

Standard for training in  
smoking cessation treatments





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The smoking cessation training standard has been informed by the practical experience of those currently delivering smoking cessation interventions



# The need for a training standard in smoking cessation treatments

The white paper on tobacco, *Smoking Kills*<sup>1</sup>, announced the establishment of specialist NHS smoking cessation services. These services have proven both effective in helping smokers to quit and cost effective when compared with other forms of treatment in tackling coronary heart disease, respiratory disorders and cancer.

The Department of Health's *Priorities and Planning Framework 2003-2006*<sup>2</sup> includes targets for primary care trusts (PCTs) to achieve in the next three years across a range of health service provision. This includes the key target for smoking cessation:

Reduce the rate of smoking, contributing to the national target of reducing the rate in manual groups from 32% in 1998 to 26% in 2010: 800,000 smokers from all groups successfully quitting at the four-week stage by 2006.

In setting this target the Department of Health has signalled the high priority it places on smoking cessation, and the indicative funding allocation to PCTs reflects this.

The success of the NHS smoking cessation services depends upon highly trained and skilled smoking cessation advisers to provide support and advice to smokers who are motivated to quit. Yet the quality of training for smoking cessation advisers around the country is mixed. Until now, there has not been a coordinated approach to the content or quality of training in this field.

The purpose of this training standard for smoking cessation is to improve the effectiveness of smoking cessation services by raising the quality of the training provided to smoking cessation advisers.

The training standard will contribute to the national target by raising the level and defining the content of training across England and Wales. The standard will provide individual practitioners, service providers, PCTs and strategic health authorities with a robust framework against which to measure current and future performance.

The smoking cessation training standard has been informed by the practical experience of those currently delivering smoking cessation interventions, those running the specialist NHS cessation services, as well as by reviews of research evidence and of existing training programmes, together with consultation with academics, trainers, medical and policy advisers.

The standard covers three 'levels' of smoking cessation advice, in line with the guidance provided by the government on how to develop effective smoking cessation services. These are:

1. Brief interventions
2. Intensive one to one support and advice
3. Group interventions

At each level the minimum content requirements of the training programme are highlighted in red with the learning outcomes listed as bullet points.

# Brief interventions

## CORE CONTENT AREAS AND KEY LEARNING OUTCOMES

After successful completion of the course, trainees should be able to undertake the following:

### 1. Assessment and recording of smoking status

- Ask about smoking in an appropriate way, to elicit an accurate response S
- Record status and action taken in an appropriate computer or paper-based system S

### 2. Assessment of readiness to quit

- Ask appropriate questions to assess readiness to make a quit attempt K/S
- Assess willingness to use appropriate treatments S

### 3. The health risks of smoking and the benefits of quitting

- List the major life-threatening and non life-threatening diseases caused by smoking and potential years of life lost K
- Describe the effects of passive smoking on adults and children K
- Explain the benefits of quitting smoking K
- Describe compensatory smoking in relation to reducing frequency of smoking or switching to lower tar cigarettes K

### 4. Reasons why stopping smoking can be difficult

- Describe the main features of the tobacco withdrawal syndrome K
- Dispel common myths about the perceived benefits of smoking K
- Describe the social context and psychological effects of tobacco use K

### 5. Treatments to help with stopping smoking

- Describe the principles and effectiveness of the specialist services involving behavioural support and medication K
- Describe the various forms of medication and their use K
- Identify commonly used treatment options that have not been found to be effective K
- Explain the importance of directing smokers to treatments with proven effectiveness K
- Respond appropriately to client enquiries on treatment options S

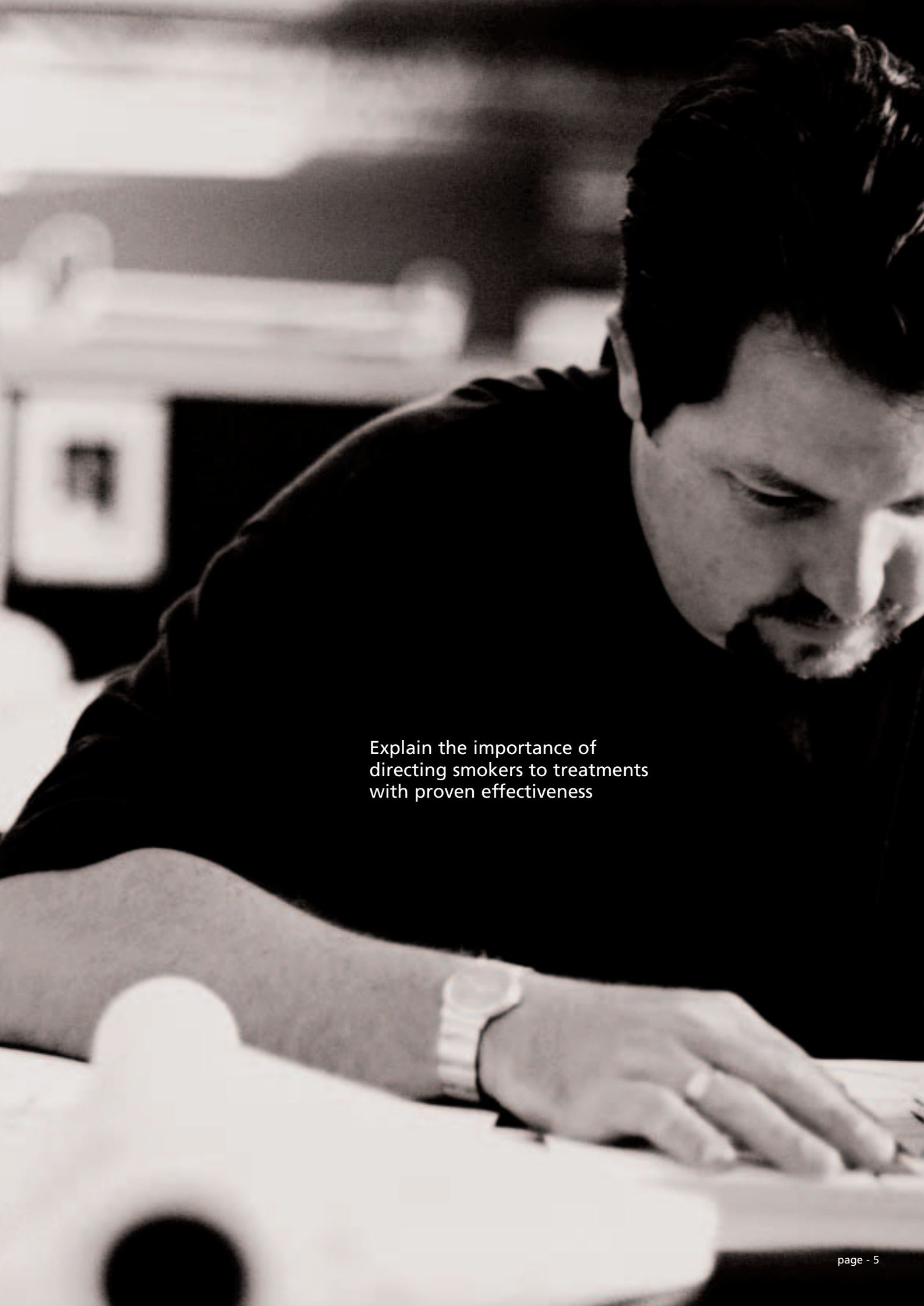
### 6. Referral to local services

- Describe the local services and how a client can access them or how a referral can be made K
- List the pros and cons of referring smokers to local services and of providing brief one-off advice K
- Present the local service to clients in an appropriate and positive way S

### 7. Wider context

- Describe the role of brief interventions in local and national service provision and targets K
- Briefly describe the national policy framework K

Each objective is marked with a K or S to indicate whether it is skills- or knowledge-based.



Explain the importance of directing smokers to treatments with proven effectiveness

# Intensive one to one support and advice

## CORE CONTENT AREAS AND KEY LEARNING OUTCOMES

Participants should have previously covered the relevant core content areas and acquired the key learning outcomes for brief interventions training or these should be covered here. After successful completion of the course, trainees should be able to undertake the following:

### 1. Smoking demographics

- Describe smoking prevalence and patterns as functions of age, gender, ethnic origin and social class **K**
- Understand the local smoking prevalence and patterns where known, and the implications of this to their work **K**

### 2. The effects of smoking and of stopping smoking

- Describe behavioural and pharmacological determinants of smoking behaviour **K**
- Describe the perceived benefits of smoking **K**
- Describe the common and less common tobacco withdrawal symptoms and their duration **K**
- Use this information appropriately in treatment **S**

### 3. Smoking cessation treatments and their outcome

- Show awareness of the existing treatments **K**
- Understand how smoking cessation methods are evaluated and how the results are reported **K**
- Describe typical long-term outcome results of the main treatment methods, and of the treatment method taught at the course **K**
- Describe a typical relapse curve **K**

### 4. Assessment

- Assess a client's nicotine dependence using an appropriate method **S**
- Assess a client's commitment to the present quit attempt and to attending treatment **S**
- Describe the relevance to treatment of past quitting history and smoking characteristics **K**
- Demonstrate the use of the CO monitor as a motivational tool and as a means of assessing and validating smoking status **S**

### 5. Pharmacotherapy

- Describe the full range of medications available, their use, availability and cost, cautions and contraindications, and side effects **K**
- Explain medications to clients in an accurate and positive way, and help them in choosing one **S**
- Alleviate fears of medication (side effects, cancer, dependence potential) **S/K**
- Create realistic expectations of the medication effects **K/S**
- Effectively liaise with prescribers (where appropriate) **S**

Each objective is marked with a **K** or **S** to indicate whether it is skills- or knowledge-based.

## 6. Behavioural support

- Maximise commitment to the target quit date **S**
- Apply appropriate behavioural support strategies within the treatment programme **S**
- Respond to common questions and issues raised by smokers **S**
- Describe common barriers to quitting **K**
- Address problems with patient's motivation, strong withdrawal reactions, and adherence to treatment **S**
- Describe when and how to end treatment **K/S**
- Discuss relapse situations and known predictors of relapse **K**
- Deal appropriately with lapses and with full relapse during treatment **S**

## 7. Treatment programme

- Describe a typical treatment programme, its aims, length, how it works and its benefits **K**
- Describe and deliver the content of typical introductory, mid-treatment, and final sessions **S**
- Describe local policies and procedures regarding logistics of treatment **K**

## 8. Monitoring and continuing education

- Describe local and national monitoring requirements **K**
- Describe the local system for monitoring a client's progress **K**
- Describe the local system for organising end-of-treatment and long-term follow-ups and keeping records on throughput, outcome, and client characteristics **K**
- Identify professional resources for smoking cessation specialists **K**



Implement a system of keeping records of group attendance and outcome

# Group interventions

## CORE CONTENT AREAS AND KEY LEARNING OUTCOMES

Participants should have covered previously the core content areas and acquired the key learning outcomes for brief interventions and intensive one to one interventions or these should be covered here. After successful completion of the course, trainees should be able to undertake the following:

### 1. Recruitment and assessment

- Describe potential difficulties and pitfalls in recruiting patients for group treatment and ways of coping with these **K**
- Show awareness of the size of catchment area needed to run successful group programmes and of expected local throughput **K**
- Assess patients for their suitability for group treatment **S**
- Describe logistic demands of organising group clinics **K**

### 2. Treatment programme for groups

- Present the treatment and create accurate positive treatment expectations within the group context **S**
- Describe the content of the group session programme **K**
- Manage problems of co-morbidity (psychological and physical) appropriately **S**
- Show awareness of short-term and long-term results typically achieved in the UK smoking cessation services with group treatments **K**

### 3. Group processes

- Explain the ways in which group processes can sustain or enhance motivation to stop smoking **K**
- Facilitate choice of medications in the group context **S**
- Stimulate and facilitate supportive group discussion **S**
- Describe and apply techniques for enhancing group support **S**
- Describe and apply strategies for dealing with 'difficult' group members **S**

### 4. Monitoring and follow-up

- Implement a system of keeping records of group attendance and outcome **S**
- Outline current practice of maintenance/relapse prevention sessions for group members **K**

Each objective is marked with a **K** or **S** to indicate whether it is skills- or knowledge-based.

# Annex

## WHAT IS THE TRAINING STANDARD?

The training standard for smoking cessation advice covers two main areas – knowledge and skills. These are the main pre-requisites for smoking cessation advisers. It is vital that people who deliver advice and support to those who want to quit smoking have accurate and up to date knowledge of what works, and what works best, and that they have the skills to implement that knowledge.

The standard applies to the content of programmes and the intended learning outcomes of training for smoking cessation advisers.

The standard is not designed to prescribe all aspects of training provided by smoking cessation services. It is recognised that in many services the core staff have a rolling programme of training Level 2/community advisers and that an important part of this involves instruction in the specific procedures operating in the local area. There should, therefore, be flexibility in the training of staff who work in smoking cessation to enable tailored instruction for a wide range of staff – be they prison officers or pharmacy assistants. In these instances additional learning outcomes may be developed to make them more specific to the individual and local context. These may also involve aspects from a number of different levels of the training standard.

## A BETTER SERVICE: A MORE PROFESSIONAL WORKFORCE

The NHS smoking cessation services are an important element of the government's overall strategy to reduce smoking. The main purpose of the standard is to improve the effectiveness of smoking cessation services by raising the quality of the training provided to smoking cessation advisers, and so enable them to deliver a more effective service to smokers who want to quit.

In addition, the standard aims to ensure:

**Equity** – the quality of smoking cessation advice that smokers receive should be the best, regardless of where smokers live or their personal circumstances.

**Evidence-based services** – support and advice provided by smoking cessation advisers should be informed by the latest and most accurate evidence that will help smokers to quit.

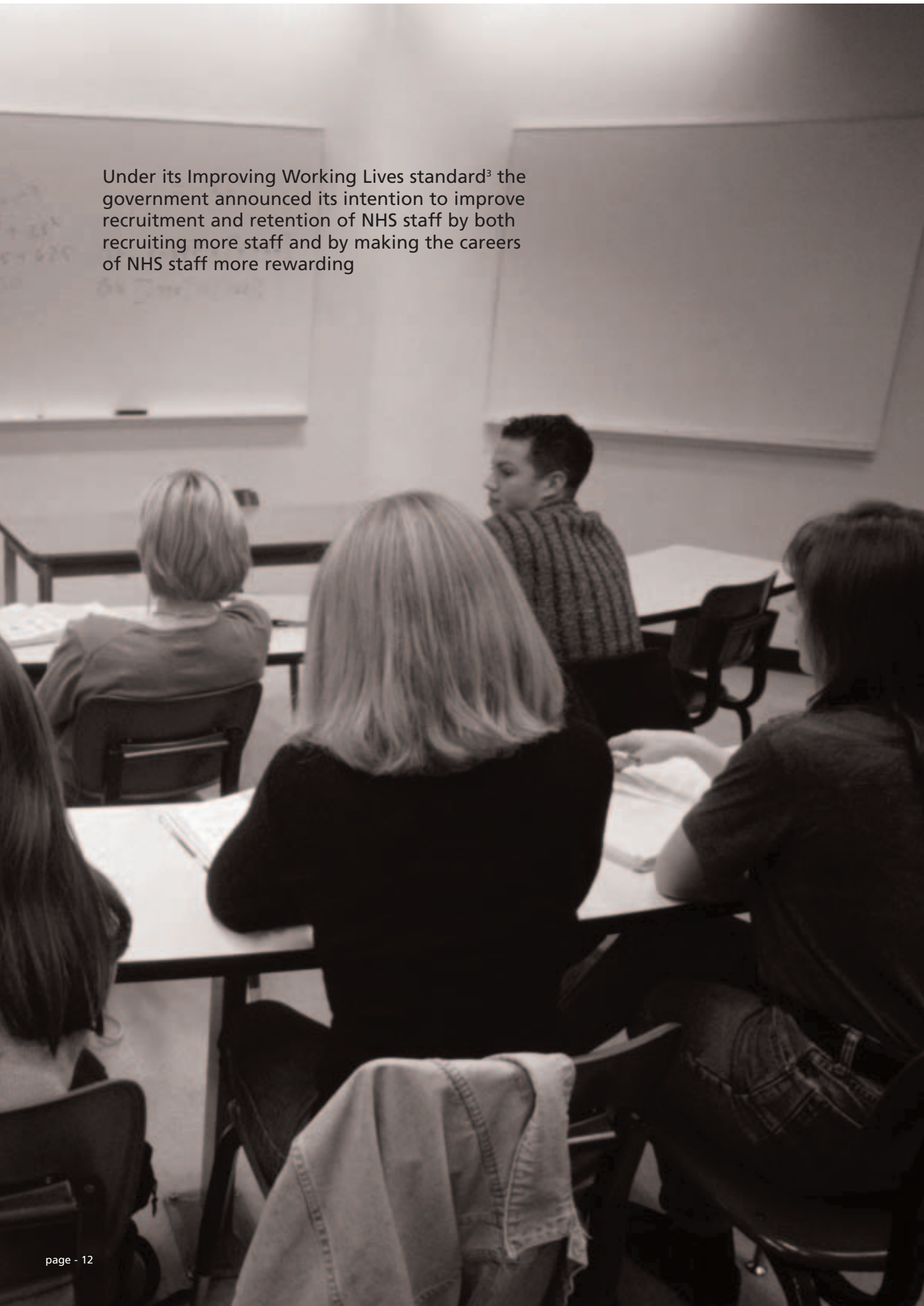
The standard also aims to improve the professional standing of individuals and training programmes that achieve the standard. It will also help smoking cessation advisers develop professionally by accessing approved training.

The Improving Working Lives standard set out in *The NHS Plan*<sup>3</sup> makes it clear that every member of staff in the NHS is entitled to work in an organisation which can prove that it is investing in more flexible, supportive and family friendly working arrangements that will improve diversity, tackle discrimination and harassment, and develop the skills of all its staff to improve patient services.



The standard will also help smoking cessation advisers develop professionally by accessing approved training

Under its Improving Working Lives standard<sup>3</sup> the government announced its intention to improve recruitment and retention of NHS staff by both recruiting more staff and by making the careers of NHS staff more rewarding



## INVESTING IN TRAINING OF NHS STAFF

*The NHS Plan*<sup>3</sup> identified the need for changes in the way staff work in order to deliver modern, patient-centred services.

'Developing the skills and potential of NHS staff is a fundamental part of this Plan. The Government is committed to giving them the support they need in order to make the most of their contribution to patient-centred care. By liberating the potential of staff the NHS can shape its services around the needs of patients.'

For all NHS staff, *The NHS Plan* provided for investment to support continuing development and to fulfil the requirements of clinical governance and revalidation. For staff without a professional qualification *The NHS Plan* guarantees all such staff access either to an Individual Learning Account of £150 a year or dedicated training to NVQ Levels 2 and 3.

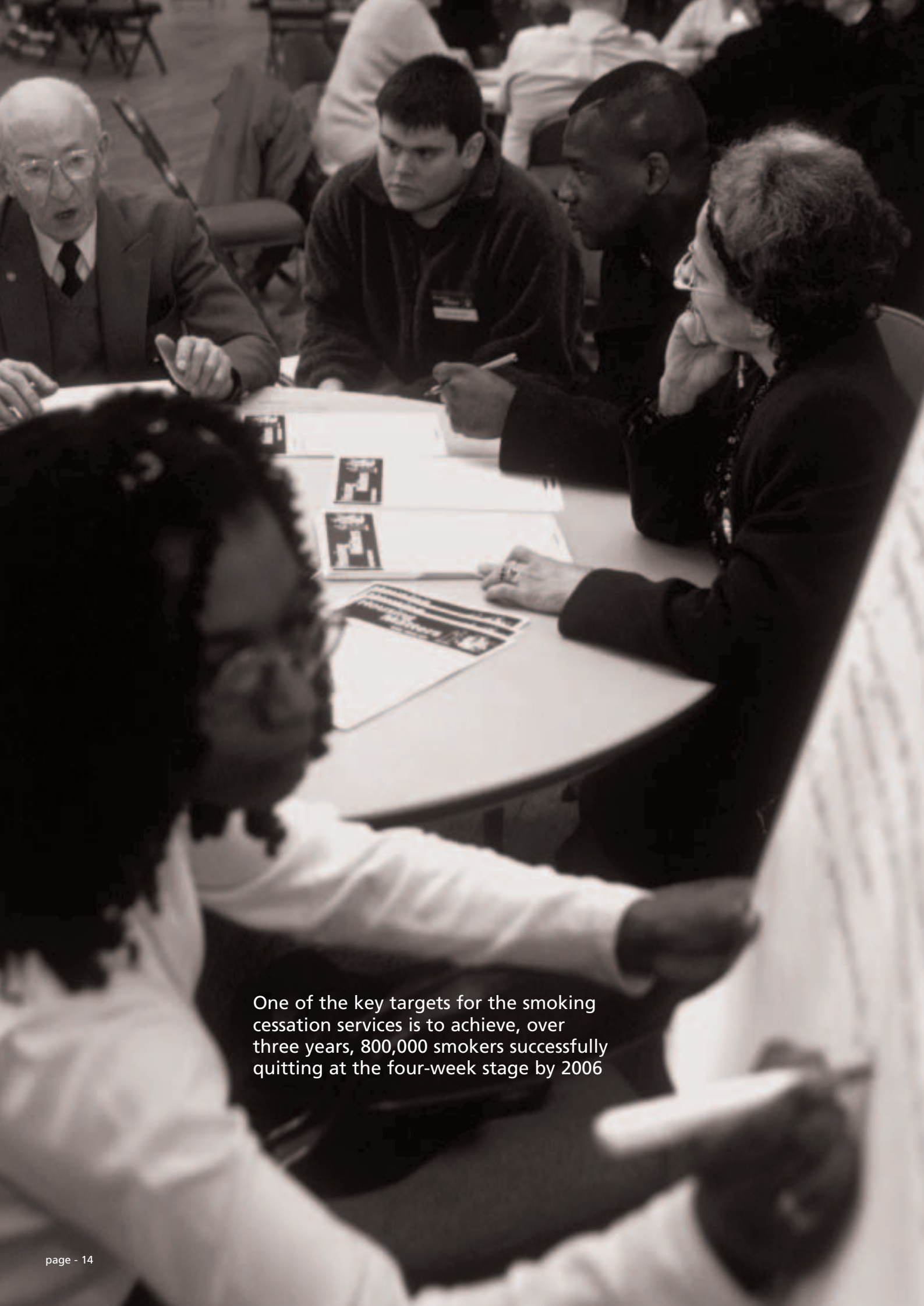
To ensure more help with personal development and training, *The NHS Plan* announced additional investment of £140 million by 2003/04 to support all professional staff in keeping their skills up to date and to provide access to learning for all NHS staff without a professional qualification.

By December 2002 NHS employer organisations will need to ensure that internal training provision contributes to meeting national adult literacy and numeracy targets as set out in the Skills for Life strategy.

By 2005 all NHS employer organisations must demonstrate that all members of staff who wish to either possess or who are working towards a relevant vocational or professional qualification are in a position to do so.

Under its Improving Working Lives standard<sup>3</sup> the government announced its intention to improve recruitment and retention of NHS staff by both recruiting more staff and by making the careers of NHS staff more rewarding. The Improving Working Lives standard requires all NHS employers to institute return to practice courses, to offer flexible working practices and to implement effective support and mentoring of newly returned staff.

'The Improving Working Lives standard means that every member of staff in the NHS is entitled to belong to an organisation which can prove that it is investing in their training and development, tackling discrimination and harassment, improving diversity ... Standards and targets have already been established to support these goals.'<sup>3</sup>



One of the key targets for the smoking cessation services is to achieve, over three years, 800,000 smokers successfully quitting at the four-week stage by 2006

## HOW DOES THE STANDARD CONTRIBUTE TO ACHIEVING THE SMOKING TARGETS

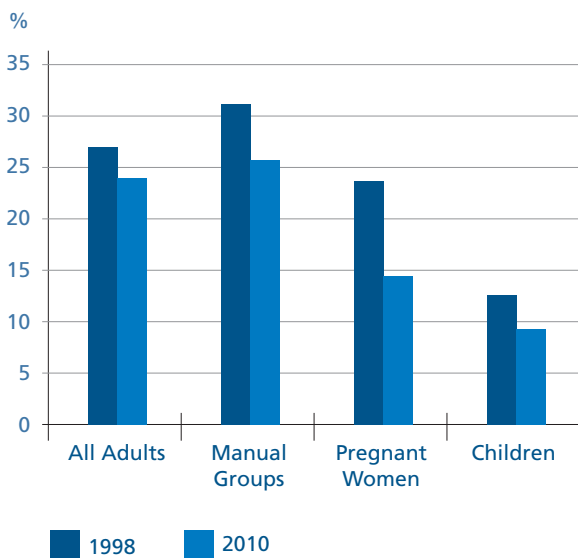
Reducing smoking in the population is a government priority. The government has set a number of targets to reduce smoking rates among the following groups (Figure 1):

- All adults  
from 28% in 1998 to 24% or less by 2010
- Manual groups  
from 32% in 1998 to 26% or less by 2010
- Pregnant smokers  
from 23% in 1998 to 15% or less by 2010
- Children  
from 13% in 1998 to 9% or less by 2010

One of the key targets for the smoking cessation services is to achieve, over three years, 800,000 smokers successfully quitting at the four-week stage by 2006.

The introduction of the standard will contribute to the national target by raising the quality and defining the content of training across England and Wales. Consideration is being given to a national system of accreditation that will ensure that the standard is maintained. The standard should provide individual practitioners, service providers, PCTs and strategic health authorities with a robust framework against which to measure current and future performance.

**Figure 1** Smoking targets by population groups



## HOW HAS THE STANDARD BEEN DEVELOPED?

The smoking cessation training standard has been informed by the practical experience of those currently delivering smoking cessation interventions, those running the specialist NHS cessation services, as well as by reviews of research evidence and of existing training programmes, together with consultation with academics, trainers, medical and policy advisers (see Figure 2).

An expert panel was established to oversee and guide the process made up of academics, trainers, service providers and DH tobacco policy advisers. The panel was selected to represent a range of knowledge and experience within the smoking cessation field. Five key areas represented within this panel were:

1. Treatment – experience of treating smokers and delivering smoking cessation interventions
2. Evidence base – experts in the collection and knowledge of the evidence base
3. Commissioning training – both regional and local level coordination of training for smoking cessation professionals
4. Delivering training – developing and facilitating smoking cessation training courses
5. Policy making – DH tobacco policy advisers and medical sign-off, policy researchers, experience of implementing national policy.

The project rationale assessed the need for a standard as well as recognising the importance of building it from the ground up. Research and consultation was carried out and fed into the expert panel's deliberations. An audit of smoking cessation training commissioned by the Health Development Agency identified 13 distinct trainers offering 24 different training courses with a further 24 courses offered by health authorities.

Although the breadth of the courses' coverage was extensive, a few issues arose that gave cause for concern – many of the courses were very short (27 were one day or less), there was little follow-up of trainees, only one provider had been through a formal accreditation procedure and trainees generally did not need to pass a test<sup>4</sup>. Research among smoking cessation coordinators found that the majority of staff employed initially had little or no previous experience relevant to their posts and that finding and developing adequate training was a real challenge. Moreover, a year later these difficulties were still present.<sup>5</sup>

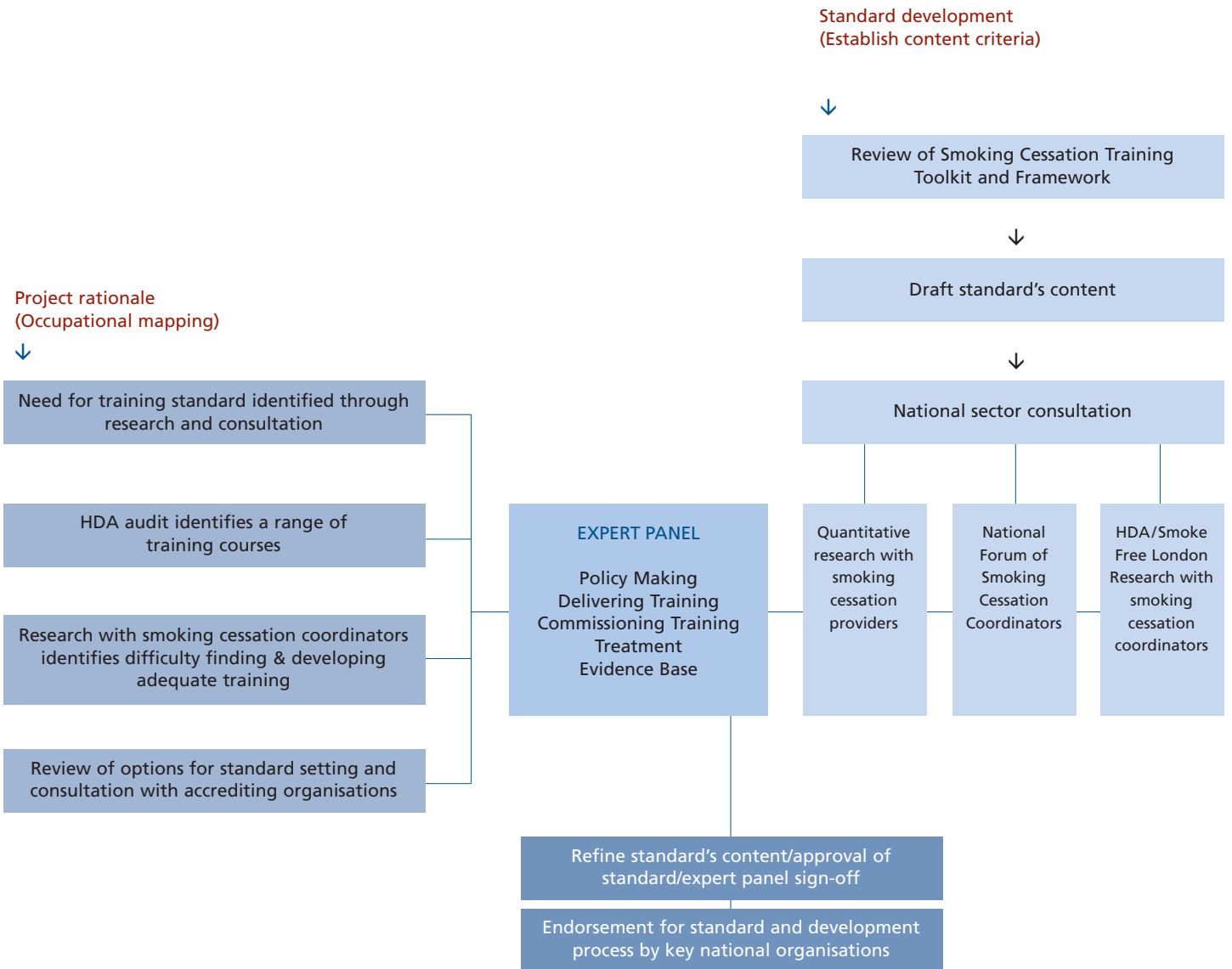
The development of the standard focused on the minimum elements and modules for delivering smoking cessation interventions at three different levels (brief opportunistic, intensive one-to-one and groups). To establish training course content criteria the expert panel reviewed the Health Promotion Partnership's Smoking Cessation Training Kit and Framework. National sector consultation around the draft criteria and establishing accreditation for smoking cessation and the draft content criteria was undertaken through:

1. A national survey of providers of smoking cessation interventions<sup>6</sup>
2. The National Forum of Smoking Cessation Coordinators
3. A survey of smoking cessation coordinators conducted by SmokeFree London in collaboration with the Health Development Agency<sup>7</sup>.

The results of the consultation exercise were fed back to the expert panel and the standard's content refined and agreed.

The emphasis throughout this process has been on identifying the key skills and knowledge that staff delivering smoking cessation interventions should have in order to deliver the services effectively, and the key components that professional development training programmes should include to encompass these areas of knowledge and skills development.

**Figure 2** Process for establishing smoking cessation training standard



## WHAT DOES THE STANDARD LOOK LIKE?

The training standard provides guidance to trainers over what should be included in the training of smoking cessation advisers. The standard is not in itself a training programme or manual, and there are different ways in which the standard may be achieved. For example, an individual may attend several different courses in order to achieve the full complement of learning outcomes set out in the standard. A key concern of the standard is to ensure that there is flexibility to respond to new and emerging knowledge.

The standard covers three 'levels' of smoking cessation advice, in line with the guidance provided by the government on how to develop effective smoking cessation services. These are:

1. Brief interventions
2. Intensive one to one support and advice
3. Group interventions

The achievement of the standard is sequential. It is anticipated that individual practitioners will have achieved the standard for brief interventions before completing training in intensive one to one support and/or group interventions.

While the standard sets out areas of knowledge and skills to be included in the training curricula of smoking cessation advisers, it is the process of accreditation that will ensure that the proposed training content is factually accurate and that the evidence drawn upon is informed by the most recent research evidence.

At each level the minimum content requirements of the training programme are highlighted in red. The term 'minimum content requirements' refers to those elements of the programme that are considered essential to achieve the standard. It does not preclude the inclusion of other elements. The standard has been framed in terms of knowledge and skills-based learning objectives.

Each objective is marked with a K or S to indicate whether it is skills- or knowledge-based. The distinction is important because they require different forms of assessment. The former can be assessed by means of written tests at the end of a course while the latter is more difficult and may require a practical test or observation of practice following the course.

## THE IMPORTANCE OF EVIDENCE IN TRAINING

Smoking cessation is an area where practitioners sometimes hold firm beliefs about what is effective which are not borne out by the evidence. All elements of training, including those that are over and above the essential learning objectives, should make appropriate reference to authoritative sources of evidence. Usually these will be:

Agency for HealthCare Quality Research  
<http://www.ahcpr.gov>

Cochrane reviews  
<http://www.cochrane.co.uk>

Health Development Agency:  
*Meeting Department of Health smoking cessation targets*  
[http://www.hda-online.org.uk/documents/smoking\\_cessation\\_targets\\_part1.pdf](http://www.hda-online.org.uk/documents/smoking_cessation_targets_part1.pdf)  
[http://www.hda-online.org.uk/documents/smoking\\_cessation\\_targets\\_part2.pdf](http://www.hda-online.org.uk/documents/smoking_cessation_targets_part2.pdf)

National Institute for Clinical Excellence  
<http://www.nice.org.uk>

Society for Research on Nicotine and Tobacco  
<http://www.srnt.org>

Society for the Study of Addiction  
<http://www.addiction-ssa.org>

*Thorax* guidelines (Raw et al. 1998)  
Raw, M., McNeill, A. and West, R. (1998)  
Smoking cessation guidelines for health professionals. A guide to effective smoking cessation interventions for the healthcare system. Health Education Authority. *Thorax*, 53 (Suppl. 5, Pt 1): S1–S19.

*Thorax* guidelines update (West et al. 2000)  
West, R., McNeill, A. and Raw, M. (2000)  
National smoking cessation guidelines for health professionals: an update.  
*Thorax*, 55: 987–999.

Treatobacco.net  
<http://www.treatobacco.net/home/home.cfm>

## PRINCIPLES UNDERPINNING THE DEVELOPMENT OF ALL TRAINING

A number of principles inform the development of the training standard. These are:

1. Evidence of a planned approach. Training should be undertaken in a planned and logical way, building on previous knowledge and learning.
2. Training should be based on best practice in terms of providing opportunities to explore ideas, misperceptions, leadership styles, etc. as well as practice skills learnt.
3. Communication skills – all training should be consistent with best practice concerning doctor/patient and therapist/client interactions. In particular, training should promote the active involvement of clients to a degree consistent with their expectations.
4. That a team of appropriately qualified people is responsible for delivering the programme and assessing the participants.

## MEETING THE NEEDS OF DIVERSE COMMUNITIES

A key feature of the training standard is that training programmes must demonstrate that the core content is adapted to meet the needs of all groups within their target population. In general, the evidence of effectiveness of smoking cessation advice is applicable to all groups equally. However, there are areas where caution is required. For instance, around the use of some pharmacotherapies for smokers who are under the age of 18 years, pregnant or breastfeeding, or who have unstable heart conditions.

In dealing with current and lifetime comorbid psychiatric and substance use disorders, training programmes should also demonstrate an understanding of and be able to show how comorbid disorders might influence the choice of treatment strategies for smoking cessation.

Moreover, there are social and cultural factors that help to explain why some groups have particularly high levels of cigarette prevalence and consumption, why chewed tobacco is particularly common or why some groups find quitting more difficult than others. Similarly, a recognition of such social and cultural factors should help with the planning of smoking cessation activities in the community: for instance a knowledge of the religious and cultural festivals of minority ethnic groups should help ensure effective planning of anti-smoking activities.

Training programmes must indicate what target groups will be covered through the training, or demonstrate an inclusive approach either through integrating the needs of diverse groups into the overall programme or by developing separate modules for different groups.

## HOW WILL TRAINING PROGRAMMES BE ACCREDITED?

The purpose of accreditation is to provide healthcare workers with an assurance of the quality of the training programme. Once a course has been approved, trainers will be able to issue a certificate of attendance indicating that the healthcare worker has undertaken an accredited/approved course. The number of study hours could be included on the certificate for the purposes of continuing professional development. Options for accruing educational points or units will be explored in the future.

Accreditation of training programmes involves the assessment of resources and programmes by an accreditation panel. A panel would comprise individuals with expertise in tobacco policy, smoking cessation, and in professional and vocational training and education of health service staff.

A panel would assess training resources and programmes on the basis of whether the materials meet the standard. In making this assessment the panel would consider the factual accuracy of materials presented, the range and relevance of the training and their likely impact in achieving the stated content and learning outcomes.

The mechanism by which accreditation would be delivered is currently being assessed by the Health Development Agency.

## ASSESSMENT OF SKILLS AND KNOWLEDGE

The training standard does not stipulate a form of assessment for the training of smoking cessation advisers. However, assessment is a key concern, and an appropriate form of assessment should be developed and included as part of the standard.

There is a range of approaches to assessment of training for professionals within the NHS. These include:

1. Evidence of attendance at training course.
2. Continuous assessment of course work (formative assessment).
3. Testing of key knowledge and skills at the end of the course (summative assessment).
4. In service assessment of skills and knowledge – through observation.
5. Provision of evidence of learning and application to practice through a portfolio of continuing professional development. This would be particularly appropriate for candidates who wish to apply for accreditation of prior experiential learning (APEL) – see page 22.

Some accrediting agencies stipulate a minimum number of hours/days spent training and/working in the area (eg Open University identifies a minimum number of hours spent training) while others, including the Faculty of Public Health Medicine, operate a 'portfolio' approach – in which a set of minimum standards is identified – and which may include attendance at a number of relevant conferences, events etc, individual learning, examination and evidence of satisfactory progress through the performance management system.

## ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING (APEL)

Many people will wish to get accreditation for and assessment of any training they have done already in conjunction with their experiences and have them recognised as meeting the national standard. For example: a healthcare worker attended a non-accredited course two years ago and has worked in the field of smoking cessation since that training.

These individuals are advised to contact the trainers to determine whether accreditation has been sought for the course(s) provided prior to the adoption of the standard. If the trainers are no longer in existence, unable to provide assessment, or unable to submit the course for accreditation the individual would be able to submit a portfolio of evidence to the accrediting body. This portfolio would need to provide evidence of how their learning and experiences have been applied to practice and has enabled them to reach the standard.

## ACCREDITATION OF PRIOR LEARNING (APL)

Some individuals will have attended a course that is certificated by another validating body, such as a university – for example a Diploma in Addiction Behaviour. Individuals may feel that this type of certificated course reaches the standard. Accreditation for this type of prior learning may be submitted to the panel as evidence of reaching the standard.

## ENDORSEMENT BY NVQ AND OTHER ACCREDITATION AGENCIES

Endorsement of the smoking cessation training standard and the process of its development is being sought from a number of professional bodies including: the British Medical Association, the Royal College of Nursing, Royal Pharmaceutical Society of Great Britain, and the Faculty of Public Health Medicine. The Society for Research on Nicotine and Tobacco, the Society for the Study of Addiction, and the Accreditation Unit of the RCN have already given such support.

## CODE OF CONDUCT

The training standard for smoking cessation advice embodies the professional standards of practitioners working in healthcare settings. The following is based on a number of codes of conduct produced to support the work of nurses, midwives, pharmacists, dentists and health service managers.

In caring for patients and clients, smoking cessation advisers must:

- Make the care and safety of patients or clients their first concern and act to protect them from risk
- Respect the patient or client as an individual
- Obtain consent before giving any treatment or care
- Protect confidential information
- Show commitment to working as a team member and to working with all colleagues in the NHS and the wider community
- Maintain their professional knowledge and competence
- Be trustworthy
- Be honest and act with integrity
- Act within the boundaries of professional competence, recognise one's limitations and seek help or provide appropriate referrals when confronted with issues of mental illness or psychosocial problems that the tobacco treatment specialist may not be trained to handle.

## THE FUTURE: ACCREDITATION OF TRAINERS AND ADVISERS

The training standard set out in this document refers only to accreditation of training programmes – specifically the content and learning outcomes of training programmes for smoking cessation. This is a vital first step in ensuring that the information and skills provided by trainers in smoking cessation are factually accurate, up to date and based on sound scientific evidence.

However, it is the recommendation of this expert panel that in order to improve further the quality of practice in smoking cessation advice, accreditation processes should be established for both trainers (people who deliver training programmes) and for trainees (those intending to work as smoking cessation advisers).

In this way, people who undertake an accredited training programme delivered by an accredited trainer, and who are assessed to have met agreed standards of knowledge, skills and experience, will be classified as 'accredited smoking cessation advisers'. This process will raise standards not only of training but also of practice.



## References

1. Department of Health (1998) *Smoking Kills*. London: The Stationery Office
2. Department of Health (2002) *Priorities and Planning Framework 2003-2006: Improvement, Expansion and Reform*. London: Department of Health.
3. Department of Health (2000) *The NHS Plan. A plan for investment, a plan for reform*. London: The Stationery Office.
4. Health Development Agency (2001) *Smoking cessation training in England: A survey of trainers and health authorities*. London: Health Development Agency.
5. Pound E. et al. (in press) National survey of the new smoking cessation services in England (*Health Education Journal*)
6. HDA (unpublished) Smoking Cessation Training Survey
7. Crosier A. (2002) Needs assessment research to inform the production of an updated version of the Smoking Cessation Training Toolkit. Unpublished report to SmokeFree London and the Health Development Agency.

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