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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.

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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-

ing such disparate groups as teachers, spatial planners and directors of finance of health organizations.

Since 2002, there has been regulation at the specialist level for those from backgrounds other than medicine. The higher specialist training scheme for public health is also open to applicants who are not medically trained. There are now over 300 accredited specialists on the UK Public Health Register. The Public Health Skills and Career Framework,⁴

launched in 2007, provides, for the first time, a high-level competence and knowledge framework that embraces all three groups within the public health workforce. All this has made the task of

identifying, supporting and developing the public health workforce more straightforward and has enabled the development of the PHORCaST website.

The public health workforce has, however, some unique features. Not only is the workforce multidisciplinary, it is also multi-professional and multi-agency. As it is principally (but not exclusively) employed within the public sector, it is also subject to relatively frequent organizational and structural change, along with government policy shifts as is the case now in England with the setting up of the public health service. There are increasing opportunities for public health work linked to the private sector.

An approach to public health workforce development that is flexible yet competence based is therefore essential. Those currently mid-career and those on or exiting from the higher specialist training scheme need to think carefully about how they want their roles and

careers to be shaped in the future and where they can maximize their contribution. The range of settings and organizations in which public health might be practised will continue to be diverse and changing.

The career stories accompanying the public health role descriptors on the PHORCaST website bear out this flexible approach to career development. Indeed, for many individuals, routes into and through public health careers have been more than a little serendipitous.

What marks these individuals out, however, is their absolute commitment and dedication to public health and their passion for population health improvement

and protection.

The fact that developing PHORCaST confirmed the tendency for people to traditionally enter many public health careers at a mid-point in another career (for example, GPs who switch and retrain in public health) reflected the need for a degree of maturity in the approach to addressing public health issues. It also reflected the fact that there are relatively few 'starter' role opportunities in the public health workforce. There are positive changes afoot here, however. Health trainers in England are relatively new additions. Public health apprenticeships are also beginning to be set up in some places and it is now possible to do foundation and first degrees in public health. However, there does need to be much greater clarity over what initial roles might comprise and what they might lead to. From enquiries received at PHORCaST, it is clear that many people undertake a masters degree in public health immediately

following a first degree, without any clear idea what it might lead to and with potentially unrealistic expectations of the level at which they might enter the workforce. Public health generally has, however, never been good at selling itself as an attractive career to young people at school leaver or new graduate stage. If public health is going to continue to develop as an effective workforce it will need to do more to compete for a diminishing younger working population.

We will also need to continue to have a flexible view over who comprises the public health workforce if we are to meet the challenges set out by Wanless and Marmot.^{1,2} Should public sector leaders and managers all be required to undertake masters modules in population health as is required in some parts of the world? Could we do more to increase the skills of a wider group of clinicians in public health, through continuing professional development and undergraduate/postgraduate education? If local authorities in England are shortly to be given extended roles in public health, how can the workforce be rapidly developed to deliver these functions? How can we do more to develop public health awareness and relevant skills in those working in the third (voluntary) sector? These are all questions for urgent consideration. Changes in systems as they occur across the UK and, in particular, the setting up of a public health service in England, provide the ideal opportunity for further developing and honing the public health workforce to ensure it is primed and fit to tackle current and future health challenges.

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We need to have a flexible view over who comprises the public health workforce

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