

Mandatory Continuing Professional Competencies:
Amending Ontario Regulation 566

Canadian Institute of Public Health Inspectors
Ontario Branch
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This position paper was developed by the CIPHI ON Regulated Profession Working Group:

Beth Driscoll, M.A., CPHI(C), CHA, PMP

Klaus Seeger, B.A.Sc., CPHI(C)

Patrick Doyle, B.Tech., CPHI(C)

Ken Gorman, B.Sc., CPHI(C), COHS, CIPC, MCMM

Christina Milani, B.Sc., CPHI(C), CIC

Abbreviations

BOC	Board of Certification
BOH	Boards of Health
CIPHI	Canadian Institute of Public Health Inspectors
CIPHI ON	Canadian Institute of Public Health Inspectors, Ontario Branch
CoPE	Council of Professional Experience
CPC	Continuing Professional Competencies
CPHI(C)	Certificate in Public Health Inspection (Canada)
EHO	Environmental Health Officer
L&R	Licensing and Registration
OBE	Ontario Branch Executive
OPHA	Ontario Public Health Association
OPHS	Ontario Public Health Standards
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
RHPA	Regulated Health Professions Act

Executive Summary

The Canadian Institute of Public Health Inspectors (CIPHI) has acknowledged the importance of having a competent membership. As a result, it developed the Continuing Professional Competencies Program in 2010 to assist its members in maintaining their skills, knowledge, and expertise, and to formally recognize these activities. Participation in this program is mandatory for CIPHI members; however, membership is not compulsory in order to practice as a Public Health Inspector (PHI). As a result, PHIs in Ontario do not have to participate in an organized system to maintain and document their continuing professional competency.

The Canadian Institute of Public Health Inspectors, Ontario Branch (CIPHI ON) has investigated methods by which to formalize the requirement for ongoing professional development. To this end, the Ontario Branch is seeking to have Ontario Regulation 566 Qualifications of the Board of Health Staff, under the Health Protection and Promotion Act R.R.O. 1990, revised to include the requirement for continuing professional development for PHIs.

This position paper outlines the importance of and the rationale for this action. It begins with a historical overview of CIPHI ON's efforts to achieve this licensing and registration of the profession. It defines Public Health Inspection as a profession, summarizes the expectation that professions have a mandatory continuing professional competency requirement, and provides examples of comparable professions which have this requirement. It also reviews the Ontario Public Health Standards 2008's expectation that public health professionals be competent and that they maintain this competency. Finally, it briefly outlines the next steps for this process and offers opportunities for feedback.

The cornerstone of public health is the quality of its workforce.

-Ontario Public Health Standards 2008

Introduction

Governments are institutions to which the population, through democratic election, has entrusted its well-being (Jarvis 2013, 61). One of the functions of government is public health, “the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians” (Public Health Agency of Canada 2011).

The Canadian Institute of Public Health Inspectors (CIPHI) was established in 1913 as the Sanitary Inspectors Association of Western Canada and became the Canadian Institute of Sanitary Inspectors in 1934. In 1963, in response to the growing scope of the profession and the need for standardized education and training, it evolved into the Canadian Institute of Public Health Inspectors (Cross 1961). Throughout its 100-year history both the institute and its board-certified professional, the Public Health Inspector (PHI), have been cornerstones of public health in Canada, protecting and promoting the health of Canadians through a unique combination of education, practical knowledge, skills, and expertise.

In Ontario, PHIs are required to have the Certificate in Public Health Inspection (Canada) (CPHI(C)) as defined by Ontario Regulation 566 Qualifications of Boards of Health Staff. This Certificate is granted by the Board of Certification (BOC) when a candidate has successfully completed the prescribed education and internship, and passed the board examination (CIPHI n.d.). While this regulation includes the requirement for PHIs to be certified (section 5a), it does

not require that they maintain their level of knowledge, skill, and competencies through a continuing professional competency program.

The Continuing Professional Competencies (CPC) Program was developed by CIPHI to provide a process for its certified members to maintain their competencies and receive recognition for continuing professional development. However, PHIs practicing in Ontario are not required to be members of CIPHI and have no formal requirement to participate in either the CIPHI CPC Program or any other professional development activities.

Goal

The goal of this position paper is to outline the importance of amending Ontario Regulation 566 Qualifications of Boards of Health Staff to include the requirement that PHIs maintain professional competency:

- 1) Public Health Inspection is a profession.
- 2) The PHI is a health professional as defined by Ontario legislation.
- 3) Professions have the right of self-regulation.
- 4) A component of self-regulation is the requirement that members formally maintain their competencies.
- 5) The Ontario Public Health Standards (OPHS) requires boards of health (BOH) to ensure a competent and diverse public health workforce by providing ongoing staff development and skill building related to public health competencies.

Background

CIPHI's quest to become a regulated profession began soon after the institute was formed. CIPHI was created as a "national body for the advancement of sanitary science, to raise the status of the inspector, provide training and qualification, and permit representation by inspectors in the major health associations. A body which could speak with authority in representing the profession" (Elliott 1975).

Development of the CPHI(C)

CIPHI's first achievement was the creation of a certificate that was accepted nationally as a basic qualification for an inspector. Initially, the Canadian Public Health Association issued the certificate, the minimum requirement for a professional entering the field, through a BOC.

In 1981, the BOC was transferred to CIPHI and the CPHI(C) designation was then issued by the Institute. While the basic function of the various executives of the national organization and provincial branches was to provide training and education opportunities for its members, there was nothing to ensure that a PHI would maintain his or her competency through the available educational opportunities. This concern was recognized by CIPHI's original charter members; however, focus was placed on firmly establishing the organization.

Attempts to Achieve Licensing and Registration

Even though PHIs are vital public health professionals, four unsuccessful attempts have been made, through a variety of health professional legislations, to achieve licensing and registration (L&R) of this profession.

Unsuccessful attempts were not limited to Ontario: through the 1970s and 1980s L&R was a focal point in all provinces. It was hoped that if L&R was achieved in one province, the other provincial branches could use that successful model to achieve the same in their own jurisdiction. No provincial branch accomplished this goal.

1950s: Attempt Number One

In Ontario, Thomas Elliott (past National and Ontario Branch President) advocated for L&R with requirements for continuing education. A brief was prepared and presented to the Ontario Ministry of Health; however, it was not supported (Hatton et al. 1989).

1975–77: Attempt Number Two

Ontario Branch President Phillip Barton and the Executive received significant support for the L&R campaign and engaged legal counsel to begin lobbying. Barton had proposed a PHI Act, but legal counsel could not convince the Ontario Ministry of Health, the Ontario Ministry of Environment, or the Ontario government in general that this was necessary (CIPHI ON 1975).

1984: Attempt Number Three

In the early 1980s the Ontario government organized a Health Professions Review Committee to update the Ontario Health Disciplines Act. The Ontario Branch again retained the assistance of legal counsel to present the case for L&R. However, the Ontario government decided not to include PHIs as a regulated health profession (CIPHI ON 1984).

1990s: Attempt Number Four

In the early 1990s another “window of opportunity” presented itself when the province replaced the Health Disciplines Act with a new Regulated Health Professions Act (RHPA). A committee was created with PHI representatives of CIPHI ON and the Ontario Public Health Association (OPHA) to present its case directly to legislative committee hearings; however, the Ontario Branch was requested to return later once the Act had been passed and new professions were being considered. Returning at this time, the Ontario Branch presented an argument that PHIs be included in the RHPA, but, despite providing information and a rationale on how improper PHI assessment/decisions during an investigation could negatively impact a client, this application was rejected, again with the argument that PHIs do not have “hands-on” activities with clients and therefore could not be included (CIPHI ON 1991).

Although CIPHI ON had not achieved registration, in the 1990s the CIPHI British Columbia achieved a more successful registration process. Its program included:

- Standards of practice;
- Definition for the practice of a Public Health Inspector / Environmental Health Officer; and,
- Continuing education requirements.

The BC effort was the forerunner to the current CPC Programs (CIPHI BC 1991).

2004: National Continuing Professional Competencies Program Development

Although L&R has not been achieved in Ontario, the establishment of the Public Health Agency of Canada (PHAC) in 2004 provided the opportunity for the national branch of CIPHI to develop one of the core features of an L&R system: a CPC Program. One PHAC goal was to identify core public health competencies and encourage individual professions to establish discipline-specific competencies. CIPHI quickly participated and received both monetary support and encouragement for the creation of the Council of Professional Experience (CoPE) and the CPC Program. Once the national program was developed, a system was in place to ensure that CIPHI ON could assist its members with their individual professional development.

Profession

The need for mandatory continuing professional competency is based on recognition of the role of the PHI as a professional.

Defining “Profession” in the Health Literature

Exploring the role of the professional in medicine, Cruess, Johnston, and Cruess (2004, 75) provide a working definition of profession:

Profession: An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

From this definition, public health inspection is a profession, and the PHI is a professional.

Public Health Inspection as a Profession

The role of a PHI meets this definition based on

- Its mastery of a complex body of knowledge and skills; proven through a certification process.
- Its art is used in the service of others; activities directly protect the public from hazards in the environment, including food, water, infectious diseases, and health hazards such as unsafe living environments.
- It is governed by codes of ethics and professes a commitment to competence, integrity, morality, altruism, and promotion of the public good; CIPHI has a code of ethics to which all members are required to abide.
- The requirement in the HPPA Ontario Regulation 566 for the CPHI(C) designation to practice as a PHI in Ontario.
- The existence of a social contract between the public and the PHI.

Food Safety as an Example of Public Health Inspection as a Profession

PHIs in Ontario demonstrate their position as health professionals through their food safety activities, which protect public health by preventing foodborne illness and outbreaks from occurring.

First, a PHI has mastered a complex body of knowledge and skills required to prevent foodborne illnesses (e.g., microbial growth, sanitation practices, etc.). Second, PHI activities occur in the service of others, to prevent illnesses in the public. Third, through CIPHI, PHIs are governed by a code of ethics founded upon a commitment to competence, integrity, morality, altruism, and promotion of the public good. Fourth, through Ontario Regulation 566 a PHI is required to hold a CPHI(C) in order to practice in Ontario. Finally, because a social contract exists, society, understanding that these regulations are in place and enforced, can assume that their food has been handled safely. Food inspection disclosure programs, for example, provide information directly to the public regarding the results of a prior food premises inspection (Thompson, de Burger, and Kadri 2005).

Placing Public Health Inspectors as Health Professionals

Although PHIs are professionals, it is necessary to identify them as *health* professionals. Current Ontario legislation codifies their important role in maintaining public health. First, the Health Protection and Promotion Act R.S.O. 1990, CHAPTER H.7, section 93, Appointment of public health professionals, states:

93. The Minister may appoint a person to perform the duties and exercise the authority in a part of Ontario that is designated by the Minister and that is not within a health unit that may be performed and exercised in a health unit by a medical officer of health, a public health inspector, a public health nurse or any other public health professional whose services may be engaged by a board of health. R.S.O. 1990, c. H.7, s. 93.

Second, Ontario Regulation 566 Qualifications of Boards of Health Staff, section 5, states:

5. The requirements for employment as a public health inspector are that the person,
 - (a) be the holder of a certificate granted by the Board of Certification of Public Health Inspectors of The Canadian Institute of Public Health Inspectors;
 - (b) is registered as a veterinarian under the *Veterinarians Act* and is the holder of a certificate in veterinary public health or has experience that the Minister considers equivalent to such registration and certification; or
 - (c) be the holder of a certificate issued prior to the 1st day of July, 1979 by The Canadian Public Health Association or by a certifying organization that is recognized by The Canadian Public Health Association. R.R.O. 1990, Reg. 566 s. 5.

As such, the PHI in Ontario is a *public health professional* not only in the health professional literature but also in current legislation.

Self-Regulation

One of the defining features of a profession is its ability to self-regulate, that is, a regulatory body of practitioners is given the right to regulate aspects of its professional practice (Adams 2010). Self-regulated professions have been given powers that normally only governments hold and may therefore put in place restrictions that have the force of law (Competition Bureau 2007). Self-regulation is appropriate because members of a profession possess a set of comprehensive and complex competencies, and thus the profession is often perceived to be in the best position to judge the competence and performance of its members (Holmboe 2013, S63). In Canada, the privilege of self-regulation was granted to a relatively small number of groups who had distinguished themselves through their training, education, and/or examinations, as well as, generally, through their moral character (Adams 2010, 52). As such, Holmboe emphasizes that “*professional self-regulation is a privilege and not a right—the right to self-regulate has to be continuously earned*” (2013, S64, italics in the original).

One expected component of a self-regulated profession in both the health and non-health professions is mandatory maintenance of professional competencies, skills, and knowledge.

Continuing Professional Competencies

One of the hallmarks of any profession is “the mastery of a complex body of knowledge and skills” and “a commitment to competence” (Cruess, Johnston, and Cruess 2004, 75; Peck et al. 2000, 657). This commitment to competence requires not only initial competency, proven through a certification process, but also ongoing learning to maintain that competence. The purpose of this requirement is to ensure that there are mechanisms in place to measure practitioners’ ongoing professional competence and the maintenance of current standards of knowledge and skill (College of Veterinarians of Ontario 2009).

CPC is the process by which health professionals keep updated to meet the needs of the public, including the continuous acquisition of knowledge, skills, and attitudes to enable competent practice, and which occurs throughout the professional’s career (Peck et al. 2000, 432). Otherwise known as professional development, its goal is to ensure that health professionals “possess the required knowledge, skills, attitudes, and abilities to maintain and enhance competence and improve performance within their professional roles” (Campbell et al. 2010, 657). Such programs, including that developed by CIPHI, emphasize self-directed learning processes and promote the role of assessment as a professional expectation and obligation (Campbell et al. 2010, 657; CIPHI n.d.).

The importance of maintaining these competencies is apparent in the changing threats to public health. For example, in the early to mid-1900s public health was initially concerned with tuberculosis transmitted through raw milk; however, currently other pathogens, such as *E. coli* O157:H7, are the primary concern (Public Health Ontario 2013). In May 2000, Walkerton’s drinking-water system became contaminated with deadly bacteria, primarily *E. coli* O157:H7, resulting in seven deaths and more than 2,300 people becoming ill. More recently, 2011 saw an

outbreak of E. coli O104 from raw organic fenugreek sprouts resulted in 53 deaths and more than 4,000 reported cases of illness (Erdozain et al. 2013; Rangel et al. 2005). PHIs are also involved with the management of other emerging diseases, for example, severe acute respiratory syndrome, antibiotic resistant organisms, invasive group A streptococcus, legionellosis, West Nile Virus, Lyme disease, and listeriosis in ready-to-eat foods. In an effort to improve the safety of drinking-water supplies and food sources, many regulations have been updated or implemented. Responding to these emerging threats requires the PHI to have current, relevant, and accurate information in order to effectively protect public health, in other words, the PHI must continuously update their professional competencies.

Other Jurisdictions

In order to practice as a PHI in Ontario, an individual must hold either a degree in veterinary medicine or a CPHI(C). The College of Veterinarians of Ontario requires that practicing veterinarians maintain their professional competency for membership in that college, a requirement for practicing as a licensed veterinarian in Ontario (College of Veterinarians of Ontario n.d.).

Furthermore, ongoing competency maintenance is a requirement in self-regulated professions, including a variety of health and non-health professionals. For example, the Royal College of Physicians and Surgeons of Canada requires participation in its Maintenance of Competency Program for both admission to and Fellowship renewal in the College (Royal College of Physicians and Surgeons of Canada 2014). However, other non-health professions which operate under self-regulation also require ongoing competency maintenance. Both the Ontario College of Teachers and the Ontario College of Social Workers and Social Service Workers interact with the public in significant, non-hands-on ways. Teachers and social workers,

however, have no direct contact with their clients, yet their organizations also operate as self-regulated professions, as outlined below.

The Ontario College of Teachers is authorized to license and discipline, and “the self-governing body has an ongoing obligation to the public to ensure that its members remain competent. They must also continue to meet professional and ethical standards” (Ontario College of Teachers 2014). The Ontario College of Social Workers and Social Service Workers can also regulate the practice of social work and social service work, govern its members, and “require all members to engage in ongoing learning through the Continuing Competence Program” (Ontario College of Social Workers and Social Service Workers 2014).

Ontario Public Health Standards—Requirements for Competency

The *Ontario Public Health Standards* (2008) states explicitly that

The cornerstone of public health is the quality of its workforce...building and sustaining public health human resource capacity is also dependent on continuing educational opportunities and the influx of new professionals into the system. (14)

In other words, quality professionals in the workplace, including the PHI, require both the acknowledgement of a new professional’s competency, in the case of a PHI through the certification process, and the maintenance of that competency through continuing educational opportunities.

Additionally, BOH must ensure a competent and diverse public health workforce by providing ongoing staff development and skill building related to public health competencies (*Ontario Public Health Standards* 2008, 14). One method to support BOH in meeting this requirement is to ensure that PHIs participate and record their professional development activities by embracing and complying with the requirements outlined in the CPC Program. The

discipline-specific competencies outlined in the CPC Program provide a roadmap and/or framework to assist BOH in meeting the ongoing professional development needs of PHIs.

Next Steps

This position paper sets forth the rationale for requiring mandatory continuing professional competencies of CIPHI members in Ontario through modification of Ontario Regulation 566. Although it is intended for CIPHI membership, specifically CIPHI ON, it also recognizes that others may read this paper; but it is written solely to communicate with PHIs in Ontario to inform them of the activities of the Ontario Branch Executive (OBE) in this endeavour. Subsequently, several activities should take place. The following list is a guideline of activities and not a step-by-step process.

- Develop the wording for regulation change and obtain CIPHI OBE approval.
- Identify and communicate with relevant stakeholders outside CIPHI for their support.
- Suggest how PHIs can meet this requirement, including how BOH will support these activities.
- Present to the Ontario Ministry of Health and Long-term Care.

Other activities will be completed as they are required.

Opportunities for Feedback

Support of CIPHI ON membership is critical to the success of this venture. Members have opportunities to comment on the information contained in this position paper or on the efforts under way to have Ontario Regulation 566 amended through

- Attendance at the Annual General Meeting of the CIPHI ON in October 2014 at the Annual CIPHI Ontario Educational Conference. See <http://www.ciphi.on.ca/knowledge-centre/events/annualconference> for event details.
- Contact Beth Driscoll, CPHI(C), Regulated Profession Working Group Chair, directly at beth@driscollfoodsafety.com.
- Contact Cameron Weighill, Ontario Branch President, Cameron.Weighill@york.ca.

Conclusion

PHIs are an important component of the public health system, interacting with the public in a variety of ways including inspection and enforcement activities, health promotion, advocacy, and position papers influencing public health policy and regulatory change and public education. This profession holds an important place in the history of public health in both Ontario and Canada. A key component of professionalism is the requirement for its members to maintain their professional competency. This is evident in both the literature of health professions and the OPHS.

CIPHI ON recognizes that a mandatory CPC is necessary to both maintain the degree of professionalism that PHIs currently have and meet both the OPHS and the Ontario Public Health Organizational Standards. This position paper advances the argument that Ontario Regulation 566 Qualifications of Board of Health Staff be amended to require PHIs participation in a CPC Program in an effort to ensure that BOH can meet OPHS requirements.

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