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The CPC Working Group and the Council of Professional Experience

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

Table of Contents

Table of Contents

Overview

Overview

No attempt to improve Public Health will succeed that does not recognize the fundamental importance of providing and maintaining in every local health agency across Canada an adequate staff of highly skilled and motivated public health professionals. Our national aim should be to produce a cadre of outstanding public health professionals who are adequately qualified and compensated, and who have clear roles, responsibilities and career paths. Without urgent implementation of a public health human resources strategy, that aim cannot be achieved.[1]

National Advisory Committee on SARS and Public Health (2003)

The Canadian Institute of Public Health Inspectors (CIPHI) is the only national association that represents Environmental Public Health Professionals (EPHPs)[2] in Canada. CIPHI, like no other organization, covers a continuum of public health areas, including food safety, drinking water quality, on-site wastewater disposal, indoor air quality, infectious diseases prevention and control, epidemiology, tobacco reduction, and many more environmental health initiatives. CIPHI's mission is to protect the health of Canadians and to represent all EPHPs across Canada.

CIPHI's mandate is to advance the profession, science, and practice of environmental public health through certification, advocacy, education, and setting standards. CIPHI designs entry level standards, examines all new EPHPs in Canada and certifies successful candidates with the Certificate in Public Health Inspection (Canada), the CPHI(C)[3].

The Continuing Professional Competencies (CPC) Program provides a framework, guidelines, and tools to support EPHPs in becoming qualified and remaining competent and ethical within the profession. Through self-regulation, professions can set standards of conduct, minimum educational expectations, and competency requirements to encourage individuals entering or practicing in the profession to do so in a competent and professional manner.

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[1] For more information see http://www.phac-aspc.gc.ca/publicat/sars-sras/naylor/.

[2] During the preparation of this guide, there was an in depth discussion regarding the preferred label for persons working in the field/science/profession of environmental public health. Various different working titles are in use across Canada (e.g. Public Health Inspector and Environmental Health Officer). The National Executive Council adopted the term "Environmental Public Health Professional" during its 5-year strategic planning session to be consistent with US initiatives and make the subtle distinction between human health protection work conducted by health agencies and the ecological protection and pollution prevention work conducted by environmental agencies.

[3] For more information on the CPHI(C), please refer to Appendix F.

In the interests of protecting the health, safety, and welfare of the public, it is essential for EPHPs to engage in lifelong learning. Society's expectations demand greater accountability from professionals today. Mandatory continuing professional development is, therefore, becoming more common in many professions. CIPHI's CPC Program establishes an annual process and a minimum benchmark of such effort for EPHPs.

1. Background

For many years CIPHI has directed and managed the CPHI(C) certification process. The CPHI(C) is an important first step supporting individuals entering the field to develop and maintain the requisite capability and experience. Prior to the CPC Program, however, there had not been any obligation to demonstrate continued competency maintenance and development following certification. Any CPHI(C) holder could continue to retain their certification regardless of whether they still practice in the field or remain current.

With the vision of maintaining a national standard for all holders of the CPHI(C) and increasing recognition of the profession, CIPHI initiated the CPC Program. The CPC Program is intended to guide and encourage EPHPs to engage in continued and ongoing development of knowledge and practice throughout Canada.

CIPHI members from across the country were involved in the development of the CPC Program, providing EPHPs with the opportunity to define their national standard and to shape their profession.

2. Objectives

The CPC Program, which is launching in January 2010, has five objectives:

1. To establish a system to encourage all practicing EPHPs in Canada to meet the standards for maintaining the CPHI(C) credential

2. To support EPHPs in gaining and maintaining the skills, knowledge, and abilities essential to their role of protecting the health of Canadians

3. To encourage EPHPs to become increasingly reflective in their practice

4. To help create consistency across the profession and promote workforce development

5. To improve recognition and credibility as a profession

3. Program Components

The CPC Program involves four components, which are all included in this guide.

1. Code of Ethics: CIPHI's Code of Ethics provides the baseline expectation for professional conduct of all EPHPs. It outlines the fundamental principles and ethics that guide the individual professional. The Code of Ethics is included in the red section of this guide.

2. Standards of Practice: The Standards of Practice offer a framework of principles outlining expectations of knowledge, skills, and values. They also inform EPHPs of their accountabilities and the public of what to expect of EPHPs. The standards convey a collective vision of professionalism that guides the daily practices of CPHI(C) holders. The Standards of Practice are included in the purple section of this guide.

3. Discipline Specific Competencies: CIPHI developed a set of competencies that are specific to the field of environmental public health. These competencies describe the essential knowledge, skills, and abilities necessary for ongoing success in the role of an EPHP beyond the CPHI(C) certification. CPHI(C) holders will reflect on these discipline specific competencies to determine opportunities for continued growth and learning. Members will conduct an annual self assessment to help identify personal strengths and development areas to focus on. The competencies will also assist EPHPs to make training decisions and provide a framework for employers to use in defining required skills for both new and experienced EPHPs. The discipline specific competencies are included in the blue section of this guide.

4. Professional Development Model: CIPHI has also created a Professional Development (PD) Model to meet the CPC Program objectives and increase professional competency in Canada's environmental public health field. The PD Model provides a framework to support the continued growth and development of EPHPs across the country while maintaining a standard of service and professional capability. The PD Model quantifies the areas in which EPHPs should direct their professional development in order to maintain and improve their professional competency. To achieve this, the PD Model specifies the annual professional development hours (PDHs) required of regular CIPHI members. PDHs include hours worked in the profession (on the job hours) and a combination of other activities. The PD Model is included in the green section of this guide.

4. Program Steps

The CPC Program involves five steps. Every year, CPHI(C) holders will:

1. Use the discipline specific competencies to conduct a self assessment
2. Identify learning objectives and development goals
3. Review CIPHI's PD requirements
4. Collect PDHs
5. Submit their PDHs through the CIPHI membership site

Conduct Self Assessment	Identify Learning Objectives	Review PD Requirements	Collect PDHs	Submit PDHs
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5

Discipline Specific Competencies

PD Model
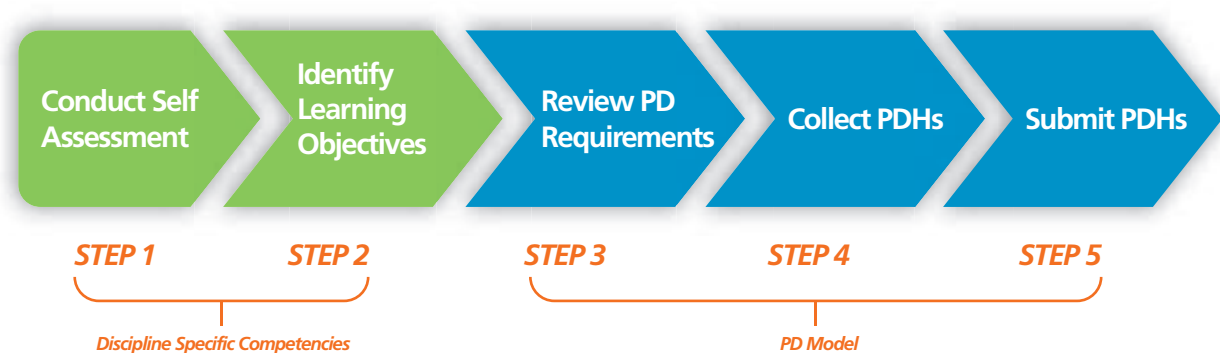
5. Using This Reference Guide

This reference guide has been created to provide you with all the information you will need to understand and participate in the CPC Program. When new to the program, it is recommended that you read through the guide in order to familiarize yourself with the CPC Program and how it works. After you have a solid understanding of the program, it is intended to serve as a resource to support you in your reflective practice and personal development. The guide is divided into the four key sections described above so that you can easily look up information on each of the program components. The guide also contains a set of appendices including a glossary, references, forms, and other supporting documentation. All other program information is or will be posted on CIPHI's website at www.ciphi.ca.

If you have any questions about the CPC Program, please contact us at cpcprogram@ciphi.ca.

Canadian Institute of Public Health Inspectors
Code of Ethics

CIPHI Vision

Personal Growth… Professional Success

CIPHI Mission Statement

CIPHI represents and unites Environmental Public Health professionals across Canada. We advance the profession and field of Environmental Public Health through certification, advocacy, education and professional competencies. Through this we protect the health of all Canadians.

Preamble

All members of the Canadian Institute of Public Health Inspectors (CIPHI) have moral obligations relating to their professional practice in return for the trust given to them by society. They are obliged to uphold the law and to act to protect the public's health. Members are required to follow the Bylaws, and the Standards of Practice of CIPHI. All members must conduct themselves in a manner worthy of the environmental public health profession.

Principles

CIPHI Members must promote and maintain these seven fundamental principles of conduct and ethics.

Principle 1: Justice

Environmental Public Health Professionals (EPHPs) are dedicated in their career and commitment to the public. Each member respects that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, sex, gender identity, sexual orientation or social distinction. EPHPs shall uphold the principles of justice by safeguarding human rights, equity, and fairness by promoting the public good.
Justice is defined as "the quality of being righteous, equitable and moral" EPHP's must always consider the concept of justice while performing their duties. EPHP's shall:

- Perform the duties of the profession in a moral and righteous manner

- Always strive to behave in an honourable fashion

- Identify and take action to mitigate any conflicts of interest

- Refrain from any criminal activity in the practice of the job including substance abuse or, sexual misconduct

- Not use the influence of their position for personal gain or to harm others

- Refrain from knowingly accepting gifts or any form of remuneration from clients

- Ensure that all records are accurate and shall not falsify any documents

- Maintain the confidentiality of clients, colleagues, their employer and CIPHI

- Always maintain the integrity of the profession and report the indiscretions of others

Principle 2: Inclusion

CIPHI members are unique individuals who are united by our dedication to environmental public health. It is important to CIPHI as a professional organization to do our part to ensure that all members have equal opportunities regardless of ethnicity, race, national origin, sex, gender identity, age, ability, religion, sexual orientation, marital status, and parental status; and that they are free from harassment and discrimination. CIPHI encourages the inclusion of all people in its operations and events.

Merriam Webster's Dictionary defines Diversity as "the condition of having or being composed of differing elements: The inclusion of different types of people in a group or organization" and defines Inclusion as "The act of including: the state of being included".

Our inherent diversity is an important part of what makes our professional organization so rich and robust. Our differences mirror the diversity of our client base and bring us the skills and talents of a knowledgeable profession that is in touch with the people we work so hard to keep healthy.

EPHPs believe that no person shall be discriminated against, regardless of ethnicity, race, national origin, sex, gender identity, age, ability, religion, sexual orientation, marital status, and parental status.

CIPHI will make every effort to ensure that its structure, policies and systems promote an inclusive atmosphere and provide equal access to all its members. CIPHI encourages individuals to participate fully in all CIPHI operations and events that they wish to. Discriminatory or oppressive behaviour will not be tolerated.

Principle 3: Accountability

EPHPs are accountable for their actions and answerable for their practice. As a member, an individual must practice with integrity, honesty and loyalty to CIPHI and the profession. Collectively, members have an obligation to the public - whose trust they hold - and to safeguard these interests honestly and wisely. Each member practices under conditions that neither compromise professional standards, nor impose such conditions on others. Members shall:

- Be accountable for their actions to both their employer and CIPHI
- Work to identify their limitations and seek help when needed
- Ensure that personal issues do not compromise professional performance
- Seek assistance and support when needed for personal and professional matters
- Conform to and cooperate with any disciplinary measures as imposed by CIPHI such as education, suspension or expulsion
- Not interfere with investigations into their conduct or the conduct of others
- Report any known violations of the code of ethics

Principle 4: Privacy & Confidentiality

EPHPs recognize the importance of privacy and confidentiality. They safeguard personal, health, family, corporate, and community information obtained in the context of a professional relationship. Members are aware and respectful of privacy laws designed to protect and preserve people's right to privacy. Members shall:

- Follow all employer policies regarding information and privacy
- Take all necessary precautions when accessing, collecting, storing, disclosing or using information
- Only disclose personal or sensitive information in accordance with any and all provincial and federal privacy legislation
- Not use the information gained through their employment for personal gain

Principle 5: Evidence-Informed Decision Making

Members have an obligation to the sciences and arts for the advancement of the field of environmental public health. They shall continuously search for truths; refine their professional practice through ongoing inquiry, dialogue and reflection; and disseminate their findings for the benefit of all. Members are committed to basing their practice and policy work on reliable sources of health evidence. In the absence of conclusive health evidence and in the face of uncertain risk, EPHP's will follow the precautionary principle to safeguard the public they serve and will uphold a high degree of health protection. Members shall:

- Strive to advance the field through research and evaluation
- Ensure that all opinions and advice given are within their area of expertise

Principle 6: Health, Well-Being & Collaboration

Each member collaborates with other health professionals and stakeholders to achieve the best possible outcomes for clients and communities by understanding and placing value on the individual roles and contributions of others. Members shall:

- Act for the safety and welfare of the public and of CIPHI
- Work collaboratively and respectfully with other agencies and health professionals to provide the best possible outcomes for the population of their communities

Principle 7: Competent Practice

EPHPs strive to be current in their professional knowledge and recognize its relationship to practice. Members apply the knowledge, skills and experience needed in carrying out their duties in the field. Practitioners actively participate in and adhere to the objectives and requirements of the Continuing Professional Competencies (CPC) program as it relates to their respective scope of practice. They strive to keep themselves fully informed of the broader advancements in the field of public health. Professional practice and self-directed learning are informed by experience, research, collaboration and knowledge. Members shall:

- Complete their required professional development hours
- Take responsibility for their own professional development
- Share knowledge with others and assist students and colleagues to fill knowledge gaps
- Identify their own knowledge gaps through self-evaluation or with the assistance of others and work to fill those gaps

Standards of Practice

Standards of Practice

1. Introduction

A standard is a recognized measure of value or excellence. A Professional Standard of Practice (PSP), therefore, is the acceptable level at which one must carry out professional responsibilities and provides a benchmark below which performance is unacceptable. Activities must be carried out in a proficient manner that is consistent and current with recognized best practices.

Meeting a PSP necessitates habitual self improvement and dedication to continuously striving for excellence. It is also predicated on the expectation that Environmental Public Health Professionals (EPHPs) will strive to develop and enhance professional competence, and attain at least the minimum level of knowledge and skills that can be expected.

Standards provide a framework of principles outlining expectations of knowledge, skills, and values. They inform EPHPs of their accountabilities and tell the public what to expect of EPHPs. Standards also convey a collective vision of professionalism that guides EPHPs' daily practice.

Please note that a Standards of Practice specific glossary section is included in Appendix A and a list of references in Appendix B.

1.1 Purpose of the Professional Standards of Practice

The purpose of the standards includes:

- To inspire a shared vision for EPHPs

- To identify the knowledge, skills, and values that are distinctive of EPHPs

- To guide the professional judgment and actions of EPHPs

- To promote a common language that fosters an understanding of what it means to be an EPHP

- To become a legal reference for reasonable and prudent practice

- To outline, for the public, the expectations for practicing EPHPs

1.2 Indicators

Indicators illustrate how each PSP is applied and provide specific criteria that are used, when applicable, to measure the performance of an individual EPHP.

1.3 Responsibility for Upholding the Professional Standards of Practice

It is the responsibility of individual EPHPs to act professionally and to be accountable for their own practice. All EPHPs are responsible for understanding these standards and for applying them to their practice, regardless of their specific area or program of practice.

In addition, EPHPs have an obligation to meet these standards regardless of the policies of their employers or other organizations.

The Canadian Institute of Public Health Inspectors' (CIPHI) Council of Professional Experience (CoPE) is responsible for providing a framework for assuring that the profession as a whole continues to meet the demands and expectations of the public. This is done in part by establishing and regularly reviewing the standards and implementing policies and procedures that enable and support continuous learning and development of EPHPs. Employers of EPHPs also have a role in understanding these standards and in supporting EPHPs to meet requirements.

Public health employers in Canada, including those in environmental public health, have clearly expressed their support for human resources and competency development. Over the last few years, these employers formed a federal/provincial/territorial joint task group which prepared a public health human resources framework. The framework was reviewed and approved for implementation by the Conference of Deputy Ministers of Health in October 2005 and is professionally and politically supported across Canada today.[4]

2. Guiding Principles

In order to serve the public to the best of their ability, EPHPs have an obligation to maintain currency in their field of expertise and to act with due diligence when undertaking their professional duties. In general, these obligations are based on a Code of Ethics (see red section of this document) and on a set of underlying Guiding Principles of ethical behaviour, professional practice, and ongoing learning. The principles include:

2.1 Commitment to the Public

EPHPs are dedicated in their care and commitment to the public. They treat clients equitably and with respect and are sensitive to factors that influence individual well-being.

2.2 Professional Knowledge

EPHPs strive to be current in their professional knowledge and recognize its relationship to practice. They understand and reflect on student development, learning theory, pedagogy, curriculum, ethics, educational research, and related policies and legislation to inform professional judgment in practice.

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[4] For more information see http://www.phac-aspc.gc.ca/php-psp/pphw-eng.php.

2.3 Professional Practice

EPHPs apply professional knowledge and experience to their practice. They use appropriate pedagogy, assessment and evaluation, resources, and technology in planning for and responding to the needs of individuals and communities. Members refine their professional practice through ongoing inquiry, dialogue, and reflection.

2.4 Leadership in Communities

EPHPs promote and participate in the creation of collaborative, safe, and supportive communities. They recognize their shared responsibilities and their leadership roles in order to facilitate public health. Members maintain and uphold the principles of the ethical standards in these communities.

2.5 Ongoing Professional Learning

Members recognize that a commitment to ongoing professional learning is integral to effective practice. Professional practice and self-directed learning are informed by experience, research, collaboration, and knowledge.

3. Standards of Practice

The standards for the field of environmental public health are consistent with the discipline specific competencies (green section of this document), the environmental public health practice areas (Appendix C), and the Public Health Agency of Canada's (PHAC) *Core Competencies for Public Health in Canada: Release 1.0.* (Appendix D).

3.1 Accountability Standard

EPHPs are accountable to the public and responsible for ensuring that their practice and conduct meet legislative requirements and the standards of the profession.

Indicators

EPHPs demonstrate the standard by:

- Ensuring practice is consistent with the standards

- Identifying themselves and explaining their role to clients

- Taking responsibility for their actions and professional conduct

- Ensuring their documentation is accurate, timely, complete, and in accordance with applicable standards, policies, practices, and legislation

- Functioning within recognized scope of practice and following current relevant legislation, standards, and policies

- Following and/or helping in the development of agency or department policies and evidence-informed standards

3.2 Continuing Competence Standard

EPHPs maintain and continually improve their competence by participating in employer initiated/required training and orientation programs, other programs mandated by the regulatory authority, and CIPHI's Continuing Professional Competencies (CPC) Program.

Indicators

EPHPs demonstrate the standard by:

- Meeting the requirements for continuing competence, including investing their own time, effort, and other resources to meet identified learning goals

- Complying with CoPE's reporting requirements for their work experience and ongoing learning and development

3.3 Ethical Standard

EPHPs understand, uphold, and promote the values and beliefs described in the Code of Ethics (as outlined in the red section of this guide). The Code of Ethics delineates what EPHPs must know about their ethical responsibilities, informs other health professionals and members of the public about the ethical commitments of EPHPs, and upholds the responsibilities of being a self-regulating profession.

Indicators

EPHPs demonstrate the standard by:

- Identifying ethical issues and communicating them to their employers, colleagues, and members of their teams

- Identifying personal values and ensuring they do not conflict with professional practice

- Creating environments that promote and support safe, effective, and ethical practice

- Reporting unskilled practice or professional misconduct to the appropriate person, agency, or professional body

- Assuming responsibility for ensuring that their relationships with clients, colleagues, and the public are professional

- Ensuring consistency and fairness in the enforcement of public health legislation and other acts, regulations, and local by-laws in accordance with acceptable standards

- Safeguarding client health information by maintaining confidentiality and acting in accordance with information retention and destruction policies and procedures that are consistent with the standard(s) and legislation.

3.4 Knowledge Standard

EPHPs possess thorough and current education and continuing learning knowledge relevant to their professional practice.

Indicators

EPHPs demonstrate the standard by:

• Sharing knowledge with clients, the public, colleagues, students, and others

• Supporting decisions with an evidence-informed rationale

• Ensuring they have thorough knowledge of the legal authorities related to their scope of practice

3.5 Knowledge Application Standard

EPHPs continually improve the application of professional knowledge.

Indicators

EPHPs demonstrate the standard by:

• Applying their knowledge in their area(s) of practice, including specialized knowledge and skills in accordance with all legislation and based on an evidence-informed rationale

• Analyzing and interpreting unusual needs of their clients

• Demonstrating critical thinking when collecting and interpreting data and when planning, implementing, and evaluating all aspects of their work

3.6 Leadership Standard

EPHPs demonstrate their leadership by providing, facilitating, and promoting the best possible service to the public.

Indicators

EPHPs demonstrate the standard by:

• Role-modeling professional values, beliefs, and attributes

• Acting as a role model and mentor for developing EPHPs and students

• Participating in EPHP associations, committees, and interest groups

• Providing direction to, collaborating with, and sharing knowledge and expertise with novices, other public health disciplines, students, and health care providers

• Participating in community development

3.7. Relationships Standard

EPHPs establish and maintain respectful, collaborative, and professional relationships with colleagues, other health professionals, and employers. This includes relationships with groups such as local government. Professional relationships are based on trust and respect.

Indicators

EPHPs demonstrate the standard by:

• Demonstrating effective conflict resolution skills

• Using a wide range of communication skills to effectively establish and maintain collegial relationships

• Sharing knowledge with others to promote the best possible outcomes

Discipline Specific Competencies

Discipline Specific Competencies
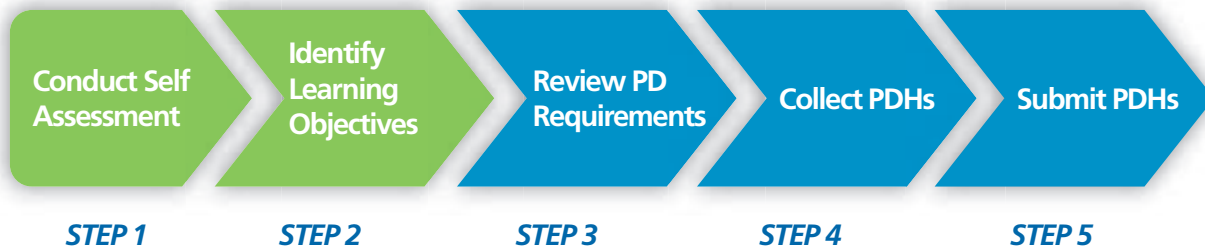
1. Introduction

This part of the guide contains the discipline specific competencies. It is divided into two sections:

1. An introduction explaining how to read the competencies, conduct a competency self assessment, and identify learning objectives

2. The competencies themselves

If you are unfamiliar with the competencies, we recommend you read through the introduction, otherwise, feel free to skip to the *Discipline Specific Competency Tables* section of this document.

This document contains a list of competency statements which apply to individuals who hold the Certificate in Public Health Inspection (Canada), or CPHI(C)[5], credential. The introduction answers the following questions:

✓ Why should you care?

✓ What are discipline specific competencies?

✓ How was the discipline specific competencies section developed?

✓ How do you read a competency statement?

✓ When and how do these competencies apply to you?

✓ What should you do with these competencies?

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[5] For more information about the CPHI(C), please see Appendix E.

1.1 Before you begin ...

Before you read on, we would like to clarify the following:

- **Competencies are not job descriptions:** A competency does not replace your job description. Competencies are capability expectations from a cross-profession perspective that should be used to understand the skills and knowledge required to perform a certain job or activity.

- **This is a guide, not a checklist:** There are 119 competencies in this document. At no point are you expected to know, show, or demonstrate competency in all 119 areas. For CPHI(C) holders working as generalists across several practice areas, this may translate to 70-90% of the 119 (or approximately 83-107) specific competencies. For those of you with a very specialized focus, this may translate into a more in depth demonstration of, and ability in, a much smaller number of the specific competencies. Each person will have a unique competency mix.

- **You assess your own competency:** The Canadian Institute of Public Health Inspectors (CIPHI) does not use this document to assess your competency. That task is up to you. Whatever benefit you get from this document is based on your own honest assessment of your capabilities. CIPHI will provide you with tools to record your own development, and will provide you with some guidelines and tips for your assessment and continuing education planning efforts. Completing an honest self assessment will help guide your professional development (PD) activities, which will be an annual obligation monitored and audited by CIPHI. For more information on the PD requirements, please refer to the PD (green) section of this guide.

- **By the profession, for the profession:** CIPHI is a self-regulated organization representing your profession. The strength of this document, the Continuing Professional Competencies (CPC) Program, and the entire organization is built directly on your willingness to regulate your own profession and your continued commitment and active contribution to your profession.

- **You want to do this:** CIPHI has assumed that anyone who has gone through all the work of acquiring the CPHI(C) is interested in continuing with professional development and ensuring the continued standard of the credential.

1.2 Why should you care?

The CPC Program has a few key benefits. Specifically, it:

- Provides protection for CPHI(C) holders against challenges to personal competence

- Offers a quality assessment tool for employers to assess staff competencies and help focus professional development

- Supports Environmental Public Health Professionals (EPHPs) in gaining and maintaining the skills, knowledge, and abilities (competencies) essential to their role

- Is "by the profession for the profession"

- Aligns with the CPHI(C) certification process and will thus enhance the recognized status of EPHPs as specialized professionals

- Aligns with the Public Health Agency of Canada's (PHAC) *Core Competencies for Public Health in Canada: Release 1.0*

- Contributes positively to workforce development in Canada by improving consistency in language, clarifying roles and responsibilities, and enhancing mobility across practice settings and provincial/territorial jurisdictions

1.3 What are discipline specific competencies?

The competencies listed in this document describe the essential knowledge, skills, and abilities necessary for continued development after receiving the CPHI(C) in the field of environmental public health. Each competency is described by a competency statement, such as:

> T1-8 *Explain the control measures used to prevent or reduce exposure to hazards related to the practice.*

These competency statements may require a fair amount of interpretation and personalization. In a profession as broad as environmental public health, the creation of competencies to describe explicit skills relating to specific areas of practice would result in thousands of statements. In order to keep the number of competencies at a manageable level, they are intentionally general in nature.

> **Note:** These competencies are aligned with the certification requirements to obtain the CPHI(C). Those requirements are administered and tested by the Board of Certification. The competencies listed in this document build and expand upon the Board of Certification requirements, but are designed for anyone who already has the CPHI(C).

Competency statements have been grouped into eight categories. No category takes precedence over another, nor are you expected to know a minimum number of competencies from any one category. This grouping reflects the categories listed in the PHAC's *Core Competencies for Public Health: Release 1.0.*[6]

[6] PHAC, 2008: http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf.

Core Competencies

PHAC has led the development of competencies for all public health professions in Canada and the discipline competencies listed in this document parallel with the core competencies developed by the PHAC. CPHI(C) holders who work in a public health environment should refer to both the PHAC core competencies and this set of discipline specific competencies. The PHAC core competencies can be found in Appendix D.

> **Note:** CPHI(C) holders who work in private industry are also encouraged to read the PHAC core competencies.

1.4 How was the discipline specific competencies section developed?

CIPHI volunteers have been working intently on the CPC initiative for over five years now. The first CPC Steering Committee meeting was held the fall of 2004. The CPC Steering Committee and Working Group contracted Klaus Seeger[7] in April 2008 to develop the first draft of the environmental public health competencies. This draft was then revised by consultants from Meyers Norris Penny LLP (MNP), who had been contracted to facilitate the review process with CIPHI members.

MNP's initial revision was presented to the CPC Steering Committee, Working Group, and CIPHI National Executive Council in November 2008. A subsequent revision was produced and distributed for an initial consultation with CPHI(C) holders in a series of focus groups held across Canada in January 2009. Focus group attendees included a wide variety of individuals from generalists to specialists, students to directors, and both urban and rural professionals.

The current version of the discipline specific competencies was then produced based on feedback from both an online and a conference survey at CIPHI's 2009 Annual Educational Conference, and from a thorough review by Tony Lewis, of the Chartered Institute of Environmental Health (CIEH) in London, UK. Tony Lewis was involved in developing CIEH's environmental health competency statements and has worked on competency frameworks at the international level.

This is a living document and it will continue to be updated and adjusted. Over time, CIPHI members and non-CPHI(C) holders will be invited to continue to inform the ongoing development of the document. An internal governing body, known as the Council of Professional Experience (CoPE), has been created to monitor, regulate, and evolve the CPC Program. For more information on CoPE, please refer to the PD Model (green) section of this guide.

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[7] From Seeger and Associates – Environmental Public Health Service.

1.5 How do you read a competency statement?

Here is an example of how to interpret a competency statement. Using the example above:

> T1-8 Explain the control measures used to prevent or reduce exposure to hazards related to the practice.

There are several key terms in the statement:

1. **Explain:** Each statement starts with one or more <u>action verb(s)</u> that identify an activity that you should be able to perform with regard to the competency. In this case, you are asked to **Explain** something, which means:

    > To make something plain or understandable; to give the reason for or cause of; to show the logical development or relationships of. Using knowledge of subject to provide information that helps to understand something.

    A definition for every action verb can be found in the Glossary in Appendix A.

2. **Practice:** The field of environmental public health includes a wide range of <u>practice areas</u>. Some are very traditional and some are emerging. Whether you are a generalist or a specialist, you likely work within a set number of practice areas based on your own experience or job requirements. For example, you may work wholly in a practice area such as Safe Food, or you may work as more of a generalist covering a wide variety of practice areas.

    Each time you see the word *practice* in a competency statement, it is referring to the practice area(s) you have knowledge in. So, you would substitute your own practice area(s) into the statement. Depending on how many practice areas you are involved in, you may have to consider the statement several times over with each practice area substituted for the term *practice*.

    This document contains a list of six practice areas, which can be found in Appendix C. These six practice areas are purposefully broad and inclusive enough to cover all of the specializations and areas of expertise that CPHI(C) holders in Canada work in. There are many more actual practice areas and they vary from region to region. Rather than explicitly naming all possible areas, we have created an inclusive list of six practice areas. You are not obligated to use the suggested categories. We encourage you to use the term that best applies to your area of practice.

    > **Note:** You are not expected to apply these statements for every practice area that exists, but only for the areas you are familiar with or practice in.

3. **Control Measures and Hazards:** There are <u>key nouns and/or phrases</u> in each competency statement. These phrases are often specific to the practice area you are familiar with, and would change depending on your experience and/or job requirements. For this example, you may be familiar with the following controls and hazards:

If your practice area is...	A hazard may be...	Which could be controlled by...
Safe Food	*Clostridium botulinum* growth leading to paralysis and potential death	Ensuring anaerobic conditions are not created for *C. botulinum* to sporulate and grow
Safe Water	Nitrate contamination leading to methaemoglobinemia	Ensuring wells are properly constructed to minimize risk of surface contamination
Healthy Living and Healthy Community Environments	Indoor mould growth leading to respiratory irritation	Respiratory symptoms and conditions for mould growth are controlled and remediated

Putting it all together, any one statement may describe several different activities or skills, for a variety of practice areas. You can read the statement, *"Explain the control measures used to prevent or reduce exposure to hazards related to the practice,"* as:

- Explain how to ensure anaerobic conditions are not created to prevent or reduce *Clostridium botulinum* from sporulating and growing within food

- Explain how to ensure wells are properly constructed to prevent or reduce nitrate contamination of drinking water

- Explain how to control conditions of mould growth to prevent or reduce indoor mould growth, which can lead to respiratory aeration and aggravations of asthma

These statements have not been written for precise, objective measurement; they are best considered as markers to demonstrate the qualifications of a CPHI(C) holder, and as guides for your future professional development. You will be responsible for assessing your own competency and the value you gain from this process is based on your own approach to this assessment.

Note: CIPHI is developing a user-friendly online self assessment tool that will make the application of the discipline specific competencies much easier.

1.6 When and how do these competencies apply to you?

In an industry which relies on precision, a set of general competency statements can seem counter-intuitive and even strange. However, these competencies, as they are written, serve a purpose both for your own development and for the enhanced recognition of the CPHI(C) credential.

Application to Your Career

Throughout your career, you reflect on your skills and abilities. You have performance reviews, interviews, and many other official activities and duties; often these activities are tied in directly to your job descriptions or employer organization, and are not necessarily representative of your competency in the environmental public health profession as a whole. The discipline specific competencies section provides a means for you to reflect on your abilities as a professional within your chosen field. Here are three possible ways that the competency document can be applied:

- **As an employee:** The discipline specific competencies enable you to track your progression throughout your career. Whichever way you direct your career, you can use this list of competencies as a marker. Periodically, take time to review these competencies and assess where you stand. You should be able to identify competencies you are strong in, as well as areas for growth and opportunities for development.

   Note: This document contains competency statements referring to all the discussed skills, which is why you are not expected to be adept at absolutely every competency.

- **As an employer:** The competencies listed in this document describe skills and abilities that could be covered by an entire team of health professionals. Use this document to identify your team's strengths and weaknesses. Use this assessment to support or develop a business case for either:

   o Employee training

   o New hires

- **As an educational provider:** The competency statements in this document describe skills and abilities that could form the basis for continuing education programs potentially offered by any of the affiliated post-secondary institutions, by CIPHI, or through partnerships with other professional organizations.

Relation to the PD Model

The second step in the CPC Program is the implementation of a PD Model. This model sets a certain number of professional development hours (PDHs), which a CPHI(C) holder is obligated to complete annually. Unlike the competencies, professional development is actively monitored and audited by CIPHI.

Both informal and formal training can be accepted as professional development. The competencies in this document can be used to select the appropriate professional development for you. Use this document to:

- Review your competencies

- Identify competencies that you would like to develop

- Find PD opportunities to help develop the competencies

Promoting the Profession

The competencies are a base for the development of the national standard. Regardless of whether you work in British Columbia, Newfoundland and Labrador, or anywhere in between, the competencies are the same and apply to holders of the CPHI (C). Competencies not only indicate what is expected of professionals with the CPHI(C) designation, but they also identify why a CPHI(C) holder cannot be easily replaced by other professionals. As a result, the competencies help strengthen the designation. If an employer, colleague, or even the general public can see the value of the CPHI(C), then anyone who has earned this credential will be preferred over a professional who lacks the designation. This is a major goal of the entire CPC Program and the competency statements are the first step to achieving this improved professionalism.

Individual/Group	Use competencies to:
CPHI(C) HOLDERS	✓ Self-assess their technical knowledge, skills, abilities, and aptitudes ✓ Identify PD needs ✓ Identify training for PDHs
EMPLOYERS	✓ Identify staff development and training needs ✓ Support staff recruitment, development, and retention ✓ Assist in the development of job descriptions and interview questions ✓ Provide a rationale for securing funds to support workforce development and staffing ✓ Assist with staff engagement
EDUCATIONAL INSTITUTIONS	✓ Develop, coordinate, and offer sustainable courses that meet employers' and professionals' needs
CIPHI	✓ Promote the skills and aptitudes of CPHI(C) holders

Real Life Examples

For some real life examples of the specific competencies, please see Appendix E.

1.7 What should you do with these competencies?

In order to derive the fullest potential from the discipline specific competencies, there are several activities and tools that we encourage you to use. First, the competencies can be used as guide in "reflective practice" and in the ongoing personal reflection of your daily performance and practice. A more in depth discussion of reflective practice is included in the PD Model (green) section of this guide.

Two additional competency related activities are a self assessment and identification of learning objectives.

The Self Assessment Tool

A tool that is currently under development is the self assessment tool. This tool will guide you through the evaluation of your discipline specific competencies. It is encouraged that all CIPHI members complete the self assessment at least once annually. A paper-based version of the tool will be available on the CIPHI website in mid January, 2010. An online version will be available later in the year. CPHI(C) holders can obtain PDHs for completing an annual self assessment. Refer to the PD Model (green) section of this guide for more details.

Identification of Learning Objectives

Once you complete your evaluation using the self assessment tool, the tool will provide you with a summary of your ratings along with tips and suggestions on how to use the ratings to identify learning objectives and create a learning plan that is personally meaningful. You will be able to specify learning objectives targeting the educational, developmental, and experiential activities in the competency areas that you have identified as growth opportunities. You will also be able to identify developmental goals and the steps you want to take towards achieving them. These steps will then form the PD activities that you engage in and the PDHs that you submit to CIPHI on an annual basis. (Please refer to the green section of this guide for more information on the PD Model and its requirements).

2. Discipline Specific Competency Tables

Most CPHI(C) holders will be competent only in some practice areas. Assess your knowledge, skills, and abilities in Tables 1 to 8 (T1 to T8) below for the practice areas that are relevant to you. CIPHI expects that CPHI(C) holders should be proficient in the competencies that apply to them and are relevant to their practice area(s).

Table 1: Public Health Sciences (T1)

This category includes key knowledge, critical thinking skills, and aptitudes related to the environmental public health sciences. Competency in this category requires the ability to apply knowledge in practice.

Competency Statement - Public Health Sciences	
T1-1	Explain and evaluate *practice* principles
T1-2	Using resources available, identify potential incident causes
T1-3	Identify and explain the procedures for investigating an incident such as an outbreak
T1-4	Use equipment, techniques, and procedures to conduct inspections/investigations
T1-5	Identify and explain analysis reports in relationship to the *practice*
T1-6	Identify symptoms and etiology of common diseases related to the *practice*, using relevant reference materials
T1-7	Identify and explain hazards related to the *practice*, i.e. chemical, biological, radiological, and physical hazards
T1-8	Explain the control measures used to prevent or reduce exposure to hazards related to the *practice*
T1-9	Explain the potential impacts to public health associated with the *practice*, e.g. the impacts associated with land use, development planning activities, environmental contaminants, and any type and quantity of spills
T1-10	Identify, explain, and apply, where necessary, the most recent provincial/regional *practice* requirements, standards, guidelines, policy and program changes including amendments using relevant reference materials
T1-11	Explain roles and functions of the CPHI(C) holder related to the *practice*

Competency Statement - Public Health Sciences

T1-12	Explain *practice* advisories/orders/recalls
T1-13	Based on information provided, implement or rescind relevant practice advisories/orders/recalls
T1-14	Recommend behavioural changes based on *practice* knowledge and historical data such as communicable disease trends
T1-15	Explain changes to sampling techniques and advances related to analysis results in *practice*
T1-16	Apply systematic inspection processes to any premises, and conduct audits when applicable
T1-17	Use and maintain knowledge of current *practice* technologies, inspection equipment and sampling equipment
T1-18	Assess and monitor the quality of one's own work
T1-19	Research policy and procedure development and analyze evidence to help with the evaluation of *practice* policies and programs
T1-20	Analyze *practice* activities to assist in effective and efficient delivery
T1-21	Analyze and apply *practice* risk assessment and protection strategies
T1-22	Develop operation plans or provide feedback/input on operational plans to Managers, looking at evidence and research
T1-23	Evaluate *practice* program needs or provide feedback/input to Managers
T1-24	Evaluate political action and perspective to support *practice* area policies and programs
T1-25	Evaluate the historical interaction of public health and local/regional conditions
T1-26	Develop policies and procedures to manage actions taken by department, especially on high risk events and activities

Table 2: Assessment and Analysis (T2)

This category describes the competencies needed to assess, analyze, and evaluate information (including data, facts, concepts, and theories). These competencies are required to make evidence-informed decisions, prepare budgets and reports, conduct investigations, and make recommendations for policy and program development.

Competency Statement - Assessment and Analysis	
T2-1	When applicable, evaluate areas/facilities to confirm non-compliance activities related to the *practice*
T2-2	Identify indicators used in sampling quality
T2-3	Identify and explain how to set up a sampling program for a given site and situation, when relevant policy is in place
T2-4	Identify and apply relevant reference material for *practice* activities and issues
T2-5	Use appropriate methodologies to collect, store, and retrieve accurate *practice* information
T2-6	Identify and interpret illness or adverse results based on available evidence for, and analysis of, the *practice*
T2-7	Explain and apply progressive enforcement actions required when hazardous practices, related illnesses, or non-compliance activities have been identified
T2-8	Assess risk status based on investigation, in order to assign priorities for *practice* assessment, inspection, and follow-up actions
T2-9	Identify community leaders and champions as sources of information for community action
T2-10	Assess and interpret requirements and best practices that are relevant to local conditions and policies
T2-11	Apply existing data collection tools to assess *practice* outcomes
T2-12	Evaluate past public health impacts of failed systems and recommend corrective action
T2-13	Analyze technical papers, understand tabular and graphical presentations of data, and interpret them for a non-technical audience

Competency Statement - Assessment and Analysis

T2-14	Analyze internally generated quality assurance data to assist in planning for and setting future directions
T2-15	Analyze internally generated data and communicate it to staff to enhance effective program delivery and assist in planning and setting future environmental public health directions
T2-16	Interpret and apply *practice* methodologies, including biostatistics and epidemiology, and recommend specific actions to assist in planning for and setting future directions
T2-17	Evaluate program implications for political and local audiences in non-technical terms, using appropriate media
T2-18	Design new data collection tools to assess *practice* outcomes
T2-19	Evaluate the effectiveness of performance of procedures, interventions, and programs related to the *practice*
T2-20	Evaluate resource needs and conduct assessments based on analysis of *practice* program information when applicable (e.g. in response to an emergency or disaster)
T2-21	Assist stakeholders in development and implementation of applicable *practice* plans (such as Food Safety plans and/or Public Health plans for various emergency scenarios incorporating incident management system principles)
T2-22	Review and monitor compliance of practice plans
T2-23	Evaluate tools, equipment, and procedures used in the *practice*

Table 3: Policy Program Planning, Implementation, and Evaluation (T3)

This category describes the competencies needed to effectively choose options, and to explain, assess, analyze, implement, and evaluate policies, and/or programs in environmental public health. This includes the management of incidents such as outbreaks and emergencies.

Competency Statement - Policy Program Planning, Implementation, and Evaluation	
T3-1	Implement, evaluate, and maintain fiscally responsible programs and projects
T3-2	Identify, explain, and apply priorities to maximize outcomes based on workload assigned
T3-3	Identify and explain effective *practice* guidelines, policies, and procedures
T3-4	Identify areas to work with others to implement *practice* policies and ensure continuing quality assurance
T3-5	Explain selected policy and program options that address a specific *practice* health issue
T3-6	Explain and propose amendments to policy, procedures, operational plans, or existing *practice* legislation and/or implement changes
T3-7	Recommend proposed activities for the *practice* operational plan
T3-8	Identify and explain prevention and risk management strategies to address *practice* incidents, outbreaks, and emergencies
T3-9	Explain relevant data and prepare reports to document actions, keep records, and inform appropriate parties on *practice* issues
T3-10	Interpret the results of interventions during an audit or inspection to determine if improvements have occurred over time
T3-11	Analyze *practice* risk and evaluate lessons learned during a public health emergency/outbreak
T3-12	Analyze policy statements and procedures related to *practice* inspection/assessment activities
T3-13	Analyze *practice* program data, including investigation procedures and risk reduction, to assess progress and program effectiveness

Competency Statement - Policy Program Planning, Implementation, and Evaluation	
T3-14	Evaluate the implementation of continuing quality assurance, and develop a plan to implement recommendations to improve quality assurance and assessment results
T3-15	Evaluate the feasibility and expected outcomes of each *practice* program policy option
T3-16	Evaluate *practice* program activity outcomes to determine whether resources budgeted are being maximized/used effectively
T3-17	Develop strategies for determining budget priorities, which are incorporated into a *practice* program budget (e.g. for food safety budgets)

Table 4: Partnerships, Collaboration, and Advocacy (T4)

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimize performance through shared resources and responsibilities. Advocacy – speaking, writing, or acting in favour of a particular cause, policy, or group of people – often aims to reduce inequities in health status or access to health services related to *practice* issues.

Competency Statement - Partnerships, Collaboration, and Advocacy	
T4-1	Research, prepare, deliver, and evaluate educational programs on current *practice* techniques and advances for the general public and applicable stakeholders, and identify and prepare related materials
T4-2	Develop media release materials to promote or provide information on an issue related to the *practice*
T4-3	Recommend stakeholder participation in *practice* education programs and other learning opportunities
T4-4	Identify key persons in organizations located in your area and use a coordinated approach to open and maintain communication lines between stakeholders to ensure effective program implementation
T4-5	Describe role and mandate related to any *practice* issue when queried by public, municipal partners, related agencies, or other professionals
T4-6	Explain and use collaborative techniques with neighouring agencies, organizations, communities, and professionals, to promote common *practice* education initiatives/services
T4-7	Use applicable practices to enhance/promote behaviour change
T4-8	Use team building, negotiation, and conflict resolution skills to build community partnerships and facilitate effective team delivery of *practice* programs
T4-9	Evaluate and advocate for the equitable allocation of resources related to the *practice* program delivery
T4-10	Develop a dialogue between local governments and community partners regarding identified *practice* strategies, to attain and sustain behaviour change
T4-11	Evaluate *practice* issues that need collaboration with communities/partners and other stakeholders to amend legislation/policies and protect the health and well-being of individuals and communities

Table 5: Diversity and Inclusiveness (T5)

This category identifies the socio-cultural competencies required to interact effectively with diverse individuals, groups, and communities. It is the embodiment of attitudes and practices that result in inclusive behaviours, practices, programs, and policies.

Competency Statement - Diversity and Inclusiveness	
T5-1	Apply cultural sensitivity while maintaining the protection of public health as the number one priority
T5-2	Identify how cultural diversity influences *practice* activities and how they may need to be adapted to respond to diversity issues
T5-3	Evaluate how regional and cultural perceptions of authority may influence how enforcement and attempts for behaviour change are received
T5-4	Apply culturally relevant *practice* behaviour change requirements with sensitivity and tact
T5-5	Evaluate when to collaborate with related professions, organizations, and communities to effectively address culturally relevant *practice* issues, e.g. with other agencies/regulators with shared jurisdiction for safe drinking water and/or safe recreational water
T5-6	Identify population, cultural, socioeconomic, and educational diversity when contributing to the development of *practice* educational and promotional materials
T5-7	Develop policies and program delivery mechanisms that respond to diversity in population, regional, educational, age, gender, health status, and ability-related characteristics
T5-8	Develop strategies and approaches that recognize workplace diversity when dealing with occupational issues
T5-9	Develop strategies to ensure that both professional and support staff understand the importance of using diverse and inclusive approaches that are consistent with *practice* principles
T5-10	Develop an organizational framework and policy structure that supports a culture of collaboration and partnership across all discipline specific *practices*
T5-11	Implement opportunities for training and understanding cultural diversity

Table 6: Communication (T6)

Communication involves an interchange of ideas, opinions, and information. This category addresses numerous dimensions of communication including internal and external exchanges (written, verbal, non-verbal), listening skills, computer literacy, providing appropriate information to different audiences, working with the media, and social marketing techniques.

Competency Statement - Communication	
T6-1	Identify and use teaching as part of regulatory functions of environmental public health program delivery activities
T6-2	Explain basic concepts of the various environmental public health *practices* and the value and importance of possible consequences and resolutions to clients and the public, using both written and oral communication
T6-3	Conduct all communications utilizing appropriate verbal and written language relevant to each situation while reflecting the needs of both the end-user and the need to protect and promote public health
T6-4	Use effective listening skills when participating in a situation related to a health issue/action
T6-5	Use polite, prompt, and professional communication
T6-6	Develop *practice* communication protocols, e.g. emergency preparedness communication protocols
T6-7	Use flexibility when preparing public health educational programs and information
T6-8	Explain resolution of conflicts within the agency, in the community, and with regulated parties
T6-9	Assess the needs of learners and teach environmental public health concepts to persons of all ages, genders, cultures, and educational backgrounds, in various settings and with available resources
T6-10	Apply appropriate risk communication principles/strategies and exchange information with colleagues, other professionals, and clients
T6-11	Explain the goals, purposes, problems, and needs for effective and efficient delivery of the various *practice* components
T6-12	Interpret amended concepts related to an identified *practice* issue to policy-makers using current technology

Competency Statement - Communication

T6-13	Research, interpret, and prepare information related to an identified *practice* issue that requires immediate action to reduce risk for distribution to the community
T6-14	Design, develop, and implement community networks to receive and provide information about issues that may affect the health of citizens

Table 7: Leadership (T7)

This category focuses on leadership competencies that build capacity, improve performance, and enhance the quality of the working environment. They also enable organizations and communities to create, communicate, and apply shared visions, missions, and values.

Competency Statement - Leadership	
T7-1	Identify solutions to environmental public health problems, with guidance from other CPHI(C) holders as applicable
T7-2	Explain performance standards in all public health programs
T7-3	Explain the CIPHI Code of Ethics to manage self in all areas of environmental public health, and act ethically with clients, information, and resources
T7-4	Explain the mission and priorities of the environmental public health organization where one works
T7-5	Assist employer organization to become/stay evidence based
T7-6	Explain the key values of the organization (employer) and follow a shared vision in the planning and implementation of environmental public health programs and policies in the community
T7-7	Explain and share knowledge, tools, expertise, and experience, e.g. in mentoring situations
T7-8	In committees, evaluate, explain and use best practices and incorporate relevant guidelines into policies and practice
T7-9	Assess issues and recommend policies and practices that advance public health goals and organizational learning
T7-10	Recommend and apply key values of environmental public health programs and policies in the community
T7-11	Research and apply learning opportunities for environmental public health staff to build strong teams with different skill sets, and to promote sharing of knowledge, tools, expertise, and experience

Competency Statement - Leadership	
T7-12	Analyze program activity data for inclusion in the organization's annual performance report
T7-13	Design, develop, and implement continuing education sessions for peers and related stakeholders on successes and challenges in delivering applicable environmental public health programs
T7-14	Design, implement, and evaluate quality assurance processes of all programs, policies, and best practices
T7-15	Evaluate the historical development, structure, and interaction of environmental public health and health care systems at the local, provincial/territorial, national, and international levels
T7-16	Implement and evaluate information about the economic and political implications of decisions
T7-17	Evaluate and provide direction and empathy when presented with staff concerns related to situations experienced in the field

Table 8: Legal and Regulatory (T8)

This category includes key knowledge and critical thinking skills related to the regulatory and legal context of the *practice.*

Competency Statement - Legal and Regulatory	
T8-1	Identify, explain, and follow the legal and regulatory context of the legislation applicable to the *practice*
T8-2	Identify and explain the relevant legislative infrastructure and roles of authority at the municipal, provincial, federal, and multi-jurisdictional levels
T8-3	Use legal and regulatory discretion when dealing with issues and problems in the *practice*
T8-4	When other strategies have been exhausted, identify and explain enforcement procedures (including applicable litigation processes) according to policy
T8-5	Identify and explain rationale for enforcement action on non-compliant practices
T8-6	Apply the underlying principles of *practice* legislation and hazard analysis/risk assessment
T8-7	Evaluate recent legislative changes related to the *practice*, as applicable
T8-8	Apply enforcement procedures applicable to the situation
T8-9	Recommend specific actions or amendments to legislation based on the analysis of information
T8-10	Apply selected policies and applicable regulatory tools and options when non-compliance is observed
T8-11	Assess and provide recommendations in response to proposed policies, legislation, and standards that affect *practice* program delivery
T8-12	Analyze *practice* interventions that include enforcement leading to litigation
T8-13	Research, advocate, and apply proposed *practice* policies, legislation, and standards that improve current levels to protect the health and well-being of individuals and communities
T8-14	Implement and evaluate the limitations and uses of public health legislation, policies, and standards

Continuing Professional Competencies
(CPC) Program

Professional Development Model - Revised

April 2019

Professional Development Model

1. Overview

As an important part of the Continuing Professional Competencies (CPC) Program, the Professional Development (PD) Model provides a process for monitoring, tracking, and reporting competency and professional development hours (PDHs) and activities for Environmental Public Health Professionals (EPHPs). Recognizing the diversity of the Canadian Institute of Public Health Inspector's (CIPHI) members, the program has been developed to provide flexibility to undertake activities that provide the greatest benefit to individual EPHPs in their practice. The concept and structure of the PD Model is based primarily on the "Continuing Professional Development Program" used by the Association of Professional Engineers and Geoscientists of Alberta (APEGA)[1]. Initiatives by the National Environmental Health Association (NEHA) including their Environmental Public Health Performance Standards were also carefully reviewed[2].

Once EPHPs have conducted their annual competency self assessment and learning plan, they are required to:

1. Seek out and participate in a minimum number of recognized CPC activities annually

2. Maintain records of CPC activities in the online Member Service Centre (MSC), showing the completion of the required annual minimum hours of continuing professional development

3. Declare that they are aware of the program requirements each year when they renew their memberships

These requirements are explained in detail below.

Note: Members must enter details of their professional development hours in the online member service centre at www.ciphimember.ca. A login and username is required and may be obtained by contacting CIPHI at office@ciphi.ca. Questions about the CPC Program may be directed to the Council of Professional Experience at cope@ciphi.ca

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[1]For more information see APEGA website: http//www.apega.ca/members/cpd/
[2]For more information see the NEHA website: http://www.neha.org

CIPHI's PD Model has three fundamental elements:

1. Relective Practice

2. Professional Development Hours

3. Self Reporting

1.1 Reflective Practice

One of the goals of the CPC Program is for EPHPs to become increasingly reflective in their practice. The CPC program is designed to encourage EPHPs to critically reflect on their practice and to evaluate their capacity against the discipline specific competencies. The PD Model was designed to encourage EPHPs to reflect on the learning activities that they take part in. In this way, knowledge developed through learning activities can be used in everyday practice.

A successful plan for continuing professional development should consider scope of practice, current level of knowledge and skills, short-term needs and objectives, and long-range plans.

When deciding on the PD activities to engage in during a given year, Certificate in Public Health Inspection (Canada) (CPHI (C)) holders should select meaningful activities that will benefit their individual practice. They should have a clear purpose and objective that will maintain, improve, or expand the knowledge, skills, and abilities that apply to their chosen field.

Reflection is an effective way to assess educational needs and is a useful problem-solving tool for the profession. To use reflection as part of their professional development, EPHPs should ask themselves key questions after engaging in learning activities, such as:

- What happened in that particular situation?
- What was the outcome?
- What was the intended outcome?
- Do I need to do something differently next time?
- Do I have skills/knowledge/ability to change the outcome?
- What will help me gain the competency to be more efective next time?

Asking these questions after the fact is what CIPHI considers to be "reflection on action". When reflection is used, the feedback is immediate, enabling training and PD decisions to become meaningful and effective.

Reflecting on questions such as the above will also increase the growth of a practitioner. For example: EPHPs may recognize a deficiency and determine what steps were taken to correct it, and how it impacted future practice. CIPHI recommends that CPHI(C) holders record reflective comments on learning and other activities as part of their annual competency self-assessment. The self-assessment tool can be found in the online MSC.

1.2 Professional Development Hours

PDHs are a key element of CIPHI's PD Model. To support EPHPs in gaining and maintaining the skills, knowledge and abilities essential to the profession, CIPHI(C) holders are required to collect and submit PDHs annually online in the MSC.

PDHs include hours worked in the profession (on the job hours) and a combination of other activities such as participating in research activities and attending courses and/or conferences. All practicing regular members of CIPHI(C) are required to collect 80 PDHs annually. For a detailed breakdown of the hours required, the eligible categories, and the submisson process for PDHs, please refer to Section 4 in this guide.

The minimum PD requirements may not be adequate to maintain or increase competence for all EPHPs. It is the responsibility of individual EPHPs to assess their needs and to plan appropriately.

1.2 Self Reporting

To meet the requirements of the CPC Program, EPHPs must:

*   Log and maintain a record of CPC activities through the MSC annually by January 31st of the following year.
*   Maintain records that support their PDHs (e.g. conference receipts) for a period of at least one year in the event they are audited.

Submission of PDHs shall include the information as it is required on the MSC. This includes:

*   Category that the PDH fits into
*   Activity that applies to the PDH
*   The number of PDHs claimed for each activity
*   Title and description of the PDH
*   Notes/attachments which should include specific information and further explanation of the PDHs that allows the auditors to understand how the course/activity applied to the EPHPs professional development.

2. The Council of Professional Experience

The Council of Professional Experience (CoPE) is the body that administers, monitors, regulates, and evolves the CPC program, including the PD Model. It consists of up to 15 members from across the country who serve for a three year term upon ratification of their appointment by the National Executive Council (NEC). Members have an option to be re-appointed for an additional three year term following their first term.

CoPE will be governed in accordance with the Regulations governing the Council of Professional Experience document and will have an elected chair, regular meetings, and administrative policies. Its role is to foster accountability in EPHPs. CoPE shall:

- Provide the structure and leadership for the CPC Program and system
- Set criteria for professional development and maintenance of discipline specific competencies
- Conduct random audits of members
- Evaluate, assess and maintain an inventory of all courses approved for claiming PDHs
- Establish and manage standards for retired, on-leave and non-practicing CPHI(C) holders to maintain their credentials
- Innovate new frameworks, ideas, and initiatives

3. Verifying Professional Development Activities

CoPE has created an auditing process to guide the ongoing review of the PD Model and the evaluation of the effectiveness of the CPC Program.

3.1 Auditing Overview

The purpose of the auditing process is to monitor and improve the PD Framework, check whether members are actively meeting PD commitments, and ensure that the CPC Program is meeting its objectives.

Through the auditing process, CoPE will monitor the submission of PDHs for the timelines and eligibility and report to auditees in a timely manner. In addition, CoPE will report to the NEC on an annual basis, or as requested, auditing statistics.

The privacy of the auditees will be maintained at all times through:

- a defined process for data collection
- a commitment to only collecting data that is essential to the process and
- a commitment to confidentiality by all persons who collect and/or access the member's personal data

3.2 Selection

All members shall complete their PDHs as outlined in the Self Reporting section of this document. The deadline for submitting PDHs is January 31st of the following year.

Audits will occur on an annual basis following the deadline for PDH submissions. Audits will be randomly selected and conducted on a minimum of 5% of the regular membership who have submitted the minimum required amount of PDHs. All members who failed to submit the minimum required amount of PDHs before the January 31st deadline will be considered non-compliant.

3.3 Auditing Process and Declaration of Conflict

Members will be selected randomly from the MSC site for auditing of their participation in the CPC Program. Audits will be performed by CoPE members who do not have a conflict of interest with the auditee. If asked to audit a file for someone they know (e.g. friend, co-worker, or someone they had a dispute with), the auditors shall report the situation to CoPE Audit Lead and another auditor will be assigned.

Audit results will be communicated to participants via a Notice of Results letter, sent by electronic or other means to the contact information indicated by the member in the MSC. In the circumstance that a member fails an audit, the letter will also include:
1. Information on how to make an application to appeal audit decision.
2. Implications and potential outcomes of continued non-compliance.
3. Information and requirements of the CPC Program and Regular Membership.

3.4 Auditing Results

For each auditee, CoPE will record and file the following information:

1.   Claim details
2.   Identify that you were audited
3.   Identify any deficiencies

Members who have failed to submit the minimum required PDHs before the annual deadline, or have failed an audit are subject to follow up monitoring in accordance with the Progressive Compliance Cycle.

Auditing statistics and any relevant aggregate data about the audits will be reported to the NEC on an annual basis.

3.5 Non-Compliance

There are two circumstances in which a regular CIPHI member may be considered to be in non-compliance:

1. A regular CIPHI member fails to submit the minimum required PDHs before the annual deadline, or
2. A routine audit indicates that a member has not met the minimim number of PDHs due to an auditor disallowing a claim or where a member has failed to provide additional information to an auditor.

In these two circumstances, the auditor will provide this information to CoPE's Audit Lead and Chair. The information will then be forwarded to the NEC and CIPHI Office who may place the member in the Progressive Compliance Cycle. The Progressive Compliance Cycle is outlined in detail in CIPHI NOP #23.

Members will be informed through electronic or other means, of their non-compliance in the CPC program. The member will be provided the following:

1. Details about the PDH deficiency and the rationale.
2. Information on how to make an application to appeal audit decision.
3. Implications and potential outcomes of continued non-compliance such as membership termination and suspension of CIPHI (C) credential if certified after January 2017.
4. Information and requirements of the CPC Program and Regular Membership.

4. Minimum Requirements

4.1 Numerical and Diversity Requirements

A credible program defines minimum levels of effort. As mentioned earlier, CIPHI's CPC Program measures learning and development through PDHs. A summary of the PD requirements are included in the table in Section 6 below.

CIPHI's PD Model allows flexibility by including various PD categories and the period in which the minimums must be attained. Regular, full-time employed EPHPs shall:

* Maintain a total of at least 80 PDHs over one year
* Obtain 50 of those 80 PDHs from the Professional Practice category
* Obtain 30 of the 80 PDHs from the remaining five categories
* Be aware of the maximum PDHs allowed annually in each category

Note: Carry over of PDHs from one year to the next is not permitted.

4.2 Categories

The following six categories are areas in which EPHPs may earn credits for professional development:
1.   Professional Practice
2.   Formal Activity
3.   Informal Activity
4.   Participation
5.   Presenting
6.   Contributions to Knowledge and Reflective Practice

Category 1 - Professional Practice

Active professional practice is a significant factor in maintaining and improving skills, either where an EPHP is actually practicing according to the legal definition[3] or "influencing" the practice of the profession. "Influencing" means having some effect on how the profession is practiced without necessarily performing technical work. This also includes regular staff meetings on routine operational matters, training on new IT systems for purposes of work, teaching courses such as FoodSafe on behalf of the employer, and structured discussions of technical or professional matters with one's peers.

15 hours of work equals one PDH.
A maximum of 50 PDHs per year may be claimed in this category.

Category 2 - Formal Activity

EPHPs should strive to include formal activities in their continuing PD program. Formal activities often include academic credit, academic recognition or certification. Example of formal activities include:
*   PD programs, courses, and seminars
*   Courses offered by universities. technical institutes, colleges, suppliers, employers, or technical societies
*   Courses offered through traditional classroom settings. correspondence, video, or online.

One hour of course attendance equals one PDH.
A maximum of 30 PDHs per year may by claimed in this category.
For more details on approved courses refer to the Approved Course Listing located in the MSC.

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[3]Definitions of "Practice": For the purposes of CoPE, the practice of environmental public health work shall include those persons, having thier CPHI(C) or CSI(C), who are involved in teaching, consulting, ar administering in the field of environmental health and/or working in health agencies. This shall include, but is not be limited to, those persons in the following specific positions: Public Health Inspector; Environmental Health Officer; Community Care Licensing Officer; Instructor in Environmental Health; Senior Environmental Health Inspector; Senior Public Health Inspector; Assistant, Chief Public Health Inspector; Chief Environmental Health Officer; Consultant, Community Care Licensing Branch; Program Manager, Environmental Health Protection Service; Director, Community Care Licensing; Director, Public Health Protection Branch; Director of Environmental Health; Regional Manager, Public Service Health; and Executive Director, Environmental Health Protection Service. **A person employed in a non-aligned field such as a Quality Control/Quality Assurance position, or non-health protection type organization, shall be referred to CoPE for a review on a case-specific basis.**

Category 3 - Informal Activity

Informal activities are usually shorter in duration and do not involve any evaluation, but nevertheless expand knowledge, skills, and judgement.
They include:
- Self-directed study
- Attendance at conferences and industry trade shows
- Seminars, webinars, technical presentations, talks and workshops
- Attendance at meetings of technical professional, or managerial associations or societies
- Structured discussions of technical or professional issues with one's peers

One hour of informal activity equals one PDH.
A maximum of 30 PDHs per year may be claimed in this category.

Category 4 - Participation

Activities that promote peer interaction and provide exposure to new ideas and technologies enhance the profession and serve the public's interest. These activities include:

- Appointments as a mentor. Mentoring is a structured, ongoing relationship between a less experienced public health professional and an experienced public health professional whereby the mentor helps support the mentee's growth and often plans, orients, trains, and evaluates the mentee's work.
- Providing Job Shadowing/Professional Promotion. This is a limited relationship often lasting only a few hours or days and the person providing the Job Shadowing/Professional Promotion has little investment in the participant's growth
  - *4 hours of providing Job Shadowing/Professional Promotion equals 1 PDH*
- Services on public bodies that draw on professional expertise (e.g. planning boards and environmental boards).
- Services on development appeal boards, investigative commissions, review panels, or community building committees.
- Services on standing or ad-hoc committees of a technical or professional nature, or managerial associations and societies. NOTE: CIPHI activities are considered for 10 PDHs maximum per year.
- Contributions to the community which require professional and ethical behaviour, but not necessarily the application of technical knowledge, including active service for charitable, community, religious, or service organizations; coaching league sports teams; or elected public service on municipal, provincial, or federal levels or school boards.

One hour of participation acvtivity equals one PDH, except providing 4 hours of Job Shadowing/ Professional Promotions equals one PDH.
A maximum of 20 PDHs per year may be claimed in this category with not more than 10 of those PDHs coming from any one of the bullets above.

Category 5 - Presenting

Eligible presentations are those of a technical or professional nature that are discretionary and are outside an EPHP's normal job functions. **Note: teaching food safety courses or other courses that are part of an EPHP's normal job functions can't be claimed under this or any other category**.

Presenting may occur:
- At a conference, meeting, course, or seminar.
- Either within a company or at an event sponsored by a technical or professional orgainization.

Multiple deliveries of the same presentation count for only one presentation.
One hour of preparation and delivery equals one PDH.
A maximum of 20 PDHs per year may by claimed in this category.

Category 6 - Contributions to Knowledge and Reflective Practice

Activities outside of an EPHP's normal job functions which expand or develop the technical knowledge base and reflective practice activities are recognized. Contributions may include:

- Reflective practice in the form of completing or updating the competencies self assessment tool located on the MSC, a comparable assessment tool, learning plan, or personal reflection on action. One hour of reflective practice equals one PDH for a maximum of 5 PDHs per year
- Development of published codes and standards. One hour of committee work equals one PDH to a maximum of 10 PDHs per year
- Publication of papers in a peer-reviewed technical journal. Each paper published equals 15 PDHs
- A thesis at the Masters or Ph.D level, on a one time basis, upon successful defense and approval. Each thesis equals 30 PDHs
- Publication of a book. Each book equals 60 PDHs (maximum of 30 PDHs claimed per year)
- Publication of an article in non-reviewed journals or an internal company report. Each article equals 10 PDHs for a maximum of 10 PDHs per year
- Formal peer review of articles for publication. One hour of review equals one PDH for a maximum of 10 PDHs per year
- Edit of papers for publication. One hour of editing equals one PDH to maximum of 10 PDHs per year

A maximum of 30 PDHs per year may be claimed in the Contributions to Knowledge and Reflective Practice category, bearing in mind the limits indicated above.

5. Other Professional Development Activities

The discipline specific competencies as outlined in the blue section of this guide will evolve over time and EPHPs may come across PD opportunities that do not fit the criteria currently established. CIPHI members may claim these opportunities in the MSC and include details of the activity in their entry. Members should submit attachments that support their activities (e.g. agendas, slide decks, etc.) in the MSC when logging PDHs. This will enable a review of educational opoortunities by the member for their reflective practice and self assessment, and also facilitate auditing of their activities by CoPE.

Organizations, employers, and conference organizers may choose to submit the Application for Approval of Professional Development Hours to CoPE for review and approval of their events. This process will establish the number of PDHs that may be claimed for a specific training event, and the orgainizers may advertise the PDHs as part of the marketing of the event. This will enable members to know how many PDHs to claim in their MSC for specific organized events.

6.   Professional Development Model Summary

This table provides a synopsis of the six PD categories along with the PD allotment for each.

Table 6.0

Category	Professional Development Hours	Max/year
Professional Practice:		
1) PROFESSIONAL PRACTICE	15 hours = 1 PDH	50 PDHs max.
Other Activities:		
2) FORMAL ACTIVITY	1 hour = 1 PDH	30 PDHs max.
3) INFORMAL ACTIVITY	1 hour = 1 PDH	30 PDHs max.
4) PARTICIPATION	1 hour = 1 PDH* *Maximum of 10 PDHs from any one bullet *Exception: providing 4 hrs of Job Shadowing/ Professional Promotion = 1 PDH	20 PDHs max.
5) PRESENTING	1 hour = 1 PDH	20 PDHs max.
6) CONTRIBUTIONS TO KNOWLEDGE AND REFLECTIVE PRACTICE	Reflective practice (self assessment, learning plan, personal reflection on action) 1 hour = 1 PDH (maximum is 5 PDHs/year)	30 PDHs max.
	Publich paper in a peer reviewed technical journal: Each paper = 15 PDHs	
	Successful defense of an approved thesis: Each thesis = 30 PDHs	
	Publication of a book: Each book = 60 PDHs (maximum 30 PDHs per year)	
	Publish article in a non-reviewed journal or internal report or newsletter: Each article = 1 PDH (maximum is 10 PDHs/year)	
	Review of articles for publication: 1 hour = 1 PDH (maximum is 10 PDHs /year)	
	Review papers for publication: 1 hour = 1 PDH (maximum is 10 PDHs/year)	
	Develop published codes and standards: 1 hour = 1 PDH (maximum is 10 PDHs/year)	
	Other Activities Subtotal	30 PDHs max.
	TOTAL	80 PDHs

7. Exemptions:

Part Time Employment, Unemployment, Leaves of Absence, and Retirement

If, for any reason, EPHPs do not practice full time during the course of the calendar year, they might not be able to meet the requirements of the CPC Program as readily as those who are practicing full time. **Such individuals must complete the Declaration for Reduced Professional Development Hours check box and number of months working field when entering their professional practice hours in the MSC**. This will alert auditors that the member did not practice full time for the audited year. Members taking a leave of absence, maternity or paternity leave, or who are employed part time must declare a reduction in order to be exempt from the full PDH requirements.

> Note: A leave of absence that spans the course of more than one year will require the member to submit a declaration for reduced professional development hours for each year, or partial year, in which they did not practice full time. The pro-rated calculation as noted below may be different for each year, depending on the type and duration of leave.

The amount of PDHs required will be pro-rated based on the number of months an EPHP is working or is active in the field. This applies to leaves of absence of one year or less.

Table 7.0

Number of Months Working/Participating	Professional Practice PDHs Required	All Other Activities PDHs Required	Total Number of PDHs Required[*]
0 of 12	0	2.5	2.5
1 of 12	4	2.5	6.5
2 of 12	8	5	13
3 of 12	13	8	21
4 of 12	17	10	27
5 of 12	21	12	33
6 of 12	25	15	40
7 of 12	29	17	46
8 of 12	33	20	53
9 of 12	38	23	61
10 of 12	42	25	67
11 of 12	46	27	73
12 of 12	50	30	80

[*]Exceptions may be considered based upon circumstances

Example: Leave of Absence

If you are a full-time employee taking maternity leave from April 1, 2019 to April 1, 2020, PDHs required for each year are as follows:

- **For 2019:** you may claim PDHs for January through March for a total of 13 PDHs under professional practice. Additional PDHs may be claimed in other categories. **A total of 21 PDHs is required by the member.**
- **For 2020:** you amy claim 38 PDHs under professional practice. Additionally, 23 PDHs may be claimed in other categories. **A total of 61 PDHs is required by the member.**

Example: Part-time Employee

If you are a part-time employee working in a half time position (i.e. 0.5 FTE) you may claim PDHs for a 6 month period as per Table 7.0, since a half time employee will work 6 out of 12 months, or half the rate of a full time employee. This means you may claim 25 PDHs under professional practice. **A total of 40 PDHs is required by the member.**

Upon retirement, CIPHI (C) holders have the option of maintaining membership as a Regular member or as a Retired member. If you change your membership status to Retired member and are no longer practicing as an active EPHP, you are not required to participate in the CPC Program. However, if you continue your status as a Regular member during retirement and continue to practice as an EPHP, or change your membership status to Retired member and continue to practice, you are required to participate in the CPC program. If working less than 12 months per year you must check the Declaration of Reduced Professional Development Hours checkbox on the MSC in the Professional Practice category.

8. Application

The program applies to all holders of the CPHI(C). It does not apply to students. The requirement to engage in PD activities begins on the date that Regular membership status occurs following certification.[*]

9. Resuming Active Practice

If EPHPs have a prolonged period where they are inactive in their practice (eg. more than one year) CIPHI may set conditions to be met by a member prior to the member resuming practice. These conditions will consider how long the member has been non-practicing (i.e. one to two years, two to five years, or greater than 5 years). Once CIPHI grants permission to resume active practice, EPHPs shall engage in PD activities beginning on their resumption date, and resume payment of annual dues.

[*]Student membership status remains in effect following CPHI(C) certification until the beginning of the next calendar year, at which time status as a Regular member is required. All Regular members must participate in the CPC program.

10. Role of the Employer

CIPHI encourages employers to support the continuing professional development efforts of their member employees. EPHPs are encouraged to discuss PD objectives with their employers or mentors. Through discussion, EPHPs and their employers can decided on appropriate PD activities and determine the type and level of employer support required.

Among other things, employer support can include:

- Provision of learning opportunities
- Assistance in developing job expectations and responsibilities
- Periodic review of EPHP's performance and progress
- Implementation of performance management systems
- Provision of financial support of activities
- Provision of time to participate in activities and reflect on them once completed

11. Consequences of Non-Compliance

Failure to participate in the CPC program in compliance with the requirements described in the Professional Development Model will result in EPHPs being placed in CIPHI's Progressive Compliance Cycle which can result in members having their membership terminated or, for members certified after January 1, 2017, their CIPHI certificate suspended. Details for the Progressive Compliance Cycle and Reinstatement Policy can be found in the CIPHI NOPs located on the CIPHI website.

12. Further Information

To ask specific questions about the CPC Program, please email: cope@ciphi.ca or contact your branch representative.

Appendix A – Glossary

The glossary contains both general and Standards of Practice specific definitions.

Please see Appendix B for a list of references.

General Definitions

Advocacy: Interventions such as speaking, writing, or acting in favour of a particular issue or cause, policy, or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty, or persons with HIV/AIDS. *(PHAC)*

Analysis: The examination and evaluation of relevant information in order to select the best course of action from among various alternatives. In public health, this requires the integration of information from a variety of sources. *(PHAC)*

Analyze: Break down into components or essential features; e.g. break down, compare, and/or correlate data available, or provide assistance in understanding information. *(CIPHI)*

Apply: Be applicable to; as to an analysis. Use examples or provide action to illustrate statement.

Application: The use of previously learned information in new and concrete situations to solve problems that have single or best answers. Use knowledge of a procedure to apply it to a situation. *(CIPHI)*

Assessment: A formal method of evaluating a system or a process, often with both qualitative and quantitative components. *(PHAC)*

Attitude: A relatively stable belief or feeling about a concept, person, or object. Attitudes can often be inferred by observing behaviors. Related to definition of values. (See definition – Values) *(PHAC)*

Collaboration: A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone. *(PHAC)*

Communication skills: These are the skills required by CPHI(C) holders to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; verbal skills, often reinforced with visual images. *(PHAC)*

Community participation: Procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies, and implementing them to achieve better health. *(PHAC)*

Core competencies for public health: Core competencies are the essential knowledge, skills, and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice` and the use of an overall public health approach. *Core Competencies for Public Health: Release 1.0.* **(PHAC)**

CPHI (C): The Certificate in Public Health Inspection (Canada), CPHI(C), is granted 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. The CPHI(C) 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. Candidates must meet educational and practicum requirements. They must hold a degree in a program of instruction approved by the Board of Certification. The Candidates must also satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs and complete a set of certification documents.

CPHI(C) holder: An individual who has been awarded the credential of CPHI(C) by the Board of Certification, Canadian Institute of Public Health Inspectors, and may have one or more post-secondary or graduate diplomas or degrees. May also be called Public Health Inspector (PHI), Environmental Health Officer (EHO), Environmental Public Health Professional (EPHP), Quality Assurance Manager, Water Inspector, Manager, Director, or a Certified Sanitary Inspector (CSI).

Culturally-relevant (and appropriate): Recognizing, understanding, and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural, socioeconomic, and educational backgrounds, and persons of all ages, genders, health status, sexual orientations, and abilities. *(PHAC)*

Data: A set of facts; one source of information. (See definition – Information) *(PHAC)*

Demonstrate: Provide evidence for; stand as proof of; show by one's behavior, attitude, or external attributes. To show or make evident, by reasoning or proof; to prove by deduction; to establish so as to exclude the possibility of doubt or denial. To exhibit and explain. To display and explain the workings of a machine, product, or specifics of a practice area. *(CIPHI)*

Demonstrate knowledge: The skills demonstrated for the practice area in question include: knowledge of major ideas, being able to describe, identify and explain the details of the subject matter, and examine the applicable processes. *(CIPHI)*

Describe: Give a description of; to give an account or representation of in words. *(CIPHI)*

Design: Plan or intend for a purpose; make or work out a plan for; devise. Conceive and produce a design for. Used when "applying knowledge."

Determinants of health: Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, in combination, create different living conditions which impact health. For more details, please visit www.phac-aspc.gc.ca/ph-sp/phdd/determinants. *(PHAC)*

Develop: Make something new, such as a product, or a mental or artistic creation. Also proposing or writing a procedure, policy, or activity. *(CIPHI)*

Diversity: The demographic characteristic of populations attributable to perceivable ethnic, linguistic, cultural, visible, or social variation among groups of individuals in the general population. *(PHAC)*

Environmental Public Health Professional: A person working in the field/science/ profession of environmental public health. Different working titles are in use across Canada, e.g. Public Health Inspector and Environmental Health Officer. The National Executive Committee (NEC) adopted the term "Environmental Public Health Professional"(EPHP) during its 5-year strategic planning session to be consistent with US initiatives and to make the subtle distinction between human health protection work conducted by health agencies and the ecological protection and pollution prevention work conducted by environmental agencies. *(CIPHI)*

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount. In public health, the community need for protection from risks to health may take precedence over individual human rights, for instance, when

persons with a contagious disease are isolated and their contacts may be subject to quarantine. Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information, may also be a source of tension. *(PHAC)*

Ethics (CIPHI) - Code of Ethics. In addition to the general definition of ethics above, it also includes adhering to the Canadian Institute of Public Health Inspectors' Code of Ethics as defined in its Constitution, to which every member signs a declaration to adhere to. *(CIPHI)*

Evaluation: Efforts aimed at determining, as systematically and objectively as possible, the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used. *(PHAC)*

Evidence: Information such as analyzed data, published research findings, results of evaluations, prior experience, and/or expert opinions any or all of which may be used to reach conclusions on which decisions are based. *(PHAC)*

Explain: To make something plain or understandable; to give the reason for or cause of; to show the logical development or relationships of. Using knowledge of subject to provide information that helps to understand something. *(CIPHI)*

Hazard: A source of potential harm from past, current, or future exposures. *(ATSDR)*

Health hazard: a) A condition of a premise, (b) a substance, thing, plant, or animal other than man, or (c) a solid, liquid, gas, or combination of any of them, that has, or that is likely to have, an adverse effect on the health of any person. *(HPPA Ontario)*

(Health) planning: A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity of all health departments commonly includes short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods with a feasible time horizon, often happens 5 years ahead and sometimes as far ahead as 10 or even 15 years. *(PHAC)*

Health policy: A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation, and evaluation. Policy development is the creative process of identifying and establishing a policy to

meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is the assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health and social services. *(PHAC)*

Health program: A description or plan of action for an event or sequence of actions, or events over a period of time. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity. *(PHAC)*

Health promotion: The process of enabling people to increase control over, and to improve, their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, political, and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and re-orient health services. (A public health system core function.) *(PHAC)*

Health protection: A term to describe important activities of public health in food hygiene, water purification, environmental sanitation, drug safety, and other activities, that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function.) *(PHAC)*

Identify: To recognize or be able to name, or to prove who or what (someone or something) is. To recognize a condition or situation that requires a specific action, or results in a prescribed solution or action to be applied. (CIPHI)

Information: Facts, ideas, concepts, and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action. *(PHAC)*

Interpret: To explain or tell the meaning of; present in understandable terms. Note: generally used when trying to understand a regulation, act, or by-law. In the process of interpreting (or translating) the legalese of same, an attempt is made to provide an explanation of it in plain and understandable language. *(CIPHI)*

Investigation: A systematic, thorough, and formal process of inquiry or examination used to gather facts and information in order to understand, define, and resolve a public health issue. *(PHAC)*

Implement: Apply in a manner consistent with its purpose or design. Ensure observance of laws and rules. *(CIPHI)*

Knowledge: Remembering (recalling) appropriate, previously learned information related to the Practice Area. *(CIPHI)*

Leadership: Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching, and recognition. They encourage empowerment, allowing other leaders to emerge. *(PHAC)*

Lifelong learning: A broad concept where education that is flexible, diverse, and available at different times and places is pursued throughout life. It takes place at all levels (formal, non-formal, and informal), utilizing various modalities such as distance learning and conventional learning. *(PHAC)*

Managers: Public health staff who are responsible for major programs or functions. They typically have staff who report to them. Sometimes senior managers come from sectors other than public health and therefore, rely heavily on specialists and other public health professionals for content expertise and advice. In other situations, managers with public health experience and qualifications are expected to bring more content knowledge. *(PHAC)*

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in peoples' lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require considerable input from public health practitioners, including the application of skills in advocacy for health. *(PHAC)*

Mission: The purpose for which an organization, agency, or service exists, often summarized in a mission statement. *(PHAC)*

Outbreak: The occurrence, in a community or region, of cases of an illness with a frequency clearly in excess of normal expectancy. The number of cases indicating presence of an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore, the status of an outbreak is relative to the usual frequency of the disease in the same area, among the same population, at the same season of the year. *(APHA)*

Partnerships: Collaboration between individuals, groups, organizations, governments, or sectors for the purpose of joint action to achieve a common goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued. *(PHAC)*

Performance standards: The criteria, often determined in advance, e.g. by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed. *(PHAC)*

Population health assessment: Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery, and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic, and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates. (A public health system core function.) *(PHAC)*

Practice: Refer to Practice Area. When reading the competency statements in this document, the word Practice should be replaced with the relevant practice area(s) that a CPHI(C) holder works in and/or want to assess.

Practice Area: Related to environmental public health: specific public health activities, programs, services, and roles/responsibilities in which EPHPs function. The activities described in each practice area are not all inclusive and do not represent all of the potential activities that an EPHP may be involved in. **(CIPHI)**

Practitioner: Public health staff who have post-secondary education and experience in the field of public health. Practitioners have sufficient relevant experience to work independently, with minimal supervision. Practitioners carry out the bulk of day-to-day tasks in the public health sector and work directly with clients, contractors, other professionals, owner/operators, and government agencies, including individuals, families, groups, and communities. Responsibilities may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other organizational tasks. Examples of practitioners are public health nurses, EPHPs, public health dietitians, dental hygienists and health promoters. *(PHAC)*, *(CIPHI)*

Prepare: To work out the details of; to plan in advance.

Principle: A basic idea or rule that explains or controls how something happens or works.

Proficient: Having or showing knowledge, skill, and aptitude in public health.

Public health: An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands an increasing array of skills and expertise from its practitioners. *(PHAC)*

Public health practitioner: May also be called public health professional, public health worker. A generic term for any person who works in a public health service or setting. They may be classified according to profession (e.g. public health inspector, environmental health officer, nurse, physician, dietitian), according to role and function (e.g. direct contact with members of the public or not), whether their role is hands-on active interventions or administrative, or in various other ways. *(PHAC), (CIPHI)*

Public health sciences: A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural/biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, demography, genetics, nutrition, molecular biology, and more. *(PHAC)*

Recognize: To be fully aware or cognizant of; to be aware of the significance of; to recognize a health hazard. *(CIPHI)*

Recommend: To push for something; express a good opinion of; to represent as being worthy of regard or confidence; to give endorsement of; to put forward ideas to somebody who has to decide what to do. *(CIPHI)*

Research: Activities designed to develop or contribute to knowledge, e.g. theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. In public health, there is an ill-defined distinction between research and routine surveillance, case finding, etc. Qualitative research aims to do in-depth exploration of a group or issue and the methods used often include focus groups, interviews, life histories, and so on. *(PHAC)*

Risk: The probability that something will cause injury or harm, or the likelihood of harm. *(Agency for Toxic Substances and Disease Registry)*

Social marketing: The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population. *(PHAC)*

Specialist: Specialists are public health staff members who are likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners, and advanced practice nurses. *(PHAC)*

Surveillance: Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function.) *(PHAC)*

Sustainable development: The use of resources, investments, technology, and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way of organizing the complex development-environment-health relationship that reveals all the important interactions and possible entry points for public health interventions. *(PHAC)*

Use: To put into service; to make work or employ (something) for a particular purpose or for its inherent or natural purpose; to put something into action or service for some purpose; to make use of something such as a tool or a resource in a particular way. *(CIPHI)*

Values: The beliefs, traditions, and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time, and often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and the protection from harm of infants, children, and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, or attitudes towards use of alcohol, tobacco, and other substances. Values can affect behaviour and health either beneficially or harmfully. *(PHAC)*

Vision: If a strategic plan is the "blueprint" for an organization's work, then the vision is the "artist's rendering" of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group's work together. *(PHAC)*

Working environment: A setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural, and psychological setting that may help to induce harmony among workers, or the opposite – tension, friction, distrust, and animosity which can interfere with well-being and aggravate risks of injury. *(PHAC)*

Standards of Practice Definitions

Accountability: Because public health professionals are ultimately responsible to the people they serve, transparency and accountability generally mean that processes and criteria for decision making are available for public inspection.

Assessment: As one of the core functions of public health, assessment involves the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues.

Best practices: The consensus of expert panels regarding acceptable organization, staffing, and provision of services by a public health agency, medical clinic, hospital, or other health care facility. Best practices are also sometimes called benchmarks.

Client: An individual, family, group, population, or entire community who requires environmental public health expertise. In some clinical settings, the client may be referred to as a patient, case, or resident.

Competence: The integration and application of knowledge, skills, attitude, and judgment required for safe, ethical, and appropriate performance in an individual EPHP's practice. Competency requires the ability to apply knowledge into practice.

Confidentiality: A principle of ethics according to which the member may not disclose information about a client without the client's consent. In most cases, this relates to a client's "personal information."

Conflict of interest: A situation in which a member has a personal, financial, or other professional interest or obligation which gives rise to a reasonable apprehension that the interest or obligation may influence the member in the exercise of his or her professional responsibilities. Actual influence is not required in order for a conflict of interest situation to exist.

Ethical: The fundamental disposition of the EPHP toward what is good and right and action toward what the EPHP recognizes or believes to be the best response or action in a particular situation.

Evidence-based/Evidence-informed practice: Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data. Evidence-informed practice is responsive to the needs and emerging issues, and uses the best available evidence to address them.

Indicator: Indicators illustrate how a Professional Standard is applied and met. Indicators provide specific criteria that are used, when applicable, to measure the actual performance of an individual EPHP.

Knowledge: According to the Oxford English Dictionary knowledge is (i) expertise and skills acquired by a person through experience or education; the theoretical or practical understanding of a subject, (ii) what is known in a particular field or in total; facts and information or (iii) awareness or familiarity gained by experience of a fact or situation.

Justice: A principle focusing on fair treatment of individuals and groups within society. Justice is a broader concept than fairness. Environmental justice is the fair treatment of all people with respect to the development, adoption, and enforcement of environmental laws, regulations, and policies. Environmental justice is the right to a safe, healthy, productive, and sustainable environment, where "environment" is considered in its totality to include the ecological, physical, social, political, aesthetic, and economic environment.

Pedagogy: The correct use of teaching strategies.

Professional conduct: Behaving in a way that upholds the profession. This includes, but is not limited to, practicing in accordance with relevant legislation and environmental public health Standards of Practice.

Scope of practice: Activities that EPHPs are educated in and authorized to perform as set out in the regulations and complemented by standards, limits, and conditions established by CoPE and CIPHI's competencies for EPHPs.

Social justice: Involves attention to those who are most vulnerable in society and is about preventing human rights' abuses and ensuring adherence to laws.

Standard: A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable. Professional standards are statements about levels of performance that EPHPs are required to achieve in their practice and represent the criteria against which the performance of all EPHPs is measured.

Appendix B – References

The references contain both general and Standards of Practice specific definitions.

General References

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Appendix C – Environmental Public Health Practice Areas

This section describes the key activities for each practice area. The descriptions do not represent all of the activities that a CPHI(C) holder may be involved in. The practice areas, related activities, and legislation may vary greatly across the country. Cross-area collaboration is very common. The statements are, however, intended to describe the main functions and activities that a CPHI(C) holder is expected to address in the practice area.

1. Safe Food

The Safe Food practice area includes activities such as:

- food safety in public facilities such as community centres, hospitals, long term care homes, day cares, and schools
- HACCP based principles
- Critical Control Point verification
- inspection/assessment
- food handler training
- food borne illness investigations
- consumer complaints
- allergies
- food recalls
- public food safety knowledge
- enforcement of applicable legislation

2. Safe Water

The Safe Water practice area includes activities related to both safe drinking water and safe recreational water such as:

- public premise water supplies and treatment processes, including water in public facilities such as community centres, hospitals, long term care homes, day cares, and schools
- private water supplies and treatment processes

- water systems inspections and assessments

- water transportation

- bottled water

- results interpretation

- consultation

- investigating water borne illness, and acute and chronic disease conditions from waterborne sources

- Boil Water/Drinking Water Advisories or Orders issued and released

- recreational water related to swimming pools, wading pools, spas, slides, public beaches, and theme parks

- pool operator training

- enforcement of applicable legislation

3. Health Hazard Management

The Health Hazard Management practice area includes activities related to hazard investigation, assessment, and surveillance, specifically:

- ensuring safe built environments and safe housing including playgrounds, schools, day cares, work camps, rental housing, noise pollution, body piercing/tattoo facilities, and long term care facilities

- safe indoor air quality in facilities such as schools, day cares, continuing care facilities, bingo halls, and arenas

- outdoor air quality issues

- housing complaints/investigations

- nuisance controls

- pest and vector control

- spills risk assessment and investigation

- pesticides, chemical, biological, radiological, nuclear, and physical hazards/use/abuse

- waste management including landfill issues, biological-biomedical wastes, recycling issues, and contaminated sites

- enforcement of applicable legislation

4. Disease and Injury

The Disease and Injury practice area includes activities related to:

- single case investigations, outbreaks including food borne, water borne, SARS, noroviruses, and vector borne diseases

- infection control investigations in public facilities such as community centres, schools, hospitals, long term care homes, and group homes

- investigations in personal services settings including tattoo, massage, piercing, and beauty salons

- asthma, injuries, cancer, heart health, skin and eye problems, poor birth outcomes, noise induces hearing loss, and poisonings

- enforcement of applicable legislation

5. Healthy Living and Healthy Community Environments

The Healthy Living and Healthy Community Environments practice area includes activities related to:

- tobacco enforcement, including sales to minors and display of tobacco products

- smoking in public areas, school properties, public buildings, and workplaces

- health promotion to impact individuals to make more healthy lifestyle choices, e.g. healthy eating

- injury prevention strategies for physical, social, natural, and built environments, e.g. playground, housing, and building code risk assessments

- substance abuse reduction

- land use and healthy community planning

- wastewater – land management including onsite sewage disposal, storm water issues, land development, source water protection, and municipal sewage treatment

- environmental assessment reviews

- enforcement of applicable legislation

Activities in this practice area are delivered from an environmental public health perspective.

6. Emergency Preparedness

The Emergency Preparedness practice area includes activities related to:

- disaster preparation/planning

- site management

- environmental public health emergency response procedures

- incident management systems and role/response of CPHI(C) holders to CBRN (chemical, biological, radiological, and nuclear) incidents

- enforcement of applicable legislation

This practice area also includes health hazards related to emerging health issues as they arise, where an emergency response is applicable/appropriate (may be related to extreme weather, climate change, and indoor and outdoor air quality).

Appendix D – Public Health Agency of Canada Core Competencies for Public Health: Release 1.0.

One ... Public Health Sciences

This category includes key knowledge and critical thinking skills related to the public health sciences: behavioural and social sciences, biostatistics, epidemiology, environmental public health, demography, workplace health, and the prevention of chronic diseases, infectious diseases, psychosocial problems and injuries. Competency in this category requires the ability to apply knowledge in practice.

A public health practitioner is able to ...

1.1 Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the delivery and use of health services.

1.2 Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.

1.3 Apply the public health sciences to practice.

1.4 Use evidence and research to inform health policies and programs.

1.5 Demonstrate the ability to pursue lifelong learning opportunities in the field of public health.

Two ... Assessment and Analysis

This category describes the core competencies needed to collect, assess, analyze and apply information (including data, facts, concepts and theories). These competencies are required to make evidence-based decisions, prepare budgets and reports, conduct investigations and make recommendations for policy and program development.

A public health practitioner is able to ...

2.1 Recognize that a health concern or issue exists.

2.2 Identify relevant and appropriate sources of information, including community assets and resources.

2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues.

2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.

2.5 Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts.

2.6 Recommend specific actions based on the analysis of information.

Three ... Policy and Program Planning, Implementation and Evaluation

This category describes the core competencies needed to effectively choose options, and to plan, implement and evaluate policies and/or programs in public health. This includes the management of incidents such as outbreaks and emergencies.

A public health practitioner is able to ...

3.1 Describe selected policy and program options to address a specific public health issue.

3.2 Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.

3.3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.

3.4 Implement a policy or program and/or take appropriate action to address a specific public health issue.

3.5 Demonstrate the ability to implement effective practice guidelines.

3.6 Evaluate an action, policy or program.

3.7 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.

3.8 Demonstrate the ability to fulfill functional roles in response to a public health emergency.

Four ... Partnerships, Collaboration and Advocacy

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimizes performance through shared resources and responsibilities. Advocacy-speaking, writing or acting in favour of a particular cause, policy or group of people - often aims to reduce inequities in health status or access to health services.

A public health practitioner is able to ...

4.1 Identify and collaborate with partners in addressing public health issues.

4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.

4.3 Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources.

4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.

Five ... Diversity and Inclusiveness

This category identifies the socio-cultural competencies required to interact effectively with diverse individuals, groups and communities. It is the embodiment of attitudes and practices that result in inclusive behaviours, practices, programs and policies.

A public health practitioner is able to...

5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.

5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Six ... Communication

Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including internal and external exchanges; written, verbal, non-verbal and listening skills; computer literacy; providing appropriate information to different audiences; working with the media and social marketing techniques.

A public health practitioner is able to...

6.1 Communicate effectively with individuals, families, groups, communities and colleagues.

6.2 Interpret information for professional, non-professional and community audiences.

6.3 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.

6.4 Use current technology to communicate effectively.

Seven ... Leadership

This category focuses on leadership competencies that build capacity, improve performance and enhance the quality of the working environment. They also enable organizations and communities to create, communicate and apply shared visions, missions and values.

A public health practitioner is able to...

7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice.

7.2 Contribute to developing key values and a shared vision in planning and implementing public health programs and policies in the community.

7.3 Utilize public health ethics to manage self, others, information and resources.

7.4 Contribute to team and organizational learning in order to advance public health goals.

7.5 Contribute to maintaining organizational performance standards.

7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience.

Appendix E – Examples of Discipline Specific Competencies

This section contains real life examples of the specific competencies that have been collected from CIPHI members. The examples are meant to illustrate how competency statements can be applied to someone's career. It is important that they are treated as examples only and that you apply the statements to your own career and professional development.

Discipline Specific Competency	Real Life Example:
T1-1. EXPLAIN AND EVALUATE *PRACTICE* PRINCIPLES	✓ In the area of Safe Water, discuss parameters of public health interest such as microbial pathogens, and chemical parameters such as lead, arsenic, and uranium. ✓ In the area of Safe Air, discuss the parameters of public health significance including microbiological, chemical, and physical parameters (e.g. fungi, VOC's, and temperature). ✓ In the area of Safe Food, discuss the principles of HACCP, such as hazard analysis and identifications, critical points, control strategies, and monitoring protocols. ✓ In the area of Infection Control in Personal Services Settings (PSS), explain the potential risks to workers' and clients' health (e.g. blood borne infections, skin infections, and respiratory infections).
T1-2. USING RESOURCES AVAILABLE, IDENTIFY POTENTIAL INCIDENT CAUSES	✓ Identify the possible causes of an outbreak of gastrointestinal illness using information gathered during a disease outbreak investigation. ✓ Using resources available, identify potential incident causes and identify possible causes of unsatisfactory water sample results taken from a public beach.
T1-3. IDENTIFY AND EXPLAIN THE PROCEDURES FOR INVESTIGATING AN INCIDENT SUCH AS AN OUTBREAK	✓ Explain the procedures for investigating and controlling an outbreak of gastrointestinal illness. ✓ Describe the information you would gather while investigating an alleged infection or outbreak from a PSS (e.g. client records and employee health records). ✓ In the area of Safe Food, discuss microbial pathogens and their growth conditions, infective doses, and control measures.
T1-4. USE EQUIPMENT, TECHNIQUES, AND PROCEDURES TO CONDUCT INSPECTIONS/INVESTIGATIONS	✓ Use equipment, techniques, and procedures to conduct testing and evaluation methods consistent with Standard Methods or NSF International field evaluation procedures. ✓ In the area of Safe Recreational Water, identify the chemical parameters such as Free Available Chlorine, Total Chlorine, Combined Chlorine, pH, Alkalinity, and Cyanuric Acid (if applicable) by colorimetric or photometer testing. ✓ Use chlorine analyzers to assess chlorine levels in the drinking water supply. Look at several points of importance in the treatment and distribution system and identify potential risks to users.

Discipline Specific Competency	Real Life Example:
T1-5. IDENTIFY AND EXPLAIN ANALYSIS REPORTS IN RELATIONSHIP TO THE *PRACTICE*	✓ Identify and explain food sample, water sample, and stool sample results. ✓ Discern the significance of environmental sample results (e.g. acceptable limits, regulatory standards, testing limits, concepts of 'indicator organisms', and methodological limitations). ✓ Review and analyze bacterial results of a well water test and explain the results to the home owner.
T1-6. IDENTIFY SYMPTOMS AND ETIOLOGY OF COMMON DISEASES RELATED TO THE *PRACTICE,* USING RELEVANT REFERENCE MATERIALS	✓ Recognize symptoms and etiology of common enteric infections.
T1-7. IDENTIFY AND EXPLAIN HAZARDS RELATED TO THE *PRACTICE,* I.E. CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND PHYSICAL HAZARDS	✓ In case of a well onsite of a malfunctioning septic system, identify and explain possible biological hazards.
T1-8. EXPLAIN THE CONTROL MEASURES USED TO PREVENT OR REDUCE EXPOSURE TO HAZARDS RELATED TO THE *PRACTICE*	✓ Explain the control measures used to prevent or reduce exposure to hazards related to the practice such as use of Personal Protective equipment gloves and a face shield when handling water sample preservative (Nitric Acid).
T1-10. IDENTIFY, EXPLAIN, AND APPLY, WHERE NECESSARY, THE MOST RECENT PROVINCIAL/REGIONAL *PRACTICE* REQUIREMENTS, STANDARDS, GUIDELINES, AND POLICY AND PROGRAM CHANGES, INCLUDING AMENDMENTS USING RELEVANT REFERENCE MATERIALS	✓ State the legislation/requirements for Personal Services Settings (PSS) in Ontario (e.g. Ontario Public Health Standards, PSS Best Practices, and PSS Protocol). ✓ Identify, explain, and apply Canadian Drinking Water Guidelines and Canadian Recreation Water Guidelines by: ○ Locating web pages for guidelines and technical documents, and differentiating between a Maximum Acceptable Concentration, an Aesthetic Objective, and an Operational Guideline ○ Explaining how the guidelines are different from regulations ○ Making a recommendation about the safety and suitability of a source of water based on a set of analysis results
T1-11. EXPLAIN ROLES AND FUNCTIONS OF THE CPHI(C) HOLDER RELATED TO THE *PRACTICE*	✓ Describe the roles and functions of the of the CPHI(C) holder in disease surveillance. ✓ Describe the roles and functions of the CPHI(C) holder in monitoring recreation areas.
T1-16. APPLY SYSTEMATIC INSPECTION PROCESSES TO ANY PREMISES AND CONDUCT AUDITS WHEN APPLICABLE	✓ Apply systematic inspection processes during the inspection of public and private housing, including health and safety risks of substandard housing and inspection of private onsite/municipal sewage treatment systems. ✓ In the area of Disaster Management, conduct systematic inspections of areas used to house evacuated persons in relation to food, water, housing, sanitation, and waste control.
T1-18. ASSESS AND MONITOR THE QUALITY OF ONE'S OWN WORK	✓ In the area of Food Inspection, evaluate the number of inspections conducted and identify food facilities needing more intervention strategies such as education and enforcement.
T1-20. ANALYZE PRACTICE ACTIVITIES TO ASSIST IN EFFECTIVE AND EFFICIENT DELIVERY	✓ After the first year of a Lyme disease education and surveillance program, assess the success of the program and make appropriate changes to make the program more effective.

Discipline Specific Competency	Real Life Example:
T2-2. IDENTIFY INDICATORS USED IN SAMPLING QUALITY	✓ In the area of Food Product Testing, identify microbiological parameters for declaring the food product safe for human consumption (depending on the food production process and the use of the finished product).
T2-8. ASSESS RISK STATUS BASED ON INVESTIGATION, IN ORDER TO ASSIGN PRIORITIES FOR *PRACTICE* ASSESSMENT, INSPECTION, AND FOLLOW-UP ACTIONS	✓ In the area of enteric follow-up, be knowledgeable of different enteric diseases, know what questions to ask during an interview, and know when to exclude individuals due to occupation and when to rescind an exclusion order.
T2-9. IDENTIFY COMMUNITY LEADERS AND CHAMPIONS AS SOURCES OF INFORMATION FOR COMMUNITY ACTION	✓ In protecting source waters (for drinking water supplies), identify stakeholders and decision makers for the formation of a source water protection committee.
T2-18. DESIGN NEW DATA COLLECTION TOOLS TO ASSESS *PRACTICE* OUTCOMES	✓ In the area of SFBI, continue to rewrite and monitor the effectiveness of the data collection questionnaire. Change it as required to obtain better or more comprehensive data in order to aid in outbreak detection.
T2-23. EVALUATE TOOLS, EQUIPMENT, AND PROCEDURES USED IN THE *PRACTICE*	✓ Identify and evaluate tools, equipment, and procedures to complete an outbreak investigation of Norovirus in an Adult Care Facility.
T3-3. IDENTIFY AND EXPLAIN EFFECTIVE *PRACTICE* GUIDELINES, POLICIES, AND PROCEDURES	✓ Identify and explain Canadian Drinking Water Guidelines and Canadian Recreational Water Guidelines. ✓ Identify and explain the standard methods and procedures for collecting and submitting water samples for microbiological analysis.
T3-6. EXPLAIN AND PROPOSE AMENDMENTS TO POLICY, PROCEDURES, OPERATIONAL PLANS, OR EXISTING *PRACTICE* LEGISLATION AND/OR IMPLEMENT CHANGES	✓ In Food Safety, review examples of inspection programs from other jurisdictions, assess their applicability and usefulness, and adopt portions for implementation.
T4-7. USE APPLICABLE PRACTICES TO ENHANCE/PROMOTE BEHAVIOUR CHANGE	✓ In Skin Cancer Prevention, provide public education about UV protection, provide natural or man-made shade for bathing beaches, and create/enforce legislation to prohibit minors from using tanning beds.
T4-11. EVALUATE PRACTICE ISSUES THAT NEED COLLABORATION WITH COMMUNITIES/PARTNERS AND OTHER STAKEHOLDERS TO AMEND LEGISLATION/POLICIES AND PROTECT THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES	✓ Evaluate Food Safety legislation or controls for uninspected foods at Farmers' Markets. ✓ Evaluate private sewage disposal/treatment standards/legislation for rural subdivisions.
T5-1. APPLY CULTURAL SENSITIVITY WHILE MAINTAINING THE PROTECTION OF PUBLIC HEALTH AS THE NUMBER ONE PRIORITY	✓ In the area of Safe Food, recognize the behavioural differences in diverse cultures and utilize culturally sensitive etiquette to facilitate behavioural change when it comes to safe food handling.

Discipline Specific Competency	Real Life Example:
T6-3. CONDUCT ALL COMMUNICATIONS UTILIZING APPROPRIATE VERBAL AND WRITTEN LANGUAGE RELEVANT TO EACH SITUATION WHILE REFLECTING THE NEEDS OF BOTH THE END-USER AND THE NEED TO PROTECT AND PROMOTE PUBLIC HEALTH	✓ Apply effective communication skills in written reports, orders, and education materials when dealing with food service operators.
T6-5. USE POLITE, PROMPT, AND PROFESSIONAL COMMUNICATION	✓ Use polite, prompt, and professional communications while handling complaints.

Appendix F – CPHI(C)

CIPHI currently awards the Certificate in Public Health Inspection (Canada), CPHI(C)[12]. The certificate is granted 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.

The CPHI(C) is a certificate of qualification and is intended to meet the needs of the provinces, municipalities, federal government, and other employers of qualified professionals in the field.

To obtain the certificate, candidates must meet educational and practical requirements. They must hold a degree in a program of instruction approved by the Board of Certification. Candidates must also satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs and complete a set of certification documents.

The CPHI(C) outlines the theoretical and practical requirements for recent graduates and entry-level professionals. The discipline specific competencies in this document establish criteria for self-assessing competency and engaging in continued development once the CPHI(C) has been awarded.

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[12] CIPHI (2009): http://www.ciphi.ca/boc.htm.

Appendix G – Detailed Activity Record

Note: This is a sample only. An MS Word version with sufficient space to type your information is available on the CIPHI website.

From (yyyy-mm-dd):	To (yyyy-mm-dd):
Name:	Certificate #:

Professional Practice - Maximum 50 PDHs per year
15 hours of Professional Practice = 1 PDH

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Continuing Professional Development Activity - Maximum 30 PDHs per year

Formal Activity: Courses through universities, colleges, employers, industry, technical societies. If no evaluation, activity must be greater than ½ day. 1 hour = 1 PDH; 1 CEU = 10 PDHs; Maximum 30 PDHs/year

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Informal Activity: Self-directed study, attendance at conferences/meetings, discussion with peers, seminars/ technical presentations/workshops (if less than ½ day). 1 hour = 1 PDH; Maximum 30 PDHs/year

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Participation: Mentoring, public boards, technical/professional committees or societies, community involvement. 1 hour = 1 PDH; Maximum 20 PDHs/year

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Presentations: Technical/professional presentations at conferences/meetings, courses/workshops. 1 hour = 1 PDH; Maximum 20 PDHs/year

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Contributions to Knowledge and Reflective Practice: 1 hour Development of published codes or standards = 1 PDH; 1 hour Committee work = 1 PDH; 1 Article published in peer-reviewed journal = 15 PDHS; 1 Thesis dissertation = 30 PDHs; 1 Published book = 60 PDHs; 1 Article published in non-reviewed journal = 10 PDHs (Maximum 10 PDHs/year); 1 hour Review of articles for publication = 1 PDH (Maximum 10 PDHs/year); 1 hour of editing articles for publication = 1 PDH; Completing the CPC competency self assessment = 5 PDHs per year

Date (yyyy-mm-dd)	Description/Title of Completed Activities	Organizer /Provider	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period	Supporting Documentation Available (Y/N)

Total for all Activities during Period	PDHs Earned	PDHs Claimed	PDHs Carried Over to Next Period

_____   _____
Signed   Dated

Appendix H – Application for Approval of Professional Development Hours

MEMBER INFORMATION	
Name:	Certificate No:
Mailing Address:	
City:	
Country:	Postal Code:
Email:	
Tel:	Fax:
COMMENTS (Description of the Course/Event, Total Number of Hours, Provider) Please give details and dates, attaching additional sheets as necessary.	

COMMENTS (How does the course/event assist you in your current position?) Please give details and dates, attaching additional sheets as necessary.

_____   _____
                    Signed   Dated

This request to have PDHs accepted has been reviewed by CoPE and has been:
          ☐ **Approved**   ☐ **Not Approved**

_____   _____
                CoPE Chairperson   Dated

CoPE shall keep all information provided on this application in confidence.