



Canadian Institute of Public Health Inspectors



# Professional Development Model

## Continuing Professional Competencies (CPC) Project

Prepared by:  
The CPC Working Group

April, 2009





Version 1.0 April 2009

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The Vision of CIPHI:  
Health Protection: Cornerstone of Public Health

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# ▪ Introduction

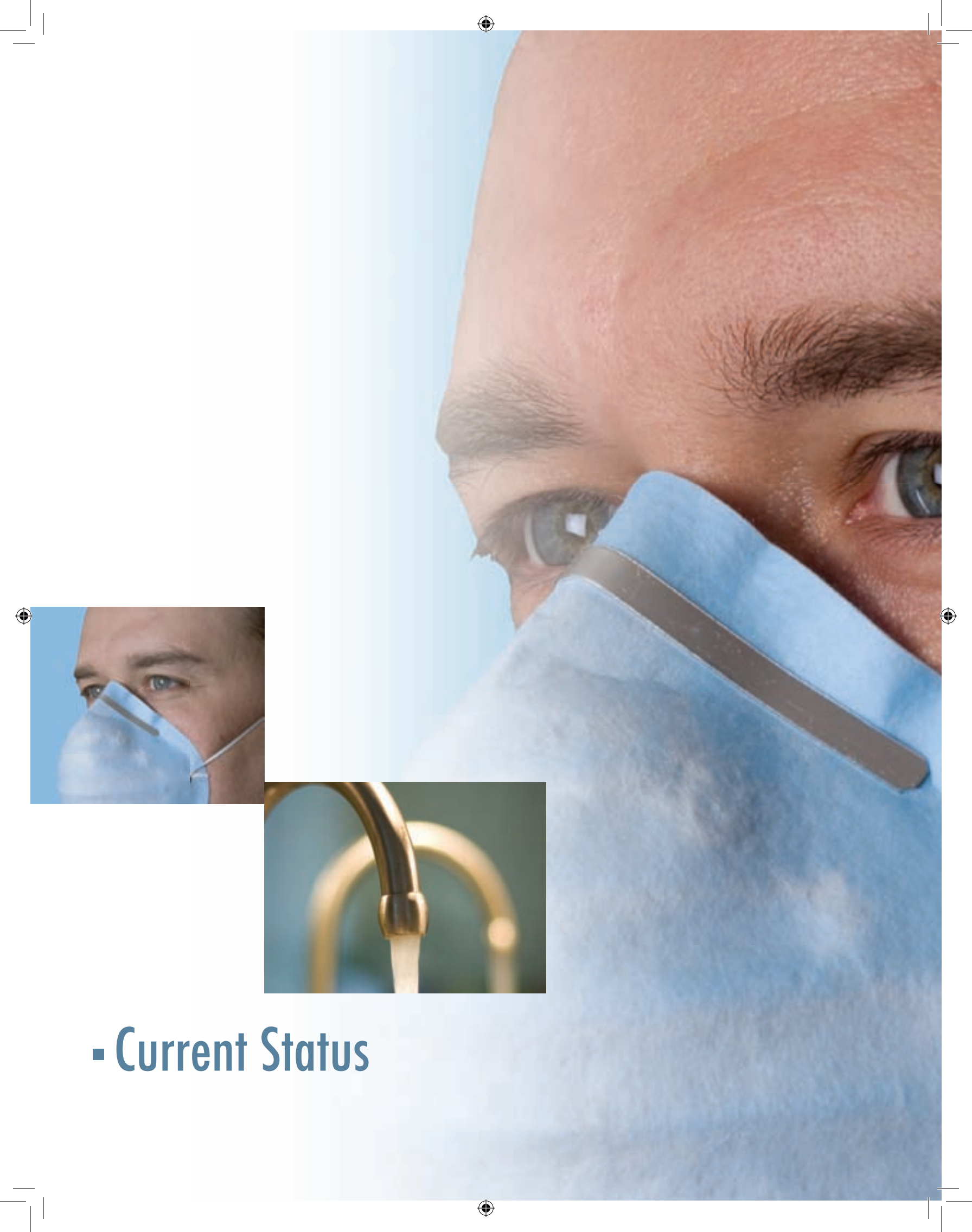
# Introduction

The purpose of mandatory certification - and the Continuing Professional Competency (CPC) Project - is to protect the public by ensuring that individuals are qualified, competent and ethical practitioners within a profession. By self-regulation, professions can set standards of conduct, competency and minimum educational requirements so as to ensure that individuals entering or practicing in the profession are doing so in a competent and professional manner at all times.

The Canadian Institute of Public Health Inspectors (CIPHI) is the only national association that represents environmental public health professionals (EHPs) in Canada. No other organization covers the continuum of environmental public health: food protection; drinking water quality; on-site wastewater disposal; indoor air quality; epidemiology; tobacco reduction; and many more environmental health initiatives.

CIPHI's mission is to protect the health of Canadians and to represent all EHPs across Canada. The mandate of the Institute is to advance the profession, science and field of Environmental Public Health (EPH) through certification, advocacy, education and setting standards. CIPHI certifies EHPs by setting standards and issuing the Certificate in Public Health Inspection (Canada) – the **CPHI(C)** – to individuals who meet the minimum standards.

The objective of the CPC Project is to establish a system to ensure the standards for maintaining the CPHI(C) credential are being met by all practicing EHPs in Canada.



**- Current Status**

# Current Status

In follow up to the CPC Steering Committee meeting of March 2008, the Working Group was tasked with “fleshing out” the CPC Model depicted in the conceptual documents entitled “Road to EPH Professional Proficiency: Core Competency Model - Parts 1 and 2” (respectively dated Nov.29/07 and Mar.25/08). These models were reviewed by the Steering Committee and validated for use as the foundational building blocks for designing and establishing a CPC system for CIPHI and its stakeholders.

As part of the “fleshing out” process, the Working Group was asked to develop detailed models for the following components of the CPC project in preparation for the launch of the CPC Communication Plan.

- 1.0 Reporting Model for CPC Project
- 2.0 CIPHI Council of Professional Experience Structure and Process
- 3.0 Conclusions and Milestones

The intention of this document is to provide sufficient details to facilitate the Steering Committee’s work and guide further preparation for the national-wide Communication Plan and consultation process scheduled for 2009.

## 1.0 CPC Model (Part One): Reporting Model

The competency reporting model from the conceptual documents is based primarily on the “*Continuing Professional Development Program*” used by the Association of Professional Engineers, Geologists & Geophysicists of Alberta (APEGGA).<sup>1</sup> To summarize, the proposed reporting model works on the basis that individual EPHPs must:

- ✓ Accumulate a minimum of 80 professional development hours (PDHs) per year in 6 professional development categories
- ✓ Self-report his/her activities annually in accordance with the guidelines and framework established by the Council of Professional Experience (CoPE)

*Table 1 on the following page* provides a synopsis of the 6 categories, along with the proposed PDH pointing scheme for each.

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<sup>1</sup> Full details on the APEGGA system can be viewed at:  
<http://www.apegga.org/Regulatory/CPD/toc.html>.

**TABLE 1: Draft CPC Reporting Model & Pointing Scheme**

Category	Professional Development Hours	Max/ year
<i>Professional Practice:</i>		
<b>A) PROFESSIONAL PRACTICE</b>	15 hours = 1PDH	50 PDHs max.
<i>Continuing Professional Development Activity:</i>		
<b>B) FORMAL ACTIVITY</b>	1 hour = 1 PDH; (1 CEC = 10 PDHs)	
<b>C) INFORMAL ACTIVITY</b>	1 hour = 1 PDH	
<b>D) PARTICIPATION</b>	1 hour = 1 PDH	
<b>E) PRESENTATIONS</b>	1 hour = 1 PDH	
<b>F) CONTRIBUTIONS TO KNOWLEDGE</b>	Develop published codes and standards: 1 hour = 1 PDH	
	Publish paper in a peer-reviewed technical journal: 1 paper = 15 PDHs; Successful defense of an approved thesis: 30 PDHs	
	Publish article in a non-reviewed journal or internal report or newsletter: 1 article = 10 PDHs <i>(Note: Maximum would be 10 PDHs/year)</i>	
	Edit papers for publication: 1 hour = 1 PDH	
	Teaching	
	Publishing Trade Magazines	
Research Activities		
	<i>Continuing Professional Development Activity Subtotal</i>	30 PDHs max.
	<b>TOTAL</b>	<b>80 PDHs</b>

## 1.1 Initial Feedback on CPC Reporting Model

From discussions at the Steering Committee meeting and “soft launch” events at Branch conferences, it became apparent from the initial feedback that EPHPs have concerns with some aspects of the 80 PDH/year model. The main parties who have voiced concerns have been grouped as follows:

- A. Retirees wishing to maintain their credential for personal reasons or the possibility of re-entering the field for short-term work or for surge capacity needs in the event of public health emergencies.
- B. EPHPs on leaves of absence - (e.g. parental, illness, unemployment, secondments, etc).
- C. EPHPs not currently practicing in the traditional role of a Public Health Inspector (PHI), Environmental Health Officer (EHO) or employed in the field of Public Health - (e.g. Academics, Occupational Health & Safety Practitioners, Private Industry Consultants, Researchers, Specialists, Drinking Water Officers, Policy Analysts, etc).

All of these groups shared similar concerns about not being able to comply with the requirement for 50 PDHs/year in professional development “Category A”, as outlined in *Table 1* on page 8.

The Working Group reflected on these concerns and examined the APEGGA system for guidance. The APEGGA document entitled “Continuing Professional Development Program” is considered an excellent model that is readily adaptable to the needs of CIPHI with modest amount of effort. Overall, it contains the elements and mechanisms necessary to address these types of concerns. Adaptation of the APEGGA manual would also expedite the process of setting up CIPHI’s CPC Reporting system. However, some modifications to the document and its processes would be necessary to customize it to CIPHI’s needs. Sections 1.2, 1.3 and 1.4 of this report provide further discussion on what the Working Group believes to be practical solutions.

Additional concerns (also shared by most EPHPs) relate to the availability of continuing education opportunities and employer support to pursue those activities. These concerns were identified as potential barriers to ensuring practitioner compliance with the CPC framework. More specifically, EPHPs are concerned about the current lack of low-cost, time-flexible, professional development opportunities that correspond directly to the 7 Core Competency categories, as published in the document entitled *Core Competencies for Public Health in Canada, Release 1.0*. Section 1.5 provides some suggestions on how this can be effectively addressed by CIPHI.

## 1.2 Group A: Retirees

Upon retirement, the Certificate in Public Health Inspection (Canada) would be awarded for life on a honorary basis. The retiree’s CPHI(C) designation would not have any special rights or privileges other than a symbolic testimony of their career and commitment to the field of Environmental Public Health (EPH). Retirees would only be required to maintain their credential and report their professional development activities if they actually intend to re-enter the field of practice.

Retirees wishing to maintain their CPHI(C) credential to practice would be given “professional practice” credits for their last 2 years of service up to a maximum of 250 PDHs. This would enable a retiree to bank 5 years’ worth of credits before having to come back into the field to earn additional “practice” credits. The assumption is that if a retired certificate holder intends to re-enter the field of EPH, he/she will likely do so within a 5-year time period. Re-entry beyond that time frame would require an assessment by CoPE and the possibility of having to comply with a “remedial plan” to address any potential competency issues identified during the review process.

### 1.3 Group B: Leaves of Absence

In a similar fashion to retired certificate holders, persons on leave would be allowed to bank a certain number of PDHs above and beyond the 80 PDH limit. It is proposed that this group be allowed a maximum of 150 PDHs/year. This would allow an EPHP to carry-over a maximum of 50 PDHs/year to bridge a 2-3 year leave of absence. Practitioners would also be allowed to count partial years of practice for claimable credits.

### 1.4 Group C: EPHPs Working “Outside” of Traditional Public Health Role

Group C would be recognized for their scope of practice as it relates to Public Health functions. For example, an individual working in the field of Occupational Health & Safety or other practice related to the principles, knowledge and skills of Public Health, would be credited/recognized provided they meet CoPE criteria. If eligible, individuals would be permitted to claim up to 50 PDHs/year as “professional practice” hours.

For EPHPs working in academic institutions, consideration could be given by CoPE to lower the PDHs requirements for “*professional practice*” (Category A) with a corresponding inverse increase of allowable PDHs in the “*Contributions to Knowledge*” category. This is acceptable because persons in this field play an important role in linking research with practice to ensure that the Knowledge-Synthesis-Transfer-Exchange (KSTE) process is occurring between those two areas, and with the policy-making component of Public Health.

### 1.5 Availability of PDH Opportunities Pertinent to CPC System

As mentioned previously, initial consultations with EPHPs indicate concerns about access to:

- professional development opportunities that meet CPC requirements
- affordable and time-flexible courses
- employer support in maintaining the CPHI(C)

In response to these concerns, the Working Group members tasked with designing a draft CPC Reporting Model reflected on these issues and came up with the following conclusions and recommendations:

- CoPE (and its Secretariat & Provincial Practice Coordinators) will play an instrumental role in:
  - Identifying and establishing the continuing education curriculum for the CPC system
  - Communicating these curriculum requirements to the 5-Schools of EPH, employers and certified PHIs
  - Establishing minimum standards and guidelines for agencies, institutions and CIPHI Branches when it comes to the content and development of: courses, seminars, workshops, conferences, etc.
  - Evaluating and/or awarding continuing education credits (CECs) to courses, seminars, workshops, conferences, etc. that meet the minimum standards and guidelines established by the CoPE
  - Where feasible, recognizing CECs from agencies outside of CIPHI’s jurisdictions (i.e. NEHA, CDC Atlanta, WHO, etc.)
- There are a number of existing public health-oriented courses being offered on-line that CoPE (or its provincial practice coordinators) could evaluate and “approve” for use in initially launching the CPC system, provided they meet the aforementioned standards and guidelines.

(Appendix 1 provides a small sample of the kinds of resources that could be considered by CoPE.)

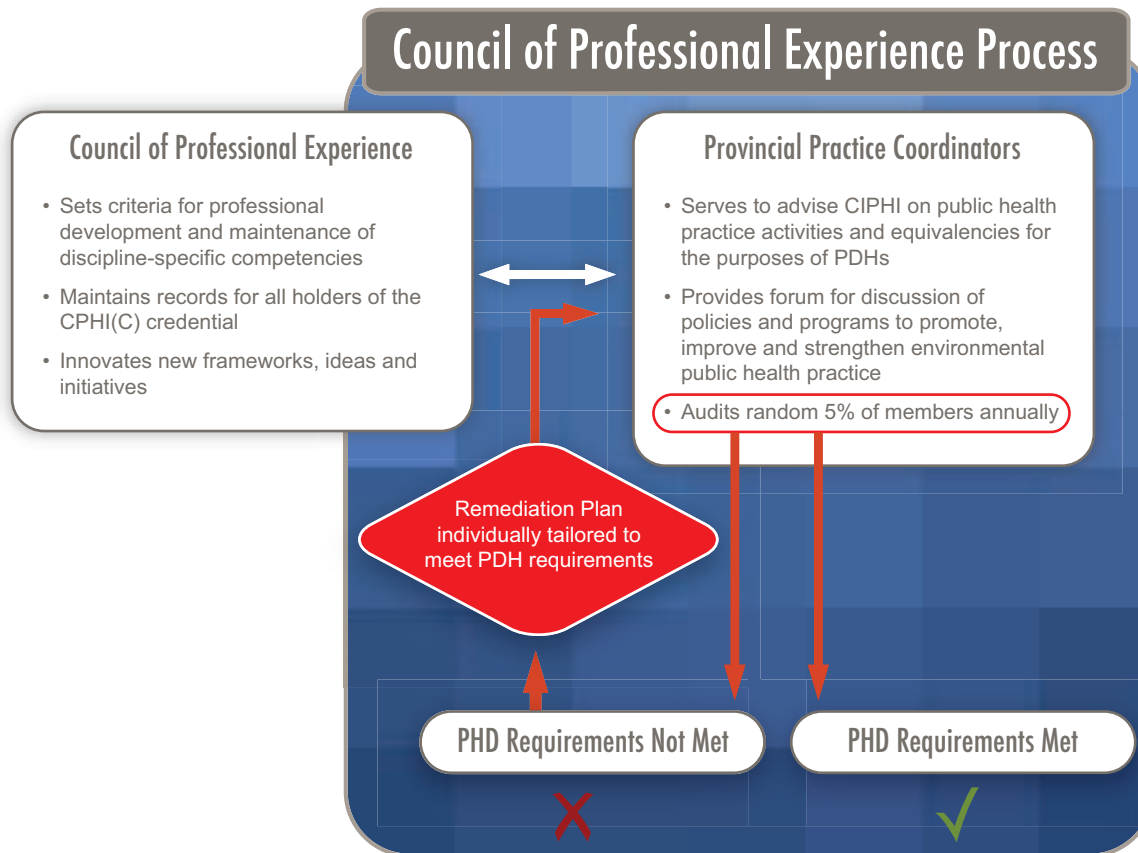
- There are a number of video-conferencing sessions such as Public Health WORKSTM (via Telehealth) and Infoshare that could be considered and utilized in order to respond to concerns about cost and accessibility.

## 2.0 CIPHI Council of Professional Experience - Structure and Process

The CIPHI Board of Certification (BOC) 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.

The CIPHI CoPE, on the other hand, will be the organizational body that ensures that EPHPs meet and maintain standards of professional competency and practice.

The conceptual model in the graph below is an excerpt from the document entitled: *“Road to EPH Professional Proficiency: Core Competency Model, Part 2”* dated March 25, 2008. The model outlines the basic process and structure that were reviewed and endorsed by the Steering Committee as a starting point for the design of CoPE.



The Working Group examined the model in further detail to evaluate what is needed in order to successfully establish CoPE. In its review, the Working Group consulted with senior members from the National Executive Council (NEC) and the BOC to clarify the respective roles and mandates of each regulating body and component within CIPHI. Particular attention was given to firming up the roles between the central members of CoPE, the CIPHI Secretariat (Administration) and the provincial coordinators. The following guidance was provided by the President, Past-President and former Past-President:

- CoPE is a volunteer Board (appointed by the NEC) that will establish standards, policies and procedures for the CPC project/system.
- The CIPHI Secretariat will be responsible for the administration of the CPC Project/system and ensuring that CoPE policies are followed.
- The Provincial Coordinators are CIPHI volunteers that will represent CoPE within their respective Branches and liaise/assist in the administration of the CPC project.

## 2.1 Council of Professional Experience Role

CoPE will be established to develop all standards and procedures respecting the certification maintenance of all members. This will include:

- Providing the structure and leadership for the CPC project/system
- Setting the criteria and standards for professional development and maintenance of the discipline-specific competencies
- Establishing and publishing standards of practice and a code of ethics
- Establishing minimum standards for re-admission into field of practice
- Establishing standards for retired, on-leave and non-practicing CPHI(C)s to maintain their credentials
- Where necessary, review the conduct of individual CPHI(C)s as it relates to the criteria and standards established by CoPE

## 2.2 CIPHI Secretariat (Administration) Role

The CIPHI Secretariat within the National Office will be established for the overall administration of the CPC project and maintaining records on the status of all holders of the CPHI(C) credential. This will include the following activities:

- Conduct reviews of courses, workshops, seminars, conferences and CECs for compliance with CoPE guidelines and standards.
- Where appropriate, award/recognize CECs and PDH credits for items meeting CoPE guidelines and standards.
- Maintain an on-line catalogue of all “approved” courses, workshops, seminars, etc. with information on how to access these educational opportunities.
- Conduct annual audits of 5% of EPHPs to verify adhesion to CoPE standards and requirements.
- Formulate remedial plans that are individually-tailored to meet PDH requirements of EPHPs that were not successful in meeting CoPE requirements.

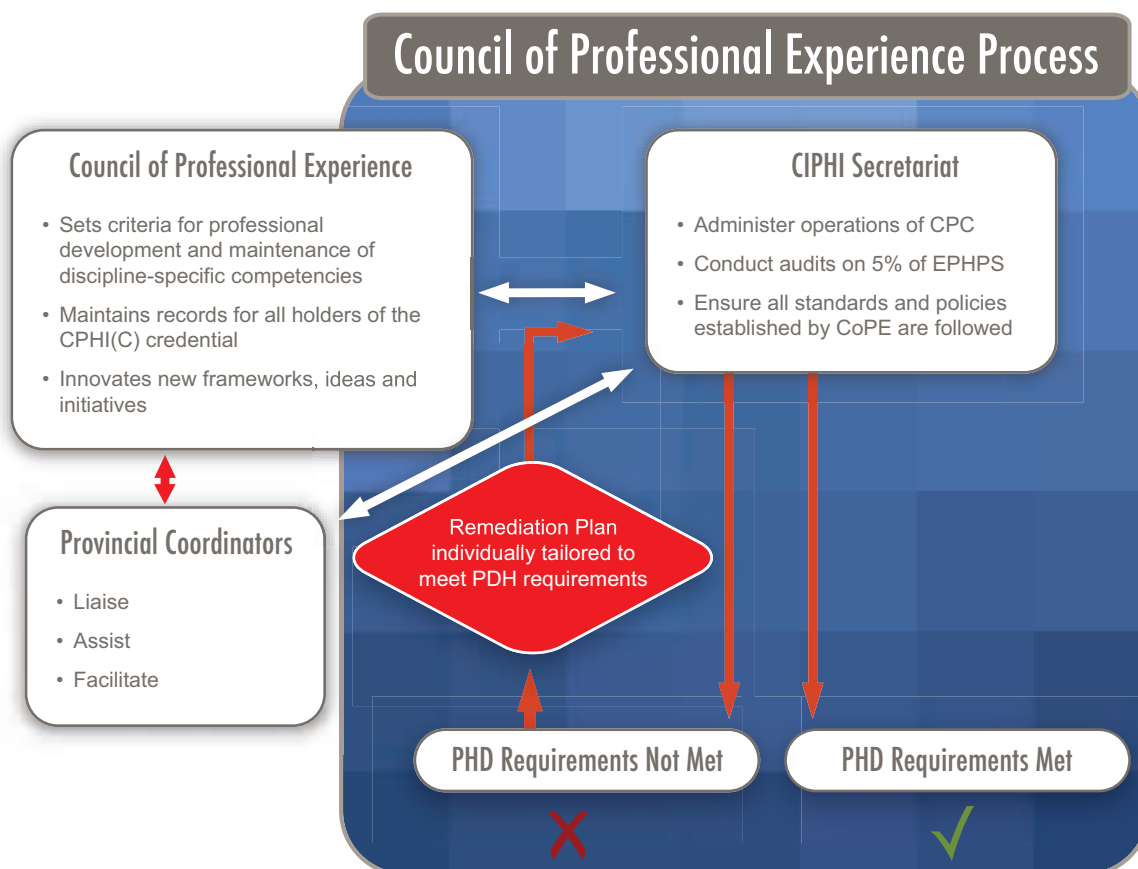
- Conduct evaluations for re-admission into field of practice pursuant to CoPE standards and guidelines.
- Enforce the criteria and standards established as part of the CPC system.

### 2.3 The Role of the Provincial Practice Coordinators

Provincial Practice Coordinators will be appointed to assist in the administration of the CPC system and to liaise with CoPE on issues relating to policies, standards and procedures. The scope of involvement will be determined by the inaugural CoPE. The anticipated role/function is as follows:

- Serve to advise CoPE on public health practice activities and equivalencies for the purposes of PDHs within the province or region under the Branch’s jurisdiction.
- Provide a forum for discussion of policies and programs to promote, improve and strengthen public health practice in accordance with CoPE standards and criteria.
- Assist the CIPHI Secretariat in conducting random audits of 5% of CPHI(C) holders annually, to verify that PDH requirements are met in accordance with CoPE standards.
- Assist the CIPHI Secretariat in formulating remedial plans that are individually tailored to meet PDH requirements of EPHPs that were not successful in meeting CoPE requirements during the audit process.
- Assist in the review of and formal recognition of courses, seminars, conferences, workshops, etc. that meet CoPE criteria.

The guidance provided by senior members of the NEC has resulted in changes to the CoPE model. The following graph is a revised organizational chart to reflect these changes:



## 3.0 Conclusions and Milestones

### Conclusion #1:

The Working Group has “fleshed out” a sufficiently detailed structure and process for CIPHI’s CPC Project and the Communication Plan. The Working Group feels that the APEGGA document entitled “*Continuing Professional Development Program*” is an excellent manual that is readily adaptable to the needs of CIPHI with minimal effort or modification. Adaptation of the APEGGA manual (along with the Working Group’s suggested modifications) will help expedite the process of setting up CIPHI’s CPC system. However, review and validation of this course of action is needed prior to committing the time and energy in pursuing this goal.

### Milestone #1:

The Steering Committee and the NEC review the draft report entitled “CPC Project: *Designing the CPC Reporting Model & Establishing a CIPHI Council of Professional Experience*” along with the APEGGA manual and ensure that the Working Group is still on track with the goals and objectives of the CPC Project. **(Achieved November 2008)**

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### Conclusion #2:

The NEC will have to establish an interim Council of Professional Experience (CoPE). CoPE will require a document which outlines: its mandate, structure and terms of reference. CoPE will also require a rough draft of the modified APEGGA document to guide its initial workings.

### Milestone #2:

- a) The NEC appoints an interim Council of Professional Experience (CoPE) who will develop a document outlining its mandate, structure and terms of reference no later than **November 1, 2009**.
  - b) The Working Group will adapt the APEGGA document with a target completion date of **November 1, 2009**.
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### Conclusion #3:

CoPE will require formal recognition and empowerment under CIPHI’s Constitution & By-Laws in similar fashion to the BOC and the Environmental Health Foundation of Canada (EHFC). Constitutional amendments can only be presented and voted upon at Annual General Meetings.

### Milestone #3:

The Constitutional Committee takes a leadership role of formulating a constitutional By-Law for the enactment of the regulating body to be known as the “Council of Professional Experience ” with a completion deadline for the next AGM scheduled for **May 2009**.

*(Note: It is advisable that senior members from the BOC participate in this initiative.)*

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## ▪ Appendices

# APPENDIX A:

## Sample List of Continuing Education Training Resources

The following is a sample of continuing education courses that could qualify towards credits for the 30 PDHs proposed in the CPC model. These courses are mixture or accredited, non-accredited, free and cost-associated. This list is not an exhaustive or official listing, but it provides practitioners with a sense of what is readily available and consistent with the “Core Competencies for Public Health” and CIPHI Discipline-Specific Competencies. An official list or authoritative guideline will need to be developed by CoPE.

Public Health Infrastructure

[http://www.phf.org/infrastructure/phfpage.php?page\\_id=50&pp\\_id=50](http://www.phf.org/infrastructure/phfpage.php?page_id=50&pp_id=50)

Skills Enhancement for Public Health

[http://www.phac-aspc.gc.ca/sehs-acss/training\\_modules-eng.php](http://www.phac-aspc.gc.ca/sehs-acss/training_modules-eng.php)

Agency for Toxic Substances and Disease Registry

<http://www.atsdr.cdc.gov/environmentaleducation.html>

Centers for Disease Control & Prevention

<http://www.cdc.gov/phtrain/>

<http://www.cdc.gov/nceh/information/training.htm>

National Collaboration Centre for Environmental Health

[http://www.ncceh.ca/files/Evidence-Informed\\_Decision\\_Making\\_in\\_EH.pdf](http://www.ncceh.ca/files/Evidence-Informed_Decision_Making_in_EH.pdf)

<http://members.shaw.ca/ciphi.conference2009/>

[75th%20CIPHI%20conference%20NCCEH%20ad.pdf](http://75th%20CIPHI%20conference%20NCCEH%20ad.pdf)

North Carolina Center for Public Health Preparedness

[http://nccphp.sph.unc.edu/training/training\\_list/](http://nccphp.sph.unc.edu/training/training_list/)

Concordia University/Consortium of the Schools of Environmental Public Health

<http://www.envirohealth.concordia.ab.ca/>

American Public Health Association (Affiliates)

<http://www.apha.org/programs/education/proreslinks.htm>

National Environmental Health Association

[http://www.nehacert.org/catalog/index.php?cPath=28&main\\_page=index](http://www.nehacert.org/catalog/index.php?cPath=28&main_page=index)

Public Health Continuing Education Opportunities (B.C. Yung compilation)

<http://www.bettyjung.net/Phce.htm>

National Swimming Pool Foundation

<http://www.nspf.org/>

Community & Hospital Infection Control Association CHICA

[http://www.chica.org/educ\\_education.html](http://www.chica.org/educ_education.html)

