

## SMOKING CESSATION SERVICE COMPETENCY CHECKLIST AND SIGN OFF

Staff Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

	ACTION	COMPLETED
1	Able to demonstrate an awareness of the health risks associated with smoking	
2	Able to identify clients who are able to take part in the service and what actions to take for those unsuitable for inclusion	
3	Able to describe the service and demonstrate ability to gain written consent	
4	Able to confidently explain the benefits of stopping smoking	
5	Able to demonstrate ability to provide advice and support to clients wishing to stop smoking – consider completion of the NCSCT training programme	
6	Able to carry out a CO reading and interpret results	
7	Able to discuss the pharmacotherapy options with patients including NRT and Varenicline	
8	Have a smoking cessation service SOP in place, signed by the appropriate staff members	
9	Has read and understood the smoking cessation service workbook	
10	Is able to demonstrate ability to deal with customers in a sensitive and confidential manner	
11	Able to appropriately refer customers to other healthcare professionals and support organisations where necessary	

**Staff member to sign:** I confirm that I have read and understood how to deliver the blood smoking cessation service and am competent to do so:

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Dated: \_\_\_\_\_

**Supervising Pharmacist to sign:** I confirm that the above person has demonstrated competency to deliver the smoking cessation service:

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Dated: \_\_\_\_\_