Building capacity across the frontline nutrition workforce
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Building capacity across the frontline nutrition workforce

Project Manager Stefanie Radford from the Association for Nutrition, and her colleague Amy Hall, offer an insight into the development of a unique quality assurance framework in nutrition and the rapid progress being made.

Health inequality (defined for the purposes of this article as differences in health status or in the distribution of health determinants between different population groups) is rife in the UK today – over the last 10 years these inequalities between socioeconomic classes have widened, with the gap increasing by 11% for women.¹ This gap in equality is partly illustrated by the large divide in health experiences across certain regions in England, whereby some northern regions of England have poorer health experiences than average, including higher levels of obesity in children.²

The causes of health inequality are complex and include many factors and determinants. Yet, one thing is clear: nutrition has a crucial role to play in tackling inequalities such as obesity and malnutrition.

Deprived communities, in particular, are at risk from inappropriate nutrition and poor diet. It is therefore essential to understand how frontline workers operating in the most disadvantaged sectors of society can play a part in reducing nutrition-related health inequalities. The Nutritional Wellbeing of the British Population,³ published in 2008 by the UK government’s Scientific Advisory Committee on Nutrition, highlighted the considerable prevalence of nutritional deficiencies especially among the vulnerable, despite considerable public expenditure over the past decade and more. One of the report’s conclusions was that the population is at risk from inadequately trained frontline staff.

It is timely then, that the Association for Nutrition (AfN),⁴ a registered charity, has recently been formed as the professional body for registered nutritionists, taking over the responsibility for the UK Voluntary Register of Nutritionists (UKVRN) from the Nutrition Society. The AfN is currently leading a Department of Health-funded project, ‘Improving Capacity, Confidence and Competence in Nutrition across the Workforce’, which aims to establish mechanisms to ensure that all members of the health and social care workforce are more demonstrably competent in nutrition. This will help to guarantee that the advice they provide to the public is safe, evidence based and effective. The ultimate objective will be to enable such workers to make a significant contribution to addressing nutrition-related inequalities, while making it possible to establish a clear, quality assurance framework in nutrition.

The focus of this project is on those with lower levels of nutritional knowledge and skill than is possessed by those on the UKVRN. This includes individuals and groups of workers within the health and social care sector (Public Health Skills and Career Framework Levels 1–4) who may not focus directly on food and nutrition in their work, but who may contribute to it, such as community food workers, nutrition and dietetic assistants, and pharmacists.

Working with a steering committee, we have been examining how training and educational provision contributes to workforce capacity, career development and mobility, and how it links to government strategic objectives in key aspects of nutrition-related health, and health inequalities.

We are now in the second phase of the project, where we are meeting with our target group of workers, setting up user panels and an advisory committee made up of stakeholders, training providers, educational bodies and UKVRN registrants, as well as hosting focus group workshops with those directly in the workforce.

A recent workshop was held with community nutrition advisors in Islington from the Community Kitchens Project,⁵ which provided us with a real insight into the daily job roles of the food and nutrition frontline workforce. The job title community nutrition advisor falls under the umbrella term of community food worker. The workshop helped the project team to understand their job descriptions and the knowledge and competences required for their role, and the essential skills used every day by the workers. There were multiple outcomes from performing the workshop including recognition of career opportunities, career progression pathways and the existence of a support network. Such information is crucial when attempting to build capacity into the framework structure.

We have also been talking to public health researchers, lecturers in nutrition, educational specialists and high-profile managers of other nutrition and workforce-related projects, with the intention to work alongside...
other professionals to achieve our common goal.

Mapping vocational courses that are available to the target workforce, which take the form of on-the-job training (distance learning, e-learning or intensive fast-track training) supplied by employers or run independently, is also a priority. Nutritional content must be gauged to ensure standards are consistently being met in terms of comparability, validity and fitness for purpose. In order to devise a quality assurance framework, benchmark standards in nutrition practice and training are essential.

We are making good progress towards our aim of creating a framework in nutrition and with continuing support and teamwork, will reach maximum impact among the wider nutrition workforce.

Before the project reaches the end of its three-year lifespan in 2012, we plan to perform further workshops across England and consult further with AfN registrants and key stakeholder advisory and user panels. Our next challenge will be to commission research which will entail large-scale implementation of the workshops with target workforce representatives across England. The workshops will continue to investigate the job roles, specifications, competencies and skills in further depth.

The AfN has consulted UKVRN registrants about making changes to the register. The proposals are designed to help increase recognition of nutrition profession roles – a vital step if we are to increase the confidence of the wider workforce and the public.

If you would be interested in supporting the project, would like to be a part of our consultation processes, are interested in putting in a tender bid, would like us to inform you of our findings or would simply like to find out more about what we do, please email project@associationfornutrition.org.

**References**


4 Association for Nutrition website. Available at <http://www.associationfornutrition.org> Last accessed 14/11/10

5 Community Kitchens Project website. Available at <http://www.manorgardenscentre.org/p_kitchen.html> Last accessed 14/11/10

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**PHORCaSTING insights on public health careers**

Developing the public health workforce requires flexibility, says Jenny Wright, Executive Director of Public Health Workforce Development at Solutions for Public Health and lead for the PHORCaST Development Team

The Public Health Online Resource for Careers, Skills and Training (PHORCaST) went live at www.phorcast.org.uk in March 2010. It was developed, with funding from the UK Departments of Health, to meet a gap in ready access to information about the breadth of public health careers and how to attain them. The aim of the website was to provide, in one place, essential information about public health roles and career choices, qualifications, means of entry, guidance and opportunities for development, then signpost site visitors to other websites where more detail could be obtained.

Equally, the development of PHORCaST builds on the vision for a competent and focused public health workforce, empowered and enabled to meet increasing public health challenges.¹,²

Much progress has been made since 2000 in identifying the public health workforce across different sectors and at different levels, and in supporting its development. The 2001 report of the CMO’s Project to Strengthen the Public Health Function in England³ helpfully categorized the workforce into three distinct groups:

- **Specialists**: those qualified in public health and operating at senior strategic (consultant and above) levels.
- **Practitioners**: those working at the operational level to deliver public health programmes and services such as public health nurses, environmental health officers and public health analysts.
- **The wider workforce**: those who are able to influence the health of the population through their roles, includ-