DVA programs. The Australian Clinical Psychology Association (ACPA) commented:

> *"there is a wide group of clinical psychologists who would be interested in treating veterans, and the programs need to be marketed to reflect the profession-specific benefits they will receive from completing (the professional development."*

The OPTSC suggested that DVA program areas, in consultation with the health sector representative organisations, should also identify how a professional development programs will improve a participant's practice.

Finding 2: DVA programs lacked information on the profession-specific benefits of undertaking the professional development activities. DVA program areas should consider explicitly stating the relevance of each program to the targeted health professionals.

Recommendations

The review found that many aspects of the programs were appealing to health professionals, including the program content, the online nature of programs, the availability of programs to individuals free of charge, and the desire for health professionals to improve their understanding of treatments for veterans. However, there is still scope to improve that attractiveness from a descriptive perspective.

RECOMMENDATION 1: Explicitly describe the target professions and specific benefits to each target profession in all marketing material developed to support and deliver DVA online programs.

Next steps

DVA should ensure that the target professions for all existing program are explicitly stated in the program information promoting the program (such as the program descriptions on the *AtEase* website).

In addition, the online program descriptions should identify the specific benefit to each profession targeted by the program, addressing the skills or knowledge of the target health professional.

3.3 MANDATORY OR OPTIONAL PROFESSIONAL DEVELOPMENT

Limitations of a mandatory approach

The review of current research suggested mandatory requirements for professional development programs were not an effective requirement for increasing knowledge. Imposing such conditions does not address the underlying drivers of what stimulates a clinician to change their awareness of an issue - the level of motivation of an individual and a personal desire to improve their clinical competence [9].This view was reflected in comments by RACGP, whose representative said:

> *"A mandatory approach never works…. Everything has to be based around areas of interest and needs to avoid whole piles of things GPs have to do."*

A further limitation of specifying mandatory requirements is the need to monitor compliance. This was not attractive to peak bodies because monitoring compliance with mandatory requirements was seen as a potentially resource intensive activity.

Mandatory status of online health professional development programs - status

No Australian Health Practitioner Regulation Agency (AHPRA)-associated health professional boards defined any type of mandatory professional development.

The project identified only one in-scope peak body that had introduced mandatory professional development for its members. This was ESSA, whose members provide rehabilitation services for DVA clients. ESSA used a range of professional development strategies to encourage members to complete specific programs. For new members (usually recent graduates) ESSA introduced a mandatory online professional

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development module based around compliance with Medicare and DVA billing standards and administration. ESSA monitors completion of this module, explaining:

> *"New members get four months to complete the compliance module. If it's not completed, we can suspend accreditation. In addition, completion of the module attracts CPD points. We use a carrot and stick approach."*

The mandatory professional development program implemented by ESSA was successful, with administrative billing errors significantly reduced after introduction of the program.

The online professional development programs *The VVCS Practitioners Guide* and *Understanding the Military Experience* were the only DVA program in scope of this review described as 'mandatory'. The programs are mandatory for employees of Open Arms providing clinical services, and DVA rehabilitation providers, respectively. However, completion of this requirement was not checked by DVA program staff (i.e. there was no follow-up activity to establish if a practitioner had completed the course).

Although Open Arms staff do not verify the completion of *The VVCS Practitioners Guide*, the program areas said they would like to consider more active monitoring of completion. They also noted that a lack of resourcing restricts capacity to verify mandatory program completion.

The OPTSC noted that recent literature, supported by feedback from peak bodies on their preferred approach, was not in favour of making specific courses as a mandatory professional development requirement across a profession as a whole. The OPTSC also noted advice that monitoring of individual completions of programs was time-consuming. The OPTSC felt that the need to monitor actual completion of a mandatory requirement specified by the department was greater where DVA had a financial relationship with an individual provider for the provision of service in that area to a particular standard e.g. the Open Arms requirement in relation to *The VVCS Practitioners Guide*.

The OPTSC considered that monitoring completion of professional development activities where they were required for a particular profession (e.g. exercise physiologists) was not the role of DVA.

Finding 3: No AHPRA associated boards have specified mandatory professional development requirements. Only one peak body that was consulted (ESSA) had implemented a limited mandatory professional development requirement.

Finding 4: There were two DVA online mental health program that had an associated mandatory requirement – the Open Arms condition that service providers complete *The VVCS Practitioners Guide* online module and *Understanding the Military Experience* for rehabilitation providers. This, was considered appropriate because of the expectations that service providers have a financial relationship with the department to deliver services at the standard specified in the module.

Recommendations

Based on the observations presented around mandatory versus optional professional development, the project recommends that:

RECOMMENDATION 2: The general preference is to avoid specifying mandatory completion of online professional development programs.

RECOMMENDATION 3: DVA has an obligation to monitor actual completion of a mandatory requirement specified by the department where it has a financial relationship with an individual provider for the provision of service in an area, and that service should be at some minimum level specified in the professional development program.

Next steps

When considering new online professional development programs, design and content development staff should note:

- the general preference to avoid mandatory completion requirements

- only consider mandatory completion specifications where DVA has a financial relationship with a service provider and propose to specify minimum standards at which that service is provided, consistent with content in the professional development programs e.g. Open Arms requirements in relation to *The VVCS Practitioners Guide* and *Understanding the Military Experience* for rehabilitation providers.
- program resources should be allocated to monitor completion of mandatory professional development programs if and when they are implemented.

3.4 VETERAN-CENTRIC KNOWLEDGE REQUIREMENTS

Knowledge requirements were identified as an important consideration in the design of professional development activities. The consultation process found that most organisations used online professional development programs to target a broad understanding of an issue, as opposed to a narrow, specific understanding of a specialist area of practice. For example, the ACMHN provided online professional development in areas such as chronic disease and primary mental health.

However, there were exceptions to this approach; some organisations used professional development programs as an opportunity to increase understanding in specific areas of interest for the profession. For example, programs offered by RACGP were developed with an understanding that GPs seeking additional training in an area in which they were experienced would self-select to these programs. Similarly, the Australian Association of Social Workers (AASW) provided additional online professional development activities for individuals who were accredited as specialist social workers, explaining:

> *"We want to support and develop a new range of clinically credentialed specialists in the field. To do this, we provide additional supports, such as online professional development activities."*

Individuals responding to the health professional survey confirmed the importance of specifying the knowledge gained from completion of professional development programs. Most respondents described the content of the professional development programs as the most important factor in encouraging them to complete professional development programs (23% of a ranked weighted score).

As part of their strategic plan, the AASW aimed to provide professional development activities for individuals across a wide range of knowledge and experience levels. It was especially important for organisations to consult with their members to understand what professional development activities their membership would like to see developed in the future.

Finding 5: knowledge requirements (i.e. broad versus narrow) differed by professional development program type. How the knowledge requirements related to the program aim was the most important consideration from the perspective of professional online program end-users.

The OPTSC acknowledged the link between knowledge requirements and content of the current programs. The OPTSC noted there was a need to increase all health professional's basic understanding of veteran's care.

The OPTSC acknowledged the potential benefit of engaging with health professionals and peak bodies to identify their members' knowledge requirements about veterans' health.

Finding 6: Peak bodies and consumer organisations are an important point of engagement that should be considered by DVA program areas when designing or seeking feedback about online programs.

Recommendations

The specific content of each DVA online professional development program was out of scope for this review. However, the importance of understanding the needs of health professionals, in terms of topics covered and knowledge requirements for DVA professional development programs was emphasised by peak bodies and health professionals.

It was unclear what level of interaction with peak bodies, health professionals and veterans representatives had occurred in the development of current DVA professional development programs. However, no peak bodies consulted during the project reported having been engaged by DVA program staff around the design of the current professional development programs.

RECOMMENDATION 4: Work with peak bodies and veteran's representative groups to develop or update existing professional development programs to ensure their appeal to health professionals and relevance to veterans' needs.

Next steps

When consulting with peak provider representative bodies about online program design and content, consideration should be given to:

- what aspects of veteran healthcare are important for each profession
- the current level of understanding of veterans' healthcare for each profession, and how this impacts delivery of healthcare to veterans
- how service providers access professional development programs, and
- aspects of professional development programs that are important to health professionals (e.g. certificates of completion, length of programs).

In addition, DVA should work with veteran's representative groups to understand:

- what aspects of treatment and support, by profession type, are important to veterans and their families
- examples of poor practice, by profession, experienced by veterans and their families, and
- how a health professional's knowledge of the veteran experience impacts on the treatment of veterans and their families.

3.5 MONITORING COMPLETION OF PROFESSIONAL DEVELOPMENT

The project literature scan identified several mechanisms that organisations used to monitor completion of professional development programs. For example, peak-body-developed online study portals provided web-site generated information on the types of individuals completing programs (e.g. level of experience in the profession, time spent on modules, assessment scores) [10].

However, some professional development activities completed by health professionals were completed through non-peak body organisations websites. Health professionals that completed this training were responsible for claiming their own professional development as part of their CPD requirements. While peak bodies often understood the amount of CPD completed by their members due to self-reporting, the specific types of specific programs were not routinely monitored [11].

3.5.1 Monitoring program online program completion by boards / self-regulating peak bodies

No peak bodies consulted by the project monitored completion of internal professional development for their members. Their general view was that it was the role of health professional boards to monitor professional development requirements. Allied Health Professions Australia (AHPA) said:

> *"As long as health professionals meet the requirements of their individual boards, that satisfies the professional development requirements for our organisation."*

Boards within the project scope did not monitor the completion of professional development programs unless individuals were audited. Most boards or self-regulating organisations audited the professional development activities of five percent of their members per year. As long as members had some form of evidence (e.g. certificate of completion, email of acceptance into a program) this satisfied their requirements. The Psychology Board of Australia (PBA) said:

"There's no real monitoring of programs that members actually do because that is not the purpose that the CPD records …. The aim of [our] regulation is to be the least restrictive force."

The PBA further explained that there was no internal mechanism to enable monitoring of professional development completed by its registrants, nor was this of interest to the organisation.

Finding 7: peak bodies and boards did not routinely monitor completion of professional development program completion. Boards / self-regulating peak bodies that were consulted during the project were not concerned with the types of programs their registrants completed, as long as the individual provided assurance they had met the guidelines set by the health professional board or self-regulating authority. Organisations reported a lack of resources to monitor completion of professional development programs.

3.5.2 Organisational monitoring of online program completion

No consulted organisations employing or contracting service providers monitored completion or standards of completion for externally-developed professional development programs. However, some peak bodies introduced online systems to enable members to register their professional development activities, for ease of reporting, such as ACRRM, Dieticians Association of Australia (DAA) and OTA. ACRRM commented:

"We have a record of the professional development completed, including courses not formally accredited by the College. We offer this as a service to our members, and we report to the Department on specific activities completed that may attract extra revenue for our members (e.g. Mental Health Skills Training)."

Some organisations noted that they informally knew what external professional development programs their members had completed, especially when these were paid for by the organisation. Defence commented:

"Individuals will meet with their clinical supervisors or managers and discuss professional development goals. We would know when they complete funded programs, and most of the other programs, but there isn't a formal record of external courses."

Open Arms noted that monitoring of professional development for their employees or contractors could be something that the organisation would like to implement. However, the lack of infrastructure to monitor external programs was a barrier to implementation this process.

Finding 8: some organisations were interested in identifying what professional development programs their employees or contractors had completed. A lack of infrastructure to monitor external professional development programs was a barrier. Furthermore, it is difficult for organisations to obtain professional development program data from external organisations.

3.5.3 Monitoring standards of completion

Of the organisations that were consulted, none monitored the standards of completion for professional development programs completed by their staff or contractors.

However, as discussed in Section 4.4, many peak bodies provided endorsement or accreditation of professional development programs which they had reviewed and deemed appropriate and/or relevant for their members. In this respect, the endorsement of professional development programs by peak bodies ensures that the standards of professional development completed by their members is acceptable.

Finding 9: no organisation monitored standards of completion for professional development completed by employees or contractors. However, endorsement of approved professional development programs by peak bodies can act as a quality-assurance process for professional development programs available to their members. Endorsement of professional development programs was not seen as a substitute for monitoring completion of specific programs.

3.5.4 Monitoring completion of DVA programs

The OPTSC noted that DVA has accountability to monitor the completion, and standards of completion of professional programs developed and delivered by the department. This acknowledges DVA has invested significant funds in developing programs, and it is important to understand whether the programs have met their goals.

Monitoring of DVA professional development programs should be used to understand the differences between uptake and completion numbers and provide insight about how the programs have been received by target professionals.

HMA were only able to access detailed data for four of the professional development programs (*VetAware*, *Understanding the Military Experience*, *Case Formulation* and *PTSD: Psychological Interventions Program*). Preliminary analysis, including the number and type of health professional completing the programs, by year, is included in Chapter 2 of the *Technical Paper*.

For all other DVA online professional development programs, data was not available. DVA should liaise with DVA Train administrators, as well as individuals responsible for managing the hosting of *Working with Veterans with Mental Health Problems* on the *MyRACGP* portal to obtain historical program participation data.

Finding 10: DVA has accountability to monitor the completion of DVA online professional development programs, to facilitate analysis of how effectively the programs are meeting their aims.

Recommendations

The monitoring of professional development programs completed by health professionals employed or contracted by DVA was not supported by OPTSC members However, the OPTSC considered the department has a responsibility to monitor the up-take and effectiveness of online professional development programs which it has developed.

RECOMMENDATION 5: Monitor up-take, completions and standards of completion for online professional development programs developed by DVA for program evaluation purposes.

Next steps

DVA program areas should routinely undertake analysis of online professional development program data, to gain insight into how to improve access to and completion of the programs. DVA maintains a database on the number of individuals, by profession and location, who had started and completed the professional development programs.

Once all program data has been sourced, DVA should undertake an evaluation of current programs, to understand trends in participation, and how these can best be leveraged going forward.

4 INCENTIVES FOR ONLINE PROFESSIONAL DEVELOPMENT

4.1 OVERVIEW

The review identified several incentives used to encourage health professionals to undertake professional development programs, including:

- provision of CPD points or hours
- certificates of completion
- endorsement of programs by peak bodies
- recognition-based incentives.

Incentives identified through the literature review and consultation processes were used to inform the design of the health professionals survey. This chapter outlines the review findings about how the different incentives operate in practice.

4.2 PROVISION OF CPD POINTS OR HOURS

DVA online professional development programs could be counted towards some form of CPD points/hours for all professions associated with the organisations we consulted. This could be either formal recognition (participating in organised activities where attendance can be evidenced) or informal recognition (activities undertaken by the health professional, including workplace learning, journal review and research).

Most peak bodies had relaxed previously stringent requirements for CPD activities, moving to a model where individual members were responsible for vetting activities they intended counting towards their CPD record.

Finding 11: DVA online professional development programs could be claimed as CPD by all professions represented by in-scope peak bodies. There is no apparent barrier with respect to claiming CPD that would influence an individual's decision to participate in DVA professional development programs.

Most peak bodies emphasised that the content of a program was more important than the CPD points/hours associated with the professional development programs. They felt that the majority of health professionals would choose professional development activities based on applicability and interest to the individual practitioner, rather than the amount of claimable CPD.

The DAA commented:

> *"Most professionals would be doing way more CPD than required. Sure, there's some that tick off CPD hours/points, but most will search far and wide for CPD that is relevant to them and will help them in their role."*

Health professionals endorsed this view. Only 17% of survey respondents considered gaining CPD hours/points as an important incentive to undertaking professional development activities. Other major factors identified as important in motivating people to complete professional development activities were listed by survey respondents:

- the content of the program (23% of respondents),
- the currency of information (18%), and
- endorsement by peak bodies (14%).

Finding 12: health professionals considered a range of factors when deciding to undertake professional development programs. No one incentive was more important in encouraging health professionals to complete professional development programs. Ensuring that content was applicable to health professionals' scope of practice, committing to currency of information, peak body endorsement, and providing evidence of CPD hours/points upon completion (i.e. certificates of completion) were all considered important factors in encouraging the completion of professional development programs.

Recommendations

CPD is an important incentive in encouraging individuals to complete professional development programs. However, a range of factors influence an individual's decision when choosing professional development programs to complete.

RECOMMENDATION 6: Incentives should not be viewed as a 'quick fix' to increasing participation in professional development programs. Both requirements and incentives should be considered holistically when considering modifications to existing programs or design of future programs.

4.3 CERTIFICATES OF COMPLETION

Peak bodies and boards considered that certificates of completion were not an important incentive for health professionals to complete online professional development. Many professional boards, including the PBA, accepted email confirmations of registration in lieu of a certificate of completion (despite a lack of 'formal' evidence that the individual had completed the program), and only required certificates of completion if an audit was conducted. This wasn't always the case for all peak bodies. For instance, the OTA emphasised that a certificate of completion was important as evidence of professional development program completion.

Some peak bodies had a different approach. For example, the DAA did not require a certificate of completion. However, they encouraged learnings through reflection in a journal of activities.

Finding 13: certificates of completion were not necessary for evidence of completion of professional development activities for most peak bodies. However, some peak bodies felt that issuing certificates of completion was important to their members.

Survey respondents were asked if receiving a certificate was an additional incentive to complete professional development. Contrary to the view of peak bodies, most respondents (76.3%, n=212) considered that receipt of completion certificates was important. The most frequently cited reasons respondents gave for this view were:

- proof of completing professional development and recognition of skills gained (43%, n=89)
- claiming CPD points or as documentation for maintaining registration and audits (42%, n=88), and
- inclusion on resumes or CVs (11%, n=24).

Finding 14: certificates of completion were an important incentive for individuals considering professional development to provide evidence for CPD points and indicate acquisition of specific expertise.

OPTSC attendees noted the survey finding that certificates of completion, although not necessary for claiming CPD under the rules of many health professional boards, acted as an important, low-cost incentive for program completion.

The OPTSC concluded that DVA should continue providing certificates of completion for all current and future professional development programs.

Recommendations

RECOMMENDATION 7: DVA should continue providing certificates of completion for all current and future professional development programs.

Next steps

DVA should ensure that all future online programs developed and implemented within the department make a certificate of completion available to individuals who finish a program.

4.4 ENDORSEMENT OF PROGRAMS BY PEAK BODIES

Some peak bodies conducted a formal accreditation/endorsement process for externally-developed professional development programs. A multifaceted process usually applied, involving an internal desktop audit of programs submitted for accreditation, followed by a review using externally-contracted assessors. No health professional boards offered accreditation or endorsement of professional development programs.

The accreditation process was usually for more *formal* professional development activities (e.g. face to face courses, online programs), which generally carried a higher CPD weighting. *Informal*, or *self-directed* learning activities (e.g. review of journal articles) were less likely to be subject to an endorsement process. If programs were formally accredited, peak bodies would often list the programs in a newsletter or on a website. Peak bodies reported strong support for this listing process from their membership.

Finding 15: some peak bodies offered an accreditation/endorsement process for CPD programs. Members often gave priority to accessing these programs. Those peak bodies offering an endorsement process indicated this was the primary way that many of their members decided which professional development programs to access.

These views were supported by health professionals. Health professional survey respondents said that peak-body endorsement of a program would positively impact their decision to complete a professional development activity; 79% (n=219) of respondents indicated they were more likely to participate in endorsed professional development.

Finding 16: peak body endorsement of professional development programs was an important consideration for most individual professionals when considering options for professional development.

Consultations with peak bodies offering accreditation for professional development programs all noted they had not received an application for accreditation of DVA online programs. Most peak bodies said that the DVA programs would attract accreditation. For example, DAA said:

> *"At least some of the DVA professional development programs would be useful for our members, and we would list them on our website which identified programs approved for certain types of CPD. Organisations need to apply to have their programs listed, and we haven't received anything from DVA."*

Finding 17: no DVA programs were endorsed by in-scope peak bodies during the project. Peak bodies that offered endorsement said DVA programs would probably qualify for endorsement. DVA should consider approaching peak bodies to ascertain which of the department's professional development programs could be submitted for endorsement.

Survey participants were asked to explain why peak-body endorsement encouraged participation in online training. The most common reason provided by respondents was that endorsement of a program would lead to the ability of those participating to gain CPD points from the activity (33%, n=71). One respondent commented:

> *'Because I have to meet the required and recognised CPD hours in order to maintain my registration and practice, I cannot afford to spend too many hours a year in training and not at work, as I run my own business……those they [the peak body] endorse are preferred….'*

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A similar proportion of respondents (33%, n=70) said they trusted the endorsement process. It indicated that a program had been reviewed and included content of relevance to their professional scope of practice.

> Finding 18: peak body endorsement of professional development programs provided value for members by ensuring the program was eligible for CPD and was clinically relevant.

OPTSC members noted it is important that DVA programs gain exposure and awareness of availability amongst targeted health professionals. This includes ensuring CPD points can be claimed by individuals who complete the programs, where CPD points can be applied.

During consultations stakeholders said it was important that DVA program staff work with the endorsing organisations to understand how to best meet their requirements for endorsement.

In addition, OPTSC agreed it could be useful to investigate the potential for hosting DVA-developed professional development programs on the websites / professional development portals of peak bodies. However, the OPTSC acknowledged that there were data ownership and IT-administration issues that needed clarification.

Recommendations

No peak bodies that were consulted had endorsed DVA online professional development programs. While not all peak bodies offered endorsement, those that did said the DVA programs in scope of the review would probably be approved.

RECOMMENDATION 8: The department program areas should work with peak bodies to obtain endorsement of DVA online professional development programs.

Next steps

DVA should consult with health professional peak bodies to identify the requirements for endorsement of their current programs. In particular, DVA should focus on consulting with peak bodies of health professionals targeted by current programs, who participated in the consultation process and indicated that DVA programs would likely qualify for endorsement. These include:

- APS
- AASW
- ACA
- ACRRM
- DAA, and
- ESSA

All the above peak bodies expressed a desire to expose their members to DVA professional development programs and DVA should work them to understand how existing DVA online professional development programs could be endorsed by the organisation.

In designing future programs, DVA should consider what aspects of the professional development programs are required for endorsement with peak bodies of target health professionals. Table 4.1 outlines the high-level endorsement requirements for key peak bodies.

Table 4.1: High level endorsement requirements for key peak bodies

Peak body	Endorsement type	Endorsement considerations	Fee
APS	Informal- listing on the *CPD and Events Finder Calendar*	• Relevance to psychologists	• APS member groups: free • APS members: $64 per month per event • APS non-members: $96 per month per event
AASW	Formal- AASW endorsed logo and listing on the *AASW CPD Events Page*	• Clear learning objectives relevant to social workers • Content standards	• AASW member: free for 1-4 activities

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Peak body	Endorsement type	Endorsement considerations	Fee
		• Educational standards • Ethical standards	• All other providers: $250 for 1-4 activities
ACA	Formal- recognised assessment of *Chiropractic Continuing Professional Development in Australia*	• Relevance to chiropractors • Format of learning • Interactive components of learning	• Per submission for assessment: $300
ACRRM	Formal- listed on the *Online Learning Platform* web portal	• Relevance to rural GP needs • Relevance to the College's primary curriculum • Relevant involvement of rural GPs in planning • Clear learning objectives • Based on adult learning principles • Include a combination of educational interventions • Shows planned impact evaluation	• Free
DAA	Informal- listing on the *Professional Events* web page	• Relevance to Dieticians	• Free
ESSA	Formal- recognised as accredited by ESSA and listing of the *ESSA Professional Development Centre/ External Professional Development* webpage and newsletter	• Assessment component • Referencing component • Content component	• For 6-10 CPD points: $245 • For 11-15 CPD points: $295

4.5 RECOGNITION-BASED INCENTIVES

The review of current research suggested that professional development programs could lead to health professionals being accredited as having increased knowledge and skill in specific areas [12]. Organisations delivering professional development programs, as well as peak bodies endorsing programs, were careful to consider the impact that accrediting or recognising a professional and their skillset has on the broader health community.

Formally recognising individuals with special interests or expertise (such as through the RACGP Special Interests program) could support the public to access individual providers with a specific understanding of their needs [13]. However, there are risks associated with this approach: promoting the specialist nature of such individuals could fragment the provision of care and can increase unnecessary referrals to specialists.

Importantly, as described by the RACGP, care should to be taken to ensure any recognition of skills and knowledge is appropriate and does not become unduly onerous or bureaucratic. To get recognition processes right for such a broad array of special interest groups in any profession was seen as a complex task [13].

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Finding 19: recognition programs can be important from a public perspective (individuals can more easily identify health professionals with expertise in a specific area) as well as a health professional perspective (health professionals with expertise in a specific area can attract more clients seeking treatment in this area, allowing the professional to see more clients in the specialist area and work within their preferred scope of practice).

Consultation with peak bodies identified a range of different recognition-based mechanisms for professional development throughout Australia.

The APS explained that their practice certificates program incorporated at least some component of professional development work. They supported their assertion in the submission to the Senate Inquiry that there was room to develop a practice certificate centred around veterans' mental health needs. In their submission to the Senate enquiry, APS commented:

> *"There's no mechanism for veterans to determine what knowledge a health professional has in terms of veteran-specific needs. A practice certificate would be an option. At the moment I'm telling clients to directly ask the practitioner if they have experience – so clearly there's a need."*

A high proportion of survey respondents (41%, n=29) said that they had received some form of recognition from completing other (non-DVA) professional development programs. Additional comments in the survey responses indicated that being recognised to provide a greater range of services or assessments was a motivator for completing professional development.

The OPTSC acknowledged a clear desire from some peak bodies (such as the APS, AASW, RACGP) to develop a recognition framework for individual health professionals with experience in veterans' mental healthcare.

Finding 20: there is a strong desire for some form of recognition of 'veteran-friendly care' in some professional areas such as general practice and psychology. Acquiring additional recognition was an important incentive for individuals to complete professional development programs. Survey responses support investigating the potential applicability of a recognition framework for individuals with experience in treating veterans.

The AASW developed a recognition-based credentialing process, which accredits social workers in seven areas: *mental health, family violence, clinical, disability, supervision, child protection* and *aged care*. Part of the credentialing process involves undertaking professional development in a specific area. AASW noted:

> *"There would be serious relevance to veterans' mental health in both the Family Violence and Mental Health accreditation areas. DVA online professional development could play a key role in this, and we could actively market to our members."*

Consultation with RACGP indicated that there was a lack of professional development requirements for GPs with special interests. RACGP described the process for GPs applying to the Military Chapter of Medicine special interest group:

> *"The process of application (to a GP special interest group) is based literally on an application form and some form of recognition that the GP served or was associated with the military. There's no experience-based or professional-development based requirements for application."*

RACGP noted there may be room for engagement with GPs around the availability of professional development activities and observed that there was a lack of engagement between the special interest group and the broader veteran sector.

Finding 21: there is scope to include professional development activities as part of a recognition process. It would be useful for DVA to investigate professional development and recognition for different health professionals, based on the learnings from the social work and general practice experience.

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Consultation with the RACGP advised that were members of the College who were frustrated at the lack of less-formal recognition-based incentives that could be used to identify which GPs might have expertise in a particular area. Looking for a solution to a non-diploma or university-based training program, RACGP developed a recognition framework based on identifying competencies and patient outcomes for completion of learning modules. This may have applicability to development of a veterans'- based recognition processes:

> *"You have to very clearly identify what is utterly different for treating veterans with mental illness in comparison to other people with mental illness- articulate and describe [this] in outcomes, then determine what evidence is needed to meet this. If it's difficult to measure evidence, [DVA should decide] what programs can be put in place to develop the competencies."*

However, RACGP noted that creating a recognition framework was a significant task, and it was essential to consider the impact on health professionals, the broader health industry, and the public, before implementing any recognition-based incentive.

The OPTSC felt it would be difficult to develop a system of recognising individual health professionals as having profession-specific expertise in treatment of veterans' mental health. However, they acknowledged the desirability of veterans and ESOs being able to identify health professionals who had undertaken additional professional development relevant to better supporting veterans and their families.

Finding 22: there are many considerations required to develop any informal or formal recognition process, including: ensuring equity of recognition (i.e. commensurate with experience), resourcing (for individuals who monitor completions, standards of completions, and ongoing maintenance of knowledge) and consideration of a duty of care from the organisation recognising the health professional.

Recommendations

Some peak bodies, boards, ESOs and health professionals expressed support for DVA developing a recognition framework for health professionals with experience or expertise in veterans' healthcare. A recognition framework could be advantageous to both health professionals and the broader veteran community, by:

- allowing individuals to more easily identify health professionals with expertise or experience in treating veterans, thus enabling them to access a higher quality of care, and
- supporting health professionals with expertise in a specific area to more easily access clients seeking treatment in the specialist area, allowing the professional to see more clients and work within their preferred scope of practice.

Recognition-based incentives were identified by OPTSC members as an important possible incentive for encouraging health professionals to complete DVA online professional development programs that needed further consideration. Two broad types of recognition-based incentives were discussed:

- a recognition framework for individuals having completed DVA online professional development programs, and
- recognition frameworks developed by peak bodies or other representative groups, using DVA online professional development programs as part of the recognition process.

The OPTSC suggested that further work in this area could be progressed by engaging with peak bodies to identify what types of recognition frameworks (if any) have been developed in the past, and how DVA online professional development programs could contribute to such a recognition framework.

However, it is important not to isolate experience and expertise in treating veterans as the only factor in determining the quality of care provided by health professionals. Any recognition framework should consider additional factors, like experience in treating the specific mental health condition, or ability to form a therapeutic alliance.

RECOMMENDATION 9: Explore the option of developing a recognition framework for individuals who have completed DVA online professional development programs.

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RECOMMENDATION 10: Explore the option of incorporating DVA online professional development programs into existing or future recognition frameworks offered by other organisations (*e.g.* peak bodies or other health professional representative groups).

Next steps

Development of a DVA recognition framework

There are many considerations required for DVA to develop a recognition framework. DVA should be guided by existing recognition frameworks, such as those being developed by RACGP. The RACGP recognition program was developed based on a need to identify individuals with specific competencies in a less-formal manner than degrees and diplomas. Development of the program focused on the ability to identify competencies, rather than simply recognising that an individual had completed a specific number of training or professional development items.

Development of the recognition program consisted of three key steps:

(1) **articulate competencies** unique to the specific area of health practice
   (a) for example, the additional skills that a psychologist requires to treat a veteran with PTSD, in comparison to treating an individual of the general population with PTSD

(2) **describe the outcomes** of gaining the specific competencies
   (a) for example, psychologists gaining a nuanced understanding of how to treat veterans with PTSD

(3) **determine what evidence** is required to measure the outcomes
   (a) for example, an assessment of a psychologist's knowledge of treatment methods for veterans with PTSD

In lieu of gathering evidence for professional development outcomes, which is a resource-intensive process, DVA could focus on describing how professional development programs develop specific competencies, by profession. By focusing on the outcomes that professional development programs are expected to deliver (such as increased knowledge of PTSD treatment options), DVA could map completion of professional development programs to the development of specific competencies; this would be a more resource-sensitive measurement process than outcome measurement.

However, there are many considerations required for DVA to develop a recognition framework. DVA should address three key aspects of any recognition framework that is developed:

(1) Ensuring equity of recognition (i.e. commensurate with experience)

DVA should consult with RACGP, APS and AASW to understand how the organisations balance the need to identify individuals with knowledge in certain areas, without compromising the expertise of others. The OPTSC recommended taking a 'soft touch' approach to accreditation to ensure equity of recognition.

If basing the recognition framework on professional development activities alone, it is important that DVA ensure that the programs are accessible to individuals of all experience levels. In addition, DVA should consider the use of exemptions for individuals who can provide evidence of extensive experience in a particular area relevant to a professional development program. In such cases, experienced individuals would be eligible for recognition regardless of having completed the programs.

(2) Resourcing (for individuals who monitor completions, standards of completions, and ongoing maintenance of knowledge)

This review has recognised that a significant investment of resources is required to monitor completion and standards of completion for professional development programs (see Finding 8). As part of the development of a recognition framework, DVA should undertake a needs assessment to understand if the program can be adequately resourced. The needs assessment should consider the ongoing resource impacts of administering the program.

(3) The duty of care to service users of the organisation recognising the health professional.

DVA needs to ensure that veterans and their families benefit (and are not harmed) from implementation of a recognition framework. DVA should survey service users to understand what the impact of recognising individual health professionals would have on their choice of service provider. Using this information, DVA should model the

potential impact of failures in the recognition process on health outcomes for veterans and their families.

Incorporation of DVA professional development programs into existing recognition programs

In understanding whether DVA professional development programs could be linked into existing recognition programs delivered by other organisations, DVA could initially focus on consulting with three peak bodies that have already undertaken work in the area:

- APS, which administer *practice certificates* as a recognition program
- RACGP, which administer *special interest groups* as well as the newly established competency-based recognition programs, and
- AASW, which administers *accreditation* of social workers in specialist areas.

It is important for DVA to consult with the above organisations to gain an understanding of how current and future professional development programs could be incorporated into existing recognition frameworks. Through the project consultation process, all three organisations indicated that DVA online professional development programs could play a role in the recognition process undertaken by their members.

In particular, the AASW accreditation process was recognised as having particular applicability to DVA online professional development programs. To apply for accreditation (*e.g.* as a mental health social worker, or social worker with expertise in violence management), a member of AASW must have at least two years of post-qualifying supervised social work in a related field, as well as meeting a total of 50 hours of CPD requirements, of which up to 35 hours could be claimed in the *skills and knowledge* category. DVA professional development programs can be claimed under this category.

4.6 OTHER INCENTIVES

Financial incentives

The review found that financial incentives for professional development programs were common in many industries; including health, education and engineering [6] In the health industry, provision of financial incentives was not by direct cash payments, but via a financial proxy, such as increased access to additional Medicare Benefits Schedule (MBS) items for GPs, or a professional development allowance for nurses.

For example, GPs who completed an online clinical enhancement module (through *ThinkGP*), in addition to other professional development programs were able to access additional MBS item numbers.

> Finding 23: there are some examples of financial incentives being used to encourage completion of professional development programs for health professionals (including GPs) in Australia.

Consultations explored whether financial incentives were incorporated into any current professional development programs offered by the peak bodies. No examples were identified through this process.

Many health professionals paid to access online professional development programs. In this respect, DVA programs, which are free to individuals, were seen as already having incorporated a financial incentive. Feedback from the AASW explained:

> *"Being free is a massive incentive for social workers to complete professional development. Especially for individuals working in community services, where pay is typically lower than average"*

The OPTSC discussed possible financial incentives, such as an increase in MBS payments for health professionals who had completed DVA professional development programs.

The OPTSC observed that that any financial incentives would need to be considered in a budget context. If there were a change to current fee arrangements (based on other Government policy adjustments), DVA could look at incorporating a requirement for

4 INCENTIVES FOR ONLINE PROFESSIONAL DEVELOPMENT

health professionals to complete DVA professional development programs as a link to the any increases in financial incentives. However, this was unlikely in the short-term.

Finding 24: financial incentives are not a feasible option for increasing the number of individuals who complete professional development programs in the short term, because of the budget implications.

Recommendations

OPTSC members acknowledged that the use of financial incentives was not a feasible option in the short term. However, health professionals commented on their desire for free professional development programs, indicating that this is an implied financial incentive that could be used by DVA to increase participation.

RECOMMENDATION 11: Marketing of DVA online professional development programs should include information emphasising that the programs are free.

5 OTHER LEARNINGS

5.1 THE NEED FOR MARKETING OF DVA PROGRAMS

It was evident through the consultation process that peak bodies and boards were generally not aware of the DVA online professional development programs. Most organisations that had not heard of the programs said the current programs were of direct relevance to their members. Furthermore, had they been approached by DVA, they would assist in advertising the programs. For example, OTA said:

> *"We had not heard of the DVA programs, which is disappointing as there are a lot of our members looking for free, online professional development programs. After reviewing the programs, the content would be clinically relevant, and important, for a lot of our members. This is the type of thing we would advertise in our newsletter."*

Finding 25: most peak bodies were not aware of the DVA online professional development programs in scope of this review. It is likely that members of health professional peak bodies would find the programs beneficial. In addition to investigating formal endorsement processes, DVA should communicate with peak bodies to identify opportunities for marketing the programs to their members.

The majority of respondents to the health professionals survey had not completed DVA online professional development programs (76%, n=213). When asked what barriers prevented respondents from completing the programs, the vast majority said that awareness of the programs was a barrier to completion (71%, n=198).

Finding 26: most survey respondents had not completed DVA online professional development programs. Awareness of the programs was the main barrier preventing people from completing the programs. DVA should identify how best to market and advertise the programs to ensure that target health professionals are aware of the programs' availability

Recommendations

At present, there is no active marketing strategy for DVA online professional development programs to encourage health professionals to complete the programs.

RECOMMENDATION 12: Develop a marketing plan for all DVA online professional development programs.

Next steps

Each aspect of the marketing plan should be relevant to the specific professional development program. At a minimum this plan should include:

- identification of the target market (type and experience of health professionals)
- identification of how the target market can access professional development activities, including through professional development portals hosted on peak body websites, and through external websites that host professional development programs (*e.g.* DVA).

In developing the marketing plan, there should be consultation with peak bodies to understand what channels DVA may be able to use to promote the programs. This could include:

- peak body newsletters
- hosting on peak body websites
- distribution of information at professional development conferences, and
- interaction with key stakeholders at the Health Professional Providers Forum (HPPF)

A clear description of the marketing strategy, including actions that will be used to advertise the program to the target markets should be articulated by DVA for all current and future online professional development programs.

5.2 THE NEED FOR THE USE OF A DESIGN FRAMEWORK WHEN DEVELOPING NEW PROGRAMS

Consultation with peak bodies that had developed their own professional development programs revealed that some undertook a detailed analysis of program considerations, when designing a new professional development program. RACGP commented:

> *"We need to assess what the goals of the programs are, [and] how can we best get the messages across. For some things it's about designing a short, sharp programs, and for others the programs are longer. We've got to think of how GPs interact with programs, and how we can make sure the programs are effective. There's a lot of things that go into the design of a program."*

The OPTSC acknowledged that current DVA online professional development programs were designed with a top-down approach, where DVA identified issues they saw as important to veterans, and developed programs aimed at improving the understanding of such issues by health professionals.

The review found that is important that DVA carefully consider several issues when designing future online professional development programs. Scope requirements should be explored through consultation with peak bodies (Recommendations 4 and 8) and understanding the possibilities of a recognition framework (Recommendations 9 and 10).

However, the OPTSC acknowledged that a more formal analysis framework could also be used to identify detailed design considerations, including the use of webinars in place of online professional development modules.

Finding 27: some organisations used a formal design framework to understand how different areas of the professional development design process could impact on the desired outcomes of the programs. The OPTSC acknowledged that a formal design framework would be useful for development of future DVA online professional development programs.

Recommendations

RECOMMENDATION 13: Consider the use of a design framework to inform the development of new online professional development programs

Next steps

Design frameworks are applied in many industries and can be a useful way to 'zoom in' on individual aspects of a proposed program, to unpack how individual outcomes will be met [14].

DVA should consider applying a design framework to the design of future online professional development programs. Four analysis criteria could be used to formulate the proposed approach by addressing themes of different approaches: suitability, acceptability, feasibility and sustainability.

HMA has developed an example design framework for new DVA online professional development programs. This framework should be examined when assessing processes for future development of online programs. The framework is presented in Table 5.1.

5 OTHER LEARNINGS

Table 5.1: Example design framework for analysis of DVA online professional development programs

Design criteria	Analysis area	Questions to consider
Suitability	**Addressing overarching goals**	How will the program design improve completion rates for health professionals (*e.g.* format, content, flexibility)?
		How will the program increase the knowledge of health professionals treating veterans?
		How will the program improve outcomes for patients (veterans and their families)?
	DVA strategic direction	How will the program aims align with DVA's strategic direction?
Acceptability	**Impact on health professionals**	How will the program impact on equity for health professionals (*i.e.* does it give some an unfair advantage)?
		How will the program impact health professionals in other ways?
	Impact on peak bodies and boards	How will the program gain the support of peak bodies or boards?
		How will the program impact equity between self-regulated professions and AHPRA-regulated professions?
		How will the program impact peak bodies or boards in other ways?
Feasibility	**Economic feasibility**	How will the program be cost-efficient?
	Administrative feasibility	How will there be clarity on the role of DVA and other stakeholders?
		From a governance perspective, how will the program be managed?
Sustainability	**Future impacts**	How will the program align with modern progress in professional development activities?
		If there are changes in professional development requirements, how will this impact on the effectiveness of the program?
	Ongoing investment	What ongoing investment is required to ensure the program is sustainable going forward (*e.g.* monitoring and evaluation requirements)?

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