Introduction

1.1 This document describes the response from the Association for Nutrition to the Department of Health consultation document, ‘Healthy Lives, Healthy People: Towards a workforce strategy for the public health system.’

1.2 Association for Nutrition (AfN) is the voluntary regulator for qualified nutritionists. We protect and benefit the public by promoting nutrition and public health and championing high standards of practice in the nutrition profession. We maintain a competency-based register of individuals, the UK Voluntary Register of Nutritionists (UKVRN), who are qualified and competent in nutritional science and practice and agree to uphold professional and ethical standards through a Code of Ethics. Only individuals who meet the highest standards in evidence based science and professional practice can join and remain on the Register.

1.3 Registered Nutritionists occupy important positions, often with strategic input, in policy and service functions throughout the NHS and form part of the public health workforce identified in the consultation. Specialist public health expertise in nutrition is clearly identifiable within the UK Voluntary Register of Nutritionists. Registered Nutritionists qualified and experienced in public health hold the title ‘Registered Public Health Nutritionist,’ (from July 31st 2012, following a review of our register, this title changes to ‘Registered Nutritionist, (Public Health)’). There are currently 257 Registered Public Health Nutritionists and 204 Associate Public Health Nutritionists in the UK.

1.4 Our evidence shows Registered Public Health Nutritionists are active within the first three of the consultation’s broad groupings: Public Health Consultants; Specialist Public Health Practitioners and Practitioners with some public health component to their work. A sample of job titles from our Register includes: ‘Specialist Public Health Nutritionist’ (Local Authority), ‘Public Health Programme Manager’ (NHS), ‘Senior Health Promotion Specialist’ (NHS), ‘Community Nutritionist’ (Local Authority), ‘Food & Health Lead’ (Public Health), ‘Director’ (Charity & Biomedical Research), ‘Oral Health Promoter ’ (Hospital), ‘Professor of Public Health’ (university), Senior lecturer in Nutritional Epidemiology’ (University), ‘Team Leader’ (Dept of Health), and ‘Obesity Coordinator’ (PCT).
1.5 In addition, many of the job functions listed within the consultation, for example ‘professor of public health/academia/research,’ ‘epidemiologists,’ ‘obesity/community child health dieticians’ will be undertaken by Registered Public Health Nutritionists. Registered Public Health Nutritionists develop, implement and evaluate nutrition policies and programmes, generating the evidence base and applying scientific knowledge to ensure understanding of the impact of food and diet on health and well being of people and communities, and improving the diet, nutrition and health of people and communities. A key part of a Registered Public Health Nutritionist’s role will be health improvement, addressing inequalities in nutrition and health and nutrition advocacy; monitoring, evaluating and assessing diet in groups/communities and generating research evidence linking food/nutrients and health.

1.6 It is our view that the work of our registrants is sufficiently key to public health, in the skills and experience registrants bring to a variety of public health roles, at an individual and population level, to be considered as a vital part of the Department’s Public Health Workforce Strategy. At present there is no mention within the consultation of the specific contribution Registered Nutritionists or Registered Public Health Nutritionists make to improving the health of the nation.

1.7 The Association also accredits 50 Bachelors and Masters courses in nutrition and promotes high standards of competence, skill and ethical conduct. Each year approximately 450 students qualified in the science of nutrition with a strong all round skill set and a firm understanding of and commitment to professional responsibility and accountability graduate from AfN accredited courses. Our consultation response is therefore concerned with the potential contribution of these new graduates to the development of the public health workforce and their capacity to develop as newly qualified practitioners with opportunities for professional development and career progression.

1.8 In addition, AfN is now completing a major project funded by the Department of Health under the Third Sector Investment Programme entitled Improving Capacity, Confidence and Competence in Nutrition across the Workforce, producing a blueprint for supporting the health workforce below professional level and health professionals (GP’s pharmacists, school nurses, health visitors, etc.), who provide nutrition advice to individuals and populations where nutrition may not be a central part of their role but an important element of it. A major focus of this project is exploring how to reduce nutrition-related inequalities by improving the capacity, confidence and competence of the frontline nutrition workforce and a major outcome will be a web portal with an online tool by which the wider workforce can self-assess their nutrition competences and achieve certification at each level 3,4 and 5+ on the PHSCF. Clearly individuals certified under this AfN scheme will be vital members of the wider workforce playing a role in health improvements and reducing health inequalities.

1.9 Our strategic aim is to ensure consistent, accurate and evidence based nutrition practice across the healthcare team, from professional to frontline worker, to improve nutrition-related health outcomes for public, patients and service users. We welcome the opportunity to provide further comment on the questions contained in your consultation document.

Specific Responses to Consultation Questions from Association for Nutrition

Qu. Are these Four Groups a useful way of describing the public Health Workforces?

2.1 We agree in principle with the four headings in Table 1, para. 2.5. The broad categories are of use in summarising the contribution to public health of a variety of job functions at different levels within the workforce. However, we would argue (see 1.4-1.6 above) that Registered Nutritionists and Registered Public Health Nutritionists occupy key roles as Public Health Consultants, as specialist public health practitioners and as practitioners with a public health component to their work within multiple settings. Further, we argue that Registered Nutritionists with specific nutrition and public health expertise not noted in Table 1 hold vital skills and experience necessary for Government to achieve its stated public health outcomes. In terms of building capacity and skills in public health, we are concerned that the workforce strategy has omitted reference to a body of well-qualified and well-regarded practicing professionals, Registered Nutritionists and Registered...
Public Health Nutritionists with the precise competencies required to deliver a highly skilled, agile and capable public health workforce.

2.2 We would also argue that the omission of Registered Nutritionists and Registered Public Health Nutritionists in the analysis of public health workforce data in para’s 2.6-2.8 inhibits the development of truly comprehensive strategy. Work undertaken by AfN 2010–11 has mapped and quantified the practitioner workers at Levels 3, 4 and 5+ on the PHSCF who provide public health nutrition advice at both individual and population level, occupations that range from nursery nurses to chiropodists. Table 2 also fails to recognise the key role of Registered Nutritionists, Registered Public Health Nutritionists and frontline workers who have demonstrated their nutrition competences through schemes such as AfN Nutrition Workforce Competency Certification.

Qu. What further actions would enhance recruitment and retention of truly representative public health workforces?

3.1 Given the diversity of job functions and routes to entry alongside evidence we have gained from our work with young people, promoting careers in public health and nutrition, it is clear there is a limited understanding of potential career paths, impact of work or routes to entry. Graduate employment in public health is also problematic; highly qualified graduates with good degrees have a number of employment choices and entry-level posts within public health are often not sufficiently well remunerated, or offer clear career paths, to attract the brightest graduates. Our research (2012) on job descriptions and job functions within the frontline public health nutrition workforce has shown that employers do not always demand appropriate professionally recognised qualifications, putting the public and service users at risk.

3.2 We have been working with the British Dietetic Association to raise awareness at Local Authority level to encourage the employment of appropriately qualified nutrition and dietetic professionals and frontline workers. In 2013, with the establishment of Public Health England, and with Local Authorities exercising their new role as commissioners of local programmes to address and prevent obesity and overweight, it is critical that the Government develops a coherent strategy for regulation of nutrition professionals to recognize and retain those suitably qualified and competent to deliver nutrition messages in an evidence-based, safe and effective manner.

3.3 Our functions and duties as a voluntary regulator are equal to that of a statutory register; although without the consequent protection of title or function. Registered Nutritionists are subject to a Code of Ethics and Statement of Professional Conduct equivalent to the professional and ethical obligations of a regulated health professional. Registered Nutritionists must demonstrate good character, good health and hold approved qualifications accredited by the AfN to internationally recognized standards of competence; standards of entry common across all regulated professions. The AfN is self-financing through registrant fees, as are most other regulators, however, we would argue the economic impact on Government is the indirect impact of poor and unsafe advice given by unqualified or unregulated practitioners in professions without statutory protection. Therefore one action which would enhance recruitment and retention would be some form of statutory recognition of title within the area of public health, ideally incorporating all aspects of human and animal nutrition.

3.4 Whilst the UK Voluntary Register of Nutritionists does provide assurance that suitably qualified and competent nutrition professionals are capable of delivering nutritional messages in an evidenced-based, safe and effective manner, the lack of statutory regulation, and any form of protection of title, has potential to harm. The recent ‘Which?’ report into Nutritional Therapists evidenced alarming non-evidence-based practices with a focus on detoxification, optimal nutrition and use of supplements, that in many cases cannot be justified by existing scientific evidence. In the subsequent debate in the press and social media, the title ‘Nutritionist’ (highly qualified evidence-based scientists registered with the AfN) was used interchangeably with unregulated complementary ‘Nutritional Therapists,’ with much evidence of public confusion.

3.5 We support the need for action to be underpinned by principles of equality and encourage, through the development of the workforce strategy, a greater investment in professional/ regulatory
bodies own capacity to foster professional cohesion/peer support through the endorsing, monitoring and promoting of continual professional development. Local Authorities and Public Health England must not be encouraged to duplicate the excellent work done by Faculty of Public Health or the Association for Nutrition to regulate its own workforce, but rather work in collaboration to achieve the flexibility and responsiveness required of the public health workforce.

**Qu. Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?**

4.1 We think it would be helpful here to repeat our earlier statement in 1.6 outlining our view that the work of our registrants is sufficiently key to public health, in the skills and experience registrants bring to a variety of public health roles, to be considered as a vital part of the Department’s Public Health Workforce Strategy. At present there is no mention of the specific contribution Registered Nutritionists or Registered Public Health Nutritionists make to improving the health of the nation. Registered Nutritionists and Registered Public Health Nutritionists occupy important positions, often with strategic input, in policy and service functions throughout the NHS and must form part of the public health workforce identified in the consultation. Following extensive discussions with the nutrition profession, employers and the public we have recently decided to restructure our register and introduce a single unified title Registered Nutritionist from 31st July 2012. Our register restructure will make it easier to identify Registered Nutritionists with specific public health expertise to meet future public health challenges.

4.2 Registered Public Health Nutritionists have specific competencies in the precise areas where Government wishes to take action; they are demonstrably able to contribute specialised knowledge, skills and expertise in health promotion, health messaging, translating scientific evidence into programmes and action, measuring and evaluating impact and effectiveness, strategic leadership and collaborative working. The single most important public health issue; obesity and its consequences for ill-health and costs of increased medical intervention, is precisely where our registrants have most to contribute. We would encourage the Department to make the most of this unacknowledged resource in the development of its public health workforce strategy.

4.3 There is an additional opportunity we wish to highlight. Through our project, *Improving Capacity, Confidence and Competence In Nutrition Across the Workforce* we have developed a Workforce Competence Model in Nutrition, (published Feb 2012) supported by a web portal and self assessment tools, which defines ethical, scientific and quality standards for the practice of nutrition and public health nutrition, providing the necessary guidance to all levels of the wider workforce (at levels 3,4 and 5+ of the PHSCF) who offer nutrition advice as part of their daily role. Measurable benefits, aiding recruitment and retention, are:

- Competence assessment and verification to enable workers to demonstrate to employers and the public their competence
- High quality learning in nutrition evaluated and benchmarked for use by workers to maintain and advance competency
- Standards distinguished for various occupations which will increase capacity and maintain competence via career progression pathways

We have devised clear mechanisms to not only support existing roles but also to adapt for emerging roles in nutrition and public health, demonstrating the flexibility and robustness of the framework.

**Qu. How can the public health element of GP training and CPD be enhanced?**

5.1 We offer evidence to demonstrate that it is not just the public health element of GP training that needs to be enhanced. Our research (online questionnaire n=121), (AfN, 2011), identified 50% of GPs & 34% of nurses had gaps in their nutritional training in relation to their role, 30% did not have receive formal training in nutrition as part of their professional education. Further qualitative research, (AfN 2011), show those with a responsibility to offer nutrition advice, support and guidance to individuals and communities (such as nursery nurses, community food workers,
practice nurses and GPs), had significant gaps in their nutrition knowledge and were not always competent in delivering nutritional messages. In designing a web portal (due to launch in October 2012) we identified that 98% of healthcare workers would use such a tool to access a database of evaluated training courses. Consultation with employers in 2012 demonstrated the need for nutrition training to be evaluated against established standards for workforce competence for employers to have an increased confidence in offering nutrition training to their employees. We are happy to share with the Department and other interested organisations the on-line self assessment tools we have developed from this research, targeted at GPs and clinical staff, in order to ensure a joined-up approach to improving the knowledge, confidence and capacity in public health of the whole healthcare team.

Qu The Faculty of Public Health, working with stakeholders, reviews whether its specialists competencies need to develop in the light of new working environments, relationships and expectations.

5.2 A proportion of Registered Public Health Nutritionists are also members of the Faculty of Public Health. We would be very interested in exploring greater harmonisation and interdisciplinary recognition between the two registers in the interests of greater cohesion and public benefit.

For more information about the work of the AfN, or this response, please contact AfN Chief Executive, Leonie Milliner on 020 7291 8385, email l.milliner@associationfornutrition.org

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