

Opinion Paper on Professionalism for The Canadian Institute of Public Health Inspectors

Change is inevitable and irresistible.

There have always been those in our profession who have advocated for the advancement of the Canadian Institute of Public Inspectors (CIPHI) as a professional organization. In fact, the website makes the claim:

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

The modern connotation of professionalism has three tenets that are implied in the above statement. They are mandatory membership for those who carry the professional designation, i.e. CPHI(C); a code of ethical conduct that members are required to adhere to; and some method for ensuring members keep abreast of the knowledge and skills required of the profession as it evolves.

To this end, there will be a resolution(s) presented to the annual general meeting of CIPHI in Toronto this September that, if passed, will require the National Executive Committee (NEC) to develop a professional model for CIPHI and implement it within a year.

There are also forces at play that are pushing for this throughout the various disciplines of public health. In a recent presentation to public health inspection staff at a health unit in Ontario, Ron deBurger stated that all of the many recent reviews of public health capacity have highlighted the need for professional development for the occupational groups working in public health. Examples of these are the *Haines, Naylor, Campbell* and *Walker Reports*. Nurses, physicians and infection control practitioners, to name a few, have achieved these in some form.

A concrete example of this pressure is the funding and support that the Public Health Agency of Canada has provided to the institute to develop core competencies for public health inspectors which will supplement the basic core competencies for all occupational groups working in public

health. This originates from the Federal/Provincial/Territorial Committee on Health that established this goal for all occupational groups within public health. While this is great, it does not complete the task of maintaining professional capacity over time, does not adequately address the need for ethical conduct, and does not provide a mechanism for implementing and maintaining the product throughout the profession.

I have heard some say, "...let the employer do this for us." The problem with that is twofold; they can't do it to the extent that it needs doing and even if they could, we probably wouldn't like the outcome because we would have given up our ability to control the process and outcome.

The key to dealing with change successfully is to manage it to your advantage. That can only be done effectively if you embrace it and gain control. Resistance means you give up control to someone else who will implement it in the way they see fit.

There are other disadvantages to not having these features in effect for CIPHI, its' members, and the non-members who practice with the CPHI(C). Some of them are:

- Because maintenance of certification is not dependant on mandatory membership in the professional organization, many certified people do not join. CIPHI is irrelevant to their basic standing in the profession. Therefore, CIPHI cannot realistically claim to speak or act on behalf of the profession; just for those who bother to take out a membership. The lack of resources this creates through forgone membership dues places serious restrictions on what CIPHI can do in terms of providing service to members which again contributes to its' inability to increase its' relevancy. This is also obvious to external stakeholders like employers and government when CIPHI goes to advocate on behalf of the profession. This irrelevancy creates a serious credibility issue that severely restricts its' ability to advocate effectively on behalf of the profession in critical areas like legislation, program development, training needs, etc.
- We have no ability (control) to re-direct and help certified members whose conduct has or is bringing the profession into disrepute. This area is effectively left to the employer and they get to decide what, if any, remedial measures are taken. This is not a mark of a true profession. What evidence is there that an external body will perform

this function in the best interests of the person or the profession? I suggest the evidence is that it is hit and miss at best.

- In most cases, issues of professional performance are related to a lack of knowledge or skills. If you aren't keeping up with these as they evolve, there is obviously a risk that your performance will suffer and that can get you into a variety of problems. If you have some kind of system that helps people to keep abreast of developments and to sharpen skills that may have become rusty through disuse, it follows that there will be a corresponding reduction in those kinds of problems.
- If employers and the public cannot see that the certification designation is demonstrating that it is capable of ensuring core competencies remain up to date and ethical practice is being maintained, then the certification will become less valuable to them to help support it through recruitment and training initiatives. CIPHI's (2004) position statement, *Canada's Public Health System: The Need for a National Strategy to Revitalize Frontline Environmental Public Health*, states that:

This goal is also intended to ensure that frontline EPH professionals are competent and effective in responding to current and emerging health issues. EPH practitioners need to be certified based on a set of universal core competencies and held accountable to the public they serve. EPH professionals should be required to maintain their certification by following a standardized code of practice and by meeting continuing education requirements to ensure they remain current on emerging health issues, public health networks, research and cutting edge technologies.

- If we do not follow through on this initiative, we will be flying in the face of recommendations from virtually every important study into public health capacity in recent years. The *Naylor, Walker, Campbell* and *Haines* studies all make some kind of recommendations for the provision of ensuring adequate training and competency for public health professionals/professional development.

All of us have heard many times the phrase, "What has CIPHI done for me?" from certified individuals. As if CIPHI isn't simply the embodiment of its' membership. Input equals output. It is not high paid

personnel. There are none. It does not have the money because its' current membership and dues base are too small to afford it. It is made up of volunteers that do their best to create the appearance of a professional organization despite the lack of resources. Compare the education and salaries of certified members to those of nurses; then, compare their professional organizations, membership dues, and the numbers of people in their profession. It is clear that the nurses' organization is very effective and the dues are much higher despite there being many more of them to carry the cost. The other big difference that explains the cost is the model of organization they have chosen. We will look at that later.

CIPHI is no different than anything else. If it is not maintained, nurtured, and cared for, it can't do its' job. Then it is of even less and ultimately no use to its' owners. Just like a house; if not maintained by its' owners, it falls into disrepair and has to be abandoned. The occupants have to rent and live by someone else's rules because they didn't look after the thing that gave them some real degree of independence, responsibility, control over their lives and comfort. They have to rely on someone else to provide these things for them and settle for whatever that is.

There are those who say that we cannot do this ourselves; that we need to get the various provincial and territorial governments to bring us into the health professions act model with legislation. This is not accurate or feasible. The reasons are:

- This leaves us open to the expense and lack of uniformity that exists (with ten provincial and two territorial divisions) for other professions with many more members that pay very high dues to maintain such a model.
- The B.C. Branch has been pursuing this ardently for the better part of twenty years without success. Ontario Branch also attempted this route about the same time as B.C. started and were basically told to forget it. It has not been the fault of the people who tried.
- CIPHI has all the capacity at hand to do this on its' own; it has always had this. CIPHI exists by virtue of a charter granted by the federal government (see www.ciphi.ca) many years ago that granted its' members the right to form the organization, make bylaws to govern its operation, and to conduct business on behalf of its' members. CIPHI has exercised those functions over the years by among other things, establishing the certification process and changing the qualifications attached to it and establishing the

Board of Certification. CIPHI owns the rights to that certification by virtue of the charter, its' own bylaws (constitution), and the exercise of these functions. CIPHI is owned by its' members who have exercised these functions over the years. So, just as it has in the past, CIPHI can change the rules for certification by changing its' bylaws through a vote by its' members at an annual general meeting. This is exactly the effect that the resolution will have if passed.

What does this mean practically? The resolution does not dictate the detail of how the system will look, just the fundamental principles that must be incorporated into it. The NEC will have to seek legal and other technical advice on this and input from the membership in order to come up with an acceptable plan. Acceptable implies practicable and affordable. Once phased in, anyone seeking to offer that they have the CPHI(C) will have to comply with all certification requirements.

While CIPHI would have the legal right to pursue an individual through legal means that claims to possess certification but was not actually certified through failing to maintain his/her qualifications, there is little, if any need for this to occur. A quick scan of the CIPHI Position Page shows that virtually all prospective employers require the certification. Some governments have actually made the possession a legal requirement to practice. All CIPHI has to do is, like other similar organizations, create a web page with the names and particulars of those possessing certification on it. Anyone who falsely claims to possess certification is readily found out by prospective and current employers and will suffer the consequences accordingly. The Board of Canadian Registered Safety Professionals (www.acrsp.ca) is an organization that has done exactly this and has a great deal in common with CIPHI beyond this point.

This is not meant to be an exhaustive analysis of this issue. There is a great deal of work to be done to bring this about and no one person has all the answers. What this hopes to do is to spark some thoughtful and, above all, *respectful* dialog within the profession around this issue in advance of the coming annual general meeting. As I said at the outset, change is inevitable and there may be some who will not find this proposed change comfortable, just as there are many who

have been frustrated to the point of distraction and indifference for years over the lack of progress.

Speaking for myself, I believe that the members of our profession are not just capable of achieving this and operating it in a successful manner; they are the only ones who are truly qualified to do so. I also believe that it is something we owe to the public that puts such a vast amount of trust in us and the work we do on their behalf in helping to protect their health. I am sure all of us realize that the powers we have been granted in legislation to perform our job of protecting the public health are the envy of every other regulatory oriented profession that exists.

This is not about creating barriers or being punitive. It is about taking advantage of a golden opportunity that will pay dividends for all in our profession well into the future. It is also about putting truth to the claim on the CIPHI website and our expectation to be regarded and treated as professionals.

Respectfully Submitted by;

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