SOCIAL RESEARCH REPORT

Health professionals training

FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION

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HEARTWARD STRATEGIC

In this report

Executive summary

Health professional training and continuing professional development (CPD) on the subject of alcohol and pregnancy in Australia is limited. To align with the messaging and goals of *the Fetal Alcohol Spectrum Disorder (FASD) – National Awareness Campaign for Pregnancy and Breastfeeding Women* (the National Campaign) the Foundation for Alcohol Research and Education (FARE) plans to redevelop and improve upon health professional training on alcohol and pregnancy that was originally developed for the *Women Want To Know* (*WWTK*) program. This is to ensure that health professional training on alcohol and pregnancy is informed by the current National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol (2020) (the Alcohol Guidelines) and most up to date evidence base.

Heartward Strategic was commissioned to produce an evidence base to guide this redevelopment. The research comprised an audit and review of existing training, to identify gaps and opportunities, and a series of 15 interviews with a cross-section of health professionals to explore habits, needs and preferences with respect training.

Recommendations arising from this research

The findings from this research demonstrate a clear need to have training and resources on alcohol and pregnancy available to Australian health professionals. Redevelopment of *WWTK* training packages to align with current evidence and Alcohol Guidelines would provide a solid foundation to meet the needs of Australian health professionals and support the goals of the National Campaign.

Crucial, will be how the training is pitched and promoted. Broad dissemination of training opportunities and effective promotion of availability among health professional stakeholders may need to involve promoting it through the sources of CPD on which they already rely. Awareness of training availability alone may not be enough to encourage health professional engagement and relevance of the training to their professional knowledge and patient cohort will be important to highlight in promotion of training opportunities. Key here will be to:

- Increase personal prioritisation of this issue and training associated with it, potentially through positioning the training in a broader context, educating on prevalence of alcohol consumption in pregnancy, and quashing any notion that only high-level consumption is problematic.
- Helping health professionals realise they do not already know all they need to, by suggesting that there is new information and/or referencing the full range of knowledge and skills that a health professional engaging with relevant patients and this issue should ideally have.
- Target training at individual professions, including to emphasise that all health professionals who see this patient cohort have a role to play in reducing alcohol-related harm.

There may be value in packaging training in different ways to cater for different preferences for delivery. Inclusion of content that enables immediate application of knowledge to practice, such as suggested conversation starters, sample discussion points and video scenario demonstrations, will be important.

SUMMARY OF KEY FINDINGS

- 15 pieces of broadly relevant training were identified in the audit. Of these, five had a similar focus to *WWTK*, covering the importance of, and ways to support, abstinence from alcohol during pregnancy. The remainder focused on FASD diagnosis, assessment and management, addiction medicine, or only addressed alcohol consumption in pregnancy. Few pieces of training targeted health professionals overall, most being jurisdiction, context or profession-specific.

- Health professionals participating in this research spoke of CPD requirements being a key driver of engagement with training. Many spoke of selecting 'the best' from what is immediately available through their preferred source(s) of CPD. Topics generally favoured were those addressing a recognised deficiency in their skills or knowledge, a developing interest they have, or relevant to patients or patient presentations they commonly see. Health professionals can focus on when, how and for how long training is delivered, as much as the subject matter itself.

- Around a third of health professionals recalled completing training on alcohol and pregnancy in the last five years. For most, their knowledge and skills in this area came from foundational training, during which this topic may have been minimally addressed.

- Currently, capability, opportunity and motivation barriers exist to health professionals engaging with training on alcohol and pregnancy. These barriers include:
    - a lack of knowledge of training opportunities, and indeed a genuine lack of training opportunities available through their preferred channels;
    - a lack of appreciation of the need to address this issue with their patient cohort;
    - a perception that acting in this area may be outside their professional remit;
    - lack of personal prioritisation of this issue, overall, primarily because of assumptions made about patients and low perceived patient risk;
    - a belief that they already know all they need to, about this topic; and
    - a down-playing of the value of training.

- Health professional engagement with training on alcohol and pregnancy is most likely to be influenced by:
    - increased awareness of training availability;
    - visibility on familiar education and training platforms;
    - clear relevance to patient cohort;
    - minimal time commitment;
    - linkage to continuing professional development (CPD) points; and
    - no cost to participate.

- Health professionals would value content on: the incidence of alcohol consumption during pregnancy; alcohol and pregnancy planning; the impacts of alcohol on the developing fetus; the level of risk associated with low level alcohol consumption; motivational interviewing; brief interventions; and referral pathways.

- Resources on this topic were considered few and far between but would be valued as an adjunct to training, particularly those that can be used with patients. In a post-COVID world, websites or softcopy resources that could be referred to or emailed were preferred, especially if embedded within practice software.

- Participants were divided on whether they would be willing to attend training specifically on alcohol in pregnancy or whether they would consider this only as part of a broader topic or paired with other content. Some seemed interested in face to face seminars or workshops on a Saturday, others wanted training to be delivered to them either at their workplace, or via an online training.

Research context

ALCOHOL, PREGNANCY AND BREASTFEEDING

FARE is the leading not-for-profit organisation working towards an Australia free from alcohol harms. FARE approaches this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs.

In June 2020, FARE received funding from the Australian Government Department of Health to develop and deliver the *FASD – National Awareness Campaign for Pregnancy and Breastfeeding Women* (the National Campaign). The National Campaign has four streams targeting:

1. General public
2. Women at higher risk of alcohol-exposed pregnancies
3. Health professionals
4. Aboriginal and Torres Strait Islander peoples

The National Campaign is an evolution of FARE's work in alcohol and pregnancy and the prevention of FASD over the past 10 years.

The evidence is unequivocal that drinking alcohol during pregnancy can cause harm to the unborn child[1]. Alcohol consumption during pregnancy is associated with an increased risk of miscarriage, lower birth weight, stillbirth and premature birth, and FASD. Evidence about the impact of alcohol consumed through breast milk after birth, such as the effects on babies' breastfeeding, interaction and behaviour, and other areas of infant development, is less clear. However, there is still considerable evidence regarding the effect of alcohol in breast milk on infant sleep such that, even at low levels of maternal alcohol consumption, alcohol can adversely affect sleep-wake patterns of breastmilk fed infants[2].

Despite widespread awareness that there are potential risks of harm to unborn babies from maternal alcohol consumption during pregnancy, approximately one in three Australian women reportedly consumed some amount of alcohol during pregnancy in 2016[3]. Further, as the overwhelming majority of Australian mothers initiate breastfeeding, and many continue to do so for at least the first six months of their children's lives, there is potential risk of alcohol-related impacts on infants during this period.

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[1] Cochrane Australia and SAHMRI (2018) Report for systematic reviews of the association between different levels and patterns of maternal alcohol consumption during pregnancy and while breastfeeding and selected health outcomes for fetuses and children (up to age five). Accessed at: https://www.nhmrc.gov.au/file/14978/download?token=R9fVAOlN 7/09/2020

[2] Ibid.

[3] Australian Institute of Health and Welfare (2020) Australia's Children. Cat. no. CWS 69. Canberra: AIHW accessed at: https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf.aspx?inline=true 7/09/2020

THE ROLE OF HEALTH PROFESSIONALS

Health professionals play an important role in increasing awareness and avoidance of the risks associated with alcohol consumption during pregnancy and breastfeeding. However, recent research completed by Heartward Strategic for FARE to inform the National Campaign, has revealed deficiencies in the capability, opportunity and motivation of health professionals to adequately address this topic. Conversations about alcohol are not occurring consistently, or necessarily in line with Alcohol Guidelines.

Findings from that research indicated that few health professionals have sought or received training on alcohol and pregnancy/breastfeeding in recent years, and that health professionals perceive there to be a lack of specific training available to them on this topic.

Research objectives

The aim of the program of research described in this report was two-fold, to:

1. expose any gaps in the suite of tools and training currently available to health professionals in Australia on the topic of alcohol use while planning pregnancy, during pregnancy or when breastfeeding, that FARE could usefully seek to fill; and

2. better understand health professionals' current habits and preferences with respect to professional development, to ensure that that tools and training developed by FARE are marketed effectively and meet expectations.

FARE wished to consider a broad range of health professionals. This included:

- The priority audiences of GPs, midwives, maternal and child health nurses, practice nurses and Aboriginal and Torres Strait Islander health workers. Past research suggests these health professionals have the strongest perceived responsibility for the outcomes of pregnant and breastfeeding patients, see a critical volume of women who are planning pregnancy/pregnant or breastfeeding, and provide some continuity of care to patients. The decision was made to exclude obstetricians from this work, given previous research had already specifically focused on this audience.

- Allied health and other health professionals who, although having a more limited role to play, do still engage with relevant patients and need to be encouraged to provide appropriate information and advice at opportunistic moments.

Research methods

This study used a dual-methods approach, comprising desktop research and primary research.

AUDIT AND REVIEW OF TOOLS AND TRAINING

This component was a desktop audit and review of professional development training and related tools that are currently available to health professionals in Australia on the topics of:

- Alcohol use during pregnancy
- Alcohol use when breastfeeding
- Alcohol use when planning pregnancy
- Any other substance use during pregnancy

Firstly, Heartward Strategic consultants identified via desktop research training opportunities related tools and available to health professionals. The strategy adopted included:

- exploring direct suggestions from FARE;
- online searches using search terms relating to the topics stipulated as well as the key terms 'training' and 'clinical tools', and broader training topics such as 'healthy pregnancy' and 'FASD prevention';
- email contact to organisations that we hypothesised may provide relevant training/tools (e.g. state government health departments, primary health networks and professional bodies);
- sourcing tools/training referenced by organisations or training programs already explored; and
- further exploring any training or tools mentioned by interview participants (see below).

Tools and training identified during the above process were then categorised in terms of:

- the health professionals that were their intended audience;
- the circumstances/criteria under which they can be accessed;
- the format in which they are delivered or can be accessed;
- their content that directly pertains to the topics of interest;
- the broader context in which they would be encountered / their overall purpose;
- any associated costs; and
- any recognised CPD points that are realised by completing/using them.

Where required, follow up contact to organisations offering the training/tools was made to better understand what is available.

PRIMARY RESEARCH WITH HEALTH PROFESSIONALS

Primary research was conducted between September 28 and October 19, 2021, with 15 health professionals, including:

- 4 x generalist General Practitioners (GPs)
- 4 x GPs offering antenatal shared care
- A community pharmacist
- A nurse practitioner working in an Aboriginal health clinic
- A dietitian
- A midwife
- A practice nurse
- A women's health physiotherapist
- A sonographer

To qualify for the research, health professionals needed to report sometimes or often seeing either patients who are pregnant or patients who are planning pregnancy.

The sample covered:

- five states and territories including NSW, Victoria, Queensland, South Australia and the ACT;
- both those practising in a metropolitan setting, and those located in regional/rural areas;
- those newer to and more established in their profession; and
- those with different patient cohorts, including some frequently seeing patients from low socio-economic and/or Aboriginal and Torres Strait Islander backgrounds.

Each participant was interviewed via the telephone by a Heartward Strategic consultant for approximately 30 minutes. An interview guide, drafted by Heartward and approved by FARE, was used to ensure all topics of interest were consistently covered in each interview. This interview guide is included in this report as Appendix B.

Prior to the interview, each participant was required to complete and submit a pre-interview task. Using a supplied template, they were asked to provide details of any training or professional development activities they were aware of, had considered, or had completed in the last five years, covering women's perinatal preventative health, including alcohol use. This pre-task template is included in this report as Appendix C.

Participants were recruited by a specialist health recruitment team from accredited supplier TKW, primarily from a research panel of health professionals who have indicated an interest in participating in market and social research, but in some cases via cold-calling. Recruitment was guided by a recruitment screening script drafted by Heartward and approved by FARE, included in this report as Appendix D.

In line with industry practice, participants received a financial incentive as acknowledgment for their time. GPs received $180 and all other audiences received $150.

Findings from the audit and review

Women Want to Know (WWTK) was delivered by FARE between 2012 and 2018 and aimed to increase the likelihood of health professionals discussing alcohol and pregnancy with women, as well as to increase the number of health professionals providing advice consistent, with the National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol (2009). The key target group for *WWTK* was health professionals who interact most frequently with women during pregnancy, namely midwives and obstetricians. General Practitioners were included but had lesser focus throughout *WWTK*. *WWTK* produced practical resources to support health professionals to have these conversations, and included e-Learning available through the Royal Australian College of General Practitioners (RACGP), Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), and the Australian College of Midwives (ACM).

In addition to the training and resources provided by FARE through the *WWTK* campaign, this audit identified 14 relevant training opportunities for health professionals, including:

- 5 with a broadly similar focus to *WWTK*, being training aimed at educating health professionals on the importance of, and how to encourage, abstinence from alcohol during pregnancy;
- 5 with a focus on diagnosis and assessment of FASD, and supporting those affected after diagnosis;
- 3 embedded within an addiction-medicine context; and
- 1 focused on alcohol consumption while breastfeeding.

Each of these pieces of training is described briefly in the table overleaf, with further details provided in Appendix A.

Table 1. Summary of training opportunities currently available to health professionals in Australia relating to alcohol, pregnancy and breastfeeding

Focus	Name of training	Organisation	Target audience	Format	Duration	Cost
The importance of, and ways to support, abstinence from alcohol during pregnancy	*Alcohol abstinence in pregnancy: FASD facts, screening, brief advice at point of care, and referral pathways*	RACGP & NSW Health	Australian GPs	Pre-recorded webinar	1hr	Free
	Reducing alcohol consumption in your patients	RACGP	Australian GPs	Pre-recorded webinar	1hr	Free
	Valuable conversations for reducing the impact of alcohol use during child-bearing years	Govt of WA, Mental Health Commission	WA-based health professionals with prior FASD knowledge	Face-to-face training	2 days	Not specified
	Antenatal care for alcohol consumption during pregnancy	NSW Govt, Health Education & Training	Health professionals providing antenatal care within NSW Health facilities	e-Learning module	0.5 hours	Free
	FASD prevention and health promotion resources package	Menzies School of Health Research, OVAS, NACCHO and Telethon Kids Institute	Australian health professionals working with Aboriginal and Torres Strait Islander communities	Face-to-face training	2 days	Not specified
Diagnosis, assessment and management of FASD	*Graduate Certificate in the Diagnosis and Assessment of FASD*	University of WA	Graduates from specific disciplines	Online	1 semester, part time	$8,850
	Considerations for FASD Diagnosis	University of WA	Health professionals with an interest in FASD	Online	75 hours	$907

	History and characteristics of FASD	University of WA	Health professionals with an interest in FASD	Online	75 hours	$907
	eLearning modules for health professionals involved in FASD diagnosis	University of Sydney and Telethon Kids Institute	Health professionals involved in FASD assessment and diagnosis	e-Learning modules	7 modules	Free
	Explained by Brain	JumpStart Psychology	Psychologists and allied health professionals	Various	Various	Various
Addiction medicine	*Drug use in pregnancy and parenthood*	Royal Australian College of Physicians (RACP)	RACP or other medical college fellows	Online	Not specified	Not specified
	ECHO AOD training	The Royal Women's Hospital, Alcohol & Drug Service	Professionals working with substance-using women	Live teleconference	1 hour	Free
	Promoting healthy women and pregnancies	Government of WA, Mental Health Commission	Health professionals	Live teleconference	2 hours	Not specified
Alcohol consumption during breastfeeding	*Smartphone technology – Alcohol & breastfeeding*	Australian College of Midwives	Midwives	Webcast recording	1 hour	$55

Findings from the research with health professionals

HEALTH PROFESSIONALS' APPROACH TO TRAINING

Health professionals participating in this research spoke of CPD requirements being a key driver of engagement with training and other professional development, such as professional reading. While they did recognise the importance of CPD in and of itself, to keep their skills and knowledge up to date, across the board, health professionals spoke of prioritising training that yielded CPD points, oftentimes 'chasing' points in the lead up to needing to submit their CPD diary.

Topics generally favoured were those addressing a recognised deficiency in their skills or knowledge, a developing interest they have in a particular area or among a particular patient cohort, or relevant to patients or patient presentations they typically see or are increasingly seeing.

> *"It's partly exposure… if I get an email about one I'll go 'oh yeah, that looks good', and I wouldn't have maybe actively sought it out myself, areas that I find I'm kind of struggling to follow changes in, if there was updates and I want it to be clarified, and then areas that I just see a lot of people in, just to always reinforce it and make sure I'm up to date.*
>
> Shared care GP, metro Queensland

Some health professionals spoke of actively seeking out training on specific topics – exhaustively searching until they found something that met their needs. More often, health professionals spoke of selecting 'the best' from the limited or defined selection available through their preferred source(s) of CPD (some of which are mentioned overleaf).

Indeed, it appears that most health professionals have a small number of 'go to' sources of CPD that furnish them with the majority of their CPD points, these being sources they have identified as providing free, acceptable quality, easy to access training (including portals that are easy to navigate). This research detected particularly strong use of:

- online journal subscriptions with activities attracting points;
- CPD offered as part of membership of a professional body, in an effort to maximise the value gained from that membership[4] that typically come into their awareness through eNewsletters;
- opportunities that come to them and are almost impossible to miss – for example representatives coming in to deliver training, or training that is organised by the workplace; and
- 'big ticket' training opportunities attracting a large number of CPD points such as conferences.

[4] One participant noted that the move to allowing registration of CPD points directly with AHPRA may make some health professionals re-evaluate membership to professionals bodies like the RACGP, as they no longer need access to portals to log CPD.

Overall, health professionals did not perceive there to be a lack of training opportunities available to them to meet their CPD requirements, including free and convenient-to-access training, though some noted the shift to online learning since the COVID-19 pandemic. Some health professionals who have accreditation requiring them to complete CPD within a specific area, had greater trouble finding training on appropriate topics; this included training on perinatal topics for shared care accreditation.

A lack of lack of scrutiny of sources of CPD was detected in the research. Many did not seem concerned by who authored articles (and associated training) in free online journals, whether training was endorsed by a known and trusted organisation, or about any potential conflicts of interest in the case of training put forward by manufacturers of health-related projects.

Further, feedback from health professionals suggests that the extent to which training is convenient to access (by virtue of when and how it can be accessed and its duration), is as important as the topic of the training. A full discussion of preferences with respect training is included in the final section of this chapter.

The pre-task completed by health professionals prior to them being interviewed sheds further light on the specific sources of CPD accessed by health professionals, and the organisations that have recently been providing training in the areas of women's perinatal health as well as substance use (including alcohol consumption). These included:

- Both mentioned by four participants – RACGP, their local Primary Health Network (PHN)
- Each mentioned by three participants – The Australian Doctor Group (AusDoc), RACGP
- Each mentioned by two participants – HealthEd. Medicine Today, Jean Hailes
- Other online journals – Australian Journal of General Practice (AJGP), Nutrition Plus, Australian Journal of Pharmacy
- Other professional organisations – RANZCOG, ACM, Australian Physiotherapy Association and Australian Sonographers Association
- Other online CPD hubs – GuildEd
- Non-government organisations – Family Planning NSW, FocusOne Health, Australian Indigenous HealthInfoNet
- Corporates – Laverty Pathology, IVF Australia, Bayer and Nestle

While in this section we have focused on formal training for CPD purposes, it should be noted that some health professionals also reported deriving valuable learning from a broad range of less formal sources, such as word-of-mouth from colleagues, informal workplace training, the general media and health influencers (for example, through social media and podcasts).

RELEVANT TRAINING CONSIDERED OR COMPLETED IN THE LAST 5 YEARS

Most health professionals interviewed reported that their training on alcohol and pregnancy was essentially limited to what had been covered during their original/foundational training. Health professionals often noted that the topic had only been minimally covered at this time.

Of the 15 health professionals interviewed, nine reported having completed training in the past five years touching on some aspect of women's perinatal preventative health and/or substance use, that is, broad topics areas that could conceivably cover the topic of interest in this research. Topics varied from very broad, such as 'reproductive health' and 'alcohol and other substance use', to the more specific, such as 'substance use in pregnancy' and 'Responsible drinking: an important role of the pharmacist'.

Five of these health professionals reported having completed training in the last five years that they knew had focused on alcohol in pregnancy. This training included:

- 'FASD', Medicine Today (2017) online CPD completed by two GPs interviewed;
- 'Alcohol in Pregnancy', RACGP (2018) online CPD completed by one GP; and
- 'Alcohol in pregnancy and the effect of the fetus', Curtin University (2020) completed by the Women's Health Physiotherapist in the research sample, as part of a masters degree.

When asked what they recalled having learnt from the training, those four health professionals completing the above training all said that the predominant message was that there is no safe level of alcohol consumption during pregnancy. The GP who completed the RACGP training also recalled a strong message about the importance of assessing patients for alcohol consumption.

Health professionals who had completed more general training that may or may not have touched upon this subject, were mostly unable to recall whether or not it had been specifically covered or what they heard or learnt on this topic. A notable exception to this was the practice nurse included in the research sample, who recalled having gained value from an 'Infant health and nutrition' face-to-face breastfeeding and formula workshop hosted by Nestle that she attended in 2018. She recalled that this session had not been what she had expected and had provided useful advice.

> *"I remember, it was a few years ago but the Nestle course I went to, that was really, beneficial because they covered everything. Obviously Nestle makes baby formula but they talked about, like during pregnancy what foods are best for colostrum and breastfeeding and things like that and alcohol was covered in that, like what to do if you have a patient who is drinking alcohol during pregnancy or smoking during pregnancy. And then they talked about, they encouraged breastfeeding, if possible, but if not then use their formula, and then I remember they even talked about how quickly alcohol passes from the body into the breast milk and things like that."*
>
> Practice Nurse

To note, most of the training listed by health professionals in their pre-task, were 'point in time' training, no longer available from their respective sources. This means, their content has been unable to be verified, and they have therefore not been included in the audit reported earlier in this document.

One midwife, although not having received training on this topic in recent years, had sourced relevant reference material from Queensland Health ('Guideline on alcohol using during pregnancy and breastfeeding')[5] and the NHMRC ('Culturally safe advice on alcohol cessation in pregnancy')[6].

The midwife in the research sample had recently come across the *WWTK* training hosted by the ACM and reported that this was on her 'shortlist' of training to complete for CPD purposes.

BARRIERS TO ENGAGING WITH TRAINING ON THIS TOPIC

As noted above, few health professionals included in this research had engaged in recent years with any training on the topic of alcohol consumption during pregnancy (or when planning pregnancy or breastfeeding) in recent years. This research identified several barriers to health professionals engaging in relevant training, which are discussed below under the broad COM-B factors of capability, opportunity and motivation.[7]

CAPABILITY BARRIERS

LACK OF APPRECIATION OF NEED TO ADDRESS THIS ISSUE WITH THEIR OWN PATIENT COHORT

A key barrier identified in the research to health professionals actively seeking out training opportunities on this topic, or prioritising such training if they see it promoted, stems from a widespread lack of knowledge among health professionals of the incidence of alcohol consumption among pregnant women, and the extent to which this is relevant to their own patient cohort.

Health professionals broadly understand the risks associated with consuming alcohol in pregnancy and know this to be an undesirable behaviour. However, in alignment with previous research on this topic, most in this research sample expressed the belief that they did not need to be vigilant about, or skilled at addressing, alcohol in pregnancy, given their own patient cohort who, they largely believed not to be consuming alcohol during pregnancy.

> *"The practice I worked at previously was much lower socioeconomic background patients, and it was something that was discussed, because we did have patients who would present*

[5] https://www.health.qld.gov.au/__data/assets/pdf_file/0022/463720/alcohol-use.pdf
[6] https://www.nhmrc.gov.au/about-us/resources/culturally-safe-advice-alcohol-cessation-pregnancy
[7] Behavioural scholar, Susan Michie, and colleagues' COM-B mode, developed specifically for informing and evaluating behaviour change interventions in the health context, identifies three categories of behavioural influencers. *Capability* considers hysical and psychological aspects that pertain to an individual. *Opportunity* focuses on social and physical factors external to an individual that nevertheless impact behaviour. *Motivation* is defined as all those brain processes that energise and direct behaviour, not just goals and conscious decision-making.

drunk to their appointments whilst pregnant… we were situated close to housing commission and things like that. Not so much in my current workplace, unless I have a patient who is actively planning pregnancy and wants to discuss that with me, if they're after, as in if they're initiating the conversation of 'what can I do?' then I would bring up abstaining from alcohol, but not, yeah, I guess it's not done routinely in this practice."

Practice nurse, metropolitan Queensland

LACK OF KNOWLEDGE OF TRAINING OPPORTUNITIES

While health professionals believed there to be an abundance of training options available to them overall, there was considered to be a dearth of education opportunities on this specific topic. Training on this topic has not been prominent on the portals they used to access CPD and has not been advertised through the communication channels upon which they rely.

Of course, based on this audit process, there is an actual rather than just a perceived lack of specific training opportunities through health professionals' preferred channels, which could be classified as a current opportunity barrier.

OPPORTUNITY BARRIERS

PERCEPTION THAT ACTING IN THIS AREA IS OUTSIDE THEIR PROFESSIONAL REMIT

A less prominent barrier is a perception that advising women on alcohol consumption during pregnancy (or when planning pregnancy or breastfeeding) is outside of their professional remit.

This perception was held to some degree by the sonographer, pharmacist and women's health physiotherapist included in this research. Each, however, through the course of the research interview on this topic, came to see how they might indeed usefully communicate with women, and expressed a willingness to do so in a way that fits within their role. As such, this opportunity barrier may be relatively easy to overcome, through careful promotion of training, that provides cues that the training is relevant to their profession and role, empowering all health professionals to speak and act on this topic.

"[I would discuss a preventative health topic] if it's something that's affecting their bladder or affecting their bowel. I would discuss diet with them because obviously that's in relation to the bowel. I would discuss fluid intake in relation to the bladder and the only time I guess alcohol consumption comes up is if it's affecting the bladder and causing them to have an oversensitive bladder."

Interviewer: "… What would make you feel confident to discuss this or what would need to change for you to feel like you had a role to play in that?"

"I see so many pregnant women, I probably have more of a role to play. But what would help me to maybe discuss it more? Good question. I think probably having some kind of fairly specific help around how to broach the subject and counsel, because I guess as a physio you don't really talk about that, we're great at giving exercise prescription and

> *talking about physical ailments and problems, but I think the alcohol thing is hard, isn't it?... I guess it's the same thing around smoking, and so obviously I don't go into a big lecture about smoking with a patient, but you do say it's not good to smoke."*
>
> Women's health physiotherapist, non-metropolitan NSW

MOTIVATION BARRIERS

LACK OF PERSONAL PRIORITISATION OF THIS ISSUE, OVERALL

This research observed a lack of prioritisation of this issue, even among those believing addressing alcohol consumption during pregnancy (and when planning pregnancy and breastfeeding) to be squarely within their core remit, notably GPs (particularly shared care) and midwives, but also practice nurses. This lack of prioritisation appears to stem primarily from:

- **Assumptions about patients.** Linked to the lack of knowledge of the incidence of alcohol consumption during pregnancy (noted above under Capability), health professionals are by and large assuming that the women they are seeing during pregnancy are not consuming alcohol. They are not seeing the negative impacts of alcohol-affected pregnancies and are taking women at their word (if they screen for alcohol consumption at all) when they say they are not drinking.

- **Low perceived patient risk, and hence low need for them to be across this topic**. The assumption noted above that alcohol is consumed (at harmful levels) by pregnant women *outside* of their own patient cohort (e.g. by poorly educated women from low socio-economic backgrounds, or women who have alcohol addiction), leads some health professionals to believe that this is not a topic they need to be thoroughly across.

A BELIEF THAT THEY ALREADY KNOW ALL THEY NEED TO, ABOUT THIS TOPIC

Some health professionals in the research were entirely comfortable with their skills and knowledge in this area. This included some who had received little if any relevant training in recent years. Others suspected that they could know more, but the extent of their knowledge and skill deficits only became apparent to them through as the topic was discussed at length over the course of the research interview. In this way, 'you don't know, what you don't know' is a barrier to motivation to pursue relevant training.

A DOWN-PLAYING OF THE VALUE OF TRAINING

Some in the research sample, particularly those with longer tenure, down-played the value of training in general, instead emphasising the importance of knowledge and skills gained through experience. Examples of this included those who questioned the value of guidelines, and those who felt there would be little more they could learn about motivating women unwilling to give up alcohol during pregnancy, believing that 'knowing', building rapport with, and influencing their patients was a core skill set they had honed during their years in the job.

PREFERENCES AND EXPECTATIONS FOR TRAINING ON THIS TOPIC

SUGGESTIONS FOR HOW TO PROMOTE TRAINING ON THIS TOPIC

Health professionals interviewed as part of this research were asked for their views on how an organisation providing training on this topic would ideally advertise that training to catch the attention of health professionals like themselves. Suggestions included:

- advertising the training, and ideally making it available via, existing channels into which health professionals are already linked, including professional bodies, CPD hubs/portals, eNewsletters;
- personal invitation via direct contact – representatives coming to their workplace, or emailing or phoning them directly;
- strong, paid promotion, such as full page ads in industry journals;
- for general practice (GPs and practice nurses), promotion through, and any associated resources embedded within the local PHNs.

> *"In general practice or community, the Capital Health Network is a great place because they literally are a network for health professionals who work throughout Canberra, and so they have a lot of information that we can access, so something broad like that, because they will put out whatever awareness week or updated guidelines, so they're a good one to go to."*
>
> Practice nurse, Aboriginal Health, non-metropolitan ACT

SUGGESTIONS FOR HOW TO 'PITCH' THE TRAINING

Some health professionals interviewed as part of this research said they would be very interested to receive training on 'alcohol in pregnancy'. They felt that the topic warranted a training session dedicated solely to this topic, and that they considered the topic relevant to them.

In contrast, a small number expressed the view that they would not be interested in completing training specifically on this topic, unless it was paired with another topic and equipped them with knowledge and skills that could be more broadly applied.

Others again, expressed the view that perhaps the training could be marketed in a way that flagged why the training is of perhaps broader relevance than one might immediately appreciate. 'Antenatal management', 'pregnancy planning' (drawing in alcohol when planning pregnancy), 'pregnancy and baby care' (drawing in both alcohol in pregnancy and when breastfeeding), and 'having difficult conversations' were all topic areas thought to be synergistic with this training topic.

> *"Or maybe even if it was linked in with some other fertility-related information, because then it's like in one training I can learn multiple things, so it's not just about the alcohol but*

> *also other parts of pregnancy nutrition that are related… If it was clumped in with some other pregnancy nutrition related training courses, so as a combination, then I would be interested in taking that."*
>
> Dietitian, metropolitan Queensland

Among health professionals other than GPs and midwives, there was some suggestion that marketing of the training should make clear that it is relevant to and being aimed at their profession, by where it is advertised (e.g. through their professional body, or in their industry journal) and/or specific wording and even training content. This would increase the opportunity for health professionals, for whom engaging with women on this topic may not be a core part of their remit, to see the training as relevant to them and empower them to take on a greater role in this area.

> *"I think if it was something that was directed at allied health, there's lots of people working in those professions who potentially could counsel in the same way, so if it was training directed at allied health professionals to help with counselling re alcohol or smoking or any of those kind of, or drugs, I definitely would do it."*
>
> Women's physiotherapist, non-metropolitan NSW

To note, the research participant who had seen the *WWTK* training promoted, and was intending to complete the training, provided positive feedback on its title and how it had been promoted.

> *"I think it interests me because it had the word 'women' in it… I would hope, even just the title of it, that it is based on what women who have been pregnant or women who have used alcohol in pregnancy wanted to know or wanted to hear… And I think it always intrigues me I guess what women to know, what they want to be told, a lot of the time even if you have a clinical incident people will say 'I wish I had known this' or 'I wish somebody had done something like this', so I think it interests me for that reason.*
>
> Midwife, metropolitan Queensland

INCLUSIONS THAT HEALTH PROFESSIONALS WOULD VALUE

Health professionals interviewed as part of this research were asked about the topics or areas relating to alcohol in pregnancy they felt least confident on and/or would personally like to know more about or upskill on. Common responses included:

- **More information on the impacts of alcohol on the developing fetus**. Several mentioned that that they only had a general understanding of the risks and impacts associated with alcohol consumption during pregnancy, and that knowing more would enable them to speak more authoritatively on the topic and better persuade patients of the importance of abstaining.

- **Clarification of the level of risk associated with low level drinking.** A few health professionals expressed a lack of certainty about what they should be advising women with respect low level, infrequent consumption of alcohol during pregnancy ('one or two drinks' 'here or there'). They would like current medical advice and the evidence behind this, to be clarified.

> *"I do ask 'do you smoke, do you drink?' and they'll say 'yes', 'how much do you drink?', and then they'll say 'one or two', and it kind of helps to be armed with the information to then tell the patient that look, even one or two standard drinks is not good for pregnancy and this is why, there's research behind it… and that particular module… run by an online magazine that specialises in training doctors… I don't remember all of it, but I remember just five or six key points that I took away and one of the most important ones was any alcohol is not safe for pregnancy… and I can tell the patients that I know that for a fact."*
>
> Shared Care GP, metropolitan NSW

- **Upskilling on motivational interviewing.** Health professionals in this research were divided on the confidence they felt (rightly or wrongly) in having potentially difficult conversations with patients. Some, particularly older GPs, felt that they were well able to build rapport with, elicit honest responses from, and effectively influence, their patients. Other health professionals flagged this one of the areas they would most value training in. Those feeling that this was one of the harder parts of their job, suggested training could usefully provide guidance on ways to broach the subject of and provide advice on alcohol consumption, without sounding judgemental. Valuing advice on how to respond if a patient expresses regret about alcohol consumed prior to knowing they were pregnant, was also mentioned.

> *"Anything that helps with the conversation definitely helps me because like I said, I personally find that as a difficult, a very difficult part of my job, talking about news that people don't want to hear, or breaching an uncomfortable sort of topic with somebody is, anything that we can have to help us along with that conversation will be definitely helpful."*
>
> Sonographer, metropolitan Qld

- **Upskilling on brief interventions**. Some health professionals mentioned they were confident to screen for alcohol consumption, and refer on women disclosing high level drinking, but that they would not necessarily know how to support a patient disclosing lower levels of alcohol consumption.

- **More information on the 'size' of the problem**. Some expressed a desire to know the proportion of women who are drinking during pregnancy, and the characteristics of these women, the implication being, that evidence that members of their patient cohort may indeed be drinking, counter to their assumptions, would motivate them to take more action on this topic.

- **Information on next steps/where to refer.** Some health professionals, not working in contexts where supports are already in place, expressed the view that they would not know where they could reliably refer a patient who was drinking during pregnancy and was reluctant to change.

- **More information on alcohol consumption during pregnancy planning.** A few health professionals admitted that they had not really considered the importance of ceasing alcohol consumption when trying to conceive and were interested to hear more about the benefits of doing so, and how and when this topic might be sensitively raised with relevant patients.

Resources

Very few in this research said that they were currently using resources on this topic, either to refer to, or to provide to patients. Health professionals also tended not to mention the provision of resources as being a valuable accompaniment of training. However, when prompted, several health professionals said that they would consider it a 'bonus' to receive resources as part of any training completed on this topic:

- particularly if these were resources that could be used with/provided to patients;
- in order that they had a record of what they had learned that they could refer back to; and/or
- so that they were 'armed' with solid evidence on the risks and guidelines.

Some mentioned that their workplace was essentially paper-free and that particularly since COVID, hard copy resources were no longer generally distributed to patients. Many liked to have websites or softcopy resources they could refer/email to patients, or refer to themselves as necessary. A further suggestion was to embed key aspects of screening, assessing and motivating on the topic of alcohol consumption in pregnancy, within practice software.

> *"Like mental health scoring, that's something you can't always remember, what questions to ask or how to score them. I use that on the cheat sheet. Also this little motivational link and that certainly would help, like we use it for smoking. I don't use it anymore because the smoking thing is so… I just remember what to do now because I've been doing it for a long time, but that would definitely help, yes."*
>
> GP, metropolitan South Australia

Those on the periphery of engaging with patients on this topic (pharmacists, sonographers, physiotherapists) may have particular interest in resources. Being able to hand a resource or resource link to a patient adds credibility and confidence for them to extend their role into this territory.

> *"I guess just some good resources that maybe a couple of websites or a couple of things that they could access that would give them the possibility to maybe talk to somebody who has got a better scope of training in the area, would maybe be helpful. But also, just some kind of key phrases or key little ins to maybe discuss."*
>
> Women's physiotherapist, non-metropolitan NSW

PREFERRED FORMATS

Health professionals were fairly evenly divided on their preferred format for training, and what they felt would be appropriate for training on this topic. Variously discussed were:

- **Face-to-face workshops**. Perhaps most favoured, were in-person workshops and seminars, and to a lesser extent full or multi-day conferences. Perceived strengths of face-to-face training were the associated networking opportunities (particularly valued in regional areas), ability to ask questions and talk to and learn from others, the inherently stimulating nature of this format (interacting with others, receiving refreshments), and the stronger ability to focus without distraction, away from the home or workplace. A Saturday timeslot was generally favoured.

- **Workplace-based or 'in-service' training.** Those working in a hospital setting or in a large general practice, favoured training coming to them, where it can be done in work time by many staff members at the one time. This could include formal training attracting CPD, or more informal training presented, for example, during staff meetings.

> *"I mean we're always learning, so I really cherish any sort of programs or any in-service or any education that is available to us, especially in primary health because it's not, in the hospitals I think it always used to be there and ready and there was no issue, you didn't have to go anywhere, you'd just go and attend it at the hospital for the most part, but when you're working in general practice it's a lot harder… Yes, so attending in-service or education within the hospital system was so easy because they just had the talks, and you went, and you filled out your card, and it was done. Now we look for, and with COVID of course the reps don't come around like they used to, so it's very hard to get, it's very much self-motivated learning.*
>
> Practice nurse, Aboriginal Health, non-metropolitan ACT

- **Online training.** Many in the research sample saw online modules as the quickest, easiest and most convenient method of gaining CPD points. Many points are described as accrued in this way, at times that suit the health professional.

- **Live webinars.** A few health professionals in the sample described live webinars as preferable to self-paced online training, and a better approximation of face-to-face workshops (that would be preferable if not for the inconvenience of travel, and COVID-related limitations). Live webinars, being time-limited and requiring commitment, were described by some as more likely to be completed than other online training that is easier to skip at the end of a busy day. The ability to ask questions via a Q&A component was also highly valued.

THE DESIRE FOR INTERACTIVITY AND A PRACTICAL COMPONENT

Generally, the importance of being able to interact with other trainees and the presenter, ask questions and have knowledge tested (via quizzes, presenting case studies, reacting to mock scenarios etc.), were all considered hallmarks of quality training.

When asked to point to examples of training completed in the recent past that they would have highly recommended to a colleague, many examples centred on training that had featured a practical component, ability to observe, or demonstration of a competency. Examples included training involving discussion and interpretation of pathology reports, training where participants were able to view a live transvaginal scan to demonstrate techniques to identify endometriosis, and training involving 'buddying' with a specialist.

FEEDBACK ON DURATION

Preferences for duration of training did vary dramatically. Many felt an hour (accruing 1 CPD point) was appropriate for most topics. Some had appetite for an extended format or ongoing training. Others favoured alternative approaches that allowed training to fit more easily into their day, with self-guided training that need not be completed in one go, or innovative formats favoured.

> *"Yes, usually it would be something that I can do throughout my work week and it doesn't take out a huge chunk of time where I need to take time off work, so unless it's something that's really intensive, say a two or three day seminar or workshop or something like that, otherwise I'll tend to do more online courses which I can do at my own pace or online webinars, those kind of things, or even unpaid programs like podcasts because I can do them while I'm driving, so it will be something that is efficient… Dietitian Connection always have a podcast, which now actually the podcast counts towards it as well, so if you listen to the podcast, you do the quiz after the podcast, then you can also use that to count towards your ongoing CPD."*
>
> Dietitian, metropolitan Queensland

COST

Given the plethora of training options available entirely free of charge (or included within a professional membership), little appetite was shown in this research for training with a cost associated with it. Allied health professionals in particular indicated they would be unwilling to pay more than a couple of hundred dollars, even to attend a conference.

Conclusions and recommendations

The findings from this research point to there being a clear role for FARE to play in disseminating training to health professionals in Australia on the topic of alcohol, pregnancy and breastfeeding. Based on this audit and these interviews, this would not represent a duplication of effort. Indeed, there is room for FARE to bring unity to the fragmentation in the way this topic is currently covered (or not covered) in training across jurisdictions and types of health professionals in Australia.

While there are several training opportunities currently available to Australian health professionals on the topic of alcohol, pregnancy and breastfeeding, apart from *WWTK* training, just one similar piece of training content that is readily accessible was identified. This was a short webinar offered by the RACGP and NSW Health that delivers content on this topic and is accessed through YouTube. Other training covering relevant content is either not widely available due to targeting specific jurisdictions, contexts or patient cohorts, or contains content focused only on FASD diagnosis or addressing addiction in pregnancy.

It seems clear that the current *WWTK* training, and related resources, are a good match for what this research reveals health professionals still want or need to know about this topic. However, equally important as the content of the training, is how the training is pitched and promoted. Findings from the research suggest that production of training and resources alone will not be sufficient to ensure that a broad spread of Australian health professionals engage with it. Broad promotion of training may need to incorporate the sources of convenient and reliable CPD that are known to be well accessed and relied upon by health professionals.

Once they know of the training, health professionals must then still recognise this as directly relevant to them, and something from which they and their patients will benefit. Key here will be to:

- **Increase health professionals' personal prioritisation** of this issue, by making it seem relevant to as broad a cross-section of their patient cohort as possible. 'Hooks' to attract attention to the training could include positioning the training in a broader context (such as referencing pregnancy planning, in addition to pregnancy itself), educating on how widespread alcohol consumption in pregnancy actually is (using, for example, the statistic of one in three), and quashing any notion that is it only high-level consumption of alcohol that is problematic.

- **Helping health professionals realise that they don't already know all they need to know**. Beneficial here, will be suggesting to health professionals that there is new information (guidelines, insights from women) and/or referencing the full range of knowledge and skills that a health professional engaging with this issue should ideally have – not limited to knowledge of the risks and guidelines, but extending across the asking, assessing, advising, assisting and arranging.

- **Target training at individual professions**, important particularly for those needing to be encouraged to realise that their profession has a role to play in reducing harm caused by alcohol. This may be achieved simply through promotion – where and how – but greater gains would be

made by actual tailoring of content. How and when might a pharmacist raise this topic and support women? An allied-health practitioner?

- **Emphasise that all health professionals who see this patient cohort have a role,** and the importance of a unified message reaching women. This inclusive message may increase the currently diffuse sense of ownership in relation to pregnant or breastfeeding women and alcohol.

In terms of the way in which training is delivered, different formats for training are preferred by different individuals and have different strengths and weaknesses. This suggests there is value in packaging and repackaging training in different ways.

Health professionals observe that training is most useful and most remembered where there is some interactivity and direct applicability to their work. Such things as case studies, mock consultations, suggested conversation starters and sample questions, and templates/resources, will empower health professionals and provide them with something to put into practice immediately.

The next step in engaging health professionals in training on alcohol and pregnancy will be to understand more specifically how training content and promotional messaging (including creative execution) can embody the recommendations outlined above – increasing health professionals' perceptions that alcohol and pregnancy is a priority issue on which they should seek further training, and challenging the notion that they currently know all they need to know on the topic of alcohol and pregnancy.

Appendix A: Training identified in the audit

TRAINING ON THE IMPORTANCE OF AND WAYS TO SUPPORT ABSTINENCE FROM ALCOHOL DURING PREGNANCY

- ***Alcohol abstinence in pregnancy: FASD facts, screening, brief advice at point of care, and referral pathways***, *RACGP and NSW Health*[8]

  This webinar aims to equip health professionals with knowledge and skills to influence pregnant women's behaviour in relation to alcohol consumption. It provides facts about FASD and advice on how to structure an effective intervention through the model of Assess (via Audit-C tool), Advise, Assist and Arrange.

Target audience:	Australian GPs (both members and non-members of the RACGP)
Format:	1-hour webinar, now available via YouTube video
Qualification:	2 CPD points
Price:	Free

- ***Reducing alcohol consumption in your patients***, *RACGP*[9]

  This webinar aims to increase health professionals' knowledge and confidence to:

  - discuss patient's alcohol consumption,
  - undertake a comprehensive assessment, and
  - integrate referrals (to the Get Healthy Information and Coaching Service - Alcohol Module and/or Alcohol Drug Information Service) into routine consultations.

  To note, this webinar does not have a particular focus on pregnancy. However, it is mentioned that as part of the Get Healthy Information and Coaching Service (NSW only) there is an Alcohol Abstinence in Pregnancy Program patients can enrol in, recommended where they score 3 or more on Audit-C questionnaire.

Target audience:	Australian GPs (both members and non-members of the RACGP)
Format:	1-hour webinar, now available via YouTube video
Qualification:	2 CPD points
Price:	Free

- ***Valuable conversations for reducing the impact of alcohol use during child-bearing years: applying Trauma Informed Care Practice and Motivational Interviewing to alcohol use during pregnancy***, *Government of Western Australia, Mental Health Commission*[10]

[8] https://www.racgp.org.au/education/professional-development/online-learning/webinars/pregnancy-and-breastfeeding/alcohol-abstinence-in-pregnancy
[9] https://www.racgp.org.au/education/professional-development/online-learning/webinars/drugs-and-alcohol/reducing-alcohol-consumption
[10] https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/fetal-alcohol-spectrum-disorder-fasd-training/

Part of the Commission's 'Preventing FASD' project, this training covers:

- reflective practice;
- trauma informed care and practice;
- motivational interviewing;
- FASD prevention (in the context of a holistic prevention framework); and
- brief interventions (using AUDIT-C and the Five As of Asking, Assessing, Advising, Assisting and Arranging).

It is promoted as 'planned for state-wide delivery in 2021 and 2022.'

Target audience:	WA-based health professionals with prior FASD knowledge
Format:	2-day face-to-face training
Qualification:	not specified
Price:	not specified

- ***Antenatal care for alcohol consumption during pregnancy***, *NSW Govt Health Education and Training*[11]

  This training outlines the need for addressing alcohol consumption during pregnancy as part of routine antenatal care and covers the three steps to providing recommended care: Assess, Advise and Refer. It includes practical scenarios showing best practice approaches to addressing alcohol consumption during pregnancy and demonstrates the use of eMaternity to support care delivery. The training constitutes 0.5 hours of CPD.

Target audience:	Health professionals providing antenatal care within NSW Health
Format:	e-Learning module
Qualification:	0.5 hours of CPD
Price:	Free

[11] https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/antenatal-care-for-alcohol-consumption-during-pregnancy-

- ***FASD prevention and health promotion resources package**, Menzies School of Health Research, Ord Valley Aboriginal Health Service, National Aboriginal Community Controlled Health Organisation and Telethon Kids Institute (funded by the Australian Government Department of Health)*[12]

  This project seeks to empower health services to develop and implement community-driven strategies and solutions to reduce the impact of FASD. Modular training resources have been developed and are accompanied by materials (a facilitators manual, participants workbook, and PowerPoint slides) to help deliver the training. The modules include: what is FASD; brief intervention and motivational interviewing; monitoring and evaluating health promotion strategies; and sharing health information.

  Target audience: Australian health professionals working with Aboriginal and Torres Strait Islander communities[13]
  Format: Face-to-face delivery over 2 days or as stand-alone modules
  Qualification: CPD points (number not specified)
  Price: not specified

It was hypothesised that other state government departments may produce training for health professionals working in state-run facilities, similar to the eLearning produced by the NSW Government Health Education and Training. However, no similar training is, at this time, referenced on any other relevant state-based, government websites. In response to emails sent out to state-based health services, both a clinical nurse specialist and clinical midwife consultant in a state-based hospital were interviewed as part of the audit process. Although both were knowledgeable about and saw value in addressing alcohol in pregnancy with their patient cohort, they made the following observations:

- Despite a widespread recognition in the health community of the impact of FASD, they perceived there to be no state-wide push in their jurisdiction for action on this topic, from government or any other body. They felt that FARE could usefully play such a role.
- They believed there to be a gap within their health service both in terms of training staff about alcohol in pregnancy, and any general focus on this as an issue. They noted that AUDIT-C is not currently embedded within antenatal booking-in questions, and different screening questions are currently used (with staff unclear how or why they are included).
- They noted that alcohol and pregnancy is not covered in any mandatory training provided via eLearning through their employer organisation, and that while they suspect training on this topic has been offered at one time or another, they are not aware of any training they could currently, easily recommend to staff.
- They said they suspected that different members of staff address this topic differently, and that not all address it in a manner that would be considered best practice. They expressed the view that staff would particularly benefit from upskilling on how to have a quality conversation with women on this topic (more than simply collecting consumption information and referring on in cases of reported higher level consumption), including how to conduct brief interventions.

[12] https://www.fasdhub.org.au/training-and-support/training--education/menzies-resources/

[13] During 2015-17, the resources package was piloted among 80 staff across 40 sites participating New Directions: Mothers and Babies Services. It is unclear what organisations are running such workshops ongoingly; certainly, this is not something individual health professionals can simply sign up to.

TRAINING ON DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF FASD

- ***Graduate Certificate in the Diagnosis and Assessment of FASD***, *University of Western Australia*[14]

  Open for graduates of speech pathology, social work, occupational therapy, physiotherapy, nursing, medicine (including paediatrics and psychiatry) and psychology (honours), this training enables students to develop the specialist knowledge and clinical skills required to participate in team-based diagnosis and assessment of FASD.

Target audience:	Graduates from specific disciplines
Format:	Part time, 1 semester, online
Qualification:	Postgraduate certificate
Price:	$8,850

- ***Considerations for FASD Diagnosis***, *University of Western Australia*[15]

  The university also offers this 'micro-credential' that provides students with foundational knowledge required for understanding FASD, such as its basic characteristics, ethical issues in assessment and diagnosis, and forms of intervention which may be helpful for people with FASD. Completion of this course counts as a credit towards the graduate certificate mentioned above, however, it is also marketed as suitable for a range of community members and professionals with interest in FASD, not limited to health professionals.

Target audience:	Health professionals with an interest in FASD
Format:	75 hours over approximately 8 weeks, online
Qualification:	Micro-credential; counts as credit towards above postgrad certificate
Price:	$907

- ***History and Basic Characteristics of FASD***, *University of Western Australia*[16]

  Very similar to the micro-credential described directly above, with a different focus, this micro-credential covers the historical and social context of FASD, characteristics of FASD and common comorbidities.

Target audience:	Health professionals with an interest in FASD
Format:	75 hours over approximately 8 weeks, online
Qualification:	Micro-credential; counts as credit towards above postgrad certificate
Price:	$907

[14] https://www.uwa.edu.au/study/courses/graduate-certificate-in-the-diagnosis-and-assessment-of-fetal-alcohol-spectrum-disorders-fasd
[15] https://www.uwa.edu.au/study/courses-and-careers/short-courses/uwa-plus/micro-credentials/micro-credential-considerations-for-fasd-diagnosis
[16] https://www.uwa.edu.au/study/courses-and-careers/short-courses/UWA-Plus/Micro-credentials/Micro-credential-History-and-Basic-Characteristics-of-FASD

- ***eLearning modules for health professionals involved in FASD diagnosis,*** *University of Sydney and Telethon Kids Institute (funded by the Australian Government Department of Health)*[17]

  These training modules are designed to accompany the Australian Guide to the Diagnosis of FASD and include: what is FASD; introduction to diagnosing FASD; assessing prenatal alcohol exposure; assessing neurodevelopmental impairment; assessing the face; screening and referral; and support and intervention after diagnosis. The course is self-paced and includes video and audio segments, quizzes and participant evaluation.

Target audience:	Health professionals involved in FASD assessment and diagnosis
Format:	7 modules of e-Learning
Qualification:	CPD points (number not specified)
Price:	Free

- ***Explained by Brain***, *JumpStart Psychology*[18]

  JumpStart Psychology has published a book and developed resources for parents, carers and teachers of children diagnosed with FASD. It offers, for health professionals, training on how to diagnosis FASD and understand behavioural symptoms. 10 video packages (each video running for 1 to 2.5 hours, and able to be watched for 6 months) are available for purchase, and full-day training is also available (face-to-face or online).

Target audience:	Psychologists and allied health professionals
Format:	Full-day training (face-to-face or online) and online video packages
Qualification:	CPD points (number not specified)
Price:	Varies

ADDICTION MEDICINE TRAINING RELATING TO ALCOHOL CONSUMPTION DURING PREGNANCY

- ***Drug use in pregnancy and parenthood***, *Royal Australasian College of Physicians (RACP)*[19]

  As part of the Advanced Training Addiction Medicine program, which is 36 months of full-time equivalent training, trainees have access to 8 online modules . Although not compulsory for trainees registered in the program, trainees are encouraged to complete all modules. 'Drug Use in Pregnancy and Parenthood' is one such module. It is self-paced and consists of online reading materials, statistics and case studies, with quizzes throughout to assist with learning.

Target audience:	RACP or other medical college fellows
Format:	Online training module
Qualification:	Advanced Training Addiction Medicine
Price:	Not specified

[17] https://training.fasdhub.org.au/courses/fasd-elearning-modules/
[18] https://www.jumpstartpsychology.com/Explained-by-Brain-Group.html
[19] https://www.racp.edu.au/fellows/resources/addiction-medicine. Detail was gained directly from the RACP as the training sits behind a paywall.

- ***ECHO AOD training**, The Royal Women's Hospital, Alcohol & Drug Service*[20]

  This training is described as aimed at professionals working with substance-using women in maternity or general health settings, alcohol and other drugs (AOD) services, paediatric services and mental health services. It aims to upskill clinicians in managing drug use, including alcohol consumption in during the perinatal period.

Target audience:	Professionals working with substance-using women
Format:	Live videoconference
Qualification:	1 CPD point, plus an additional point if they present a case study
Price:	Free

- ***Promoting healthy women and pregnancies,** Government of Western Australia, Mental Health Commission*[21]

  Training session that provides an overview of the complexities of alcohol use during pregnancy, defines FASD and discusses FASD prevention. Not much information is publicly available on this training, and we have assumed that the focus here is on high level drinking given its context within AOD training.

Target audience:	Health professionals
Format:	2-hour live videoconference, delivered in Semester 1 of AOD training
Qualification:	Not specified
Price:	Not specified

TRAINING ON ALCOHOL CONSUMPTION DURING BREASTFEEDING

- ***Smartphone technology – Alcohol & breastfeeding**, Australian College of Midwives*[22]

  This training is in the form of webcast from 2016, facilitated by Dr Roslyn Giglia from the Telethon Kids Institute, now available for a fee to members and non-members of the College. It looks at how alcohol can affect breastfeeding, the breastfeeding infant, and the development of alcohol recommendations for breastfeeding women. It introduces the Feed Safe phone app to support breastfeeding women who choose to consume alcohol, and discusses the involvement of practitioners in translating the evidence guidelines on alcohol and lactation into practice.

Target audience:	Midwives
Format:	1-hour webcast recording
Qualification:	1 CPD point
Price:	$55

[20] https://www.thewomens.org.au/health-professionals/clinical-education-training/alcohol-drugs-education-training
[21] https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/fetal-alcohol-spectrum-disorder-fasd-training/
[22] https://learn.midwives.org.au/moodle/enrol/index.php?id=49

Appendix B: Interview guide

Through the interview, we will aim to understand:

- Current experience with respect to training, including how Health Professionals come to hear about training, what prompts them to undertake it and what they find most valuable/useful.
- Perceptions of training currently available – options, quality, gaps, providers.
- Needs and preferences in their current role.
- Willingness to engage with this kind of training material.

All interviews will be free-flowing. A general structure and key areas to cover are provided below.

SET-UP AND INTRODUCTION (3 minutes)	
Welcome	I'd like to thank you for giving up your time to participate in this research, it is very much appreciated. This interview won't take more than 30 minutes.
Recap of purpose	Through this research we are seeking to explore the training available to health professionals on the topic of alcohol and pregnancy – including your reactions to what is currently on offer, any gaps in what is currently on offer, and general needs and preferences. Thank you for completing your pre-task, which will form the basis of a discussion a little later on.
Recap voluntary nature of participation	Confirming that your participation in this research is entirely voluntary. Please let us know if you wish to withdraw from the study at any point. If you do withdraw, you can request to have your data removed from the study.
Recording and confidentiality of participant information	This research is being carried out in compliance with the Privacy Act. You will be participating anonymously, and we hope you feel comfortable to be honest in providing your opinions. Are you still OK for me to make a recording of our conversation to help with our analysis? The recording will be stored securely and will be destroyed after the end of the project. ***Do not record if permission not confirmed. See closing for seeking permission re: transcripts.***
Introduction	Before we get stuck into discussing training, as background, please would you tell me a little bit about the setting in which you currently work, and the sorts of patients you typically see?

BROAD LINES OF QUESTIONING (25 minutes)	

Training overall	Before we focus in on alcohol in pregnancy, I'd like to talk broadly about your approach to continuing professional development.
	• How do you decide what training or other professional development activities you will do in any given year?
	• Do you favour training over professional reading, or vice versa? Why is that? EXPLORE PERCEPTIONS OF DIFFERENT TYPES OF TRAINING DELIVERY, AND NOTE IMPACT OF COVID
	  ○ in person vs online synchronous vs online asynchronous
	  ○ one-off workshop style (single contact point) vs ongoing course
	• Do you typically *seek out* training opportunities or does information about these opportunities tend to *come to you*? From whom? How?
	• When *seeking out* training / PD opportunities:
	  ○ Where do you start your search?
	  ○ What are you are most looking for?
	  ○ How do you choose between one opportunity versus another?
	  ○ Do you feel spoilt for choice, or are there key gaps in what's available?
	Probe on: *format, length, price, training provider, referrals/suggestions from others, topic/subject matter*
	• And can you point to any examples of training you've completed in the recent past, that you would highly recommend to a colleague? What made that training stand out?

Examination of pre-task:
 	
Recent training completed or considered
	And what do you think has been your main source of information on alcohol and pregnancy? What most strongly influences your practise and any advice you provide patients? *Explore influence of specific training versus other influences*
	Let's go through your pre-task (which covered the last 5 years of any health professionals training you participated in relating to the topic of alcohol and pregnancy) now…
	To cover:
	• *Feedback on any relevant training completed*
	  ○ *how found out about and came to enrol*
	  ○ *likes, dislikes (PROBE CONTENT, FORMAT/DELIVERY ETC)*
	  ○ *new information / perspectives / tools gained*
	  ○ *extent to which they have been able to incorporate learnings in their practise*
	  ○ *anything missing?*
	  ○ *whether would recommend, why/why not, to whom*

	• *Feedback on any relevant training heard about or considered, but did not pursue* ○ *barriers / turn offs / why did not pursue* • The pre-task asked you to consider the last 5-years. Have you completed any training on this topic more than five years ago? What do you recall about it? • Have you attempted to seek training on, or even just find information about, anything relating to alcohol and pregnancy and been unable to find it? Do you think there are any gaps in what is on offer?

Perceived need for training on alcohol and pregnancy/ content gaps	• How much do you feel you know about the effects of alcohol in pregnancy? What can you tell me about those effects?
	  ○ *Probe on FASD versus other effects*
	• How much do you feel you know about what the NHMRC guidelines or clinical care guidelines are on this topic? What can you tell me about those?
	• Overall, what topics or areas do you feel most confident on? Least confident on?
	  ○ *As necessary probe on: stage of pregnancy (pre- through breastfeeding), assessing alcohol consumption, what the risks are (impacts, points in time), what the guidelines say, initiating conversations, having quality conversations, what to do where consumption is admitted, referral options.*
	• What if anything more would you personally like to know about this topic?
	  ○ *If an area selected*: Why is this a priority?
	  ○ *If no area selected:* What would need to be different about your work situation or your patients for this to be a higher priority topic area for you?
	• Who do you think would benefit most from training on alcohol and pregnancy? Why do you say that? What topics or areas should be a priority?
	• Overall, what would most strongly encourage you to undertake training on alcohol and pregnancy?
	• If you had a patient who disclosed that they had been drinking or were drinking in their pregnancy do you feel with your training to date that you would know how to support her? If yes – what makes you say that? If no – what training would assist you in this?

Resources	• Do you use any alcohol-related information, resources or materials to support you when seeing women who are pregnant, planning pregnancy, or who are breastfeeding?
	  ○ Do you have enough? What else would be helpful? What about in terms of their format?
	• Do you use any resources to share with or provide to patients on this topic?
	  ○ Do you have enough? What else would be helpful? What about in terms of their format?
	• To what extent do you believe the provision of tools or take home materials are an important component of training?

Preferences and expectations	• What organisations or types of organisation do you think could most credibly or reliably provide information or training on this topic?
	• And how would this organisation ideally advertise any training they may be offering?
	  ○ *Explore channels*
	  ○ *Explore 'hooks' to get them interested*
	• And what characteristics would this training ideally have?
	  ○ *Probe on*: topic covered, length, timing, format, extent to which self-directed, inclusions of materials/tools, cost

Willingness to engage in training	• And based on everything we've discussed today, how likely are you to seek training opportunities in the next 12 to 24 months on this topic? Why do you say that? • What would encourage or motivate you to undertake training on this?

DEBRIEF, SEEK PERMISSION TO PRODUCE TRANSCRIPT AND CLOSE (2 minutes)	
Offer thanks	Thank you so much for your time today. Your feedback has been most useful, and I hope you've found the discussion interesting.
Incentive	*Explain incentive will be paid by TKW by bank transfer*
Seek permission to produce and share de-identified transcript	Do we have permission to produce a de-identified transcript from the audio recording of this interview, to use for analysis purposes? ***Record whether or not permission is granted for transcript*** *IF YES:* This research has been commissioned by the Foundation for Alcohol Research and Education, or FARE. Do you give permission for this de-identified transcript to be shared with FARE alongside others from this study? ***Record whether or not permission is granted to share transcript with FARE***

Appendix C: Pre-task template

Thanks for agreeing to participate in this research project.

Please spend 10-15 minutes prior to your interview completing this brief written task.

This research is exploring training available to health professionals on the topic of alcohol and pregnancy.

Please complete the table below to the best of your ability.

Please record as many details as you can recall or locate of any **training or professional development activities you are aware of, have considered or completed** in the last 5 years (since 2016) that focused on or covered any aspect of:

- Women's perinatal preventative health (i.e. planning pregnancy, during pregnancy or post-partum);
- Alcohol and/or other substance use;
- Alcohol consumption guidelines;
- Alcohol consumption in pregnancy and/or during breastfeeding;
- Fetal Alcohol Spectrum Disorders, Fetal Alcohol Syndrome; and/or
- Any other topic you consider relevant to these issues (e.g. you may have learnt something about any of these issues as part of training with a different or broader focus)

Please add additional lines to the table if needed. An example has been given as a guide.

#	Topic/focus	Organisation/ Source	Mode of delivery *(e.g. online self-paced, webinar, face to face, etc)*	Cost/fee	Completed, considered or just heard about it?	If completed, when?
E.g.	*Alcohol abstinence in pregnancy*	*RACGP*	*Online live webinar*	*Free*	*Completed*	*June 2020*
1						
2						
3						
4						

Appendix D: Recruitment script and screener

RECRUITMENT SUMMARY

- 15 x in-depth interviews with pre-task:
  - Each interview up to 30 minutes duration, with the expectation of up to 15 minutes spend before hand on pre-task
  - Interviews conducted via telephone or Zoom (as preferred by participant) at mutually convenient time (given interviewers' availability, no overlapping interviews)

- Incentives paid by recruiter via bank transfer:
  - GPs – $180
  - Nurses & allied health professionals – $150

- 2 waves of fieldwork to allow for any tweaks to interview guide:
  - Phase 1 of fieldwork – Tuesday 28 and Wednesday 29 Sep
  - Phase 2 of fieldwork – Monday 4 to Wednesday 14 Oct

SAMPLE FRAME

<table>
<tr><th>Broad audience type and number</th><th>Role with pregnant women</th><th>Other relevant factors</th></tr>
<tr><td rowspan="2">General Practitioners who see pregnant women or those planning pregnancy at least sometimes

n=8</td><td>4 GPs offering shared care to pregnant women</td><td rowspan="3">At least 5 different states/territories to be covered

4-5 to work outside of metropolitan areas</td></tr>
<tr><td>4 generalist[23] GPs seeing pregnant or breastfeeding women at least sometimes (but should not provide shared care)</td></tr>
<tr><td rowspan="2">Nurses who see pregnant women or those planning pregnancy at least sometimes

n=2</td><td>1 Midwife</td><td>Mix by tenure</td></tr>
<tr><td>1 Maternal child health nurse OR practice nurse</td><td>Roughly equal male/female split</td></tr>
<tr><td rowspan="2">Allied Health Practitioners who see pregnant women or those planning pregnancy at least sometimes</td><td>1 ATSI health worker</td><td rowspan="2">Mix of SES and cultural background of patient cohort</td></tr>
<tr><td>1 Dietitian</td></tr>
</table>

[23] We do not wish to include, for example, a GP working in a specialist (e.g. diabetes) clinic

– must be private practitioners working in a clinic (and NOT work in a hospital or emergency setting) n=5	1 Sonographer	
	1 Pharmacist	
	1 Women's health physiotherapist	

RECRUITMENT SCREENER

Introduction – must read to all potential participants.

We are looking to recruit GPs, Nurses and Allied Health Practitioners to a research study being conducted by Heartward Strategic, an independent social research consultancy, and commissioned by a not for profit organisation[24]. The aim of the research is to understand more about interest in training or professional development opportunities available to practitioners on a particular preventative health topic, the extent to which the training is helping practitioners in their practise, and what if any gaps exist.

The research will involve you:

- participating in a one-on-one interview (via telephone or teleconference), that will last up to 30 minutes, with a consultant from Heartward Strategic; also
- prior to the interview, spending up to 15 minutes looking up and recording information on training you may have recently heard about, considered or completed in the topic areas of interest[25].

You would receive [*GPs:* $180 / *All others:* $150] as a thank you for your time, paid by us via bank transfer into your nominated account.

Please be advised that the interview will be audio taped to aid the researchers with data analysis. Recordings will be stored securely and destroyed by Heartward at the end of the project. Would that be OK with you? ***Seek permission for this from all participants[26].***

Everything you say during the interview would be treated as anonymous and confidential. No one would be trying to sell you anything, nor would there be any personal consequences for you arising from what you say. Participation is completely voluntary.

We are trying to recruit a mix of practitioners, including those who have been practicing for different periods of time, and who see different types of patients. May I please ask a few questions to confirm you complement the people we have already recruited?

Screening questions:

Q1. Note gender ***Record, noting we are aiming for equal split of men and women***

[24] If raised, advise that name of sponsoring client will be provided at end of interview so it does not influence how they respond.
[25] They will receive specific prompts to respond to when their participation is confirmed. If they press, advise the topics will be women's healthcare pre-pregnancy, in pregnancy or breastfeeding, as well as alcohol or substance use.
[26] Permission to produce a de-identified transcript to be passed to client will be sought during the interview, but agreement is not a requirement for participation.

Q2. To confirm, are you currently practising as a … [*select as per database information*]?

Generalist GP
Midwife
Practice nurse
Maternal child health nurse
ATSI health practitioner / Aboriginal Health Worker
Dietitian
Sonographer
Pharmacist
Physiotherapist – probe and ensure they specialise in women's health
If not currently practising in any of the above, terminate

Q3. How often would you say you see each of the following types of patients? [*Prompt: never, rarely, sometimes, often*]

	Never	Rarely	Sometimes	Often
1. Patients from low socio-economic backgrounds			***Include some** saying 'sometimes'/ 'often'*	
2. Patients with serious mental health issues				
3. Patients from culturally and linguistically diverse backgrounds			***Include some** saying 'sometimes'/ 'often'*	
4. Patients who are pregnant	***See termination instruction below***			
5. Very elderly or geriatric patients ***Do not ask for midwives or maternal child health nurses***				
6. Patients from an Aboriginal and Torres Strait Islander background			***Include** some saying 'sometimes'/'often'*	
7. Patients who are planning pregnancy or actively trying to conceive	***See termination instruction below***			

Terminate if rarely or never at both 4 and 7 (and not a midwife or maternal child health nurse).

Q4. ***If GP:*** And do you provide GP Antenatal Shared Care? ***Record, we need 4 'yes', 4 'no'***

Q5. ***If sonographer or pharmacists:*** Which of the following best describes the context in which you work?

- Private practice
- Hospital setting ***Terminate***

Q6. In what state or territory do you practise? ***Record, aim for a good spread***

Q7. And do you work in a metropolitan, regional, rural or remote area? ***Record, noting quotas for outside of metro***

Q8. And for roughly how many years, in total, have you worked as a [***insert audience type from Q2***]?
Record number of years. Among GPs, and across all other audiences, aim for roughly equal split of:

- ***up to 5 years***
- ***6-19 years***
- ***20 years +***

Schedule preferred date & time for interview (noting Heartward availability)

Offer the option for a timeslot (calendar invite for) for time set aside for pre-task – alternatively they can complete whenever they wish

Record preference for telephone or teleconference (Zoom or MS Teams) and best contact number if phone interview

Record email address to send pre-task prompts, and for teleconference invite.

END OF SCREENER