

# IMPROVING CAPACITY, CONFIDENCE AND COMPETENCE IN NUTRITION ACROSS THE WORKFORCE

FEBRUARY 2012



## WORKFORCE COMPETENCE MODEL IN NUTRITION



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# 01 Foreword



Professor Alan Jackson  
CBE RPHNutr,  
AfN President

Good nutrition is fundamental to living a long, full and rewarding life. Nutrition-related ill-health is a major factor which makes a significant contribution towards preventable disease, most clearly marked by the increasing prevalence of obesity and its complications at an ever younger age. Those at greatest risk are the disadvantaged and those within deprived communities. The opportunities to ensure that everybody's nutritional needs are satisfied by being able to eat well are influenced by a complex interaction of issues around food security, choice and style of life.

A wide range of individuals with different skills, and at various levels of the health and social care workforce, are expected to deliver nutritional messages and advice to the public, most obviously those most at risk of nutritional ill-health. However, those who have a responsibility to offer support, advice and guidance to the public possess very different skill sets, levels of education and training, scope of practice, and professional support. This booklet is one outcome of a Project undertaken by the Association, funded by the Department of Health, to establish mechanisms through which all members of the health and social

care workforce in England, at different levels of skill, are enabled to become demonstrably more competent in nutrition, and to ensure that the advice they provide to the public is consistent, safe, evidence-based and effective.

We have engaged with a wide range of stakeholders, including professional groupings in medicine, dietetics, public health, the training and skills sector and the Department of Health, as well as those responsible for determining health and social care needs. As a result, many different elements including scopes of practice, learning and competency assessment across the health and social care workforce have been brought together to form a single, coherent structure. The structure is entitled the Workforce Competence Model in Nutrition. The model provides underpinning competences and standards for upskilling the workforce in nutrition to ensure that nutrition health workers are demonstrably competent and are able to practice in accordance with defined standards of proficiency, conduct, ethics and training.

I would like to thank all those involved in the Project, our Steering Committee members, members of the Stakeholder Advisory Panel, AfN Trustees, all those who responded to our survey and attended workshops, to the Nutrition & Health Inequalities team at the AfN and the Department of Health for their commitment to this important initiative.

A handwritten signature in black ink that reads "A. A. Jackson".



Dr Heather Hartwell  
Assoc Prof, RNutr,  
FRSPH, Chair, AfN  
Project Steering  
Committee

I was delighted, in 2010, to be asked by Professor Alan Jackson, President of the Association for Nutrition, to Chair the Steering Committee directing this ambitious Project, *'Improving Capacity, Confidence and Competence in Nutrition across the Workforce.'*

My background as a Registered Nutritionist is in public health and public sector food service; therefore it was immediately evident how critical this work is in addressing the nutritional health of the nation.

Within the nutrition field, apart from Registered Nutritionists (who are qualified and competent in nutritional science and practice at professional level and are registered with the AfN UKVRN) and Registered Dietitian, (who are registered with the HPC and work in a clinical setting at professional level), there are no schemes aimed at improving and validating the competence of the frontline nutrition workforce at Levels 3 and 4 on the Public Health Skills and Career Framework (PHSCF). There is also no mechanism for ensuring the nutrition advice given to the public by Health Professionals at Level 5+ is accurate or consistent. The development of the 'Workforce Competence

Model in Nutrition', therefore, meets an established need with a novel solution and invests in the strategic development of frontline workers skill with national impact at local level.

I'd like to thank the inaugural Steering Group Committee Chair Ruth Campbell and the retired AfN Chief Executive Richard Denyer for their early work in establishing the Project's funding and initiation, the Nutrition & Health Inequalities team; Leonie Milliner, Stefanie Radford, Amy Hall, Alice Cameron and Rosalind Vince for their outstanding commitment in delivering the Project, and to the countless volunteers stakeholders and Registrants who gave their time freely to make this Project a success.

# 01 Foreward

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Leonie Milliner  
Dip Arch, MA, FRSA,  
AfN Chief Executive

When I joined the Association for Nutrition as its Chief Executive in April 2011 I found at its heart not only a robust and fully functioning UK Voluntary Register of Nutritionists, operating with reach and authority, but also an ambitious three year Project to improve capacity, confidence and competence in nutrition across the workforce.

The Workforce Competence Model in Nutrition sets a baseline of nutrition knowledge for frontline workers and healthcare professionals who interact with the public on a daily basis. With the establishment of a quality assurance framework in nutrition, we have the capacity to improve skill and competence in nutrition across the workforce, to make a significant contribution to reducing nutrition-related health inequalities in disadvantaged areas.

We should applaud our profession's capacity to deliver a high-quality, large scale, mass participation Project, working across professional boundaries, to time and to budget.

**"IT IS NOT OFTEN THAT ONE IS ASKED TO LEAD A PROJECT WITH SUCH CLEAR PURPOSE OR PUBLIC BENEFIT".**

Leonie Milliner  
AfN Chief Executive

*Leonie Milliner*

## 02 Acknowledgements

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The Association for Nutrition would like to thank the Department of Health Third Sector Investment Programme for its commitment developing the Workforce Competence Model and its support for *'Improving Capacity, Confidence and Competence in Nutrition across the Workforce'*.

The Association for Nutrition would also like to thank its Trustees, members of the Project Steering Committee and Stakeholder Advisory Panel, AfN staff and Registrants, our volunteers and stakeholders.

### **AfN Nutrition & Health Inequalities Team**

**Leonie Milliner**  
*AfN Chief Executive  
& Project Director,*  
appointed 1<sup>st</sup> April 2011

**Richard Denyer**  
*AfN Chief Executive  
& Project Director,*  
retired 31<sup>st</sup> March 2011

**Stefanie Radford**  
*AfN Project Manager*

**Amy Hall**  
*AfN Project Officer*

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*AfN Project Assistant*

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Laura Scruby  
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Nathalie Shapiro  
Ravneet Phalora  
Stacey Lockyer



**"THE PURPOSE OF THE ASSOCIATION FOR NUTRITION IS TO PROTECT THE PUBLIC THROUGH DEVELOPING THE PROFESSION OF NUTRITION, WITHIN THE CONTEXT OF ACTING AS A MODERN DAY REGULATOR".**

Professor Alan Jackson, CBE, RPHNutr AfN President



## 03 Executive summary

The United Kingdom is fortunate in having a body of well-qualified and well-regarded Registered Nutritionists, who demonstrate extensive understanding of nutritional science and practice and uphold ethical standards through a comprehensive code of conduct. However, the wider nutrition workforce itself, to which this Project is targeted, is not a coherent body with a single identity. For many frontline workers, including Health Professionals, providing nutrition advice to individuals and communities is just one part of their daily-activity. The Association for Nutrition, in 2009, was fortunate to be funded by the Department of Health Third Sector Investment Programme; Innovation Excellence and Service Development Fund, to develop a mechanism through which all members of the health and social care workforce can be enabled to become demonstrably more competent in nutrition, and to ensure the advice they provide to the public is safe, evidence-based and effective.

The purpose of this three-year Project, *'Improving Capacity, Confidence and Competence in Nutrition across the Workforce,'* is to make a significant contribution to reducing nutrition-related health inequalities in disadvantaged areas, by establishing a quality assurance framework in nutrition to improve the skill and competence of front-line workers providing nutrition advice to the public. The Project has an England-wide scope, although developments in Scotland, Wales and Northern Ireland

offer potential to share learning.

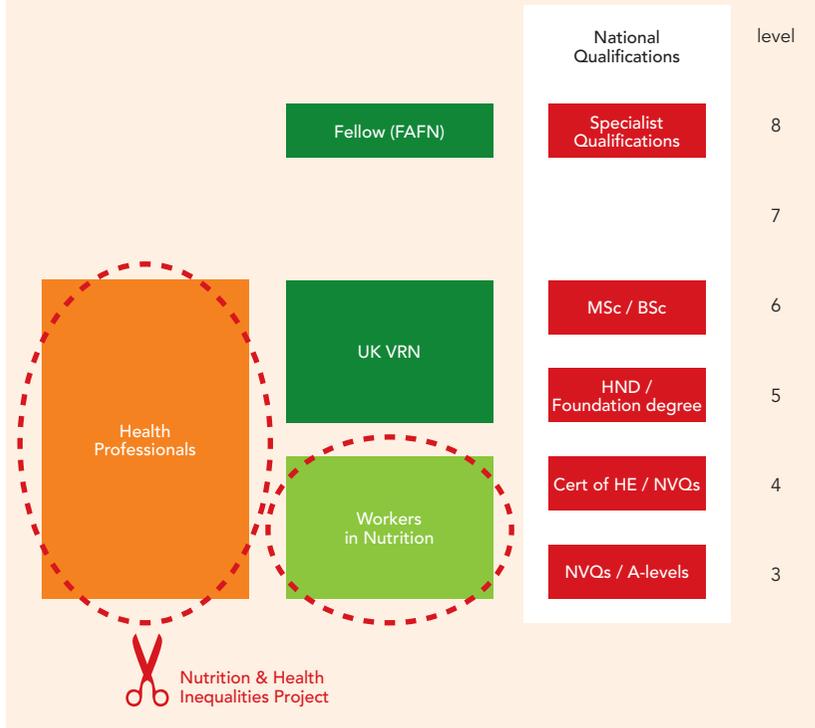
The Project has three main aims:

- To agree standards of competency and practice in nutrition that trainers, commissioners and those responsible for developing and delivering services can use to set benchmarks of proficiency, training and practice.
- Map and provide information on vocational training and education in colleges in the public and private sector, open learning and on the job training in nutrition at a local, regional and national level in terms of comparability, validity and fitness for purpose.
- Explore the basis for a web-based platform to act as a portal of information and communication about developing nutrition careers and professional expertise for employers, commissioners and careers advisors, and through them, learners and students.

This booklet documents our progress in agreeing the standards of competency and practice in nutrition for our target workforce; community nutrition workers at Levels 3 and 4 on the PHSCF, and Health Professionals, (GPs, Nurses, Midwives and Pharmacists ) at Level 5+. We have called these standards our 'Workforce Competence Model in Nutrition.'

## 03 Executive summary

**Figure 1. Target workforce:**  
*'Improving Capacity, Confidence and Competence in Nutrition across the Workforce'*



The 2011 Department of Health Obesity Strategy identified the need for action to improve dietary intake and nutrition health literacy. Confidence that nutrition advice is accurate, evidenced-based and communicated effectively will assist our target workforce to help individuals improve their health outcomes, make informed and affordable choices on eating more healthily and develop the practical skills required for shopping, budgeting and cooking healthily.

At professional level, statutory regulators for Health Professionals, such as GPs, Nurses, Midwives and Pharmacists, safeguard and protect the public. Health Professionals provide nutrition advice to individuals and groups; some work at a population level; yet nutrition is not a distinct or quality-assured part of healthcare professional training. Benchmarking Health Professionals competence against the Workforce Competence Model through self assessment, and by working in partnership with Professional and Statutory bodies to quality assure healthcare professional education, will help validate the competence of the secondary nutrition workforce.

By investing upstream in workforce competency development, stakeholders can be confident that public resource will be used to the greatest effect in delivering the Government's healthcare agenda; to improve the public health and wellbeing among communities.

The Workforce Competence Model in Nutrition provides a benchmark against which our target workforce,

their employers, commissioners and the public can measure competence and plan investment in skill development and training. It enables frontline nutrition workers to map their competency against an established and tested benchmark, receive public verification of their achieved competences, and be able to plan the advancement of their skills and knowledge through quality-assured career planning and continued professional development. By validating frontline nutrition workers' competence in nutrition, the workforce will be better equipped to address nutrition related health inequalities through the provision of safe, effective and accurate nutrition practice.

By 2013, with the establishment of Public Health England, lower level nutrition roles (Levels 3 and 4 on the PHSCF) will operate within Local Authorities. As Local Authorities exercise their new powers to make a difference in communities, and become responsible for commissioning local programmes to prevent and address overweight and obesity, it is critical that there is a form of competency assessment in place for the nutrition workforce to aid employer workforce planning and to ensure frontline nutrition workers, particularly those operating with disadvantaged populations, are competent and capable of delivering nutritional messages appropriately and accessibly.

The process to develop, consult and test the Workforce Competence Model has been rigorous, robust and inclusive. To benchmark and set standards in nutrition, specific nutritional related

## 03 Executive summary

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# “THE FIRST CHALLENGE WAS HOW TO DISTINGUISH BETWEEN THOSE WORKERS WHO POSSESS SUFFICIENT KNOWLEDGE, SKILL AND JUDGEMENT AND THOSE WHO DON’T”.

Stefanie Radford  
MSci MSc, AfN Project Manager

vocational courses and frontline workforce job roles (including descriptions and specifications) were chosen for both the primary and secondary nutrition workforce. In collaboration with Skills for Health and their technical consultancy team, 50 job descriptions and 10 vocational modules were mapped to the National Occupational Standards (NOS), giving a good geographical representation within England, with modules varying in level, delivery mode and types of providers. The NOS data derived from the job descriptions were combined and aligned with the course NOSs, which were then categorized according to level to create the final set of core and non-core competences per workforce.

In parallel, a proposed quality assurance framework was developed. This allowed the Project team to explore the feasibility of extending recognition among the primary nutrition workforce, who are not otherwise regulated, and to consider developing recognition for nutrition professionals whose primary roles are in medicine/nursing/midwifery with other regulators.

The Workforce Competence Model was developed in full consultation with the target workforce, with Registered Nutritionists on the UK Voluntary Register of Nutritionists (UKVRN) and with Health Professionals (GPs, Nurses, Midwives, and Pharmacists). In addition, discussions were held with the current regulators for higher level Nutrition Professionals.

To test the Model, validation studies were carried out in autumn 2011 amongst the target workforce and those who provide nutrition training. The studies included mass workshops across England, online questionnaires and the launch of the Training Evaluation Scheme, which reviewed the nutrition content of vocational courses. These studies evaluated the effectiveness and accuracy of the Model and ensured the competences were user-friendly, precise and relevant.

*'Improving Capacity, Confidence and Competence in Nutrition across the Workforce,'* has been an outstanding success for the Association for Nutrition. It is an entirely new and innovative piece of work, with the clear potential to deliver change beyond conventional professional boundaries to the benefit of the public. The challenge now is to implement what is essentially a concept Project, to embed skill development in the frontline nutrition workforce and ensure the continued relevance of the Workforce Competence Model in Nutrition in the context of rapid change within the Health and Social Care sectors. Under the direction of AfN Council and guided by the Project Steering Committee, chaired by Dr. Heather Hartwell, our expert Nutrition and Health Inequalities team, will, over the next twelve months seek further funding to extend and test the Project outcomes in Scotland, Wales and Northern Ireland, and the EU, to provide a truly comprehensive Workforce Competence Model in Nutrition.



**“BY ENSURING THAT FRONTLINE NUTRITION WORKERS ARE SUPPORTED IN THEIR TRAINING AND PROFESSIONAL DEVELOPMENT, WE ARE ULTIMATELY IMPROVING POPULATION NUTRITION HEALTH AND WELLBEING”.**

Amy Hall MSc APHNutr, AfN Project Officer



## 04 Developing the Workforce Competence Model in Nutrition

The Workforce Competence Model is a set of competences scoped and tested with the target workforce with the aim of improving capacity, confidence and competence in nutrition.

We developed the Workforce Competence Model in four stages;

1. Identify and map the workforce responsible for nutrition delivery in the community at Levels 3 & 4 on the PHSCF and at Level 5+ (Health Professionals; GPs, Nurses, Midwives and Pharmacists).
2. Scope vocational 'on' and 'off' the job training and educational provision in nutrition at Levels 1-4, professional education and training at Level 5+, and how training provision contributes to workforce capacity; career development, mobility and service quality.
3. Using 1) and 2) to derive Nutrition Workforce Competences to form the Workforce Competence Model.
4. Test and validate the proposed Workforce Competence Model with the target workforce.

The Project was delivered using PRINCE 2 methodology. AfN Council was the Senior Responsible Owner, defining the scope and content of the Project, supported and advised by the Project Steering Committee. The Steering Committee agreed the *Project Initiation Document*, *Project Plan* and timetable. Refer to the Organisational Chart in Appendix 1 for the governance and reporting lines. Progress has been continuously reviewed against the original *Project Plan* and end of year reports have been submitted and

approved by the Department of Health in 31 March 2010 and 31 March 2011. Key deliverables are listed in Appendix 2.

### 1. Mapping workforce competence

We undertook an initial comparison of existing frameworks in the health and social care sector to inform Project development and identify models of good practice. We also reviewed education frameworks including the migration from the National Qualifications Framework (NQF) to the Qualifications and Credit Framework (QCF), which presented opportunities for the Project and the health and social care sectors generally. We surveyed the scene in relation to inequalities, obesity, volunteering, education, policy reviews and other relevant health and social care sector information and created summaries of key reports where possible and appropriate, carrying out an extensive review of key literature.

Core public health competences at Levels 1 – 4 were scoped, linked to previous work with nutrition workforce at Levels 5 and 7. We reviewed job competences, analysing the main differences between job definitions, employer requirements, and identification of relevant training need assessments of frontline workers and finally, recognition of impact and relevance to health inequalities. To understand our target workforce further and to examine public health competences (as stated in the PHSCF) in relation to the workers real life competences, we conducted practical field work including organising, hosting and delivering a pilot workshop among

## 04 Developing the Workforce Competence Model in Nutrition

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the Level 3 and 4 Community Nutrition Assistants.

Finally, we performed a breakdown analysis of all related job specifications including Community Nutrition Assistants, Community Nutrition Workers and Food Health Advisors, Health Trainers, Nursery Nurses, Midwives and Nurses, to ensure we had the latest workforce information for our target roles.

### 2. Scoping vocational education and training provision in nutrition

We mapped all vocational educational and training provision in nutrition, analysing information by sector and mode of delivery; categorised types of competences, gathered qualifications titles and listed training opportunities in the health and social care sector.

We analysed nutritional training provision including career development and appraisal procedures. Then we examined how training provision contributes to workforce capacity and career development in key aspects of nutritional related health and health inequalities.

Collating and comparing methods of quality control and assurance measures in use by relevant Awarding Bodies as well as training providers offering nutritional related courses/units/modules, allowed us to assess provision in terms of comparability, validity and fitness for purpose and identify gaps and inadequacies in training provision, with particular reference to disadvantaged communities and other target categories. We also scoped and mapped current 'on the job' training in food and nutrition to identify provision.

Course data was analysed by health and social care, entry requirements, cost, mode of delivery (traditional, full-time/part-time attendance, open/distance/e-learning, on-the-job training), mode of assessment and types of competences (categorised according to the PHSCF); with special reference to the extent to which health inequalities are addressed.

### 3. Devising Nutrition Workforce Competences

Having mapped and scoped nutritional related vocational courses and frontline workforce job descriptions and specifications we were able to derive specific workforce related competences. National Occupational Standards (NOS) and data derived from earlier mapping exercises were combined and aligned with the course NOSs, which were then categorized according to level to create the final set of core and non-core competences per workforce. We also used the data collated on methods of quality control and assurance in use by awarding bodies and training providers to inform the development of the Workforce Competence Model.

We also explored the feasibility of extending recognition among the primary nutrition workforce, who are not otherwise regulated, and considered developing recognition for nutrition professionals whose primary roles are in medicine/nursing/midwifery. Engaging and consulting with key stakeholders was crucial to devising the competences and therefore the development of the Workforce Competence Model in Nutrition (Refer to Appendix 3).

#### 4. Validating the Model with the target workforce

We tendered and commissioned an England-wide field work to test and validate the Workforce Competence Model with mass focus groups within the target workforce to determine if the framework is fit for purpose, valid and feasible, and how it is likely to be perceived.

Fieldwork included workshops with Community Food Workers, Health Trainers, Nursery Nurses and their managers and an online questionnaire for Health Professionals, including GPs, Nurses, Midwives and Pharmacists. The workshops and online questionnaire were designed to explore:

- Whether the proposed competences are relevant, specific and accurate;
- Whether the overall Workforce Competence Model is fit for purpose, valid and robust;
- Any inadequacies or gaps in the Workforce Competence Model;
- Future recognition and workforce support mechanisms in nutrition.

Data was captured on demographics, nutrition related education/training and skills, as well as participants' feedback on recognition, progression and an online web-portal. In-depth analysis of all research data and feedback was undertaken by an independent academic research firm, Simply Research, in order to inform further development of the Workforce Competence Model. Fieldwork was ethically approved by the University of East London. Key findings are included in Appendix 4.



**"THE WORKFORCE COMPETENCE MODEL DEFINES THE LIMITS OF CAPACITY OF FRONT LINE STAFF, ESPECIALLY THOSE WHO INTERACT WITH DISADVANTAGED AND DEPRIVED COMMUNITIES WHERE THE GREATEST RISK OF ILL HEALTH LIES".**

Stefanie Radford, MSci MSc, AfN Project Manager



## 05 The Workforce Competence Model in Nutrition

The Workforce Competence Model is made up of 10 competences and a Code of Practice, developed and tested with the target workforce.

The 10 competences are:

- 1 Fundamentals of Human Nutrition
- 2 IT Skills & Knowledge
- 3 Relating & Communicating to Others
- 4 Collaborative Working Practices
- 5 Effective Organisation & Time Management
- 6 Promoting Behaviour Change
- 7 Data Collection Techniques
- 8 Facilitating Group Activities
- 9 Research Methods
- 10 Improving Population Health & Wellbeing

Each competence is supported by a series of *knowledge statements* which demonstrate the knowledge and understanding required in order to satisfy the requirements of each competence. *Knowledge statements* are set out by Levels 3, 4 or 5+. As the levels are cumulative, all users are expected to demonstrate that they know and understand the *knowledge statements* at lower levels. Phrases highlighted in **bold** within the *knowledge statements* have been defined to aid in the users understanding of the competence.

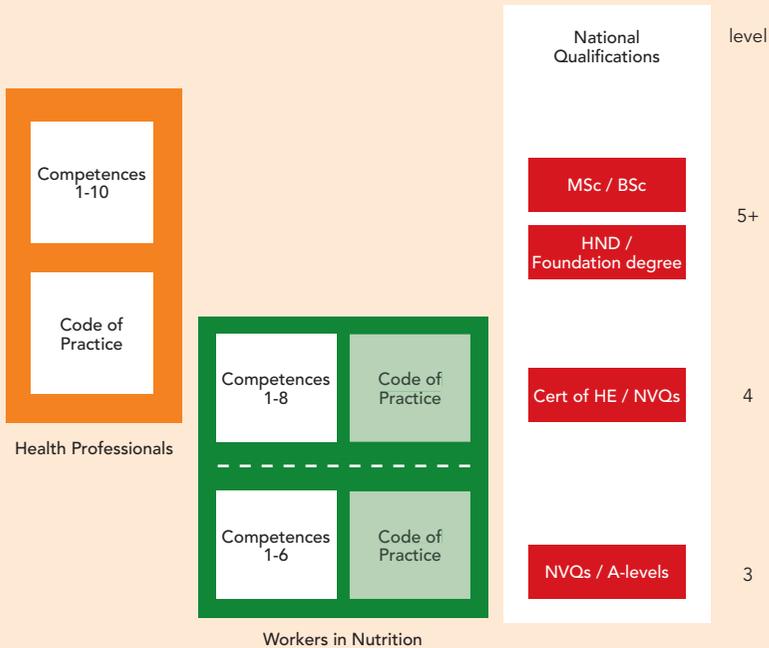
Nutrition workers at Level 3 will typically comply with competences 1 – 6 and nutrition workers at Level 4 will typically comply with competences 1 – 8. Health Professionals at Level 5+ will comply with all competences, 1 – 10. All users of the model must act in accordance with the Code of Practice.

To use the model, users will initially need to distinguish their entry level category. Nutrition workers such as Community Food Workers, Health Trainers and Nursery Nurses can identify this level by determining their highest level of education or training in nutrition. Examples of Level 3 and 4 nutrition education and training may include short courses, NVQs, Awards, Certificates and Diplomas. Health Professionals such as GPs, Nurses, Midwives and Pharmacists will all hold higher level qualifications (such as a bachelor or masters degree) in their own discipline therefore will comply with the Level 5+ competences. All users will be required to demonstrate how they know and understand each of the *knowledge statements* at their specific level of the Model.

Other groups such as employers, training providers and prospective students may also use the Model at differing levels to assess staff competence, to inform the nature of training curricula or to set career aspirations and goals.

# 05 The Workforce Competence Model in Nutrition

Figure 2. Workforce Competence Model in Nutrition



## Competence 1.

### Fundamentals of Human Nutrition

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You will need to know and understand:

#### Level 3

1. Quantities and sources of **essential food components** required for a healthy and balanced diet
2. How to support individuals with different **dietary needs** including an awareness of what contributes to an unhealthy diet
3. Different ways of preparing and cooking food to a safe and hygienic standard
4. How dietary needs differ by gender and age groups and according to physical activity levels of individuals
5. Different cultural and religious food practices within your local community
6. How financial, social and lifestyle pressures can affect food choice and dietary habits
7. How to read and interpret food labels and explain the importance of food labelling to others when making food choices
8. **UK guidelines** related to nutrition, food groups, portion sizing and eating a balanced and healthy diet
9. Location and availability of local markets/stores, to enable individuals to access and choose healthy food products

#### Level 4

10. Basic anatomy and physiology of the human body
11. How foods and nutrients are digested, metabolised, absorbed and stored in the body
12. The specific nutritional needs required throughout **human development**
13. Principles of weight management and how **energy intake and expenditure** affects the body
14. UK policies and regulations surrounding food labelling
15. Effective **health promotion campaigns** related to food and nutrition which address prominent **chronic diseases**

#### Level 5

16. The impact of medical conditions on intake, absorption and utilisation of nutrients, taking into account the effect of drug-nutrient interactions
17. The problems associated with **over and under-nutrition** and the application of **body and dietary assessment tools**
18. **European and National legislation** relating to nutrition, specifically nutrition governance and public health agendas

# 05 The Workforce Competence Model in Nutrition

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## Competence 2.

### IT Skills & Knowledge

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You will need to know and understand:

#### Level 3 and 4

1. Appropriate terminology when referring to **IT systems**
2. How to efficiently **manage electronic files and folders** to enable information storage, organisation and retrieval
3. What **storage media** to use, when and how to use it
4. Basic use of different **software programmes and applications** which may be needed
5. The importance of safe handling, including the protection of sensitive data and the appropriate **information security** procedures.
6. How to access safe and reliable websites when directing individuals to sources of information.
7. How to **minimise risk** when using IT-based communications online and how and why to carry out **routine maintenance** of IT systems

#### Level 5

8. How to manipulate and adapt different types of data to suit its meaning and purpose
9. How to make effective use of **IT tools** and facilities to present **information that is fit for purpose**
10. **Evaluate and review** the IT tools selected to meet needs in order to improve future work
11. How to use **nutrition related software** to meet needs and solve problems

## Competence 3.

### Relating & Communicating to Others

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You will need to know and understand:

#### Level 3 and 4

1. Appropriate ways to work with individuals so that they have confidence in you
2. How to put individuals at ease and encourage them to take part in health related activities
3. How to apply listening skills, empathy and compassion when necessary
4. How to use effective forms of questioning to encourage discussions
5. The importance of effective written and **verbal communication** and **personal presentation**
6. How to present information clearly, concisely, accurately and in ways that aid understanding
7. The importance of communicating reliable evidenced based health information
8. How to present information to respond to the needs and **capabilities** of the individuals/group
9. The importance of communicating to individual(s) in a way that is consistent with their level of understanding, language, culture, background and preferred ways of communicating
10. How to use and adapt quickly to different **communication channels** to engage with individuals
11. How your communication skills reflects on you, your organisation and workplace
12. How and when to follow lines of communication within your organisation which enable you to liaise with appropriate individuals at the suitable time
13. The importance of **ethical conduct** when communicating with individuals/groups

#### Level 5

14. How to structure and design activities including presentations which are appropriate for the individuals, taking into account size of the group
15. Diplomatic methods of working with, and resolving conflicts and barriers that you are likely to encounter when communicating with individuals

# 05 The Workforce Competence Model in Nutrition

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## Competence 4. Collaborative Working Practices

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You will need to know and understand:

### Level 3 and 4

1. How you can and should contribute to team activities and objectives
2. How to offer supportive and constructive assistance to team members
3. How to motivate individuals and promote team spirit
4. How to evaluate and use feedback from others constructively
5. The importance of recognising and respecting the roles and responsibilities of colleagues
6. The benefits of developing productive working relationships internal and external to your organisation
7. The importance of initiating collaborative work processes with colleagues
8. The impact your behaviour has on others and the functioning of the team

### Level 5

9. How to supervise individuals effectively in the manner and at the frequency agreed with them
10. The purpose of providing individuals with clear direction and accurate information
11. How to identify disagreements among colleagues and adopting methods to resolve them
12. How to identify **conflicts of interest** and the measures used to manage or remove them
13. How to actively monitor professional and behavioural boundaries in the workplace
14. How to take account of **diversity issues** when developing working relationships
15. The advantages and disadvantages of collaborative working and how to demonstrate these to partner organisations
16. The importance of individuals' choice and the ways in which collaborative working can facilitate and encourage individuals' choice

## Competence 5.

### Effective Organisation & Time Management

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You will need to know and understand:

#### Level 3 and 4

1. How to plan, organise and prioritise your own time to enable you to perform work activities effectively to meet deadlines
2. How to organise and present work to others
3. The benefits of using your own initiative in the work environment
4. The importance of responding promptly and appropriately to meet the needs of others
5. The need to adjust plans and activities unexpectedly in a timely and flexible manner
6. Different ways in which your own development can be planned and structured
7. The importance of checking and using any **risk assessments** prior to beginning work activities
8. How to check for hazards and health, safety and security risk whilst you are working

#### Level 5

9. The importance of making time available to supervise and support others
10. Factors that need to be managed when arranging and co-ordinating learning and development opportunities for others
11. The importance of selecting, preparing and setting out essential resources safely, efficiently and in accordance with relevant protocols and local/national guidelines

# 05 The Workforce Competence Model in Nutrition

## Competence 6. Promoting Behaviour Change

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You will need to know and understand:

### Level 3 and 4

1. Potential **barriers** to public health and wellbeing
2. How to provide information to individuals, groups and communities about behaviour change
3. The importance of encouraging individuals to identify for themselves the factors that affect their health and wellbeing
4. The benefits of encouraging individuals to recognise their strengths and value themselves positively
5. The importance of motivating individuals throughout the behaviour change process in a manner that is appropriate to them
6. General strategies for promoting behaviour change
7. The range of services available locally for people who need information and support in making and maintaining changes in their behaviour
8. How to access information and data on the use of **relevant services**
9. The kinds of misinformation which people receive about health and wellbeing and how this can be counteracted through behavioural change activities

### Level 5

10. The use and application of the different **theoretical models** of behaviour change
11. How to identify specific strategies for changing an individual's behaviour which is consistent with their personal circumstances, their motivation for change and the risks associated with their behaviour
12. The importance of drawing individuals attention to the consequences of their behaviour, the advantages of changing their behaviour and the alternatives available to them
13. How to assist individuals in identifying realistic short and long term goals for changing their behaviour and managing the risks associated with it
14. The importance of drawing up agreements with individuals to assess how their behaviour change progress will be reviewed

## Competence 7.

### Data Collection Techniques

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You will need to know and understand:

#### Level 4

1. Principle of valid consent and how to obtain consent from individuals
2. Nature and sources of the data and information to be collected
3. Appropriate use of **data collection tools** and techniques in your area of practice
4. Objectives and purpose of the data and information collection
5. Data entry, storage and retrieval practices and procedures in accordance with organisational policies and standards
6. Data sharing protocols in place which apply to data sources

#### Level 5

7. The purpose of **qualitative and quantitative data collection methods** available
8. The wider sensitivities of data and information relevant to your role
9. The importance of the **quality of data and information**
10. The different methods of validating the quality of data and information
11. Your responsibilities and accountability in relation to the current **European and National legislation**, national guidelines, local policies, protocols and information governance concerning the collection and use of information

# 05 The Workforce Competence Model in Nutrition

## Competence 8. Facilitating Group Activities

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You will need to know and understand:

### Level 4

1. The individuals needs, requirements and planned outcomes
2. Why it is important for individuals needs to be at the centre of programme plans
3. How to involve the group in the delivery of programme plans
4. How to structure the demonstration so that the group can get the most out of it
5. How to encourage individuals to ask questions and give explanations as appropriate
6. The importance of regularly monitoring the groups understanding
7. The importance of identifying which learning outcomes will be achieved
8. The **resources** needed to deliver the plan and ensure these are within allocated budget
9. How to reduce distractions and disruptions as much as possible
10. How to evaluate effective learning outcomes for future development and improvement
11. How to assess and manage risk whilst facilitating learning and development in groups
12. How to ensure that group activities take place in a safe environment and allow learners to see the demonstration/activity clearly
13. How to co-ordinate learning and development activities to meet individual and group needs

### Level 5

14. The range of delivery methods appropriate to learning in groups
15. Different techniques to manage group dynamics
16. Different ways of encouraging behaviour and values that foster mutual respect and support the learning and development process
17. The organisational, legal and professional requirements that should be followed when planning learning and development programmes

## Competence 9.

### Research Methods

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You will need to know and understand:

#### Level 5

1. The nature and extent of the research plan
2. The scale, purpose and objectives of the research programme and the results to be achieved
3. The context in which the results will be used
4. The range of interpretive methods which could be used within the research programme
5. Methods for identifying relevant sources of information
6. Methods of capturing and storing information
7. Methods and techniques for presentation of research information
8. Techniques for assessing the reliability and validity of research information
9. Issues affecting the research results and recommendations for further action
10. The relevance of the **Research Governance Framework for Health and Social Care**
11. Your organisation's requirements in respect of documentation, access to and use of research results
12. Ethical, regulatory and legal issues pertaining to the research results, including access and use of information
13. Intellectual property issues

# 05 The Workforce Competence Model in Nutrition

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## Competence 10.

### Improving Population Health & Wellbeing

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You will need to know and understand:

#### Level 5

1. Concepts, principles and models for promoting health and wellbeing including understanding and application
2. The principles of controlling **non-communicable diseases**
3. Various health conditions including their nature, diagnosis and prognosis; effect on individuals and the people that are significant to them; ways of managing the condition
4. Arguments against promoting health and wellbeing and how to appraise the nature, context and basis of people's arguments
5. How to apply the principles of assessing and investigating risks to health and wellbeing including long-term exposure to environmental hazards
6. How to apply legislation relevant to the protection of the population's health and wellbeing
7. The role and legal responsibilities of the **healthcare organisations** involved in protecting the population's health and wellbeing
8. The importance of, and how to achieve, effective relationships with colleagues in the protection of the population's health and wellbeing
9. How to apply negotiating and influencing skills in working with others to promote health and wellbeing and to reduce inequalities

## Code of Practice

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1. Understand the boundaries of your role and responsibilities
  - 1.1. Work within the limits of your knowledge, competence and skills
  - 1.2. Understand the boundary of your role and if necessary, refer the matter to another practitioner
  - 1.3. Seek supervision when situations are beyond your competence and authority
  - 1.4. Promote and demonstrate good practice as an individual and as a team member
  - 1.5. Be accountable for your own decisions and behaviours
  
2. Maintain the levels of your competence
  - 2.1. Maintain competence within your role and field of practice
  - 2.2. Keep knowledge and skills up-to-date to ensure safe and effective practice
  - 2.3. Understand your own development needs and make continuing improvements
  
3. Uphold basic standards of good character
  - 3.1. Respect the dignity, privacy and safety of individuals
  - 3.2. Ensure you are honest, trustworthy, reliable and dependable
  - 3.3. Ensure that the service you provide is delivered equally and inclusively
  - 3.4. Respect and promote the views, wishes and wellbeing of individuals

# 05 The Workforce Competence Model in Nutrition

## Definitions

**Barriers** - such as financial constraints, living conditions, environmental hazards

**Body and dietary assessment tools** - such as food frequency questionnaire, BMI assessment

**Capabilities** - the extent of an individual's ability to achieve something

**Chronic diseases** - such as obesity, diabetes, cardiovascular disease

**Communication channels** - telephone, email correspondence, letter, online forums, presentation

**Data collection tools** - waist and height measurements for BMI, food diary collection techniques, food frequency questionnaire methods

**Dietary needs** - different food and nutrient requirements individuals may have depending on their circumstances

**Diversity issues** - recognising individual as well as group differences with respect to age, class, ethnicity, gender, physical and mental ability, race, sexual orientation

**Energy intake and expenditure** - the number of calories consumed from food and burned through physical activity

**Essential food components** - including fats, carbohydrates, proteins, vitamins and minerals

**Ethical conduct** - principles of confidentiality, equality, anti-discriminatory practice, security and the sharing of information

**Conflicts of interest** - a situation where an individual has a private or personal

interest sufficient to compromise their specific duties

**European and National legislation** - as set out by the World Health Organisation and Department of Health

**Evaluate and review** - evaluate the quality of the information used and its source

**Health promotion campaigns** - such as Change for Life

**Healthcare organisations** - such as primary care trusts, health authorities/boards, local authorities etc

**Human development** - throughout the human life course (infancy, early years, adolescent, adults, elderly)

**Information security** - password/PIN, backup files, copies, avoid inappropriate disclosure of information

**Information that is fit for purpose** - letter, newsletter, report, poster, webpage, multi-media presentation etc

**IT systems** - computer (PC, laptop), input device (keyboard, mouse), and output device (screen printer)

**IT tools** - transferability of information into other formats, speed of internet connection, time taken to download large files

**Manage electronic files and folders** - including file handling (save, edit, format, delete, display file lists, search functions, access control etc), organisation and storage (permissions, archive, share etc)

**Minimise risk** - virus checking software, anti-spam, firewall, software and attachments from unknown sources

**Non-communicable diseases** - a disease which is not contagious, such as obesity, diabetes, dental caries

**Nutrition related software** - nutritional analysis software such as NetWisp, Diet-Plan, Nutmeg UK

**Over-nutrition** - obesity and its related risk factors, such as diabetes and cardiovascular disease

**Personal presentation** - body language (positioning, space), eye contact and wearing appropriate clothing

**Qualitative and quantitative data collection methods** - structured questionnaires and semi-structured interviews

**Quality of data and information** - including timeliness, accuracy, completeness, appropriate for purpose and accessibility

**Relevant services** - community services performed for the benefit of the individual, such as cook and taste workshops, supermarket tours, budgeting advice

**Research Governance Framework for Health and Social Care** - defines the principles of research governance that ensure research is performed to a high scientific and ethical standard

**Resources** - materials, equipment, systems, tools and structures needed for effective implementation

**Risk assessments** - careful examination of what in your work can cause harm

**Routine maintenance** - safely maintain the functionality and operation of IT systems (replace printer cartridge etc), delete unwanted files, addressing IT problems (storage full, paper jams etc), when to seek IT experts advice

**Software applications** - word processing, spreadsheet, internet browser, e-mail

**Software programmes** - Microsoft, Excel, Word, Outlook, Power Point etc

**Storage media** - data/memory stick, network drive, mobile device

**Theoretical models** - theories and models of experimental learning and behaviour change e.g. Trans-theoretical Model, Social Cognitive Theory, Health Belief Model, Self-Efficacy Model

**UK guidelines** - such as the Eatwell Plate

**Under-nutrition** - malnutrition and the outcome of insufficient food intake and unhealthy weight loss

**Verbal communication** - tone, pitch, speed and manner of voice

## Key Terms

### Colleagues:

Fellow workers within your own and other organisations

### Communities:

A group of people living in one area

### Group(s):

A number of individuals classed as a unit by the nutrition related initiative/activity

### Individuals:

Members of the general public who may be involved/take part in your daily working activities

### Others:

Individuals, colleagues, learners and groups

### People:

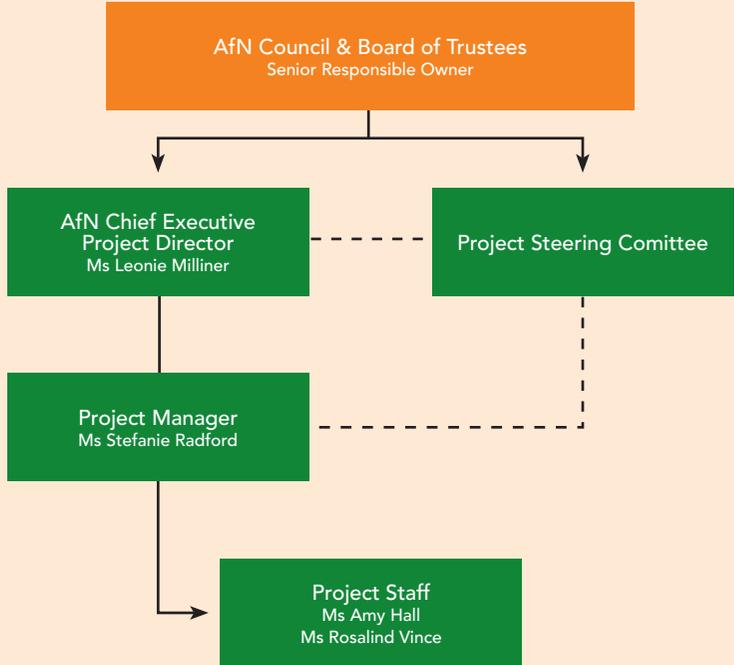
Members of the general public that collectively form communities



# Appendix 1:

## Governance

Figure 3. Organisational Chart



## Appendix 2:

# Deliverables and Timescales

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The Project deliverables and milestones were approved by the Department of Health in 2009 prior to the work commencing. Within the 3 year time period (01 July 2009- 30 June 2012), there were a total of 29 deliverables to be addressed. Deliverables were arranged into chronological order and then divided into manageable sub-sections in accordance to the timescales and budget. The progress of deliverables were monitored on a regular basis and reported to the Department of Health annually in the end of year Report documentation.

Key deliverables have been summarised below, and have been grouped into the relevant areas.

### Area 1: Developing the quality assurance framework

# 1. Scope existing core public health competences among workforce (Levels 1-4) and professionals (Level 5-7)

# 2. Review appropriate nutrition education and training provision accessible to the target workforce. Assess methods of quality control and assurance in use by awarding bodies and training providers

# 3. Collect relevant job descriptions and specifications; analyse workforce capacity including career development and progression

# 4. Map nutrition related job specifications and vocational courses learning outcomes to National Occupational Standards. Distinguish and derive competences. Review and refine

# 5. Test and analyse competences (and concept of quality assurance framework) among target workforce across England to examine validity, relevance and if fit for purpose

# 6. Test and analyse existing nutrition training and education provision in nutrition against the proposed competences

# 7. Finalise and refine competences. Align competences with relevant nationally recognised competences within health and social sectors

### Area 2: Stakeholder engagement and consultation

# 8. Establish Project Steering Committee, agree Project Plan

# 9. Establish a Stakeholder Advisory Panel agree Stakeholder Engagement Plan

# 10. Develop and expand communication channels

# 11. Identify and build links with academic institutions (offering vocational education and training in nutrition), other professional bodies and organisations involved with accreditation and quality assurance

# 12. Host various Consultation Sessions among Registered Nutritionists/Public Health Nutritionists, Public Health Practitioners, Health Professionals and academics to inform, consult and test quality assurance framework development

# 13. Mount a major event to announce the finalised quality assurance framework to key stakeholders and future beneficiaries

### Area 3: Web portal development

# 14. Explore plausible web portal development required to engage with the target workforce. Consult and test concept of tools and facilities within development process

# 15. Once quality assurance framework designed, work with others to develop web based portal hub to provide information about developing nutrition competences, access to appropriate training provision, support mechanisms and career progression. Suitable for employers, commissioners, trainers, learner, students and the public

**'THE POTENTIAL  
IMPACT OF THE  
WORKFORCE  
COMPETENCE  
MODEL ON  
FRONTLINE  
SERVICE DELIVERY  
IS TREMENDOUS;  
WE CAN FOR  
ONCE BE  
COMFORTED  
THAT MESSAGES  
WORKERS  
PROVIDE ARE  
ACCURATE AND  
EVIDENCE-BASED.'**

Amy Hall  
MSc APHNutr, AfN Project Officer

# Appendix 3:

## Engaging with Stakeholders

---

The Stakeholder Advisory Panel consists of key stakeholders who provided strategic advice, recommendations and guidance on the Project milestones and identified interested parties. Panel members include representatives from Sector Skills Councils (Skills for Health and Skills for Care), various Awarding Bodies and training providers, Professional Bodies, Academia and Industry.

Stakeholder participation and involvement has been actively encouraged and welcomed throughout the Project delivery. Our list of stakeholders demonstrates the level and range of our engagement.

Our stakeholder activity included;

- A Registered Nutritionist Consultation Panel to inform UKVRN Registrants with the Project's progress and development and to gain feedback
- A stakeholder engagement event at the Royal Society in London
- Eight stakeholder meetings the West Midlands and Yorkshire to discuss Project activities and develop key relationships
- Two interactive engagement sessions with Registered Nutritionists and Health Professionals to discuss the draft quality assurance framework.
- Conference attendance with key stakeholders; Nutrition Society Summer Meeting 2010 and 2011, National Nutrition and Health Conference 2010 and 2011 and Westminster Nutrition and Health

Forum events 2010-2011

- Distribution of information about the Project to stakeholders at School and Public Health Nursing Conference 2011, Association for the Study of Obesity, Implications for Obesity Event 2011 and the National Day Nurseries Association Conference 2011

Our publications included;

- Nutrition Society *Gazette Issue 38, 2010*
- *RSPH Perspectives in Public Health 2011: 131: 19*
- World Cancer Research Fund UK *Informed Newsletter Issue 45, March 2012*

The Stakeholders we engaged with included;

A Moveable Feast  
Association for the Study of Obesity  
Barts and the London NHS  
Birmingham East and North PCT  
Bournemouth University  
British Dietetic Association  
British Nutrition Foundation  
Carly Eva Design  
Caroline Walker Trust  
Central Manchester Foundation Trust  
Chartered Institute of  
Environmental Health  
CitiHealth NHS Nottingham  
Community Food Enterprise  
Community Kitchens Project  
Comp HP Project  
Department of Health  
Dorset Healthcare University NHS  
Foundation Trust  
East Midlands Public  
Health Observatory

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Edexcel  
Edgehill University  
Ellison-Webb Training  
Foods Standards Agency  
Frontline Professionals Ltd  
Glyndwr University  
Greenstreet Berman Ltd  
Health Champions Training Ltd  
Healthy Living Network Leeds  
HM Partnerships  
ICM Direct  
Isle of Wight Rural Community Council  
Jo Russell Photography  
Leeds Metropolitan University  
Leeds Trinity University College  
London Borough of Newham  
London South Bank University  
London Sustainability Exchange  
Manchester NHS  
Manor Gardens Centre  
Marks and Spencer  
Meat Ipswich Ltd  
National Heart Forum  
National Day Nurseries Association  
National Nurses Nutrition Group  
Nestle UK  
New Brand Vision  
NHS Airedale, Bradford and Leeds  
NHS Bolton  
NHS Bristol  
NHS Dudley  
NHS Haringey  
NHS Lewisham  
NHS Redbridge  
NHS Sandwell  
North East Lincolnshire Council  
Nutrimpact  
Nutrition and Wellbeing  
Nutrition Society  
OCN London Region  
OCN West Midlands Region  
Ofqual  
Open University  
Passion4Food  
Portsmouth County Council  
Queen Margaret University  
Roehampton University  
Royal Society of Public Health  
Salford City Council  
Sheffield Hallam University  
Shoreditch Spa  
Shropshire Community  
Health NHS Trust  
Simply Research  
Skills for Care  
Skills for Health  
South West Essex PCT  
Southwark PCT  
St Andrews Medical Centre  
Stockport Council  
Stockton Council  
Studio Kalinka  
The Royal Society  
Tower Hamlets PCT  
University of Bradford Escalate Project  
University of Glasgow  
University of Hertfordshire  
University of Reading  
University of Salford  
University of Southampton  
University of Warwick  
Verner Wheelock Associates  
Westminster Forum Projects  
Westminster Nutrition Society  
Wirral Community NHS Trust  
World Cancer Research Fund UK

# Appendix 4:

## Validating the Model in Practice

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We tested and validated the Workforce Competence Model with the target workforce to determine if the framework is fit for purpose, valid and feasible.

Fieldwork included workshops with Community Food Workers, Health Trainers, Nursery Nurses and their managers and an online questionnaire for Health Professionals, including GPs, Nurses, Midwives and Pharmacists. The Model was assessed in terms of its:

- Comprehensiveness
- Accuracy
- Accessibility
- Detail
- Relevance
- Usefulness
- Desirability

### Main findings

#### Nutrition Workers

When assessing the Workforce Competence Model in terms of its relevance to workers daily roles, Community Food Workers typically found the Level 3 competences to be either 'relevant' or 'very relevant' (Figure 4, *opposite*). Competence 2, 'IT Skills & Knowledge' consistently scored the lowest in terms of its relevance to workers daily roles, across all groups. Excluding Competence 2, Health Trainers and Nursery Nurses both found the remaining Level 3 competences to be either 'relevant' or 'very relevant'.

The additional Level 4 competences (7. Data Collection Techniques and 8. Facilitating Group Activities) were deemed 'relevant' and 'very relevant' accordingly.

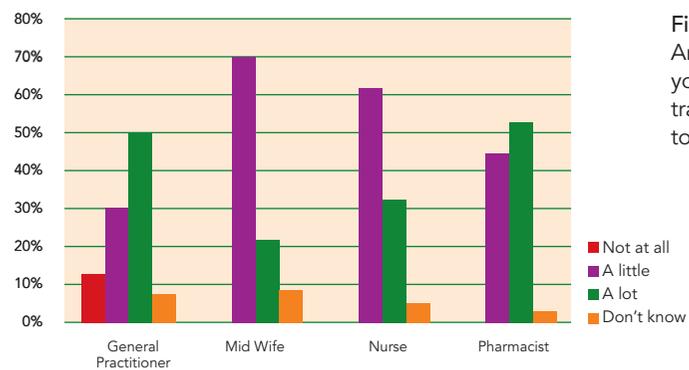
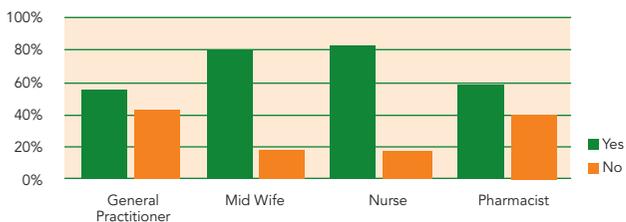
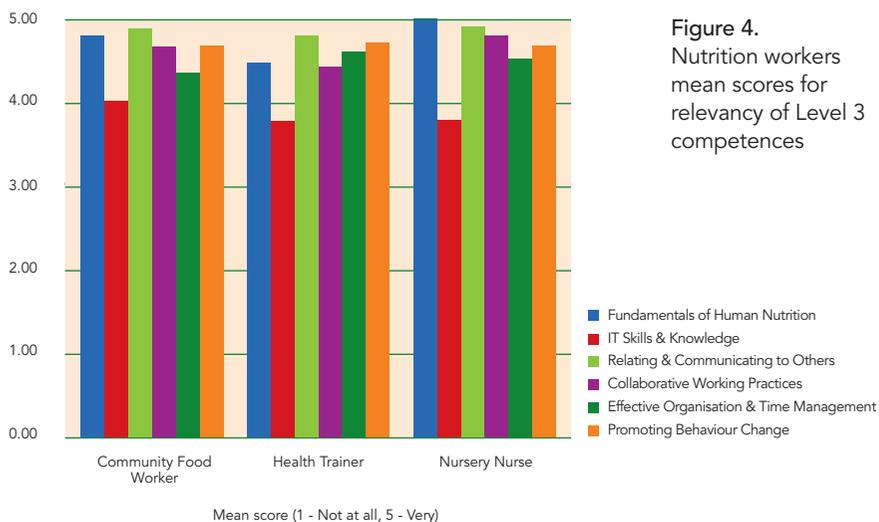
Drawing upon the research findings, alongside quantitative results for 'user-friendliness' and 'sufficiently detailed', the Project team amended all competences to ensure they are relevant to the workers roles prior to finalising the Model.

#### Health Professionals

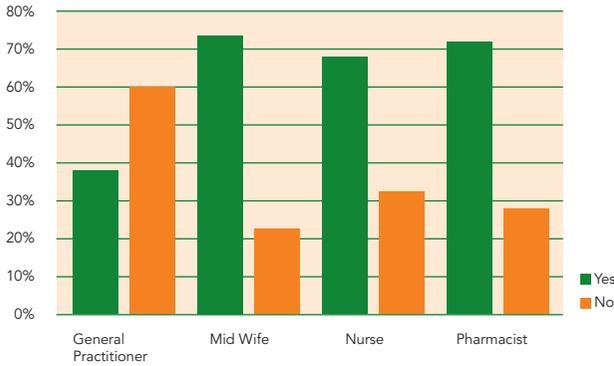
Health Professionals including GPs, Nurses, Midwives and Pharmacists were asked whether nutrition was featured in their formal professional training (Figure 5, *opposite*).

In total 30% of Health Professionals asked said that nutrition was not featured in their formal professional training. As a result, 50% of GPs, 22% of Midwives, 34% of Nurses and 52% of Pharmacists said that they had gaps in their nutrition training in relation to their role (Figure 6, *opposite*).

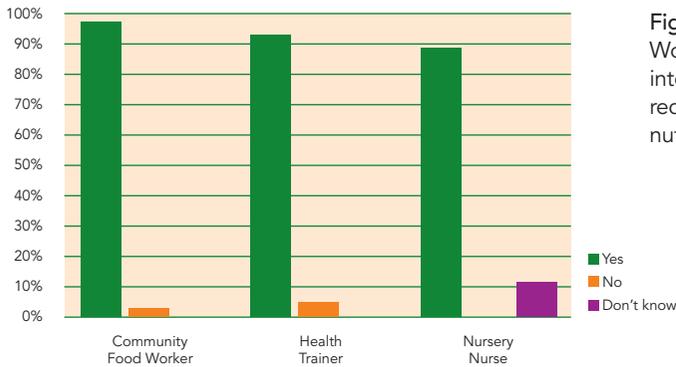
The next stage is to use our relationship with Health Professionals' regulatory and professional bodies in order to discuss our findings in relation to education and training.



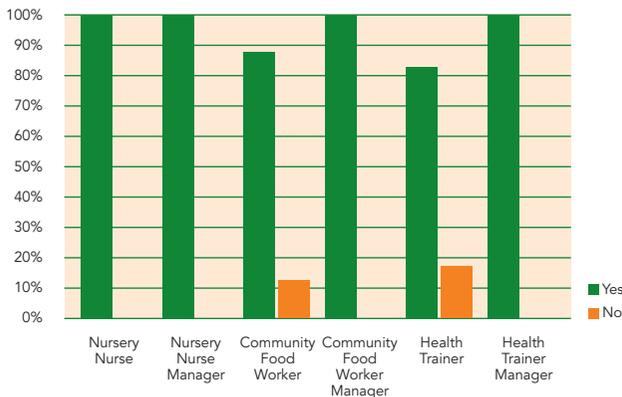
# Appendix 4: Validating the Model in Practice



**Figure 7.**  
Would you want to be recognised for the nutrition competences which you possess?



**Figure 8.**  
Would you be interested in formal recognition of your nutrition practice?



**Figure 9.**  
Would you use a web-portal to manage your own competences if it was available as an online tool?

## Recognition

Over 70% of Midwives, 68% of Nurses and 72% of Pharmacists said that they would want to be recognised for the nutrition competences which they possess (Figure 7 *opposite*); this would be facilitated by the use of the Workforce Competence Model and an associated web-portal.

Over 97% of Community Food Workers, 94% of Health Trainers and 88% of Nursery Nurses stated that they would like to be formally recognised for their nutrition practice (Figure 8 *opposite*). Only 9% of all Level 3 and 4 workers stated that they would not like to be formally recognised, with 11% of Nursery Nurses stating that they were unsure at this time.

## On-line Portal

When assessing all occupations views on an online web-portal, 98% of participants stated that they would use a web-portal. Qualitative findings suggested that users would use the following from an associated web-portal;

- A community of practice;
- A database of recognised training courses;
- A web-base to keep them updated with current practice and guidelines.

Figure 9 (*opposite*) indicates workshop delegates' views on whether they would use a web-portal to manage their own competences if it was available as an online tool.

The concept of an online web-portal was widely accepted by the majority of occupations; across all groups only 13% of Community Food Workers and 17% of Health Trainers stated that they would not use an online web-portal to manage their competences.

## Appendix 5: Ongoing Validation Work: Training Evaluation Scheme

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The Training Evaluation Scheme, ethically approved by the University of East London tests, using real case studies, existing on the job training and education provision in nutrition against the Workforce Competence Model. A total of 120 nutrition related Level 3,4 and 5+ (not including nutrition degree level courses) publicly assessable courses were scoped from 258 training providers and 83 private courses delivered through on-the-job training from 22 training providers were reviewed. Analysis of the publicly accessible course learning outcomes determined that only 8% of these courses had suitable nutrition content for our target workforce. At the close of the Scheme, 156 course contacts had been approached, with 5% signing up to take part in the Scheme.

Course providers were asked to complete an Information Sheet which outlined key details of their course, materials and learning outcomes and signed a consent form which confirmed their participation in the Scheme. Course providers were asked to circulate a Candidate Pack amongst the students undertaking their course. The students were asked to complete the Candidate Pack and return it directly to the Nutrition and Health Inequalities team in order to enrol on the Scheme.

Students were asked to complete a 30 minute online questionnaire on the nutrition content of their course. The questionnaire made reference to the Workforce Competence Model and captured demographic and education data. Students had 14 days to complete the questionnaire after their course end date.

In total, 31 candidates successfully completed online questionnaires within the Scheme, covering Level 2, 3 and 4 nutrition related content from 8 different courses and a range of training providers. Delivery modes included distance learning, on-the-job training and classroom based learning.

The Nutrition and Health Inequalities team would like to thank the following course providers for taking part in the Scheme:

- Open University
- Ellison-Webb Training
- Central Manchester Foundation Trust
- NHS Redbridge
- Nottingham CityCare Partnership
- NHS Lewisham
- NHS Airedale, Bradford and Leeds

## Appendix 6: Steering Committee and Stakeholder Advisory Panel Members

### Steering Committee Members

Dr. H. Hartwell RNutr,  
(Associate Professor, Bournemouth University. Honorary Editor, *Perspectives in Public Health*),  
appointed Apr 2010,  
Chair from Mar 2011

Mr. J. Blackshaw RPHNutr  
(Senior Scientific Officer, Department of Health) appointed Oct 2009

Professor J. Cade RPHNutr  
(Nutritional Epidemiology Group Lead, University of Leeds) appointed Apr 2010

Dr. J.P. Landman RPHNutr  
(Senior Teaching Fellow, University of Southampton) appointed Jan 2012

Ms. K. Roberts  
(Senior Public Health Analyst, East Midlands Public Health Observatory)  
appointed Aug 2011

Dr. H. Shukla RPHNutr  
(Consultant in Public Health, NHS Hillingdon) appointed Jan 2012

Mrs. R. Campbell RPHNutr  
(former Consultant Dietitian in Public Health Nutrition, NHS Ayrshire and Arran) appointed Oct 2009,  
retired Feb 2011 Past Chair

Mrs. K.D. Lewis RNutr  
(Director, Lynk Management Consultants) appointed Oct 2009,  
retired Dec 2011

Mrs. R. Marklew RNutr  
(former Nutrition Science and Policy Advice Group, Department of Health)  
appointed Oct 2009, retired Jun 2011

### Stakeholder Advisory Panel

Dr. R. Burton (*Qualifications Development Manager, Royal Society for Public Health*) appointed Apr 2011

Dr. A. Coufopoulos (*Senior Lecturer, Edge Hill University*)  
appointed Apr 2011

Mr. M. Lyall (*Divisional Manager, Skills for Health*) appointed Apr 2011

Dr. H. Macqueen (*Head of Department and Senior Lecturer, Open University*)  
appointed Apr 2011

Ms. S. Shackleton (*Qualifications Development Manager, Royal Society for Public Health*) appointed Apr 2011

Ms. C. Slinger (*Curriculum Manager, Chartered Institute for Environmental Health*) appointed Apr 2011

Dr. V. Speller (*Independent Consultant in Public Health*) appointed Apr 2011

Ms. D. Turnbull (*Project Manager, Skills for Care*) appointed Jan 2012

Ms. S. Allen (*Chief Executive Officer, Skills for Care*) appointed Apr 2011,  
retired Aug 2011

Mrs. C. Hughes RNutr (*Company Nutritionist, Marks and Spencer*)  
appointed Apr 2011, retired Oct 2011

Ms. K. Roberts (*Senior Public Health Analyst, East Midlands Public Health Observatory*) appointed Apr 2011,  
retired Aug 2011

Ms. M. Thomson (*Regional Development Manager, Skills for Care*)  
appointed Aug 2011, retired Jan 2012

“AS A TEAM LEADER FOR COMMUNITY FOOD WORKERS THERE IS CURRENTLY VERY LITTLE SUPPORT AROUND NUTRITION TRAINING FOR COMMUNITY FOOD WORKERS. MOST OF THE NUTRITION TRAINING IS DONE IN-HOUSE WITH NO FORMAL ACCREDITATION AS THE TYPE OF EXTERNAL TRAINING ON OFFER IS NOT QUALITY ASSURED. I WOULD LIKE TO SEE QUALITY ASSURED TOPIC BASED NUTRITION MODULES LINKED TO THE COMPETENCES THROUGH AN AFFORDABLE PROFESSIONAL BODY TO PROMOTE SELF REGULATION”.

Community Food Worker Manager



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