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Going the Distance:

Exercise professionals in the wider public health workforce



April 2018

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Foreword



Shirley Cramer CBE
Chief Executive, RSPH

The public health challenges of the 21st century are many, varied, and not capable of being tackled by the core public health workforce alone. That is why one of the key focuses of the work of the Royal Society for Public Health (RSPH) has for some time been developing, upskilling and empowering the wider public health workforce – those professions with trusted access to the public and the opportunity to influence health – to help take the strain.



Steve Ward,
Chief Executive, ukactive

It may seem obvious, especially given the epidemic of physical inactivity with which we are now faced, that exercise professionals have an important role to play as part of this extended public health workforce. They are in a prime position to get the nation moving, and spread all the associated health and wellbeing benefits that physical activity provides, from weight management to social connectedness.

However, what is perhaps less obvious, and until now, less acknowledged, is the potential exercise professionals hold to do so much more for our health and wellbeing – from advising on nutrition to signposting to smoking cessation and mental health support.

This report is the product of a shared ambition on the part of RSPH and ukactive, supported by Technogym, to make such a potential enhanced public health role a reality. As we go on to demonstrate, there is a clear appetite on behalf of public and professionals alike to make this happen, and the potential rewards for the public's health are significant.

Undeniably, there are challenges and barriers to be addressed and overcome – identified and acknowledged here – and this report sets out a 'starter for 10' of recommendations in order to do so. With the full will, cooperation and support of the health community and the physical activity sector, these barriers can be negotiated, and the exercise professionals workforce can make an invaluable contribution to supporting the public's health.



Steve Barton,
Managing Director,
Technogym

We are delighted to be a sponsor of the RSPH and ukactive report into the physical activity workforce and the role of the fitness industry to assist the public health workforce.

Technogym is recognised globally as The Wellness Company, and we champion the benefits of the 'Wellness lifestyle', consisting of a physical activity, nutrition and mental approach by using inspiring facilities and educating exercise professionals to provide the very best direction and advice for the public. The Technogym

Ecosystem allows fitness operators to develop new business models by delivering personalised and engaging wellness experiences to their members not only in their clubs, but also wherever and whenever their clients choose to train around the world. This is particularly relevant to the nature of consumers growing needs for support and education inside and outside the facility, whether on holiday, at work or on the go.

The fitness industry is characterised by a dedicated and committed workforce who are providing support and advice; the report highlights that 85% of exercise professionals already talk to clients about health and wellbeing issues. However there are clear opportunities for stronger links to local health professionals, as well as support with training to enhance knowledge and communication skills.

Technogym provides training and support to fitness professionals around product and digital applications, as well as knowledge days focusing on the equally important topics of member communication and coaching to provide clear goals and structure. Customers are growing increasingly knowledgeable about wellness, so health and fitness professionals must connect, adapt and enhance this knowledge to help it grow further.

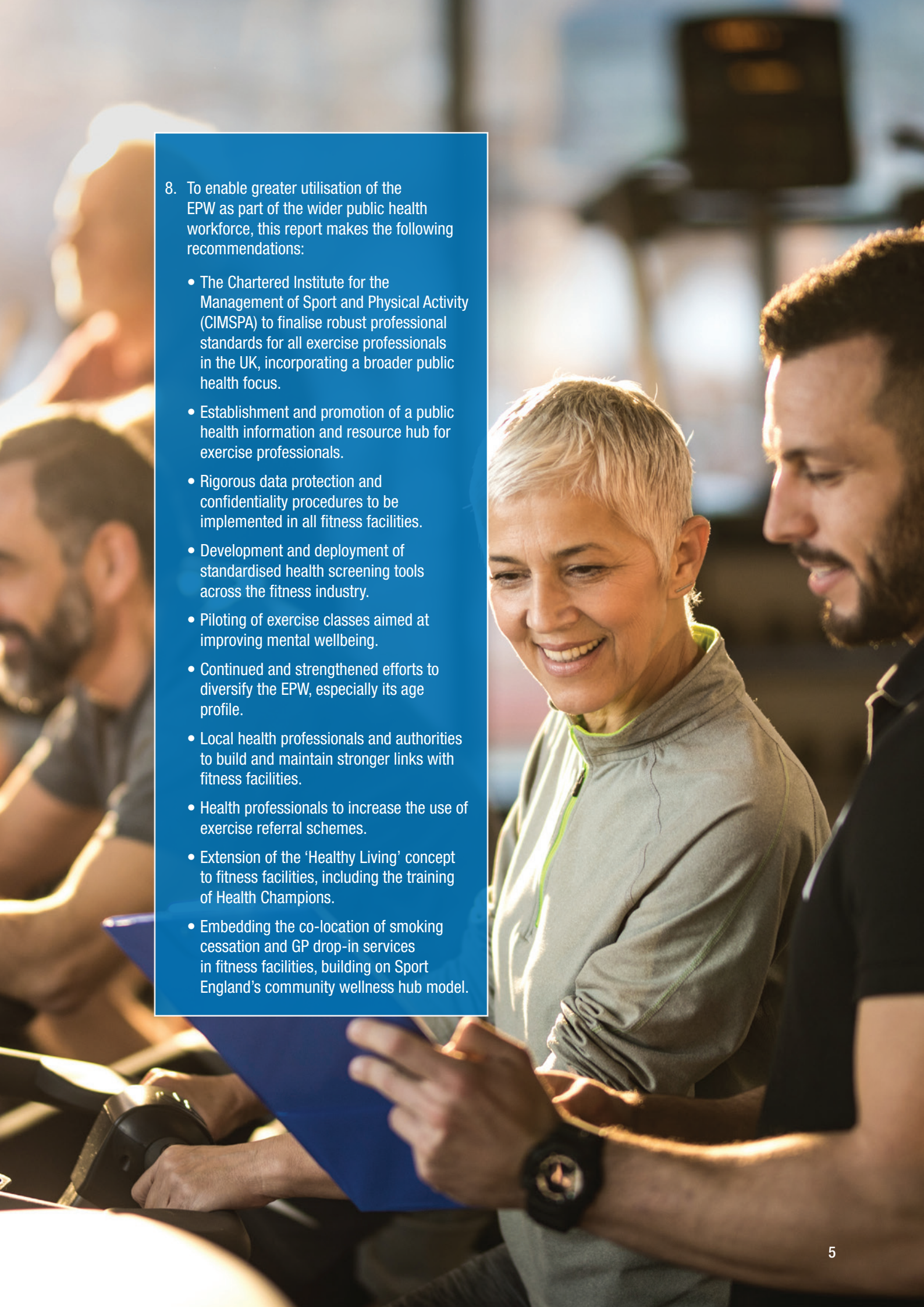
The 10 recommendations of this report provide a refreshing summary of the opportunities for the industry. Each of us within the fitness industry are required to play a role in enhancing the role of public health and supporting the public's health.

2. Executive summary

1. Sports and fitness occupations, numbering approximately 400,000 people in the UK, have been identified as an already ‘active’ part of the wider public health workforce. This report focuses on a particular subset of this workforce and how it can play an enhanced role in supporting the public’s health: fitness instructors, group exercise instructors and personal trainers working outside of sporting contexts and within the fitness industry, of which there are approximately 57,000 in the UK. They are hereafter referred to as the exercise professional workforce (EPW).
2. To play an enhanced public health role, there are a number of recognised challenges the fitness industry and EPW should overcome, including: shifting focus from body-image centric conceptions of health to more holistic health and wellbeing; striking the correct balance between commercial imperatives and effective, evidence-based advice and interventions; and exploiting means of extending access to their services beyond current predominant gym-based demographics.
3. This report seeks to gain an enhanced understanding of the opportunities and barriers for this enhanced public health role through parallel research with the gym-going public and the EPW itself, including a survey of 858 gym and leisure centre users, a survey of 163 frontline exercise professionals, and a focus group of 16 senior leaning and professional development professionals working in the fitness industry.
4. The overwhelming majority of exercise professionals (85%) already talk to their clients about wider health and wellbeing issues beyond physical fitness, so a critical first step is to ensure advice already being delivered is evidence-based and effective.
5. There is a strong appetite from professionals and public alike for a greater public health role for the EPW, with 81% of exercise professionals saying they would be willing to deliver advice on a broader range of health issues, and 83% and 74% of the public saying they would be comfortable receiving health advice from personal trainers and group exercise leaders, respectively. There is also consensus on which issues are potentially within the appropriate boundaries of this relationship, correlated with how closely they are consciously linked to physical activity, as show below:

Group	Health issues	Engagement strategy
A	Physical activity, nutrition, weight management	Direct advice
B	Sleep, smoking, stress/mental health	Mixed direct advice/ signposting
C	Alcohol/substance harm, vaccinations, sexual health	Signposting only (and only if solicited)

6. The main barriers identified by professionals to this enhanced role are lack of strong links with local health professionals (66%), limited financial support for training (58%), and communication skills (56%). The main barriers and concerns expressed by the public include a lack of understanding and confidence in exercise professionals’ training and qualifications, the evidence-base of advice, concerns over privacy and confidentiality, and a general sense that some issues (i.e. Group C, and to a less extent B, above) are simply either too personal for ‘safe space’ of the gym/leisure centre environment or outside of an exercise professionals remit and expertise.
7. There is some support among the public for the co-location of health services within fitness facilities, primarily smoking cessation services (51% would be comfortable with this) and GP drop-in services (53% would be comfortable).



8. To enable greater utilisation of the EPW as part of the wider public health workforce, this report makes the following recommendations:

- The Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) to finalise robust professional standards for all exercise professionals in the UK, incorporating a broader public health focus.
- Establishment and promotion of a public health information and resource hub for exercise professionals.
- Rigorous data protection and confidentiality procedures to be implemented in all fitness facilities.
- Development and deployment of standardised health screening tools across the fitness industry.
- Piloting of exercise classes aimed at improving mental wellbeing.
- Continued and strengthened efforts to diversify the EPW, especially its age profile.
- Local health professionals and authorities to build and maintain stronger links with fitness facilities.
- Health professionals to increase the use of exercise referral schemes.
- Extension of the 'Healthy Living' concept to fitness facilities, including the training of Health Champions.
- Embedding the co-location of smoking cessation and GP drop-in services in fitness facilities, building on Sport England's community wellness hub model.

3. Background

3.1 The wider public health workforce

'Any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work.'

– the wider public health workforce, as defined by RSPH and the Centre for Workforce Intelligence¹

The public health challenges facing the UK in the 21st century are, unarguably, immense. They come in forms both old and new, long struggled with or newly recognised. Physical inactivity, widely recognised as one of the preeminent health challenges of our generation, remains dangerously high – more than one in four adults in England are classed as 'inactive', meaning they fail to achieve a minimum of thirty minutes of activity a week.²

Across the UK physical inactivity is linked to one in six premature deaths³ – making it statistically as dangerous as smoking – but it is only one of a range of public health crises placing an unsustainable burden on the health system. More than a third of adults in the UK are predicted to be obese by 2025, and despite encouraging falls in use amongst young people, alcohol and tobacco continue to kill at a prodigious rate – 23,500 and 96,000 annually in the UK,^{5,6} respectively, at a combined cost to the NHS of £6.1 billion per year.^{7,8}

To these visible physical health challenges we must add the growing burden of mental ill-health, which is both inextricably intertwined with physical health outcomes and worthy of parity of esteem in its own right. One in four people will experience a mental health issue each year⁹, and yet, in the UK today, only a third will receive the help and support they need.¹⁰

And let us not forget health protection challenges many may have thought dealt with or under control. Resurgent vaccine hesitance and complacency poses a genuine threat, as do ongoing cuts to vital sexual health services.

The upshot of all this is that the NHS is not able to cope with the ever increasing strain of the myriad demands being made upon it. It cannot cope, as the oft-quoted NHS Five Year Forward View makes plain, without "a radical upgrade in prevention and public health".¹¹

And yet, the core public health workforce, despite all the fantastic work it does, simply does not have the capacity to meet this demand. The core public health workforce consists of only 40,000 people in the UK – a mere 0.07% of the population.¹² In the context of ongoing cuts to public health budgets, this situation is unlikely to improve in the near future.

Where then, can such a workforce that can help meet this challenge be found? The answer is all around us, in what is termed the 'wider public health workforce' – or rather workforces – defined by the Centre for Workforce Intelligence as 'any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work'.¹³

Recognised examples include pharmacists, police and fire services, housing associations and Allied Health Professionals. RSPH's 2015 report, *Rethinking the Public Health Workforce*,¹⁴ identified 15 million such professionals (plus five million unpaid carers), who, with the right training, support and permission, can use their trusted access to the public to 'make every contact count' and make a valuable contribution to tackling the public health challenges of the nation.

3.2 The exercise professional workforce

Rethinking the Public Health Workforce categorised 'sports and fitness occupations' as an 'Active' part of the wider workforce – defined as those who make an active contribution to public health on a daily basis, can have a direct or indirect impact on wellbeing, and already deliver or have the opportunity to engage in healthy conversations. Sport England recently estimated this broad sports and fitness workforce as numbering some 400,000¹⁵ – ten times the size of the core public health workforce.

The sports and fitness workforce encompasses a broad variety of roles related to many forms of physical activity in many different contexts. However, this report focuses specifically on those operating outside of a sporting context and within the fitness industry, including fitness instructors, group exercise instructors and personal trainers, of which there are approximately 57,000 in the UK¹⁶ – hereafter referred to as 'exercise professionals' or the 'exercise professional workforce' (EPW). This workforce is predominantly aged between 25 and 54, well gender-balanced, and deployed across the length and breadth of the UK, from gyms and leisure centres,¹⁷ to workplaces, community settings, parks and green spaces, engaging people at home and utilising digital technology to work remotely.

A survey of practitioners who joined the fitness industry in 2015 found that seven in 10 (70%) joined because they have a passion for fitness, while almost half (44%) said they joined because they wanted to help other people.¹⁸ Such motivations suggest a workforce that is absolutely prime for engagement to help with a wide range of health and wellbeing issues, including those which are not necessarily directly related to their traditional physical activity remit. This is an ambition that is increasingly being articulated by sector leadership bodies, including ukactive in its *Blueprint for an Active Britain*.¹⁹



3.3 The state of play: what more could they do?

It might seem obvious to state that the EPW has a key role to play in health and wellbeing, given that physical activity is an important influencing factor in many health and wellbeing outcomes (both physical and mental). Such is the extent of this influence that exercise has been described as a “miracle drug” by the Chief Medical Officer for England,²⁰ able to manage, treat and prevent more than twenty lifestyle-related conditions.²¹ Exercise professionals themselves have been described as “at the cutting edge of health in much the same way the scientists discovering vaccines for major diseases were at the turn of the 20th century”.²²

At the most basic level, there is evidence that exercise professionals – specifically, personal trainers – are associated with improvements in physical activity measures such as increased exercise intensity, adherence to exercise programmes, and general attitudes to exercise.²³

However, in order to take on an enhanced role supporting the public’s health and wellbeing in a broader sense, there are a number of prevalent practices and perceptions the EPW and the fitness sector in its entirety should look to manage.

The first should be to counter the perception that physical appearance (predominantly weight but also encompassing other elements of body image such as muscularity) is the most important and reliable indicator of health. While frequently correlated and conflated with physical health, weight is only one indicator. Physical activity confers a range of significant benefits to health, including improved mental wellbeing and social inclusion, yet weight management can often be the overriding factor for many people choosing to attend a gym or leisure centre. Exercise professionals have a critical role to play in educating and supporting members of the public (and colleagues) when confronted with this mindset, ahead of advising on the role physical activity can have in our overall health and sharing other types of health and wellbeing advice.

Another barrier identified in the existing literature is the perception that the commercial success of practitioners and businesses in the fitness industry is often achieved at the expense of high-quality, effective and customer-focused advice.^{24, 25} Many of the most accomplished personal trainers and fitness instructors have built successful businesses through demonstrably improving the health of their clients, justifying regular and repeat interactions through the effectiveness of their work. The delivery of effective health advice, in a sector where many practitioners are self-employed, requires marrying a robust understanding of biology and behaviour change theory with good business practice and commercial acumen.

What is also less obvious is the means by which exercise professionals might be able to help improve and protect the public’s health in more holistic ways which are not, or which are less obviously perceived to be, related to physical activity. This might potentially include anything from providing dietary advice, through signposting to smoking cessation services, to leisure centres hosting health services such as vaccination and sexual health clinics – in other words, applying the ‘making every contact count’ approach’. However, the existing evidence in relation to such services being promoted or delivered at scale across fitness facilities is limited.

Where evidence does exist, it is typically only in regards to a specific subset of the EPW: personal trainers. It is known that personal trainers often take on a number of roles outside of their core physical activity remit, such as providing nutritional advice or counselling to support mental wellbeing.^{26, 27, 28} However, very little regulation exists to ensure such advice is in line with evidence-based best practice.²⁹ While exercise professionals with higher qualifications are more likely to make use of evidence-based sources of relevant information to inform their practice,³⁰ the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) is now exploring how this practice can be embedded as a core part of all new exercise qualifications. However, the inevitable variation that has occurred thus far means it is unsurprising that members of the public report difficulty in understanding the different levels of training, education, and experience of individual exercise professionals.³¹

One other important caveat for the potential role of the EPW is the constraint of access. Only one in seven people in the UK (15%) are members of a gym,³² spread across a range of ages and socioeconomic statuses, but with a slight trend in probability of membership toward the younger and more affluent.

To ensure the expanded role of the EPW is able to reach the broadest range of people possible, it is critical that recommended interventions are adaptable to more accessible parts of the industry, such as budget gyms, community leisure centres and low cost classes in other community settings.

Another method of improving access may be through increasing the use of exercise referral schemes by health professionals, although there is at present limited evidence for the effectiveness of such schemes in respect of long term health outcomes.³³ Addressing this has been made a priority by the National Institute for Clinical Excellence (NICE) and is currently one of the main goals of the ukactive Research Institute.

In order to take on a greater role as part of the wider public health workforce, the EPW and the fitness industry must be supported to address the challenges identified from the literature and discussed above, which may be summarised as:

- **Motivations:** Addressing the perception that delivering effective and evidence-based health advice is sometimes at odds with meeting commercial imperatives.
- **Training:** the levels of training, qualifications and standards among the EPW are inconsistent, and therefore so are their levels of evidence-based health knowledge and skills. This has led to confusion and a reduction in confidence among the public.
- **Access:** Greater levels of collaboration and engagement with a range of health and care professionals (for example through the use of exercise referral schemes) would enhance opportunities to deliver meaningful health advice to individuals who need it most, including those from the most deprived communities who may be less likely to access fitness facilities.

These challenges will be explored in more detail in sections 4 and 5 of this report, through original qualitative and quantitative research with the public and with exercise professionals themselves.



4. Opportunities and barriers, part 1: professional feasibility

4.1 Methodology

In order to better understand how much appetite there is within the EPW to take up an enhanced public health role, and what would need to be done to equip them with the requisite skills, knowledge and confidence to do so, two stages of research were carried out by ukactive.

The first stage was a focus group made up of senior learning and development professionals in the fitness industry, including HR, Training, L&D and Skills Development managers and directors employed at a selection of major operators. The 16 participants were collectively responsible for the development of more than 5,000 exercise professionals.

The second stage was a survey of frontline exercise professionals themselves. This survey was made up of 163 respondents with a roughly equal gender balance (48% male, 53% female). Both stages were carried out between January and March 2018.

4.2. Results

Willingness

The first objective was to establish to what extent exercise professionals see promoting wider health and wellbeing as part of their current role, and what level of appetite exists to expand this. To this end, they were asked whether they currently discuss such wider health issues with their clients, to which the overwhelming majority (85%) said yes. Regardless of whether they wish to expand their role, this highlights the importance of ensuring advice already being delivered is evidence-based.

When asked to what extent it is their responsibility to support health and wellbeing beyond exercise, almost three quarters (74%) of exercise professionals say it is to some extent (based on a score of seven or more on a 10-point scale – the average response was 7.25). On the same basis, more than four in five (81%) say they would be willing to deliver public health advice on a broader range of topics (average score 8.33), and 83% say it would be feasible for them to do so (average response 8.13). The majority of learning and development managers agreed both that wider public health and wellbeing is part of an exercise professionals responsibility, and that such a broader role would be feasible.

Almost all exercise professionals (94%), as well as their learning and development managers, agreed it would be beneficial for them to have greater knowledge of a broader range of health issues, with the most common reasons cited being greater positive impact on clients' health (89%) and lowering the burden of preventable ill-health on the NHS (73%). These factors are illustrated in fig.1 opposite.

“ I think this is a fantastic idea as I find I am more than a personal trainer for my clients so we have to be careful to only instruct within our qualifications. To broaden our remit would only serve to make us more useful to the wellness industry as a whole as fitness, nutrition and psychology work as one in my view. I have been saying our role should be broadened as it naturally happens, so to have the relevant qualifications can only serve in a positive way. In the long-run too I see this as a better way for NHS to spend money over ploughing millions into medicine. ”

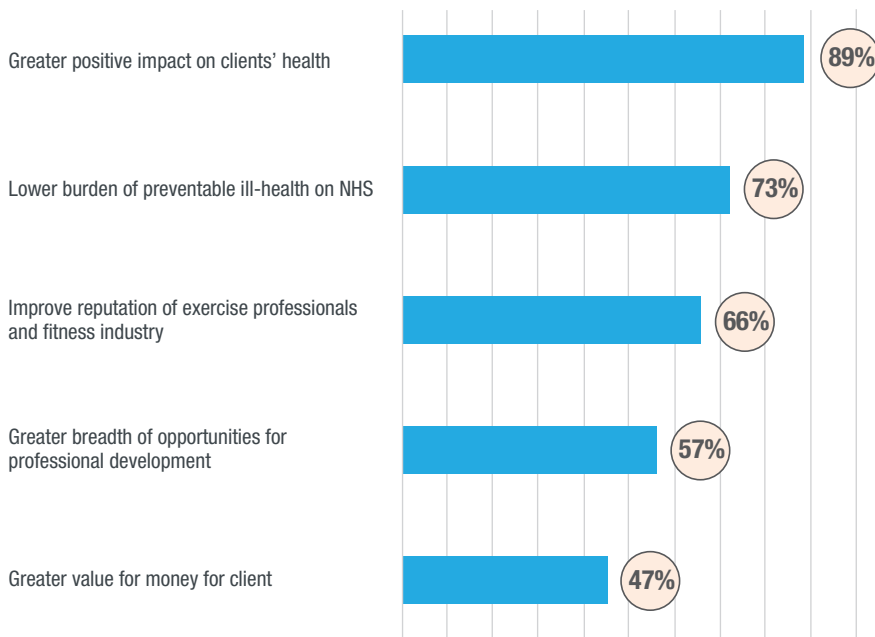



Fig. 1: reasons prioritised by exercise professionals for broadening their health knowledge.

CASE STUDY



Part of Places for People

Places Leisure aim to create active places and healthy people. This is achieved in collaboration with Local Authority clients by developing a broad range of services that allow centres to become hubs of their communities. Their Healthy Communities strategy focuses on more than just using exercise to improve health outcomes, with broader societal ambitions that include improvements in wellbeing and social trust.

Central to this strategy is a recognition that encouraging people to be active is about more than just 'getting fit'. Focusing on clients' broader health outcomes, Places Leisure implement a core group of services including exercise on referral, rehabilitation and weight loss programming, supplemented by a wide range of

options to meet specific population requirements including smoking cessation, sexual health and flu clinics. All Healthy Community programming includes time with trained exercise professionals focused on self-efficacy, increasing social trust, improving mental wellbeing and promoting long-term active lifestyles.

As part of a rolling programme of health coaching skills training for their teams, Places Leisure also train staff as 'Placemakers', equipped with knowledge of how and when to signpost customers to appropriate services (whether within their centre or in the community), and with the necessary soft skills to facilitate an effective transition between services. Motivational interviewing training enables these Placemakers to communicate effectively with people who may be new to activity, looking to make a change in their health or manage a chronic condition.

Which health issues are feasible?

In regards to specific health issues, exercise professionals were asked both (a) how confident they are dealing with these directly, and (b) how confident they are signposting to appropriate interventions. Responses were scored on a scale from one to five, where one is not confident at all and five is completely confident. An average score of four or more can be taken to indicate strong existing confidence, three or more suggests the potential for confidence given sufficient additional support, and less than three indicates an overall lack of confidence in this area. The results are set out in fig. 2 below.

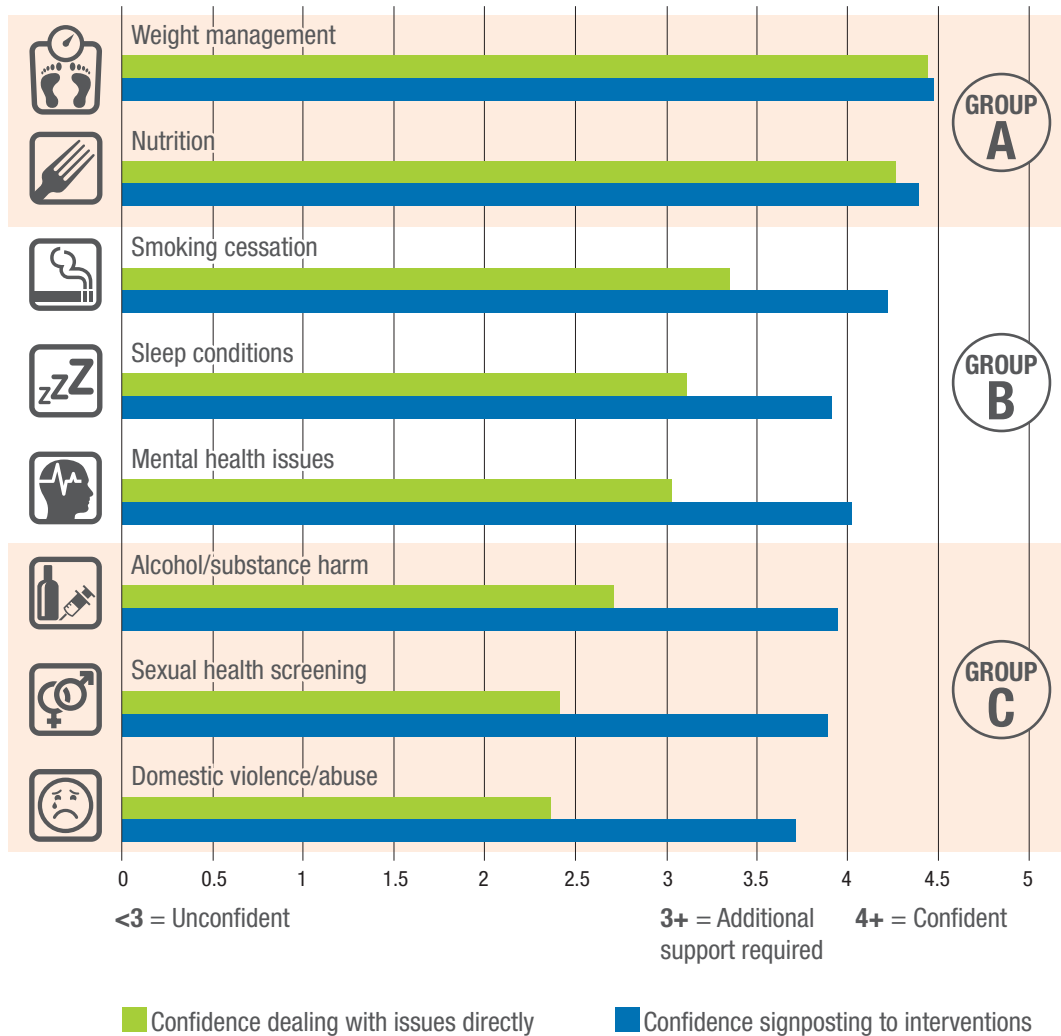


Fig. 2: exercise professionals' confidence dealing with and signposting in relation to specific health issues (by weighted average).

These results correlate well with how comfortable the public is engaging with exercise professionals on these issues (see RSPH survey in section 5 below), with more confidence evident the more directly related the issue is to physical fitness. They can be split into three distinct groups:

Group A: physical activity/direct remit (most confident)

- Weight management (confidence 4.44, 4.47 signposting)
- Nutrition (confidence 4.26, 4.39 signposting)

Group B: indirectly related to physical activity (medium confidence)

- Smoking cessation (3.35 confidence, 4.22 signposting)
- Sleep conditions (3.11 confidence, 3.91 signposting)
- Mental health issues (3.03 confidence, 4.02 signposting)

Group C: not consciously related to physical activity, but may sometimes be appropriate (least confident)

- Alcohol or substance harm (2.71 confidence, 3.94 signposting)
- Sexual health screening (2.41 confidence, 3.89 signposting)
- Domestic violence or abuse (2.36 confidence, 3.71 signposting)

It is also clear from the above that exercise professionals are significantly more comfortable signposting in relation to most issues rather than dealing with them directly, with the exception of the Group A issues directly related to exercise.

The learning and development managers sampled provided almost the same order of confidence when asked how well their exercise professionals could deal with these health issues, although their levels of confidence were generally slightly lower than were the exercise professionals themselves. This was especially the case as regards handling issues directly – they were generally more positive in terms of signposting.

Right place, right time

When asked about where they could most effectively deliver broader health and wellbeing advice, by far the most popular choice was in a ‘private area’ within a fitness facility, selected by more than four in five exercise professionals (81%) and reaffirmed by the learning and development managers.

Roughly half of exercise professionals think they could do so in a gym (50%) or leisure centre (44%), in the client’s home (50%) or in a GP surgery (55%). Only around a third think they could do so remotely (e.g. via Skype) (36%) or in an office or other workplace (28%).



Barriers

Despite the obvious enthusiasm of the majority of the EPW to take up a broader public health role, there are barriers to enabling this. The biggest barrier identified in the survey is lack of awareness, engagement and clear links with medical professionals, selected by two thirds (66%) of exercise professionals and raised by almost all the participating learning and development managers. Other factors identified by more than half of exercise professionals include limited financial support for training (59%), communication skills (56%) and unsuitable environments in which to deliver advice (50%). These factors are set out in fig. 3 below.

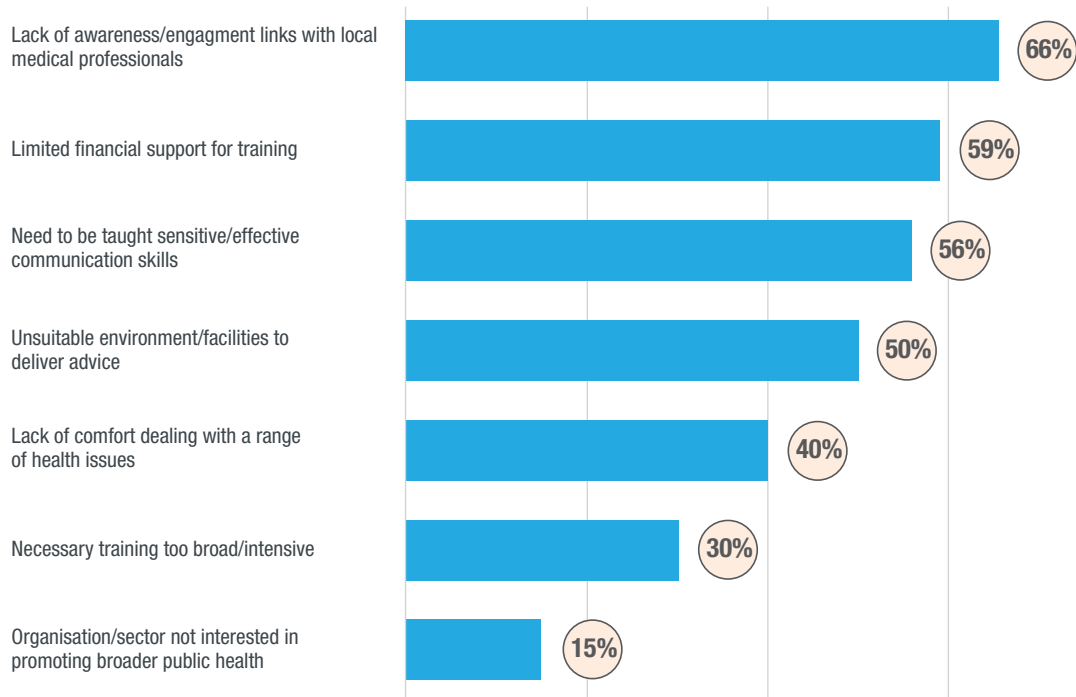


Fig 3: barriers to exercise professionals fulfilling wider public health role.

In addition to the above, a number of qualitative responses flagged poor salaries and poor career progression prospects as a disincentive to professional development and a broadened public role, a point which is consistent with existing research in this area.³⁴

“ It is great that we are thinking about utilising exercise professionals for public health. Exercise professionals are poorly paid so as well as being provided with the relevant training, it would be important that trainers are financially recognised for this additional work. The biggest area for improvement would be to have a bank of reliable places/professionals to refer our clients to, rather than provide them with the relevant medical advice ourselves. ”

“ I think that for personal trainers to feel more confident in being part of these broader public health issues they need to be made aware of these conditions, and how to deal with them, as part of their ‘personal trainer’ training. The selection process for being a personal trainer needs to be higher, or the training needs to be more extensive. ”

“ Exercise professionals are expected to know a lot but lack the recognition in their salary, if this is going to change I would like to see a reward in pay packets! ”

4.3 Key insights

The key insights from ukactive’s research with the EPW can be summarised as follows:

- The overwhelming majority of exercise professionals already talk to their clients about broader health and wellbeing issues, so they are already, to some extent, fulfilling a wider public health role. The challenge is to formalise this relationship, and to ensure that the advice being delivered is evidence-based.
- There is a strong appetite among both exercise professionals and their learning and development managers to fulfil a greater public health role. They agree both that this would be beneficial, and that it is part of their responsibility.
- Exercise professionals provide a similar assessment to the public (see section 5 below) of which health issues they can comfortably and confidently engage on, correlated with how directly they are seen to be related to physical fitness. Based on their own rankings and those of their learning and development managers, exercise professionals can be expected to confidently deal directly with Group A issues such as nutrition and weight management, and potentially some Group B issues, especially smoking cessation. However, engagement on any further issues should be limited to signposting, and only then with adequate training, support and sensitivity.
- While many exercise professionals are open to fulfilling this broader role in the general gym/leisure centre environment, the majority would be more comfortable delivering advice and/or interventions in a more private area within the fitness facility.
- The biggest challenges that need to be overcome to enable this enhanced role, as highlighted by exercise professionals themselves, are:
 - Establishing stronger links with local health professionals.
 - Providing more support (including financial) for training and professional development.
 - Improving interpersonal and communication skills for behaviour change.
 - Providing sufficient suitable (private) environments within fitness facilities to deliver advice and interventions



5. Opportunities and barriers, part 2: public demand

5.1 Methodology

Mirroring ukactive's research with the EPW, RSPH conducted a parallel stream of research with the public. The purpose of this research was to better understand public appetite for an enhanced role for exercise professionals as part of the wider public health workforce, as well as their perceptions of the potential opportunities and barriers in this regard.

This research took place in two stages. The first, qualitative stage, consisted of a small focus group with approximately 10 members of the public, from a diverse range of backgrounds, carried out in October 2017. The insights taken from this focus group were used to inform the second, quantitative research stage – an online survey constructed in SurveyMonkey and disseminated via social media promotion targeted at gym and leisure centre users. Responses were collected between December 2017 and February 2018. In total, 858 fully completed responses were received, spread representatively across the nations and regions of the UK, and across six age bands (from 18-24 to 65+). An acknowledged weakness of the survey data is a gender response ratio of approximately 2:1 in favour of female respondents.

5.2. Results

Who has contact?

The first function of the survey was to establish, in the context of a gym or leisure centre setting, which members of staff had the most direct contact with members of the public – and therefore most opportunity to initiate healthy conversations and 'make every contact count'.

More than two in five respondents (41%) said they have direct interaction with a receptionist every time they visit the gym. Conversely, more than two thirds (67%) said they interact with a personal trainer less than half the time, including two in five (40%) who said they never do. Group exercise leaders produced an even spread of responses, with almost half of respondents (43%) saying they have direct contact more than half or every time, and half (50%) saying they have contact never or less than half the time.

Who is trusted?

Of course, a member of staff having contact with the public does not necessarily mean that 'healthy conversations' from that person will be welcome or heeded. The second function of the survey was therefore to establish which staff the public would feel comfortable receiving health advice and signposting from.

More than four in five respondents (83%) said they would be comfortable to some extent receiving such advice from a personal trainer, with more than half (51%) saying they would be 'very comfortable'. Group exercise leaders also came out positively, with three quarters of respondents (74%) saying they would be comfortable to some extent, and almost two in five (39%) saying they would be 'very comfortable'. Conversely, less than three in 10 respondents (28%) would be comfortable receiving advice from a receptionist.

In fig. 4 below, the weighted averages for comfort receiving health advice from various different staff is plotted against the weighted averages for frequency of interaction with those staff. This suggests that the greatest opportunities to influence health may accrue to group exercise instructors, given their strong balance between contact frequency and trust.

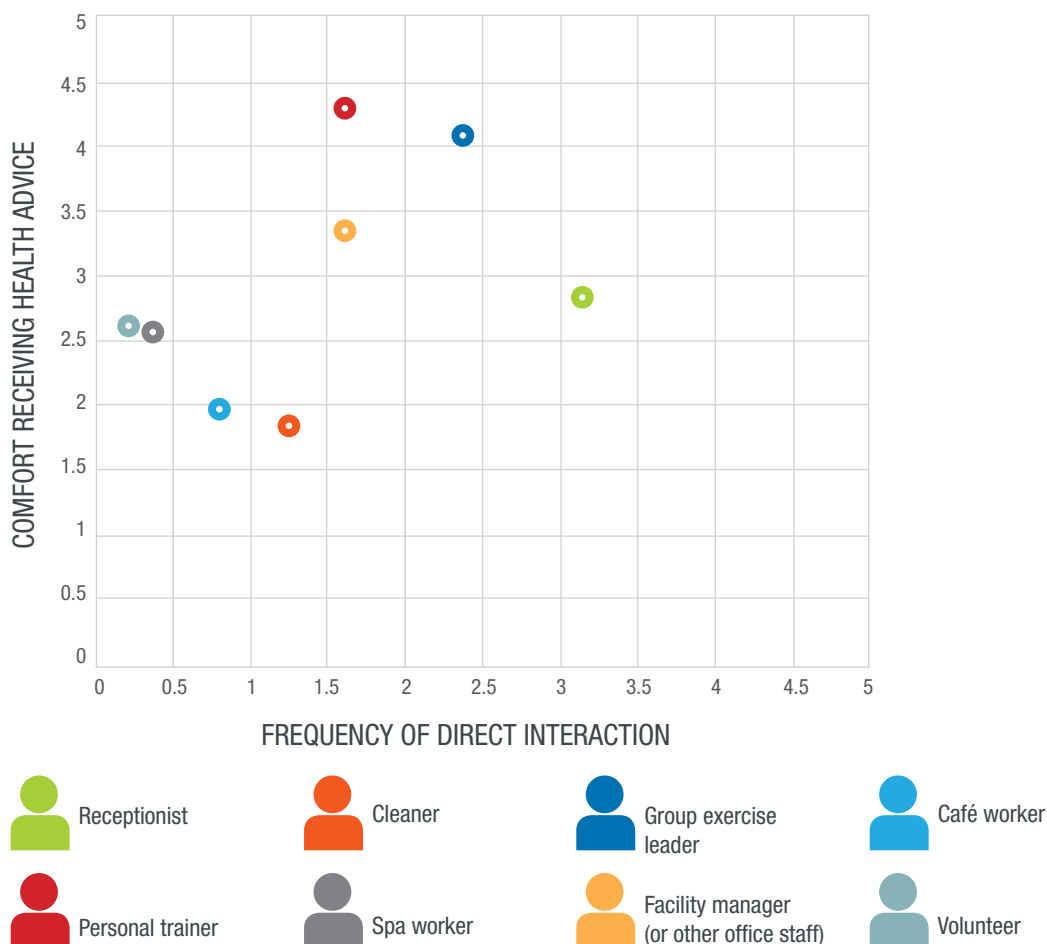


Fig 4: levels of public comfort receiving health advice from different staff vs. frequency of direct interaction (by weighted average).

Which health topics are acceptable?

Next, we sought to establish which particular health topics are and aren't perceived as acceptable by the public for exercise professionals to advise on. The survey results place these topics into four distinct brackets of acceptability:

Group A: physical activity/direct remit (most acceptable)

- Physical activity (95% comfortable)
- Healthy eating (91% comfortable)
- Weight management (88% comfortable)

Group B: indirectly related to physical activity

- Sleep (74% comfortable)
- Smoking cessation (68% of applicable respondents)
- Stress (69% comfortable)

Group C: not consciously related to physical activity, but may sometimes be appropriate

- Mental health (55% comfortable)
- Alcohol harm (43% comfortable)
- Substance misuse (other) (34% comfortable)
- Vaccinations (25% comfortable)

Group D: not related to physical activity and not appropriate (least acceptable)

- Sexual health (17% comfortable)
- Gambling (11% comfortable)
- Debt (8% comfortable)

These groupings are based on and ordered by weighted average responses, as fully illustrated in fig. 5 below:

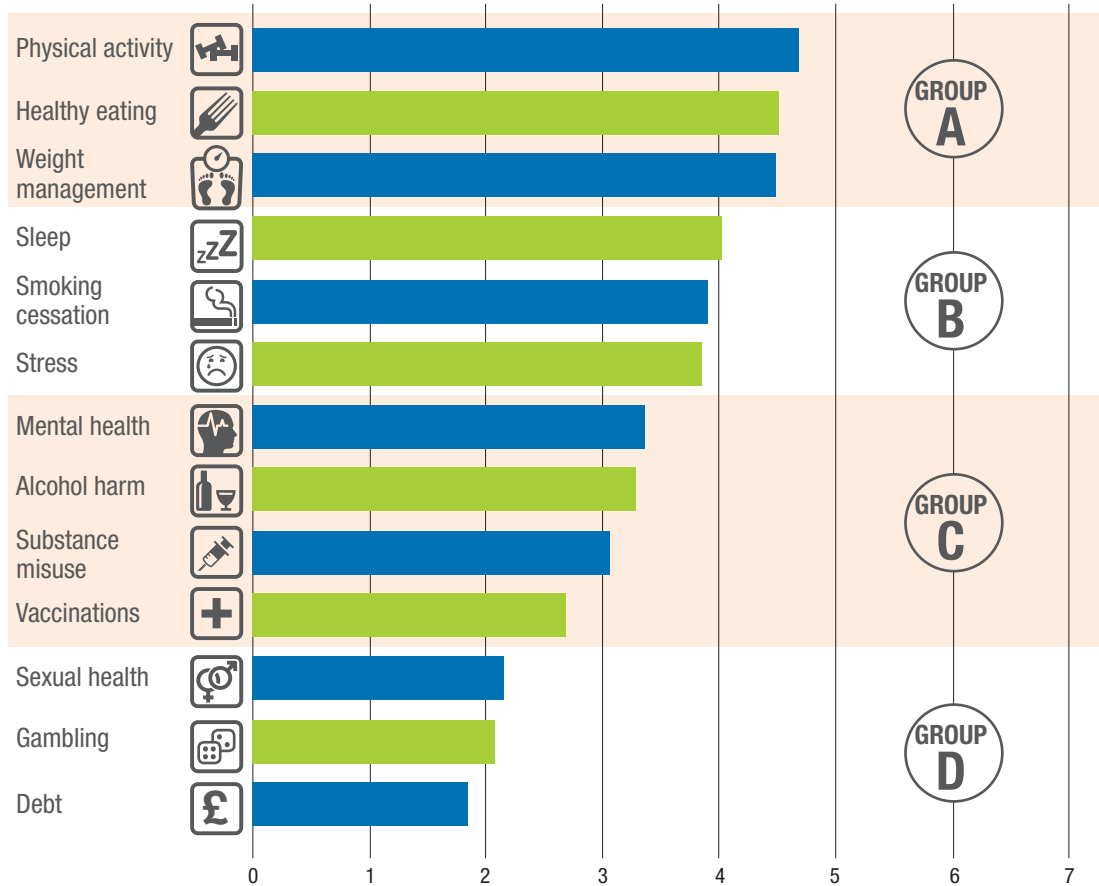


Fig. 5: levels of public comfort receiving advice on different health issues (by weighted average).

Reasons for discomfort

To gain some insight into why some health topics were deemed less acceptable than others for exercise professionals to advise on, survey respondents were asked to submit free text responses as to why they had stated that they would be uncomfortable with discussing certain issues. These responses were subsequently coded, and fit into eight broad categories (these are fully illustrated in fig. 6 below):

1. Outside exercise professionals remit/expertise (226 mentions)
2. Considered inappropriate/too personal (138 mentions)
3. Exercise professionals have inadequate training/are unqualified (120 mentions)
4. Respondent would rather see health professional/specialist (66 mentions)
5. Setting considered inappropriate (47 mentions)
6. Concerns over lack of privacy/confidentiality (23 mentions)
7. Advice not considered evidence-based (14 mentions)
8. Motives considered to be wrong (e.g. commercial) (5 mentions)

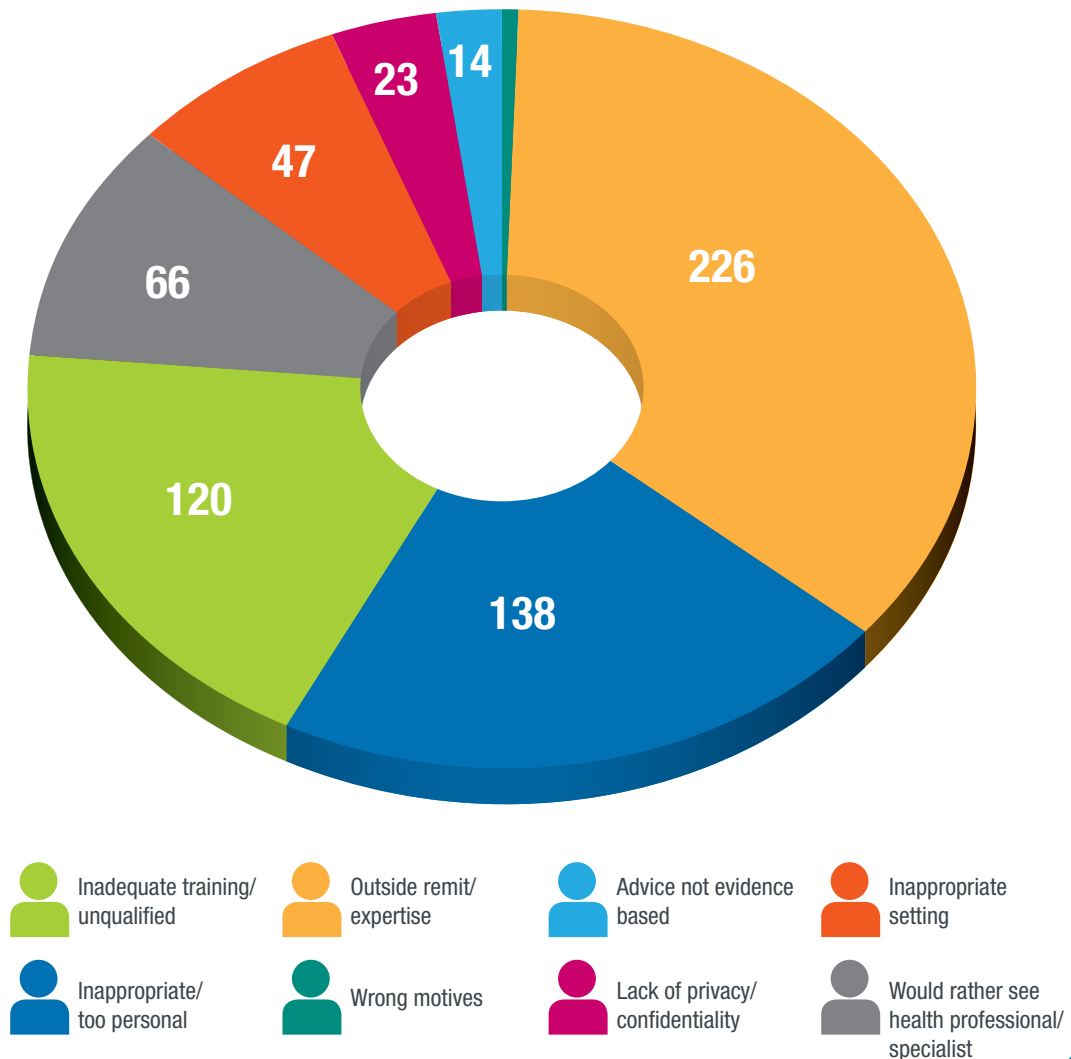


Fig. 6: reasons for feeling uncomfortable discussing certain health issues with exercise professionals. Note, these figures are not presented as percentages since many respondents cited more than one factor. 508 respondents submitted a total of 639 responses.

In terms of assessing whether a particular issue is appropriate or within the exercise professional's remit, many of the comments articulate that the issue needs to be perceived as being connectable to physical fitness and performance for the client to be comfortable with it being raised.

Many respondents also alluded to a sense that, where an issue is regarded as inappropriate, it is because it is deemed to violate an unspoken contract in terms of why they are in the gym or leisure centre, and what that setting means to them. For many, it is referred to as a 'safe space' where they can escape from the other troubles and stresses of their lives. There may be a risk, therefore, that raising any issues much beyond fitness and diet will violate the boundaries of that safe space, and reintroduce those outside stresses.

However, the 'safe space' conception does present an interesting dichotomy, in that, for those who expressed concerns over privacy and confidentiality, it was also seen as an 'unsafe space' in terms of gossip and protection of their personal data – something which exercise professionals were not perceived as having adequate procedures in place to handle.

More broadly, there were frequent expressions that some issues are simply "none of their business"; doubts and concerns over training, qualifications, and the evidence-base of advice (sometimes referred to as "pseudoscientific" or "populist"); and a clearly expressed preference on the part of some respondents to see a recognised health professional or other relevant specialist.

In terms of overcoming some of these barriers, it was often suggested that speaking to exercise professionals of the same gender and a similar age was key, as was making advice solution-focused, and only providing it if it was solicited by the client.

Illustrative examples of comments submitted are provided in the box out opposite.

CASE STUDY



Nuffield Health is working to meet a growing public expectation of an active role in managing health and wellbeing through the implementation of the One Nuffield Health strategy. This strategy brings together products and services more effectively to support across physical, emotional and nutritional aspects of wellbeing. It includes an aspiration to offer a joined-up healthcare service across the UK – for people to access expertise in their local area through a tightly connected network of hospitals, fitness and wellbeing clubs and integrated online care.

The Nuffield Health Academy, a CIMSPA Skills Development Partner, delivers a range of training courses and workshops to develop employees' knowledge and understanding of a broader range of lifestyle and health issues, such as cardiovascular disease, diabetes risk, sleep, stress and nutrition. They also educate on more advanced topics such as post-surgical exercise recovery and cystic fibrosis.

As well as enhanced health knowledge, communication skills are crucial when working with clients and patients, and as such Nuffield Health learning and development programmes focus on a number of coaching and behaviour change models to help employees get their messages across in the most appropriate and effective ways possible.

Gym users' reasons for discomfort

“...it appears to be outside what I go to a gym for, I go to exercise and **feel better about myself** and to an extent **get away from the day** and problems. ”

“Some of the personal trainers I have met have made recommendations based on **pseudoscience** or in a way that **sells their services**. ”

“If a **solution** was suggested and a **plan put it place** with support it may make the situation less uncomfortable. ”

“The context needs to be **appropriate**. Gambling or sexual health or vaccination doesn't generally come into a fitness screening, all others can do to some extent. With **training** and the **right kind of setting**, so **health screening** rather than fitness assessments, possibly more likely. ”

“I feel mental health issues can be quite **personal** and it is not an issue to be discussed so readily in a place which may be used as an **escape from stress and depression**. ”

“I would feel quite **offended** if I was given information about substance misuse/gambling/mental health by an exercise professional **if it was unsolicited**. For example, if I was given unsolicited advice on weight management whilst at the gym I wouldn't be offended as this is the reason I am at the gym and **within the 'boundaries' of the gym**. ”

“I am **female** and my personal trainer is **male** and I believe discussing sexual health issues with them would be **inappropriate** but **I already discuss diet, sleep, stress, weight and smoking cessation** with him. ”

“I am a very private person, and **use the gym to beat stress**. Having such personal issues possible to come up at **my 'safe haven'** would really put me on edge. ”

“...don't feel it's appropriate without specific **data privacy guarantees** and I find gyms are hotbeds of **gossip**. ”

“I'd want to know they had **further training and qualifications to** advise on issues such as mental health and sexual health. They would need to **demonstrate they cared** and that it doesn't affect the exercise training relationship. I absolutely think exercise professionals have a **really great opportunity** to get involved in helping **point to health services** or offering a **greater range of health services**. ”

“Sexual health is such a **delicate topic in the gym**; and very personal. Trainers shouldn't be privy to such details. They **aren't regulated** in the way health professionals are. ”

“They are **not trained** in these fields. They may have **good intentions** but the knowledge of the **support available may be lacking**. ”

Right place, right time

The next step was to assess where and when, if interventions were to be delivered, would be the most appropriate time to do so. Respondents were asked how comfortable they would feel receiving health advice or signposting at a selection of specific times and locations.

Perhaps unsurprisingly, a general preference was expressed for times and locations that are more private and focused. Almost nine in 10 respondents (87%) said they would be comfortable to some extent receiving health advice in a private consultation room, with more than half (57%) saying they would be 'very comfortable'. Seven in 10 (70%) would be comfortable to some extent during an induction, and a third (34%) 'very comfortable'.

There was little appetite for health advice in more public locations like cafés and receptions, with more than half saying they would be uncomfortable (51% in both cases).

Respondents were slightly more open to advice after a workout (68%) than before (55%).

Expectations for exercise professionals

There is a certain amount of public expectation that exercise professionals should lead by example in terms of health and fitness, and this can be expected to have a knock-on effect on how readily clients are likely to accept their advice. Based on the survey responses, the public believe exercise professionals should (ordered by weighted average):

- Not abuse substances (including steroids) (88% agree, 72% strongly)
- Practice what they preach about health (92% agree, 60% strongly)
- Be a healthy weight (85% agree, 53% strongly)
- Not smoke (81% agree, 57% strongly)
- Have a good all-round understanding of a broad range of health issues (88% agree, 46% strongly)
- Eat a healthy diet (85% agree, 46% strongly)
- Give health advice based on official guidelines (85% agree, 51% strongly)
- Not drink over the recommended alcohol guidelines (63% agree, 29% strongly)

CASE STUDY



Everyone Health delivers a broad range of health and wellbeing services for adults and children, including exercise on referral, falls prevention, physical activity for weight loss, nutrition and dietetics, mental health services, smoking cessation, social isolation and NHS Health Checks. Where possible, commissioned services are integrated with lifestyle services – for example, an NHS Health Check may signpost the user to a stop smoking service, or an adult weight management service.

Clinical professional leads are embedded throughout to make sure all staff have 'Making

Every Contact Count' (MECC) training, so that all staff are able to Ask service users about their health and lifestyle behaviours, Advise what they can do, and Act to support health improvement.

Staff are also undertaking behaviour change training to support discussions with service users about their health and help them make lifestyle changes, and this training is also available online. Using behaviour change techniques, staff send messages via text and email to motivate service users to attend sessions and maintain the habits they need to keep to see results.

All staff at Everyone Health – no matter their specialist area – are booked on to the RSPH Level 2 Understanding Health Improvement course. This gives staff a broader understanding of health and wellbeing, and their role in supporting improvements for service users.

Co-locating services: gyms as wellness hubs

Finally, the survey floated the idea of providing various specific health services, co-located within exercise facilities. Two of these suggestions received a net positive reception, with more respondents saying they would be comfortable using the facility than saying they would be uncomfortable. These were stop smoking services (51% comfortable) and GP drop-in services (53% comfortable).

5.3 Key insights

The key insights from RSPH's research with the public can be summarised as follows:

- While the public is comfortable in general with exercise professionals working as personal trainers and as group exercise leaders delivering health advice and signposting, it is the group exercise leaders who have the greatest opportunity to take advantage of this at scale due to their greater frequency of contact with the public – personal trainers can only impact a smaller self-selecting sub-group, albeit in a more in-depth and personalised fashion.
- The acceptability of health topics for intervention by exercise professionals is clearly stratified into four groups, dependent on how directly the public perceives that issue to be connected with physical fitness. Even issues such as alcohol and other substance harm (Group C) may be acceptable if handled appropriately at the right time and place, but gambling, debt and sexual health (Group D) are considered off limits by the overwhelming majority. This is partly because to raise such issues would be perceived to violate the unspoken contract that delineates the stress-free 'safe space' gyms and leisure centres provide for many people.
- Group C topics, and to a lesser extent Group B topics, can only be made the subject of a successful intervention if a number of public concerns about exercise professionals and facilities are addressed:
 - Exercise professionals must have, and be seen to have, much more rigorous training in those areas.
 - Exercise facilities must put in place and enforce rigorous data protection and confidentiality policies, and train their staff in these.
 - Health advice given by exercise professionals must be consistent and seen to be in line with official, evidence-based guidelines.
- The public is much more open to interventions delivered in more private and focused settings, such as consultation rooms and inductions. People are also slightly more open to advice delivered after, rather than before, a work out.
- Health advice from exercise professionals is much more likely to be heeded if those professionals are seen to 'practice what they preach'.
- The strongest support in terms of co-location is for smoking cessation and GP drop-in services.



6. Conclusion and recommendations

Our research has demonstrated significant synergy between the aspirations, expectations and concerns of public and practitioners alike as regards to an enhanced role for the EPW as part of the wider public health workforce.

There is a strong appetite among the public and exercise professionals for a broader public health role, and to an extent this is already taking place. Ensuring this is complemented by adequate training, and the dissemination of robust, evidence-based advice is the next step – and this all must be underpinned by a high standard of privacy and confidentiality.

Furthermore, there is a clear consensus between the public and practitioners on the acceptable and feasible limits of this enhanced role, correlated with how directly health issues are perceived as being related to physical activity. It is therefore recommended that the fitness industry's public health strategy is guided by the below classification:

Group	Health issues	Engagement strategy
A	Physical activity, nutrition, weight management	Direct advice
B	Sleep, smoking, stress/mental health	Mixed direct advice signposting
C	Alcohol/substance harm, vaccinations, sexual health	Signposting only (and only if solicited)

Engagement on issues beyond those listed above, such as gambling or debt, or even insensitive handling of Group B or C issues, could constitute a breach of the mutually-understood, unspoken contract that delineates fitness facilities as a safe space for many.

CASE STUDY



Active Tameside recognises the impact it can have on the wider health and wellbeing of the community. It is situated in an area where residents face many different health challenges that reduce healthy life expectancy, and as a local organisation recognises the part it can play in helping to tackle these.

A holistic approach to wellbeing is embedded both in Active Tameside's recruitment and ongoing training of its gym floor and specialist health team, through assessing and constantly enhancing knowledge of the wider determinants of health, and ensuring they understand how within their role they can assist people to achieve their health related goals.

Training for staff has included a range of general qualifications, including GP referral, and pre- and post-natal. Clinical qualifications such as APPI clinical Pilates and BACPR cardiac rehab also include more lifestyle training, such as 'Making Every Contact Count' (MECC), behaviour change, and motivational goal setting. Ongoing CPD is written into all contracts for staff.

Active Tameside works in close partnership with health professionals and is embedded locally within multidisciplinary approaches to increase social prescribing within the community. Local residents access facilities through a number of routes, from signposting via a community team and referrals from health professionals, to larger local campaigns such as 'Love Your Lungs' (which focusses on the detection of undiagnosed COPD) and the 'Check It' hypertension awareness campaign.

Recommendations

For the fitness industry:

1. **The Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) to finalise the development of and continually review a suite of robust professional standards, aligned against the skills required for job roles in the physical activity sector.** Over time these standards should evolve to include a broader public health focus, reflecting the 'A, B, C' classification of health issues set out above and providing clear barriers on when to advise and when to signpost to an expert. The standards should provide a holistic understanding of health and wellbeing as well as communication and behaviour change skills. All training for all exercise professionals employed in the UK should be aligned to these standards.
2. **Establishment and promotion of a public health information and resource hub for exercise professionals, signposting to established sources of best-practice, evidence-based guidelines and interventions, as well as to opportunities for additional training.** This hub should also focus on countering and myth-busting populist and inaccurate understandings prevalent within the fitness sector – especially for Group A issues about which some exercise professionals may be over-confident in their own perceived knowledge.
3. **Rigorous data protection and confidentiality procedures to be implemented in all fitness facilities and all other settings where physical activity takes place.** Facility users and activity participants must be made aware that these procedures are in place, as a fundamental facilitator of public trust in health interventions and signposting delivered by exercise professionals.
4. **Development and deployment of broadly standardised health screening tools as part of the induction process, across the fitness industry.** While use of these tools should be non-invasive and optional on the part of the client, they could provide a natural and person-centred prompt for conversations about broader health and wellbeing issues, especially when linked back to physical fitness. Establishments without a face-to-face induction process could explore the use of digital tools for this purpose.
5. **Gyms and leisure centres to pilot exercise classes aimed at improving mental wellbeing, utilising current best practice.** These classes should be marketed in a non-stigmatising way (e.g. 'stress-busting') as a way of non-threateningly opening up conversations about mental health and wellbeing, and provide non-intrusive signposting to mental health support. In the RSPH survey, almost four in five gym users (77%) said they would support such classes.
6. **The fitness industry to strengthen and continue efforts to diversify the EPW, especially in terms of its age profile.** This should both encourage participation from under-represented demographics within the client base, and make it easier and more appropriate to engage with such clients on a broader range of health and wellbeing issues. 'Making every contact count' is easier when that contact is with 'someone like me'.

For the health and care sector:

7. **Local authority public health teams, GP surgeries and clinical commissioning groups (CCGs) to establish and maintain stronger links with local fitness facilities.** These facilities should be explicitly factored into local health and wellbeing plans, and exercise professionals should be made aware of all relevant local services for signposting purposes.
8. **Health practitioners (including GPs, AHPs and community health) to increase the use of exercise referral schemes to improve the breadth and depth of access to leisure and fitness facilities and exercise professionals.** In the ukactive survey, exercise professionals expressed a strong confidence (4.14 out of 5) in their ability to support clients referred via this route. However, a closer working relationship is required between medical professionals and the fitness industry to ensure interventions deliver on expectations, and that the lack of awareness, engagement and clear links with medical professionals perceived by exercise professionals is mitigated.

For commissioners:

9. **Extension of the 'Healthy Living' concept, as established within community pharmacies and AHPs, to fitness facilities.** The Healthy Living concept provides a tiered framework (Levels 1 to 3) for the consistent delivery of a broad range of health improvement interventions. Healthy Living establishments are defined by a number of criteria including a trained Health Champion (holding an RSPH Level 2 Understanding Health Improvement qualification), suitable facilities including a private consultation room (for the discussion of sensitive e.g. Group C issues), and the running of a number of public facing campaigns on health issues several times each year. The Healthy Living concept provides a tried and tested framework for the ambition to establish fitness facilities as holistic wellbeing hubs, and would potentially enable them to be commissioned for broader public health services such as smoking cessation and weight management.
10. **Embed the co-location of smoking cessation and GP drop-in services in fitness facilities,** as part of a broader roll-out of Sport England's community wellness hub programme. The link between smoking and physical fitness is clearly established in the minds of the public and exercise professionals, providing a clear opportunity for intervention. More than half of gym goers say they would be comfortable using the service in this setting.



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**Royal Society for Public Health,
John Snow House,
59 Mansell Street, London, E1 8AN
www.rsph.org.uk**

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For more information, please email
Ed Morrow - EMorrow@rsph.org.uk

**ukactive,
26 – 28 Bedford Row,
London, WC1R 4HE**

For more information please email
Jon Hulks - JonHulks@ukactive.org.uk

**Technogym U.K. LTD,
Two The Boulevard, Cain Road,
Bracknell RG12 1WP**

For more information please email
Craig Swyer - cswyer@technogym.com

 Twitter: [@R_S_P_H](https://twitter.com/R_S_P_H)  Facebook: [Royal Society for Public Health](https://www.facebook.com/RoyalSocietyforPublicHealth)  LinkedIn: [Royal Society for Public Health](https://www.linkedin.com/company/RoyalSocietyforPublicHealth)

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