Using Stop Smoking Medicines

This training standard was developed for the National Training Service (NTS) Alliance in consultation with subject matter experts.

The purpose of this training standard is to provide a benchmark for knowledge and skills that should be included in training on stop smoking medicines. This is to help ensure consistency in training content and alignment with best practice.

This standard is not designed to be prescriptive of how, when, or in what format training is delivered.

Version 1.2 (January 2019)

Training Standard:

Using Stop Smoking Medicines

The following information outlines benchmarks or competencies related to stop smoking medicines for those working in roles linked to providing smoking cessation guidance and/or support.

What: The need for medicines standards	Practitioners need to inform clients of the full range of stop smoking medicines and know how clients can access them. They should also be able to answer questions on other nicotine delivery systems that people may be using or wanting to use.
Who: The intended audience	Health practitioners who are providing stop smoking medicines to support people to quit smoking. Stop Smoking Service Practitioners. Quitcard providers.
Where: The location of services	Where health care or stop smoking services are provided.
When: The time the services are offered	Health practitioners need to systematically assess smoking status and offer support to stop smoking to people who smoke. Stop smoking medicines are usually provided to aid a quit attempt and ideally in combination with behavioural support. However, there may be situations in which the provision of a stop smoking medicine alone may be warranted (for example, use of nicotine replacement therapy to manage temporary abstinence whilst in hospital)
How: The way the sessions are delivered	People who want help to stop smoking should be provided with information about stop smoking medicines available to help. This information can be provided during face-to-face interactions, or via telephone or video-based communication. The provision of printed or electronic resources can assist in reinforcing key messages.

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Benchmarks for Knowledge:	***The person providing information about stop smoking medicines is able to correctly:***
	
	• Identify all stop-smoking medicines available in New Zealand
	    o Nicotine patches
	    o Nicotine gum
	    o Nicotine lozenge
	    o Nicotine inhalator
	    o Nicotine mouth spray
	    o Varenicline (Champix)
	    o Bupropion (Zyban)
	    o Nortriptyline
	• Describe the benefits of using stop-smoking medicines;
	• Describe how each stop-smoking medicine is used;
	• Describe the advantages and disadvantages of each approved stop-smoking medicine;
	• Describe the side effects from each medicine and how they are managed;
	• Discuss medication options for each individual and whether a GP should be involved;
	• Describe the correct procedures for administration and management of medicines;
	• Describe health and safety issues related to the medicine as needed (e.g. storage, overdose, accidental poisoning in children etc.);
	• Describe new emerging products and their advantages and disadvantages. Emerging products include:
	    o Vaping products

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Benchmarks for Skills:	***The person providing information on and/or providing stop smoking medicines is able to correctly:***
	• Engage with individuals from all cultures and all walks of life;
	• Inform clients of all the medicine options:
	o Pros and cons of each
	o Those that align best with their needs
	• Engage clients in shared decision making in choosing a
	• stop-smoking medicine;
	• Advise clients of how to efficiently source medicines;
	• Advise clients of how to correctly use the medicines, get the best out of the medicines and check each client completely understands;
	• Use language and terminology suited to the client's age and requirements;
	• Supply the medicines (in the case of subsidised NRT) or refer to the GP to prescribe medicines;
	• Determine which practitioners or services are allowed to provide which medicines (e.g. medical practitioner versus stop smoking service practitioner).
Considerations:	Practitioners from organisations that cannot prescribe prescription stop smoking medicines may prefer to talk only about NRT (which they can supply). However, trainers must ensure that practitioners can give information to clients on **all stop-smoking medicines**, and where a prescription medicine may be the best option they should support their client to access these.

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Training and assessment consideration:	All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience. Attendees should be actively engaged in the learning rather than just sitting listening. This could include, for example, discussion groups, case studies, problem solving card sorts etc. where the learner is actively learning rather than passively listening. Trainers may need to take into consideration that many trainees are busy people and need engaging and efficient training options.
	Any programme should have a mechanism to check the **measurable learning outcome** was met or provide a reference tool the attendee can use in future.
	The verb of the learning outcome dictates what the learner is able to do, e.g. ***Describe three reasons for ….***
	In this case the assessment should have learners each being able to ***describe the three reasons for …*** and this could be achieved in group discussions, a multiple-choice quiz (which has the learner identify the three correct descriptions), a take home handy reference card etc.
	An important aspect to remember is that training has not worked unless learning has been checked.

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