

NSW Workforce Development Plan for Eating Disorders (2016-2018)

As part of the NSW Service Plan for People with
Eating Disorders (2013-2018)



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1 Background

In September 2013 the Mental Health Drug and Alcohol Office (MHDAO), of the NSW Ministry of Health, launched the *NSW Service Plan for People with Eating Disorders 2013–2018* (the NSW Service Plan). This landmark document positioned eating disorders as core business for the NSW Health care system. The NSW Government in line with the NSW Service Plan provided funding to overhaul service delivery supporting better access, innovation and improvement in care for people with eating disorders, no matter where they live in the state.

The NSW Service Plan outlined the role for Local Health Districts (LHD) in ensuring local eating disorder care across the state. The implementation of the NSW Service Plan places NSW at the forefront of eating disorders care both nationally and internationally and provides a strong platform for improvement of care into the future. Most importantly, it will provide some of the most vulnerable people in our communities with the help they need, when and where they need it.

The NSW Service Plan requires LHDs to build capacity to provide assessment and treatment, with pathways to options for more intense and specialist treatment to be established. Strong governance, linkages and structures to support clinician and service access across the state are key features within the NSW Service Plan.

NSW Health, in issuing the NSW Service Plan, expects a system wide response from LHDs and Specialty Networks (SN) with only modest additional resourcing. Each LHD and SN (except the Justice and Forensic Mental Health Network) in NSW submitted a Local Service Plan for Eating Disorders in 2016 as part of the first phase of the Statewide Implementation Plan. This response from LHDs and SNs shows a strong commitment to improving clinical care for people with eating disorders.

It is acknowledged that the modest investment locally is insufficient to drive change across the whole district and further centralised support is needed. Workforce training has been identified in all 17 service plans as a major priority. To maintain that engagement by LHDs and effect successful implementation of the service plan, a relatively modest investment to provide workforce training from the central support hub (CEDD) involving the two expert tertiary hubs is cost-effective and essential to LHDs and SNs.

A key strategy of the Statewide Implementation Plan is to provide integrated support across the state. The Centre for Eating and Dieting Disorders (CEDD) is funded by NSW Health to manage service and workforce development and capacity building across NSW for eating disorders. CEDD is also tasked with overseeing the implementation of the NSW Service Plan. CEDD and the Tertiary Services are working together in this second phase of implementation to provide support structures, resources, consultation and documents to support LHDs and SNs to implement their Local Service Plans and enhance their local capacity.

In 2016, NSW Health funded a local Eating Disorders Coordinator in each LHD and SN (except in Far West LHD and Justice and Forensic Mental Health Network). The local Eating Disorders Coordinator plays a large role in supporting services locally to improve service delivery to people with an eating disorder and will be a key partner in the delivery of the Workforce Development Plan.

Consultation with LHD and SN working parties and stakeholders conducted during phase one of implementation identified priority areas for workforce capacity building to address the gap in practitioner knowledge, competence and confidence to deliver services to consumers with eating disorders as identified in the NSW Service Plan. In particular, the following seven priority areas were identified:

1. screening, identification and diagnosis
2. medical management in the community
3. hospital treatment
4. clinical management and case management
5. delivering evidence based treatments within the community
6. working with families and carers
7. priority workforce groups e.g. hospital and community dietitians, school counsellors

The purpose of this document is to set out the selected strategies to develop, deploy and support workforce development and capacity building across NSW. This *NSW Workforce Development Plan for Eating Disorders 2016-2018* (Workforce Development Plan) will support the implementation of the *NSW Service Plan for People with Eating Disorders 2013-2018* by building capacity and capability across the workforce and by increasing expertise for the treatment of eating disorders within NSW.

The outcomes of the Workforce Development Plan, as an activity of the NSW Service Plan, will be monitored by the NSW Service Plan for People with Eating Disorders Implementation Steering Committee who report to the NSW Ministry of Health through the Mental Health Branch.

2 Building a Relevant and Feasible Training Plan

2.1 Identifying the Workforce

The National Eating Disorder Collaboration (NEDC) Framework identified the ideal Continuum of Care model for the treatment of people with eating disorders. The full continuum involves:

- Primary, secondary and tertiary prevention
- General outpatient support provided in both hospital and community settings with flexible access to a range of services delivered with variable frequency of access, with particular emphasis on relapse prevention / early intervention.
- Intensive outpatient support for people living with their family or other support structures who require intensive clinical support
- Day programs, providing a more structured program, including group therapy
- Residential programs, providing 24 hour support ideally located in the community
- Inpatient services for medical intervention and stabilisation; intensive, structured inpatient programs to address severity and co-morbidity

Eating disorders commonly occur concurrently with other psychiatric and medical conditions in people already accessing the health and mental health system. People with eating disorders also usually require the input of health practitioners from various clinical backgrounds, with particular knowledge and skills. Both the high level of mental and medical comorbidity found in people with eating disorders and the complexity of treatment support the need for greater awareness and competence in the identification and response to people with an eating disorder among multiple branches of the health system. To be successful then the Workforce Development Plan must address multiple sectors of health.

LHDs through their local Eating Disorders Implementation Committees are working towards clarifying local clinical pathways; developing clinical leadership; developing pathways to care and improving coordination of care. Workforce development activities attached to this plan represent an opportunity to build upon the commitment within each LHD to address eating disorders as part of the core business of the LHD. They will build upon the early stages of engagement and change in the

service response to eating disorders within LHDs, as well as embed the core skills for identifying, assessing and treating eating disorder within the LHD workforce.

The NSW Service Plan considers the needs of young people (under 18 years) and adults, and is inclusive of generalist and specialist services. As clinical care is required across multiple levels in the continuum, often simultaneously, the Workforce Development Plan will need to be ambitious and wide ranging if it is to make any impact towards improving service delivery to people with eating disorders.

2.1.1 Workforce Profile

The Workforce Development Plan is in line with the focus of the *NSW Health Professionals Workforce Plan 2012-2022 -Revised 2015* [9] which emphasises having the Right People with the Right Skills in the Right Place.

NSW Health Clinicians

The gathering of information for a comprehensive workforce profile is problematic as details on specific sub sectors of the workforce are not readily available. NSW Health has more than 220 hospitals and health services spread across NSW. There are 11,137 medical, 45,796 nursing and 9,898 allied health FTE employed by NSW Health [10]. While it is acknowledged that not everyone in the system requires eating disorders training there is a substantial workforce that will require some level of information.

The annual NSW Health rate of non-casual staff turnover is approximately 6% for medical (excluding junior medical officers), 8% for nursing and 11% for allied health [10]. The rate of staff turnover coupled with NSW Health plans for growth in the allied health and the nursing workforce mean that any workforce training and education must be repeated over multiples years to ensure new staff are properly equipped to carry out their duties.

NSW General Practitioners

In 2015-16 there were 10,587 General Practitioners (GP) registered to practice in NSW which includes 1,131 GP trainees [11].

Schools

There are 3,136 schools across NSW and according to the NSW Department of Education website there are 2,209 public schools with 772,000 students based on the February 2017 enrolment figures. Schools counsellors would be a key target for this Workforce Development Plan. In 2017 there are 1,026 FTE school counsellor positions in public schools, but with part-time staff and casuals the number is closer to 1,100 people [communication with NSW Department of Education]. There are of course many more counsellors in the independent and Catholic school sectors.

2.2 The Role of Training in Identification and Effective Treatment

Early diagnosis and treatment are essential to a good outcome, but barriers presently exist across the health system. Even though the spectrum of health professionals dealing with eating disorders has increased in recent years, specific training in or experience with eating disorder patients is still lacking [1-8].

In their early stages, symptoms of an eating disorder can be well hidden so that up to 50% of cases can go undetected in the primary care settings [2]. For those patients that do actually present, the eating disorder is often not their primary complaint. As a result, the eating disorder diagnosis can often go undetected if health practitioners are not skilled in identification and assessment. Patients

that do present will often have more severe illness symptoms that require escalation to more intensive treatment options (i.e. medical stabilisation, nutritional rehabilitation).

In the emergency department the picture is similar; lack of training combined with atypical presentations has been demonstrated to result in the majority of eating disorder cases remaining undiagnosed for some years [3]. Studies both here and overseas have demonstrated low levels of clinician confidence and skill in treating eating disorder within the general health workforce [4, 5, 6].

2.3 Key Principles underlying the NSW Workforce Development Plan

Decisions regarding workforce strategies require careful consideration of a number of factors, including: access points for service provision; levels of care and skills and competencies required to deliver care at the different levels; evidence base for assessment and treatment; and effective learning approaches.

The Workforce Development strategies that form this plan were selected based on the following overarching key principles:

- Access to training should be equitable across NSW through widespread dissemination
- Expertise needs to be developed locally
- Up-skilling the workforce needs to occur across the treatment spectrum
- A targeted approach ensures that key health professionals across disciplines receive relevant training
- Evidence-based training curriculums should be based on national and international standards
- Sustainable training approaches should be adopted
- Learning and retention are enhanced by incorporating innovative approaches
- Clinical application is supported by developing layers of knowledge

2.4 Model of Workforce Development

It must be understood that training and education alone will not be sufficient to create the culture shift required to change the eating disorders landscape. This plan is just one strategy in the broader Implementation Plan. That being said, a well-developed Workforce Development Plan can greatly contribute to the overall success of the NSW Service Plan.

Workforce development has been demonstrated to be most effective when there is a staged approach to learning using blended learning concepts, incorporating a variety of adult learning methods and styles in order to reach a broad audience with diverse needs.

Blended learning, the combination of a variety of learning media (face-to-face, online, print, social media) and learning environments (instructor-led, peer-to-peer interaction, mentor-led, self-study and individual work), enables more opportunities for application and support to learners than single learning platforms. To that end, a workforce development response, utilising multiple learning formats, is proposed including:

1. An online or print pre-requisite to in-person trainings: this will ensure attendees have all achieved a certain level of knowledge about a subject before participating in a face-to-face training.
2. In person training: to disseminate the bulk of the knowledge required for competency development and to teach the necessary experiential aspects of service delivery for these clients.

3. Application and Maintenance Strategies: the use of mentoring, supervision and Communities of Practice to support attendees in applying the skills learnt to patients, and support the development of clinical confidence and mastery.

This last point is critical to building sustainability into the model of workforce development.

The Workforce Development Plan will need to be consistent with national and international directions in relation to contemporary and agreed best practice for eating disorder services. The modules for advanced clinical skills training need to be based on the interventions with the best clinical evidence to date. The NSW Service Plan identifies Family Based Therapy (FBT) for Children and Adolescents with Anorexia Nervosa (AN) (data is building to support its use also in this age group for those with Bulimia Nervosa (BN), and Other Specified Feeding and Eating Disorders (OSFED) of both AN and BN subtype), and Cognitive Behavioural Therapy- Enhanced (CBT-E) for Binge Eating Disorder (BED) and BN in adults as having sufficient evidentiary support to be recommended as first-line treatments in the age groups and diagnostic categories where they have proven effective.

Based on experience and evidence the following assumptions have informed this plan:

- Training should be offered according to function groups.
- Courses should be planned and structured in such a way so as to address the core requirements and specialist functionality of each of the target populations.
- Input from experts will aid in the development of the training content and materials.
- Training should include a range of delivery methods (e.g. Face to Face, eLearning, Instructor Led Online).

Through their Local Eating Disorders Implementation Plans, LHDs and SNs have demonstrated a commitment to workforce development for eating disorders. This plan will now support them to implement a broad spectrum of strategies to deliver results.

3 The Workforce Development Plan

3.1 Aim

The aim of the Workforce Development Plan is to improve NSW Health practitioner knowledge, competence and confidence to deliver services to consumers with eating disorders across NSW.

The strategies in the Workforce Development Plan must be designed, developed and delivered to enable staff to learn how to competently engage, screen, assess and treat consumers with eating disorders and their families and carers.

3.2 Identifying Key Target Groups and skills required

The care for eating disorders is delivered for the most part by clinicians in general practice, community clinics, general medicine, emergency departments and psychiatric wards. Funding for specialist services is limited, which means that training of health professionals at all places where contact with individuals with eating disorders arise becomes a priority if adequate evidence-based care is to be provided, remission rates to be optimised and hospital avoidance to be achieved [8].

This plan adopts a tiered level approach to the skills and competencies required across the service spectrum to ensure widespread improvement in service delivery. The following four tiers are based on skill levels required to which training packages can be targeted.

1. Foundational Skills

The NSW Service Plan identifies that every health service point of entry for people who have, or are at risk of developing an eating disorder should have the capacity (e.g. policy, protocols, access, referral pathways, information resources) and capability (e.g. staff knowledge, and skill) to provide screening and appropriate referral pathways to more intensive treatment.

Foundational skill training will include:

- Identification;
- Screening;
- Assessment;
- basic safety and risk assessment;
- basic knowledge of evidence-base; and
- referral pathways.

Entry points into the system can be through GPs, paediatricians, medical specialists, emergency departments, and mental health. The curriculum at this level should include how to identify early warning signs, assess eating disorder symptoms, and motivate the patient to receive help ensuring that no-one slips through the gap.

A focus on children and adolescents is critical to preventing the trajectory into long term illness. Schools play an important role in early identification, referral to appropriate treatment and support of children and adolescents with eating disorders in the community. The Workforce Development Plan should target work with the education sector to support young people, education staff and schools to effectively identify, respond, support and refer school students with eating disorders.

2. Basic Management Skills

In mainstream services there are clinicians who have added responsibility beyond initial recognition and referral and require basic management skills. They may also be expected to provide shared care during treatment and recovery support.

Basic Management skills training will include:

- triage;
- assessment;
- safety and risk assessment;
- early intervention treatment; and
- shared care during treatment and recovery support.

The NSW Service Plan identifies health practitioners working in emergency departments as a key group to receive training in the triage, risk identification and medical management of people with eating disorders.

Clinicians working in medical wards, acute mental health units, and community mental health teams which are not eating disorders specialist units, require skills in basic management when eating disorders patients present. Doctors, nurses and dietitians in public hospitals are a key target group for inpatient management training.

The GP is not only a key entry point into eating disorder treatment but is also identified in the plan as a critical clinician in the treatment of eating disorders. The GP has an essential role in managing possible medical complications and often provides case management. As a key part of the treating team, GPs should also be a target for clinical training in clinical management.

3. Specific Clinical Skills Training

It is important to provide specific skills training to treat eating disorders that go beyond the core skills required by mental health clinicians. The NSW Service Plan identifies best practice interventions for both community based and inpatient treatment. Inpatient treatment includes treatment for medical complications, refeeding and nutritional rehabilitation. Community based treatment includes person centred psychological therapy (CBT-E) and FBT. While there are some overlapping skills required to treat people with eating disorders in the two settings there are some very specific skills and treatments to be delivered in each of the settings. Two streams of skills development will be required to meet the differing needs of clinicians working in community treatment and inpatient treatment.

The key target groups for community treatment are community based allied health mental health clinicians in Child and Adolescent Mental Health Services (CAMHS), Youth Mental Health services and Adult Mental Health services.

Dietitians are a key target group for advanced clinical training in the inpatient setting with a focus on refeeding and nutritional rehabilitation.

4. Developing Local Expertise

There are two clinical hubs of excellence identified in the NSW Service Plan, the Sydney Children's Hospital Network for children and adolescents and the Peter Beumont Unit of Sydney LHD for adults. Both of these hubs are involved in supporting the Workforce Development Plan.

To ensure sustainability, the Workforce Development Plan emphasises the importance of developing local expertise that can support and mentor clinicians locally. Although each LHD/SN has a local Eating Disorders Coordinator who plays a large role in supporting services locally across often very large geographical areas, they are already thinly stretched. It is important then to build in an extra layer of sustainability and support for clinicians across each of the LHDs. For this reason, each of the advanced clinical trainings (i.e. FBT and CBT-E) will have a District Champion who will attend an extra skills level training so they can develop further expertise and provide District support to clinicians

across the LHD. The formation of a District Champion group will create an additional network of expertise and leadership across NSW to support the implementation of evidence-based therapies for people with eating disorders.

Other key areas of Workforce Development include the following:

Supporting Families and Carers

Specific strategies should be developed to support involvement of carers and families and the provision of family support at all levels of care. For younger adolescents particularly, training of carers and families to help them fully participate as important members of the treatment/care team is essential for maximising the effectiveness of treatment.

Supporting Service Development

The Workforce Development Plan must also contain a strategy to support service redesign and service development. This is targeted at senior and middle management to support effective change. This strategy will mainly be supported through inviting all LHDs and SNs across NSW to an annual Forum where service redesign will be a main focus.

3.3 Overview of Clinical Training Packages

The Workforce Plan aims to build capacity to screen, identify, assess, medically manage, hospitalise and treat eating disorder presentations using evidence-based treatment. In developing this framework, best practice guidelines and the evidence base have been reviewed and incorporated into the description of the proposed service model.

Nine training packages have been identified as a priority for Workforce Development to cover the range of tiers of skills and clinical settings. They are listed below.

1. An introduction to eating disorders: screening, identification and assessment
2. The management of eating disorders in the community: the role of General Practitioners and community clinicians in treatment
3. The inpatient management of children and adolescents with eating disorders
4. The inpatient management of adults with eating disorders
5. Evidence-based treatment for adults with eating disorders – Cognitive Behavioural Therapy-Enhanced (CBT-E)
6. Evidence-based treatment for children and adolescents with eating disorders – Maudsley Family Based Therapy (FBT)
7. Training for dietitians working with eating disorders in the inpatient and community setting
8. Caring, navigating, supporting and treating – the role of carers and families in the treatment of eating disorders
9. School-based eating disorders training for school counsellors and other relevant school personnel in the identification, management, treatment planning and referral for persons with or at risk of an eating disorder

Each of the nine training packages will have 2 components:

1. A prerequisite, e-learning module
2. Face-to-face training

3.4 Mitigating risk factors

Rolling out training and education across NSW requires some preparatory work to ensure the uptake of the training and more importantly, to deliver services based on the new skills obtained from participation in the training. Two strategies were employed to help mitigate the risk of lack of uptake and support the readiness of local LHDs to engage in the Workforce strategies.

- The inclusion of LHDs in determining the priorities for training and the development of Local Service Plans to provide the scaffolding required to support the uptake of training related activities.
- The development of a Communication Strategy to accompany the Workforce Development Plan to ensure successful implementation and uptake.

3.5 Strategy for the Delivery of the Training Packages

3.5.1 Setting the scene for an effective training plan

According to the Kirkpatrick model there is a ten step process to developing an effective training plan [12]. Each of the following factors were carefully considered in the planning phase and will be considered in the implementation phase of the Workforce Development Plan to ensure an effective training program:

1. Determining needs
2. Setting objectives
3. Determining subject content
4. Selecting participants
5. Determining the best schedule
6. Selecting appropriate facilities
7. Selecting appropriate instructors
8. Selecting and preparing audiovisual aids
9. Coordinating the program
10. Evaluating the program

Step 1 was conducted by CEDD during Phase One of Implementation.

Steps 2-3 are the responsibility of CEDD with input from the Statewide Implementation Steering Committee, The Medical Leads Subcommittee and the local Eating Disorders Coordinators.

Steps 4-6 will be the responsibility of LHDs/SNs. Guidance will be given from CEDD to assist LHDs/SNs with selection of participants for each level of training to be provided.

Steps 7-10 will be the responsibility of CEDD (with step 8 being a shared responsibility with trainers hired by CEDD)

3.5.2 e-Learning modules

The e-Learning component of each training package will consist of short, targeted modules, 30-60 minutes long which will provide background information for each topic. Learners will be able to

access key resources through these online trainings in PDF format (e.g. screening and assessment tools, guidelines for inpatient admissions); watch videos and role-plays and will complete a short quiz at the end of the e-Learning module to consolidate learning. The curriculum for all e-Learning modules will be developed by CEDD in close consultation with advisory experts for each area. For the advanced skills training modules (FBT and CBT-E) the eLearning modules will be compulsory for participants in of the face-to-face training, but will also be available to all clinicians wishing to enhance their learning.

The e-Learning components will be disseminated and accessed using two methods:

- **For NSW Health staff:** e-Learning components for each training package will be developed by CEDD and hosted on the Health and Education Training Institute: HETI website so that they can be accessed by all NSW Health staff.
- **For non-NSW Health staff:** CEDD will purchase a suitable-Learning Management System on which they will host the e-Learning modules so they can be accessed by non-NSW Health clinicians.

3.5.3 Face-to-face training

The face-to-face component of the training packages will be delivered using different methods. These have been selected after consultation with LHDs/SNs and key stakeholders with the aim to maximise access and effectiveness to training. Face-to-face delivery options include:

i. Train-the-trainer model (Package 1)

- CEDD will develop the curriculum in conjunction with expert consultation. Each trainer will attend face-to-face training hosted by CEDD for the training module. Each trainer is given Powerpoint Slides, a Training Manuel and Handouts which they will be able to tailor to the needs of their LHD and learner group.
- Local LHD and SN Eating Disorder Coordinators are targeted to be the trainers for these modules.
- This package will be designed to be delivered as an 'in-service' training (60 minutes long) to ensure broad reach and accessibility to different clinical groups.

ii. Webinar series (Package 2)

- These will be delivered by CEDD in conjunction with the Mental Health Professionals' Network (MHPN) annually, via a series of webinars.
- MHPN is a federally-funded initiative targeted at improving interdisciplinary practice and collaborative care in the primary care mental health sector. It aims to support primary mental health practitioners through local networks and an online professional development webinar program. MHPN has extensive experience and expertise in the area and has produced 48 interdisciplinary, professional development webinars with the Federal Department of Health funding since December 2010. In 2015-2016, the online professional development webinar program attracted 6,500 participants from locations across Australia. Practitioners participated in either the live broadcast or watched a recording of one of the seven webinars produced during the year.
- Target audience: These webinars are available to anyone but the audience may also be sourced via MHPN's subscriber base of 40,000 practitioners, which includes but is not limited to GPs,

psychiatrists, psychologists, social workers, occupational therapists, mental health nurses, counsellors and other mental health workers. Over 8,000 of the clinicians on MHPN's database are located in NSW. MHPN can target these practitioners to attend a particular webinar.

iii. Delivery by 'expert' trainers (Packages 3, 4,5 & 6)

- These packages are manualised specific Clinical Skills Training and require delivery by experts who have had extensive clinical and training experience in the areas of inpatient management and the evidence based clinical interventions CBT-E and FBT.
- These packages will be delivered by leaders in the field as one or two-day face-to-face specialist clinical skills based training or workshops.
- Training for 'Inpatient Management' will be delivered by each of the NSW specialist hubs (i.e. Peter Beumont Unit, Royal Prince Alfred Hospital – adults; Sydney Children's Hospital Network – children and adolescents).
- Training for 'Evidence-based treatment in the community' will be delivered by clinicians and trainers who have significant experience in CBT-E and FBT models. To maximise the uptake of these two clinical interventions, the training will be delivered locally.

3.5.4 Post-training support

In order to ensure that clinicians translate the skills they have learnt from the specific training s into practice, support structures after the initial face-to-face training will be put into place. The two approaches for CBT-E and FBT to be employed include:

- providing supervision: local clinicians who have attended the face-to-face training will attend one year of monthly, group supervision which will be funded by CEDD; and
- development of local District Champions: they will be supported through separate training and supervision to provide ongoing support to local clinicians in the delivery of therapy.

4 Communication Strategy

The following strategies will be employed to ensure maximum uptake of the strategies employed.

Statewide communication to LHDs/SNs

CEDD will provide updates to LHDs/SNs about the Workforce Development Plan via:

- Local Eating Disorder Coordinators: these roles will be the central point of communication between statewide initiatives and LHDs. Coordinators will be provided with ongoing updates from the NSW Workforce Development Officer and attend monthly meetings for workforce development. Coordinators will also attend workforce development days hosted by CEDD to receive training in new curriculums, updates about workforce developments and review the progress of the Workforce Development Plan.
- Local Implementation Steering Committees – the NSW Workforce Development Officer and/or NSW Statewide Eating Disorders Coordinator will attend these meetings across NSW
- The CEDD website (www.cedd.org.au) and Newsletter

Internal communication within LHDs/SNs

Each LHD/SN will develop internal communication strategies outlining how they will distribute information about Workforce Training and Development to their workforce.

- It will be the responsibility of the LHD/SN to disseminate timetables and dates about local, face-to-face training opportunities to their workforce and to ensure that these are attended by clinicians. This is essential for training packages that will only be run annually (i.e. FBT, CBT-E, inpatient medical management and the MPHN webinar series).
- Local Eating Disorder Coordinators are responsible for the dissemination and distribution of specific training packages that have been designed using a train-the-trainer model in an in-service format, to be disseminated across LHDs/HNs as necessary.

5 Evaluation of the Workforce Development Plan

The NSW Service Plan for People with Eating Disorders Implementation Steering Committee will have responsibility for monitoring and reporting to the Mental Health Branch of the NSW Ministry of Health the outcomes of the Workforce Development Plan.

Substantial investment is being made into delivering resources and efforts to the skills development, it is therefore essential to determine the impact of the Workforce Development Plan, and to know to what extent objectives have been fulfilled. The evaluation processes will need to create valid, useful and reliable information.

Each of the training packages will have its own individual evaluations. These will be developed in partnership with the various providers of each of the packages.

Evaluation will need to focus on the following:

- Program reach- The proportion of eligible clinicians that participated in each training program.
- Program reaction - The extent to which participants found the program elements to be relevant and useful to their needs (perceived relevance)
- Program learning – The extent to which participants change attitudes, improve knowledge, and/or increase skills as a result of attending the training program
- Behaviour change – To what extent has the behaviour of clinicians changed and what are the barriers and enablers to uptake of delivering new treatments.
- Specific service activity. - The final results that occurred because the participants attended the training program (e.g. number of patients accessing treatment)

6 Future Planning

A commitment to ongoing research and workforce development is required to continue to build knowledge of and application of best practice treatment models and interventions. This plan provides a good foundation from which further initiatives are able to be developed.

The Workforce Development Plan should not be seen as a static document. Due to the turnover of staff within NSW Health and within the GP population and school population it is important to acknowledge that many of the strategies will need to be repeated after the life of this plan. New target groups may be identified and the strategies may need to be reviewed at the end of this time period.

Most of the training in this plan is considered basic level training. Any future plans should include the provision of advanced level skills training.

While the reach of the Workforce Development Plan is quite comprehensive in targeting essential groups and has prioritised clinicians that play a key role in service delivery to people with an eating disorder, there are additional specialist groups such as Emergency Department staff, Medical Registrars, Nursing Staff that would benefit from eating disorders training and would be worth targeting in ongoing workforce planning.

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