



## **REGISTRATION PRACTICES ASSESSMENT REPORT** ***College of Midwives of Ontario (CMO)***

### **2016-2018 Assessment Cycle (Cycle 3)**

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The Office of the Fairness Commissioner is an agency of the Ontario government, established under the Fair Access to Regulated Professions and Compulsory Trades Act, 2006. Its mandate is to ensure that regulated professions have registration practices that are transparent, objective, impartial and fair.

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**AVAILABILITY OF REPORT**

The Office of the Fairness Commissioner (OFC) provides this report to the regulatory body and posts the full report on its website, [www.fairnesscommissioner.ca](http://www.fairnesscommissioner.ca). In the interests of transparency and accountability, the OFC encourages the regulatory body to provide it to its staff, council members, other interested parties and the public.

## Introduction

Assessment is one of the Fairness Commissioner's mandated roles under the [Fair Access to Regulated Professions and Compulsory Trades Act, 2006 \(FARPACTA\)](#) and the [Regulated Health Professions Act, 1991 \(RHPA\)](#) – collectively known as fair access legislation.

## Assessment Cycle

One of the primary ways the OFC holds regulators accountable for continuous improvement is through the assessment of registration practices using a [three -year assessment cycle](#).

Assessment cycles alternate between **full assessments** and **targeted assessments**:

- Full assessments address all specific and general duties described in the fair-access legislation.
- Targeted assessments focus on the areas where the OFC made recommendations in the previous full assessment.

## Focus of this Assessment and Report

The 2016-2018 assessment of **College of Midwives of Ontario** is a full assessment.

The OFC's detailed report captures the results of the full assessment. However, practices related to provision of information are excluded for regulators who have previously been assessed. For those regulators, these practices have been removed from the report.<sup>1</sup> The assessment summary provides the following key information from the detailed report:

- duties that were assessed
- an overview of assessment outcomes for specific duty practices
- an overview of comments related to the general duty
- commendable practices
- recommendations

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<sup>1</sup> These includes: all practices from Information for Applicants, practice 3 from Internal Review and Appeals, practice 1 from Information on Appeal Rights, practice 1 from Documentation of Qualifications, practice 1 from Assessment of Qualifications, practice 2 from Access to Records, and practices 4-11 from Transparency of the Registration Practices Assessment Guide.

## Assessment Summary

### Specific Duties

#### Specific duties assessed

The regulator has been assessed in all of the specific duties; including practices related to provision of information were evaluated in the assessment.

#### Comments

The regulatory body has demonstrated all of the practices in the following specific-duty areas:

- a) Information for applicants,
- b) Timely Decisions, responses and reasons
- c) Internal Review or Appeal processes,
- d) Information to applicants on Appeal Rights,
- e) Documentation of Qualifications,
- f) Internal Training for College's staff and,
- g) Access to applicants records

### General Duty

#### Assessment method

The following method was selected for the assessment of the general duty:

- a. OFC practice-based assessment (following the practices in the Assessment Guide)

#### Principles assessed

The regulator has been assessed on all of the general duty principles: transparency, objectivity, impartiality and fairness.

#### Comments

The OFC found that since the last assessment, the College of Midwives of Ontario has implemented measures to achieve more transparent, objective, impartial and fair practices. The OFC has identified commendable practices and made several suggestions for further improvement.

#### Commendable Practices

A *commendable practice* is a program, activity or strategy that goes beyond the minimum standards set by the OFC assessment guides, considering the regulatory body's resources and profession-specific context. Commendable practices may or may not have potential for transferability to another regulatory body.

The regulatory body is demonstrating commendable practices in the following areas:

#### Specific Duty

1. A policy on the Approval of Canadian Midwifery Education Programs was implemented in 2015 with no changes in the following years. This policy is assisting the Council of the College to approve a Canadian Midwifery Education Program within Canada as equivalent to an Ontario Midwifery Education Program.

2. Regarding Internationally Educated Midwives, the International Midwifery Pre-registration Program (IMPP) is a third-party provider of assessment and bridging for internationally educated midwives. This 9-month program provides internationally educated midwives with the following:
  - knowledge and skills assessment and enhancement
  - orientation to midwifery practice in Ontario
  - a three-month clinical placement with competency assessment
  - a six-month accelerated stream for qualified entrance
  - preparation for the mandatory Canadian Midwifery Registration Examination (CMRE)
3. Internationally educated midwives may start the application process from outside of Canada.
4. The College is assessing qualifications by Canadian Midwifery Registration Examination. The Canadian Midwifery Registration Exam (CMRE) is a nationally written examination designed to assess applicants for midwifery registration to ensure that they meet entry-level competency standards set out in the Canadian Competencies for Midwives.

### General Duty

### Transparency

The College of Midwives has organized and structured the registration policies and procedures allowing applicants to understand how the registration process operates, what to expect, making registration information and criteria available and ensuring that the registration information is complete, accurate and easy to understand. The OFC assessment criteria for transparency have been achieved, as the College demonstrated openness, accessibility and clarity in the registration information.

### Opportunities for Improvement

## RECOMMENDATIONS

The OFC has not made any recommendations for this assessment period. The OFC expects that CMO will continue maintaining its standards in the future. In the spirit of continuous improvement, the OFC encourages CMO to continue its efforts towards more transparent, objective, impartial and fair registration processes.

### Assessment History

In the Cycle 1 assessment, conducted in 2011-2012, the OFC identified three recommendations for the College of Midwives to implement. The objective of the assessment was to ensure that the registration practices of the regulatory body are aligned with the fair access principles of transparency, impartiality, objectivity and fairness.

Those recommendations were as follows:

- Accessibility of information regarding policies and procedures for accommodating special needs
- Information about the special requirements for workplace experience for internationally trained applicants and access to records
- Advise applicants how long applicant records are kept within the College.

In the OFC Assessment of 2014 (Cycle 2), the OFC noted that the recommendations made in the Cycle 1 had been implemented. Additionally, the OFC in its 2014 assessment recognized commendable practices undertaken by the College of Midwives.

Those commendable practices were as follows:

- Assessment of qualifications - the College maintains a series of council-approved policies pertaining to all aspects of the registration process. The policies updated and reviewed by council as necessary and are readily available on the College's website with aim of ensuring transparent, objective, impartial and fair registration practices.
- The assessment of internationally educated applicants is based on defined competencies of professional practice rather than on the applicant's program or institution of instruction. This practice by the College aims towards fostering diversity in the profession and is encouraged. This commendable practice continues to be implemented and monitored by the College and the OFC.

The OFC did not identify any immediate recommendations and/or opportunities for improvement for the practices assessed in 2014 assessment period.

## Detailed Report<sup>2</sup>

### Specific Duty

#### 1. Specific Duty – Information for Applicants

RHPA, Schedule 2, s. 22.3

##### 1. The regulator describes requirements for registration on its website. [Transparency]

Assessment Outcome	Demonstrated

##### 2. The regulator describes all the steps in the registration process on its website, including any processes for assessing qualifications. [Transparency]

Assessment Outcome	Demonstrated
<b>OFC Comments – Commendable Practice</b>	<p>A policy on the Approval of Canadian Midwifery Education Programs was implemented in 2015 with no changes in the following years. This policy will continue assisting the Council of the College to approve a Canadian Midwifery Education Program within Canada as equivalent to an Ontario Midwifery Education Program, provided established criteria are met.</p> <p>This process would then permit a graduate of a Canadian Midwifery Education Program outside of Ontario, approved by the College of Midwives of Ontario, to apply for a General Certificate of Registration with New Registrant conditions after the successful completion of the midwifery qualifying examination and Ontario's Jurisprudence course.</p> <p>Regarding Internationally Educated Midwives, the International Midwifery Pre-registration Program (IMPP) is a third-party provider of assessment and bridging for internationally educated midwives. This 9-month program provides internationally educated midwives with the following:</p>

<sup>2</sup> Please note: Suggestions for continuous improvement appear only in the detailed report. Suggestions for improvement are not intended to be recommendations for action to demonstrate a practice, but are made solely to provide suggestions for areas that a regulatory body may consider improving in the future.

	<ul style="list-style-type: none"> <li>• knowledge and skills assessment and enhancement</li> <li>• orientation to midwifery practice in Ontario</li> <li>• a three-month clinical placement with competency assessment</li> <li>• a six-month accelerated stream for qualified entrance</li> <li>• preparation for the mandatory Canadian Midwifery Registration Examination (CMRE)</li> </ul> <p>Internationally educated midwives may start the application process from outside of Canada. To start, please see below and follow the links for additional information  <a href="http://www.cmo.on.ca/registration/applicants/">http://www.cmo.on.ca/registration/applicants/</a></p>
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3. The regulator provides information on its website about how long the registration process usually takes, including the time required for assessing qualifications. [Transparency]

Assessment Outcome	Demonstrated
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4. The regulator publishes a fee scale on its website, showing all registration fees that are under the regulators control, including the fees required for assessing qualifications. [Transparency]

Assessment Outcome	Demonstrated
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5. The regulator ensures that the information required by practices 1-4 in this section is clear, accurate, complete and easy to find. [Transparency]

Assessment Outcome	Demonstrated
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## 2. Specific Duty — Timely Decisions, Responses and Reasons.

RHPA, Schedule 2, s.20 (1)

1. If a regulator rejects an application, it gives written reasons to the applicant. [Fairness, Transparency]

Assessment Outcome	Demonstrated
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2. The regulator makes registration decisions, and gives written decisions and reasons to applicants, without undue delay\*. [Fairness]

Assessment Outcome	Demonstrated
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3. The regulator responds to applicants' inquiries or requests without undue delay\*. [Fairness]

Assessment Outcome	Demonstrated
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4. The regulator provides internal reviews of decisions, or appeals from decisions, without undue delay\*. [Fairness]

Assessment Outcome	Demonstrated
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5. The regulator makes decisions about internal reviews and appeals, and gives written decisions and reasons to applicants, without undue delay\*. [Fairness]

Assessment Outcome	Demonstrated
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### 3. Specific Duty — Internal Review or Appeal

RHPA, Schedule 2, s. 15, s. 17, s. 19, s. 22.3

1. The regulator provides applicants with an internal review of, or appeal from, registration decisions. [Fairness]

Assessment Outcome	Demonstrated
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2. The regulator implements rules and procedures that prevent anyone who acted as a decision-maker in a registration decision from acting as a decision-maker in an internal review or appeal of that same registration decision. [Impartiality]

Assessment Outcome	Demonstrated
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3. The regulator provides information on its website that informs applicants about opportunities for an internal review or appeal. [Transparency]

Assessment Outcome	Demonstrated
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4. The regulator provides information on its website about any limits or conditions on an internal review or appeal\*. [Transparency]

Assessment Outcome	Demonstrated
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#### 4. Specific Duty — Information on Appeal Rights

RHPA, Schedule 2, s. 20, s. 21, s. 22

1. On its website, the regulator informs applicants of their right to request further review of, or appeal from, the review or appeal decision. [Transparency]

Assessment Outcome	Demonstrated
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#### 5. Specific Duty - Documentation of Qualifications

RHPA, Schedule 2, s. 22.4(1)

1. The regulator provides information on its website about the documents that must accompany an application to demonstrate qualifications. [Transparency]

Assessment Outcome	Demonstrated
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#### 6. Specific Duty — Assessment of Qualifications

RHPA, Schedule 2, s. 22.4(2)

1. On its website, the regulator informs applicants about the process, criteria, and policies for the assessment of qualifications. [Transparency]

Assessment Outcome	Demonstrated
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2. The regulator communicates the results of qualifications assessment to each applicant in writing. [Transparency]

Assessment Outcome	Demonstrated
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3. The regulator gives its assessors access to assessment criteria, policies and procedures. [Transparency]

Assessment Outcome	Demonstrated
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4. The regulator shows that its tests and exams measure what they intend to measure\*. [Objectivity]

Assessment Outcome	Demonstrated
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5. The regulator states its assessment criteria in ways that enable assessors to interpret them consistently. [Objectivity]

Assessment Outcome	Demonstrated
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6. The regulator ensures that the information about educational programs that is used to develop or update assessment criteria is kept current and accurate. [Objectivity]

Assessment Outcome	Demonstrated
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7. The regulator links its assessment methods to the requirements/standards for entry to the profession or trade. [Objectivity]

Assessment Outcome	Demonstrated
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8. The regulator requires that assessors consistently apply qualifications assessment criteria, policies and procedures to all applicants. [Objectivity]

Assessment Outcome	Demonstrated
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9. The regulator uses only qualified assessors to conduct the assessments. [Objectivity]

Assessment Outcome	Demonstrated
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10. The regulator monitors the consistency and accuracy of decisions, and takes corrective actions as necessary, to safeguard the objectivity of its assessment decisions. [Objectivity]

Assessment Outcome	Demonstrated
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11. The regulator prohibits discrimination and informs assessors about the need to avoid bias in the assessment. [Impartiality]

Assessment Outcome	Demonstrated
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12. The regulator implements procedures to safeguard the impartiality of its assessment methods and procedures. [Impartiality]

Assessment Outcome	Demonstrated
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13. The regulator gives applicants an opportunity to appeal the results of a qualifications assessment or to have the results reviewed. [Fairness]

Assessment Outcome	Demonstrated
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14. The regulator assesses qualifications, communicates results to applicants, and provides written reasons for unsuccessful applicants, without undue delay. [Fairness]

Assessment Outcome	Demonstrated
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15. Regulators that rely on third-party assessments establish policies and procedures to hold third-party assessors accountable for ensuring that assessments are transparent, objective, impartial and fair. [Transparency, Objectivity, Impartiality, Fairness]

Assessment Outcome	Demonstrated
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## 7. Specific Duty — Training

RHPA, Schedule 2, s. 22.4(3)

1. The regulator provides training for staff and volunteers who assess qualifications or make registration, internal review or appeal decisions. [Objectivity, Impartiality, Fairness]

Assessment Outcome	Demonstrated
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2. The regulator addresses topics of objectivity and impartiality in the training it provides to assessors and decision-makers. [Objectivity, Impartiality]

Assessment Outcome	Demonstrated
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3. The regulator identifies when new and incumbent staff and volunteers require training and provides the training accordingly. [Objectivity, Impartiality, Fairness]

Assessment Outcome	Demonstrated
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#### 8. Specific Duty — Access to Records

RHPA, Schedule 2, s. 16

1. The regulator provides each applicant with access to his or her application records.

Assessment Outcome	Demonstrated
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2. If there is a fee for making records available, the regulator gives applicants an estimate of this fee. [Transparency]

Assessment Outcome	Demonstrated
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3. If there is a fee for making records available, the regulator reviews the fee to ensure that it does not exceed the amount of reasonable cost recovery. [Fairness]

Assessment Outcome	Demonstrated
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#### General Duty

RHPA, Schedule 2, S.22.2

## Transparency

- Maintaining openness
- Providing access to, monitoring, and updating registration information
- Communicating clearly with applicants about their status

<p><b>Assessment Outcome</b></p>	<p>Legislation: RHPA, Schedule 2, S.22.2 The College has a duty to provide registration practices that are transparent, objective, impartial and fair.</p> <p><b>Transparency</b> A process is transparent if it is conducted in such a way that it is easy to see what actions are being taken to complete the process, why these actions are taken, and what results from these actions. In the regulatory context, transparency of the registration process encompasses the following:</p> <ul style="list-style-type: none"> <li>• <b>Openness:</b> having measures and structures in place that make it easy to see how the registration process operates</li> <li>• <b>Access:</b> making registration information easily available</li> <li>• <b>Clarity:</b> ensuring that information used to communicate about registration is complete, accurate and easy to understand</li> </ul> <p>The Registration Department has committed to streamlining processes, procedures and tools and basing any changes on a risk-based regulatory framework to improve the College's ability to meet its public protection mandate while ensuring fair, transparent, objective and impartial registration practices.</p> <p>The Association of Ontario Midwives is a managed program that relies on funding from the Ministry of Health and Long-Term Care. To facilitate the processing of applications, the College accepts completed application packages and waits until funding is announced before finalizing the processing of the application.</p> <p>The College informs the OFC of the following developments:</p> <ul style="list-style-type: none"> <li>• A three-year funding agreement has been established which will facilitate the flow of funding from the Ontario Midwifery Program to the Transfer Payment Agencies and the Midwifery Practice Groups at the beginning of each fiscal year. This will enable applicants to become registered and even apply for transitional certificates as soon as they have met all the registration requirements.</li> <li>• The College will publish more information for applicants in presentations and website materials to help them better understand the application and registration process and timing as it relates to the availability of funding, professional liability insurance and practice start dates. Where possible the College will provide specific information about the anticipated timeframe and any waiting periods.</li> </ul> <p>The OFC views these developments as steps forward and encourages the College to continuously monitor its progression to help ensure transparency.</p>
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## Objectivity

- Designing criteria and procedures that are reliable and valid
- Monitoring and following up on threats to validity and reliability

<b>Assessment Outcome</b>	<p><b>Reliability:</b> The College approved policies and procedures that enable its decision-makers on how to access criteria, policies, procedures and tools. The College continues informing the decision-makers about changes to criteria, policies and procedures and has a process to assess the extent to which registration decisions are consistent and accurate and has a process to identify and implement corrective actions as necessary.</p> <p><b>Validity:</b> The Canadian Competencies for Midwives was developed to provide a base for the development of a national assessment process and to provide information to internationally-educated midwives about what Canadian midwives are expected to know and do. This document outlines the knowledge and skills expected for an entry-level midwife in Canada. Entry level midwives are defined as those who have been assessed as eligible to start practising in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements to their registration.</p> <p>Through this test, decision-makers base decisions on evidence that directly demonstrates how an applicant meets or does not meet the requirement; meaning that when the evidence is measured against registration requirement criteria, it is evident whether or not the criteria have been met. In addition, it ensures that the decision itself is confined only to evidence that is specifically related.</p> <p>There are clear identifiable criteria for registration laid out in the registration guidelines for both domestic and internationally trained midwives.</p> <p>The CMO developed a “Registration Checklist” to assist in the evaluation process. The check list identifies criteria for evaluation based on the components of a program completed in Ontario but rely on the recommendations of the IMPP for internationally trained applicants. The CMO has also developed “Panel Meeting Material” packages containing all information regarding the evaluation of an applicant’s file sent to the Registration Committee Panel.</p> <p>There is also evidence that Panel members compare notes during evaluation and disagreements are discussed until a decision is reached. The minutes of the Panel meeting are then used to draft a “Decision Letter.”</p>
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### Impartiality

- Identifying bias, monitoring, and taking corrective action
- Implementing strategies

<b>Assessment Outcome</b>	<p><b>Identification:</b> The CMO provides information to assessors/decision makers regarding characteristics or types of bias, and/or sources of bias, and/or circumstances that may compromise the impartiality of its registration decisions. Explicit criteria are used for the assessment of qualifications. The CMO developed a “Registration Checklist” to assist in their evaluation process regardless of where an applicant was educated about biases. This check list identifies the requirements set out in the registration regulation. The CMO has also developed “Panel Meeting Material” packages containing information regarding the evaluation of an applicant’s file sent to the Registration Committee Panel. Panel Meeting materials are based on precedence and criteria required by regulation.</p>
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	<p><b>Strategies:</b> Maintaining a series of Council-approved registration-related policies pertaining to all aspects of the registration process. The policies are explicitly premised on the need to ensure transparent, objective, impartial and fair registration practices.</p> <p>Basing assessments of internationally educated applicants on well-defined competencies of professional practices rather than on the program or institution of instruction. This reflects the CMO's interest in fostering diversity in the profession.</p> <p>Registration Committee members and Registration Department staff have undertaken to complete the OFC learning Modules. In addition, the Registration Committee handbook continues to be used</p> <p>Registration Department Staff attended the Ontario Regulators for Access' Managing Cultural Differences and Building an Inclusive Regulatory Environment workshop.</p> <p>In addition, providing on-site learning opportunities to staff council, and committee members has proven to be a cost-effective strategy for continuous learning. Subsequently, the College will be providing more of these on-site learning opportunities going forward. The College provides training to assessors and decision-makers that address issues such as discrimination, inclusion and diversity, fair access law and evidence based decision making practices in the context of the registration process.</p> <p>The Ontario Regulators for Access' Managing Cultural Differences and Building an Inclusive Regulatory Environment workshop reinforces the importance of reducing unintended barriers for all applicants seeking registration. As the College enhances and streamlines regulation, policies and process, it will continuously monitor and prevent unintended barriers while implementing best practices in entry to practise initiatives.</p>
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## Fairness

- Ensuring substantive fairness
- Ensuring procedural fairness
- Ensuring relational fairness

<p><b>Assessment Outcome</b></p>	<p><b>Substantive Fairness</b> Registration decisions adhere to published criteria, standards and policies as set out in the registration regulation. The College is implementing ongoing work to ensure the registration policies, procedures and guidelines are current, based on best practices and guided by the fair access principles. The College is working to streamline the registration process for more efficiency and to develop a system for continuous evaluation and quality improvement.</p> <p><b>Procedural Fairness</b> The regulatory body ensures that the following are done within a reasonable amount of time. The College ensures that they are making registration decisions; giving the decisions (in writing) to applicants; and giving reasons, in a reasonable amount of time. In addition, the College advises applicants about appeal processes and responds to applicant inquiries and requests.</p> <p>The Regulator has set timelines for each of the following procedures:</p> <ul style="list-style-type: none"> <li>• Making decisions</li> <li>• Communicating decisions to applicants, and providing reasons for decisions in writing</li> <li>• Takes measures to follow and monitor adherence to the timelines</li> <li>• Has set timelines for responding to applicant inquiries or requests.</li> </ul>
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	<p><b>Relational fairness:</b> By ensuring a well-developed policies, procedures and guidelines regarding the registration process and what is expected in each step of the process, the College ensures that people are treated fairly during the decision-making process by considering and addressing their perception about the process and decision.</p>
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## Background

### Assessment Methods

Assessments are based on the [Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges](#). The guide presents registration practices relating to the specific duties and general duty in the fair access legislation.

A regulatory body's practices can be measured against the fair access legislation's specific duties in a straightforward way. However, the general duty is broad, and the principles it mentions (transparency, objectivity, impartiality and fairness) are not defined in the legislation.

As a result, the specific-duty and general-duty obligations are assessed differently (see the [Strategy for Continuous Improvement](#)).

### Specific Duties

The OFC can clearly determine whether a regulatory body demonstrates the specific-duty practices in the assessment guide. Therefore, for each specific-duty practice, the OFC provides one of the following assessment outcomes:

- Demonstrated – all required elements of the practice are present or addressed
- Partially Demonstrated – some but not all required elements are present or addressed
- Not Demonstrated – none of the required elements are present or addressed
- Not Applicable – this practice does not apply to the (*acronym of regulatory body*)'s registration practices

### General Duty

Because there are many ways that a regulatory body can demonstrate that its practices, overall, are meeting the principles of the general duty, the OFC makes assessment *comments* for the general duty, rather than identifying assessment outcomes. For the same reason, assessment comments are made by principle, rather than by practice.

For information about the OFC's interpretations of the general-duty principles and the practices that the OFC uses as a guideline for assessment, see [the OFC's website](#).

## Commendable Practices and Recommendations

Where applicable, the OFC identifies commendable practices or recommendations for improvement related to the specific duties and general duty.

### Sources

Assessment outcomes, comments, and commendable practices and recommendations are based on information provided by the regulatory body. The OFC relies on the accuracy of this information to produce the assessment report. The OFC compiles registration information from sources such as the following:

- Fair Registration Practices Reports, audits, Entry-to-Practice Review Reports, annual meetings
- the regulatory body's:

- website
  - policies, procedures, guidelines and related documentation templates for communication with applicants
  - regulations and bylaws
  - internal auditing and reporting mechanisms
  - third-party agreements and related monitoring or reporting documentation
  - qualifications assessments and related documentation
- targeted questions/requests for evidence that the regulatory body demonstrates a practice or principle

For more information about the assessment cycle, assessment process, and legislative obligations, see the [Strategy for Continuous Improvement](#).