Office of the Fairness Commissioner

Risk-informed Compliance Framework and Policy

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

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

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Risk-informed Compliance Framework and Policy

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Any questions about this policy or requests for alternate formats can be sent to the Office of the Fairness Commissioner by email at ofc@ontario.ca.

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Introduction

This document outlines the specific components of the Office of the Fairness Commissioner's (OFC) Risk-informed Compliance Framework (the framework or RICF) and how this framework will be implemented. This version has been updated to reflect the current risk climate for fair registration practices along with lessons learned from the 2021 - 2022 risk assessment cycle.

The objectives of this framework are to:

- Enable regulators to comply with their legal obligations more effectively, to adopt associated best practices, and to achieve better registration outcomes for applicants.

- Promote the identification of targeted risk factors to enable regulators to focus their attention on appropriate mitigation and remediation efforts.

- Reduce unnecessary burdens on high-performing regulators and better allocate OFC resources, recognizing that all organizations with public interest mandates operate with constrained resources.

This RICF Policy and Framework, along with the companion Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades and Health Regulatory Colleges, form the basis upon which the OFC will work with regulators to improve registration practices for all applicants, including internationally trained individuals.

The Context for Self-regulation

In Ontario, individuals must obtain a license or certification from an entity that oversees the practice of a regulated profession, regulated health college or compulsory trade (henceforth, "regulators") to practice in the field and / or to use a title.

Regulators exist to protect the public interest by licensing professionals who are qualified, and by holding their members accountable for meeting practice standards. These organizations are different from professional associations that exist to provide services to their members and to advocate for the interests of their professions and members.

To achieve this public protection mandate, various provincial statutes grant authority to these regulators to:

- Set standards for individuals who enter the profession or compulsory trade.

- Licence these individuals.
- Oversee how licenced members adhere to standards of practice.

This scheme is commonly referred to as self-regulation.

The Applicable Legislative Framework

In 2006, the Ontario legislature introduced the then *Fair Access to Regulated Professions Act, 2006* (FARPA). This legislation was designed to help ensure that the registration practices of regulated professions were transparent, objective, impartial and fair. The legislation also established the OFC as the government agency responsible for overseeing the registration practices of these professions.

FARPA, which received Royal Assent in December 2006, also amended the *Regulated Health Professions Act,1991* (RHPA) by incorporating similar, though not identical, provisions into the Health Professions Procedural Code (Schedule 2 in the RHPA). We refer collectively to these two statutes as “fair access legislation”.

In 2013, FARPA was amended to provide the OFC with oversight of the compulsory trades. The name of the statute was also changed to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA).

In 2021, both statutes were further amended to incorporate substantive provisions to:

- Eliminate the use of Canadian experience requirements except under prescribed circumstances.
- Set time limits for making decisions on applications for registration.
- Streamline language proficiency requirements.
- Provide for the continuity of registration processes during emergency situations.

Both FARPACTA and the RHPA require that regulators meet a number of additional statutory requirements. These include:

- Meeting the general legislative duty to develop registration practices that are transparent, objective, impartial and fair. (section 6 of FARPACTA and section 22.2 of Schedule 2 to the RHPA).

- Meeting the specific duties outlined in the statutes relating to, among other things, providing information, making appeal or review processes available, articulating the basis for assessing applicant qualifications, providing staff training and identifying the right of an applicant to obtain access to relevant records. (sections 7-12 of FARPACTA and sections 22.3-22.4 and other provisions of Schedule 2 to the RHPA).

- Providing reports and information to the OFC. (sections 19-25 of FARPACTA and sections 22.6-22.11 of Schedule 2 to the RHPA).

The OFC's Modern Regulator Principles

Over the past decade, the public sector has moved towards modernizing its regulatory systems. This modernization trend is driven by research showing that traditional enforcement tools may not always be effective, efficient or agile enough to achieve public interest objectives. Thus, it is important for oversight agencies, like the OFC, to rely on regulatory approaches that are proactive and innovative, and that engage a variety of compliance and educational tools.

Based on the OFC's review of approaches to regulatory compliance across jurisdictions, and building upon extensive consultation with stakeholders, we have adopted the following six modern regulator principles to inform our Risk-informed Compliance Framework (the RICF) and other elements of our mandate:

1. *Our approach to regulatory compliance will be based on transparency, professionalism, and collaboration*.

   The Office of the Fairness Commissioner will:

   - Focus on achieving better outcomes through simpler and more straightforward compliance expectations.

   - Consult and collaborate with professions and trades when new approaches or changes to regulatory frameworks are proposed.

   - Be accountable for its decisions and open to public scrutiny.

2. *Our approach to overseeing compliance will be evidence-based and risk-informed*.

We will consider the risk profile of regulators in selecting appropriate compliance tools to review their performance, and to define our corresponding level of engagement with them.

To create risk profiles for regulators, we will consider risk factors that could materially impact their ability to address important fairness-based obligations and public policy considerations, as well as the achievement of better outcomes for applicants.

In any given period, the OFC's compliance activities may be geared towards individual regulators with a higher risk profile, more thematic / systemic issues across classes of regulators, or both.

We will also consider the distinct mandates of individual regulators and adjust our responses as needed, based on a regulator's risk profile, current situation, and how well it is achieving compliance.

(Please note that the set of risk factors that the OFC plans to adopt for the 2024 risk assessment cycle will differ from those used during the last cycle. These are described later in the document. These factors may be further adjusted in future risk assessment cycles to take into account, for example, additional amendments to the legislation).

3. *We will apply a proportionate approach to improve and promote compliance*.

   The resources that we will employ to monitor the activities of a regulator will be proportional to the level of risk associated with that regulator's activities.

   The OFC will focus its efforts on those regulators that have achieved less progress in meeting their compliance requirements than their peers and / or are considered to demonstrate an elevated risk profile. Conversely, regulators that are meeting their specific compliance obligations, and/or making substantial progress in providing registration practices that are transparent, objective, impartial and fair, will typically be subject to less prescriptive reporting and related requirements.

4. *We will communicate, educate, and offer guidance to regulators to promote and enhance compliance*.

   The OFC will employ a suite of compliance tools and work with regulators to improve their registration and assessment processes. These approaches will include education, outreach, peer discussions, the dissemination of best practices materials and tool kits, annual or periodic reporting requirements and more formal reviews of registration practices designed to enhance compliance.

5. *We will monitor, measure, evaluate and report on our activities and outcomes to adapt and improve our compliance activities*.

   To the extent possible, the data and evidence that the OFC collects will inform the determination of regulator risk profiles and associated compliance activity. The OFC will also work to employ modern technologies and pathways to simplify its data collection, reporting and information dissemination functions.

6. *We will share information and collaborate to reduce burdens and promote greater consistency.*

   The OFC will work constructively with other regulatory oversight bodies to reduce the regulatory burden on individual regulators. In particular, the OFC will collaborate with the Ontario Ministry of Health to jointly assist health regulatory colleges to achieve their legislative obligations.

The OFC's Risk-informed Compliance Framework

The OFC's compliance strategy, and allocation of associated resources, will be guided by its RICF. The framework will rely on an individualized assessment of each regulator against five risk factors that could impact the regulator's ability to achieve better registration outcomes for applicants.

The identified risk factors will reflect a series of existing and potential risks that are likely to impede fair registration practices for both domestic and internationally trained individuals, across the spectrum of professional regulators in the province. They necessarily represent a point in time analysis. These risk factors are further described below.

Risk Factors

1. Organizational Capacity

1.1 Description of the Risk Factor

A regulator may be subject to this risk if it:

- is newly established or lacks the resources or experience to effectively meet its compliance obligations; and / or

- has not developed adequate infrastructure and / or processes (e.g., IT enabled work flows or accepted legal practices) to efficiently receive, assess and process licensure applications.

1.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) The extent of the regulator's experience with fair access requirements and demonstrated understanding of how to meet these requirements.

b) The regulator's level of responsiveness to applicant and stakeholder concerns about deficiencies in assessment and registration processes.

c) The pattern of appeals that applicants have filed with the courts, the Health Professions Appeal and Review Board (HPARB), or other arms-length appeals bodies, as well as the nature of the issues raised and their disposition.

d) The agility of the regulator's information technology systems and related business processes to promote client service and accurate reporting.

e) Whether there is a substantial inventory of applications waiting to be processed and how that inventory has changed over time.

1.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The size of the regulator's annual registration cohort is large.

b) The deficiencies in organizational capacity are material.

c) The regulator is also implementing one or more major change management initiatives.

2. The Overall Control that a Regulator Exerts over its Assessment and Registration Processes, and its Relations with Third-party Service Providers

2.1 Description of the Risk Factor

A regulator may be subject to this risk if it:

- lacks effective processes to monitor and evaluate the work of its third-party service providers (TPSPs); and / or

- cannot demonstrate that it holds these service providers accountable to ensure that the delegated responsibility is undertaken in a way that is transparent, objective, impartial and fair; and / or

- lacks processes and contractual mechanisms to maintain its registration function during emergency situations or to otherwise demonstrate organizational resilience.

2.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) The number and nature of existing third-party arrangements.

b) The extent to which a clear accountability framework has been formalized between the regulator and its service providers.

c) How effectively the regulator is overseeing the work of its TPSPs upon which it relies for the assessment of applicant qualifications.

d) Whether an applicant retains the right to appeal or to otherwise challenge TPSP decisions.

e) Whether the regulator has demonstrated the agility to remedy disruptions to registration functions quickly and in a transparent fashion.

2.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The size of the regulator’s annual registration cohort is large, or where it has accumulated a substantial case inventory.

b) The materiality of the delegated / outsourced registration activity when compared to the licensing process is significant.

c) The regulator’s responsiveness to complaints about its third party’s processes are slow or otherwise inadequate.

d) The regulator's emergency plan (for FARPACTA regulators) or emergency class regulation (for RHPA regulators) does not take into account the activities of its TPSP(s).

The OFC's perspective on the legal obligations of regulators with respect to TPSPs is set out in section 2, obligation 5 of the Legislated Obligations and Fair Registration Best Practices Guide for regulated professions and section 2, obligation 3 of the corresponding guide for health regulatory colleges.

3. Impact of Major Changes to Registration Practices and Relations with Third-party Service Providers

3.1 Description of the Risk Factor

A regulator may be subject to this risk if it:

- is undertaking major revisions to its registration practices and / or is adjusting its relationship with its TPSP(s); and
- does not execute these changes in a fair and effective fashion; and / or
- fails to proactively communicate these changes to applicants and relevant stakeholders (e.g., academic institutions, TPSPs, bridging programs).

3.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) Whether the regulator has engaged in stakeholder consultations prior to initiating the proposed changes, and incorporated the feedback received into its process.

b) Whether the regulator has developed a communications strategy which clearly articulates how it will treat applications received before and after the change.

c) The extent to which the regulator has demonstrated a client-focused transition plan that helps ensure fairness and avoids adverse impacts for individuals who applied to become licenced under different rules.

d) Whether the regulator has engaged with its existing or new TPSPs to discuss client-service implications to help facilitate a smooth transition.

e) The extent to which the regulator has anticipated staffing needs and allocated resources to address any projected increase in inquiries or applications in a timely manner.

3.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The size of the regulator's annual registration cohort is large.

b) The identified changes could create material implications for current and future applicants, including those already engaged in a program of study that has historically served as a pathway for registration.

c) The need to make concurrent changes to case management systems or other technology supports to operationalize these initiatives.

d) The regulator has failed to adequately address more than one component of its change management process.

4. Ability of the Regulator to Comply with Newly Introduced Legislative and / or Regulatory Obligations

Note: *The OFC will take into account the differences between FARPACTA and the RHPA when assessing this risk factor. For health regulatory Colleges, risk assessment observations will be shared with the Ministry of Health, which holds the oversight authority to hold colleges accountable to these provisions.*

4.1 Description of the Risk Factor

A regulator may be subject to this risk if it is unable to comply with the newly enacted legal requirements respecting:

- Time limits for taking specified steps in the decision-making process.

- The elimination of Canadian experience requirements, unless an exemption is granted (FARPACTA regulators) or the exceptions set out in the RHPA regulation are met (health colleges).

- The removal of barriers to language proficiency testing.

4.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) The regulator's readiness to achieve compliance with the new obligations and / or the level of work required to achieve full compliance.

b) Whether the regulator has undertaken the required planning and secured the resources necessary to comply with these obligations.

c) Whether the regulator has developed the necessary guidelines, processes and communications materials to effectively implement changes needed to comply with these new obligations.

4.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The size of the regulator's annual registration cohort is large.

b) The extent of unpreparedness to achieve compliance is material and / or remedial actions taken to address the situation are not adequate.

5. Public Policy Considerations

The OFC has identified two public policy considerations with a direct impact on a regulator's core responsibilities. These involve the regulator's efforts to consult on labour market shortages in its occupational sphere and the regulator's ability to promote inclusion and address anti-racism concerns in its assessment and registration processes.

5 (I) Addressing Labour Market Shortages

5.1 Description of the Risk Factor

A regulator may be subject to this risk if:

- its registration processes are not helping to address critical labour shortages in its occupational sphere; and / or

- it has not constructively engaged in consultations with its responsible minister to ensure that Ontarians have access to adequate numbers of qualified, skilled, and competent regulated professionals.

5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) Evidence of material labour shortages within the profession or trade coupled with inefficient, slow and / or unduly restrictive registration processes.

b) The extent to which the regulator has engaged in discussions with its responsible minister and other stakeholders on labour market supply issues and ways to increase the efficiency of its registration process.

c) The degree to which the regulator has taken actions, including discussions with other system stakeholders, in response to these discussions.

d) Whether the regulator's Canadian experience requirement or supervised practice programs add unreasonable time and / or expense to the registration process, or otherwise compromise the public interest.

5.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The supply and demand imbalance of the profession or trade in the labour market is significant.

b) The services that the category of professional / skilled tradesperson performs are of critical importance to members of the public and / or the economy.

c) The size of the regulator's annual registration cohort is large.

d) The licensure rate for the profession or trade, particularly for internationally trained individuals, is low (e.g., less than 50% or when compared to similarly situated occupations).

To streamline the risk assessment process for RHPA regulators, the OFC will consider any relevant information or reporting on labour supply or shortages that the regulator has already shared with MOH. Health regulatory colleges are encouraged to share copies or provide the relevant documents/resources to the OFC.

5(II) Ability to Promote Inclusion and Address Anti-racism Concerns in Registration Processes

5.1 Description of the Risk Factor

A regulator may be subject to this risk if it has not:

- established policies, processes and implementation mechanisms to promote inclusion and anti-racism principles in its assessment and registration practices; and / or

- provided adequate training and guidelines for decision-makers to address unconscious bias.

5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

a) The extent to which the regulator has taken steps to embed an inclusion / anti-racism culture in its registration processes and decisions, such as how it treats applications from racialized and internationally trained professionals, and its position on the collection of race-based data.

b) The extent to which the regulator has made available inclusion, equity and anti-racism policies, processes and training modalities for individuals who make assessment and registration decisions, particularly with respect to addressing unconscious bias.

c) Whether the regulator requires that its TPSP(s) follow the same or similar protocols.

5.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

a) The size of the regulator's annual registration cohort and / or the internationally educated applicant pool is large.

b) There are deficiencies in the regulator's ability to successfully register racialized and internationally trained candidates, along with documented concerns of racism or discrimination.

c) There is evidence that racialized populations are underserved by the profession, or documented concerns about the impact of systemic racism in a service system.

d) There is a shortage of skilled individuals in the profession or trade.

To streamline the risk assessment process for RHPA regulators, the OFC will consider relevant information that regulators have already reported to MOH through the College

Performance Measurement Framework (CPMF). This includes Diversity, Equity and Inclusion Plans and Equity Impact Assessments undertaken in fulfillment of CPMF requirements. Health regulatory colleges are asked to share copies or provide the relevant documents/resources to the OFC.

How the OFC Will Determine a Regulator's Risk Rating

To determine an overall risk category for a regulator, the OFC will first analyze each risk factor individually. It will also consider the distinct characteristics of the regulator and the specifics of the environment in which it operates.

While the OFC will carefully consider each of the enumerated risk factors, it will pay particular attention to those pertaining to labour market shortages and major revisions to a regulator's registration processes, as these have the potential to materially jeopardise the career paths of applicants and to compromise public health and safety.

The risk factors will then be assessed according to a more traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence). These factors will then be analyzed to arrive at an aggregate risk rating that will fall into one of three categories:

1. Low.
2. Moderately low.
3. Moderate to high.

It is important to note that this risk rating framework is not designed to be punitive in nature. In some cases, regulators may have limited ability to avoid these risks, or to fully mitigate them. Rather, this framework is designed to identify system-wide risks to applicants and to find ways to collectively focus on, and address, them.

The risk category will, in turn, determine the degree of attention that the OFC will pay to individual regulators and the associated compliance tools that it will apply. The OFC will target its more focused compliance activities on those regulators that it places in the moderately low or moderate to high categories.

Where the OFC determines that a regulator should be placed in either of the higher-risk categories, and to support procedural fairness, the OFC will meet with the regulator to explain the basis for the assessment and provide an opportunity for the regulator to offer input, before finalizing the rating.

The OFC's Compliance Tools

The OFC may deploy a suite of tools to help ensure that regulators comply with their legislative obligations and institute fair and innovative registration practices.

The extent that these tools will be used, and the degree of intervention, will be based on what may be viewed as a compliance continuum involving progressive escalation to promote compliance with the legislation. The compliance tools, and the circumstances in which they may be used, are described below.

Table 1: Risk Categories and Associated OFC Compliance Tools

Compliance Tools	Risk Category		
	Low	**Moderately Low**	**Moderate to High**
Meetings with regulators	Annual	Quarterly	Bi-Monthly
Provision of education and best practices	√	√	√
Completion and submission of Fair Registration Practices Reports	√	√	√
Completion of compliance action plan and other reports		√	√
Letter from Fairness Commissioner to the CEO / Registrar, Council and/or Responsible Minister		√	√
Publicizing non-compliance issues / opportunities for improvement in annual report or other publications			√
OFC initiated review of registration practices			√

Compliance assessment			√
Audit			√
Compliance order (for FARPACTA regulators)			√

Please see Appendix 1 for a description of the compliance tools referred to in this table.

Transparency and Future Revisions to the Policy

As a complement to the transparency provisions contained in the legislation, the OFC plans to publish the risk ratings of all regulators in its 2022-23 annual report, along with the steps that the higher risk regulators have taken to improve their registration practices.

As the OFC transitions into the 2024 risk assessment process, it will continue to work with regulators to address any residual risks or compliance issues arising out of the last cycle. As the new risk ratings are issued, some regulators may move from a higher to a lower risk category, while others may move in the opposite direction. This represents a predictable by-product of a registration environment that is highly dynamic.

Finally, the OFC plans to review its approach to conducting periodic compliance assessments of regulators under section 13(3)(a) of FARPACTA and section 22.5(1)(a) of Schedule 2 of the RHPA to ensure that this process aligns with the objectives of the Risk-informed Compliance Framework.

Appendix 1: OFC Compliance Tools

This section briefly describes each of the OFC's compliance tools and the circumstances in which they may be used.

1. *Education and Sharing of Best Practices*

   This tool incorporates a range of actions designed to promote compliance through education, advice, guidance, and promotion of fair registration best practices. The OFC may take this approach for all regulators, with the focus depending on observed gaps in each regulator's processes.

2. *Completion and Submission of FRP Reports*

   Pursuant to section 20 of FARPACTA, and section 22.7 of Schedule 2 to the RHPA, regulators are required to prepare and submit to the OFC a fair registration practices report annually, or at such other times as the Fairness Commissioner may specify.

   As part of this obligation, the OFC asks that this report contain information pertaining to, among other things:

   - The current membership size of the regulated profession, health regulatory college or compulsory trade.
   - The total number of applicants.
   - The number of internationally trained applicants.
   - A demographic breakdown of both applicants and members (e.g., by gender and country of origin).

   The OFC may seek additional information from regulators on a case-by-case basis according to their risk categories or more broadly for compliance purposes.

3. *Meetings with Regulators*

   OFC staff will schedule regular meetings with regulators, the frequency of which will depend on the regulator's risk category. These meetings will constitute a platform to exchange information and for regulators in the low and moderately low risk categories to provide updates and share information, as well as to discuss innovative fair registration best practices. For regulators in the moderate to high-risk category, the meetings will

serve as compliance forums to address and resolve ongoing and / or persistent fair access issues.

4. *Completion of Compliance Action Plan and other Reports*

   Under sections 22(1) and 24(1) of FARPACTA, and sections 22.7(3) and 22.7(4) of Schedule 2 of the RHPA, the OFC may require that a regulator prepare reports relating to the regulated profession's compliance with its legislated obligations. For health colleges, this may also include reports outside the scope of the legislative provisions over which the OFC has direct oversight.

   The OFC uses this authority to request compliance action plans. This tool is generally reserved for regulators in the moderately low, and moderate to high-risk category. The OFC and regulators will use this tool to track how a regulator is addressing, and making progress on, compliance issues that the OFC has identified for further action.

   While the OFC will work with the regulator to develop a mutually agreed upon compliance plan, it reserves the right to formulate this document on a unilateral basis.

   Pursuant to the provisions cited above, the OFC may require other reports or information related to compliance-related issues.

5. *Letter from the Fairness Commissioner to the CEO / Registrar, Council and / or Responsible Minister*

   If the regulator does not institute corrective actions, or show meaningful progress against stated objectives, the Fairness Commissioner may choose to write to senior officials within the organization and / or the responsible minister to outline the relevant concerns. This approach would typically be reserved for regulators in the moderate to high-risk category.

6. *Publicizing non-compliance issues / opportunities for improvement (annual report or other publications)*

   If the compliance tools described above do not produce effective results, and the compliance issues persist, the OFC may choose to publicize its ongoing concerns regarding the regulator's registration practices, through a variety of media, such as the OFC's website, annual report and other publications. The OFC will only use this compliance tool for regulators in the moderate to high-risk category and provide prior notice of this action.

7. *OFC Initiated Review of Registration Practices*

   Under section 19 of FARPACTA, and section 22.6 of Schedule 2 to the RHPA, the OFC may also require that a regulator undertake a review of its registration practices to ensure that these practices are transparent, objective, impartial and fair. The OFC may mandate this review on a case-by-case basis. This report is designed to canvass issues relating to the relevance or necessity of registration requirements, the timeliness of decision-making and the reasonableness of fees.

8. *Compliance Assessment*

   Section 13(3)(a) of FARPACTA and section 22.5(1)(a) of Schedule 2 of the RHPA indicate that it is the function of the Fairness Commissioner to assess the registration practices of regulators based on their obligations under the statute and regulations.

   The compliance assessment is a tool that the OFC may use for newly established regulators or those in the moderate to high-risk category. Through targeted compliance initiatives, the OFC would determine the regulator's level of compliance. This approach would involve a review of relevant information to assess the extent to which the regulator is complying with its legal obligations and to develop informed conclusions on the appropriate corrective actions that the regulator should undertake.

9. *Audits*

   The audit process is analogous to an independent investigation that is conducted by a third party that the OFC approves. It will typically involve a defined and targeted review of material and persistent deficiencies in a regulator's registration processes. The audit is expected to yield a report with findings and recommendations.

   Under section 21(2) of FARPACTA and section 22.8(2) of Schedule 2 to the RHPA, the cost of the audit is borne by the regulator and the final report must filed with the Minister of Labour, Immigration, Training and Skills Development for regulated professions and trades, and the Minister of Health for the health regulatory colleges.

   Given the significant nature of the audit authority, the OFC will employ this tool sparingly and only where the circumstances so warrant. This tool is an available option for regulators in the moderate to high-risk category.

10. *Compliance Orders (for FARPACTA regulators)*

If the Fairness Commissioner concludes that a regulated profession has contravened either the specific duties (Part III) and/or reporting obligations (Part VI) enumerated in FARPACTA, the commissioner may issue a compliance order against the regulator. The order may contain any actions that the Fairness Commissioner deems appropriate for the regulator to do, or to refrain from doing, to comply with the legislation. The provisions in FARPACTA outline a specific process for issuing an order.

Under section 30(1) of FARPACTA, where a regulator fails to comply with an order made by the Fairness Commissioner, the regulator is guilty of an offence and is subject to prosecution.

This authority of the Fairness Commissioner to issue compliance orders is not available under Schedule 2 to the RHPA.

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