



COLLEGE OF
Optometrists
OF ONTARIO

COUNCIL MEETING

FRIDAY DEC. 10, 2021
AT 9:00 A.M.

HYBRID MEETING

<p>5. In Camera Session: Personnel Matters</p> <p>Council will go in camera under:</p> <ul style="list-style-type: none"> ▪ Section 7(2)(d) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the Regulated Health Professions Act, 1991 	P. Quaid	90	Discussion	
LUNCH BREAK: 12:15 - 1:00PM		45		
<p>6. Motions Brought Forward from Committees</p> <p>a) Audit/Finance/Risk: 2022 College Budget</p> <p>b) Audit/Finance/Risk: Addendum to Policy: Role of President</p> <p>c) Governance/HR: Harassment Policy</p> <p>d) Governance/HR: Conflict of Interest Policy</p> <p>e) Clinical Practice Panel: OPR 7.10 Orthokeratology</p> <p>f) Clinical Practice Panel: Return-to-Work</p>	<p>L. Chan</p> <p>L. Chan</p> <p>K. Biondi</p> <p>K. Biondi</p> <p>C. Grewal</p> <p>C. Grewal</p>	<p>45</p> <p>15</p> <p>25</p> <p>15</p> <p>15</p> <p>10</p>	<p><u>Decision</u></p> <p><u>Decision</u></p> <p><u>Decision</u></p> <p><u>Decision</u></p> <p><u>Decision</u></p> <p><u>Decision</u></p>	<p>28</p> <p>31</p> <p>33</p> <p>40</p> <p>44</p> <p>49</p>
AFTERNOON BREAK: 3:05 - 3:15PM		10		
7. List of Acronyms				61
8. Dates of Upcoming Council Meetings				
9. Adjournment				

*All materials for this meeting will be accessible to Council members through Aprio.



**College of Optometrists of Ontario
Council Meeting
September 17, 2021
DRAFT #1**

Attendance:

Dr. Patrick Quaid (President)	Dr. Richard Kniaziew
Mr. Bashar Kassir (Vice-President)	Dr. Lindy Mackey
Ms. Suzanne Allen	Dr. Annie Micucci
Ms. Kathryn Biondi	Dr. Areef Nurani
Dr. Lisa Christian	Mr. Narendra Shah
Dr. Mark Eltis	Dr. William Ulakovic
Dr. Camy Grewal	

Regrets:

Dr. Linda Chan
Mr. Ravnit Dhaliwal
Mr. Howard Kennedy

Staff & Guests:

Mr. Joe Jamieson, Registrar and CEO	Mr. Edward Cho
Ms. Hanan Jibry, Deputy Registrar	Ms. Amber Lepage-Monette

- 1 **1. Call to Order:** P. Quaid called the meeting to order at 9:00 a.m.
2
3 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
4
5 Moved by M. Eltis and seconded by K. Biondi **to adopt the agenda.**
6 **Motion carried**
7
8 **a. Conflicts of Interest:** P. Quaid asked Council members if anyone had a conflict of interest with any
9 item on the day's agenda. None were declared.
10
11 **3. Adoption of the Consent Agenda:** A draft consent agenda was circulated prior to the meeting. After
12 having confirmed that all councilors had read the consent agenda materials. The following items were
13 included in the consent agenda:
14
15 PART 1 - Minutes of Prior Council Meetings
16 a. June 18, 2021
17 b. Motions and Actions Items Arising from the Minutes
18 PART 2 - Reports
19 b. Committee Reports
20 i. Executive Committee

- 21 ii. Patient Relations
- 22 iii. Quality Assurance:
- 23 A. QA Panel
- 24 B. CP Panel
- 25 C. QA Subcommittee
- 26 iv. ICRC
- 27 v. Registration
- 28 vi. Governance/HR Committee
- 29 vii. Audit/Finance/Risk Committee

30 PART 3 – Correspondence

- 31 a. Ontario Association of Optometrists

32
33 Moved by C. Grewal and seconded by M. Eltis **to adopt the consent agenda.**

Motion carried

34
35
36 Council discussed the June 18, 2021, minutes, and the Executive Committee report.

37
38 The Vice-President asked for an apology for language used in the March meeting regarding the work of
39 the Audit/Finance/Risk Committee. A similar request had also been made at the June meeting, though it
40 was not noted in the June minutes.

41
42 Council asked for clarity on the staffing anomalies related to salaries that were noted in the June
43 minutes. J. Jamieson noted this was related to changes in senior leadership. Any further questions about
44 personnel would be discussed in camera.

45
46 In addition, Council asked about the President's stipend and charges for stakeholder engagement
47 meetings.

48
49 It was clarified that the Governance/HR Committee reviewed the President's stipend and then passed
50 the item to the Audit/Finance/Risk Committee, which will be developing a policy in 022 regarding
51 compensation for the role of President.

52
53 It was further clarified that membership fees for stakeholder groups account for some of the funds in
54 this line item.

55
56 Council discussed a section of the Executive Committee report that detailed the Vice-President
57 contacting the Ministry of Health directly. P. Quaid and J. Jamieson spoke about the role of
58 spokespeople at the College and the appropriate process for sending questions to the Ministry –
59 through the President and Registrar.

60
61 The Vice-President requested that the Executive Committee report be revised to reflect the Registrar
62 asked the Ministry of Health questions related to conflict of interest and job action, as well as presenting
63 a legal opinion on the job action to the Ministry.

64
65 **Action Item:** Staff to revise the Executive Committee report to reflect that the Registrar asked the questions
66 regarding conflict of interest and the ongoing job action, and not the Vice-President. The revised Executive
67 Committee report will be brought back to the December Council meeting.

68 **4. Registrar’s Report**

69
70 J. Jamieson presented the Registrar’s report, providing operational updates. P. Quaid also provided
71 updates during the Registrar’s Report.

72
73 Council asked questions regarding the President’s updates, specifically stakeholder meetings regarding a
74 single, Canadian Entry-to-Practice exam.

75
76 Council also asked about the College website project, specifically regarding backup and testing. It was
77 confirmed that offsite backup is used and that various stakeholders, including the public, will be invited
78 to test the new website prior to launch.

79
80 Council discussed the ongoing issue of a possible single Canadian entry-to-practice exam and the
81 positions from other Canadian jurisdictions.

82
83 Council asked for more details on new registrant numbers and how COVID affected membership (i.e.,
84 retirement etc.). H. Jibry noted there was a larger number of retirements at the start of the year, but not
85 significantly different than previous years. Numbers would be provided to Council later in the meeting.

86
87 Council discussed the job action and clarified the issue of optometrists providing urgent care. P. Quaid
88 noted that what constitutes ‘urgent’ involves professional judgement. The responsibility is on the
89 practitioner to ensure the patient is seen by a care provider.

90
91 Council noted that if the job action continues for months, the College should be cognisant of a possible
92 increase in complaints.

93
94 **5. IN CAMERA Session: Legal Opinion**

95 In accordance with 7 (1.1) of the Health Professions Procedural Code (HPPC), Council will go in
96 camera under Section 7(2)(e) of the HPPC, which is Schedule 2 to the Regulated Health Professions
97 Act to receive a legal opinion.

98
99 Moved by A. Nurani and seconded by C. Grewal **to have the meeting go in camera.**

Motion carried

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Moved by W. Ulakovic and seconded by M. Eltis **to have the meeting go out of camera.**

Council took a break and returned at approximately 11:25 a.m.

6. Motions Brought Forward from Committees:

a. Executive Committee – [Research Grant Panel](#)

Moved by K. Biondi and seconded by L. Christian **to approve the establishment and funding of a Research Grant Panel as outlined in the briefing note.**

Council asked about the selection process for the member-at-large role, which is appointed by the Registrar.

J. Jamieson clarified that, should Council approve the motion, the next step would be to develop a framework for the process. Council was being asked to approve in principle, and the Executive Committee would determine specifics, such as appointment process and term limits. The first three roles – President, Vice-President and Council member – are bound by their terms on Council.

160 It is also clarified that the Terms of Reference discussed in the briefing note are in development and
161 would need to be ratified by the new panel.

162
163 Council further discussed the how term limits for the three Council roles may create turnover on the
164 panel; consideration should be made for succession and ensuring continuity of decision-making.

165
166 Council discussed the fifth role (from the originating committee) and how this role would work on a
167 rotating based on the nature of the grant proposal.

168
169 It was determined the following revisions be made:

- 170
171 a. Under the “Process” description, revise the first point to end after the word “proposals” and
172 remove the text “from members of the College (research candidate).”
173 b. To change the role of “member at large” to “researcher at large.”
174 c. To remove the “Originating Committee” member role.

175
176 Moved by N. Shah and seconded by S. Allen **to approve the motion as amended.**

177
178 **Motion carried**

179
180 **b. Quality Assurance Committee**

181 **i. Clinical Practice Panel – [OPR 7.12 Patients with Amblyopia](#)**

182
183 C. Grewal presented the revisions that were made to OPR 7.12 since the previous Council meeting,
184 including revisions to developmental history and case history.

185
186 R. Kniaziew noted a motion was required to go over time.

187
188 Moved by R. Kniaziew and seconded by M. Eltis **to extend the Council meeting.**

189
190 **Motion carried**

191
192 Council continued to discuss the revisions. Additional wording changes were suggested: revising the first
193 sentence in the description to include “and/or” ahead of “interocular difference”; and including a
194 disclaimer in opening of the OPR that clarifies, in cases where patients are minors, optometrists should
195 ensure parents/guardians are included in the discussion regarding treatment and care.

196
197 Council also discussed the circumstances in which this therapy is covered by OHIP for minors.
198 Professional members clarified that follow-up appointments are covered, vision therapy is not.

199
200 C. Grewal noted that the CPP continues to review the recommendation to move standards to the
201 beginning of the OPR.

202
203 Moved by W. Ulakovic and seconded by M. Eltis **to approve updates to OPR 7.12 with the two revisions**
204 **as noted.**

205 **Motion carried**

206
207 Council is reminded they will receive a survey regarding in-person vs virtual meetings and COVID vaccine
208 requirements for in-person meetings. The survey results will be reviewed by the Executive Committee
209 on October 7.

210
211 Regarding the survey, Council noted their opinions could change between September and December.
212 P. Quaid indicated that the survey could be re-circulated should the COVID situation change in the
213 following months.

214
215 **12. List of Acronyms**

216
217 **11. Dates of Upcoming Council Meetings**

- 218 • December 10, 2021
219 • Friday, January 21, 2022
220 • Friday, March 25, 2022
221 • Friday, June 24, 2022
222 • Friday, September 16, 2022
223 • Friday, December 9, 2022

224
225 **13. Adjournment:** Moved by M. Eltis and seconded by S. Allen **to adjourn the meeting at 12:10 p.m.**

226
227 **Motion carried**

Executive Committee Activity Report

Reporting date: December 10, 2021

Chair: Dr. Patrick Quaid

Key Priorities

Over the course of 2021, the Executive Committee met before each Council session to review the Council meeting's agenda and committee motions. This was to ensure that Council sessions were efficient, transparent, and capable of meeting high standards in governance. Such a meeting occurred on November 22, 2021 to prepare for the December 10, 2021 Council session.

Discussion Items

Registrar Presentation

The Registrar provided an update on his performance and activities since he began at the College earlier in 2021.

Research Grant Panel

Chad Andrews updated the Committee on progress that has occurred in relation to the Research Grant Panel. He described the terms of reference document that has been developed, as well as a set of review guidelines that will be finalized this year. The goal is to have a firm set of parameters in place for the Panel to review and finalize when it forms in early 2022. This will position the Panel to begin accepting proposals in the first quarter of the year.

CPP: COVID-19 Return to Work

Dr. Camy Grewal provided an update on changes to the return-to-work documents that were recently revised by the Clinical Practice Panel. The documents follow new Ministry guidelines to inform optometrists regarding when they should wear eye protection during eye exams.

The Executive Committee approved the documents so that they can be circulated in December.

Assessment Documents

Kathryn Biondi presented a number of assessment/feedback documents that were developed by the Governance/GR Committee: feedback on the Registrar, feedback on the President, and feedback on committee chairs. All three documents were approved by the Executive Committee so that they can be circulated and completed by the end of the year. The feedback will help inform the professional development of the respective individuals.

BRIEFING NOTE

Executive Committee – September 17, 2021

Subject

The College has currently allocated a reserve fund for the purpose of providing research that is rooted in the public interest regarding excellence in eye care and effective professional practice.

Background

In its mandate of regulating the profession of Optometry in the public interest, specific areas include:

- setting the qualifications required to enter practice;
- setting the conditions to maintain registration;
- developing quality assurance programs to promote clinical excellence;
- promoting safe and ethical practice by our members;
- developing professional and ethical standards and guidelines; and
- responding openly, fairly, and with authority when complaints arise.

Furthermore, the *College Strategic Plan 2020-2023* focuses on several areas to enable the College to “Work with the changing delivery and technology landscape, we envision the College being more responsive, gathering more and better data, and taking advantage of the most advanced regulatory tools and techniques to fulfill its mission. Being “a leading regulator” in these and other respects is therefore an aspiration for the College going forward”. These aspects include:

- Potentially monitor developments and ensure professional standards appropriately reflect emerging delivery models and technologies
- Confirming the entry-to-practice examination ensures safe and competent practitioners
- Developing a renewed quality assurance program
- Guiding and supporting optometrists to maintain practice requirements in Ontario
- Potentially investigate and prepare for specialization to achieve high-quality patient care
- Promoting meaningful continuing education, professionalism, and excellent clinical care

The allocation of annual funds for practitioners or stakeholders (by College request) to access funding through a robust application and criterion-based process will be required to fully implement the program.

Research applications can be considered from two sources.

- (A) A Committee of Council or Council may request research support in the consideration of policy development within the committee mandate. If a committee requests such, an RFP will be circulated to the membership and stakeholders for consideration.

- (B) An individual member of the College can submit (bi-annually) a research proposal that meets the criteria established by the panel (public interest mandate) for consideration by the panel.

Process

It is proposed that Council approve through motion by the Executive Committee to Council, a Research Grant Panel. The panel will be formed as a panel of the Executive Committee with the following terms of reference:

1. To establish a metric-based criterion using most effective practices to evaluate submitted grant proposals_ ~~from members of the College (research candidates)~~
2. To apply ethical research standards while evaluating a submission and safeguard the process and recipients from conflict-of-interest matters.
3. To allocate proportionate funding based on the merits of each application and fund capacity.
4. ~~To receive and assess research applications twice yearly from research candidates.~~
- 4.5. ~~To include, by request, Committee Chairs as temporary Panel members when research is submitted in response to an RFP from their committee.~~
6. ~~To receive, archive and provide impact feedback to Council regarding funded research.~~

Research Panel Composition

The Research Grant Panel will consist of:

Chair of Panel	Vice President of Council
Vice Chair of Panel	President of Council
Panel Member	Additional Council member selected by the Executive Committee after reviewing applications from interested members
Member-Researcher at Large	A College-Panel Member appointed by the Registrar with research background and credentials
Originating Committee	The Chair/Delegate of a committee that requests an RFP for research support

Funding

The College current holds a reserve for research in its annual budget. It is proposed from a reallocation initiative to increase this funding by 100,000 a year for three years. The budget will also cover all infrastructure and associated costs in funding the program.

Decision(s) for Council



Council is being asked to approve the establishment of the Research Panel as outlined above. This motion is as follows:

The Executive Committee recommends to Council the establishment and funding of a Research Grant Panel as outlined in the briefing note.

Public Interest Mandate

All approved research will have a public interest element and will further the College's efforts to protect the public.

Contact

- Chad Andrews, Senior Manager of Policy and Governance

Executive Committee Activity Report

Reporting date: September 17, 2021

Chair: Dr. Patrick Quaid

Key Priorities

The Executive Committee is currently scheduled to meet before each Council session in 2021 to review the Council meeting's agenda. This is to ensure that Council sessions are efficient, transparent, and capable of meeting high standards in governance. The Executive Committee met on August 19, 2021 to prepare for the September 17, 2021 Council session.

Discussion Items

Research Grant Panel

The Committee discussed the establishment of a Research Grant Panel to review and approve research projects that address a range of issues within the College's mandate – not only clinical projects but those that explore issues central to regulation, governance, patient protection, and more.

The Executive Committee is presenting a motion seeking Council's approval on the establishment of the panel as described in the attached briefing note.

Conflict of Interest Legal Opinion

Julia Martin provided a legal opinion regarding the nature of conflicts of interest as they pertain to Council members who decide to engage in the Ontario Association of Optometrists (OAO) job action. Her position is that being a member of the OAO or engaging in the job action does not automatically constitute being in a conflict of interest as a member of the College's Council. The position is supported by the College's by-laws.

College Opening and December Council

An operational return-to-office policy was developed, outlining that staff will return to the office on October 4, 2021. The Executive Committee discussed the policy in detail.

Meeting with Allison Henry

The Executive Committee discussed the following situation in detail:

The Vice President self-initiated a meeting request with Ms. Allison Henry, the Director of Workforce Regulatory Oversight at the Ministry of Health.

Ms. Henry subsequently agreed to the meeting via email, inviting the President and Registrar to also attend. At the meeting, conducted via Zoom, the VP asked questions regarding conflicts of interest and legal opinions as they relate to the OAO job action, as well as the role of public members generally. The Registrar asked for clarification about whether public appointments "represent" the government or Ministry of Health at the Council table, and whether the Ministry expects that legal opinions are submitted for their consideration. All questions were clearly answered by Ms. Henry, who ~~also~~ emphasized that public members do not represent the Ministry and that the Ministry receiving ~~such a~~

request for input on a legal opinion is not only unnecessary but inappropriate, and they would "decline to even receive the opinion from the College." Members of the Executive Committee were reminded that all future stakeholder engagement should follow the bylaws, which state that the Registrar and President are the sole designated spokespeople for the College to all external stakeholders.

Decision Items

The Executive Committee developed a proposal for the establishment of a Research Grant Panel, which is outlined in a briefing note. The Committee will motion to have Council approve the establishment of the Panel.

Patient Relations Committee Activity Report

Reporting date: December 10, 2021

Chair: Suzanne Allen

Tasks Completed Since Last Council Meeting:

- The Committee reviewed the status of the Program of Funding for Therapy and Counselling, including how much funding has been accessed by each patient.
- The Committee is working to develop a sexual abuse and victim support training session and reviewed a proposal from a potential presenter.
- The Committee continues to develop an e-learning module focused on complex patient issues and how to manage them. Most recently, the Committee reviewed previous frameworks for the module and settled on a final set of topics/scenarios and some next steps.

Key Priorities

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling, which now supports four patients. The committee is also working to develop a new training session on sexual abuse and victim support that will be offered to Council members and staff, as well as an e-learning module for CE credit that focuses on frequent complaints received by the College.

Discussion Items

Sexual Abuse and Victim Support Training Proposal

The Committee reviewed a proposal from a firm to deliver training on sexual abuse and victim support to staff and Council. The Committee discussed the merits of the proposal—which outlined both cost and content—and compiled a list of questions for the firm to answer before a decision is made.

E-Learning Module

The Committee reviewed the previous iterations of the module, which mostly focused on common complaints. The new direction developed during the last meeting was focused on complex situations with patients and how to manage them, so the Committee finalized the five main conceptual areas that the module will address as well as a general form for the module itself, which will test whether optometrists have read and understood the scenarios (instead of testing how they would respond to specific situations in a correct or incorrect manner). It was agreed that this new emphasis on reading comprehension will allow the module to be more nuanced and is more appropriate for the complexity of patient interaction.

Chad Andrews will be working with ICRC and the relevant contractor to build new content for the module, which will be reviewed by the new Patient Relations Committee when it forms in 2022.

Quality Assurance Panel Activity Report

Reporting date: December 10, 2021

Chair: Dr. Linda Chan | **Interim Chair:** Dr. Karin Schellenberg

Tasks Completed Since Last Council Meeting:

- An all-day training workshop was held for current and prospective QA assessors.
- The Panel discussed the work of the QA Subcommittee and affirmed its continuation.
- Ongoing and new random practice assessment cases were reviewed and outcomes decided.
- The Panel reviewed requests for reconsideration from members deficient in CE hours.

Key Priorities

The Panel's key priority is administering the current QA Program, specifically with regard to reviewing and coming to decision on completed practice assessments. For context, the revision of the random selection criteria to be more risk-based has led to an increase in members being selected annually. Additionally, the practice assessment process was suspended for the majority of 2020 due to COVID-19, creating a backlog, and there are a number of additional practice assessments to be completed as a result of CE deficiencies. A large portion of the Panel's work in 2021 and beyond will be to review this increased number of practice assessment cases.

Information Items

Random Practice Assessment Data

	Since Last Meeting	All of 2021
SRAs Reviewed	56	165
CRAs Reviewed	3	11
Members Referred for Remediation	0	5

Number of outstanding random practice assessments to be reviewed: 208. Staff plan to revise their process for assigning practice assessments beginning January 2022 to work through the number of outstanding assessments more quickly in addition to those to be randomly selected in 2022.

Audit of 2018-2020 CE Cycle

All deficient practising members were notified of their deficiency and given 1-month to report any outstanding information from previous CE cycle. The total number of practice assessments to be completed as a result of CE deficiency is now 25. Additionally, there are 16 non-practising members who will be required to undergo practice assessments once they return to active practise.

Discussion Items

QA Subcommittee

The Panel went over the history of the QA Subcommittee, including the recommendations for revising the QA Program endorsed by council in 2019, as well as received an update on the statuses of their current projects. The Panel agreed that due to the high volume of practice assessments outstanding in

addition to those to be randomly selected in 2022, the subcommittee should continue and see their current QA development projects through to completion.

QA Assessor Training Workshop

The QA Assessor training received good feedback and served to consolidate the existing assessor group as well as bring on additional assessors to assist with the increased number of practice assessments. Both new and existing assessors completed a homework assignment following the training which was reviewed by the Panel. The Panel provided feedback to all assessors and approved the addition of 16 new assessors.

Decision Items

There are no decisions or motions that require Council feedback or approval at this meeting.

Attachments

Not Applicable.

QA – CPP Activity Report

Reporting date: Nov 22 2021

Chair: Dr. Camy Grewal

Meetings in 2021: May 20 2021, July 29 2021, Sept 16 2021, Oct 29 2021

Tasks Completed Since Last Council Meeting:

- Discussed OPR 7.9 Patients with Learning Disability and OPR 7.10 Orthokeratology
- Prioritized COVID-19 Return to Work Document and FAQ Document

Key Priorities

CPP remains primarily concerned with pandemic-related standards of practice and guidance, in addition to the standards of practice under the Optometric Practice Reference (OPR).

Discussion Items

1. OPR Layout
2. OPR 7.9 Patients with Learning Disabilities

Decision Items

1. COVID: Return to Work Guidance
2. OPR 7.10 Orthokeratology

Attachments

- Revisions to the *COVID-19 Return to Work FAQs* document and the *Return to Work: Infection Prevention and Control for Optometric Practice* document
- Revisions to OPR 7.13 Orthokeratology

Quality Assurance Subcommittee Activity Report

Reporting date: December 10, 2021

Chair: Ellen Pekilis

Tasks Completed Since Last Council Meeting:

- Selected consultant to carry out practice assessment redevelopment project.
- Discussed elements of the new self-assessment component that is to be developed.

Key Priorities

The Subcommittee's current priorities are to oversee the revision of the practice assessment protocol and development of a new self assessment component (recommendations #3 and #5 in the recommendations to revise the QA Program endorsed by council in September 2019). These projects are to be carried out by external vendors and are in their infancy but are expected to be implemented by the end of the current CE cycle (December 31, 2023).

Discussion Items

Practice Assessment Protocol Redevelopment

Following a lengthy RFP process, the Subcommittee evaluated the submitted proposals for the redevelopment of the College's practice assessment component. The consultants were also invited to present to the Subcommittee and be available for questions. Following the presentations, the Subcommittee came to an agreement that Research & Evaluation Consulting, Inc. (RaECon) would best be able to create a comprehensive new practice assessment component for the College's QA Program.

Self-assessment Development

The Subcommittee previously selected Independent Learning Systems (ILS) to develop a new self-assessment component for the College's QA Program. The Subcommittee discussed the need for a learning plan to be included in addition to the objective feedback tool the vendor plans to develop.

Decision Items

There are no decisions or motions that require Council feedback or approval at this meeting.

Attachments

Not Applicable.



Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: December 10, 2021

Committee Co-Chairs: Dr. David White & Dr. Richard Kniaziew

Information Items

This report is intended to provide Council with information on complaints and registrar’s investigations while maintaining fairness throughout the process. In keeping with Section 36 of the *RHPA* regarding confidentiality, details about specific cases are not shared as part of the Committee report.

Pursuant to *Ontario Regulation 73/20 – Limitation Periods*, the timelines in proceedings in Ontario were suspended for 6 months in 2020 (between March 2020 until September 2020). This temporary suspension of timeliness, as well as adjustments to the investigation process due to the pandemic, caused delays and affected timelines in the processing and disposition of cases, particularly for those complaints initiated in 2020 and in the beginning of 2021.

Since the Committee last reported to Council, Dr. White’s Panel held two meetings (in September and November 2021) and Dr. Kniaziew’s Panel held one meeting (in November 2021).

The Committee has implemented some internal process changes in an effort to reduce case completion times. The Committee will continue to review ideas that may improve efficiencies and shorten timelines.

Discussion Items

The ICRC has no additional updates for Council at this time.

Decision Items

There are no ICRC decisions or motions that require Council feedback or approval at this meeting.

Complaints Processed Since Last Reporting (September 1 to November 22, 2021)

- Cases newly filed: 19
- Cases reviewed by the panels: 25
- Cases to Alternative Dispute Resolution: 0
- Cases carried over: 2

Decision Breakdown	Total
Decisions Issued	10
Case Type	
• Complaints	10
• Registrar’s Report	0
• Incapacity Inquiry	0
Dispositions (for complaint cases above)	
• No further action (NFA)	3

<ul style="list-style-type: none"> • Advice/Recommendation • Remedial agreement • Specified Continuing Education or Remediation Program • Signed undertaking 	<p>6*</p> <p>2*</p> <p>0</p> <p>0</p>
<p>Nature of Allegations (for dispositions above, NFA excluded)</p> <ul style="list-style-type: none"> • Care (quality, failure to diagnose or refer, unsafe care) • Unprofessional behaviour • Improper communication • Related to eyeglasses or contact lens prescriptions • Ancillary testing a condition of receiving eye exam 	<p>1</p> <p>1</p> <p>1</p> <p>2</p> <p>2</p>
<p>Timeline for Resolution (for complaint cases above)</p> <ul style="list-style-type: none"> • <120 Days • 121-150 Days • 151-180 Days • 180+ Days 	<p>0</p> <p>0</p> <p>0</p> <p>10</p>

** In one matter, both a Remedial Agreement as well as Advice/Recommendation were issued.*

HPARB Appeals

- New appeals: 1
- Outstanding appeals to be heard: 2
- Appeals heard and awaiting decisions: 0
- ICRC Decision Confirmed: 1
- ICRC Decision Returned: 0

Registration Committee Activity Report

Reporting date: November 30, 2021

Chair: Dr. Bill Ulakovic

Meetings in 2021: 5 (1 teleconference, 4 in-person)

Tasks Completed Since Last Council Meeting:

- Attended a presentation by Touchstone Institute to explain how the Internationally Graduated Optometrist Evaluating Examination (IGOEE) cut scores were psychometrically generated in a meeting hosted by the Federation of Optometric Regulatory Authorities of Canada (FORAC).
- Discussed the progress made by the Optometry Examining Board of Canada (OEBC) in piloting changes to the OEBC exam and the new scoring system for the Objective Structured Clinical Examination (OSCE) portion.
- Discussed the registration process during COVID-19.
- Continued to discuss the referral of an applicant for registration to the committee by the College Registrar and Chief Executive Officer.

Key Priorities

Touchstone Institute

- It was confirmed that as of November 8, 2021, there were 24 referrals for the 2022 IGOEE.
- Registration for the 2022 IGOEE is scheduled to open in early December 2021. The dates are as follows:
 - Therapeutics Prescribing Assessment for Optometry (TPAO) examination – virtual – May 9, 2022
 - Multiple Choice Question (MCQ) exam – virtual – May 10, 2022
 - Nine short-case OSCE stations – in-person – May 14, 2022
 - Three long-case OSCE stations – in-person – May 15/16/17, 2022.
- IGOEE results will be taken into consideration when candidates apply to the Advanced Standing Optometry Preparatory Program (ASOPP) that is scheduled to launch in April 2022.
- Students who successfully complete the ASOPP and year 3 and 4 of the Doctor of Optometry program, will be awarded a Doctor of Optometry degree from the University of Waterloo.
- The application period for the 2022 ASOPP program was open from August 25 until October 1, 2021.
- A maximum of six students will be admitted into ASOPP and tuition has been set at \$27,000 CAD for the ASOPP term.
- Two successful FORAC credential assessment recommendations were received.

Optometry Examining Board of Canada

- The College received the fall 2021 OEBC exam results directly from OEBC on November 29, 2021.

- OEBC reported the following:
 - Soliciting comments on the new Blueprint from optometric regulatory authorities and key stakeholders and that the latest draft will be presented to the OEBC Board for approval on December 13, 2021.
 - Designing eight new OSCE cases – two each for refraction, tonometry, gonioscopy, and BIO, that involve direct observation of clinical skills by an examiner.
 - Completing scoring transformation for 28 existing OSCE stations.
- Adopting the Borderline Regression method for standard-setting as opposed to the Angoff method that has always been used for the exam.
- The committee is looking forward to the OEBC exam changes and standard-setting being implemented in spring 2022.

National Board of Examiners in Optometry

- FORAC discussed the Rejoinder to *Applicability of Entry to Practice Examinations for Optometry in Canada and the United States – Optometry Examining Board of Canada and National Board of Examiners in Optometry* by Woo, Hrynchak, & Hutchings (2020) at its September 11, 2021, AGM meeting.

Registration Process during COVID-19

- College staff continue accepting applications for registration electronically and validating documents with applicants.
- There were seven candidates registered for the September 2021 online Jurisprudence exam and five candidates registered for the November 2021 online Jurisprudence exam.
- The College received the fall 2021 OEBC exam results on November 29. As of November 30, the College has registered 130 candidates. The registered candidates include 65 who challenged the OEBC exam, 62 who challenged the NBEO exam, and five candidates who used labour mobility provisions.
- The development of an online registration application is in its final stages. The launch of the online application has been deferred until after the 2021 annual renewal period.

Further Amendments to the Registration Regulation draft amendments

- In April 2018, the College made a comprehensive regulation amendment submission to the Ministry of Health, and further amendments in 2020. While these draft amendments are under review, the College has asked that the Ministry consider introducing more flexibility in the Registration Regulation, which would be consistent with the College of Homeopaths of Ontario that has similar flexibility. There is currently no update on this request.

Governance/HR Committee Activity Report

Reporting date: December 10, 2021

Chair: Kathryn Biondi

Tasks Completed Since Last Council Meeting:

- The Committee reviewed survey feedback from the September 17, 2021 Council meeting.
- A template document for the Registrar performance process was considered and approved.
- The Committee discussed several assessment materials and approved a number of them to be implemented in 2021:
- Two policies were reviewed and approved to go before Council: a Harassment Policy and a Conflict of Interest Policy.
- Two additional policies were reviewed and will be considered for approval by the Governance/HR Committee that forms next year: a Role of Committees Policy and a Role of Committee Chairs Policy.
- The Committee discussed the committee appointment framework that will guide the appointment process that takes place on December 16.

Key Priorities

The mandate of the Governance/HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities. Working within that mandate, a key focus for the committee in 2021 has been to conceptualize and draft a governance manual that will be shared with all Council members and function as a guidebook for effective and ethical governance. A number of policies have been developed by the Committee this year—outlines of the President and Vice-President roles, terms of references documents for various committees, the harassment policy, and more—that will be featured in the governance manual and play a central role in the College's overarching policy framework.

Discussion Items

Registrar Performance Review

Two documents that will play a role in the performance review of the Registrar were discussed and approved: a template that outlines key areas of performance as well as a feedback form that will be filled out by Council members.

Assessments

Four assessment/feedback documents were approved as well: a Council member self-assessment (for use in 2022), President assessment (for use this year), committee chair assessment (for use this year), and the abovementioned Registrar assessment (for use this year).

Governance Policies

Four policies were discussed: A Harassment Policy and Conflict of Interest Policy (which Council will consider during this meeting), as well as a Role of Committees Policy and Role of Committee Chairs Policy (which will be finalized next year).

Committee Appointment Process

To prepare for the appointment of committees, the Governance/HR Committee discussed a framework that will aid in their decision-making vis-à-vis appointments on December 16, the final meeting of Gov/HR in 2021. The framework describes each committee in detail and highlights those Council members who are most interested in serving on each committee. Several other pieces of information are included as well, the goal being to facilitate an effective and ethical appointment process.

Decision Items

The Governance/HR Committee developed two policies that are outlined in a briefing note: a Harassment Policy and a Conflict of Interest Policy. The Committee will motion to have Council approve both policies.

Audit/Finance/Risk (AFR) Committee Activity Report

Reporting date: November 16, 2021

Chair: Dr. Linda Chan

Tasks Completed Since Last Council Meeting:

- Updated financial records. Reports for the period ending September 30, 2021, were presented to the AFR Committee.
- Developed a document outlining the College President's remuneration as an addendum to the existing policy of the role of the College President.
- Following the directions from the Council, AFR will move \$1.4M investments into lower risk GICs. Subsequently, one of the investment accounts with \$944K balance as of September 30, 2021 will be drawn out completely resulting in termination of the account.
- Draft budget for the financial year 2022 was reviewed and endorsed for Council's approval.

Priorities

- Staff to arrange the withdrawal of \$1.4M investment funds and place funds into GICs.
- Staff to co-ordinate closing one of the investment accounts.
- Ongoing review/awareness of risks: IT, operational, and financial.

Decision Items

- The committee will ask Council to approve the document outlining the College President's remuneration as an addendum to the existing policy on the College President's role.
- The draft budget for the financial year 2022 will be presented for review and approval.

Attachment

- N/A

BRIEFING NOTE

Audit/Finance/Risk Committee – November 2021

Subject

Financial Year 2022 Draft Budget

Background

In 2020, the College started planning initiatives consistent with the measurement domains identified in the Ministry of Health's College Performance Measurement Framework (CPMF). The CPMF framework is intended to assist regulatory colleges improve their performance as health regulators and to effectively serve the public interest.

In preparing the budget for the fiscal year 2022, several projects underway were considered along with the Council's decision to provide a temporary membership fee reduction for 2022 to reflect challenges optometrists faced during the COVID-19 pandemic.

The proposed financial plan for 2022 is net expenses over revenue of **(\$784,140)**, which complements the College's undertakings outlined below.

- A one-time fee reduction of \$200 for each practising member and \$100 for each non-practising member on 2022 membership fees.

Effect on 2022 budget: Total revenue budget has decreased by \$581,000.

Without the fee reduction, total revenue budget would have increased by \$158,648 or 6% versus 2021 revenue budget.

- Initiatives in the College's Strategic Plan 2020-2023 that are aligned with the College Performance Measurement Framework report from the Ontario Ministry of Health.

Effect on 2022 budget: Total expense budget has increased by \$334,000.

Excluding these project costs would result to total expense budget of \$2,910,445 or 1% more than 2021 expense budget.

- The required amount of \$915,000 (\$581,000 + \$334,000) to support the above activities is covered under Restricted Funds established by the College Council in 2020.

Decision(s) for Council

To approve the College's budget for the fiscal year January 1, 2022 to December 31, 2022



Supporting Materials

- Draft Budget FY 2022

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

College of Optometrists of Ontario

Financial Year 2022 Budget - DRAFT

For Council approval - December 10, 2021

Particulars	YTD ACTUAL (Jan 1-Sep 30)	FY 2021 BUDGET	FY 2022 BUDGET	Increase (Decrease)	% Change	Restricted Funds
		A	B			
Revenue						
88% Annual registration fees	\$ 2,008,842.63	\$ 2,589,341.00	\$ 2,164,225.00	\$ (425,116.00)	-16%	
12% Professional corporation fees	\$ 224,359.47	\$ 270,116.00	\$ 283,580.00	\$ 13,464.00	5%	
1% Services and other fees and recoverables	\$ 12,662.37	\$ 23,200.00	\$ 12,500.00	\$ (10,700.00)	-46%	
Total Revenue	\$ 2,245,864.47	\$ 2,882,657.00	\$ 2,460,305.00	\$ (422,352.00)	-15%	\$ 581,000
Expenditures						
2% Council meeting and training expense	\$ 31,312.50	\$ 62,000.00	\$ 66,800.00	\$ 4,800.00	8%	
2% Inquiries, Complaints, and Reports Committee	\$ 25,425.00	\$ 85,500.00	\$ 80,900.00	\$ (4,600.00)	-5%	
5% Quality Assurance Committee	\$ 101,028.15	\$ 176,750.00	\$ 173,050.00	\$ (3,700.00)	-2%	
1% Executive Committee	\$ 17,759.96	\$ 29,200.00	\$ 33,300.00	\$ 4,100.00	14%	
0% Strategic planning	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
2% Stakeholder engagement	\$ 49,152.05	\$ 44,000.00	\$ 76,630.00	\$ 32,630.00	74%	
0% Membership contributions	\$ 937.50	\$ 26,000.00	\$ 1,500.00	\$ (24,500.00)	-94%	
1% Discipline Committee	\$ 9,562.50	\$ 65,000.00	\$ 35,250.00	\$ (29,750.00)	-46%	
1% Registration Committee	\$ 13,687.50	\$ 23,250.00	\$ 29,800.00	\$ 6,550.00	28%	
1% Governance Committee	\$ 15,037.50	\$ 28,500.00	\$ 18,500.00	\$ (10,000.00)	-35%	
1% Clinical Practice Committee	\$ 11,587.50	\$ 26,000.00	\$ 17,500.00	\$ (8,500.00)	-33%	
0% Audit, Finance, Risk Committee	\$ 11,437.50	\$ 13,500.00	\$ 15,800.00	\$ 2,300.00	17%	
1% Patient Relations Committee	\$ 6,487.50	\$ 17,500.00	\$ 21,750.00	\$ 4,250.00	24%	
18%	\$ 293,415.16	\$ 597,200.00	\$ 570,780.00	\$ (26,420.00)	-4%	
College administration activities						
47% Salaries and benefits	\$ 1,123,216.01	\$ 1,504,986.00	\$ 1,515,477.44	\$ 10,491.44	1%	
6% Legal fees	\$ 70,562.68	\$ 137,500.00	\$ 184,000.00	\$ 46,500.00	34%	\$ 35,000
7% Administration and services	\$ 92,202.41	\$ 201,005.00	\$ 232,331.89	\$ 31,326.89	16%	\$ 55,000
5% Occupancy costs	\$ 117,625.23	\$ 155,546.00	\$ 156,840.00	\$ 1,294.00	1%	
2% IT services and maintenance	\$ 71,937.44	\$ 74,542.00	\$ 80,561.73	\$ 6,019.73	8%	
2% IT projects	\$ 67,937.50	\$ 29,750.00	\$ 56,727.50	\$ 26,977.50	91%	
2% Professional fees - consulting	\$ 88,450.86	\$ 35,000.00	\$ 54,000.00	\$ 19,000.00	54%	
2% Amortization of capital assets	\$ -	\$ 25,000.00	\$ 52,500.00	\$ 27,500.00	110%	
2% OE tracker expense	\$ 50,866.84	\$ 51,383.00	\$ 56,315.25	\$ 4,932.25	10%	
4% Education and program delivery	\$ 12,685.26	\$ 39,360.00	\$ 135,511.00	\$ 96,151.00	244%	\$ 130,000
1% Accounting and audit fees	\$ 23,047.00	\$ 17,000.00	\$ 20,400.00	\$ 3,400.00	20%	
4% Research	\$ -	\$ -	\$ 129,000.00	\$ 129,000.00	#DIV/0!	\$ 114,000
82%	\$ 1,718,531.23	\$ 2,271,072.00	\$ 2,673,664.81	\$ 402,592.81	18%	
Total Expenditures	\$ 2,011,946.39	\$ 2,868,272.00	\$ 3,244,444.81	\$ 376,172.81	13%	\$ 334,000
Net Operating Budget		\$ 14,385.00	\$ (784,139.81)	\$ (798,524.81)	-5551%	\$ 915,000

BRIEFING NOTE

Audit/Finance/Risk Committee – October 2021

Subject

College of Optometrists of Ontario President's Remuneration

Background

A policy summarizing the role of the President of the College of Optometrists of Ontario was approved by the College Council on June 18, 2021. The policy states the President's stipend is to be determined by the Audit/Finance/Risk Committee. To provide transparency, a document was drafted to support the President's remuneration that is consistent with the role.

Decision(s) for Council

To approve the document on the remuneration of the President of the College of Optometrists of Ontario (as an addendum to the existing policy of the role of the College President).

Supporting Materials

- President's Remuneration document

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

ADDENDUM

Subject: **President's remuneration**

Developed by the Audit/Finance/Risk Committee, this addendum works in conjunction with the policy outlining the role of the President of the College of Optometrists of Ontario, approved by the Council on June 18, 2021.

REMUNERATION

The President receives compensation within the parameters outlined below:

1. Monthly stipend

This stipend covers time spent on weekly meetings with the Registrar and staff, as well as all emails, and/or calls and meetings connected to College duties with any member of staff or member of Council member, or media interviews, as required.

The stipend is set at \$1,500 per month or \$18,000 per year (taxed at source and T4 provided).

The amount may be reviewed by the Audit/Finance/Risk Committee in line with annual financial planning.

2. Honoraria (per diem + preparation time)¹

The President is entitled to per diem and preparation time for working or attending scheduled committee meetings/hearings (in-person, online, or via teleconference), decision-writing, College-related education and training sessions, and other approved College events/activities.

As a representative of the College, the President is entitled to honoraria for time spent on meetings and engagements with stakeholders, and for participating in any other event where representation is requested by the College.

These honoraria (per diem and preparation time) will be taxed at source and T4 provided.

3. Expenses²

The President is eligible for reimbursement for expenses incurred while conducting College business. These expenses include travel (by air, train, or car per mileage), accommodation, meals, and any other additional costs determined by the Audit/Finance/Risk Committee as compensable.

¹ The honoraria (per diem and preparation time) are consistent with rate Schedule 1 outlined in the Finance Policy – Honoraria and Expenses v2.1 dated May 13, 2021, as approved by the Council on June 18, 2021

² The expense eligibility guidelines are outlined in the Finance Policy – Honoraria and Expenses v2.1 dated May 13, 2021, as approved by the Council on June 18, 2021

BRIEFING NOTE

Governance/HR Committee – December 10, 2021

Subject

The College maintains a framework of policies that facilitate good governance and ethical practice (referred to as the “governance manual”). The Governance/HR Committee has been actively revising these policies and adding new ones when deemed necessary. Two new policies were recently developed by the Committee and are included for Council’s review and approval: a Harassment and Violence Policy as well as a Conflict of Interest Policy. If approved, both policies will be signed by Council members when they begin their duties in 2022 and then at the beginning of each subsequent year.

Background

Harassment and Violence Policy

The College of Optometrists of Ontario (“College”) is committed to ensuring health and safety throughout its organisation, and to providing a respectful work environment that is free from violence, discrimination, and harassment. The College recognizes that co-operation and commitment from all College employees, Council/committee members, volunteers, stakeholders, and visitors is essential to maintaining a healthy, safe, and respectful environment, and that College leadership in particular has a responsibility to identify harassment and ensure that it is reported and not tolerated.

This Policy describes the College’s responsibility, in co-operation with Council/committee members and volunteers, to:

- a. take every reasonable precaution to protect the health and safety of its employees, Council/committee members, volunteers, and stakeholders;
- b. establish and maintain a respectful work environment, free from violence and the threat of violence, discrimination, and harassment (including sexual harassment); and
- c. comply with all applicable provincial legislative obligations.

This Policy will be reviewed on an annual basis, or as required to ensure compliance and best practices.

Conflict of Interest Policy

The purpose of this policy is to outline the College’s position on perceived and actual conflicts of interest as they relate to the activities of Council, committee members, and volunteers. The policy is designed to facilitate a shared understand of situations that could constitute conflicts of interest, and to ensure the disclosure and effective management of all conflicts in the context of the College’s work.

Because conflicts of interest are complex and specific to situations and environments, this policy does not define all possible examples of perceived or actual conflict. Instead, it offers a generalized framework that is designed to aid Council, committee members, volunteers, and staff as they work in coordination and good faith to disclose, manager, and better understand conflicts of interest as they arise.

Decision(s) for Council

Council is being asked to approve both the Harassment and Violence Policy and the Conflict of Interest Policy. The two motions will read as follows.

1. To approve the establishment and implementation of the Harassment and Violence Policy.

2. To approve the establishment and implementation of the Conflict of Interest Policy.

Public Interest Mandate

Both policies are central to good governance practices and will contribute to the College's ability to carry out its mandate in an effective and ethical manner.

Contact

- Chad Andrews, Senior Manager, Policy and Governance

Policy

Type:	HUMAN RESOURCES - COUNCIL		
Name:	Council Member HARASSMENT AND VIOLENCE Policy		
Status:	Draft	Version:	1
Date Approved:	Pending Council approval	Date Revised:	November 18, 2021

Purpose

The purpose of this policy is to outline the College’s position on discrimination, harassment, violence, and the threat of violence. The policy is designed to ensure compliance with legislation and that reasonable safeguards are in place to protect against incidents of harassment and violence.

Overview

The College of Optometrists of Ontario (“College”) is committed to ensuring health and safety throughout its organisation, and to providing a respectful work environment that is free from violence, discrimination, and harassment. The College recognizes that co-operation and commitment from all College employees, Council/committee members, volunteers, stakeholders, and visitors is essential to maintaining a healthy, safe, and respectful environment, and that College leadership in particular has a responsibility to identify harassment and ensure that it is reported and not tolerated.

This Policy describes the College’s responsibility, in co-operation with Council/committee members and volunteers, to:

- a. take every reasonable precaution to protect the health and safety of its employees, Council/committee members, volunteers, and stakeholders;
- b. establish and maintain a respectful work environment, free from violence and the threat of violence, discrimination, and harassment (including sexual harassment); and
- c. comply with all applicable provincial legislative obligations.

This Policy will be reviewed on an annual basis, or as required to ensure compliance and best practices.

Scope

The Policy applies to:

- a. All Council/committee members and volunteers associated with the College.

Discrimination, Harassment, and Violence

The College prohibits discrimination on the basis of race, ancestry, place of origin, colour, ethnic or national origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, disability, marital status, family status, or any other characteristic protected by law.

The College prohibits all forms of unlawful harassment, including, but not limited to, sexual harassment. The law does not permit, nor will the College tolerate, harassing or violent behaviour against any individual at the College by a Council/committee member or volunteer.

Examples of inappropriate and unacceptable behaviour include, but are not limited to:

- making remarks, jokes, or innuendos that demean, ridicule, intimidate, or offend;
- displaying or disseminating offensive images, cartoons, or materials in print or electronic form;
- regularly shouting or using profanity, especially when directed at an individual;
- bullying or “cyber” bullying; or
- social isolation, ostracizing, or ignoring an individual.

Reporting and Process

The College encourages the reporting of all incidents of discrimination, harassment, violence, and threat of violence at the College.

The Council/committee member or volunteer should immediately report (in writing or in conversation) the matter to the Council President (and Committee Chair, if the issue has taken place within a committee context) **immediately** if they believe that they or someone else has been subjected to behaviour that violates this Policy.

Once the incident has been reported, a **two-step process will begin** (with the second step only necessary under extenuating circumstances when the first step is unsuccessful in resolving the matter):

1. Mediation and Resolution (this stage takes place before bylaw 9.03 comes into effect, and is considered informal as a result):

- The President (and Chair, if applicable) shall connect with both the accuser and accused separately, working to find a resolution that is agreed upon by both parties and that aligns with the College’s mission. This process shall begin within two weeks of the complaint being made.
- Working with the accuser and accused, the President (and Chair, if applicable) decides on the best means to achieving an appropriate resolution. As an example, this could take the form of a mediated discussion, with the President (or Chair, if applicable) bringing the parties together and acting as mediator(s) to ensure fairness, respectability, and professionalism throughout the discussion.
- At this stage, the matter remains between the accuser and the accused (who may both remain anonymous, if desired), as well as the President (and Chair, if applicable). The issue is not brought before Council if a resolution can be achieved.
- The President will keep the Registrar apprised of issues and will discuss logistical requirements, though the Registrar does not play a direct role in mediation or other proceedings.

2. Bylaw Process and Potential Sanctioning (this stage follows section 9.03 of the bylaws, and builds on them with the inclusion of written statements and details regarding anonymity):

- If no resolution can be achieved, the President (and Chair, if applicable) shall follow the process outlined in section 9.03 of the College bylaws, “Process for Disqualifying or Sanctioning a Council Member and Committee Member.”
- The following points build on the framework established in section 9.03 of the bylaws:
- Written Statements: When the issue is brought before Council (as described in the bylaws), both the accuser and accused shall provide written statements that outline their perspectives on the incident(s) and their thoughts about appropriate next steps. Statements are kept confidential from the public but are shared with Council, including the names of all individuals involved.
- If the individual who lodged the complaint is uncomfortable with being named and would prefer anonymity, then the complaint cannot go to Council and must be dealt with at the level describe in stage 1 of this process.
- However, if it is determined by the accuser, the accused, and the President (and Chair, if applicable) that anonymity is essential to protecting the accuser and/or the accused, whether personally or professionally, a decision can be made to keep the accuser and/or accused anonymous when the issue is brought before Council. This decision is made by the President (and Chair, if applicable). However, while the accuser and accused would be anonymous to Council and staff, for logistical reasons they cannot remain anonymous to the Registrar, the President, the committee chair (if appropriate), and to each other, who are all parties involved in the dispute and its mediation.

Investigation

If deemed appropriate and necessary by Council in accordance with section 9.03 of the bylaws, the College will promptly and impartially carry out an investigation, appropriate to the circumstances, of every complaint of harassment, discrimination, violence, and threat of violence. The College will keep information about the incident, the investigation, and the results of the investigation (including information about the individuals involved) confidential and will not disclose such information unless disclosure is necessary for the purpose of the investigation or for taking corrective action with respect to the incident, or as otherwise required or permitted by law.

The Registrar and President will determine the party authorized to investigate the complaint.

Once Council has reviewed all relevant perspectives and materials (including the investigation report, if one has been deemed necessary), a decision is made to either sanction the accused member (including disqualification, if deemed appropriate) or dismiss the allegation. The process is outlined in section 9.03 of the bylaws.

Compliance Plan

The following activities have been implemented to help Council and committee volunteers be compliant with this Policy. The College is currently:

- Directing the creation of policies and procedures designed to prevent workplace discrimination, harassment, violence, and the threat of violence.
- Examining this Policy annually to ensure that it meets all objectives.
- Ensuring that all individuals in the workplace are made aware of the importance of preventing discrimination, harassment, and violence, and of the procedures for managing complaints made pursuant to this Policy.

- Assessing the risk of workplace violence to individuals, minimizes those risks where necessary or reasonably possible, and informing any affected individual of such risk or potential risk.
- Appointing investigators when appropriate to do so.
- Taking corrective action when an incident of discrimination, workplace harassment, or workplace violence is found to have been substantiated.

Council/Committee Members and Volunteers

All Council members and committee volunteers will commit to:

- Behaving in a professional, respectful manner and avoiding any behaviour that could constitute discrimination, harassment, reprisals, or violence.
- Reporting to the Council President (or Committee Chair, as applicable), **and** College Registrar/Deputy Registrar any discrimination, harassment, violence, and threat of violence of which they are aware.
- Bringing to the attention of Council President (or Committee Chair, as applicable) information about any individual at the College who presents any form of elevated risk.
- Co-operating with the process for handling reports of such incidents when required.
- Being forthright and honest in the course of any workplace investigation.



Workplace Harassment and Violence Agreement Council Member/College Volunteer

I acknowledge that, in my capacity as a Council/committee member and/or volunteer of the **College of Optometrists of Ontario**, I have read and understood this Harassment and Violence Policy and agree to abide by it.

DATE: _____

Print Name

Signature

Policy

Type:	HUMAN RESOURCES - COUNCIL		
Name:	Council and Committee Member CONFLICT OF INTEREST Policy		
Status:	Draft	Version:	1
Date Approved:	Pending Council approval	Date Revised:	November 18, 2021

Purpose

The purpose of this policy is to outline the College's position on perceived and actual conflicts of interest as they relate to the activities of Council, committee members, and volunteers. The policy is designed to facilitate a shared understand of situations that could constitute conflicts of interest, and to ensure the disclosure and effective management of all conflicts in the context of the College's work.

Because conflicts of interest are complex and specific to situations and environments, this policy does not define all possible examples of perceived or actual conflict. Instead, it offers a generalized framework that is designed to aid Council, committee members, volunteers, and staff as they work in coordination and good faith to disclose, manager, and better understand conflicts of interest as they arise.

Scope

The Policy applies to:

All Council/committee members and volunteers associated with the College.

Definition

A general definition of a conflict of interest in relation to the College and its activities is outlined in section **§11.01** of the College bylaws, which also includes general guidelines for managing conflicts. The bylaw treats actual and perceived conflicts as one and the same:

11.01 Conflict of Interest

- (1) Council Members and Committee Members must not engage in any activities or decision-making where a conflict of interest may arise.
- (2) A conflict of interest means a Council Member or Committee Member's personal or financial interest or participation in an arrangement or agreement which influences, is likely to influence, or could be perceived as influencing that person's judgment or decision-making with respect to College matters.
- (3) The personal or financial interests of any family member or a close relation (such as a friend or business associate) of a Council Member or Committee Member shall be interpreted to be the interests of a Council Member or Committee Member.
- (4) Council Members and Committee Members must recognize that even the appearance of a conflict of interest can bring discredit to the College, and should be dealt with in the same manner as an actual conflict of interest.
- (5) A conflict of interest may amount to a breach of Council Members' fiduciary obligations and can create liability for everyone involved.

(6) A Council Member or Committee Member shall not use College property or information of any kind to advance his or her own interests.

Process

The College's bylaws detail two processes for managing conflicts of interest, one for Council members (**§11.02**) and the other for committee members (**§11.03**):

11.02 Process for Declaring a Conflict of Interest for Council Members

(1) If a Council Member believes or suspects that he, she or any other Council Member may have a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by Council, he or she shall, prior to any consideration of the matter at the meeting, declare it to Council.

(2) If there is any doubt about whether a conflict of interest exists, any Council Member may introduce a motion to have the conflict of interest issue determined by Council. On such a motion:

(a) the chair presiding over Council shall provide the Council Member introducing the motion a brief opportunity to explain why he or she believes the Council Member may have a conflict of interest;

(b) the chair presiding over Council shall provide the Council Member who is the subject of the potential conflict of interest a brief opportunity to explain why he or she believes that he or she does not have a conflict of interest;

(c) Council shall determine by Special Resolution using a secret ballot whether the Council Member has a conflict of interest; and

(d) The Council Member who is the subject of the potential conflict of interest and the Council member who initiates the conflict of interest motion shall not participate in the vote.

(3) If a Council Member has or is determined to have a conflict of interest with respect to a matter that is the subject of deliberation or action by Council:

(a) the conflict of interest shall be recorded in the minutes of the Council meeting; and

(b) the Council Member shall:

(i) not participate in the debate in respect of the matter;

(ii) refrain from voting on the matter;

(iii) absent himself or herself from the room; and

(iv) not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of Council on the matter.

11.03 Process for Declaring a Conflict of Interest for Committee Members

(1) If a Committee Member believes or suspects that he, she or any other Committee Member may have a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by a Committee, he or she shall:

(a) prior to any consideration of the matter at the meeting, disclose to the Committee chair, Committee staff support, Committee, Registrar and/or the College's legal counsel the fact that he, she or any other Committee Member may have a conflict of interest;

(b) if the Committee Member has a conflict of interest or if there is any doubt about whether a conflict of interest exists, the Committee Member shall, unless the Committee chair has agreed otherwise:

(i) not participate in the debate in respect of the matter;

(ii) refrain from voting on the matter;

(iii) absent himself or herself from the room; and

(iv) not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of the Committee on the matter; and

(c) the conflict of interest shall be recorded in the minutes of the Committee meeting.

Commitment from Council, Committee Members, and Volunteers

All Council members and committee volunteers will commit to:

- Disclosing any actual or perceived conflicts of interest in accordance with the relevant bylaws outlined above. Such conflicts include personal conflicts (self-disclosure) as well as the potential conflicts of fellow Council and committee members.
- Working with Council, committee chairs, volunteers, and staff to manage conflicts of interest in an effective, professional manner and in accordance with the relevant processes and bylaws. This includes actual conflicts as well as the perception of bias.
- Accepting that raising conflict of interest concerns in a professional and transparent manner—whether the conflict is in relation to oneself or to a colleague—is not an inherently aggressive or antagonistic act, but rather a necessary duty that helps the College mitigate risk and carry out its mandate in an ethical and transparent manner.
- Being forthright and honest in the course of any conflict of interest discussions.



Conflict of Interest Agreement Council Member/College Volunteer

I acknowledge that, in my capacity as a Council/committee member and/or volunteer of the **College of Optometrists of Ontario**, I have read and understood the above policy and agree to abide by it.

DATE: _____

Print Name

Signature

BRIEFING NOTE

Council Meeting- Dec 2021

Subject

OPR 7.10 Orthokeratology

Background

This standard was last reviewed in 2013 and was due for an update. This review is the result of contributions from CPP committees in 2021.

Decision(s) for Council

To Approve revisions to OPR 7.10 Orthokeratology

Considerations

- Recent approval of Myopia Management using Ortho-K lenses

Public Interest Mandate

To provide appropriate care of patients interested in Orthokeratology for a consistent standard of care in Ontario

Supporting Materials

- OPR 7.10 revisions presented at the CPP meeting

Next Steps

The OPR 7.10 Orthokeratology will be updated accordingly

Contact

- Dr. Violet Zawada Kuzio and Dr. Nisara Bandali – Practice Advisors

7.10 Orthokeratology

Description

Orthokeratology (Ortho-K) involves the wearing of specially designed rigid gas permeable (RGP) contact lenses, ~~often~~ generally overnight, to progressively and temporarily alter the curvature of the cornea. This procedure may be offered by optometrists as an option for vision correction (most commonly myopia and/or astigmatism), and ~~is being investigated~~ for myopia control in children.

Regulatory Standard

The Professional Misconduct Regulation (O.Reg. 119/94 Part I under the *Optometry Act*) includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation which a consent is required by law, without such a consent.
8. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a patient's request to do so.
9. Making a misrepresentation with respect to a remedy, treatment or device.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the ~~Regulated Health~~ *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or ~~eye~~

~~glasses~~~~eye glasses~~ after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.
15. Delegating a controlled act in contravention of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.
22. Publishing or using, or knowingly permitting the publication or use of an advertisement or announcement or information that promotes or relates to the provision of professional services by a member to the public, whether in a document, business card, business sign, website, or any other format, which,
 - i. is false or deceptive, whether by reason of inclusion or of omission of information,
 - ii. suggests that the member is a specialist or is specially educated, trained or qualified other than where the reference is to an ~~educational~~~~achievement~~~~achievement~~ and the reference has been approved by Council.
 - v. is not factual, objectively ~~verifiable~~~~verifiable~~, or readily comprehensible to the persons to whom it is directed.

Professional Standard

Optometrists performing Ortho-K must be competent in the fitting of RGP contact lenses and follow the contact lens standards outlined in section 6.5 of the OPR. —They must stay abreast of developments in Ortho-K technologies, and consult peer-reviewed literature and professionally developed practice guidelines.

Optometrists must present a realistic prognosis when offering Ortho-K, especially as it pertains to the amount of myopia reduction and/or control possible for patients. The risks, as well as benefits, of corneal reshaping procedures and overnight contact lens wear must be explained to prospective patients and these individuals must be carefully monitored, both through the initial wear phase as well as the retainer wear phase. In addition, patients must be counseled to be compliant with lens care, wearing schedule instructions, and follow-up assessments.

The full complement of required clinical information may not be necessary when providing specific assessments or consultation services for referring optometrists,

physicians or nurse practitioners. In such cases, optometrists will determine what is clinically necessary based on the reason for presentation. (OPR 4.2)

Optometrists accepting referrals for Ortho-K must review the results of the referring practitioner's optometric and/or medical examination(s), and assess, or re-assess the referred patient, should any additional clinical information or clarification be necessary.

Preliminary and ongoing examination follows the standards articulated in Contact Lens Therapy (OPR 6.5), and also includes:

- refraction and visual acuities (unaided and best corrected)
- corneal topography measurements (pre-treatment, during follow-up until refractive stability is achieved, and thereafter at the discretion of the practitioner)

Consent

Optometrists must obtain informed consent from patients, including information regarding the fitting method, concerns and precautions of overnight contact lens wear, realistic expectations, the pre-and post-fitting appointment obligations, the itemized costs involved, the warranty/exchange of material policies, and what to do in the event of an emergency. If patients are incapable of providing consent (i.e. young children undergoing Ortho-K for myopia control), consent must be obtained from their substitute decision-makers (usually a parent in the previous example).

Revised: ~~April 2014~~Oct 2021

BRIEFING NOTE

Council Meeting- Dec 2021

Subject

Return to Work: Infection Prevention and Control for Optometric Practice document

Background

Adequate ventilation to maximize airflow can contribute to reducing the risk of COVID-19 transmission in indoor settings. Optometrists should be encouraged to review recommendations on ventilation from Public Health Ontario and implement them in the optometric clinic as deemed necessary.

Decision(s) for Council

To Approve revisions to Return to Work: Infection Prevention and Control for Optometric Practice

Public Interest Mandate

To reduce the risk of COVID-19 transmission in indoor settings.

Supporting Materials

1. Return to Work: Infection Prevention and Control for Optometric Practice
2. Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Next Steps

Return to Work document will be updated accordingly

Contact

- Dr. Violet Zawada Kuzio and Dr. Nisara Bandali – Practice Advisors

Revised: ~~October~~ -September 2021



RETURN TO WORK: INFECTION PREVENTION AND CONTROL FOR OPTOMETRIC PRACTICE

The following document presents guidance for optometrists returning to work during the ongoing COVID-19 pandemic. This information was developed through consultation with [Infection Prevention and Control for Clinical Office Practice](#),¹ public health information specific to COVID-19,² and profession-specific guidelines, and will be modified in the event of additional directives by the Ministry of Health (MOH) and as the COVID-19 pandemic evolves. **The contents of this guidance will be reviewed and updated as Ontario progresses through [each phase](#) of its recovery.**

Optometry practices must comply with both the College's Return to Work guidance and the Ministry of Health guidance [COVID-19 Operational Requirements: Health Sector Restart](#) when providing care.

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Revised: ~~October~~ ~~September~~ 2021

Summary of Requirements

- Do not schedule appointments for any person who fails COVID-19 screening as per the [Ministry of Health document/tool](#).
- Hands must be cleaned before and after every patient interaction.
- Hand sanitizing stations must be available at clinic entrances and must be used by anyone entering the clinic.
- Optometrists and staff must wear personal protective equipment (PPE) covering their mouth, ~~and~~ nose, ~~and eyes~~ when interacting with patients.
- Eye protection may be used based on clinical discretion.
- Anyone entering the office, including patients, must wear a mask.
- Health Canada guidelines must be followed if reprocessing PPE.⁵
- Optometrists must consider how physical distancing can be maintained in the office (> 2 m).
- Slit lamp shields must be installed.
- Optometrists must update and document their standard operating procedures (SOPs) related to infection control.
- Every device or appliance (including eyeglass frames) that patients contact must be cleaned and disinfected before use with the next patient.
- Optometrists and their staff must not present to work if they fail the [COVID-19 screening](#) as per Ministry of Health guidelines.
- Automated visual field assessment must only occur when necessary, and with patients wearing a properly secured mask covering their mouth and nose.

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Summary of Recommendations

Revised: ~~October~~ ~~September~~ 2021

- Telehealth/virtual consultations⁶ are recommended if in-person care is not required.⁷
- It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.
- When scheduling patients, it is strongly recommended that optometrists prioritize based on clinical need.
- It is strongly recommended that optometrists provide dispensing services (spectacles & contact lenses) by appointment only, and direct delivery should be used when optometrists consider it is appropriate.

Risk Assessment and Screening

A risk assessment and screening⁸ must be performed before every interaction with a patient, including at the time of scheduling an appointment and upon arrival at the office. When scheduling appointments, optometrists must screen patients using the COVID-19 [screening tool](#) as per Ministry of Health, and reason for visit. Optometrists must not schedule an appointment for any person with a positive screening result for COVID-19. Patients with a positive screening result for COVID-19 should be referred to their local Public Health Unit. If a patient has a positive COVID-19 screening, and urgent eye care may be required, optometrists should consult an ophthalmologist or access the ophthalmologist on-call, depending on the arrangements in their local communities. If no other options are available, patients with symptoms of COVID-19 who require urgent eye care can be referred to the emergency room.

Optometrists are recommended to implement a system for virtual and/or telephone consultations, ~~to replace in-person visits when and where possible~~. When screening the reason for a visit, optometrists should consider whether in-person care is required or whether care could be provided using [virtual consultation](#) to support ongoing physical distancing in the community.

Conjunctivitis (pink eye) is an atypical symptom of COVID-19.⁴ The Ministry of Health has re-classified conjunctivitis from being a positive screening question to being a possible symptom for management of high-risk individuals by local Public Health Units. Optometrists screening patients with complaints of pink eye (conjunctivitis), may manage these patients using virtual or in person consultation, using their professional judgement.

Optometrists should consider scheduling appointments only by telephone, email, and/or website application.

Optometrists should consider whether a temperature assessment, using an infrared thermometer, is appropriate as part of their risk assessment protocol for when patients arrive at the office.

Revised: ~~October~~ ~~September~~ 2021

Hand Hygiene

[Hand hygiene](#)⁹ is considered the most important and effective infection prevention and control (IPAC) measure to prevent the spread of COVID-19. Optometrists and their staff must clean their hands before and after every patient interaction. In addition, optometrists must clean their hands before and after any contact with a patient's eye/tears, and upon the insertion and removal of gloves. Cleaning hands with soap and water for at least 20 seconds is recommended. In order for hands to be cleaned at the right time, it is necessary to be able to clean hands at the point-of-care. Where optometrists do not have a sink in their exam room, alcohol-based hand rub (ABHR) may also be used (a minimum of 70 per cent alcohol).

Optometrists must have a hand sanitizing station available at their office's entrance/reception, and elsewhere in their office, for use by patients. Optometrists must require that all persons sanitize their hands upon first entering the office. Optometrists should not use homemade hand sanitizers.¹⁰

Personal Protective Equipment (PPE)

PPE is worn to prevent the transmission of microorganisms from patient to staff and from staff to patient. Optometrists and staff must wear PPE covering their mouth ~~and~~, nose, ~~and eyes~~ when interacting with patients (i.e., whenever they are within 2 m of one another). If a patient is unmasked, eye protection is required. If a patient is masked, eye protection may be used based on clinical discretion.

Eye protection includes safety glasses, safety goggles, face shields and visors attached to masks. Eye protection should provide both front and side coverage. Prescription glasses, without a side shield, are not acceptable as eye protection.

Optometrists should not compete with front-line workers for PPE that may be in short supply, such as N95 respirators. Surgical masks are considered an appropriate alternative to N-95 respirators as long as optometrists are not performing aerosol-generating procedures. If N-95 respirators are not available, the risk of droplet dispersal is further reduced by the patient also wearing a mask. Optometrists should use their judgment regarding masks that may be appropriate (e.g., surgical masks, N-95 respirators, or other comparable alternatives).

Optometrists should consider wearing gloves and/or using disposable cotton tip applicators whenever they are touching patients' eyes or eyelids. Optometrists should consider the types of gloves that suit their care activities. Latex gloves are generally not recommended because of the risk of allergic reaction. Wearing gloves is not a substitute for hand hygiene.¹

Optometrists and their staff are expected to wash any worn gowns or clothing at the end of each day.

Optometrists must not allow any person (> 2 years of age) into their office who is not wearing a mask (disposable/reusable). When scheduling appointments, patients should be advised to arrive to the office wearing a mask. Ideally, optometry offices should have inventory to sustain recommended PPE use for its workforce and patients for two weeks without the need for emergency conservation effort. Optometrists must follow Health Canada guidelines if reprocessing PPE.⁶

Revised: ~~October~~ ~~September~~ 2021

Optometrists are responsible for educating themselves and staff on how to safely fit, put on, take off, replace and reprocess (if appropriate) PPE.

Precautions to Maintain Physical Distancing

Physical distancing (> 2 m) – Optometrists must consider how physical distancing can be maintained in their office including, but not limited to, the frequency and interval of appointments scheduled; emphasizing punctual arrival for appointments; only admitting patients to the office by appointment and at the time of their appointment; dispensing spectacles and contact lenses by appointment only; repositioning chairs in the reception/waiting area; using ground markings; limiting the number of people allowed in the office and exam room(s) at any time; recommending to patients that they attend their appointment alone or with as few other people as possible (e.g., one parent/support-person/substitute decision maker).

Contact-less procedures – Optometrists are encouraged to adopt contact-less procedures where possible, including but not limited to, contact-less payment systems, when collecting patient information, and the electronic delivery of prescriptions and receipts (e.g., by email).

Protective barriers – Optometrists must install slit lamp shields. Other protective barriers, e.g., plexiglass barriers in the frequented areas of reception and pre-test, should be considered depending on the office layout, where possible.

Control of the Environment

Optometrists must document and update their SOPs regarding infection control of the office environment (an example is provided in Appendix 1). Every person working at an optometric clinic (optometrists, staff, and student interns) must review SOPs related to infection control.

Optometric office settings will usually feature two components:

Public component is the public areas of the clinical office that are not involved in patient care. This includes waiting rooms, offices, corridors and service areas. Areas designated in the public component are cleaned with a detergent.

Clinical component is the area involved in patient care. This comprises the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital grade disinfectant. ‘High-touch’ surfaces may require more frequent cleaning.

Every device or appliance (including eyeglass frames) that patients come into contact with must be cleaned and disinfected before use with the next patient. Follow the manufacturer’s instructions regarding appropriate contact time and the use of agents, in order to provide appropriate cleaning and disinfection and avoid damaging equipment or appliances.

Revised: ~~October~~ ~~September~~ 2021

Optometrists should refer to Health Canada's website for a list of disinfectants with evidence for use against COVID-19.¹¹

Equipment cleaning, disinfection and hand washing should be performed in front of patients, where possible.

It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.

~~Optometrists should consider ways to improve ventilation to maximize airflow in their offices by reviewing Public Health Ontario's document on Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19.¹²~~

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Administrative Controls

Optometrists and their staff must not present to work when ill with symptoms of infection. Any person with symptoms of COVID-19 should stay home, contact their primary care provider or local Public Health Unit, and should not return to work until they are asymptomatic or have been cleared by their primary care provider or local Public Health Unit of any concern of COVID-19.

Any confirmed case of COVID-19 in an optometrist, staff member or visitor to the office should be reported to the local Public Health Unit. Optometrists should follow the subsequent directions of their local Public Health Unit. In order to facilitate contact tracing, optometrists must maintain a log of every person who visits their office, including date and time.

Optometrists and staff should plan their work schedules so to minimize the number of people in contact with patients/visitors, and one another. Optometrists should also consider whether it is appropriate to continue to practice at multiple locations ~~at this time~~.

Optometrists and staff must complete a COVID-19 screening assessment daily.

Optometrists and their staff should adhere to the recommended Infection Prevention and Control for Clinical Office Practice document¹ and local Public Health Unit recommendations.

It is recommended that staff work at individual workstations, if possible. Efforts should be made to have patients interact with as few staff as possible.

Clinical Guidance

~~When scheduling patients, it is strongly recommended that optometrists prioritize based on clinical need.~~

Revised: ~~October~~ ~~September~~ 2021

Optometrists performing contact lens fittings should consider measures that would limit the amount of time spent in close proximity to patients ~~in the office, and the amount of time patients spend in the office.~~

It is strongly recommended that optometrists provide spectacle and contact lens dispensing services (OPR 6.4, 6.5)¹³² by appointment only, and direct delivery should be used when considered appropriate.

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Automated visual field assessment (OPR 6.8)¹² must only occur with patients wearing a properly secured mask covering their mouth and nose.

When performing tonometry, optometrists should consider which equipment to use, which PPE should be worn, the risk of aerosol generation, barriers that may be appropriate, and how to disinfect the equipment and immediate surrounding environment. There is no current evidenced-based consensus regarding the COVID-19 risk associated with non-contact tonometry (NCT)¹³³. However, risk is certainly reduced through patient screening, wearing PPE, and disinfection of the equipment and surrounding environment. Optometrists should consider using other equipment to measure IOP, if possible.

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Optometrists should refer to industry standards regarding how to clean and disinfect specific devices¹³⁴ and appliances (including frames of different materials).

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Optometrists ~~should may~~ consider the use of minim diagnostic pharmaceutical agents (eye drops) ~~at this time.~~

Revised: ~~October~~ -September 2021

References

¹Infection Prevention and Control for Clinical Office Practice. Provincial Infectious Diseases Advisory Committee. 2015. <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-clinicalofficepractice.pdf?la=en>.

²Coronavirus Disease 2019 (COVID-19). Public Health Ontario. <https://www.publichealthontario.ca/en/diseases-and-conditions/infectiousdiseases/respiratorydiseases/novel-coronavirus>.

³COVID-19: Stop the spread. <https://www.ontario.ca/page/covid-19-stop-spread>

⁴COVID-19 Reference Document for Symptoms. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

⁵Conservation and Decontamination N95 Facemasks and PPE. Infection Prevention and Control Canada. <https://ipac-canada.org/reprocessing-of-ppe.php>

⁶Telehealth Policy for Optometrists. College of Optometrists of Ontario. https://www.collegeoptom.on.ca/wpcontent/uploads/2016/06/Telehealth_Policy_for_Optometrists.pdf

⁷Guidance for Primary Care Providers in a Community Setting. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

⁸COVID-19 Patient Screening Guidance Document. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

⁹Hand Hygiene. Public Health Ontario. <https://www.publichealthontario.ca/en/healthtopics/infectionprevention-control/hand-hygiene>.

¹⁰Homemade hand sanitizers may present health risks. Recalls and safety alerts. Canada. <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72687a-eng.php>

¹¹Hard-surface disinfectants and hand sanitizers (COVID-19): List of disinfectants with evidence for use against COVID-19. Health Canada. <https://www.canada.ca/en/health-canada/services/drugshealthproducts/disinfectants/covid-19/list.html>

¹² <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en>

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¹³Optometric Practice Reference (OPR). College of Optometrists of Ontario. <https://www.collegeoptom.on.ca/members/professional-practice/optometric-practice-reference-opr/>

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Revised: ~~October~~ ~~September~~ 2021

¹⁴³ Use of non-contact tonometry to measure intra-ocular pressure during COVID-19. The College of Optometrists (UK). <https://www.college-optometrists.org/the-college/media-hub/newslisting/noncontact-tonometry-covid-19.html>

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¹⁵⁴ How to clean and disinfect your instruments to lower the risk of COVID-19 transmission. Cleaning, Disinfection and Safety Protocols. Innova. <https://innovamed.com/covid-19-cleaning-anddisinfectionprotocol>

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Revised: ~~October~~ ~~September~~ 2021

Appendix A: Sample Standard Operating Procedure

(If using this sample, it should be filled in/personalized)

Frequency legend:

1. Before direct patient contact
2. After direct patient contact
3. Before and after direct patient contact
4. End of every day
5. Weekly
6. Monthly

Who legend:

- A. Optometrist
- B. Staff

Disinfection Agent:

Area	Sub-Area	Device	Level of Disinfection	Freq.	Who	Disinfection Agent
		Spuds, Alger Brush, Lacrimal Dilators, Cannulas	High	1	15	
		Tonometer/Pachimeter probes	Follow Manufacturer Recommendations	1	15	
		Gonioscopy Lenses	Follow Manufacturer Recommendations	1	15	
		Contact Lenses	Follow Manufacturer Recommendations	1	15	
Professional	Exam Room	Forehead/chin rests (phoropter, perimeter, OCT, camera, auto-tonometer/refractor)	Low			
		Occluders, eye patches	Low			
		Diagnostic Equipment (i.e. perimeter, OCT)	Low			
		Sinks	Low			
		Exam Chair & Unit	Low	1	15	
		R/G Glasses	Low	1	15	
		Trial Frame	Low	1	15	
		Hand Held Instruments	Low			
	Lab/Dispensing Area	Contact Lens Cases	High			
		Frame warmer	Low	1	15	
		Frames on Display	Low	1	15	
		Frame Displays	Low	1	15	
		Lab hand tools	Low			
Administrative	Desk Counters	Low				
	Computer Keyboards, Mouse & Telephone	Low				
	VISA Device	Low				
	Staplers, Tape Dispensers	Low				
	Pens, Pencils	Low				
	Fax Machines	Low				
General Office	Waiting Area	Low				
	Toys	Low				
	Door Handles	Low				
	Washrooms	Low				
		Light Switches	Low			

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
AAO	American Academy of Optometry	Organization whose goal is to maintain and enhance excellence in optometric practice
ACO	Alberta College of Optometrists	Regulates optometrists in Alberta
ACOE	Accreditation Council on Optometric Education	A division of AOA Accredits optometry schools in US and Canada Graduates of these schools may register in Ontario without additional education
ADR	Alternative Dispute Resolution	An alternate process that may be used, where appropriate, to resolve some complaints
AGRE	Advisory Group for Regulatory Excellence	A group of six colleges (medicine, dentistry, nursing, physiotherapy, pharmacy and optometry) that provides leadership in regulatory matters
AIT	Agreement on Internal Trade	Federal/Provincial/Territorial agreement intended to foster mobility of workers
AOA	American Optometric Association	Main professional association for optometrists in the US
ARBO	Association of Regulatory Boards of Optometry	Association of optometric regulators including, US, Canada, Australia and New Zealand
BV	Binocular Vision	The assessment of the relationship and coordination of the two eyes
CACO	Canadian Assessment of Competency in Optometry	Canadian entry-to-practice examination for optometry-administered by CEO-ECO to 2017
CAG	Citizen's Advisory Group	A forum for patients and health-care practitioners to discuss issues of mutual concern
CAO	Canadian Association of Optometrists	Represents the profession of optometry in Canada; its mission is to advance the quality, availability, and accessibility of eye and vision health care
CAOS	Canadian Association of Optometry Students	The Canadian optometry student association with chapters in both Waterloo and Montreal
CE	Continuing Education	Courses, programs, or organized learning experiences usually taken after a degree is obtained to enhance personal or professional goals
CEO-ECO	Canadian Examiners in Optometry	Former name of OEBC; administered the CACO exam on behalf of the provincial and territorial optometric regulators (see OEBC)
CJO	Canadian Journal of Optometry	Journal published by CAO whose mandate is to help optometrists build and manage a successful practice

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
CLEAR	Council on Licensure Evaluation and Regulation	International body of regulatory boards – mainly US and Canadian members
CMPA	Canadian Medical Protective Association	Professional liability insurer for physicians
CNAR	Canadian Network of Agencies for Regulation	
CNCA	<i>Canada Not-for-profit Corporation Corporations Act</i>	
CNIB	Canadian National Institute for the Blind	A voluntary, non-profit rehabilitation agency that provides services for people who are blind, visually impaired and deaf-blind
CNO	College of Nurses of Ontario	Regulates nurses in Ontario
COBC	College of Optometrists of British Columbia	Regulates optometrists in British Columbia
COEC	Canadian Optometric Evaluation Committee	Committee of FORAC that assesses the credentials of internationally educated optometrists who wish to practice in Canada
COI	Conflict of Interest	Situation in which someone in a position of trust has competing professional and personal interests
COO	College of Opticians of Ontario	A self-governing college that registers and regulates opticians in Ontario Note: the College of Optometrists of Ontario does not have an acronym
COPE	Council on Optometric Practitioner Education	Accredits continuing education on behalf of optometric regulatory boards
COS	Canadian Ophthalmological Society	Society whose mission is to assure the provision of optimal eye care to Canadians
CPD	Continuing Professional Development	A quality assurance program
CPP	Clinical Practice Panel	A panel of the Quality Assurance Committee that considers issues of clinical practice and updates the OPR
CPSO	College of Physicians and Surgeons of Ontario	A self-governing college as defined by the <i>Regulated Health Professions Act</i>
CRA	Complete Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
DAC	Diabetes Action Canada	
DFE	Dilated Fundus Examination	Eye health exam conducted after dilating pupils with drops

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
DPA	Diagnostic Pharmaceutical Agents	Drugs used by optometrists in practice to evaluate systems of the eye and vision
EEOC	Evaluating Exam Oversight Committee	Committee that oversees the Internationally Graduated Optometrists Evaluating Exam (IGOEE) administered by Touchstone Institute
EHCO	Eye Health Council of Ontario	A group made up of optometrists and ophthalmologists who collaborate on issues of mutual interest
ÉOUM	École d'optométrie-Université de Montréal	School of optometry at the University of Montreal-teaches optometry in French Accredited by ACOE
EPSO	Eye Physicians and Surgeons of Ontario	OMA Section of Ophthalmology
ETP	Entry-to-Practice	Describes the level of competency necessary for registration to practise the profession
FAAO	Fellow of the American Academy of Optometry	Designation issued by AAO following evaluation against standards of professional competence
FHRCO	Federation of Health Regulatory Colleges of Ontario	Comprises of the 26 health regulatory colleges in Ontario
FORAC-FAROC	Federation of Optometric Regulatory Authorities of Canada	Comprised of 10 national optometric regulators Formerly knowns as CORA
HPARB	Health Professions Appeal and Review Board	Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal
HPPC	Health Professions Procedural Code	Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>
HPRAC	Health Professions Regulatory Advisory Council	Provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario
HSARB	Health Services Appeal and Review Board	Created by the <i>Ministry of Health Appeal and Review Boards Act, 1998</i> , decisions of the ORC are heard here
HSPTA	<i>The Health Sector Payment Transparency Act, 2017</i>	An Act that requires industry to disclose transfers of value to health care professionals
ICRC	Inquiries Complaints and Reports Committee	The ICRC is the statutory committee responsible for the investigation and disposition of reports and complaints filed with the College about the conduct of an optometrist

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
IOBP	International Optometric Bridging Program	A program to assist international graduates in meeting the academic equivalency requirement for registration and housed at the University of Waterloo
IGOEE	Internationally Graduated Optometrist Evaluating Exam	Developed and administered by Touchstone Institute on behalf of FORAC
IOG	International Optometry Graduates	Optometry graduates who have received their education outside North America
MOHLTC (or MOH)	Ministry of Health and Long-Term Care	Responsible for administering the health care system and providing services to the Ontario public
MOU	Memorandum of Understanding	
NBAO	New Brunswick Association and College of Optometrists	New Brunswick Association and College of Optometrists
NBEO	National Board of Examiners in Optometry	Entry to practice examination for all US states Also accepted in BC and QC
NCP	National Competency Profile	Articulates the requirements established by the profession upon which the blueprint for the OEBC exam is based
NLCO	Newfoundland and Labrador College of Optometrists	Regulates optometrists in Newfoundland and Labrador
NSCO	Nova Scotia College of Optometrists	Regulates optometrists in Nova Scotia
OAO	Ontario Association of Optometrists	The association that looks after the interests of optometrists in Ontario
OCP	Ontario College of Pharmacists	Regulates pharmacists, pharmacies and pharmacy technicians in Ontario
OD	Doctor of Optometry Degree	Optometrists' professional degree in North America
ODSP	Ontario Disability Support Program	Offers financial assistance to Ontarians with disabilities who qualify
OEBC-BEOC	Optometry Examining Board of Canada	Administers the national standards assessment exam on behalf of the provincial and territorial optometric regulators
OFC	Office of the Fairness Commissioner of Ontario	The OFC ensures that certain regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair
OLF	Optometric Leaders' Forum	Annual meeting of CAO, provincial associations and regulators
OMA	Ontario Medical Association	The association that looks after the interests of medical practitioners

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Acronym	Name	Description
OOQ	Ordre des optométristes du Québec	Regulates optometrists in Quebec
OPR	Optometric Practice Reference	A College document provided to members and available to the public providing principles of Standards of Practice and Clinical Guidelines in two separate documents
OSCE	Objective Structured Clinical Examination	An objective clinical exam; part of the OEBC exam
PEICO	PEI College of Optometrists	The optometric regulatory college in Prince Edward Island
PHIPA	<i>Personal Health Information Protection Act</i>	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
PLA	Prior learning assessment	Formerly part of the IOBP to ascertain the candidate's current knowledge in optometry; replaced by IOGEE in 2015
PRC	Patient Relations Committee	Promotes awareness among members and the public of expectations placed upon optometrists regarding sexual abuse of patients; also deals with issues of a broader nature relating to members' interactions with patients
QA (QAC)	Quality Assurance Committee	A statutory committee charged with the role of proactively improving the quality of care by regulated health professionals
RCDSO	Royal College of Dental Surgeons	Regulates dentists in Ontario
RHPA	<i>Regulated Health Professions Act</i>	An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice
SAO	Saskatchewan Association of Optometrists	Also functions as the regulatory College in Saskatchewan
SCERP	Specified Continuing Educational or Remediation Program	A direction to an optometrist by the ICRC to complete remediation following a complaint or report
SRA	Short Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
SOP	Standards of Practice	Defined by the profession based on peer review, evidence, scientific knowledge, social expectations, expert opinion and court decision
TPA	Therapeutic Pharmaceutical Agent	Drug Generally this term is used when describing drugs that may be prescribed by optometrists for the treatment of conditions of the eye and vision system

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Acronym	Name	Description
VIC	Vision Institute of Canada	A non-profit institute functioning as a secondary referral center for optometric services located in Toronto
VCC	Vision Council of Canada	A non-profit association representing the retail optical industry in Canada, with members operating in all Canadian provinces and US states
WCO	World Council of Optometry	International advocacy organization for world optometry – assists optometrists in becoming regulated where they are not
WOVS	University of Waterloo School of Optometry and Vision Science	The only school of optometry in Canada that provides education in English Accredited by ACOE; graduates are granted an OD degree; also has Masters and PhD programs

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