

Brief guide: substance misuse services – workforce qualifications

Context

Many substance misuse services employ multidisciplinary teams. Staff hold a range of qualifications (see appendix 1a) and are required to work within their level of competency, supported by regular and effective clinical supervision. Staff should not offer treatments, advice, care and support which they have not been trained and/or are not competent to give. Any staff member prescribing medicines must be qualified to do so, for example a registered medical practitioner or a non-medical prescriber (NMP), such as a nurse who has undertaken additional training to qualify as a NMP.

The type of staff directly employed by providers will vary in line with the type of service provided, for example, medically managed services¹, such as inpatient detox units, are likely to directly employ doctors, but medically monitored services, such as psychosocial residential settings, will often rely on a local GP or other visiting doctor.

Academic qualifications, such as a degree in psychology, are not sufficient on their own, even if they are in a related area. Staff members with academic qualifications or lived experience, who do not hold a professional health or social care qualification, should also have, or be working towards, a practice-based qualification (see appendix 1b).

Substance misuse services often employ paid or voluntary peer-to-peer mentors². Providers must ensure that these employees receive any training required, including an induction to the service, in order to carry out the role(s) assigned to them. Some peer-to-peer workers may be professionally qualified in addition to their life experience. Particular consideration needs to be given to the stage of recovery that peer mentors are in, given that it is inadvisable to employ or engage very recent service users in providing direct care, as they are likely to have ongoing care needs of their own.

Local partnerships of services and agencies may work together to deliver care for substance misusers. Therefore, personnel involved in delivering key elements of a care plan may be employed by different organisations in a locality. Inspectors need to establish the nature of these relationships because key clinical staff (e.g. medical and non-medical prescribers) may be employed by organisations other than the one being inspected.

Doctors: the Royal College of Psychiatrists'/Royal College of GPs' report [CR173](#) describes three levels of competency of doctors employed by or contracted to substance misuse services: generalists, intermediate and specialist. Public Health England has published information on the [role of addiction specialist doctors](#). Doctors working in SMS should have the competencies relevant to the role they are undertaking in that specific service. If a doctor does not have sub-specialty endorsement in substance misuse psychiatry, the provider must have assured itself that the doctor has the competencies and experience necessary to fulfil their role.

GPs: the Royal College of General Practitioners provides guidance on the competencies of a shared care GP and the skills expected of a GP with a special interest in substance misuse (GPwSI) in their [substance misuse toolkit](#).

¹ Medically managed – there is 24-hour, medically directed evaluation, care and treatment of substance misuse disorders on site; Medically monitored – enough medical supervision is provided by a visiting GP/other doctor, who is appropriately trained, with some knowledge of the management of addiction problems. See SCAN Consensus Project, Inpatient Treatment of Drug and Alcohol Misusers in the National Health Service, 2006.

² Peer-to-peer mentor – someone who has been in a similar situation to the person/s they are supporting. It can be a paid or voluntary role.

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Nurses: the Nursing and Midwifery Council provides guidance for employers about the [revalidation](#) activities required of nurses to maintain their registration. The Royal College of Nursing publishes information about [nurse non-medical prescriber](#) (also known as nurse independent prescriber qualifications). Public Health England issues information relevant to [all types of non-medical prescriber](#) in substance misuse services.

Pharmacists: the General Pharmaceutical Council provides guidance on the [standards for education, training and continuing professional development for pharmacists](#) and on [pharmacist non-medical prescribing](#).

Clinical Psychologists: see British Psychological Society (2012), [The contribution of clinical psychologists to recovery orientated drug and alcohol treatment systems](#)

Social workers: see Galvani S. (2015) [Alcohol and other drug use: the roles and capabilities of social workers](#), Manchester Metropolitan University

The Federation of Drug and Alcohol Professionals makes recommendations about qualifications in its guidance 'Developing standards of practice in the drugs and alcohol workforce: It's a vision thing' ([DANOS 2012](#)). However, this document pre-dates the care certificate (see [appendix 1b](#)) and some other changes to training and qualifications.

Evidence required

A good service should be able to demonstrate the following:

- Where appropriate (for example, in services that offer detoxification), there is a competent and appropriately qualified/trained clinical lead. This person may be employed directly by the service provider or by a different provider.
- When prescribers (doctors and/or NMPs) are employed, they are appropriately trained, competent, supervised and supported.
- Strong regular supervision and line management is in place for all staff members, backed up by appropriate policies and staff records.
- All staff possess the relevant competencies for their role, for example, for prescribing or administering medicines.
- Any employees who are professionally qualified are registered with their professional body.
- Staff who are working towards a professional qualification follow a course of study recognised by an appropriate professional body and have their practice supervised in line with the requirements of that professional body.
- Professionally qualified staff have attended training or similar on relevant substance misuse topics as part of their CPD. If new in post, there should be a plan in place to develop their skills and knowledge in this area if it is new to them.
- Other staff involved in providing care and support have a practice based qualification, or are working towards one ([appendix 1b](#)). This includes peer-to-peer workers and volunteers (if they provide care and/or support).
- Registered managers hold or are working towards a management qualification ([appendix 1b](#)).

Reporting

In the **skilled staff to deliver care** section of **effective**, refer to the training and qualifications of the health and care staff employed and say how they are supported to acquire or maintain substance misuse specialist skills and knowledge. If responsibility for training and qualifications rests with another provider, record how this provider checks that this is monitored by the other provider. Refer also to arrangements in place for professionals to maintain their registration.

Link to regulations

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 18 (staffing).

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Appendix 1a:

Substance misuse services – professional qualifications and registration

Qualifications alone do not guarantee competence, so providers should also have appropriate systems in place to ensure competence, such as regular clinical supervision, peer review, clinical audit etc.

Professionally qualified staff are people who are qualified to practise in the UK in a regulated health or social care profession (for example, a nurse, doctor, pharmacist or social worker). They must be registered with their relevant professional body.

Fully qualified psychiatrists who specialise in substance misuse should have a corresponding 'endorsement' on the General Medical Council's specialist register.

GPs and pharmacists can be accredited as substance misuse practitioners with a special interest (PwSI). During the accreditation process, the PwSI is expected to provide evidence of acquisition and maintenance of appropriate competences in substance misuse. While this is not compulsory, it is considered good practice for GPs and pharmacists working in this field.

Another indicator of good practice for GPs is completion of specialist training such as Royal College of GPs Certificate in the Management of Drug Misuse (it is also open to other professionals). CQC expects to see some evidence of specialist training if GPs are prescribers for substance misuse services.

Alternatively, a professionally qualified staff member may be chartered by The British Psychological Society (BPS) as a psychologist, or certified as a counsellor or psychotherapist by a recognised certifying body³. Anyone practising as a counsellor or psychotherapist who is not already certified by an appropriate body should be working towards this under appropriate supervision.

Appendix 1b:

Substance misuse services – practice-based qualifications

Qualifications alone do not guarantee competence, so providers should also have appropriate systems in place to ensure competence, such as management supervision, appraisal, audits etc.

Staff working in substance misuse services who are new to care and support or do not hold a professional qualification should undertake the *Care Certificate* (this has replaced the common induction standards) or an equivalent induction programme.

[Information about the care certificate.](#)

³ Certifying bodies include the British Association for Counselling & Psychotherapy (BACP), UK Council for Psychotherapy (UKCP) or the Federation of Drug & Alcohol Professionals (FDAP).

Once their induction has taken place, staff without professional qualifications should complete a practice-based qualification, for example:

- The *Diploma in Health and Social Care (Adults) England* at level 2. This level 2 diploma does not include any specific substance misuse units, but equips people with generic skills and knowledge applicable to most health or care settings.
- The *Diploma in Health and Social Care (Adults) England* at level 3 designed for those with more experience or senior/ specialist roles. This level 3 diploma includes some relevant 'optional competence units' such as 'Test for substance use' and 'Supply and exchange injecting equipment for individuals'.

[Information about level 2 and level 3 qualifications.](#)

Registered managers should hold or be working towards a suitable management qualification, such as the *Diploma in Leadership in Health and Social Care and Children and Young People's Services (Adults' Management)* at level 5. This level 5 diploma offers some particularly relevant 'optional units', such as 'Identify and act upon immediate risk of danger to substance users'.

[Information about level 5 qualifications.](#)

Alternative qualifications are acceptable if the content is appropriate for the post held by the staff member, the training is practice-based and provided at an appropriate level.

[Information about the Qualifications and Credit Framework \(QCF\).](#)