



Partnership Action on Tobacco & Health

Strategy for smoking cessation training in Scotland

Contents

1. ACKNOWLEDGEMENTS	3
2. BACKGROUND TO THE STRATEGY	5
3. HOW THE STRATEGY WAS DEVELOPED	5
4. SCOPE OF THE STRATEGY	6
5. AIMS AND OBJECTIVES	7
6. FUTURE DEVELOPMENTS AND RECOMMENDATIONS	8
7. Enhancing quality and consistency	9
8. Resourcing training	12
9. Broadening the scope of cessation training	15
10. Promoting best training practice	18
11. BACKGROUND TO PATH	22
12. GLOSSARY	23
13. REFERENCES	24

1. Acknowledgements

This strategy has been developed in accordance with the results of a mapping exercise, focus groups, guidance from expert working groups and widespread consultation with experts and key partners from a range of agencies. We would like to thank all of the following people for their valuable input into our work:

David Allan	Community Health Exchange
Susan Anderson	Dumfries and Galloway Primary Care Trust
Vicky Anderson	Orkney Primary Care Trust
Ruth Astbury	Forth Valley Primary Care Trust
Joy Barlow	Scottish Training on Drugs and Alcohol
Nancy Barr	Hamilton/Blantyre and Larkhall LHCC
Gail Bell	Dumfries and Galloway Primary Care Trust
Jenny Bell	Dumfries and Galloway Primary Care Trust
Gillian Bruce	Forth Valley South LHCC
Anne Bryce	NHS Argyll and Clyde
Catherine Burke	Monklands Hospital, Lanarkshire Acute Hospital Trust
Carol Butler	Royal Alexandra Hospital NHS Trust
Yvonne Cameron	Ayrshire and Arran Acute Hospitals NHS Trust
Jane Cantrell	NHS Education Scotland
Diane Clark	Orkney Primary Care Trust
Helena Connelly	St. John's Hospital, Livingston
Mary Anne Crook	NHS Orkney
Mary Cuthbert	Scottish Executive
Simone Devlin	Paisley LHCC
Sheila Duffy	ASH Scotland
Fiona Dunlop	Greater Glasgow Smoking Concerns (Formerly)
Bill Edwards	NHS Tayside
James Egan	Scottish Drugs Forum
Kay Eggleton	Dumfries and Galloway Primary Care Trust
Liz Gasgarth	Dumfries and Galloway Primary Care Trust
Jan Gibson	Ayrshire and Arran Primary Care Trust
Jim Gibson	Department of Health, Social Services and Public Safety, Northern Ireland
Jean Girvan	NHS Lanarkshire
Elaine Grant	Ayrshire and Arran Primary Care Trust
Trish Grierson	NHS Dumfries and Galloway
Joy Groundwater	NHS Orkney
Cathy Gunn	Dumfries and Galloway Primary Care Trust
Fay Hainey	Ayrshire and Arran Primary Care Trust
Shirley Hamilton	East Kilbride LHCC
Rachel Henderson	Dumfries and Galloway Primary Care Trust
Roberta Henderson	Clydesdale LHCC
Liz Hensman	Fife Primary Care Trust
Sue Hickie	NHS Education Scotland
Teresa Irving	Dumfries and Galloway Primary Care Trust
Kate Johstone	NHS Forth Valley
Sinead Jones	Tobacco Control Resource Centre
Janet Kelly	Shetland Primary Care Trust
Aileen Laird	NHS Orkney
Janine Langler	NHS Grampian
Mary Anne Lewis	NHS Orkney

Beth Loots	Scottish Tobacco Control Alliance Co-ordinator (Formerly)
Elizabeth Lucock	Shetland Primary Care Trust
Roisin Lynch	West Renfrewshire LHCC
Wendy Lynn	NHS Borders
David Martin	Fife Primary Care Trust
James McAteer	Fife Primary Care Trust
Wendy McCartney	North East Fife LHCC
Pamela McCouattie	Dumfries and Galloway Primary Care Trust
Terry McEleny	Barrhead Health Centre
Audrey McKenzie	Coronary Care Unit, Ninewells Hospital, Dundee
Sandra McMurtie	Fife Primary Care Trust
Penny Millsopp	NHS Shetland
June Milne	Ayrshire and Arran Primary Care Trust
Fiona Moore	NHS Lothian
Avril Morton	Moss Pharmacy, Dundee
Rosaline Nesbitt	Dumfries and Galloway Primary Care Trust
Mahdi Newall	Western Isles NHS Board
Anne Nicolson	Orkney Primary Care Trust
Kathleen O'Connell	Tayside Primary Care Trust
Lesley O' Donnell	Dunfermline LHCC
Mary Orr	Lomond LHCC
Eleanor Pollock	Ayrshire and Arran Primary Care Trust
Brian Pringle	West Lothian Drug and Alcohol Service
Hania Proudfoot	Coatbridge LHCC
Eleanor Quinn	Dumfries and Galloway Primary Care Trust
Wilma Reid	NHS Health Scotland
Anne Reilly	Blantyre Health Partnership
Paul Rettle	Orkney Primary Care Trust
Jane Riddell	NHS Lothian
Barbara Roxburgh	Dumfries and Galloway Primary Care Trust
Una Rutherford	Ayrshire and Arran Acute Hospitals NHS Trust
Amy Ruthven	Boots the Chemist, Dundee
Audrey Smith	NHS Shetland
Helen Sneddon	NHS Lanarkshire
Cathy Steer	NHS Highland
John Taylor	Fife Primary Care Trust
Carolyn Walker	Fife Primary Care Trust
Ros Weston	Gilbert Bain Hospital, Lerwick
Laura Wilde	Tayside Primary Care Trust
Charlotte Woods	Smoking Concerns, Glasgow
Elaine Young	Ayrshire and Arran Acute Hospitals NHS Trust

Please refer to the glossary on P24 for the definitions we have used in this document for the following terms:

- Brief advice
- Client
- Priority groups
- Specialist cessation support
- Smoking cessation specialist
- Smoking cessation practitioner

2. Background to the strategy

Tobacco is the leading single cause of preventable ill health and death in Scotland. As such, the Scottish Executive set targets for reducing smoking rates in its 1999 White Paper 'Towards a Healthier Scotland'¹. The targets are as follows:

	Initial rate	1995-2005 target	2010 target
Adults	35%	33%	31%
Young people aged 12-15	14%	12%	11%
Pregnant women	29%	23%	20%

The 1998 UK White Paper 'Smoking Kills'² put forward a national strategy for the development of smoking cessation services. As a result of this there are now smoking cessation services running in each health board area in Scotland, working to support the achievement of the targets set out above.

In 2002, Partnership Action on Tobacco and Health (PATH) was launched. The initiative is funded by the Scottish Executive and managed by ASH Scotland. It was set up to support the implementation of the White Paper in Scotland, and to underpin the expansion of services with guidance on key areas of service infrastructure. It is initially funded until March 2005.

PATH has three main areas of work: information; evaluation and research; training; and the distribution and management of a support fund. The training remit of PATH includes developing national training standards and producing a strategy for smoking cessation training in Scotland.

3. How the strategy was developed

The strategy has been developed in tandem with national standards for smoking cessation training. The national standards are a set of criteria that outline the skills and knowledge that a participant should have on completion of training. They currently cover courses in brief advice and specialist support for smoking cessation. The standards and the strategy were informed by two pieces of work, carried out between November 2002 and April 2003:

A mapping exercise to determine the nature and extent of existing training in Scotland. Those responsible for delivering and/or commissioning training in each health board area were interviewed and details on the courses delivered in their area were gathered, including content outline, target audience, course length and training methods.

Training needs analysis exercise. Focus groups were held with health professionals who carry out smoking cessation work regularly, asking them to list the training that they thought was necessary in order to be able to carry out their duties.

Analysis of the results of both of these pieces of work revealed a full picture of the extent and reach of current training for smoking cessation in Scotland. It also enabled us to identify developmental needs in the field and key areas that the training standards and strategy should address. Copies of the reports of both pieces of research are available from PATH on request.

Expert working groups were convened to give guidance on the research process and the production of the standards and strategy. The working groups came from a variety of backgrounds, including specialists in the field of smoking cessation, as well as training and development specialists. (For further details, see acknowledgements section above.)

The first drafts of the standards and strategy were widely circulated for open consultation with members of both working groups, those who took part in the research, and others who work in smoking cessation or training. Feedback was incorporated before both documents were finalised and disseminated throughout Scotland.

4. Scope of the strategy

This strategy outlines the developmental requirements surrounding smoking cessation training and the steps that PATH could take to meet these. It will also make recommendations beyond the current expected lifespan of PATH, and as such may provide the basis of a future work plan for PATH and/or other organisations. A key requirement for the recommendations in this strategy is ongoing national co-ordination, with the expertise and resources required to oversee, implement, support and monitor the actions outlined here.

In the first instance, the strategy will influence the direction of PATH's training remit. However, the support of key partners, including those working in smoking cessation, will also be vital to ensure the effective implementation of the developments proposed in the strategy.

The strategy will be flexible and will evolve and be updated as necessary, as the field of smoking cessation develops.

The ASH Scotland and NHS Health Scotland joint document, 'Reducing Smoking and Tobacco-Related Harm – A Key to Transforming Scotland's Health', which was finalised in July 2003 and will be published later in the year, will form the basis of a Scottish Executive Tobacco Action Plan. The Action Plan will outline activity across the whole range of tobacco control work. Any developments in training, which would be required to support those activities, would be incorporated into future training strategies.

Please note this training strategy will concentrate on training for smoking cessation only. Other areas such as prevention of tobacco use or training related to tobacco policy are not addressed in this document. These themes could be incorporated into future tobacco training strategies.

5. Aims and objectives

Aim:

- To provide a step-by-step framework for future developments relating to smoking cessation training in Scotland

Objectives:

- To broaden the range and scope of smoking cessation training in order to increase the number of people trained in cessation work
- To enhance the quality and consistency of smoking cessation training in Scotland
- To ensure that everyone who needs smoking cessation training has equal opportunity to access it
- To enhance the professional standing of the smoking cessation specialism

6. Future developments and recommendations

For each of the following developmental areas, we have outlined *why* they are required and *how* they may be achieved.

Implicit in each *why* section is the fact that during the focus groups, professionals raised each point as being important in the field of smoking cessation.

Many *how* sections contain actions that PATH could take in order to achieve the stated goals. However, some of the goals fall into areas out with PATH's current remit and may require input from external bodies, increased capacity for services, or are longer term goals which extend beyond the initial phase of PATH's work. In these instances, we have still outlined recommendations as to how each goal may be achieved.

Each section is followed by a table, which summarises the actions necessary to achieve the various goals. For simplicity, these have been divided up into short and mid term goals and the actions to be taken have been separated into actions that are to be taken by PATH and actions that are to be taken by other parties. While most of the strategy points and recommendations have some resource implications for those involved, where these are significant they are detailed under 'main resource implications'.

'Short term' has been defined as the time up until March 2005, when PATH's initial funding is completed.

'Mid-term' has been defined as the three years between April 2005 and May 2008.

'Long term ideals' refer to the further reaching objectives we have in each developmental area. In most cases they are not achievable in either the short or mid term and involve many separate steps being carried out by a variety of individuals and organisations. They may also require significant input from other, external organisations such as the Scottish Executive, Health Boards or higher education institutions. For this reason, the points laid out under long term ideals are not assigned as actions to any one group.

These ideals have been included in the tables so as to give an idea of future aspirations for smoking cessation training, even if it is not practical to plan out precise dates for when they may be accomplished. We felt it was useful to include them in this document to give an idea of how the steps we are currently taking may move us towards these eventual goals.

7. Enhancing quality and consistency

7.1 Create national training standards for smoking cessation work in Scotland and ensure that all training is in line with them

Why:

- To promote a consistent, evidence-based approach to smoking cessation training in Scotland
- To act as a first step towards the approval or accreditation of smoking cessation courses

How:

- Develop and roll out national training standards for brief advice and specialist support for smoking cessation
- Develop a basic approval scheme for courses that meet these standards

As stated above, national training standards have been developed outlining learning outcomes and core content for training in brief advice and specialist cessation work.* Training providers would be able to add any locally useful material to the course, as long as the core content was also covered.

In the first instance, and as a precursor to possible accreditation, it is proposed that training providers send details of course content and learning outcomes to PATH. These would then be compared to the training standards and would be approved if they matched them. Providers could then promote their training as being in line with national standards. Such an approval scheme would go some way to ensuring that the training being delivered is in line with the standards, while also helping assess the amount of training being delivered in Scotland.

A protocol for the approval scheme will be developed and piloted before it is rolled out nationally.

As the accreditation procedure is a more complex and longer term issue, an approval scheme would be a meaningful interim way for trainers and participants to be assured that training was based on up to date evidence and best practice.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Develop, pilot and implement a protocol for the approval scheme 	<ul style="list-style-type: none"> • Review the effectiveness of the approval scheme (See section 10.3) 	<ul style="list-style-type: none"> • All training for specialist cessation support is accredited and/or endorsed by relevant agencies; approval scheme is no longer necessary • All smoking cessation training delivered in Scotland is in line with the national standards
Actions to be completed by others	<p><i>Training providers:</i></p> <ul style="list-style-type: none"> • Take part in the pilot scheme • Ensure their training content is in line with the national standards • Send in the required documentation to PATH for approval 	<p><i>Training providers:</i></p> Provide feedback on the effectiveness of the approval scheme	

* See 'Standards for Smoking Cessation in Scotland'. For a copy of this document, contact PATH: path@ashscotland.org.uk

7.2 Pursue the accreditation of smoking cessation training

Why:

- Accreditation can attract relevant health and related professionals to smoking cessation courses
- To recognise smoking cessation as a specialism that can contribute to a practitioner's continuing professional development (CPD) where applicable
- To save individual training providers the work of individually applying for accreditation

How:

- PATH will build links with professional bodies and accreditation agencies and investigate the feasibility of getting courses endorsed and/or accredited with them
- PATH will investigate the options for this more formal accreditation route, and will produce a report for consultation outlining these options

Currently, the vast majority of smoking cessation training undertaken in Scotland is not accredited. Accreditation can happen on several levels, from general endorsement by different agencies or professional bodies, to a more formal and structured accreditation system through, for example, a university.

Endorsement or accreditation for a course with professional bodies is frequently used to facilitate its inclusion in CPD schemes, whereby an individual is required to undertake a certain amount of training a year.

Ideally, all smoking cessation training that had already received PATH approval would be well placed to receive the appropriate accreditation or endorsement with relevant professional bodies.

A longer-term goal would be to develop a more structured system of accreditation in partnership with a higher education institution, or another accrediting body. This would help ensure that all attendees of smoking cessation training could gain a recognised qualification, which would be relevant across many professional groups. An accreditation scheme of this nature would involve an element of skills assessment and could also lead to the accreditation of practitioners, as outlined below.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Make contact with the relevant accrediting agencies and professional bodies to investigate the various accreditation and endorsement options • Produce a report from the outcome of the investigations outlining the accreditation and endorsement options 	<ul style="list-style-type: none"> • Gain an endorsement for the standards from the relevant professional bodies 	<ul style="list-style-type: none"> • All smoking cessation training is endorsed by the relevant professional bodies and included in CPD schemes • An accreditation scheme is in place for smoking cessation practitioners (see section 7.3)
Actions to be completed by others		<p><i>Professional bodies:</i></p> <ul style="list-style-type: none"> • Work in partnership with PATH to establish endorsement for training 	

7.3 Investigate ways of assessing and recognising a smoking cessation practitioner's knowledge and practical skills

Why:

- To evaluate different methods of assessing and recognising the skills and knowledge required to work as a smoking cessation practitioner
- To ascertain practitioners' views and needs about accreditation
- To promote smoking cessation as a specialist field

How:

- Consult with practitioners to determine their views and needs concerning possible accreditation
- Work with a variety of potential accrediting bodies to discover the costs and commitments involved in developing a professional system of practitioner accreditation
- Explore other, less formal approaches of assessing and recognising knowledge and practical skills (e.g. carrying out a certain amount of supervised practice, or being assigned a mentor.)

Section 7.2 outlines plans to gain accreditation or endorsement for training courses. The accreditation of *individuals* differs from the accreditation of *courses* in that it usually requires some further assessment where individuals have to demonstrate in practice the skills and knowledge taught on the course.

There are many factors to consider when developing a system for accrediting individuals as cessation specialists, including ways in which such a scheme could be effectively implemented and maintained, the resource implications locally and nationally and whether it would add value in practice. This is why it would be necessary to thoroughly evaluate all options available before initiating this process.

Any accreditation for specialists would also have to include a system to recognise prior learning and experience.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Investigate and produce a report for consultation, outlining the options for the accreditation of smoking cessation practitioners 	<ul style="list-style-type: none"> • Have a plan of action for the implementation of an accreditation scheme for practitioners 	<ul style="list-style-type: none"> • An accreditation scheme for smoking cessation practitioners is operational • Resources, including protected training time, is made available to those taking part in the accreditation scheme • All people providing specialist cessation support are accredited
Actions to be completed by others	<p><i>Various:</i></p> <ul style="list-style-type: none"> • Contribute to the consultation process as appropriate 	<p><i>Accrediting bodies:</i></p> <ul style="list-style-type: none"> • Work in partnership with PATH to implement an accreditation scheme for practitioners 	

7.4 Ensure that anyone delivering smoking cessation training has received adequate training themselves

Why:

- To ensure quality and consistency in training delivery across Scotland

How:

- Investigate the possibility of employing dedicated national trainers for smoking cessation and ways of funding this (See section 8.3)
- Look at other ways of establishing and promoting standards for smoking cessation training delivery

One way of enhancing the availability, scope and consistency of cessation training delivery is to have dedicated national trainers whose remit would include delivering train the trainer training, and training for those offering all levels of cessation support. For further details see section 8.3.

Other ways of establishing standards for smoking cessation training could include the development of national training standards for 'Train the Trainer' courses, a system of assessing and recognising a trainer's knowledge and skills, and developing resources to support this.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Investigate the possibility of employing dedicated national trainers for smoking cessation work (see section 8.3) 	<ul style="list-style-type: none"> • Investigate ways of establishing standards for trainers 	<ul style="list-style-type: none"> • Establish standards for those delivering smoking cessation training • All trainers delivering smoking cessation training will be trained to the same standard
Actions to be completed by others			

8. Resourcing training

8.1 Develop flexible training resources

Why:

- To relieve the workload of those currently developing training materials, allowing them to spend more time on other duties
- To minimise the duplication of effort that occurs when individual training providers across Scotland develop similar courses
- To ensure that up to date training materials in line with the standards are widely available to all who will benefit from them

How:

- PATH will develop evidence-based, nationally available training resources in line with the training standards.

The resources will take the form of a modular training pack which will be developed in consultation with experts in the field. The pack will be flexible and easily adaptable, to meet the needs of the trainer and intended audience.

Future additions could include material for working with groups with particular needs (see section 9.3).

In the first instance, PATH will also be responsible for keeping these up to date.

As stated above, the contents of the packs will be aligned with the standards. However, courses using other materials will be eligible for PATH approval as long as they meet the national training standards and regardless of whether they use their own material or that developed by PATH.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH		<ul style="list-style-type: none"> • Develop a modular training pack containing material in line with the training standards for brief advice and specialist support • Review the usefulness of the pack and adapt it accordingly 	<ul style="list-style-type: none"> • Add materials to the pack specifically for training in working with those with particular needs (see section 9.3). • Update materials regularly, in line with new evidence
Actions to be completed by others		<i>Training providers & others:</i> <ul style="list-style-type: none"> • Input into any piloting of these materials • Input into the review process 	

8.2 Set up a national database for smoking cessation training in Scotland

Why:

- To facilitate the sharing of training opportunities across Scotland
- To build a national, evolving picture of cessation training in Scotland
- To save time and money nationally by pooling the resources involved in setting up and running a training course

How:

- It is recommended that the feasibility of setting up such a system should be investigated, and if identified as beneficial and efficient, then funding should be sought to set up and maintain this system

The database could include information regarding course location, trainer, content, costs, intended audience and accreditation details. Details of training courses could then be accessed nationally, increasing awareness of courses beyond local level. This could help to avoid unnecessary duplication of effort, maximise attendance and help those with specific training needs access training not available in their area.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Investigate the possibility of setting up a national database for smoking cessation training courses 	<ul style="list-style-type: none"> • Apply for funding • Commission a database 	<ul style="list-style-type: none"> • Have a nationally managed database with details of all tobacco-related training courses updated regularly
Actions to be completed by others		<i>Training providers:</i> <ul style="list-style-type: none"> • Regularly submit details of courses that are being run locally to be included in the database 	

8.3 Develop a national approach to the provision of smoking cessation training

Why:

- To increase access to all levels of smoking cessation training in every locality across Scotland
- To save local training providers the work of regularly updating training and allow them more time to concentrate on other aspects of their remit
- To cut down on the amount of work that is duplicated nationally
- To increase consistency in training across Scotland and support widespread access to training that is in line with the standards

How:

- Funds will be required to employ national training officers

National training officers could be responsible for the following:

- Ensuring that all national training standards reflect the most recent evidence base
- Keeping all training guidelines and resource packs in line with the standards
- Working in partnership with trainers at local level throughout Scotland to develop and deliver all levels of smoking cessation training
- Developing new training materials as required

National training officers would work closely with those responsible for delivering training at a local level to ensure that all training had local relevance. They could also provide guidance on addressing local needs while working to promote a national approach to smoking cessation training.

National training officers would also develop an understanding of training needs nationwide and would be able to apply this knowledge to assist in future planning of cessation training in Scotland.

National trainers would not replace existing trainers. They would work alongside them and would be an additional Scotland-wide resource, well placed to assist with training as well as to develop new materials and courses as needed. The exact remit and work plan of any national training officers would be developed in consultation with relevant stakeholders.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Further investigate the feasibility of employing national training officers 	<ul style="list-style-type: none"> • Apply for funding for national training officers • Consult training providers on the possible roles and work plans for national training officers 	<ul style="list-style-type: none"> • There is a network of national training officers who can provide regular training opportunities across Scotland
Actions to be completed by others			
Main resource implications		<ul style="list-style-type: none"> • Funding would be required to create national training officer posts 	

9. Broadening the scope of cessation training

9.1 Address ways of ensuring that all relevant health and related professionals are trained to provide brief advice in smoking cessation

Why:

- Offering brief advice to stop smoking is an effective and cost-efficient way of prompting a quit attempt³
- To get the provision of brief advice to stop smoking embedded into the daily practice of a range of professionals

How:

- PATH will develop links with professional bodies and higher education institutions and investigate ways of getting smoking cessation training incorporated into relevant undergraduate/pre-registration education programmes
- Work to get smoking cessation training included in relevant CPD programmes
- Make links with a range of professional bodies and training providers to raise the awareness of smoking cessation and how brief advice training can fit in with their area of responsibility

While health professionals have a role to play in providing brief advice to stop smoking, other professionals such as social workers, teachers, prison officers or youth workers can also work with smokers. The range of professional bodies and training providers we intend to target will reflect this.

	Short term goals	Mid term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Investigate gaining endorsement for training in brief advice for smoking cessation with relevant professional bodies (see section 7.2) • Meet with relevant higher education institutions and professional bodies to discuss getting smoking cessation training included in the pre-registration/ undergraduate training of relevant professions 	<ul style="list-style-type: none"> • Have all training in brief advice for smoking cessation that meets the national standards endorsed by the relevant professional bodies and included in CPD schemes (see section 7.2) 	<ul style="list-style-type: none"> • Ensure that the pre-registration/ undergraduate training of relevant professionals has training in brief advice for smoking cessation on the curriculum • On qualification, all relevant professionals are trained to offer brief advice for smoking cessation.
Actions to be completed by others		<p><i>Professional bodies:</i></p> <ul style="list-style-type: none"> • Work in partnership with PATH to set up endorsement and inclusion in CPD schemes 	

9.2 Maximise the accessibility of smoking cessation training

Why:

- To enable all relevant health and related professionals to be trained in smoking cessation, regardless of local barriers or issues

How:

- It is recommended that initial and update training for smoking cessation should be included in time that has been allocated and protected for CPD
- Where applicable, funding for locum cover should be available to allow individuals to attend all levels of initial and update smoking cessation training
- Investigations should be made into setting up on line and/or distance learning for smoking cessation training
- Any nationally organised training should be delivered in a range of geographical locations

Key to promoting the uptake of smoking cessation training is to ensure that relevant health and related professionals have protected time to attend courses and that funding is available to provide locum cover. In addition, those in remote locations have specific needs surrounding access to training. One way to overcome this is to ensure that training is delivered widely across Scotland (See section 8.3)

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH		<ul style="list-style-type: none"> • Investigate on-line and/or distance learning options 	<ul style="list-style-type: none"> • All practitioners have protected time and/or locum cover to attend smoking cessation training, follow up or update training. • Accredited training courses can be undertaken via distance learning methods • National training officers will support the delivery of training to a variety of professionals across Scotland
Actions to be completed by others			
Main resource implications		<ul style="list-style-type: none"> • Funding would be required for protected time and locum cover, to ensure practitioners can be released for training 	

9.3 Ensure that training is available to address the specific needs of the priority groups in terms of smoking cessation

Why:

- Smokers in these groups can have specific needs that require a tailored approach⁴
- To ensure that practitioners have the necessary skills to work effectively with these groups
- To promote inclusion and reduce health inequalities

How:

- Develop guidelines and training materials specifically tailored for working with priority groups, in line with current research and best practice
- Get smoking cessation awareness training included in the training available to those who work with the priority groups

The 'Smoking Kills' White Paper² identified three groups where smoking rates must be reduced as a priority: pregnant women, young people and adults on a low income. Research has shown that smokers in these groups respond best to approaches that have been tailored to their needs. Therefore, ideally, smokers from the priority groups should have the opportunity to be seen by a smoking cessation specialist who has received additional, appropriate training.

The development of effective guidelines would involve input from those who are experts in working with priority groups as well as those who are experts in smoking cessation. Organisations and professional bodies that provide training for those working with priority groups could also increase cessation activity by including general smoking cessation awareness training and training in brief advice in their programmes.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Contact relevant groups and agencies that work with priority groups • Identify training courses for those who work with priority groups 	<ul style="list-style-type: none"> • Develop resources and training materials for working with priority groups and convene expert working groups to input into this process • Work with relevant training providers to have smoking cessation awareness training incorporated into all basic training 	<ul style="list-style-type: none"> • All those who work with the priority groups are aware of the issues surrounding smoking prevention and cessation • All those who work with the priority groups know how to access the specialist cessation services that are in place to help their clients quit
Actions to be completed by others		<p><i>Specialist cessation service managers:</i></p> <ul style="list-style-type: none"> • Develop and maintain links with agencies/organisations that work with priority groups • Work to ensure that an appropriate proportion of staff who are trained to offer specialist cessation support have received additional training in working with priority groups 	<ul style="list-style-type: none"> • Specialist cessation services and those working with priority groups work in close partnership to ensure the needs of clients are being consistently met.
Main resource implications		<ul style="list-style-type: none"> • Funding would be required for creating, printing and distributing resources for working with priority groups 	

9.4 Look at ways of ensuring that smoking cessation practitioners' broader training needs are met

Why:

- The role of smoking cessation practitioner can involve a range of tasks in addition to providing cessation advice

How:

- Establish ways of offering cessation practitioners training that will support them in the broader aspects of their role

For many, the role of smoking cessation practitioner involves an element of service management as well as supporting smokers to quit. The national training standards for specialist cessation support address some basic skills required for this. However, for those practitioners who have a more active role in coordinating and administering a service, it is recommended that they have access to more in depth training in areas such as managing budgets, marketing services, IT skills and so on. Additionally, some may benefit from training in other more general skills like time management or assertiveness.

There are no plans to incorporate such training courses into the smoking cessation training standards, but they should be made available either internally (for example at health board or LHCC level) or externally.

The same points about accessibility (see section 9.2) should also apply to this type of training.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH			<ul style="list-style-type: none"> • Practitioners have their broader training needs met, as well as their smoking cessation related training needs
Actions to be completed by others	<i>Specialist cessation service managers:</i> <ul style="list-style-type: none"> • Use the appraisal system to explore each practitioner's broader training needs and ways of addressing these 		
Main resource implications	<ul style="list-style-type: none"> • Funding would be required to allow for training in the areas outlined above to take place and to be included in protected time for training 		

10. Promoting best training practice

10.1 Ensure that individuals who have attended smoking cessation training receive appropriate follow up

Why:

- To provide essential support to those who have completed a smoking cessation course

- To increase the likelihood that those who have received smoking cessation training will put their skills into practice

How:

- It is recommended that those who have completed any level of smoking cessation training should be offered some form of follow up within six months of completing the course

Course participants need time to put the theory behind smoking cessation work into practice and follow up training can consolidate what they have learnt from training and assist with any issues that have arisen in practice. Follow up can take various forms including a short training session, a discussion workshop or a telephone call. Its role is to strengthen recent training, as opposed to update training, which keeps those who have already established their skills informed with the latest developments in the field.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • As part of the approval scheme, work with training providers to incorporate an element of follow up training into all approved courses 	<ul style="list-style-type: none"> • The provision of follow up to be a requirement of the approval scheme 	<ul style="list-style-type: none"> • All smoking cessation training courses include appropriate follow up and all practitioners are released to attend it
Actions to be completed by others	<i>Training providers:</i> <ul style="list-style-type: none"> • Incorporate follow up training into all courses 		
Main resource implications		<ul style="list-style-type: none"> • Funding would be required to cover time for training providers to offer follow up training, as well as protected time for practitioners to attend follow up training 	

10.2 Ensure that all smoking cessation practitioners undertake update training on a regular basis

Why:

- To ensure that practitioners keep their knowledge up to date

How:

- It is recommended that smoking cessation practitioners attend update training at least once a year in order to continue to offer specialist support

The field of smoking cessation is rapidly changing with new research and evidence emerging regularly. A smoking cessation practitioner needs some form of regular training to ensure that they are practicing in line with the most recent evidence.

Where applicable, the update training sessions should form part of the specialist's continuing professional development programme.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> As part of the approval scheme, work with training providers to develop a system for offering regular update training 	<ul style="list-style-type: none"> Develop resources to support the delivery of update training Investigate the possibility of developing a national register of practitioners who have completed smoking cessation training 	<ul style="list-style-type: none"> If accreditation for practitioners is achieved, regular update training will be required in order for individuals to remain accredited. A register of accredited practitioners will keep track of those who have been accredited and when they need to receive update training in order to remain accredited. Such a register will be managed and maintained by an appropriate umbrella body National training officers will support the delivery of regular update training (see section 8.3)
Actions to be completed by others	<p><i>Training providers:</i></p> <ul style="list-style-type: none"> Keep track of those who complete training and offer them yearly update training 		
Main resource implications		<ul style="list-style-type: none"> Funding would be required to allow practitioners to attend the regular update training they need to remain effective practitioners 	

10.3 Monitor the implementation of the training standards and training strategy

Why:

- To determine how and if they are having a positive impact on cessation training in Scotland, and meeting their respective aims.

How:

- The approval process will monitor uptake of the standards
- A national database could help measure the extent and scope of training available (see section 8.2)
- Stakeholders should be given the opportunity to give feedback on how effective and user friendly they find the approval scheme and the training resource packs

While a system of accreditation or endorsement can monitor the uptake of the standards, a national database can be used to monitor how and if smoking cessation training in Scotland is developing in line with the plans and recommendations set out in this document.

Procedures and resources should be adapted in accordance with feedback to ensure continuing value and utility.

	Short term goals	Mid-term goals	Long term ideals
Actions to be completed by PATH	<ul style="list-style-type: none"> • Use the approval scheme to monitor uptake of the standards • Establish a system for training providers to provide feedback into the approval scheme (see section 7.1) 	<ul style="list-style-type: none"> • Use uptake figures and feedback to adapt approval scheme • Use the national database to review the national picture of smoking cessation training and compare it to the strategy • Review the national training strategy on a regular basis and adapt the PATH work plan as required 	<ul style="list-style-type: none"> • National training strategy to be reviewed and updated on a regular basis
Actions to be completed by others		<i>Training providers:</i> <ul style="list-style-type: none"> • Provide feedback on the approval scheme, as required 	

11. Background to PATH

Partnership Action on Tobacco and Health (PATH) is an initiative that aims to increase the number of people that successfully stop smoking in Scotland. Funded by the Scottish Executive, PATH was developed to support the implementation of policies outlined in the Government's 1998 White Paper Smoking Kills², and subsequent policy documents. PATH is, with key partners, developing and rolling out best practice across key areas of training, data collection and evaluation.

PATH aims to:

- Develop national training standards, a national training strategy and training resources for tobacco work
- Promote evidence-based practice through training
- Make recommendations on data collection and evaluation of smoking cessation services, based on good practice
- Support the development of information and research strategies linked to the White Paper
- Manage and allocate a support fund of £300,000 per annum. The fund is providing support for creative local pilot initiatives working with high-risk groups that reflect the White Paper priorities

For further information on PATH, please contact us at:

ASH Scotland
(Partnership Action on Tobacco and Health)
8, Frederick Street
Edinburgh
EH2 2HB

Tel: 0131 225 4725
Fax: 0131 220 6604

www.ashscotland.org.uk

For queries about these standards, please contact Judith Burchett or Angela Vettrano, Training and Development Officers at the above address, or at:

judith.burchett@ashscotland.org.uk

angela.vettrano@ashscotland.org.uk

12. Glossary

Brief advice: When a health or other professional brings up the issue of smoking with a client who smokes, or responds to the client raising the issue with them, and attempts to trigger a quit attempt. Depending on the smoker's level of motivation, this may involve the provision of information on smoking and health, actual advice to quit or, if appropriate, referral to a specialist cessation.

Brief advice can also be referred to as brief opportunistic advice or a brief intervention

Client: In these standards, we have used the word client as a generic word that can refer to a patient or service user

Priority groups: Groups of the population highlighted in the U.K. White Paper 'Smoking Kills'² and the Scottish White Paper 'Towards a Healthier Scotland'¹ as needing to be particularly targeted for smoking cessation work. These are young people, pregnant women and adults on a low income.

Specialist cessation support: Supporting a smoker through the process of a quit attempt. This can be carried out on a one to one or group basis and implies the provision of several behavioural support sessions both before and after a quit date, as well as possible pharmacological support.

Specialist support can also be referred to as in-depth or intensive support or as an in-depth or intensive intervention.

Smoking cessation specialist: Someone whose role is *exclusively* to provide specialist cessation support i.e. the work does not form part of a wider job remit.

N.B. Other professionals offer specialist cessation support as *part* of their remits. For this reason, we have used the term **smoking cessation practitioner** to refer generically to those who offer specialist cessation support, regardless of whether it is as part or all of their remit.

13. References

1. The Scottish Office '*Towards a Healthier Scotland*' - *A White Paper on Health*. Edinburgh: The Stationery Office, 1999
<http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm>
2. Department of Health *Smoking Kills: A White Paper on Tobacco*. London: The Stationery Office, 1998
<http://www.archive.official-documents.co.uk/document/cm41/4177/4177.htm>
3. West, R, McNeill, A and Raw, M. *Meeting Department of Health Smoking Cessation Targets; Recommendations for Primary Care Trusts and Service Providers* London: Health Development Agency 2003
http://www.hda-online.org.uk/documents/smoking_cessation_targets_part1.pdf

http://www.hda-online.org.uk/documents/smoking_cessation_targets_part2.pdf
4. SMOKING CESSATION GUIDELINES FOR SCOTLAND (FORTHCOMING)