

Provincial Clinical Policy



Title: Tobacco Quit Card and Counselling (TQCC) Program Policy

Level: Provincial

Service Area: Primary Care and Public Health

Applicable to: All healthcare providers, organizations, and facilities across Manitoba involved in delivering health services provided or funded by the government or a health authority.

Approved by: Primary Care Sub-committee, Primary Care, Home, Community and Palliative Care Program

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Subcategory: 600.105 – Cross Program Care Coordination

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1.0. Purpose

- 1.1. The purpose of this policy is to establish the organizational commitment and governance structure for the Tobacco Quit Card and Counselling (TQCC) Program. This policy outlines the mandatory requirements for the program's delivery, oversight, and accountability to ensure consistent, equitable, and evidence-based implementation across all regional health authorities (RHAs) and partner organizations in Manitoba and their participating sites.
- 1.2. This policy ensures that all components of the TQCC Program—including training, counselling, distribution of nicotine replacement therapy (NRT), and data stewardship—are provided in alignment with applicable health system priorities.

2.0. Scope

- 2.1. This policy applies to all staff, departments, and partner organizations involved in the delivery, coordination, administration, or oversight of the TQCC Program. This includes, but is not limited to:
 - Program administrators

- Tobacco educators and trainers
- Clinical and non-clinical staff involved in NRT distribution
- Data and reporting personnel
- Regional Health Authorities (RHAs) and affiliated service delivery sites

3.0. Definitions

3.1. Defined Terms

- 3.1.1 Regional Health Authority (RHA): The administrative body responsible for managing and overseeing healthcare services within a specific geographic region.
- 3.1.2 Tobacco Quit Card and Counselling (TQCC) Program: A structured initiative for tobacco and vape reduction and cessation. It combines individualized counselling with access to funded nicotine replacement therapy (NRT) through a quit card.
- 3.1.3 Electronic Medical Record (EMR): Electronic record used in primary care clinics for patient charting, tracking and referral management.
- 3.1.4 Nicotine Replacement Therapy (NRT): Medications that support smoking cessation by providing nicotine in a limited dose. Can be long-acting forms (patches), or short acting forms (such as gum, lozenges, inhaler, oral mist).
- 3.1.5 Tobacco Trainer: An interprofessional role played by a team member responsible to provide Applied Tobacco Intervention courses provincially. This person also acts as a Tobacco Educator.
- 3.1.6 Tobacco Educator: An interprofessional role played by team members responsible to provide Quit Cards and counselling to participants and complete the TQCC program Data Collection Tool.
- 3.1.7 Tobacco Quit Card: A drug insurance card that can be presented at participating community pharmacies in Manitoba to pay for nicotine replacement therapy medications and pharmacy dispensing fees up to a set amount.

3.2. Abbreviations

- 3.2.1 ATI: Applied Tobacco Intervention

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3.2.2 CNRC: Canadian Network for Respiratory Care

3.2.3 CTE: Certified Tobacco Educator

3.2.4 HBC: Health Behaviour Change

3.2.5 RHA: Regional Health Authority

3.3. Professional Groupings

3.3.1 Not applicable.

4.0. Policy

4.1. TQCC Program Requirements:

4.1.1 The organization is committed to delivering the TQCC Program in a manner that is evidence-based, client-centered, and consistent across all participating locations.

4.1.2 All individuals involved in the program must adhere to established guidelines, training standards and data protocols.

4.1.3 The provision of NRT through TQCC quit cards must follow established eligibility criteria and documentation procedures.

4.1.4 Program performance will be monitored and evaluated to support continuous quality improvement.

4.1.5 Roles and responsibilities will be clearly defined and communicated to ensure accountability and sustainability.

5.0. Procedure

5.1. Required Tobacco Educator Training

5.1.1 Tobacco Educators are to complete the clinical training courses listed in the Manitoba Tobacco and Vape Learning Series (Intermediate Tobacco Educator) within one year.

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5.1.2 Before delivering the program, must complete, at minimum, self-led LMS courses: Tobacco Basics, Intensive Tobacco Intervention, Tobacco Cessation Pharmacology, and HBC Part 1.

5.1.3 Within 6 months (or as soon as possible thereafter) must complete remaining courses for Intermediate Tobacco Educator Certification. This includes HBC Part 2 OR Foundational Health Educator; and Applied Tobacco Intervention.

5.2. Roles and Responsibilities for Shared Health and Regions

5.2.1 For a complete list of Roles and Responsibilities, see the Tobacco Quit Card and Counselling (TQCC) Program Guideline [TQCC Program Roles](#)

5.3. Participation in TQCC Program

5.3.1 Eligible participants will receive a \$300 Quit Card. Non-NRT medications are not covered.

5.3.2 Participants must agree to at least 3 counselling sessions: initial (with Quit Card), 1-month, and 6-month sessions.

5.4. Data Collection and Reporting

5.4.1 A TQCC Data Collection Tool must be completed for each participant, at the required intervals, and in addition to regular charting.

5.4.2 Each RHA is required to collect and submit data to Shared Health annually by April 30th.

6.0. Resources

6.1. Manitoba Tobacco Quit Card and Counselling Program Public Webpage – [English](#) | [French](#)

6.2. Shared Health, [Tobacco Quit Care and Counselling Program - Tobacco Resources](#).

6.3. TQCC Clinical Guideline [Tobacco Quit Care and Counselling Program - Tobacco Resources](#)

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- 6.4. TQCC Quick Reference Guide [Tobacco Quit Care and Counselling Program - Tobacco Resources](#)

7.0. References

- 7.1. Not applicable

8.0. Contact(s)

- 8.1. **Document Sponsor:** Provincial Program Director, Primary, Home/Community and Palliative Care Program – Shared Health
- 8.2. **Document Owner(s):** Provincial Primary Care Programs Team, Quality, Performance and Strategy – Shared Health
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Document Review History

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