



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Untapped Potential

The Role of Training in Improving
Public Health Outcomes

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Foreword

It is a decade since RSPH first published a policy report on the wider public health workforce. These staff do vital work every day to deliver preventative healthcare interventions everywhere from a GPs clinic to at your local gym.

At a time when our national health is facing greater challenges than ever, we need to harness the power of these motivated workers to improve people's lives. But the sad reality is that the workforce is often overlooked because it doesn't fit neatly into the siloes through which government operates.

Rather than being seen as the core part of the health sector that they are, the wider public health workforce tell us that they often don't get the training or support at work they need to deliver better support. More concerningly, they are looking around the sector and wondering where the next generation of staff are going to come from.

The Royal Society for Public Health exists to fix these problems. Every year, tens of thousands of people use our educational services to improve their skills and deliver better outcomes to the people using their services. But we know we can only do so much on our own.

What we need now is for the Government to pick up where we and others across the sector reach our limits.

Proper workforce planning, meaningful monitoring of the state of the workforce, and investment in vital training are the minimum that should be on offer. If we want to make the shift to a preventative healthcare system, we need a commitment to implement these changes immediately.

Nick Harding

Chair, Royal Society for Public Health



The UK's health crisis

Ill health has been steadily rising in the UK and shows no signs of slowing down.¹ The rising number of people living with multiple long-term health conditions is putting increasing strain on our healthcare system. Increasing inequalities in accessing health services are also driving worsening health outcomes.

Too often, where you live is determining your life outcomes. People in the richest areas can expect to live 19 years longer in good health than those in the poorest areas.² Living in a poorer neighbourhood means spending more years in ill health and living with long-term health conditions, harming your overall quality of life. You are also more likely to have multiple health conditions from a younger age.

This is partly a product of waiting times being longer in poorer areas. People in these areas are twice as likely to be waiting over a year for treatment.³

This means that, in the UK, around 1 in 3 adults are living with multiple long-term health conditions, rising to more than 50% in people aged over 65.⁴ Ill health and the rise of long-term health conditions costs the NHS billions every year, along with billions lost in our productivity.⁵

It doesn't have to be like this. Early interventions, which identify and treat health conditions before they get worse, lead to far better health outcomes for people. This has positive knock-on effects on addressing economic inactivity, improving patient's engagement within our communities, and reducing the need for continued medical support.⁶

Our local environments, and the services we can access and afford, contribute to a rise in long-term physical and mental health conditions. Limited access to health services, lack of healthy food options, and space for physical activity in our local communities all impact our ability to improve our health and wellbeing.

Early interventions do not just impact physical health. They can reduce the burden, and increasing demand, on our health services.⁷ This can more effectively treat mental health issues, as it can be difficult to identify if people cannot, or prefer not to, seek support. Promoting healthy behaviours can also prevent the rise of health conditions before they get worse. This reduces the need for long-term treatments, improves health outcomes and enables people to live longer, healthier lives.

The Government, as part of the 10-year health plan, has committed to shifting towards prevention to take a more proactive approach to treating illnesses before they develop. This

1 Office for National Statistics (2023) [Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023](#)

2 The Health Foundation (2025) [Inequalities in life expectancy and healthy life expectancy](#)

3 Kings Fund (2021) [Elective recovery plan welcome but focus on hospital care target risks undermining long-term reforms](#).

4 NICE (2023) [Multimorbidity: How common is it?](#)

5 Person et al. (2023) [Moving from cure to prevention could save the NHS billions](#)

6 NHS England (2024) [Health, Work, and Prevention](#).

7 NHS Oxford Health (2016) [Study finds that early intervention services can save NHS millions](#)

is a welcome step, which the public health community supports. We stand ready to work with the Government, along with businesses, employers and local authorities, to implement this holistic approach to move towards promoting healthy behaviours. By doing this, we can create a healthier population, and a more sustainable healthcare system.

This is a moment of unique opportunity, and it has never been more important to emphasise the value that public health can have on shaping our quality of life and reducing the wider costs of ill health. We must give people the support they want to live a healthy life and prevent the rise of health conditions across the country.



Rethinking the public health workforce

Preventive services that ensure health conditions are treated in a timely manner are not limited to hospitals or GP surgeries. Instead, they are delivered by workforces across different sectors in the UK. They range from medics to those who might not even realise they are involved in public health. These people make up the Wider Public Health Workforce (WPHW).

Around 1.5 million people are part of this workforce, including those who identify public health as being an important part of their role, but are not employed within the core public health workforce. Their value to public health is felt across the UK from industries working in pest control, environmental health, housing, hygiene, physical activity and protecting our food and water.⁸

TEACHERS AND EDUCATIONAL PROFESSIONAL
PUBLIC SERVICES PHARMACIST **NURSE**
SOCIAL CARE **MIDWIFE** **VACCINATOR**
WATER SAFETY PROFESSIONAL
ACADEMIC ENVIRONMENTAL HEALTH PROFESSIONAL
HEALTH AND WELLBEING PROFESSIONAL
POLICE DENTISTS AND ORAL **ENGINEER**
HEALTH PROFESSIONAL
HOUSING AND HOMELESSNESS PROFESSIONAL
AHP HEALTH VISITOR **OPTICIAN**
CLEANING AND HYGIENE OPERATIVE
MENTAL HEALTH PROFESSIONAL
SPORTS AND FITNESS OCCUPATION
AMBULANCE PARAMEDIC **CHILDCARE**
CHARITY WORKER **PEST CONTROL WORKER**
FOOD SAFETY AND FOOD HYGIENE PROFESSIONAL

They build on the work done by the estimated 36,000 people who are part of the core public health workforce.⁹ This includes those who view public health as the primary part of their role and who spend a major part, or all their time, in public health practice delivering public health services such as health visitors and school nurses.

8 Starkey I, Satherley P, Ford J, Black M (2024) To improve the health of the nation we need a wealth of people doing public health. Public Health Pract (Oxf). 2024 Aug 23;8:100547. doi: 10.1016/j.puhip.2024.100547. PMID: 39281691; PMCID: PMC11393582.

9 RSPH (2024) The unusual suspects: Unlocking the potential of the wider public health workforce

The wider workforce is integral to shaping communities to prioritise our health and wellbeing. They give us easier access to affordable services that promote healthy behaviours and encourage us to make healthier choices. To meet the challenges facing our health, we need to harness their expertise and passion.

RSPH research has highlighted the challenges they face to meet the changing needs of the public. In particular, the WPHW already face limited resources, reduced capacities and lack of opportunities for career progression. All of these impact their ability to deliver for the public.

New challenges will also threaten public health. The wide-ranging effects of climate change, an ageing population (along with an ageing workforce) and new technology (including AI) are all expected to rewrite the way we deliver public health.¹⁰

This presents an opportunity. The workforce, businesses and the Government can collectively reform how we tackle growing threats to public health. Working across sectors will lead to a more inclusive and robust approach to health protection. Harnessing their widespread skills and experience will help to build a healthier future for us all.

We are increasingly relying on the WPHW to prepare for, and prevent, the drivers of ill health. They are aware of the key challenges impacting their sector, the health of the population and the resources they need. Through further support, they can have a greater impact on improving health outcomes. The alternative is yet further decline, and more people living in poor health.



10 RSPH (2024) What are the future needs of the wider public health workforce?

The impact of the Wider Public Health Workforce

The services being delivered by the wider public health workforce are ones which we all rely on every day. Where the core workforce are often focussed on vital services which have a narrow but deep impact, the wider workforce reaches every corner of society.

Whether it is the cleaner in your office who stops the spread of a flu bug, or the food hygiene inspectors who mean you can be confident a takeaway doesn't come with a side of food poisoning, their role is vital but often invisible. Often, the services they provide may not even be public health interventions at first glance.

At a time when we are trying to shift our health service out of hospitals to meet people where they are¹¹, this work has never been more important. The unsung heroes of the wider public health workforce are already in these settings – whether it is a personal trainer at the local gym, or a teaching assistant in a primary school. Rather than waiting until people are suffering from ill health, they are able to intervene early. This is at the core of two of the three shifts set out in the Government's 10 Year Plan¹².

Without this workforce, preventative healthcare is likely to remain a pipe dream. The vast majority of the population don't regularly engage with the health system unless and until they are facing problems. It simply is not a good use of resources to get acute healthcare staff to monitor the entire population to determine when an intervention is needed. Instead, we need the army of people already in this space to deliver consistent low-level interventions – improving people's health in ways they often won't even realise.

Enumerating the impact of the wider public health workforce is an impossible task simply due to the range of work they do. To give just one example, we know that adults using social care services see worse health outcomes than the general population¹³. This is despite having the support of a motivated workforce who want to help with their health. The counterfactual of what would happen without this workforce is too stark to consider – simply put, we would not allow this work to go neglected.

But a lack of planning means previously unthinkable outcomes are now in danger of becoming real. Critical industries, from food inspection to environmental health, have unsustainably high vacancy rates. Among RSPH members, we know that around 1 in 5 do not think they will still be working in a public health related role in 5 years time.

This means that we are facing workforce shortages at the very moment where we should be looking to bring more people into the public health workforce. The development of new neighbourhood health teams can and should be a catalyst to ensure everyone who could contribute to health outcomes is supported to do so.

11 Department for Health and Social Care (2025) [10 Year Health Plan for England](#)

12 Ibid.

13 RSPH (2025) [Caring about health](#)

It is important to stress that, despite previous research from the RSPH, our understanding of the WPHW lags behind other critical sectors. While there are central censuses of staff in sectors ranging from schools to prisons, there is no one universal source of data on the WPHW. As well as making workforce planning almost impossible, this means we struggle to spot harmful trends until they are already well underway.

The Problem	Its Impact	What Is Needed
There is little standardisation or clarity around job titles and definitions, particularly outside the registered workforce.	A lack of common standards mean comparisons are often inaccurate, and it is difficult to know which jobs or sectors are experiencing higher vacancy rates.	As a minimum, a common definition and common labels around professional groups would make comparisons easier.
Data quality, quantity, and availability vary significantly between the core, specialist, and wider public health workforces.	Having data on professionals' career moves would make planning for the workforce future easier and transitions smoother.	Different areas might have different data needs, but the sector should agree a level of knowledge which all levels need.
Details such as socio-demographics, geographical work area and ethnic background are often unavailable.	This makes it hard to understand the specific needs of the workforce, as well as identifying trends in the makeup of different sectors.	We need agreement within the system on the minimum level of detail which should be captured, as well as mechanisms to realise this.
We need agreement within the system on the minimum level of detail which should be captured, as well as mechanisms to realise this.	We lack a holistic view of the workforce. The public health workforce working for ICBs or in multidisciplinary teams in local authorities could be overlooked.	Different organisations will gather information differently, so processes are needed to allow data to be shared in an optimum way.

The challenges we are facing

Public health consistently faces major recruitment challenges, with high vacancy rates and difficulties in attracting and retaining staff.¹⁴ To give just one example, pest control faces the prospect of losing up to 40% of their current workforce to retirement over the next 10 years, with little sign that current initiatives are sufficient to fill these roles.¹⁵ Without the capacity they need to meet their workload and deliver their services, we risk higher rates of ill health over the coming years.

The wider workforce is crucial if we are to address the growing pressure on our health services. We know that the challenges they face will continue get worse as more people are living with long term health conditions.¹⁶ Over recent months, we have gathered a snapshot of opinion from staff across the wider workforce, seeking to understand the pressures they are facing. It is only by responding to these concerns that we can give the workforce the support they need.

We know that the workforce is facing serious pressures to recruit and retain skilled staff while continuing to deliver their work. 68% of public health professionals see a lack of investment to support and retain experienced staff as an urgent issue which is limiting their capacity to deliver health improvement interventions. 64% of respondents say that the lack of staff capacity to meet the growing demand for public health services is also a key concern. This has consistently been a worry for public health over recent years.¹⁷

Career progression is also becoming a larger problem with people struggling to enter and progress within the sector. Clear pathways into public health are crucial if more recruits are to be attracted to starting long term careers in the sector. Businesses should be able to access the resources they need to continue delivering key services and then attract more people to enter a viable and rewarding public health career, which are needed now more than ever.

The drivers of this recruitment crisis are varied, but one of the major factors identified was poor pay. 59% of public health professionals said that non-competitive pay was an important issue preventing the retention of staff. 56% who said that long-working hours and a demanding workload played a significant factor in limiting new recruitment. If we are unable to retain the experience of staff in the workforce by paying them what they would earn in other sectors, while also subjecting them to heavy workloads, then we risk losing their valuable expertise when responding to urgent public health issues.

14 (2022) Workforce: Recruitment, training and retention in health and Social Care - Health and Social Care Committee. Available at: <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html> (Accessed: 26 August 2025).

15 King, S. (2023) An ageing sector with a recruitment crisis looming, Pest Magazine. Available at: <https://www.pestmagazine.co.uk/news/bpca/an-ageing-sector-with-a-recruitment-crisis-looming.html> (Accessed: 26 August 2025).

16 Care and support for long term conditions (2025) Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/resource/care-and-support-for-long-term-conditions> (Accessed: 26 August 2025).

17 The health and Care Workforce (2023) The health and care workforce - Care Quality Commission. Available at: <https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/workforce> (Accessed: 26 August 2025).

Despite the issues with recruitment, existing staff have fears over their long-term careers in public health. Poor career progression and the inability for staff to develop in their roles is preventing the workforce building their capacity. If new recruits cannot identify a reliable career pathway into, and within, public health then the sector risks losing out on new talent.

This will include those with the motivation to make an impact in public health, but who will not see a role in public health as a long-term career option. As the sector already faces a massive loss in expertise and experience through the retirement of older employees, this will become a bigger concern over the coming years.¹⁸

Building a long-term career in public health, where people can grow their knowledge and experience in the areas they want, should be encouraged across the sector. This is more important than ever if we are to reverse the rise of ill health and prepare for the impact of emerging threats to our health in the future.

If they cannot do this, we risk creating a vicious cycle where limited resources lead to employers being unable to provide this for their staff, and then unable to develop the expertise of their workforce. On a basic level, too many organisations cannot cover their employee's workload if they leave to attend a training course, which leads to higher burnout and stress among the workforces.¹⁹

The environments that new recruits, and current employees, enter needs to give them all the tools to thrive. If we are going to make a meaningful shift towards preventing the rise of ill health, then the WPHW need to have the capacity, resources and knowledge to continue delivering their services across the country.



18 RSPH (2024) Public health 2040: Ageing demographics and the wider public health workforce, RSPH. Available at: <https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/public-health-2040-ageing-demographics-and-the-wider-public-health-workforce.html#:~:text=Highly%20motivated%20and%20knowledgeable%20employees,be%20achieved%20solely%20by%20government> (Accessed: 26 August 2025).

19 National Health Executive (2018) Almost a quarter of doctors in training 'burnt out' due to workload, GMC says. Available at: <https://www.nationalhealthexecutive.com/News/almost-a-quarter-of-doctors-in-training-burnt-out-due-to-workload-gmc-says#:~:text=Tiredness%20and%20fatigue%20have%20also,training%20and%20the%20medical%20workforce> (Accessed: 26 August 2025).

The role of education

The wider public health sector faces historic challenges, and it has never been more important that we meet them as a society. The consequences of allowing the sector to decline, both on individual health but also the capacity of our healthcare system to manage demand, are stark.

We need urgent action to address workforce shortfalls so that public health employers can hire sufficient staff. Given demographic changes, this is unlikely to meet the entire shortfall of the sector. Instead, we need to improve productivity and upskill staff so that they can do more in the time they devote to their jobs.

There are three widely agreed on ways to improve workforce productivity. The first is to the improve the health of the workforce²⁰, which has clear impacts on both absenteeism and presenteeism. Simple measures such as Employee Assistance Programmes or the roll out of Health Champions in a workplace can have a significant impact. As with other sectors, the wider public health sector should ensure they are maximising the benefits of this.

Secondly, we can adopt new technologies. Public health has a strong record in this area historically, whether it is the mRNA vaccines which helped end Covid-19 lockdowns, or the nascent use of generative AI to aid with early diagnosis of ill health. Efforts in this space can and will continue apace²¹.

Thirdly, providing training to workers has repeatedly been shown to boost productivity²². Even modest increases in the level of training undertaken can lead to tangible productivity increases. Given the impact of the work that the wider public health workforce does, even a modest increase in productivity will mean real improvements in health outcomes.

Unfortunately, these benefits are rarely realised to their fullest extent. This is a problem across our economy, but one that is being acutely felt across the public health sector. More than 80% of public health professionals have told us that they need more development to do their job as well as possible. This reflects the fact that 87% identify at least one barrier to undertaking further training.

20 RSPH (2024) Better Way of Doing Business

21 RSPH (2024) Public Health 2040

22 Dearden, L. et. al. (2006) The Impact of Training on Productivity and Wages

Case study: Mental Health training

“I have many fabulous colleagues at work who are committed to integrating mental health into their physical health, medical, surgical, diagnostic, therapies, and community services. Some have expressed caution about asking the “wrong” question, or not knowing what to do with the answer. It is a joy to see the confidence they express when adding new skills to their toolkit”

Ian Noonan, Calderdale & Huddersfield NHS Foundation Trust

In a fluid jobs market, it is important not only that staff have the training they need, but that they can demonstrate this to future employers. Portability of professional training both improves career prospects but also means that businesses can avoid redundant spending on repeated courses which add little to the employee's knowledge.



The gold standard for portability is regulated qualifications. If you say you have a GCSE in a subject, every employer in the country knows that means a certain level of expertise. Too often, professional development overlooks this in favour of less tightly specified training.

Case study: Violence reduction training

“Undertaking the Level 4 Violence Prevention & Reduction training with the Royal Society for Public Health was a really positive experience. It brought together the essential knowledge in such a way, supported by reflective practice, that it clearly demonstrates the value of a public health approach to preventing violence and abuse towards staff.”

Anonymous learner

Not every piece of training needs to come with a qualification attached. Often, they will be highly setting-specific or relate to how a given business carries out a task. But we should endeavour to build an education system which gives the wider public health workforce the same qualification portability from their professional development that we expect for young people sitting core exams.



Why aren't we doing more training?

Training plays a major role in supporting and preparing the workforce to address the challenges they face in their sectors.²³ We all know that developing our skills will provide us with the platform to do our jobs better, and the wider public health workforce is no different.

In reality, however, they find themselves unable to do this. RSPH found that 84% of the WPHW were willing to develop their skills further but faced barriers which meant they weren't able to pursue appropriate training.

It remains difficult for many employees to find reliable and relevant courses that will improve their skills in the areas they need.²⁴ Time constraints and rising public demand for their services mean that most are unable to engage with these programmes, if they find them, due to the impact it can have on their current work.²⁵ Essentially, the pressure of meeting current demand makes it harder to develop and meet future demand.

More than half of the WPHW agreed that they faced barriers to their skill development due to a lack of access to suitable training and professional development opportunities. As staff feel unable to progress their careers, they are more likely to seek careers elsewhere which align more with their aspirations. We risk draining talent from the sector as organisations cannot retain their staff.

The single biggest reason that this training isn't accessed is cost. 71% of public health professionals believed that a lack of organisational funding stopped them accessing training. Organisations are currently struggling to fund these opportunities for their staff. This only harms their own productivity as these programmes lead to long term improvements in the staff retention and the services they can provide.²⁶

As the sector deals with tighter budgets, smaller capacities and increasing workloads, organisations are less willing to allow their staff to take part in training courses as they are unable to complete their work.

This is leading to fears that we are not prepared to deal with new threats. This is reflected by 58% of public health professionals who are concerned over the lack of updated training on emerging threats to public health. In 2024, RSPH research on the wider workforce found

23 RSPH (2024) RSPH priorities for supporting the wider public health workforce, RSPH. Available at: https://www.rsph.org.uk/about-us/news/rsph-s-priorities-for-supporting-the-wider-public-health-workforce.html#:~:text=Training%20&%20Development:%20*%20There%20need%20to,to%20allow%20transition%20between%20roles%20and%20settings/sectors (Accessed: 26 August 2025).

24 Zimmel, D.J. et al. (2022) Public Health Workforce Development during and beyond the COVID-19 pandemic: Findings from a qualitative training needs assessment, Journal of public health management and practice : JPHMP. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9311288/> (Accessed: 26 August 2025).

25 Endalamaw, A. et al. (2024) Barriers and strategies for Primary Health Care Workforce Development: Synthesis of evidence, BMC primary care. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10967164/> (Accessed: 26 August 2025).

26 Shiri, R. et al. (2023) The role of continuing professional training or development in maintaining current employment: A systematic review, Healthcare (Basel, Switzerland). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10647344/#sec5-healthcare-11-02900> (Accessed: 26 August 2025).

that issues such as climate change and ageing demographics (both among the population and within the workforce) will lead to greater public health concerns and will likely reshape the delivery of health services in the UK.²⁷

A lack of resources across the sector has consistently limited their ability to continue delivering services.²⁸ Given the importance of prevention at this moment in time, we cannot allow underinvestment to drive further cycles of reliance on acute healthcare. This will leave more people living in poor health despite there being a clear solution which would break the cycle.



27 RSPH (2024) [What are the future needs of the wider public health workforce?](#)

28 Health Foundation (2023) [Nine major challenges facing health and care in England](#), The Health Foundation.

A plan for change: Recommendations

By investing in the wider public health workforce, we can bring together 1.5 million people who have the potential to transform our national health. Many of them already do valuable work, but they can and want to do more – if they get support to do so.

If we want to unlock the potential of the wider public health workforce, then we need decisive action now. If we allow the situation to drift, then the health benefits that the workforce can achieve will go unrealised. To address this, there are three steps which must be taken immediately.

1. The NHS Workforce Strategy should be widened to include everyone who has an impact on health outcomes, including the Wider Public Health Workforce

The Government rightly recognises that a clear direction of travel is needed to support workforces, ranging from the NHS to teachers. These strategies bring together workforce targets with clear articulations of the support which will be made available to meet those targets.

As the Government creates a workforce strategy to sit alongside the 10 Year Plan, it is important that they don't allow organisational siloes to reduce the effectiveness of their work. Implementing a shift to prevention requires both the NHS workforce and those who work in or around public health to work together. To achieve this, the Wider Public Health Workforce should be a key part of the upcoming Health Workforce Strategy.

As well as focussing minds across Government on the need to support the Wider Public Health Workforce, their inclusion in the strategy should unlock career development funding and pathways for the WPHW to move across the preventative and acute sectors – and vice versa. This inclusion would also boost recognition for the WPHW, and show that the Government is fully supporting these staff in their vital roles.

2. To support increased training, the Skills and Growth Levy should allow funds to be spent on all training which relates to health improvement, alongside a new single uniform entry level qualification.

Funding for training has been identified as a key barrier to the WPHW gaining the skills they need to maximise their impact on health outcomes. In a constrained fiscal environment, it is unrealistic to expect Government to provide large sums of new funding, or for businesses to meet this cost entirely out of their own funds.

The Skills and Growth Levy is being introduced to replace the Apprenticeship Levy, which was widely recognised as not delivering the outcomes our economy and society need. This is intended to grant more flexibility to employers, with existing Levy funding freed up to be spent on a wider range of training and education for their workforce.

To address the health crisis facing the UK, it is vital that this new flexibility is used to deliver more training in health promotion and improvement. Whether it is reducing mental ill health in the workplace, or supporting care workers to spot warning signs of serious illness, the potential return on investment for this change is enormous.

At the same time, this investment must be focussed. The current system lacks a clear minimum level of knowledge, such as we rightly expect in professions such as early years or social care. These entry level qualifications are a foundation on which both further education and a workforce strategy can be built – giving everyone the same solid foundation. As a core part of extending government funding for public health training, a lower-level qualification would ensure that all this training is supporting a joint aim.

3. In order for the WPHW to thrive, we need to address the barriers that prevent them from progressing, starting with time for training and proper workforce data.

Even with funding, there will remain barriers that prevent the WPHW from realising their potential.

A majority of the WPHW work in the public sector, or for outsourced services. The ability of these staff to undertake training and progress within their careers is directly determined by the attitude of government. A simple first step to help them thrive – and make this an attractive career – would be to guarantee every member of the WPHW in the public sector a minimum of five days a year of protected time for fully funded professional development.

Underpinning all of these changes is a need for government to better understand the wider public health workforce. While organisations like the RSPH have invested significant time in understanding the needs of these staff, it is no substitute for robust, centrally collected workforce data. This is the minimum we expect in other vital sectors, from acute healthcare and education to the prison system, so it should be the same for public health. This data should then be used to identify what additional support would best help the WPHW meet their potential.

Playing our part

As one of the leading public health education charities in the UK, we recognise that this change is something we cannot just call for – we have to deliver it on the ground as well.

We will **campaign for a national strategy for the Wider Public Health Workforce**. This should be led by Government, and integrated with the NHS Workforce Strategy. Any strategy must set out the financial and regulatory support which will enable the WPHW to carry out their roles.

We will continue to **convene the People in UK Public Health network**, bringing together all the stakeholders who are invested in supporting these workers to provide a coherent framework for workforce planning.

We will **set out a clear entry point qualification for the public health workforce**, through our Level 2 qualification in Public Health. As well as ensuring a standardised minimum level of expertise, this will allow the WPHW to demonstrate their expertise in this space.

We will **roll out training packages and pathways**, enabling everyone in the WPHW to identify and access training that support their roles and career ambitions. These packages and pathways will allow the WPHW to easily access relevant training, as well as recording their career development over time.

We will **provide a forum for the workforce to share best practice**, through formal and informal events and discussion spaces. As the workforce faces new challenges, it is more important than ever that the WPHW are able to share their expertise and the problems they are working to address.

To be part of any of this work, please [email policy@rsph.org.uk](mailto:policy@rsph.org.uk).