

**RECOMMENDATIONS  
ON THE  
DESIGNATION OF  
ENVIRONMENTAL/  
PUBLIC HEALTH INSPECTION**

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Irvine Epstein, Q.C., Chair  
Arminée Kazanjian, Member  
David MacAulay, Member

Application by the  
Canadian Institute of  
Public Health Inspectors, B.C. Branch

November 4, 1997 • Government of British Columbia

## **FOREWORD**

This report is in response to an application by the B.C. Branch, Canadian Institute of Public Health Inspectors for designation under the Health Professions Act (R.S.B.C. 1979, c.162.7). Under this Act, the Health Professions Council is an advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions. This report is the result of an investigation of environmental/public health inspection by a three member panel of the Health Professions Council.

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## EXECUTIVE SUMMARY

The B.C. Branch of the Canadian Institute of Public Health Inspectors submitted an application to the Health Professions Council for the designation of environmental/ public health inspection as a health profession under the Health Professions Act (the Act).

Under the Act, the Council must first determine whether the applicant group falls within the definition of a "health profession" in section 1. If the applicant fits the definition, the Council must then determine whether it is in the public interest to grant self-regulating status to the profession through designation under the Act.

The Council's primary consideration in this regard is whether there is a risk of physical, mental or emotional harm to the health, safety or well being of the public having regard to the factors set out in section 5(1)(a) to (d) of the Health Professions Regulation under the Act (the Regulation). The Council also considers other factors, such as those listed in section 5(2) of the Regulation.

During its investigation, the Council determined that the applicant group fell within the definition of health profession in the Act. However, after carefully considering the factors set out in sections 5(1) and (2) of the Regulation the Council concluded that a self regulatory college for environmental/public health inspection was unnecessary and would not be in the public interest.

The primary reason for the Council's decision was that there is very little risk of harm associated with the practice of the profession, and such harm is adequately addressed through the current regulatory and supervisory controls on the practice of environmental/public health inspection.

## I. APPLICATION AND PROCESS OF INVESTIGATION

### (a) General Introduction

The Health Professions Council (the Council) received an application from the B.C. Branch of the Canadian Institute of Public Health Inspectors (the applicant) for designation under the Health Professions Act (the Act).

Associations, related professions, and other organizations having knowledge about the practice of environmental/public health inspection were asked for their opinions about whether designation would be appropriate and also about what would be an appropriate scope of practice for the profession. Other jurisdictions were also contacted for information regarding the regulation of environmental/public health inspection.

A list of the organizations the Council contacted for information about environmental/ public health inspection can be found in Appendix A, and a summary of the submissions received is in Appendix B.

The applicant is a branch of the Canadian Institute of Public Health Inspectors, a national body that provides certification for public health inspectors through its Board of Certification. The applicant has represented public health inspectors in British Columbia since 1925, and has been incorporated as a society under the Society Act since 1977. Membership is optional. According to the latest information received from the applicant, approximately 250 persons practice this profession in British Columbia, and the Branch represents 140 (or 55%).

The applicant employs a part-time registrar who maintains a member registry, receives and investigates complaints, and administers the Branch's mandatory continuing education program.

At present, environmental/public health inspection is not recognized as a self governing profession in any Canadian jurisdiction. In British Columbia, the only legislation concerning environmental/public health inspection is the Health Act. That Act defines "public health inspector" as the holder of a certificate from the Board of Certification of the Canadian Institute of Public Health Inspection. It also contains several provisions regarding the practice of environmental/public health inspection, including inspection and order making powers. Thus, in order to perform the functions of a public health inspector under the Health Act, it is necessary to obtain certification from the Board.

The applicant states that it is seeking designation because environmental health officers/public health inspectors (EHO/PHIs) are playing an increasingly important role in protecting the public, and there will be a greater demand on the profession to ensure compliance with the standards of professional practice. In the applicant's view, designation

under the Act would accomplish this goal as there would be a college established with the legislated mandate of regulating the conduct of persons who provide services in the area of environmental/public health inspection.

After an initial review of the application, the Council decided to conduct an investigation pursuant to s.7(3)(c) of the Act. Notice of the investigation was placed in the Gazette on October 24, 1996.

The Council carefully considered the information provided and the submissions received, and determined that it had sufficient information to make a decision regarding the application without a public hearing.

## **II. STATEMENT OF ISSUES**

The main issues raised by this application are as follows:

- 1)Whether the profession of environmental/public health inspection falls within the definition of a health profession;
- 2)Whether the practice of environmental/public health inspection may involve a risk of physical, mental or emotional harm to the health, safety or well-being of the public;

## **III. RECOMMENDATIONS**

The Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

The profession of environmental/public health inspection not be designated under the Health Professions Act.

#### IV. RATIONALE FOR THE RECOMMENDATIONS

Section 10(1) of the Act provides that the Council's mandate is to determine whether it is in the public interest for a health profession to be granted self-regulating status through designation under the Act.

In order to recommend the designation of environmental/public health inspection under the Act, the Council must first determine if environmental/public health inspection falls within the definition of a health profession under the Act. If it does, the Council must then assess, having regard to the factors set out in section 5(1) of the Regulation, whether the risk of physical, mental or emotional harm to the public is sufficient to warrant the granting of self-regulating status. The Council may also consider other criteria, including those set out in section 5(2) of the Regulation.

The Council proposes to address these issues as follows:

- 1) Does environmental/public health inspection fall within the definition of a health profession as set out in Section 1 of the Act?; and
- 2) If so, is it in the public interest to grant environmental/public health inspection self-regulating status having regard to the factors set out in section 5 of the Regulation?

##### 1. Definition of Health Profession

Section 1 of the Act states, in part:

"health profession" means a profession in which a person exercises skill or judgment or provides a service related to

- (a) the preservation or improvement of the health of individuals, or
- (b) the treatment or care of individuals who are injured, sick, disabled or infirm

The applicant states that it fits the definition because EHO/PHIs seek to preserve and improve the health of the public through the application of the principles of environmental sanitation and health protection measures. The applicant provided a copy of the Ministry of Health's job description for the position "Public Health Inspector" which provides that EHO/PHI are responsible for:

"..carrying out a program of inspection, investigation, enforcement and public education for a defined geographic area; enforcing Public Health law; ensuring that community development conforms to good public health principles and legislative standards and maintaining activity records."

The applicant also notes that EHO/PHIs provide the following tasks and services:

- identify and investigate matters or things injurious or dangerous to public health, such as identifying the cause of a botulism outbreak;
- conduct epidemiological studies;
- initiate surveys and investigations and compile and interpret results;
- monitor and regulate public and private drinking water systems to ensure the drinking water provided by them meets minimum and nationally accepted standards;
- survey public facilities that provide food or beverages to ensure that the public is protected from foodborne illness by seeking compliance with food safety legislation;
- monitor environmental conditions that may be hazardous to human health;
- when empowered to do so, ensure compliance with the provisions of the Health Act and its numerous regulations as well as local health-related by-laws such as smoking by-laws and pesticide notification by-laws;
- take a lead role in handling public health emergencies such as spills of toxic material into water supplies;
- participate in the development and presentation of public health and environmental education/promotion programs;
- provide technical review/assessment/approval/rejection of plans submitted by applicants for food service establishments, subdivisions, sewage disposal systems, and swimming pools.

The Council recognizes that the definition of "health profession" in section 1 of the Act is very broad, and after carefully reviewing the tasks and services performed by

EHO/PHIs, the Council is satisfied that environmental/public health inspection falls within this broad definition in the Act.

## 2. Public Interest Criteria

Section 10(1) of the Act sets out the Council's mandate regarding applications for designation:

Where the council receives an application under section 7(1) or a direction under section 8, the council shall determine whether it would be in the public interest to designate a health profession under this Act, having regard to the information obtained in any investigation conducted by the council **and in accordance with the prescribed criteria, if any.**

The "prescribed criteria" are set out in section 5 of the Health Professions Regulation:

5(1) For the purposes of section 10(1) of the Act, the Council **must** consider the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public, having regard to

- (a) the services performed by practitioners of the health profession,
- (b) the technology, including instruments and materials, used by practitioners,
- (c) the invasiveness of the procedure or mode of treatment used by practitioners, and
- (d) the degree to which the health profession is
  - (i) practised under the supervision of another person who is qualified to practise as a member of a different health profession,  
or
  - (ii) practised in a currently regulated environment.

(2) The council **may** also consider the following criteria:

- (a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession;
- (b) the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public;
- (c) the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession;

(d)whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution;

(e)whether it is important that continuing competence of the practitioner be monitored;

(f)the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest;

(g)the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the Council may affect the viable operation of the college;

(h)whether designation of the health profession is likely to limit the availability of services contrary to the public interest.

Thus, the criteria fall into two categories: the mandatory determination of risk of harm under section 5(1) and the discretionary criteria listed in section 5(2). The Council proposes to deal with each in turn.

#### **A. Risk of Harm - Section 5(1) of the Regulation.**

The risk of harm involved in the practice of a health profession is the most important factor in considering whether self-regulation under the Act is appropriate. The Council believes that a profession should only be designated where the risk of harm is significant, having regard to the factors set out in section 5(1) of the Regulation under the Act. Further, the Council believes that designation may not be appropriate where the profession is already effectively regulated.

#### **s.5(1)(a)the services performed by practitioners of the health profession**

The applicant states that its practitioners advise businesses, building owners and the general public regarding environmental and public health, and incorrect or untimely advice can lead to serious illness, injury or death. The applicant states that the following specific types of harm may arise:

- people may suffer a serious illness or injury if they are not given correct and timely advice regarding a suspected communicable or enteric disease;
- people may die if incorrect advice is given in response to a rabies incident or the consumption of contaminated foods or beverages;
- people may be unnecessarily exposed to a serious illness, injury or death if the EHO/PHI fails to act or acts in an inadequate or untimely fashion in response to the existence of a health hazard such as the sale of unpasteurized milk or the deliberate adulteration of food;

In response to further questions from the Council, the applicant states that the risks associated with its profession fall within the harm outlined in section 5(1) of the Regulation. It states that their work is a crucial component of the definition of health care which strives to prevent illness and injury and protect the public's health, and not just treat those who are already ill. They believe that there is just as significant a need to protect the public from unprofessional or incompetent conduct in environmental/public health inspection as there is in the acute care field.

The Council has carefully considered this submission. We have concluded that the risks described may fairly be compared with all manner of safety inspections. However, there is no risk inherent in the services themselves performed by public health inspectors. Rather, the risk is that the results of incompetent performance may be significantly harmful. We are of the opinion that designation under the HPA is not the proper means to address the possibility of such harmful results.

**s.5(1)(b)the technology, including instruments and materials, used by practitioners**

**s.5(1)(c)the invasiveness of the procedure or mode of treatment used by practitioners**

Neither of these factors appear to be relevant to the present application.

First, while the applicant has described much of the technology used by practitioners, no submissions were made with respect to any risk of harm associated with this technology. It would appear that any such risks are encompassed within the risk of incompetent practice described above, as opposed to any inherent risk in the technology itself.

Second, the practice of environmental/public health inspection does not involve any invasive procedures.

**s.5(1)(d)the degree to which the health profession is**

**(i) practised under the supervision of another person who is qualified to practise as a member of a different health profession,**

The applicant states that 97% of practitioners work for agencies (chiefly government) which have administrative supervision, typically provided by medical health officers or chief or senior EHO/PHIs. The applicant states, however, that EHO/PHIs exercise a high degree of independent decision-making and judgment.

The applicant also states that the government's regionalization initiative will have an effect on the supervisory framework. As of April 1, 1997 all provincially employed EHO/PHIs and all municipal health EHO/PHIs will become employees of the 11 independent regional health boards and the 9 independent community health service societies. The applicant states that an emerging trend under this new structure is to have health professionals other than EHO/PHIs or medical health officers responsible for the day to day supervision of EHO/PHIs' work. Further, regionalization increases the number of employers and, in the applicant's view, this makes it more difficult to deal consistently with unprofessional conduct.

Despite this forecast, the Council is satisfied that the degree of supervision of the activities of EHO/PHIs is sufficient to provide adequate safeguards for the public.

**(ii) practised in a currently regulated environment.**

The Health Act contains various provisions relating to public health inspectors, including a definition of a "public health inspector" as an officer who has been issued a certificate acceptable to the Board of Certification of Public Health Inspectors of the Canadian Institute of Public Health Inspectors. That Act also gives public health inspectors significant inspection and order-making powers regarding public health matters. Further, several regulations under the Health Act give public health inspectors extensive enforcement powers.

The effect of these Health Act provisions is that the practice of environmental/public health inspection is restricted to individuals who are certified by the Board. Virtually all employers require Board certification. Thus, there is practically no likelihood of unregulated practice.

## **B. Discretionary Criteria**

### **s.5(2)(a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession**

Although several submissions support designation of the profession, there is very little evidence of a public demand for regulation of the practice of environmental/public health inspection.

### **s.5(2)(b) the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public**

Clearly, the public does benefit from the services of competent, qualified practitioners who prevent or minimize health risks from communicable diseases or environmental risks.

### **s.5(2)(c) the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession.**

### **s.5(2)(d) whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution**

Currently in Canada two colleges, British Columbia Institute of Technology and Ryerson (in Toronto), offer programs for environmental/public health inspection. BCIT offers a 2 year diploma program in public health inspection. Subjects include: microbiology, epidemiology, food hygiene, instrumentation, occupational hygiene, environmental health administration, communicable disease control, public health law, and environmental analytical methods. Ryerson offers a 4 year Bachelor of Applied Arts degree in environmental health. Courses include: epidemiology, pathophysiology, parasitology, microbiology, food chemistry, liquid waste disposal, health law, ecology, water technology, infection control, pollution control, occupational health, health planning and promotion, and environmental toxicology.

For membership in the applicant association, employment in B.C. or in all other provinces except Quebec, EHO/PHIs are required to have a Certificate in Public Health Inspection (Canada) or its predecessor issued by the Board of Certification in Ottawa. The requirements for a certificate are:

Academic      Completion of the BCIT or Ryerson program or an equivalent Armed

Forces Training Program. Graduation from academic programs in the USA, Britain, Australia, New Zealand and other countries can be accepted for equivalency by the Board of Certification.

Practicum Twelve weeks of practicum acceptable to the Board of Certification (currently under review). Fifty-two weeks of practicum is required for international candidates.

Exam Successful completion of a National Certification examination (with a written and oral component, and submission of three field reports).

The applicant also indicates that any person commencing their academic program in 1995 and thereafter will require a baccalaureate degree acceptable to the Board of Certification prior to being eligible for certification.

In the Council's view, not only are both factors 5(2)(c) and 5 (2)(d) satisfied for the profession of environmental/public health inspection, but the requirements for a certificate are such that the public interest is adequately protected.

**s.5(2)(e)whether it is important that continuing competence of the practitioner be monitored**

The Council believes that as with other health professionals it is essential that EHO/PHIs keep updated on advances in their profession. The applicant has mandatory continuing education requirements for its members, although as noted above membership is voluntary.

**s.5(2)(f)the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest**

The applicant has represented the profession for 69 years, the last 19 as an independent society under the Society Act. It has standards of ethical and professional practice and conduct, an elected governing body, its own code of ethics, and a registrar who maintains a registry of EHO/PHIs. The Registrar also receives and investigates complaints and records continuing education credits. Members must complete 45 hours of continuing education every 3 years.

The Council is concerned, however, that the applicant represents only about 50% of practitioners in the province. No other organization represents EHO/PHIs in B.C. With

greater representation, its leadership of the profession would be more convincingly demonstrated.

**s.5(2)(g)the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the Council may affect the viable operation of the college**

The applicant states that the annual membership fee in the Branch is currently \$135, and that the registration fee for the proposed college would be about \$150-\$175 per year. Further, the applicant states that with the potential of 250 EHO/PHIs becoming members of the proposed college, the college should have a sufficiently solid financial base to maintain its administrative and other functions. The applicant also expects that from time to time the college would augment its annual fee to ensure that a legal reserve fund is maintained. Finally, the applicant states that costs can be minimized by sharing administrative overhead with other regulatory bodies, including the expense of a full-time Registrar, and by making use of volunteers from the membership.

Although in the Council's view this factor is not determinative in this application, the Council is concerned that the financial arrangements described by the applicant may not be sufficient to support a self-regulating college.

**s.5(2)(h)whether designation of the health profession is likely to limit the availability of services contrary to the public interest**

Given that the majority of practitioners work in institutional settings and that employers hire only Board certified EHO/PHIs, it is unlikely that designation would limit services.

**CONCLUSIONS:**

After carefully considering the public interest criteria in section 5 of the Health Professions Regulation, the Council has determined that a self-regulating college for the profession of environmental/public health inspection is not in the public interest.

There is virtually no evidence of harm associated with the practice of environmental/public health inspection. The instances of harm referred to by the applicant relate entirely to the results of incompetent performance of non-risky activities. While the results may indeed be catastrophic both in terms of severity and in numbers affected, the activities themselves do not appear to involve physical, mental or emotional harm to the public in the sense of someone treating an individual for an ailment or disease. While the activities of EHO/PHIs are indeed very important to the well-being of the public, they are not the type of activities to be regulated by designation under the HPA.

In the Council's view, s.5(1) of the Regulation contemplates risk inherent in the service itself, even when performed by competent practitioners. For example, performing surgery is inherently dangerous. It is of course, possible that improper performance by an EHO/PHI can lead to harm; however that is true of any number of other inspectors, including, for example, building or workplace safety inspectors.

Further, the Council is satisfied that whatever risks may be associated with the practice of environmental/public health inspection are adequately addressed through the current supervisory (employer) and regulatory (Health Act) controls.

Therefore, the Council recommends to the Minister of Health and Minister Responsible for Seniors that the profession of environmental/public health inspection not be designated under the Act.

The Council wishes to emphasize that its conclusions are not in any way intended as derogatory of the profession. On the contrary, the information reviewed by the Council indicates that the profession has been operating in an extremely professional and effective manner and has been providing a high level of service to the public of British Columbia for over 69 years. The Council has simply determined that the public interest criteria do not support the creation of a self-regulating college for the profession under the HPA.

## **APPENDIX A**

### **LIST OF PARTIES CONSULTED**

College of Acupuncturists of British Columbia  
Mary Watterson, Chair

British Columbia College of Chiropractors  
Al Maier, President

British Columbia Chiropractic Association  
Dorothea McCallum, President

College of Dental Technicians of British Columbia  
Rosemary Ishkanian, Registrar

British Columbia Registered Dental Technicians Association  
Gabor von Szombathy, President

Commercial Dental Laboratory Association of British Columbia  
Barry Morley, President

College of Denturists of British Columbia  
John Mayr, Registrar

Denturist Association of British Columbia  
Doug Hengle, President

Pacific Denturist Association  
Ted Carson, President

College of Dental Surgeons of British Columbia  
G. Roy Thordarson, Registrar/C.E.O.

B.C. Federation of Dental Societies  
Marke Pedersen, President

Certified Dental Assistants Society of British Columbia  
Marlene Robinson, Manager of Member Services

College of Dental Hygienists of British Columbia  
Nancy Harwood, Registrar

British Columbia Dental Hygienists' Association  
Vicki Thompson, President

Emergency Medical Assistants Licensing Board  
Ian Brethour, Registrar

College of Massage Therapists of British Columbia  
Ron Garvock, President

Massage Therapists Association  
Sandy Mitchell, President

College of Midwives of British Columbia  
Luba Lyons, Chair

Midwives Association of British Columbia  
Alison Rice, President

Association of Naturopathic Physicians of British Columbia  
Kelly Farnsworth, President

British Columbia Naturopathic Association  
Eugene Pontius, President

College of Licensed Practical Nurses of British Columbia  
Carolyn Sams, Registrar

Licensed Practical Nurses Association of British Columbia  
Jan J.van Doorn, A/President

Registered Nurses' Association of British Columbia  
Pat Cutshall, Executive Director

Nurse Administrators Association  
Lorna Romilly

Registered Psychiatric Nurses' Association of British Columbia  
Keith L. Best, Executive Director

The Dispensing Opticians Association of British Columbia  
Ken Budda, President

College of Opticians of British Columbia  
Jane Lepinski, Registrar

Board of Examiners in Optometry  
Bart McRoberts, Chair

British Columbia Association of Optometrists  
Thomas J. Little

College of Pharmacists of British Columbia  
Linda Lytle, Registrar

B.C. Pharmacy Association  
Robert Kucheran, Executive Director

College of Physicians and Surgeons of British Columbia  
Thomas F. Handley, Registrar

British Columbia Medical Association  
Norman Finlayson, Executive Director

College of Physical Therapists of British Columbia  
Beth Maloney, Registrar

Physiotherapy Association of British Columbia  
Peggy MacGregor, Executive Director

British Columbia Association of Podiatrists  
William Mirchoff, President

College of Psychologists of British Columbia  
Verna Arnell, President

British Columbia Psychological Association  
Robert Tolsma, Executive Director

City of Vancouver  
Anne Vogel, Medical Health Officer

Health and Welfare Canada, Occupational and Environmental Health Services  
Richard Lawrence, Indian Health Services

Health and Welfare Canada, Occupational and Environmental Health Services  
Brian Nordin, Acting Environmental Health Officer

Associated Boards of Health of British Columbia  
Sheila Bull, Chair

Vancouver Regional Health Board  
Dr. Jack Altman, Director of Health Services

Canadian Bar Association (B.C. Branch)  
Michael Doherty

Hospital Employees' Union  
Fred Muzin, President

Health Sciences Association of British Columbia  
Pam Bush, Research Officer

British Columbia Society of Occupational Therapists  
Heather Burgess, President

BC Dietitians and Nutritionists' Association  
Janice MacDonald, Executive Director

Board of Registration of Social Workers  
Gael Storey, Registrar

British Columbia Society of Medical Laboratory Technologists  
Mavis Mineer, Executive Director

Royal Jubilee Hospital  
Darlene Ravensdale, Manager of Nutrition Services

George Bryce, Barrister & Solicitor

Ray King, Public Health Inspector

Burnaby Health Board  
Paul McDonell, Chair

Capital Health Board  
Helen Evans, Chair

Cariboo Regional Health Board  
Ivan Bonnell, Chair

Central Vancouver Island Regional Health Board  
Else Strand, Chair

Coast Garibaldi Regional Health Board  
Shawn Cardinal, Chair

East Kootenay Regional Health Board  
Jake McInnis, Chair

Fraser Valley Regional Health Board  
George Peary, Chair

North Okanagan Regional Health Board  
Mengia Nicholson, Chair

North Shore Health Board  
Diana Hutchinson, Chair

North West Regional Health Board  
Russell Wiens, Chair

Northern Interior Regional Health Board  
Stephanie Killam, Chair

Peace Liard Regional Health Board  
Sheelagh Garson, Chair

Richmond Health Board  
John Kennedy, Chair

Simon Fraser Health Board  
Dennis Cocke, Chair

South Fraser Valley Regional Health Board

Kim Richter, Chair

South Okanagan Similkameen Health Board  
Rod Barrett, Chair

Thompson Regional Health Board  
Sharon Frissell, Chair

Upper Island/Central Coast Regional Health Board  
Keith Hudson, Chair

Vancouver Health Board  
Ron Yuen, Interim Chair

West Kootenay - Boundary Regional Health Board  
Robert Jackson, Chair

Ministry of Health and Ministry Responsible for Seniors  
Dr. John Millar, Provincial Health Officer

## **APPENDIX B**

### **SUMMARY OF SUBMISSIONS RECEIVED**

#### **1. British Columbia Medical Association**

The Association indicated that it supported designation because the incorrect performance of tasks carried out by EHO/PHIs could have a significant damaging effect on the general public. The B.C.M.A. declined to comment on scope of practice, and indicated that no act should be reserved.

#### **2. British Columbia Society of Occupational Therapists**

The Society took no position on this application.

#### **3. British Columbia Society of Medical Technologists**

The Society indicated that it would be in the public interest to designate this profession, and had no comments regarding the scope of practice reserved act or reserved titles.

#### **4. The British Columbia Dieticians and Nutritionist Association**

The Association supports designation, stating that EHO/PHIs work in government and operate in a relatively independent setting necessitating continuous professional judgement. The Association also supports the submission regarding scope of practice, reserved acts and reserved titles.

#### **5. College of Dental Hygienists of British Columbia**

The College supports designation indicating that the work performed by EHO/PHIs presents a significant risk of harm to the public. They also note that while EHO/PHIs are generally public sector employees, it is possible to envision conflicts between an employer's interest and the public's interest. They indicate that self-regulation would ensure that EHO/PHIs would have to follow their own professional standards where such a conflict occurs. The College makes no submissions regarding scope of practice. It supports the proposed reserved titles. On reserved acts, it states that it is puzzled that the applicant proposes no reserved acts as without such reservation anyone could perform the tasks carried out by EHO/PHIs as long as they did not use

the titles. Therefore they take the position that any of the elements of environmental/public health inspection which pose a risk of harm should be reserved.

## **6. The College of Psychologists**

The college questions whether environmental/public health inspection fits within the definition of a health profession as outlined in the prescribed criteria, particularly with reference to section 5.2(c)(d) and (f).

## **7. College of Physicians and Surgeons of B.C.**

The College made no specific submission regarding this application.

## **8. The Registered Nurses Association of British Columbia**

The Association makes no specific submissions regarding this review.

## **9. College of Dental Surgeons of B.C.**

The College has no specific submissions regarding this review.

## **10. Raymond King, Public Health Inspector**

Mr. King is strongly opposed to designation of environmental/public health inspection. Mr. King states that there is no serious risk of harm arising from the practice of environmental/public health inspection because public health inspectors do not treat patients but rather situations. That is, they regulate and monitor and manager the environment so that a person remains healthy and does not become a patient, but inspectors do not administer aid to sick individuals. Further, Mr. King indicates his agreement with the statement that public health inspectors give advice and that incorrect advice could lead to illness. However, he notes that this is also true of vast number of other activities including refrigerator repair persons.

Regarding reserved acts, Mr. King states that there are no services which require reservation. On reserved titles, Mr. King supports the continued reservation of the term "public health inspector" which derives from the current B.C. Health Act. He does not however support the reservation of the title "environmental health officer" or the initials EHO. Mr. King emphasizes his strong opposition to the application and his belief that the 50% of public health inspectors who do not belong to the applicant group would have similar outlooks.

## **11. The Associated Boards of Health of British Columbia**

The Associated Boards support designation.

## **12. Vancouver Richmond Health Board**

The Board does not take a position on designation. However, it notes that for the most part EHO/PHIs practice under the supervision of a senior professional though there may be situations where an EHO/PHI could act as an independent practitioner.

## **13. Capital Regional District, Regional Medical Health Officer**

The District supports designation and notes that EHO/PHIs play an important role in protecting the health and safety of the public and incompetent, impaired or unethical practice may result in serious harm to the public. They further note that EHO/PHIs working in government function independently, and that EHO/PHIs in private practice operate without supervision. The district also makes comments regarding almost all of the factors in section 5(2) including demonstrated support from the public, degree programs, leadership within the profession and availability of services. With respect to the scope of practice, reserved acts and reserved titles, the District supports the applicant's submission.

## **14. Ministry of Health, Health Protection and Safety Division**

The Division supports designation as it believes it would improve accountability. It notes that at present the profession has little ability to resolve public complaints about misconduct of its members, and that such redress must be done through the employer or the Courts. The submission goes on to emphasize the importance of decisions made by public health inspectors. With respect to the various elements, the submission appears to support the proposed scope of practice, and suggests that it should be reserved to public health inspectors. Finally the Division indicates support for the proposed reserved titles.

## **15. Ministry of Health, Office of the Provincial Health Officer**

The Office does not indicate whether it supports designation. It simply provides background information. It states that although there is a risk of harm involved in the profession, most EHO/PHIs do not function as independent practitioners the incompetent, impaired, unethical practitioner, is monitored and may be appropriately disciplined by their employer. With respect to scope of practice, the Office agrees

with the description and states that no acts should be restricted to EHO/PHIs. Finally, the Office supports the reserved titles proposal.

#### **16. North Okanagan Regional Health Board**

The Board supports designation of EHO/PHIs. They note that although they do not deal with patients, the consequences of unethical or incompetent practice can result in significant harm to the public. The Board also supports the proposal regarding scope of practice, reserved acts and reserved titles. Finally, the Board makes a general comment that the field of environmental/public health inspection is changing rapidly and self-regulation may assist to ensure quality continuing education. They also note that regionalization will result in EHO/PHIs operating more independently and that designation could be a positive force to promote and maintain certification and standards across these different employers.

#### **17. Ministry of Health, EMA Licensing**

No specific comments regarding this review.

#### **18. Health Canada, Environmental Health Services**

This submission supports designation. It notes that consequences of errors, responsibility, authority and liability are all reasons for effective supervision within the public health framework. This submission also makes brief comments regarding various other factors in section 5(2)

#### **19. Burnaby Health Board**

The Board supports the application, noting that EHO/PHIs' services are often not recognized because they are preventative in nature.

#### **20. Coast Garibaldi Regional Health Board**

No specific comments regarding this review.

#### **21. Office Des Profession du Quebec**

The Office states that there is no such profession in Quebec and that the services outlined are performed by various professions.

## **22. Northwest Territories Health and Social Services**

No specific submission regarding this review.

## **23. Government of Newfoundland and Labrador**

This submission notes that EHO/PHIs do not have self-governing status in Newfoundland since virtually all such professionals work for some level of government. The respondent on behalf of Newfoundland is a Board certified public health inspector and notes that given his professional background he would support designation, although he notes that his assumption is that these health professionals work in both the private and public sectors in British Columbia.

## **24. Ontario Ministry of Health**

The Ministry states that environmental/public health inspection is not regulated in Ontario as a separate self-governing profession.

## **25. Alberta Health**

In Alberta, public health inspectors are regulated under the Public Health Act which requires that all individuals who wish to practice as public health inspectors for a local board of health established under the Public Health Act must be certified by the Board of Certification of Public Health Inspectors.

## **26. New Brunswick**

New Brunswick supports the application noting that public health inspectors make decisions that impact on the health of the population on a daily basis. They also note that the profession is often not practiced under supervision. New Brunswick also makes submission regarding various of the other factors outlined in section 5(2).

## **27. Nurse Administrators Association of B.C.**

The Association states that EHO/PHIs have an important role in environmental health. It is their understanding that they essentially assess environments. Further they understand that most of the practice is not independent but rather supervised. They note that the potential harm is usually the result of actions or inactions of another party, and that therefore the risk of harm is not sufficient. They do not support designation.

## **28. Yukon Health and Social Services**

Yukon Health does not believe designation is necessary since a form of regulation is already available through the CIPHI.