



REGISTRATION PRACTICES ASSESSMENT REPORT

College of Medical Radiation Technologists of Ontario

2016-2018 Assessment Cycle (Cycle 3)

Office of the Fairness Commissioner
595 Bay Street, Suite 1201
Toronto ON M7A 2B4
Canada

416 325-9380 or 1 877 727-5365
ofc@ontario.ca
www.fairnesscommissioner.ca

Last Revised: August 17th, 2018

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 help ensure that certain regulated professions have registration practices that are transparent, objective, impartial and fair.



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

AVAILABILITY OF REPORT	5
Introduction	6
Assessment Cycle	6
Focus of this Assessment and Report	6
Assessment Summary	7
Specific Duties	7
Specific duties assessed	7
Comments	7
General Duty	7
Assessment Method.....	7
Principles assessed	7
Commendable Practices.....	8
General Duty	8
Fairness	8
Opportunities for Improvement	8
Specific Duty.....	8
Information for Applicants	8
Internal Review and Appeal	8
Information on Appeal Rights	8
Documentation of Qualifications	8
Assessment of Qualifications	8
Training.....	8
Access to Records.....	8
General Duty	8
Transparency.....	9
Objectivity	9
Impartiality.....	9

Fairness	9
RECOMMENDATIONS.....	9
Assessment History	9
Detailed Report	10
Specific Duty.....	10
1. Specific Duty – Information for Applicants	10
2. Specific Duty – Timely Decisions, Responses and Reasons.	11
3. Specific Duty – Internal Review or Appeal.....	12
4. Specific Duty – Information on Appeal Rights.....	13
5. Specific Duty - Documentation of Qualifications	14
6. Specific Duty – Assessment of Qualifications	14
7. Specific Duty – Training	21
8. Specific Duty – Access to Records	21
General Duty	22
Transparency.....	22
Transparency.....	22
Objectivity	24
Objectivity	24
Impartiality.....	26
Impartiality.....	26
Fairness	30
Fairness	30
Background	35
Assessment Methods.....	35
Specific Duties	35
General Duty	35
Commendable Practices and Recommendations	35

Sources 36

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. 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 Medical Radiation Technologists 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 completed an assessment. For those regulators these practices have been removed from the transparency section of the report.¹

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

¹ 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..

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 OFC selected the following method for the assessment of the general duty:

- a. OFC practice-based assessment (following the practices in the Assessment Guide)
- b. Regulator practice-based self-assessment (following the practices in the Assessment Guide)
- c. Regulator systems-based self-assessment (in which it explains systemically and holistically how it meets the general duty)

Principles assessed

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

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 General Duty of Fairness.

General Duty

Fairness

The College seeks methods to improve and streamline processes. In 2017/2018 the CMRTO has developed an online portal for Committee members. By streamlining the processes for Committee meetings, and moving to electronic approvals of decisions, we have been able to shorten the timelines for applicants. The CMRTO has also developed an online application process for diagnostic medical sonographers to streamline and simplify the application process. There are plans in place to extend this to all types of applicants in 2018. The CMRTO has also developed a comprehensive application guide to provide information to applicants and support them through this online process.

Opportunities for Improvement

The regulator can improve in the following areas: TBD

Specific Duty

Information for Applicants

Internal Review and Appeal

Information on Appeal Rights

Documentation of Qualifications

Assessment of Qualifications

Training

Access to Records

General Duty

Transparency

Objectivity

Impartiality

Fairness

RECOMMENDATIONS

* Recommendations marked with an asterisk were implemented by the regulatory body before the OFC completed its assessment.

† Recommendations marked with a dagger symbol have been carried forward all or in part from the previous assessment. However, they are not accounted for as a new recommendation.

Assessment History

In the previous assessment, two recommendations were identified, both of which were implemented before the end of the assessment process.

Detailed Report2

Specific Duty

1. Specific Duty – Information for Applicants

FARPCTA s. 7

or

RHPA, Schedule 2, s. 22.3

- 1. The regulatory body describes requirements for registration on its website. [Transparency]**

Assessment Outcome	Demonstrated
---------------------------	--------------

- 2. The regulatory body describes all the steps in the registration process on its website, including any processes for assessing qualifications. [Transparency]**

Assessment Outcome	Demonstrated
---------------------------	--------------

- 3. The regulatory body provides information on its website about how long the registration process usually takes, including the time required for assessing qualifications. [Transparency]**

Assessment Outcome	Demonstrated
---------------------------	--------------

- 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]**

² 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.

Assessment Outcome	Demonstrated
---------------------------	--------------

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
---------------------------	--------------

2. Specific Duty — Timely Decisions, Responses and Reasons.

FARPACTA, s. 8 and s. 9 (1)

Or

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
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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
---------------------------	--------------

3. Specific Duty – Internal Review or Appeal

FARPACTA, s. 7, s. 9(2-3, 5)

or

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
---------------------------	--------------

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
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

4. Specific Duty — Information on Appeal Rights

FARPACTA, s. 9 (4)

or

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
OFC Comments	<p>The College should take the following actions to meet this practice:</p> <ul style="list-style-type: none"> <i>a)</i> On its website, informs applicants of their rights to external appeal. Health regulators should inform applicants of their right to appeal to the Health Professions Appeal and Review Board (HPARB). <i>b)</i> On the Colleges website, specifies any limits to those rights, if any exist <i>c)</i> The College should review this information for clarity, accuracy and completeness <i>d)</i> Organize this information in a way that makes it easy to find <p>All the above are done already – see below and attachment with evidence to support this practice.</p>
Suggestions for continuous improvement	
Regulator Comments	<ul style="list-style-type: none"> • An applicant’s right to request further review of, or appeal from, the review or appeal decision is highlighted in the letter that accompanies decisions of the Registration Committee including the timelines and details on how to submit an appeal. • The CMRTO website in the applicants and students section – in the information in the assessment process, already includes information on the right to an appeal.

	<ul style="list-style-type: none"> • The timeline diagram for applicants in the Career Map for Internationally Educated MRTs includes information on the timelines around the appeal process • The career map for Internationally Educated MRTs in the section on assessment includes information about their right to an appeal
--	--

5. Specific Duty - Documentation of Qualifications

FARPACTA, s. 10 (1)

or

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
---------------------------	--------------

6. Specific Duty — Assessment of Qualifications

FARPACTA, s. 10 (2)

or

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
---------------------------	--------------

- 2. The regulator communicates the results of qualifications assessment to each applicant in writing. [Transparency]**

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
OFC Comments	
Recommendations	
Regulator Comments	<p>Every type of application (Ontario, Canadian and Internationally educated applicants in each of the five specialties that are regulated by CMRTO) has a specific working document that has been developed to provide the assessors on the Registration Committee with clear direction on the registration requirements and the criteria to be met to fulfill those requirements. This provides clarity to the assessors on what is required. These working documents are used on every application.</p> <p>See the examples in that attachment in section 6.5 from one of the working documents that are used for every application.</p>

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
OFC Comments	
Recommendations	
Regulator Comments	<p>The Registration Committee periodically reviews the established program assessment criteria that is listed in the working documents to ensure the information is kept current and accurate.</p> <p>The Committee composition includes members who are engaged in approved program delivery as educators or clinical instructors. These members are able to identify when program changes are being made to be able to advise regarding when these reviews are appropriate. See attachment section 6.6 for an excerpt from the Policy on the terms of reference for the Registration Committee for information on the composition of the panels.</p> <p>In addition to this, all educational programs are accredited by Accreditation Canada (formerly the Conjoint accreditation process of the CMA). This accreditation process requires that programs deliver curriculum that meets the requirements of the national competency profile from the Canadian Association of Medical Radiation Technologists (CAMRT). This national competency profile forms the basis if both accreditation and the national certification examination administered by the CAMRT. As part of CAMRT's process to engage stakeholders in the review of the competency profiles during each 5 year cycle, the CMRTO approves these profiles for this purpose and therefore CMRTO is aware of any pending changes to educational programs so that working documents can be updated accordingly.</p> <p>See evidence provided for 6.7 below for more information.</p>

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

Assessment Outcome	Demonstrated
---------------------------	--------------

OFC Comments	
Recommendations	
Regulator Comments	<p>In conjunction with question 6 above, in addition to the assessors being familiar with approved program content and delivery, the educational program content is based on teaching to the national competency profile of the CAMRT which sets the entry to practice standards for entry to the profession. This same competency profile forms the basis of approved program accreditation and the national certification examinations in each of the specialties. The CMRTO is one of the stakeholders who are consulted every 5 years when the competency profile is reviewed so as an organization we are abreast of any changes to educational program content and have an opportunity to provide input into any required changes.</p> <p>Please see letter regarding approval of competency profiles in attachment in section 6.7</p>

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

Assessment Outcome	Demonstrated
OFC Comments	
Recommendations	
Regulator Comments	<p>The working documents provided as evidence in section 6.5 are used for every application which ensures consistency in the application of assessment criteria and policies and procedures.</p> <p>In addition, the CMRTO keeps information as registration resources on prior decisions and other sample letters that have been used in the past to ensure consistency in how policies and procedures are applied.</p> <p>See attachment in section 6.8 for screen capture from CMRTO records management</p>

	system,
--	---------

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

Assessment Outcome	Demonstrated
OFC Comments	
Recommendations	
Regulator Comments	See policy for this in section 6.9 in the attachment.

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
OFC Comments	
Recommendations	
Regulator Comments	<p>The CMRTO monitors the quality of decision-making by tracking this information on the CMRTO Balanced scorecard. This scorecard is provided to Council each quarter to track the number of registration decisions that are appealed. The status of no cases is considered on target/desired because it can be reasonably assumed that applicants who do not appeal the decision of the Registration Committee to HPARB are satisfied with the decisions</p> <p>See the attachment in section 6.10 for more information</p>

--	--

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
OFC Comments	
Recommendations	
Regulator Comments	<p>All new members to the Registration Committee receive training that addresses conflict of interest. Council and committee members are bound by the conflict of interest provisions set out in CMRTO by-law No. 13. The purpose of the clause is to define circumstances in which a conflict of interest may exist or appear to exist and to set out the responsibilities of Council and committee members with respect to such conflicts. The clause supports the integrity and impartiality of the decision-making processes of Council and its committees, including the Registration Committee.</p> <p>There are procedures in place to include a notice with each agenda for members of the Registration Committee to identify any potential conflicts with applicants they may know so that they can be excluded from any participation in the review and decision on that application for registration to ensure decisions are impartial. (Previously provided as evidence)</p> <p>The Registration Committee also uses group deliberation and consensus strategies to come to decisions on each application so there is impartiality in decisions that are reached. The Registration Committee also refers to past precedents in other applications they have reviewed to ensure consistency in approaches to decisions.</p>

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
---------------------------	--------------

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

Assessment Outcome	Demonstrated
OFC Comments	
Recommendations	
Regulator Comments	<p>The normal review process for applications that are considered by the Registration Committee includes review at two meetings. These meetings are held 6-8 weeks apart. The Registration Committee reviews applications at the first meeting considering the applicant’s qualifications, and gives direction to staff to prepare an order, decision and the reasons for that decision for review at the next meeting. The Registration Committee then reviews the decision to ensure it is in accordance with the direction provided and issues the decision at the second meeting. This same process is used for all applications regardless of whether they are successful or unsuccessful.</p> <p>See evidence attachment for information on the process and timelines in the process.</p>

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
---------------------------	--------------

7. Specific Duty — Training

FARPACTA, s. 11.

or

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
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

8. Specific Duty — Access to Records

FARPACTA, s. 12

or

RHPA, Schedule 2, s. 16

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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

Assessment Outcome	Demonstrated
---------------------------	--------------

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
---------------------------	--------------

General Duty

FARPACTA, Part II, s.6

or

RHPA, Schedule 2, S.22.2

Transparency

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

Assessment Outcome	<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>Transparency</p> <p>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"> • Openness: having measures and structures in place that make it easy to see how the registration process operates • Access: making registration information easily available
---------------------------	--

	<ul style="list-style-type: none"> • Clarity: ensuring that information used to communicate about registration is complete, accurate and easy to understand <p>The College demonstrates openness, accessibility and clarity in the registration practices by having measures and structures in place that make it easy to see how the registration process operates. Registration information is readily available on the college website in a complete, accurate and easy to understand way.</p> <p>The regulator enables interested stakeholders, including the public and applicants, to understand how the registration process operates. The regulator publishes information about the structure of accountability for registration functions.</p> <p>The College has published on its website all the registration policies in appropriate policy documents, and continues improving the registration practices by reviewing registration criteria, policies and procedures on a regular basis to ensure that they accurately reflect current registration practices.</p> <p>The OFC supports the initiatives of the College and has not identified any recommendations in this area at this time.</p>
Recommendations	
Suggestions for Continuous Improvement	
OFC Comments	
Regulator Comments	<p>Yes, throughout the registration process the CMRTO does inform applicants about the status of their application and provides relevant information. CMRTO staff are always accessible by phone or email, or by appointment in-person, to answer an applicant's questions about the registration process, including status.</p> <p>See the Career Map on page 8 for more information on the communications with applicants that are a normal part of the process. In addition to these the applicant is able to receive a response to any email or phone enquiry within 1-2 business days. https://www.cmrto.org/resources/forms/career-map-intl-trained</p>

	<p>As can be seen from the many references to material on the CMRTO website to provide information for this review, is evident that registration information is readily available on the college website in a complete, accurate and easy to understand way</p>
--	---

Objectivity

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

<p>Assessment Outcome</p>	<p>Objectivity</p> <p>A process or decision is objective if it is based on formal systems, such as criteria, tools, and procedures that have been repeatedly tested during their development, administration and review and have been found to be valid and reliable. In the regulatory context, objectivity of systems encompasses the following:</p> <ul style="list-style-type: none"> • Reliability: ensuring that the criteria, training, tools and procedures deliver consistent decision outcomes regardless of who makes the decision, when the decision is made, and in whatever context the decision is made • Validity: ensuring that the criteria, training, tools and procedures measure what they intend to <p>The College has implemented measures to demonstrate objectivity in their registration practices. The College has been able to demonstrate that the registration conditions and requirements are defined in their policies and procedures. These requirements are objective and have measureable criteria. For example, the College informs the OFC:</p> <ul style="list-style-type: none"> • College staff reviews publications, policies and website content to help ensure that information is presented in plain language. • CMRTO is committed to ensuring that it's Registration Committee members have access to the information and tools they need to make registration decisions. Both external and internal legal counsel provide orientation to Committee members on various topics, such as the decision-making parameters set out in legislation and how human rights law interacts with Registration Committee decision-making
----------------------------------	---

	<ul style="list-style-type: none"> • In order to ensure that decision-makers consistently apply registration requirement criteria, policies and procedures to all applicants, members of the Registration Committee are fully oriented to the criteria, policies and procedures utilized by the Committee. Orientation is on-going. Over time, the Committee has developed its own guidelines and tools which ensure that requirements are applied consistently. • There are documented guidelines and/or tools that decision-makers follow or use. • Decision-makers do take into account previous registration decisions made in similar cases. • There are internal processes to monitor consistency and accuracy in decision-making and the outcomes of those actions. <p>The OFC supports these initiatives and has not identified any recommendations in this area at this time.</p>
Recommendations	
Suggestions for Continuous Improvement	
OFC Comments	<ol style="list-style-type: none"> 1. Does CMRTO have a process to review and update statements describing registration requirements and criteria for clarity? 2. What are the ways in which CMRTO provides its decision-makers with access to the information and tools that they need to make registration decisions? Provide supporting documentation that illustrates how CMRTO does this. 3. What measures does the CMRTO take to ensure that decision-makers consistently apply registration requirement criteria, policies and procedures to all applicants? 4. Are there documented guidelines and/or tools that decision-makers follow or use? Would CMRTO be able to share these guidelines, relevant excerpts from those guidelines, or other similar documents? 5. Do decision-makers take into account previous registration decision made in similar cases? 6. Are there any guidelines, internal reports or other records describing actions taken to monitor consistency and accuracy in decision-making and the outcomes of those actions?
Regulator Comments	<ol style="list-style-type: none"> 1. As part of the CMRTO's Transparency Implementation plan, CMRTO staff have been reviewing publications, policies and website content to ensure that information is presented in plain language. As part of the registration of

	<p>diagnostic medical sonographers as a fifth specialty, FAQ documents and an application guide were posted to the CMRTO website in order to assist applicants throughout the application process.</p> <ol style="list-style-type: none"> 2. CMRTO is committed to ensuring that its Registration Committee members have access to the information and tools they need to make registration decisions. Both external and internal legal counsel provide orientation to Committee members on various topics, such as the decision-making parameters set out in legislation and how human rights law interacts with Registration Committee decision-making. 3. In order to ensure that decision-makers consistently apply registration requirement criteria, policies and procedures to all applicants, members of the Registration Committee are fully oriented to the criteria, policies and procedures utilized by the Committee. Orientation is on-going. Over time, the Committee has developed its own guidelines and tools (such as the working documents listed above and provided as evidence in 6.5) which ensure that requirements are applied consistently. 4. Yes, there are documented guidelines and/or tools that decision-makers follow or use. See the evidence provided for the working documents in question 6.5. 5. Yes, decision-makers do take into account previous registration decisions made in similar cases. The screen capture for 6.8 provides additional evidence of this resource. 6. Yes, as indicated in question 6.10 above and as demonstrated in the evidence provided in the attached document there are internal processes to monitor consistency and accuracy in decision-making and the outcomes of those actions?
--	---

Impartiality

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

Assessment Outcome	<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>Impartiality</p> <p>A process or decision is impartial if the position from which it is undertaken is neutral. Neutrality occurs when actions or behaviours that may result in subjective assessments or decisions are mitigated. Impartiality may be achieved by ensuring that all sources of bias are identified and that steps are taken to address those biases. In</p>
---------------------------	---

	<p>the regulatory context, impartiality encompasses the following:</p> <ul style="list-style-type: none"> • Identification: having systems to identify potential sources of bias in the assessment or decision-making process (for example, sources of conflict of interest, preconceived notions, and lack of understanding of issues related to diversity). • Strategies: having systems to address bias and enable neutrality during the assessment and decision making process (for example, training policies that address conflict of interest, procedures to follow if bias is identified, and using group deliberation and consensus strategies to come to decisions) <p>The College has implemented measures to achieve impartiality in its registration decisions. The College has taken steps to help ensure its decision-makers identify sources of potential bias and strategies to avoid and mitigate situations of bias from its registration processes. For example, the College has:</p> <ul style="list-style-type: none"> • Training materials for staff and Committee members that address conflict of interest and bias. • Council and committee members are bound by the conflict of interest provisions set out in CMRTO by-law No.13. The purpose of the clause is to define circumstances in which a conflict of interest may exist or appear to exist and to set out the responsibilities of Council and committee members with respect to such conflicts. The clause supports the integrity of decision-making processes of Council and its committees, including the Registration Committee. <p>The Council has created a conflict of interest policy to achieve the purposes set out above. Council, the President and the Registrar of the CMRTO implement the policy.</p> <p>By-law No. 13 provides the procedure for handling a conflict of interest.</p> <p>Conflict of interest is discussed during the orientation for Council and committee members. At the beginning of each Council meeting and committee meeting, an opportunity is provided for a Council or committee member to declare a conflict of interest with respect to an item on the agenda. The declaration of conflicts of interest is monitored.</p> <ul style="list-style-type: none"> • The Registration Committee uses standard working documents for the evaluation of all applications, uses group consensus decision processes and reviews resources from prior decisions to ensure consistency and to avoid or
--	---

	<p>minimize bias in registration decisions.</p> <ul style="list-style-type: none"> • The CMRTO monitors the quality of decision-making by tracking information on the CMRTO Balanced scorecard. This scorecard is provided to Council each quarter to track the number of registration decisions that are appealed. The status of no cases is considered on target/desired because it can be reasonably assumed that applicants who do not appeal the decision of the Registration Committee to HPARB are satisfied with the decisions and that no bias has influenced the decision negatively. • The working documents that are used by the Registration Committee for the assessment of each application defines specific objective criteria that are used as the basis of the assessment of each application. By using criteria that are measurable and defined and not based on any objective perceptions, the risk of introducing bias is greatly reduced. <p>The OFC supports these initiatives and has not identified any recommendations in this area at this time.</p>
Recommendations	
Suggestions for Continuous Improvement	
OFC Comments	<ol style="list-style-type: none"> 1. Can CMRTO provide excerpts from orientation or training materials for staff and committee members that address bias and steps to take if they find themselves in positions of bias? This may include content on characteristics or types of bias, and/r sources of bias, and/or circumstances that may compromise impartial decision-making (for example, a code of conduct or anti-discrimination policy for staff). 2. Can CMRTO provide excerpts from conflict of interest policies and/or agreements for staff and committee members involved in assessment and registration decisions? 3. Does CMRTO have documented procedures to avoid or minimize bias in registration decisions? 4. Is there a process in place to monitor decision-making to identify potential sources of impartiality and implement corrective actions, as needed? Can CMRTO share any supporting documentation that describe or illustrate the process?

<p>Regulator Comments</p>	<ol style="list-style-type: none"> 1. See excerpts from one of the training materials used for staff and Committee members re conflict of interest and bias in the attached evidence document. 2. Council and committee members are bound by the conflict of interest provisions set out in CMRTO by-law No. 13. The purpose of the clause is to define circumstances in which a conflict of interest may exist or appear to exist and to set out the responsibilities of Council and committee members with respect to such conflicts. The clause supports the integrity of decision-making processes of Council and its committees, including the Registration Committee. <p>The Council has created a conflict of interest policy to achieve the purposes set out above. Council, the President and the Registrar of the CMRTO implement the policy.</p> <p>By-law No. 13 provides the procedure for handling a conflict of interest.</p> <p>Conflict of interest is discussed during the orientation for Council and committee members. At the beginning of each Council meeting and committee meeting, an opportunity is provided for a Council or committee member to declare a conflict of interest with respect to an item on the agenda. The declaration of conflicts of interested is monitored.</p> <ol style="list-style-type: none"> 3. As described above, the Registration Committee uses standard working documents for the evaluation of all applications, uses group consensus decision processes and reviews resources from prior decisions to ensure consistency and to avoid or minimize bias in registration decisions. 4. As identified in 6.10 above the CMRTO monitors the quality of decision-making by tracking this information on the CMRTO Balanced scorecard. This scorecard is provided to Council each quarter to track the number of registration decisions that are appealed. The status of no cases is considered on target/desired because it can be reasonably assumed that applicants who do not appeal the decision of the Registration Committee to HPARB are satisfied with the decisions and that no bias has influenced the decision negatively. <p>As also described above in section 6.5 and as evidenced in the attached evidence document, the working documents that are used by the Registration Committee for the assessment of each application defines specific objective criteria that are used as the basis of the assessment of each application. By using criteria that are measurable and defined and not based on any objective perceptions, the risk of introducing bias is greatly reduced.</p>
----------------------------------	--

--	--

Fairness

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

<p>Assessment Outcome</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>Fairness</p> <p>A process or decision is considered fair in the regulatory context when all of the following are demonstrated:</p> <p>Substantive fairness: ensuring fairness of the decision itself. The decision itself must be fair and to be fair it must meet pre-determined and defensible criteria. The decision must be reasonable and the reasoning behind the decision must be understandable to the people affected.</p> <p>Procedural fairness: ensuring fairness of the decision-making process. There is a structure in place to ensure that fairness is embedded in the steps to be followed before, during and after decisions are made. The structure ensures that the process is timely and that individuals have equal opportunity to participate in the registration process and demonstrate their ability to practice.</p> <p>Relational fairness: ensuring people are treated fairly during the decision making process and by considering and addressing their perception about the process and decision.</p> <p>The College has implemented measures to help ensure fairness in their registration processes. The College has taken steps to demonstrate substantive, procedural and relational fairness. For example, the College has demonstrated to the OFC:</p> <ul style="list-style-type: none"> • Registration requirements are necessary and relevant to the practice of the profession. • The College engages with relevant stakeholders in the process of regulation changes and consults on any proposed changes such as the recent
----------------------------------	--

	<p>consultation regarding the regulation of diagnostic medical sonographers.</p> <ul style="list-style-type: none"> • The College takes measures to ensure that its registration decisions adhere to registration criteria, policies and procedures. Registration Committee members receive annual training on the legislative framework of decision-making, and resources are accessed regularly to ensure compliance with Committee policies and procedures and legislative requirements. • The College seeks methods to improve and streamline processes. In 2017/2018 the CMRTO has developed an online portal for Committee members. By streamlining the processes for Committee meetings, and moving to electronic approvals of decisions, we have been able to shorten the timelines for applicants. The CMRTO has also developed an online application process for diagnostic medical sonographers to streamline and simplify the application process. There are plans in place to extend this to all types of applicants in 2018. The CMRTO has also developed a comprehensive application guide to provide information to applicants and support them through this online process. • The CMRTO registration Committee considers all applications based on whether they meet the registration criteria regardless of the country of origin of the applicant. The Committee reviews the education completed by the applicant to determine if the program meets the requirements of section 4.1.2 for one of three groups. Either the application is from an approved program (Ontario programs), or it is equivalent to an approved program (Canadian programs), or it is considered to be substantially similar to an approved program (international). As can be seen from the statistics tracked by the Registration Committee the vast majority of the applications considered by the Registration Committee are accepted following the completion of any outstanding registration requirements. • The College offers reasonable accommodations to applicants to ensure that everyone has equal opportunities to participate in the registration process. Where applicants have not been able to obtain original documentation alternatives have been found, where applicants do not have access to electronic platforms, paper has been made available. The CAMRT has a process to ensure that there are accommodation processes in place for applicants who require them. • Where applicants have not been able to obtain original documentation they are provided with one on one assistance from the Deputy Registrar to explore alternatives, The Registration Committee has accepted descriptions prepared by the applicant, the applicant has validated their training by providing references from prior lecturers, the CMRTO has referenced the database to find previous applicants who may have completed the same programs and
--	---

	<p>were able to provide documents, applicants have provided sworn statements, the CMRTO has accepted email correspondence directly from the program where paper documents are no longer available</p> <p>The OFC supports the initiatives of the College and has not made any recommendations in this area at this time.</p>
Recommendations	
Suggestions for Continuous Improvement	
OFC Comments	<ol style="list-style-type: none"> 1. Can CMRTO show that all of its registration requirements are necessary and relevant to the practice of the profession? 2. Does CMRTO review its registration requirements for relevance and necessity at regular intervals ? 3. Does CMRTO take measures to ensure that its registration decisions adhere to registration criteria, policies, and procedures? 4. Can CMRTO demonstrate actions taken to review its registration practices to identify opportunities for improvement and streamlining? 5. Can CMRTO show that its registration procedures do not unjustifiably exclude or limit certain groups such as internationally trained applicants? 6. Does CMRTO treat applicants in a way that takes their circumstances into consideration (reasonable accommodation). To ensure that everyone has equal opportunities to participate in the registration process? 7. Does CMRTO have a process to consider and provide accommodations in cases where an applicant indicates that he or she cannot get the required documentation for reasons beyond his or her control?
Regulator Comments	<ol style="list-style-type: none"> 1. Yes, the CMRTO can show that all of its registration requirements are necessary and relevant to the practice of the profession... 2. The registration requirements are all defined in Ontario Regulation 866/93 which can be found at this link. CMRTO processes for the assessment of applications are designed to meet the statutory requirements for registration as defined in this regulation. The OFC as a stakeholder in the process of regulation change is consulted on any proposed changes such as the recent consultation regarding the regulation of diagnostic medical sonographers with the CMRTO. https://www.ontario.ca/laws/regulation/930866 3. Yes, the CMRTO does take measures to ensure that its registration decisions adhere to registration criteria, policies and procedures. Registration Committee

	<p>members receive annual training on the legislative framework of decision-making, and resources are accessed regularly to ensure compliance with Committee policies and procedures and legislative requirements.</p> <ol style="list-style-type: none"> 4. Yes, the CMRTO is always looking for methods to improve and streamline processes. In 2017/2018 the CMRTO has developed an online portal for Committee members. By streamlining the processes for Committee meetings, and moving to electronic approvals of decisions, we have been able to shorten the timelines for applicants. The CMRTO has also developed an online application process for diagnostic medical sonographers to streamline and simplify the application process. There are plans in place to extend this to all types of applicants in 2018. The CMRTO has also developed a comprehensive application guide to provide information to applicants and support them through this online process. See the guide at this link. Each of the other application types will have a similar guide https://www.cmрто.org/resources/publications/application-guide-for-sonography-2018 5. Yes, the CMRTO registration Committee considers all applications based on whether they meet the registration criteria regardless of the country of origin of the applicant. The Committee reviews the education completed by the applicant to determine if the program meets the requirements of section 4.1.2 for one of three groups. Either the application is from an approved program (Ontario programs), or it is equivalent to an approved program (Canadian programs), or it is considered to be substantially similar to an approved program (international). As can be seen from the statistics tracked by the Registration Committee (see evidence document) the vast majority of the applications considered by the Registration Committee are accepted following the completion of any outstanding registration requirements. 6. Yes, the CMRTO does offer reasonable accommodations to applicants to ensure that everyone has equal opportunities to participate in the registration process. Where applicants have not been able to obtain original documentation alternatives have been found, where applicants do not have access to electronic platforms, paper has been made available. The CAMRT has a process to ensure that there are accommodation processes in place for applicants who require them. 7. Yes, where applicants have not been able to obtain original documentation they are provided with one on one assistance from the Deputy Registrar to explore alternatives, For example, in the past, and depending on the circumstances, the Registration Committee has accepted descriptions prepared by the applicant, the applicant has validated their training by providing references from prior lecturers, the CMRTO has referenced the
--	---

	<p>database to find previous applicants who may have completed the same programs and were able to provide documents, applicants have provided sworn statements, the CMRTO has accepted email correspondence directly from the program where paper documents are no longer available</p>
--	---

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.



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

**OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ**

595 rue Bay St., Suite/Bureau 1201, Toronto ON M7A 2B4

tel/tél : 416.325.9380

toll-free/sans frais : 1.877.727.5365

tty/ats : 416.326.6080

ofc@ontario.ca

fairnesscommissioner.ca

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario