

Board of Certification

Strategic
Planning
Session

November 2005
Vancouver BC



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Purpose of the Strategic Planning Session

The Canadian Institute of Public Health Inspectors is the only professional association for Public Health Inspectors in Canada. It continually works to protect the health of all Canadians, advance the sanitary sciences and enhance the field of public health inspection.

The Board of Certification is the organizational body for certification on behalf of the Institute. The certification process guarantees that the highest standards for entry into the profession are met.

There are 6 educational institutions in Canada accredited by the Board of Certification.

- Ryerson University, Toronto, ON
- British Columbia Institute of Technology, Burnaby, BC
- Concordia University College of Alberta, Edmonton, AB
- Cape Breton University, Sydney, NS
- NB Community College – Bathurst, Bathurst, NB
- First Nations University of Canada, Regina, SK

The Certificate in Public Health Inspection (Canada), CPHI(C), is granted by the Canadian Institute of Public Health Inspectors to those candidates who fulfill the requirements set forth in the Regulations Respecting the Certificate in Public Health Inspection (Canada) and Governing the Board of Certification of Public Health Inspectors.

This Certificate is a certificate of qualification and is intended to meet the needs of the provinces, municipalities, federal government, and other employers of qualified Public Health Inspectors.

In response to new and emerging public health issues, CIPHI and the Board of Certification have a renewed commitment to ensuring that Public Health Inspectors are able to meet the expectations placed upon them by health agencies and by society in general.

The Board of Certification began to implement several new initiatives throughout 2004-05. As these initiatives began to develop momentum, Board members realized that long range strategic planning and internal structural adjustments were crucial to their success.

The sitting members of the Board of Certification, along with some corresponding members and stakeholder representatives, met on November 19-20, 2005 to create a long-term vision and strategies, to advance the existing workplan, and to consider new operational configurations of the Board. Mr. Bill Staples of ICA Associates Inc facilitated the session. The planning process consisted of participatory discussions among thirteen BOC members on the Board's vision for the future, various issues and blockages, a set of strategies, measurable accomplishments, timelines, and portfolio assignments.

Two observers from the Public Health Agency of Canada were on hand to facilitate their understanding of the BOC's roles and responsibilities, particularly in regards to the issue of on-going credentialing issue. PHAC also provided assistance in the planning and funding of this planning session.

Long Range Practical Vision

There are five main points in the long range, practical vision of the BOC. Within five years the Board of Certification wants to see in place a:

- ❑ National consistent certification exam process.
- ❑ Professional accreditation process for schools.
- ❑ Fully operational, continuing professional competencies.
- ❑ National office with full time staff and clear roles.
- ❑ Established standard profession.

At the core of this vision is an established, standard profession across Canada. Professional competencies, a certification process and an accreditation process all need to be in place to allow this to occur. A national CIPHI office with appropriate BOC support roles will ensure its sustainability.

This vision is consistent with and sustains the CIPHI Board of Directors vision (appendix)



Systemic Blocks and Constraints

A discussion of many issues led to the following analysis of three systemic blocks and constraints that tend to impede many efforts of the Board of Certification.

- I. Public Health Inspectors consist of a small base of professionals in relation to the overall numbers of health care providers and often feel invisible and isolated. Historically, the profession has been poor at self-promotion. This makes it difficult to build support needed to maintain and develop a national certification process.

- II. While there is membership across the country and BOC corresponding members assigned in most provinces, the actual support for BOC primarily comes from corresponding members from three provinces where they are financially supported by the Branch to attend BOC functions.

- III. There is a general public perception that public health inspectors are all professional, well trained and competent. Beyond the Certificate in Public Health Inspection, there is no standard in place that provides proof of on-going competency. If proving this became a necessity, many Public Health Inspectors would fear not having the mechanisms in place to adequately demonstrate their competency and therefore be subject to judgment. While there has not been a lot of external pressure for maintenance of certification, when there is, there is significant internal resistance to it.

Strategic Directions

A discussion of various approaches and ways to move ahead toward the Practical Vision of the Board of Certification gave rise to the four following strategic directions, which take into account the systemic internal constraints within the organization.

A. Operationalize a “portfolio” structure within the BOC.

The work of the Board of Certification, and the lines of responsibility, needs to be restructured into short and long term, project-oriented portfolios. This will allow small teams created by the Board to move ahead with all the important initiatives. These portfolios would be similar to standing committee or project committees and could engage corresponding members more actively.

B. Research and develop education and training within a mandatory certification environment.

The Board of Directors of CIPHI has decided that certification will be mandatory for all CIPHI members. The education and training needs in a mandatory environment are different and will require a rework of competencies, certification and accreditation.

C. Expand communications into an interactive, web-based system.

The new mandatory nature of certification will place a great need for communication with the membership. This will not be simple “messages out”, but will require heavy web-based interaction because of the many questions that will need to be answered.

D. Create budgets and coordinate income sourcing with NEC.

The infrastructure for certification, accreditation, re-certification and ongoing education and training of Public Health Inspectors cannot be handled on a volunteer basis. The Board of Certification will recommend projects to the National Executive Committee (NEC) of CIPHI and will be proactive in budgeting, income sourcing and expenditures.

Implementation Plans

Each of the four strategic directions has their own implementation plan and timeline, below. The timeline consists of a mix of objectives and action items, and their respective deadlines, placed on the timeline. In some cases, expenses for implementation have been estimated. This was done hurriedly in the planning session, and modifications will need to be made over time.

In addition, the *2004-05 Workplan* items have been merged into the four strategic directions, with the exception of a few items that are on the pages following the Implementation Timeline.

Implementation Priorities

The following six priorities were determined in the meeting using a simple selection process.

1. Define Portfolios and assign Portfolio leads. Create Terms of Reference.
2. Complete the training of BOC Exam Coordinators.
3. Determine the role of BOC in relation to ongoing education and certification.
4. Get income and expense data to complete a draft budgeting process by April 2006.
5. Work together with NEC to move on and complete the mandates.
6. Get BOC information up onto the website.

High Priority Items

Priority #1 was considered to be very urgent, with important implications for all other priorities. Therefore Strategy A, *Operationalize a “portfolio” structure within the BOC*, was acted upon immediately. A set of portfolios was determined, with some descriptions of responsibility for each one, and a set of assignments with leaderships and membership of the portfolios.

Therefore, the implementation plans that follow include:

- **Implementation Timeline** for the four strategies.
- **Meeting schedule** for the next year.
- Portfolio Model of Responsibility
- Portfolio Descriptions
- **Portfolio Assignments**
- Outstanding 2004-05 Workplan Items.

NOTE: The following **Implementation Timeline , Meeting Schedule and Portfolio Assignments and Deliverables Tables** will form separate working documents to be updated and revised by the BOC as work progresses and tasks are completed or modified. The intent is to have these documents attached to meeting minutes and posted on the website following BOC business meetings.

Implementation Timeline – Updated Feb 2006 (Shading indicates task is completed)

	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06	Nov 06	Jan 07	March	Budgets
Meetings			Exam Coord plus some BOC BOC&NEC meet together		National Meeting Core Comp	Teleconference May 29 am April Exam Results	June 23-24 Face to face Regina June 29 th Examiner Training Regina				1 st week Face to Face Exam			
NEC Mandates			Scope of practice	Standards	National Meeting Core Comp		Core Comps National Mtg Panel			Review 488 learning objective		Full member- ship		
Strategic Direction	Dec 05	Jan 06	Feb 06	March 06	Apr 06	May 06	June 06	July 06	Aug 06	Sept 06	Nov 06	Jan 07	Mar 07	
Operationalize a Portfolio Structure within BOC			Design and define portfolios				Portfolio terms of reference (all)	Portfolio Presented to NEC and members						
Research & Development Education & Training within a mandatory certification environment	Final format for selection & use of questions		Training of BOC Prov. Examiners Develop evaluation criteria for new question bank process Discussion re: who is responsible for cert. & maint at BOC/NEC meeting (Alan presented options paper)	BOC reps to CC Steering Committee. NEC (Alan/Ann) Develop mechanism for acknowledging examiners & teaching HU.	Process to implement & review steering committee recommendation.	Decide how many years Window is open between training/practicum and certification (Richard Taki)	BOC/NEC defines role of BOC in continuing ed. Form working group to design level of cont ed.	Report: dev. evaluation criteria for education components (schools) to meet cert. requirements (Mark)	Determine courses, ratings			Discussion paper for foreign candidates	Cert of Health Units (Practicum)	\$10K Trainer \$5k per Training session \$3k Printing \$8k Coord. for web newsletter branches \$30K to contract out CC
Expand to interactive Web based systems				Poll of BOC members Discussion of web page with Mike (webmaster)	Design list of web expectations		RRP proposal to NEC Design Review		RFP web site design content			GO LIVE		\$7,500
Create Budgets and coord. Income Sourcing with NEC	BOC notifies NEC for mgmt of accounts		Request to PHAC with NEC. Budget project. Clair & PHAC research costs. BOC reviews and prioritizes.	Need to know annual operating and project expenses		BOC budget to NEC for approval in June AGM	Plan projects based on when income comes in. Apr / Oct Exam sources							

The Portfolio Model of Responsibility

The Board of Certification intends to divide workload and lines of responsibility into eleven portfolios. Each portfolio will have responsibility to bring fully developed recommendations to the Board of Certification, and will have some budgeting and implementation authority.

1. Foreign Candidates
2. Administration Design & Support
3. Communication
4. Finance Planning
5. Practicum
6. Core Competencies Education
7. School Accreditation
8. Policies
9. Exam Process
10. Appeals
11. BOC Membership

Portfolio Descriptions

Portfolio	Basic Responsibility
Foreign Candidates	<ul style="list-style-type: none"> • review and document approval or denial of applications • review and maintenance of policy
Administration Design and Support	<ul style="list-style-type: none"> • review of BOC structure • develop job descriptions • filling of positions (hire, appointments, contacts)
Communication	<ul style="list-style-type: none"> • website • member information • public health forum
Finance Planning	<ul style="list-style-type: none"> • budget structure • maintaining and updating budget – variance reporting • investments • budget reports for each portfolio lead for planning purposes and expenditures
Practicum	<ul style="list-style-type: none"> • evaluation of candidates and agencies • database of candidates • determine expectations of candidates and agencies • ongoing maintenance of forms (program areas and hours)
Core Competencies Education	<ul style="list-style-type: none"> • evaluation of criteria and structure • maintenance and implementation plan
School Accreditation	<ul style="list-style-type: none"> • orientation manual for reviewers • accreditation manual and evaluation tools • maintain a list of accreditation dates schedule and the number of years awarded to each school • establish the review team
Policies	<ul style="list-style-type: none"> • develop new policies • maintain and update on an ongoing basis • review requests for changes/additions, etc.

Exam Process	<ul style="list-style-type: none"> • review current exam process and determine if changes are required or recommended based on research • implementation and maintenance of the bank of questions and security of such • ongoing orientation, training and support of exam coordinators
Appeals	<ul style="list-style-type: none"> • set standard criteria on which appeals are based
BOC Membership	<ul style="list-style-type: none"> • review make up of the BOC (sitting, prov/branch corresponding members, members at large, NEC rep.) • maintain list of BOC members along with length of terms and also attendance record • develop and maintain an orientation binder for members • advocating and retaining, increasing membership

Portfolio Assignments

Each portfolio requires at least two, three or four members to be fully functional. Leadership for each portfolio comes from Board sitting or corresponding members. Leadership and backup may engage other corresponding members, if they choose.

In determining the membership of each portfolio, the following values need to be taken into consideration

- Experience level
- Personal interest
- Skill sets
- Individual ability
- Time requirements
- Contacts
- Geography
- Core corresponding membership

Portfolio Assignments and Deliverables Portfolio, Number of Members, Leader (L), Backup (B), Members (M) Current to April 2007 2006					
Cont. Education	Practicum	School Reviews	International Candidates	Exam	Appeals
L- Allan Atwell B- Gord Stewart	L – Peer M. B –	L – Mark Durkee B – John Blatherwick	L – Richard Taki B – Dave Carpenter.	L – Suzie Shaw B – Richard Taki M –Peer Mikkelsen	L – Ann Thomas B – Richard Taki
BOC/Membership	Policies Comm.	Finance Planning	Admin Support	Info Management	BOC Expert Panel
L – Suzanne Shaw B – Ann	L – B – Suzanne	L – Ann B – Dave M – Mark	L – B –	Interim L – Ann Thomas B –	See exam portfolio

Outstanding 2004-05 Workplan Items

Much of the detailed *2004-05 Workplan* has already been completed. A large part of that workplan has now been subsumed into the strategic plan and included in the Implementation Plan and Timeline of the four strategies.

Items of the *2004-05 Workplan* that have NOT been completed and are NOT part of the strategic plan will need to be covered by one of the portfolios. The list is of outstanding items are:

- Should 65% be a passing grade for examiners?
- John and Rick need to work on the one page document that clearly lays out exactly the process of the examinations for candidates. There is already a model for this.
- Get essential Provincial Reps to fill in the gaps in the portfolio assignment system, and then take other provincial reps off the Board.
- There have been no responses from six provinces regarding the development of questions and answers for the Exam.
- Examiners have not got the message so far about the January training.
- Draft guidelines have been circulated to agencies for review, but it is unclear from which agencies we MUST get feedback.

- Regarding candidates performing supervised inspection and submitting a written report, will we keep the changes, or get rid of this requirement?

Appendix 1: Participants

Role	NAME	ADDRESS	PHONE/FAX/E-MAIL
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	Secretary BOC	Debra Losito	CIPHI PO Box 75264 15180 North Bluff RD White Rock BC V4B 5L4
Corresponding Member-at-Large (CAF)	Allen Atwell	49 Springhome RD Barry ON L4N 2W6	Office: 705-424-1200 Ext 2699 Home: 705-725-9571 Fax: 705-423-2613 E-Mail: Atwell.A@forces.gc.ca
Branch Corresponding Member ON	Pamela Scharfe	Public Health Manager Huron County Health Unit Health & Library Complex 77722B London RD RR5 Clinton ON N0M 1G0	Office: 519-482-5119 Ext 2236 Home: 519-565-5587 Fax: 519-482-7820 E-Mail: pscharfe@huroncounty.ca Cell: 519-525-1245

Board of Certification - Appendix

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PHAC	Claire Bettker		

Appendix 2: Agenda for CIPHI BOC Meeting

Saturday Nov 19 and Sunday Nov 20

8:30	Welcome and purpose	Ann Thomas
8:45	Agenda and Process	Bill Staples
8:50	Alumni Project	Leonard Gallant
9:00	Review of Core Competency Project	Claire Bettker Alan Atwell
10:15	Break	
10:30	Work Plan Framework Review (and outstanding issues, blockages or problems)	Each member, lead by Bill Staples
12:00	Lunch	
12:45	Create Long Range Practical Vision	Bill Staples and teamwork
2:00	break	
2:15	Articulate Systemic & Underlying Obstacles	Bill Staples and teamwork
3:15	break	
3:30	Develop Strategies and Strategic Approaches	Bill Staples and teamwork
4:30	Priorities	Plenary discussion
5:00	Closing	

8:30	Review and Reflection	
8:45	Action Planning and Process	
9:00	Measurable Accomplishments for next 18 months. From Work Plan and from Strategies.	Small teams
10:15	break	
10:30	Timelines for next 18 Months.	Plenary and teamwork.
11:30	Priorities Breakthrough	Plenary Discussion
12:30	Lunch (Board Business Meeting)	Ann Thomas
1:15	Operational Plan	Bill Staples

Appendix 3: Brainstorm leading to the Vision

National Consistent Certification Exam Process

- Exam process standardized and in place
- Fluid exam process (feedback analysis exam results)
- National, consistent appropriate, current certification exam
- Meaningful post-certification program
- Proactive approach to certification
- Consistent high standards for certification process
- Recognized, relevant practicum

National office with full time staff and clear roles.

- National office – NEC – BOC
- Full time CIPHI national office, exec dir, NEC secretary, BOC secretary, National Exam Coordinator
- Adequate infrastructure for BOC
- Open communication between members, NEC, BOC
- Improved interaction communication nationwide and interdisciplinary
- Clear structure for BOC
- 100% membership with support mechanism

Established Standard Professional

- CIPHI brand as the standard in Canada
- PHI role to be continued to be done by PHIs. (certified PHI)
- Certified competent trained EH membership / professionals
- Positive public profile for EHO's
- Higher CIPHI profile for NEC and BOC
- Legal designation as a health professional

Professional Accreditation Process for Schools

- School approval, review process, professional, credible

Fully Operational Continuing Professional Competencies

- Core competencies implemented
- Part of CIPHI core competency get credit for being examiner, volunteer for BOC, working groups
- Have continuing education credentialing in place

Appendix 4: Systemic Block and Contradictions

Impeding the work of the Board of Certification

Public Health Inspectors consist of a small base of professionals in relation to the overall numbers of health care providers and often feel invisible and isolated. Historically, the profession has been poor at self-promotion. This makes it difficult to build support needed to maintain and develop a national certification process.

While there is membership across the country and BOC corresponding members assigned in most provinces, the actual support for BOC primarily comes from corresponding members from three provinces where they are financially supported by the Branch to attend BOC functions.

There is a general public perception that public health inspectors are all professional, well trained and competent. Beyond the Certificate in Public Health Inspection, there is no standard in place that provides proof of on-going competency. If proving this became a necessity, many Public Health Inspectors would fear not being able to adequately demonstrate their competency and therefore be subject to judgement. While there has not been a lot of external pressure for maintenance of certification, when there is, there is internal resistance to it.

Issues Brainstorm

- Lack of time/ personal/ communication
- Fear of change / legal liability
- Past history
- Different culture
- Another duty
- Lack of money
- Lack of public profile
- Not wanting self-promotion
- Inferiority complex
- Provincial jurisdiction (profession)
- Provincial reps
- No realistic timelines
- Lack of belief that things will not change
- Vary populations (small and large)
- Authority – inferiority
- Unclear about competency and criteria
- Will versus acceptance – what can and can't do
- Inertia / lack of acceptance
- Lack of support