

NCSCT

Training Standard

Learning Outcomes for Training
Stop Smoking Practitioners

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1. Purpose of this document

- This document lists the learning outcomes of training courses for stop smoking practitioners founded upon evidence-based behaviour change techniques and approved by a panel of key stakeholders and experts convened by the National Centre for Smoking Cessation and Training (NCSCT).
- This second edition of the NCSCT Training Standard has been edited to refine the language used and to improve the document's usability. It also indicates which learning outcomes relate to individual behaviour change techniques for which we have most evidence of effectiveness.
- This second edition also gives some detail on how the behaviour change techniques were identified and how we established evidence of their effectiveness.
- The NCSCT Training Standard is intended to meet the needs of individuals and organisations that commission or deliver stop smoking services.
- The NCSCT Training Standard does not cover learning outcomes for training to deliver brief advice for smokers aimed at motivating them to make a quit attempt. These learning outcomes and an online module on delivering very brief advice on smoking can be found on our website: www.ncsct.co.uk.
- This document also does not cover learning outcomes for additional smoking cessation training applicable to special groups such as pregnant smokers and those with mental health problems. However, all of the learning outcomes in this training standard are converted from behaviour change techniques that can be adapted for use with all smokers, including pregnant smokers and those with mental health problems. Two online specialty training modules addressing the needs of these smokers form part of the NCSCT Training and Assessment Programme; that is available on our website: www.ncsct.co.uk.
- This document only covers learning outcomes and does not address the broader issue of necessary qualification and experience of trainers.

2. Introduction

The English Stop Smoking Services consist of a national network of funded clinical services to help smokers to stop. They provide a combination of behavioural support and medication. Research shows that they have the potential to increase smokers' chances of stopping by 300% (West et al, 2000; Ferguson et al, 2005; West 2015; Bauld 2016; Stead 2016; Lancaster 2017; Stead 2017; West, 2018).

To work effectively, the English Stop Smoking Services should be configured with:

1. a full-time equivalent service manager with up-to-date knowledge and experience of providing specialist behavioural support for smoking cessation
2. a core group of Stop Smoking Practitioners¹ trained to an appropriate standard and working from evidence-based treatment manuals

and they should offer:

3. both group-based and individual face-to-face behavioural support; telephone-based support may also be offered in addition
4. all medications approved by the National Institute for Health and Clinical Evidence (NICE) as first-line treatment

and they should:

5. collect data on 4-week quit rates in accordance with the Russell Standard (clinical), being careful only to count smokers who have actually set a quit date with a Stop Smoking Practitioner and been offered multi-session behavioural support. Successes are those who report not having smoked at all for the previous two weeks with at least 85% of these claimed quits being confirmed by an expired air-carbon monoxide concentration of less than 10ppm.

1. Stop Smoking Practitioners are health professionals who are selected, trained and employed to deliver behavioural support to help smokers to stop. Their role, or a major part of it, is to provide cessation support to smokers.

All smokers in the country deserve high quality evidence-based behavioural support. For this to be achieved, Stop Smoking Practitioners need to be trained to a minimum standard and be able to demonstrate competence to fulfill their role.

Therefore training courses should cover relevant topics, as indicated by a set of learning outcomes. This document lists a set of learning outcomes that have been agreed as essential for individual and group face-to-face smoking cessation interventions. In some cases, they are based on the need for Stop Smoking Practitioners to be able to accurately answer queries from clients on matters relating to smoking and smoking cessation. In other cases they are required for safe professional practice and in some cases they are based on a systematic analysis of behaviour change techniques that have a reasonable evidence base to support their use.

It is expected that to achieve these learning outcomes would require a minimum of 30 hours of study.

This current document supersedes the first edition of the *NCSCT Training Standard* which in turn superseded the *Standard for Training in Smoking Cessation Treatments in England* (Health Development Agency, 2003) and reflects the clinical, policy and research developments that have taken place since the original document was published. This *NCSCT Training Standard – Learning Outcomes for Training Stop Smoking Practitioners* document was originally commissioned by the Department of Health as part of the National Centre for Smoking Cessation and Training (NCSCT) work programme.

The content of this training standard was informed by the practical experience of Stop Smoking Practitioners currently working for and running Stop Smoking Services, reviews of research evidence and existing training programmes, and through consultation with an expert panel comprised of clinicians, service managers, commissioners, academics and policy advisers.

The importance of evidence-based behaviour change techniques

- Knowledge itself is not enough to engender behaviour change, either in smokers or health professionals
- The NCSCT recognised that it needed to train practitioner in the competences (knowledge and skills) that would make a significant difference (add value) to the quit attempt that practitioners were assisting with
- Although we knew that behavioural support roughly doubled smokers chances of success (similar to the effect of medications), we did not know what the 'active ingredients' were. This was our first task.
- The first thing we did was to develop a reliable taxonomy of behaviour change techniques used in behavioural support for smoking cessation. This provided a starting point for investigating the association between intervention content and outcome and formed the basis for determining competences required to undertake the role of stop smoking specialist: *Michie S, Hyder N, Walia A, West R (2011) Development of a taxonomy of behaviour change techniques used in individual behavioural support for smoking cessation. Addictive Behaviors, 36 (4), 315–319, doi: 10.1016/j.addbeh.2010.11.016*
- We then established that it is possible to identify competences recommended for behavioural support for smoking cessation and subsets of these supported by different types of evidence. This approach was used to form the basis for the development of the NCSCT Training and Assessment programme for stop smoking specialists: *Michie S, Churchill S, West R (2011) Identifying evidence-based competences required to deliver behavioural support for smoking cessation. Annals of Behavioral Medicine, 41(1), 59–70, doi: 10.1007/s12160-010-9235-z*
- Based on treatment protocols and international guidelines, plus evidence from randomised controlled trials and expert clinical opinion, there are 16 individual behaviour change techniques for which we have good grounds to believe that they are the most effective. The learning outcomes relating to these 16 behaviour change techniques are indicated in this document by an orange diamond [◆]
- More on the evidence underpinning the NCSCT activities and on research outputs can be found here: www.ncsct.co.uk/pub_research.php

3. Knowledge

Learning resources and training course content should result in Stop Smoking Practitioners being able to do the following:

3.1 Smoking in the population

- describe prevalence and patterns of smoking and smoking cessation as functions of demographic characteristics such as gender, age, ethnicity and socio-economic status
- describe prevalence and patterns of smoking and smoking cessation in special groups, such as pregnant smokers and those with mental health problems
- describe changes in smoking and smoking cessation patterns over time and across different demographic groups

3.2 Smoking and Health

- list the major life-threatening and non life-threatening diseases to which smoking contributes
- describe the health benefits of cessation
- quantify the increased risk of premature death from smoking and the benefits of cessation at different ages
- describe the harmful effects of smoking during pregnancy and breast feeding
- give an accurate and balanced indication of any potential beneficial effects of smoking
- describe the harmful effects of secondhand smoke
- describe any effects of stopping smoking on dosages of drugs used to treat conditions such as psychotic disorders

3.3 Why stopping smoking can be difficult

- accurately describe the process of stopping smoking in a way that reflects that attempts to stop can be arrived at suddenly or gradually, the importance of avoiding 'lapses', the factors that promote and deter quit attempts and factors that protect against and promote relapse
- explain what is meant by tobacco addiction and nicotine dependence and how these develop
- list known nicotine withdrawal symptoms and their natural time course
- describe the common reasons smokers give for why they smoke and how far these reflect the true effects of smoking
- describe environmental, socio-demographic and psychological factors associated with cigarette addiction

3.4 Smoking cessation treatments

- ◆ describe the principles, and long-term and short-term effectiveness, of behavioural support (individual and group-based)
- identify potential difficulties associated with providing group-based support, such as patient recruitment and organisational logistic demands, and how these can be addressed
- ◆ describe the full range of evidence-based medications available to aid smoking cessation, including their efficacy; correct use; contra-indications and cautions, drug interactions, side-effects; and relevant clinical guidelines
- explain why complementary therapies and unproven commercial treatment programmes for smoking cessation should not be made available
- ◆ show understanding of the principles and methodology of measurement of biomarkers of smoking, such as carbon monoxide (CO) and cotinine

3.5 The wider context

- show awareness of the contribution of smoking cessation to public health and to reducing health inequalities
- demonstrate understanding of the role of smoking cessation plays in wider tobacco control strategies
- describe the cost effectiveness of smoking cessation interventions compared with other life-saving clinical interventions

4. Practice

Learning resources and training course content should result in Stop Smoking Practitioners being able to do the following:

4.1 Assessment

- ◆ assess a client's current commitment, readiness and ability to quit throughout the quitting process
- assess a client's past smoking behaviour, including past history of quit attempts
- ◆ assess a client's current self-reported and CO-validated smoking behaviour and deal appropriately with any discrepancies that may arise between these
- assess a client's level of available social support, including assessment of the client's contacts who smoke
- assess a client's degree of nicotine dependence using validated tools such as the Fagerström test for Nicotine Dependence (FTND), the Heaviness of Smoking Index (HSI) or the Urges to Smoke scale
- assess a client's nicotine withdrawal symptoms
- pragmatically assess a client's psychological state (e.g. depressed mood) insofar as it is relevant to the quit attempt

4.2 Planning behavioural support

- ◆ assist the client to set a quit date
- use relevant information from a client to tailor behavioural support
- show an appreciation of client choice, and emphasise a client's choice and preferences within the bounds of evidence-based practice

4.3 Delivery of behavioural support

Directly addressing motivation in relation to smoking and smoking cessation

- provide the client with accurate information on the consequences of smoking and smoking cessation in a way that maximises motivation to quit or stay quit
- ◆ describe to the client the principles and effectiveness of typical behavioural support and pharmacological therapies that can support a quit attempt
- ◆ apply appropriate behavioural support strategies to enhance a client's motivation and self-efficacy
- maximise the client's commitment by asking them to affirm a strong commitment to start, continue, or restart the quit attempt
- assist the client in identifying their reasons for wanting to stop smoking and address concerns that they may have about the possible negative aspects of stopping
- ◆ emphasise to the client the importance of, and secure commitment to, the 'not a puff' rule once the quit date has been reached
- ◆ deal appropriately with 'lapses' to minimise the likelihood that they will lead to full 'relapse'
- provide feedback on a client's performance and progress towards becoming a permanent non-smoker, including praise contingent on successfully remaining abstinent
- help to strengthen the client's 'ex-smoker' identity (e.g. encouraging the smoker to regard smoking as no longer part of his or her life)

Supporting the client to exercise self-control

- accurately describe to the client what they may experience in terms of nicotine withdrawal symptoms and suggest evidence-based approaches to alleviate these
- ◆ discuss barriers, triggers, and relapse predictors and assist the client in developing appropriate strategies to cope with them
- assist the client in setting achievable goals (e.g. one day at a time) that support the aim of remaining abstinent, and prompt frequent review of progress towards the goal of being permanently smoke-free
- ◆ use expired air CO measurement as a motivational tool to assess the extent of a client's smoke exposure prior to quitting and to confirm successful abstinence
- ◆ advise on the restructuring of the client's social life, including specific advice on avoiding exposure to social cues for smoking
- discuss potential ways of changing the client's daily routines and physical environment in order to minimise exposure to smoking cues (e.g. removing ashtrays)
- suggest ways of minimising stress and other psychological demands so as to conserve mental resources
- for concerned clients, outline weight and alcohol/caffeine consumption control methods

Promoting effective medication use and other supporting activities

- ◆ describe to clients the full range of pharmacological therapies available and how they work; and assist clients in choosing which pharmacological therapy is best suited to their needs, giving practical information and/or demonstrations on their use and monitoring the continued suitability of the chosen product
- ◆ assess the client's experience of any stop smoking medications that they are using, including enquiries into their usage, side effects and experienced benefits
- ◆ advise clients appropriately on adjusting medication usage in the light of their experiences
- enact the necessary local procedures to ensure the client receives their medication easily
- ◆ facilitate and advise on the client's use of social support from friends, relatives, colleagues, or 'buddies'
- provide options for obtaining additional and later support (including telephone and online support) where these are available

General communication

- ◆ build rapport with clients
- communicate in an empathic and non-judgmental manner, using reflective listening and providing reassurance throughout
- elicit the client's views and questions on smoking, smoking cessation, and any aspect of behavioural support, answering questions in a clear and accurate manner
- ◆ describe to the client the expectations regarding the treatment programme, including its typical length and content, plus what it requires of the client
- ◆ explain the reasons for measuring CO both prior to and after the quit date
- distinguish between appropriate and inappropriate written materials, and should they be required, offer/direct the client to appropriate materials in ways that promote their effective use
- provide clients with summaries of the information they have received and prompt confirmation from the clients regarding any decisions or commitments they have made

Professional practice

- keep accurate records for personal use of the numbers of clients seen, and Russell Standard (clinical) success rates
- accurately record information necessary for local and national monitoring
- regularly reflect on own practice and assess possible areas for improvement
- undertake the duties of a Stop Smoking Practitioner in a way that meets the appropriate ethical standards
- obtain and accurately interpret important new information that relates to their clinical practice

4.4 Group-based behavioural support

In addition to the learning outcomes already listed for individual support, learning resources and training course content should result in Stop Smoking Practitioners being able to do the following:²

Planning behavioural support in (closed) group contexts

- assess a client's suitability for group support
- plan, organise, establish and run a stop smoking group
- manage problems of comorbidity (psychological and physical) within the group appropriately

Maximising motivation to quit within the (closed) group context

- stimulate and facilitate supportive group discussions
- apply techniques, such as group tasks or placing of chairs, to reinforce group interaction and enhance mutual group support and/or bonding
- encourage clients to make public promises/contracts with other group members
- foster a sense of responsibility to the group
- encourage group members to compare their CO readings
- facilitate communication of group member identities (e.g. using name badges, encouraging client's to talk about themselves)
- report on missing members appropriately so as to maintain group motivation

Supporting activities in the (closed) group context

- facilitate choice of medications in a group context
- encourage sharing of experiences of medication use

Communication in the (closed) group context

- describe the content of group support sessions and ways in which group processes can sustain or enhance motivation to stop smoking, and to help create accurate positive treatment expectations

2. These learning outcomes are in addition to those required for individual behavioural support

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