



COLLEGE OF  
**Optometrists**  
OF ONTARIO

## COUNCIL MEETING

MONDAY, APRIL 9, 2018  
AT 9:00 A.M.  
(PUBLIC INVITED TO ATTEND)

AT THE COLLEGE OFFICE  
65 ST. CLAIR AVE. E., SUITE 900  
TORONTO ON





**Meeting of the College Council  
Monday, April 9, 2018  
at 9:00 a.m.**

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1. Call to Order	
2. Adopt the Agenda	
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6. Presenting the “Virtual Boardroom”

172

7. Injunction Application – Update

8. Legislative Updates

8.1. Spousal Exemption

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8.3. Designated Drugs Regulation

8.4. Proposal for New Regulations under the RHPA

8.5. *Health Sector Transparency Act*

9. List of Acronyms

10. Dates of Upcoming Council Meetings

10.1. Thursday, June 21, 2018

11. Proposed Dates for Council Meetings (2018–2019)

11.1. Tuesday, September 25, 2018

11.2. Friday, January 18, 2018

11.3. Wednesday, April 24, 2019

11.4. Monday, June 24, 2019

12. Adjournment

## **Vision and Mission**

**Vision: The best eye health and vision for everyone in Ontario, through excellence in optometric care.**

**Mission: To serve the public by regulating Ontario's optometrists. The College uses its authority to guide the profession in the delivery of safe, ethical, progressive and quality eye care at the highest standards**

## **Strategic Plan Update 2015**

**The following overall strategic objectives will drive the College's operating strategies:**

**MAINTAIN HIGHEST STANDARDS BY PRACTITIONERS TO ENSURE PUBLIC PROTECTION AND QUALITY CARE, INCLUDING EVOLVING SCOPE OF PRACTICE RE: EYE HEALTH CARE**

**THE COLLEGE REQUIRES GREAT PARTNERSHIPS TO GET THINGS DONE: ENHANCE INTERPROFESSIONAL AND STAKEHOLDER COLLABORATION**

**GOVERNMENT MUST SEE COLLEGE AS AN ASSET AND RESOURCE: INFLUENCE AND COLLABORATE WITH GOVERNMENT TO IMPACT LEGISLATION AND REGULATION**

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# 3 / CONSENT AGENDA

- 3. Consent Agenda
  - 3.1. Minutes of Prior Council Meetings
    - 3.1.1. January 15, 2018
    - 3.1.2. January 31, 2018 Teleconference
    - 3.1.3. Motions and Actions Items Arising from the Minutes
  - 3.2. Reports
    - 3.2.1. Committee Reports
      - 3.2.1.1. Executive Committee
      - 3.2.1.2. Patient Relations
      - 3.2.1.3. Quality Assurance
        - 3.2.1.3.1. QA Panel
        - 3.2.1.3.2. CP Panel
        - 3.2.1.3.3. QA Subcommittee
      - 3.2.1.4. ICRC
      - 3.2.1.5. Registration
      - 3.2.1.6. Fitness to Practise
      - 3.2.1.7. Discipline
      - 3.2.1.8. Governance Committee
    - 3.2.2. Registrar's Report



College of Optometrists of Ontario  
Council Meeting  
January 15, 2018  
DRAFT #1

January 15, 2018

**Attendance:**

Dr. Pooya Hemami, President  
Dr. Richard Kniaziew, Vice President  
Ms. Irene Moore, Treasurer  
Dr. Linda Chan  
Ms. Maureen Chesney  
Dr. Bill Chisholm  
Dr. Patricia Hrynchak  
Mr. Bashar Kassir  
Dr. Dino Mastronardi

Dr. Kamy Morcos  
Ms. Luisa Morrone  
Dr. Christopher Nicol  
Dr. Areef Nurani  
Ms. Ellen Pekilis  
Dr. Patrick Quaid  
Mr. Brian Rivait  
Mr. John Van Bastelaar

**Regrets:**

Mr. Hsien Ping (Albert) Liang

**Staff:**

Dr. Paula Garshowitz, Registrar  
Ms. Hanan Jibry  
Ms. Mina Kavanagh  
Mr. Justin Rafton

Mr. David Whitton  
Dr. David Wilkinson  
Ms. Bonny Wong

1 **1. Call to Order:** Dr. Hemami called the meeting to order at 9:02 a.m. Dr. Hemami welcomed everyone  
2 in attendance, including guests, to the meeting.

3  
4 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting. One item was added to  
5 the agenda: an Executive Committee motion to approve FORAC membership fees for 2018.

6  
7 Moved by Dr. Morcos and seconded by Dr. Chisholm **to adopt the agenda as amended.**

8 **Motion carried**

9  
10 **a. Conflicts of Interest:** Dr. Hemami asked Council members if anyone had a conflict of interest with any  
11 item on the day's agenda; no conflicts of interest were declared.

12  
13 **3. Election of Officers for 2018 Council Year:** A call for nominations had been sent previous to the  
14 meeting. Councillors interested in running for a position on Executive had been asked to indicate their  
15 intention, in writing, to the Registrar by January 12<sup>th</sup>. Dr. Garshowitz announced that the three College  
16 officers' positions and three public member positions were acclaimed.

17  
18 **Officers:**

19  
20 Dr. Pooya Hemami, President  
21 Dr. Richard Kniaziew, Vice President  
22 Dr. Patrick Quaid, Treasurer  
23

24 **Executive Committee Members-at-Large:**

25  
26 Ms. Irene Moore  
27 Mr. Brian Rivait  
28 Mr. John Van Bastelaar  
29

30 Dr. Garshowitz and Ms. Jibry conducted an election for the remaining professional member of Executive.  
31 Prior to voting, the candidates were given a few minutes to describe their platform to Council. The  
32 results of the elections were:

33  
34 Professional member (at large): Dr. Areef Nurani  
35

36 Dr. Hemami congratulated the members of the Executive Committee. Dr. Hemami welcomed to Council  
37 a returning professional member, Mr. Christopher Nicol.  
38

39 **4. Orientation for Councillors:** Dr. Garshowitz delivered a presentation outlining, among other matters,  
40 the model of self-regulation as outlined in the RHPA; the duties of College, Council, volunteers, and  
41 staff; effective governance; the organization of the College; confidentiality and indemnity; conflict of  
42 interest; and the process by which Council meetings and motion voting are conducted.  
43

44 **5. Adoption of the Consent Agenda:** A draft consent agenda was circulated prior to the meeting. No  
45 items were removed for further discussion. The following items were included in the consent agenda:  
46

- 47       5.1 Minutes of prior Council meetings  
48             5.1.1 September 19, 2017  
49             5.1.2 Motions and Actions Items arising from the minutes  
50       5.2 Reports  
51             5.2.1 Committee Reports  
52                     5.2.1.1 Executive Committee  
53                     5.2.1.2 Patient Relations  
54                     5.2.1.3 Quality Assurance  
55                             5.2.1.3.1 QA Panel  
56                             5.2.1.3.2 CP Panel  
57                     5.2.1.4 ICRC  
58                     5.2.1.5 Registration  
59                     5.2.1.6 Fitness to Practise  
60                     5.2.1.7 Discipline  
61                     5.2.1.8 Governance Committee  
62                     5.2.1.9 Registrar's Report  
63

64 Moved by Dr. Kniaziew and seconded by Dr. Quaid **to adopt the consent agenda.**



65 **Motion carried**

66

67 **6. Financial Matters:**

68 **6.1 Treasurer’s Report:** College Treasurer Ms. Irene Moore presented her final report as Treasurer. Ms.  
69 Moore highlighted some changes made during her tenure: a new database; the introduction of the  
70 financial dashboard; an updated investment policy; and the hiring of the College’s new Manager,  
71 Finance and Office Administration.

72

73 **6.2 Financial Dashboard:** The updated financial dashboard was circulated prior to the meeting.

74

75 **6.3 Balance Sheet and Income and Expenditure Report – to November 30, 2017:** Both Discipline legal  
76 and ICRC legal line items are high, reflecting an increase in complex cases before ICRC that require legal  
77 advice, and a higher number of referrals to the Discipline Committee by ICRC. In accordance with  
78 Council’s direction, costs are recovered as much as is reasonable.

79

80 **6.4 2018 Budget:** The proposed 2018 budget was circulated prior to the meeting. Budget lines have  
81 been reviewed by the Treasurer, staff, and Executive Committee to produce a budget that reflects  
82 increases where needed and savings where efficiencies have been realized. Rationale for the proposed  
83 changes to individual line items was included in the budget document. Budget projections can be made  
84 on historical data, however for some areas, in particular ICRC and Discipline, it can be difficult to predict  
85 what expenses may be incurred in a given timeframe. The budget will be reviewed periodically  
86 throughout the year and any needed variances brought to Council for approval. Once again, there will  
87 be no increase in membership fees.

88

89 Moved by Ms. Moore and seconded by Dr. Quaid **to approve the proposed 2018 budget.**

90

**Motion carried**

91

92 **7. Motions Brought Forward From Committees:**

93

94 **7.1 Quality Assurance**

95 **7.1.1 Quality Assurance Panel:** The proposed motion was circulated prior to the meeting. The QA  
96 program has not been reviewed for many years to determine whether it aligns with the goals of the  
97 College and meets its mandate to protect the public interest. The QA panel has agreed that an  
98 independent evaluation of the program is needed. The QA panel has asked Executive to create a QA  
99 subcommittee and allocate resources to this project, including hiring an independent consultant.  
100 Following the review, the subcommittee would be assigned other QA-related projects. Council discussed  
101 potential future projects that would engage members of the College.

102

103 Moved by Dr. Morcos and seconded by Dr. Nurani **to strike a Quality Assurance subcommittee whose**  
104 **mandate would include a proposed independent evaluation of the College’s Quality Assurance (QA)**  
105 **program.**

106

**Motion carried**

107

108 **7.1.2 Clinical Practice Panel:** The proposed motions, including relevant background information, were  
109 circulated prior to the meeting. Optometrists regularly complete reports for third parties regarding  
110 patients’ clinical information. The panel proposes adding a standard requiring verification of the photo

111 identification of patients; this will mitigate the risk of agents falsely presenting for eye exams when such  
112 reports are required.

113

114 Moved by Dr. Hrynychak and seconded by Mr. Van Bastelaar **to approve revisions to OPR 4.2 Standards**  
115 **of Practice – Required Clinical Information.**

116

**Motion carried**

117

118 For ease of reference, the 14 controlled acts listed under the *Regulated Health Professions Act* have  
119 been added under the heading Regulatory Standard. Minor edits have been made for accuracy.

120

121 Moved by Dr. Morcos and seconded by Dr. Chisholm **to approve revisions to OPR 4.3 Standards of**  
122 **Practice – Delegation and Assignment.**

123

**Motion carried**

124

125 Optometrists are authorized to independently manage only patients with primary open-angle glaucoma.  
126 The revised standard will require gonioscopy assessment for diagnosis of open-angle glaucoma. The  
127 standard recognizes that not all optometrists will choose to monitor glaucoma suspects with compelling  
128 risk factors or treat primary open-angle glaucoma independently. When an optometrist chooses to  
129 involve another primary, secondary, or tertiary eye-care provider for continuing diagnosis and/or  
130 management of glaucoma, these tests may not be required.

131

132 Moved by Dr. Chan and seconded by Ms. Morrone **to approve revisions to OPR 7.2 Standards of**  
133 **Practice – Patients with Glaucoma.**

134

**Motion carried**

135

136 **7.2 Executive:** The proposed motion was added to the agenda at the opening of the meeting. The  
137 College pays an annual membership fee to the Federation of Optometric Regulatory Authority of Canada  
138 (FORAC), an association of Canadian optometric regulators. FORAC administers the credentialing process  
139 for the provinces and provides a venue in which to discuss common regulatory issues, such as entry to  
140 practice and quality assurance. The contribution of \$10/member to FORAC has already been accounted  
141 for in the College's 2018 budget.

142

143 Moved by Dr. Kniaziew and seconded by Mr. Rivait **to approve funding for the College's membership in**  
144 **the Federation of Optometric Regulatory Authority of Canada (FORAC).**

145

**Motion carried**

146

147 **8. Appointment of Committee Chairs and Committee Members for 2018:** Dr. Garshowitz presented the  
148 proposed statutory committee chairs and members for 2018. The proposed names are:

149

150 Registration Committee: Dr. Patrick Quaid

151

151 Inquiries Complaints and Reports Committee: Dr. Annie Miccuci

152

152 Quality Assurance Committee

153

153 i. Quality Assurance Panel: Mr. John Van Bastelaar

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154 ii. Clinical Practice Panel: Dr. Dennis Ruskin

155

155 iii. Quality Assurance Subcommittee: Ms. Ellen Pekilis

156

156 Discipline Committee: Dr. Karin Simon

157 Fitness to Practise Committee: Dr. Linda Chan  
158 Patient Relations Committee: Mr. Brian Rivait  
159 Governance Committee: Dr. Pooya Hemami

160  
161 Moved by Dr. Kniaziew and seconded by Ms. Moore **to approve the proposed chairs of College**  
162 **committees as presented.**

Motion carried

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164  
165 Moved by Mr. Rivait and seconded by Dr. Chan **to approve the proposed College committee**  
166 **composition as presented.**

Motion carried

167  
168  
169 **9. Presentation by Mr. David Brown, Governance Solutions:** Council heard a presentation by David  
170 Brown of Governance Solutions. In his presentation, Mr. Brown summarized the findings of an external  
171 audit he had conducted on College governance. After surveying Council, committee chairs, and senior  
172 staff, and interviewing other regulators, Mr. Brown gained insight into the culture of the College, its  
173 functioning, policies, and electoral process, and how well it is meeting its mandate. Council learned  
174 about areas of strength within the College's governance structure, as well as opportunities for fine-  
175 tuning and possible alternative models. Council discussed Mr. Brown's recommendations and issues  
176 surrounding them, such as committee composition, a renewed strategic plan, and performance  
177 evaluation for Council and committee members.

178  
179 **Action item:** Staff to send a survey to Council members for feedback on College governance and the  
180 recommendations resulting from the governance review.

181  
182 **10. Injunction Application – Update:** Dr. Garshowitz updated Council on a recent application to seek an  
183 injunction preventing Essilor/Clearly from unlawfully dispensing prescription eyewear over the internet.  
184 In December 2016, the College of Optometrists of Ontario and the College of Opticians of Ontario filed  
185 the injunction and the matter was heard in October 2017. Justice Lederer delivered his decision January  
186 11, 2018 in favour of the two colleges. Essilor is expected to appeal the decision.

187  
188 **11. Regulation Updates:**  
189 **11.1 Spousal Exemption:** These provisions have been submitted to the Ministry of Health and Long-  
190 Term Care; the College has yet to hear any feedback.  
191  
192 **11.2 QA Regulation:** This regulation amendment has been submitted to the Ministry of Health and Long-  
193 Term Care; the College has yet to hear any feedback.

194  
195 **11.3 Designated Drugs Regulation:** This regulation amendment has been submitted to the Ministry of  
196 Health and Long-Term Care; the College has yet to hear any feedback.

197  
198 **11.4 Registration Regulation:** The submission of proposed amendments is expected to be completed  
199 and submitted to the Ministry within the next few months.

200  
201 **12. Correspondence:**  
202 **12.1** Letter from OEBC Chair, Dr. Carolyn Acorn, dated September 29, 2017

- 203 **12.2** Dr. Hemami’s reply to Dr. Acorn, dated October 2, 2017  
204 **12.3** Letter from IOPB Director, Dr. Jenna Bright, dated November 7, 2017  
205 **12.4** Letter from the Ms. Doris Dumais, Director, Office of the Fairness Commissioner, dated November  
206 15, 2017  
207

208 **13. IN CAMERA SESSION:** In accordance with Section 7. (1.1) of the *Health Professions Procedural Code*  
209 (HPPC), Council will go in camera under Section 7. (2) (e) of the HPPC, which is to give instructions to, or  
210 receive opinions from, the solicitors of the College.

211  
212 Moved by Dr. Kniaziew and seconded by Dr. Quaid **to have the meeting go in camera.**  
213 **Motion carried**

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215 *Guests left the meeting.*  
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Moved by Dr. Nurani and seconded by Mr. Rivait **to have the meeting go out of camera.**

**Motion carried**

*Guests returned to the meeting.*

**14. List of Acronyms**

295 **15. Dates of Upcoming Council Meetings**

- 296       • Monday, April 9, 2018  
297       • Thursday, June 21, 2018

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299 **16. Adjournment:** Moved by Dr. Kniaziew and seconded by Dr. Morcos to adjourn the meeting at 2:26  
300 **p.m.**

301

**Motion carried**

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**College of Optometrists of Ontario  
Meeting of the Council  
January 31, 2018-Teleconference  
Minutes-Draft #1**

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7 A meeting of the Council of the College of Optometrists of Ontario was held by teleconference on  
8 January 31, 2018. The teleconference call-in numbers were posted on the College website to allow the  
9 public to join the meeting. The meeting was called to order at 8:45 p.m.

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13
1. **Attendance:** Dr. Bill Chisholm, Dr. Linda Chan, Dr. Pooya Hemami, Dr. Patricia Hyrnchak, Mr. Bashar Kassir, Mr. Albert Liang, Ms. Irene Moore, Dr. Kamy Morcos, Dr. Christopher Nicol, Dr. Areef Nurani, Ms. Ellen Pekilis, Dr. Patrick Quaid. Mr. Brian Rivait, and Mr. John Van Bastelaar.

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**Absent:** Ms. Maureen Chesney, Dr. Richard Kniaziew, and Ms. Luisa Morrone

**Staff:** Dr. Paula Garshowitz, Registrar, Ms. Hanan Jibry, Assistant Registrar

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2. **Agenda:** To provide Council with an update on recent national meetings held January 25-27, 2018 in Ottawa.

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Moved by I. Moore and seconded by B. Rivait **to accept the agenda.**

**Motion carried**

There were no conflicts of interest to declare by councillors.

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3. **National Meeting Update:** Dr. Hemami informed Council that he attended the national meetings, accompanied by Dr. Patrick Quaid and College staff.

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**OEBC:** The OEBC meeting was held on January 25<sup>th</sup>. A by-law amendment, requiring the OEBC board to be comprised of no fewer than 67% plus one to be a Registrar, Council member or designated regulatory representative, was passed. In the elections for OEBC Board members, ON, QC, AB (2) and MB obtained regulatory seats on the board. Existing directors from NL, PE and SK will also serve as regulatory representatives for those provinces. The newly revised board is expect to look at governance, finances and transparency as its first orders of business.

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**OLF:** The OLF was held on January 26<sup>th</sup> and focussed this year on leadership training and cultural competency. OLF is a good opportunity for the College to interact with the associations, Schools and other optometric organizations.

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**FORAC:** The FORAC meeting was held on January 27<sup>th</sup>. It heard reports from the various stakeholders and learned about a new language proficiency test that has been developed by Touchstone Institute in collaboration with the IOBP. While this new, profession specific assessment is currently being used to assess students heading into the bridging program, it is proposed that this test be used to assess language proficiency at the credential assessment phase. Identification of language deficiencies at this earlier juncture will lead applicants to improve their language skills prior to undergoing the IGOEE and the bridging program. FORAC asked if applicants could challenge the test off shore; that is something that is being considered. FORAC was provided with an update on the credentialing process and there was discussion regarding the addition of the TPA component to the IGOEE. FORAC confirmed that until the IGOEE was updated that successful applicants would have go to bridging. Once there is sufficient date, the entire process will be reviewed to ensure it is fair and transparent.

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Council was informed that once the revised OEBC board is in place, that there would be a request for an independent review of the OEBC exam. It was confirmed that other provinces, including Ontario have similar concerns about the exam. OEBC must improve its transparency to its members. Council agreed that it was premature to discuss the membership contribution to OEBC until it sees the progress of the newly composed Board. The College will express that it will be looking to observe the spring OSCE administration. OEBC members are working towards a national solution with OEBC rather than ON developing its own exam.

4. **Adjournment**-The meeting was adjourned at 9:15 p.m. on a motion by Dr. Chisholm, seconded by Dr. Quaid.

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**Council Meeting – January 15, 2018**

**COUNCIL ACTION LIST STATUS**

Updated March 20, 2018

Date	Minute Line	Action	Status	Comments
01/15/18	179	Staff to send a survey to Council members for feedback on College governance and the recommendations resulting from the governance review.	Completed	

## Council Meeting – January 15, 2018

### MOTION LIST

Minute Line	Motion	Committee	Decision
89	Moved by Ms. Moore and seconded by Dr. Quaid <b>to approve the proposed 2018 budget.</b>	Treasurer	Motion carried
103	Moved by Dr. Morcos and seconded by Dr. Nurani <b>to strike a Quality Assurance subcommittee whose mandate would include a proposed independent evaluation of the College’s Quality Assurance (QA) program.</b>	Quality Assurance	Motion carried
114	Moved by Dr. Hrynychak and seconded by Mr. Van Bastelaar <b>to approve revisions to OPR 4.2 Standards of Practice – Required Clinical Information.</b>	Clinical Practice	Motion carried
121	Moved by Dr. Morcos and seconded by Dr. Chisholm <b>to approve revisions to OPR 4.3 Standards of Practice – Delegation and Assignment.</b>	Clinical Practice	Motion carried
132	Moved by Dr. Chan and seconded by Ms. Morrone <b>to approve revisions to OPR 7.2 Standards of Practice – Patients with Glaucoma.</b>	Clinical Practice	Motion carried
143	Moved by Dr. Kniaziew and seconded by Mr. Rivait <b>to approve funding for the College’s membership in the Federation of Optometric Regulatory Authority of Canada (FORAC).</b>	Executive	Motion carried
161	Moved by Dr. Kniaziew and seconded by Ms. Moore <b>to approve the proposed chairs of College committees as presented.</b>		Motion carried
165	Moved by Mr. Rivait and seconded by Dr. Chan <b>to approve the proposed College committee composition as presented.</b>		Motion carried
212	Moved by Dr. Kniaziew and seconded by Dr. Quaid <b>to have the meeting go in camera.</b>		Motion carried
289	Moved by Dr. Nurani and seconded by Mr. Rivait <b>to have the meeting go out of camera.</b>		Motion carried

## Executive Committee Report

**Name of committee: Executive Committee**

**Reporting date: March 28, 2018**

**Number of meetings in 2018: 1 in person, 1 teleconference**

**Number of meetings since last Council meeting: 1 in person, 1 teleconference**

The Executive Committee met once in person since the last Council meeting, on March 19, 2018. A teleconference was held on February 15, 2018. The minutes of prior meetings were circulated on February 16, 2018.

**Unauthorized Practice:** An application for an injunction against Alvin John Metzger pursuant to Section 87 of the *Health Professions Procedural Code* was heard in the Ontario Superior Court of Justice on January 25, 2018. The Court issued an injunction prohibiting Mr. Metzger from practising as an optometrist and from holding himself out as a person who is qualified to practise in Ontario as an optometrist. Mr. Metzger is a former member of the College whose certificate of registration was revoked in May 2017 by a panel of the Discipline Committee.

**OEBC Update:** As reported to Council on January 31, 2018, the OEBC board now includes a number of directors who are considered regulatory representatives. The newly constituted board will be meeting in mid-April for the first time. Correspondence between OEBC and Dr. Hemami is included for information.

**FORAC Meetings:** For Council's information, I have included the approved minutes of the last three FORAC meetings: September, 9, 2017 (Calgary), November 24, 2017 (Toronto – special meeting) and January 27, 2018 (Ottawa).

**College submissions to the Ministry of Health and Long-Term Care:** The College's submission to the Ministry of Health and Long-Term Care with respect to three proposed regulations to the RHPA was vetted by the Executive Committee. It can be found later in these materials. These regulations relate to (i) the definition of the term "patient" for the purposes of the sexual abuse provisions; (ii) additional information about members to be included on the public register; and (iii) additional behaviours that result in mandatory revocation of a member's certificate of registration. The Committee decided that the College would not provide a submission on the proposed *Health Sector Transparency Act*.

**Bill C-313:** FORAC colleges received a request from the Canadian Association of Optometrists to consider asking government to amend their corresponding provincial legislation to change requirements around the dispensing of contact lenses to also include non-prescription contact lenses. In the case of Ontario, this would mean requesting a change to the RHPA and the controlled act of dispensing contact lenses, which currently only relates to contact lenses dispensed "for vision or eye problems." The Executive Committee, recognizing the risk of harm to the public of improperly dispensed contact lenses, whether prescription or non-prescription,

decided that the College will write to the Ministry of Health and Long-Term Care to request this change in the legislation.

**Invitation to Dr. Hemami:** Dr. Hemami has been invited to address OAO's members on Friday, April 13 during the OAO Annual Symposium. The invitation is attached for information.

**Celebrating 100 Years of Regulation:** The Executive Committee has proposed the upcoming meeting dates for Council through to June 2019. Of special note is the April 24, 2019 Council meeting date, recognizing the 100<sup>th</sup> anniversary of the regulation of optometry in the Province of Ontario. Executive expects to plan activities to honour this important milestone in the history of the profession.

Respectfully submitted,

Dr. Pooya Hemami,  
President

February 12, 2018

*by email*

To: Members of OEBC

**Re: Bylaw amendment and the board, Request for response from the Members**

Dear Members:

I am writing to inform you all that one of the nominees elected at the January 25, 2018, AGM in Ottawa, is unable to serve as a director for OEBC due to a conflict of interest (COI). Our COI policy was revised in December 2017 to respond to members desire to allow registrars, executive council members of regulators, staff of regulators and registration committee members to serve as directors. However, there are other roles which are still considered a conflict with serving as a director, including serving on an alternate examining body for optometry, working as an educator at any school of optometry, being on council or executive of a provincial or national association of optometry. What is disappointing to OEBC is that the nominee and possibly other members were aware of the COI but did not bring it to members' and OEBC attention before the election.

The board of directors, according to the Canada Not-for-profit Corporation Corporations Act (CNCA), is allowed to appoint a director in the event of a vacancy, section 128 (8). I surveyed the directors to gauge interest in appointing a new director until the next election (January 26, 2019), and the consensus is that the board will leave the seat vacant for the time being. The board may discuss this at the in-person meeting scheduled for April 12 – 13, 2018.

In the meantime, I introduce OEBC's directors for the upcoming year:

- Dr. Carolyn Acorn
- Dr. Rachel Gardiner
- Dr. Paula Garshowitz
- Dr. Dary Lavallee
- Dr. Nassiruddin Khan
- Dr. Lorne Ryall
- Dr. Selena Friesen
- Dr. Dean Weninger
- Dr. Gordon Hensel

For the Board of Directors to be constituted, the members and directors of the board must comply with the Act, OEBC Bylaw No. 1 and our policies. OEBC requests that each member send a formal letter indicating how the slate of directors meets the amended Bylaws, addressing whether current and re-elected directors (Drs. Acorn, Gardiner, Lavallee, Friesen and Weninger) meet the requirement to be "member-designated representative" and the definition



of a “member-designated representative” as stated in the Bylaw amendments approved by the members on January 25 2018 (enclosed):

“5.3 Board Composition

No fewer than 67% plus one (see 5.3.2 for definitions and clarifications) of the Directors of the corporation, must consist of OEBC Member-designated representatives (5.3.1). Whenever the number of OEBC Member-designated representative directors falls below 67% plus one, an election of director(s) must be held within 45 days such that following the election, the number of OEBC Member-designated representative directors will be no fewer than 67% plus one of the Directors of the corporation.

5.3.1 The individual must be a Registrar (as defined in a provincial jurisdiction) or current Council member of a Canadian optometric regulatory authority, unless an exception is made under 5.3.1.1.

5.3.1.1 In those OEBC Member provinces or territories where one of these persons is not available or possible, an optometrist licensed in that province or territory in good standing with appropriate regulatory knowledge and background can be eligible, provided the approval of a majority of OEBC members (by ordinary resolution).”

**We look forward to hearing from our members by March 30 2018.**

As always, OEBC is committed to providing the best defensible, valid entry to practice optometry exam in Canada. With your commitment to OEBC, our dedicated volunteers, and our hardworking staff, OEBC will achieve this pinnacle again. I look forward to strong communications with our members in the coming year and know that we will do our best to respond to members concerns. Please remember, the exam comes first and questions should be directed to the CEO or the chair.

Sincerely,

Dr. Carolyn Acorn

CC: OEBC Directors

Encl. Bylaw 1 sections as amended January 25 2018

March 6, 2018

Dr. Carolyn Acorn, Chair  
Optometry Examining Board of Canada  
37 Sandiford Drive, Suite 403  
Stouffville, ON L4A 3Z2

**BY E-Mail**

Dear Dr. Acorn:

I am in receipt of your letter, dated February 12, 2018 in which you have asked OEBC members to provide you with a formal letter, no later than March 30, 2018, “indicating how the slate of directors meets the amended Bylaws, addressing whether current and re-elected directors (Drs. Acorn, Gardiner, Lavallee, Frisen and Weninger) meet the requirement to be “member-designated representative” and the definition of a ‘member-designated representative’ as stated in the Bylaw amendments approved by the members on January 25, 2018”.

The College of Optometrists of Ontario (ON) supports Dr. Acorn, Dr. Gardiner and Dr. Weninger as “member-designated representatives” for Prince Edward Island, Newfoundland and Labrador, and Saskatchewan, respectively. The registrars of these jurisdictions have confirmed that these three representatives meet the requirement to be “member-designated representatives” under the definition stated in the By-law amendments.

With the appointment of these 3 directors as “member-designated representatives”, as well as the election at the January 25, 2018 OEBC AGM of Drs. Hensel, Ryall and Garshowitz as “member-designated representatives” by Alberta, Manitoba and Ontario respectively, ON believes the slate does not meet the amended by-laws; that is, the Board of Directors would be made up of 6, which is less than 67% plus one, member-designated representatives out of the nine-person board. In order to be properly constituted a new election should be held, within 45 days, to elect a new member-designated representative OEBC director.

ON strongly supports a further immediate amendment to Conflict of Interest Policy 1.23(ii) to allow optometrists who are staff/administrator/teacher in an optometry degree or bridging program/institution to be eligible for election to the OEBC board. Once this policy amendment is passed by the OEBC board, then ON supports the immediate reinstatement of Dr. Léo Breton to the Board as the Quebec member-designated representative in accordance with the election

held on January 25 2018. With Dr. Breton's reinstatement to the OEBC Board, the composition of the Board might then be consistent with the amended by-laws.

Sincerely

A handwritten signature in black ink, appearing to read 'P. Hemami', with a long horizontal flourish extending to the right.

Dr. Pooya Hemami  
President, College of Optometrists of Ontario

Cc: Ms. Tami Hynes, CEO, OEBC  
OEBC Members



**FEDERATION OF OPTOMETRIC REGULATORY  
AUTHORITIES OF CANADA (FORAC)**

**FÉDÉRATION DES AUTORITÉS RÉGLEMENTAIRES  
EN OPTOMÉTRIE DU CANADA (FAROC)**

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**Minutes of the Board of Directors Meeting  
September 9, 2017 9:30AM**

**HYATT REGENCY HOTEL, CALGARY, ALBERTA**

**1. Call to order and attendance**

The meeting was called to order by the meeting chair, Dr. Leland Kolbenson. Dr. Kolbenson introduced Dr. Stan Woo as the new Director of the University of Waterloo, School of Optometry & Vision Science (WOVS.) He also welcomed and congratulated Dr. Jenna Bright on her position as the new Director of the International Optometric Bridging Program (IOBP.)

There was a quorum for the meeting. In attendance were:

**Member Delegates:**

*Dr. Leland Kolbenson, Saskatchewan Association of Optometrists (SAO), President and member of the Executive Committee*

*Dr. Louiselle St. Amand, New Brunswick Association of Optometrists (NBAO), Vice-President and member of the Executive Committee*

*Dr. Gordon Hensel, Alberta College of Optometry (ACO)*

*Dr. Lorne Ryall, Manitoba Association of Optometrists (MAO)*

*Dr. Robin Simpson, College of Optometry of British Columbia (COBC)*

*Dr. Pooya Hemami, College of Optometrists of Ontario (Ontario College)*

*Dr. Léo Breton, Ordre des optométristes du Québec (OOQ)*

*Dr. Justin Boulay, Newfoundland and Labrador College of Optometrists (NLCO)*

*Dr. Sheldon Pothier, Nova Scotia College of Optometrists (NSCO)*

*Absent: Dr. Mark Burke, Prince Edward Island College of Optometrists (PEICO)*

**Other Executive Committee members:**

*Dr. Paula Garshowitz, College of Optometrists of Ontario (Ontario College), Treasurer*

*Mr. Marco Laverdière, Ordre des optométristes du Québec (OOQ)*

**Assistants to directors:**

*Dr. James Thompson, Alberta College of Optometry (ACO)*

*Ms. Stanka Jovicevic, College of Optometry of British Columbia (COBC)*

*Ms. Sheila Spence, Saskatchewan Association of Optometrists (SAO)*

*Ms. Laureen Goodridge, Manitoba Association of Optometrists (MAO)*

**Observers:**

*Dr. Kim Bugera, Alberta College of Optometry (ACO)*

*Dr. Nasir Khan, Alberta College of Optometry (ACO)*

*Dr. Rob Kloepfer, Alberta College of Optometry (ACO)*

*Dr. Rob McLaughlin, Alberta College of Optometry (ACO)*  
*Dr. Mark Ross, Alberta College of Optometry (ACO)*  
*Dr. Nohad Teliani, Alberta College of Optometry (ACO)*  
*Dr. Cheryl Bayer, Manitoba Association of Optometrists (MAO)*  
*Dr. Patrick Quaid, College of Optometrists of Ontario (Ontario College)*  
*Ms. Hanan Jibry, College of Optometrists of Ontario (Ontario College)*  
*Dr. Langis Michaud, Ordre des optométristes du Québec (OOQ)*  
*Dr. Michael Nelson, Canadian Association of Optometrists (CAO)*  
*Dr. Christian Casanova, École d'optométrie de l'Université de Montréal (ÉOUM)*  
*Dr. Stanley Woo, University of Waterloo, School of Optometry & Vision Science (WOVS)*  
*Dr. Jenna Bright, International Optometric Bridging Program (IOBP)*  
*Ms. Tami Hynes, Optometry Examining Board of Canada (OEBC) – present until 12:00PM*  
*Dr. Carolyn Acorn, Optometry Examining Board of Canada (OEBC) – present until 12:00PM*

**FORAC Staff:**

*Dr. Paul Chris, Executive Director, Federation of Optometric Regulatory Authorities of Canada (FORAC)*  
*Ms. Jamie-Lee Robinson, Credentialing Administrative Assistant, Federation of Optometric Regulatory Authorities of Canada (FORAC)*

**2. Adoption of agenda**

A motion was made to accept the agenda as presented above:

*Motion moved by: Dr. Louiselle St. Amand*  
*Seconded by: Dr. Léo Breton*  
*Motion carried*

It was agreed that the election of the Executive Committee would be conducted after the presentation of the observer reports. No formal motion was made to amend the agenda to include this item since it was deferred from the agenda of the AGM.

**3. Prior meeting minutes**

A motion was made to approve the minutes of the FORAC Board of Directors meeting of January 28, 2017.

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Léo Breton*  
*Motion carried*

It was agreed that approved FORAC minutes can be circulated to members' respective Councils.

**4. Observer reports**

**4.1. Canadian Association of Optometrists – Association canadienne des optométristes (CAO-ACO)**

Dr. Michael Nelson reported that the CAO-ACO Congress held in Ottawa in July 2017 was one of the most successful in years. The next CAO-ACO Congress will be held in Victoria, BC, in July 2019. He reported that supplements on glaucoma and diabetes would be included in upcoming issues of the Canadian Journal of Optometry. The CAO-ACO has also completed a Human Health Resources Study entitled: *Meeting the Eye Health and Vision Care Needs of Canadians: A Workforce Analysis*.

This is a first for the association and a date for formal release of the document is pending. It was pre-circulated at the end of August to the provincial College registrars for information and review. Dr. Nelson asked FORAC for more information/data on Canadian optometrists for the Optometric Leaders Forum (OLF) to be held in Ottawa in January. The shortage of fluorescein has become a concern for the CAO and they alerted the Canadian Ophthalmological Society (COS.) As of the date of this meeting, they have had no response from Health Canada. Although the CAO supports Canadian sites for student externships, they are not involved in discussions concerning NAFTA/ALENA.

## **4.2. Schools of Optometry**

### **4.2.1. University of Waterloo, School of Optometry and Vision Science (WOVS)**

Dr. Stanley Woo, the new Director of the University of Waterloo, School of Optometry and Vision Science delivered a report on activities at the school. He discussed the need to build domestic capacity for externships/clerkships and concerns about immigration border crossing; Strategic Planning Committee continues its work and looks forward to another round of feedback from FORAC; course curriculum and the desire to prepare graduates for primary care practice includes a need to explore all options; the upcoming 50<sup>th</sup> anniversary celebrations; a desire to partner with FORAC to help shape contemporary practice.

### **4.2.2. École d'optométrie de l'Université de Montréal (ÉOUM)**

Dr. Christian Casanova, the Director of the École d'optométrie de l'Université de Montréal (ÉOUM), reported on activities at the school. He reported that there are a number of faculty retirements coming up and that there would be new faculty members next year. He reported on a successful collaboration between optometry and ophthalmology at a new clinic where 8,000 to 10,000 patients are seen every year. He also reported that externships in hospitals have started which is a very positive development for inter-professional collaboration and student education. Starting next year, the optometry degree program will be 5 years long since the pre-optometry preparation year has been added to the four year program. Dr. Casanova reported that Essilor had made a half-million dollar donation to the school. In 2018 there will be a new school clinic and a new academic curriculum. He also reported that the outreach program to First Nations communities has received continued funding and that the program is going well.

## **5. FORAC administrative affairs**

The Election of the Executive Committee was held at this point in the proceedings. Motions were made to nominate the following candidates.

Dr. Leland Kolbenson was nominated to be President – moved by *Dr. Gordon Hensel*, seconded by *Dr. Pooya Hemami*;

Dr. Louiselle St. Amand was nominated to be Vice-President – moved by *Dr. Pooya Hemami*, seconded by *Dr. Léo Breton*;

Dr. Paula Garshowitz was nominated Treasurer – moved by *Dr. Leland Kolbenson*, seconded by *Dr. Léo Breton*;

Mr. Marco Laverdière was nominated Secretary – moved by *Dr. Gordon Hensel*, seconded by *Dr. Léo Breton*.

The motions were all carried unanimously following separate votes.

### **5.1. Report from the Executive Director**

Dr. Paul Chris presented his written report to the meeting. There was a brief discussion about the details of a May 2017 tele-conference held by the Executive Committee. That tele-conference was not

formally recorded with minutes since the matters discussed in the meeting were included in Dr. Chris's report.

## **5.2. Finance – Revised Budget 2017-2018**

Dr. Paul Chris presented and discussed the revised budget for 2017-2018.

A motion was made to accept the budget.

*Motion moved by: Dr. Gordon Hensel  
Seconded by: Dr. Pooya Hemami  
Motion carried*

## **5.3. FORAC Member Payments 2015-2018**

Dr. Paul Chris presented a review of the FORAC Member Payments over the past three years as a lead-in to the discussion on clarifying membership dues payments.

## **5.4. Funding Formula Review – Motion to clarify Dues Payment Date**

With the requirement for \$80,000 - \$90,000 per year to fund FORAC administrative duties and needs, yearly membership dues payments will be necessary.

A motion was made to collect membership fees on a yearly basis.

*Motion moved by: Dr. Léo Breton  
Seconded by: Dr. Gordon Hensel  
Motion carried*

A motion was made to base provincial membership numbers on the number of optometrists registered in a province, for the purpose of dues payable, as January 1<sup>st</sup> of each year.

*Motion moved by: Dr. Sheldon Pothier  
Seconded by: Dr. Gordon Hensel  
Motion carried*

A motion was made to make dues payable by April 2<sup>nd</sup> of each year.

*Motion moved by: Dr. Gordon Hensel  
Seconded by: Dr. Pooya Hemami  
Motion carried*

A motion was made to approve the present funding formula.

*Motion moved by: Dr. Gordon Hensel  
Seconded by: Dr. Louiselle St. Amand  
Motion carried*

A discussion to review the funding formula was held and it was decided that a committee including Dr. Gordon Hensel, Dr. Robin Simpson and Dr. Lorne Ryall will bring forward at the FORAC meeting on January 27, 2018 recommendations to accept or modify the existing funding formula for future years.

## **6. Optometric regulatory affairs**

## **6.1. OEBC report**

Ms. Tami Hynes and Dr. Carolyn Acorn presented the OEBC report that was included in the meeting book.

### **6.1.1. Letter to OEBC from FORAC (March 18, 2017)**

### **6.1.2. Email from OEBC to FORAC re: Mar 18, 2017 Letter (May 2, 2017)**

These letters were presented for information as they had previously been circulated. No discussion was held.

### **6.1.3. Assessment of Entry Level Knowledge Skills and Competencies Discussion Paper**

Dr. Gordon Hensel presented this paper to the directors. Discussion was deferred until Ontario had an opportunity to present relevant information to the directors. The document was tabled until 1:00PM at which time the meeting would go *in camera*.

## **6.2. BC Standards of Practice – Presentation by David Cane (11AM – 12PM)**

On May 29, 2017 the Board of the College of Optometrists of British Columbia approved, in principle, new Standards of Practice, intended to form an optimum framework for optometry practice and for their core regulatory functions. The BC College is asking that any comments concerning the proposed Standards be sent to the College no later than October 15, 2017.

Dr. David Cane gave a presentation: *A Framework for Competence across the Career Span* discussing the development of the proposed new BC College Standards of Practice.

“Take-Aways” from Dr. Cane’s talk as indicated in his presentation notes were:

- Competence is developmental, impermanent and context-dependent
- At Entry-to-Practice (EtP) registrants are novices; development to mature practice is in the public interest and should be encouraged / expected
- Performance-based career-span competencies (CSCs) can be written in broad, inclusive terms that apply across practice settings
- QA assessment of CSCs parallel EtP assessment of EtP competencies
- CSCs form a comprehensive, balanced framework for standards of practice

*The meeting broke for lunch at 12:00PM following Dr. Cane’s presentation.*

*Following lunch there was a one hour in camera session to discuss the details of the Touchstone Institute’s proposal, as brought forward by Ontario, to deliver a new national Entry-to-Practice examination.*

A motion was made to go *in camera* at 1:00PM

*Motion moved by: Dr. Pooya Hemami*

*Seconded by: Dr. Gordon Hensel*

*Motion carried*

*The meeting resumed at 2:00PM*

## **6.3. Assessment of International Applicants**

### **6.3.1. Credentialing Administrative Assistant/COEC report**

This report was included in the meeting book. Ms. Jamie-Lee Robinson addressed several questions about the report. Ms. Robinson advised the directors of a request for a wording change to the Canadian Optometric Evaluation Committee (COEC) Policy Manual referenced in her report.

According to the COEC Policy Manual on page 35, an applicant who has not completed three years of full time University studies in science can instead complete “a 4-year optometry degree followed by three years of optometric work experience outside Canada”. The COEC suggested that the wording be changed to “a 4-year optometry degree followed by three years of full-time work experience as a licenced Optometrist providing direct patient care.”

The COEC believes that this wording will clearly indicate what is required of applicants submitting work experience in lieu of undergraduate studies.

A motion was made to accept the change in wording in the COEC Policy Manual on page 35.

*Motion moved by: Dr. Louiselle St. Amand*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

### **6.3.2. Credentialing Policy Manual Revised August 2017 DRAFT**

A draft of the COEC Policy Manual was included in the meeting book highlighting necessary changes to keep up with name changes such as the OEBC and the IGOEE (to replace CEO and PLAR.) There was no voiced objection to the changes.

### **6.3.3. Touchstone Institute report on the Evaluating Exam (IGOEE)**

This report was included in the briefing book. There were no motions made concerning this report.

### **6.3.4. International Optometric Bridging Program (IOBP) report**

This report was included in the meeting book. Dr. Jenna Bright addressed several questions about the report and provided a brief update to the report. Following the recent 2017 administrations of the IGOEE, there are 3 applicants who can go directly to challenge the OEBC exam, 6 applicants who are eligible to enter the Bridging 1 program and 52-63 who are eligible to enter the Bridging 2 program. Dr. Bright indicated that there would be no Bridging 1 program offered in 2018. The Bridging 2 program would have 18 spots available for 2018.

Dr. Bright discussed the development of an optometry specific language assessment, the Optometric English Language Proficiency Exam (OELPE). It was felt by FORAC that this OELPE should be part of the credentialing process and administered prior to the IGOEE.

FORAC expressed support for the idea of imbedding the IOBP in the Doctor of Optometry program so that IGOs would receive an OD degree.

Dr. Bright requested that FORAC provide a letter to be sent to Aston College to address on-going concerns about inaccuracies presented on the Aston University's website. FORAC will work with the IOBP to address these concerns.

Dr. Bright also asked FORAC to provide a letter in support of a possible final grant application for the IOBP as it moves forward to become self-sufficient.

#### **6.3.4.1. Letter to FORAC from Dr. Murray Turnour (February 14, 2017)**

### 6.3.4.2. Letter to Dr. Murray Turnour from FORAC (March 24, 2017)

These letters, previously circulated, were presented for information.

## 6.4. FORAC-FAROC Governance Committee Reports

### 6.4.1. FORAC-FAROC Governance Committee Report Sept 2017

Dr. Gordon Hensel presented the Governance Committee Report. Several changes were recommended to the Policy Manual.

The following motions were made:

To delete GP8 and GP9 in the FORAC-FAROC Policy Manual and integrate the responsibilities and activities of the Secretary and Treasurer positions (as previously listed in GP8 and GP9) into ED2.

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Louiselle St. Amand*  
*Motion carried*

To re-number the previous GP10 as GP8

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Léo Breton*  
*Motion carried*

To amend E2 by deleting the sentence “Specifically, FORAC-FAROC is committed to discussion, adoption, support and enforcement of:” and replace with: “Specifically, FORAC-FAROC is committed to the discussion and support of our Members development, adoption and enforcement of:”

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Pooya Hemami*  
*Motion carried*

To amend ED3 by adding the following 3rd point – c) A FORAC-FAROC Strategic Plan will be produced following the September AGM (and possible Strategic Planning Session) and reviewed at the January meeting.

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Justin Boulay*  
*Motion carried*

To amend GP5 by deleting “Representative” in the (a) bullet and replacing with “Delegate”

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Pooya Hemami*  
*Motion carried*

To amend C1 by changing (a) to read: The Executive Committee shall: a) Be comprised of the President, Vice-President and two (2) provincial Directors as Members at Large. The Board may appoint, by Special Resolution, other individuals to be additional Executive Committee members.

*Motion moved by: Dr. Gordon Hensel*  
*Seconded by: Dr. Robin Simpson*

*Motion carried*

To amend GP10 by deleting Canadian Examiners in Optometry (CEO), add Optometry Examining Board of Canada (OEBC) and rearrange the organizations alphabetically

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

Following the adoption of these changes to the Policy Manual, the election of the Executive Committee was revisited in order to elect two provincial Directors as Members at Large.

Dr. Robin Simpson and Dr. Justin Boulay were nominated.

A motion was made to accept their nomination as new members of the Executive Committee to replace Dr. Paula Garshowitz (Treasurer) and Mr. Marco Laverdière (Secretary.)

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

Mr. Marco Laverdière discussed the need change the Bylaws to delete sections 5.2.3 and 5.2.4 which refer to the positions of Secretary and Treasurer.

A motion was made to amend the Bylaws to delete sections 5.2.3 and 5.2.4.

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Léo Breton*

*Motion carried*

#### **6.4.2. FORAC-FAROC Policy Manual Sept 2017**

The Policy Manual was provided for context to the previous discussion.

#### **6.4.3. Policy Governance Backgrounder Sept 2017**

This document was reviewed for information.

#### **6.4.4. Human Resources Manual Development Proposal**

A proposal was presented to the Federation of Optometric Regulatory Authorities of Canada (FORAC) to develop a comprehensive Human Resources Policy and Procedures Manual as required by the Policy Manual.

A motion was made to accept the proposal.

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

### **6.5. Specialties in Optometry – Report from the Working Group**

#### **6.5.1. FORAC Specializations in Optometry Committee Report**



The report of the Specializations in Optometry Committee which was included in the meeting book was reviewed and discussed.

A motion was made to accept the report.

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Léo Breton*

*Motion carried*

**6.5.2. ASCO/AAO Sub-specialization in Optometry Working Group Final Report**

**6.5.3. Quebec Legal Environment for Specialties**

These documents were provided for context to the previous discussion.

**6.6. Quality Assessment requirements – Report from the Working Group**

No report was provided for this meeting.

**6.7. Position on Stand Alone Refraction – Update from CORA Position**

This item was brought forward in order to update it in the context of the new FORAC organization. It was felt that with the growing number of on-line “refraction” sites that an updated position on stand-alone refraction was appropriate. The Position Statement Committee consisting of Dr. Mark Burke and Dr. Sheldon Pothier would look into this and report back at the next meeting.

**6.8. Informed Consent – COA Article**

A brief discussion about informed consent was held. Further discussion will be held at the next meeting.

**6.9. Diofluor Fluorescein Strip Shortage – COS/CAEP/CAO Letter Aug 2017**

The shortage of fluorescein strips was discussed along with the letter sent to Joan Blakley, Senior Consultant, Manitoba Health, by the COS, CAEP and CAO.

A motion was made that FORAC send a letter to Health Canada to change the classification of fluorescein, rose bengal and lissamine green from “drug” to “medical device.”

*Motion moved by: Dr. Léo Breton*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

**6.10. NAFTA/ALENA issues pertaining to student access to US**

Concerns about students travelling to the US were discussed in the context of provision in the NAFTA/ALENA regulations. It was suggested that both schools work together to get optometry included in NAFTA/ALENA negotiations.

A motion was made to direct the two schools to act on this on behalf of FORAC.

*Motion moved by: Dr. Léo Breton*

*Seconded by: Dr. Louiselle St. Amand*

*Motion carried*

**7. Provincial Reports - Update on provincial regulatory affairs**

A brief review of the Provincial Reports that were included in the meeting book was held.

**8. Time and location of the next meeting:** Ottawa, January 27, 2018 (in conjunction with OLF)

**Possible third yearly meeting in Toronto in May - Discussion and motion required**

It was decided that a third meeting would be too financially burdensome for some Colleges and so FORAC will continue with two yearly in person meetings.

**Time and location of next AGM: Saturday, September 8, 2018 in St. John, NB.**

A motion was made to make the second Saturday in September the date of the Annual General Meeting and Board of Directors Meeting.

*Motion moved by: Dr. Leland Kolbenson  
Seconded by: Dr. Louiselle St. Amand  
Motion carried*

A motion was made to close the meeting at 4:30PM

*Motion moved by: Dr. Leland Kolbenson  
Seconded by: Dr. Louiselle St. Amand  
Motion carried*

MINUTES APPROVED JANUARY 27, 2018



Dr. Leland Kolbenson, President

**FEDERATION OF OPTOMETRIC REGULATORY  
AUTHORITIES OF CANADA (FORAC)**

**FÉDÉRATION DES AUTORITÉS RÉGLEMENTAIRES  
EN OPTOMÉTRIE DU CANADA (FAROC)**

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**Board of Directors Special Meeting  
November 24, 2017 7:00PM**

**TORONTO AIRPORT MARRIOTT HOTEL, TORONTO, ONTARIO**

**1. Call to order and attendance**

The meeting was called to order by the meeting chair, Dr. Leland Kolbenson. He welcomed Dr. Kelly Bowes as the representative from PEI and as the new PEI College Registrar starting January 1, 2018.

There was a quorum for the meeting. In attendance were:

**Member Delegates:**

*Dr. Leland Kolbenson, Saskatchewan Association of Optometrists (SAO), President and member of the Executive Committee*

*Dr. Louiselle St. Amand, New Brunswick Association of Optometrists (NBAO), Vice-President and member of the Executive Committee*

*Dr. Gordon Hensel, Alberta College of Optometry (ACO)*

*Dr. Lorne Ryall, Manitoba Association of Optometrists (MAO)*

*Dr. Robin Simpson, College of Optometry of British Columbia (COBC)*

*Dr. Paula Garshowitz, College of Optometrists of Ontario (Ontario College)*

*Dr. Justin Boulay, Newfoundland and Labrador College of Optometrists (NLCO)*

*Dr. Sheldon Pothier, Nova Scotia College of Optometrists (NSCO)*

*Dr. Kelly Bowes, Prince Edward Island College of Optometrists (PEICO)*

*Absent: Dr. Léo Breton, Ordre des optométristes du Québec (OOQ)*

*Dr. Pooya Hemami, College of Optometrists of Ontario (Ontario College)*

*Dr. Mark Burke, Prince Edward Island College of Optometrists (PEICO)*

*Dr. Paula Garshowitz was representing Ontario in the absence of Dr. Hemami*

*Dr. Kelly Bowes was representing PEI in the absence of Dr. Burke*

**FORAC Staff:**

*Dr. Paul Chris, Executive Director, Federation of Optometric Regulatory Authorities of Canada (FORAC)*

**2. Adoption of agenda**

A motion was made to accept the agenda as presented above:

*Motion moved by: Dr. Louiselle St. Amand*

*Seconded by: Dr. Gord Hensel*

*Motion carried*

**3. Prior meeting minutes**

A review of the minutes of the prior meeting (September 9, 2017) was deferred until the next FORAC meeting on January 27, 2018 in Ottawa.

#### **4. Discussion of OEBC Entry-to-Practice Exam**

##### **4.1. Summary of the Composition of Several Examining Boards – Ontario College Document**

A document prepared by the Ontario College was reviewed. This document contained information showing that: *“Professions such as medicine, dentistry, and pharmacy in Canada have examining boards where the regulatory bodies have oversight over the examinations. Similarly, the National Board of Examiners in Optometry (NBEO) has a board of directors with oversight over the NBEO exam. In all of the above instances, the regulatory bodies directly appoint or represent the majority of the board members of these examining bodies.”* The document contained a summary of the composition of several examining boards.

##### **4.2. Proposed MOU for OEBC Members Nov 2017**

A proposed Memorandum of Understanding was reviewed. This MOU was designed to obtain a commitment from all regulators to work towards one Canadian entry-to-practice exam delivered by OEBC with effective and appropriate oversight. A consensus was reached to withdraw the MOU as it was seen to be unsupportable in its current form.

##### **4.3. Proposed Motions for OEBC Special Meeting of the Members Nov 2017**

A series of motions for the OEBC members meeting were reviewed. Because the MOU was withdrawn, the motions were discussed but not moved.

##### **4.4. Email response from Quebec (Dr. L. Breton)**

##### **4.5. Email response from Ontario (Dr. P. Hemami)**

Emails from Quebec and Ontario were considered for discussion.

#### **5. BC Concerns with cancellation of Bridging One**

This discussion was deferred until the next FORAC meeting on January 27, 2018 in Ottawa.

*Dr. Chris left the meeting.*

#### **6. Renewal of Executive Director Contract 2018-2019**

The directors of FORAC reviewed a proposed 2 year contract for Dr. Chris to continue to provide his services as Executive Director to FORAC as an independent contractor. This review was held *in camera* with Dr. Chris absent from the discussions. The directors approved the 2 year contract starting January 1, 2018 and ending December 31, 2019.

*Dr. Chris returned to the meeting.*

Dr. Chris was congratulated on the renewal of his contract for the coming two year period.

#### **7. Adjournment of meeting**

A motion was made to close the meeting at 9:30PM

*Motion moved by: Dr. Leland Kolbenson*

*Seconded by: Dr. Louiselle St. Amand  
Motion carried*

The meeting was adjourned.

MINUTES APPROVED JANUARY 27, 2018

A handwritten signature in black ink, appearing to read "L. Kolbenson". The signature is written in a cursive style with a large initial "L" and a distinct "K".

Dr. Leland Kolbenson, President

**FEDERATION OF OPTOMETRIC REGULATORY  
AUTHORITIES OF CANADA (FORAC)**

**FÉDÉRATION DES AUTORITÉS RÉGLEMENTAIRES  
EN OPTOMÉTRIE DU CANADA (FAROC)**

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**Minutes of Board of Directors Meeting  
January 27, 2018 9:00AM**

**ANDAZ BYWARD MARKET HYATT HOTEL, OTTAWA, ONTARIO**

**1. Call to order and attendance**

The meeting was called to order by the meeting chair, Dr. Leland Kolbenson.

There was a quorum for the meeting. In attendance were:

**Member Delegates:**

*Dr. Leland Kolbenson, Saskatchewan Association of Optometrists (SAO), President\**  
*Dr. Louiselle St. Amand, New Brunswick Association of Optometrists (NBAO), Vice-President\**  
*Dr. Justin Boulay, Newfoundland and Labrador College of Optometrists (NLCO)\**  
*Dr. Robin Simpson, College of Optometry of British Columbia (COBC)\**  
*Dr. Gordon Hensel, Alberta College of Optometry (ACO)*  
*Dr. Lorne Ryall, Manitoba Association of Optometrists (MAO)*  
*Dr. Pooya Hemami, College of Optometrists of Ontario (Ontario College)*  
*Dr. Léo Breton, Ordre des optométristes du Québec (OOQ)*  
*Dr. Sheldon Pothier, Nova Scotia College of Optometrists (NSCO)*  
*Dr. Kelly Bowes, Prince Edward Island College of Optometrists (PEICO)*  
*\*Member of Executive Committee*

**Assistants to directors:**

*Dr. Paula Garshowitz, College of Optometrists of Ontario (Ontario College),*  
*Mr. Marco Laverdière, Ordre des optométristes du Québec (OOQ)*  
*Ms. Stanka Jovicevic, College of Optometry of British Columbia (COBC)*

**Observers:**

*Dr. James Thompson, Alberta College of Optometry (ACO)*  
*Dr. Nasir Khan, Alberta College of Optometry (ACO)*  
*Dr. Cheryl Bayer, Manitoba Association of Optometrists (MAO)*  
*Dr. Patrick Quaid, College of Optometrists of Ontario (Ontario College)*  
*Ms. Hanan Jibry, College of Optometrists of Ontario (Ontario College)*  
*Dr. Michael Nelson, Canadian Association of Optometrists (CAO)*  
*Dr. Christian Casanova, École d'optométrie de l'Université de Montréal (ÉOUM)*  
*Dr. Stanley Woo, University of Waterloo, School of Optometry & Vision Science (WOVS)*  
*Dr. Jenna Bright, International Optometric Bridging Program (IOBP)*  
*Ms. Tami Hynes, Optometry Examining Board of Canada (OEBC)*  
*Dr. Carolyn Acorn, Optometry Examining Board of Canada (OEBC)*  
*Dr. Abraham Yuen, Canadian Association of Optometry Students (CAOS)*  
*Ms. Uyen Nguyen, Canadian Association of Optometry Students (CAOS)*

## **FORAC Staff:**

*Dr. Paul Chris, Executive Director, Federation of Optometric Regulatory Authorities of Canada (FORAC)*

*Ms. Jamie-Lee Robinson, Credentialing Administrative Assistant, Federation of Optometric Regulatory Authorities of Canada (FORAC)*

## **2. Adoption of agenda**

Dr. Paul Chris introduced two (2) items to be added to the agenda:

6.7. Culturally Competent Care – FORAC Standard of Practice

6.8. Interprovincial Delivery of Vision Care Services to Indigenous Communities

A motion was made to accept the agenda with the addition of these two (2) items.

*Motion moved by: Dr. Gordon Hensel*

*Seconded by: Dr. Pooya Hemami*

*Motion carried*

## **3. Prior meeting minutes**

A motion was made to approve the minutes of the FORAC Board of Directors meeting of September 9, 2017 (Calgary, AB)

*Motion moved by: Dr. Robin Simpson*

*Seconded by: Dr. Louiselle St. Amand*

*Motion carried*

A motion was made to approve the minutes of the FORAC Board of Directors meeting of November 24, 2017 (Toronto, ON)

*Motion moved by: Dr. Louiselle St. Amand*

*Seconded by: Dr. Kelly Bowes*

*Motion carried*

*(Dr. Hemami and Dr. Breton abstained from this vote as they were absent from the meeting)*

It is agreed that FORAC approved minutes can be circulated to members' respective Boards and/or Councils.

## **4. Observer reports**

### **4.1. Canadian Association of Optometrists – Association canadienne des optométristes (CAO-ACO)**

Dr. Michael Nelson presented the written report of the CAO-ACO. The report focussed on a research project “*around data collection and defining a minimum data set for the profession.*” It included a proposal that the “*CAO and FORAC could undertake a joint project to identify the kind of data that each of the Colleges gathers and whether they might be willing to move to a common template for data collection, over time.*” It was proposed that a joint working group consisting of Dr. Michael Nelson, Dr. Louiselle St. Amand and Dr. Paul Chris be formed to work on this project.

A motion was made to approve the formation of this CAO/FORAC working group.

*Motion moved by: Dr. Lorne Ryall*

Seconded by: Dr. Sheldon Pothier  
Motion carried

#### **4.2. University of Waterloo, School of Optometry and Vision Science (WOVS)**

Dr. Stan Woo presented the written report from the WOVS. He discussed the key issues and stated that: *“Interprofessional collaborative practice is key to optometry's role as a member of the primary care health team and patients' circle of care.”* His report referred to the use of the word “clerkship” instead of “externship” as the proper definition of the experience of 4<sup>th</sup> year student in their clinical rotations. He also addressed the need to partner *“with provincial associations and/or colleges to identify primary care practices that provide the full scope of optometric care.”*

#### **4.3. École d'optométrie de l'Université de Montréal (ÉOUM)**

Dr. Christian Casanova presented the written report from the ÉOUM. He gave an update on the new activities at the School of Optometry at the University of Montreal. The new competency-based optometry degree program will start in September 2018. With the preparatory first year being integrated into the curriculum, it will now be a five-year OD program.

#### **4.4. Canadian Association of Optometry Students (CAOS)**

Dr. Abraham Yuen, CAOS Advisory Board Member and Ms. Uyen Nguyen, CAOS President-elect gave a special presentation of the recent survey conducted by the Canadian Association of Optometry Students. The 11 question on-line survey *“was sent out to all Canadian OD students from University of Waterloo, University of Montreal, and US optometry schools to better understand student perspectives about the state of the optometric profession.”* Their results revealed that *“there is a large difference in average student debt between students studying in a Canadian optometry school compared to an American optometry school. The three most popular optometry practice modalities were partnered/group private practice, individual owner private practice, and large group practice. The three most influential factors in determining the students' preferred location to practice were: family, income potential, and their significant other. Lastly, the top three residencies students were interested in were: ocular disease, cornea & contact lens, and vision therapy & binocular vision. Overall, this survey can provide a better perspective on students' financial challenges, and their ambitions for practicing optometry.”*

They pointed out that there were presently 1,104 Canadian students presently enrolled in Canadian and US schools of which 564 were in the US. They expressed concerns that there are only eight (8) residency spots available in Canada.

Dr. Kolbenson thanked Dr. Yuen and Ms. Nguyen for their excellent presentation and commended the Canadian Association of Optometry Students for their work.

### **5. FORAC administrative affairs**

#### **5.1. Report from the Executive Director**

Dr. Chris presented his report which was included in the meeting book. It detailed activities completed since the September meeting. One item of significance was the filing of changes to the Bylaws to reflect the approved changes made at the September 2017 meeting.

##### **5.1.1. Bylaw Confirmation Filing - November 21, 2017**

This document was provided for information.



### **5.1.2. FORAC-FAROC Bylaws - November 21, 2017**

The amended FORAC-FAROC Bylaws were included in the meeting book for information.

### **5.1.3. Letter of support for IOBP - September 15, 2017**

A letter in support of the International Optometric Bridging Program's grant application for funding from the Ontario Bridge Training Programs was prepared and delivered to the Ministry of Citizenship and Immigration. It was included in the meeting book for information.

### **5.2. Finance – Budget Review and Status 2017-2018**

The budget and finances to date were discussed. A question was raised about the costs of the annual financial audit (\$7,500.00) in that it represents nearly ten percent of the overall yearly expenses. Dr. Chris explained that it was half of the amount charged in previous years. He would look into ways to reduce it even further and would report back at the next FORAC meeting in September 2018.

The budget line item about "Website translation and upgrade" was discussed. It was recommended that the directors review the current website content and format and recommend changes that might be necessary. Dr. Chris will work with Ms. Jamie-Lee Robinson on reviewing the website and making changes.

### **5.3. FORAC Member Payments 2018-2019**

Membership dues for 2018-2019 were reviewed and the directors were encouraged to meet the deadline for membership dues payment.

### **5.4. Funding Formula Review**

A Funding Formula Review document prepared by Dr. Simpson, Dr. Hensel and Dr. Ryall was provided for information and discussion about alternate proposals for funding FORAC. The major concern expressed about the current funding formula was that smaller jurisdictions have limited financial resources to cover the costs of attending FORAC meetings. A proposal with a fixed fee per provincial registrant (\$17) was brought forward with delegate meeting expenses then to be paid for by FORAC.

A comparison table (*Appendix B – Current & Projected Cost per Jurisdiction*) was included in the Funding Formula Review document but included HST payments for 2017 but not for 2018. This created some confusion in understanding the financial aspects of this option.

Following a discussion of the details of this alternative funding option, it was decided that the committee (Dr. Simpson, Dr. Hensel and Dr. Ryall) would review the proposal and bring it back to the next FORAC meeting in September 2018.

## **6. Optometric regulatory affairs**

### **6.1. OEBC report**

Ms. Tami Hynes and Dr. Carolyn Acorn presented the report from the OEBC. The report was included in the meeting book.

### **6.2. Assessment of International Applicants**

#### **6.2.1. Credentialing Administrative Assistant/COEC report**

Ms. Jamie-Lee Robinson presented her report to the FORAC directors. The report was included in the meeting book. Because of the smaller numbers of individuals applying for credential assessment from July 2017 to December 2017, it may be necessary to increase the credential assessment fees to cover the costs of the program. This will be reviewed at the next FORAC meeting in September 2018.

#### **6.2.1.1. Review of Credentialing Process/Applicant Guide**

The Applicant Guide for the credentialing process was provided for information to help clarify when/if an applicant could directly challenge the OEBC Entry-to-Practice exam following successful completion of the IGOEE. It was previously indicated that until there was a stand-alone TPA assessment component of the IGOEE, applicants could not directly challenge the OEBC Entry-to-Practice exam. The directors discussed that until such time as the drug prescribing (TPA) component is added to the IGOEE, all applicants who have successfully challenged IGOEE must complete the bridging program. This will ensure that all applicants have adequate training in prescribing drugs. Ontario asked FORAC to provide it with written clarification of this policy. Ontario agreed to follow up with a letter of confirmation.

#### **6.2.2. Touchstone Institute report on the Evaluating Exam (IGOEE)**

There was no new report to present. However, it was indicated that to date, thirty-three (33) people have registered to take the next sitting of the IGOEE.

#### **6.2.3. Optometric English Language Proficiency Exam (OELPE) update**

##### **6.2.3.1. TSIN Cover Letter**

##### **6.2.3.2. OELPE Report**

A written report on the Optometric English Language Proficiency Exam (OELPE) was presented to the FORAC directors from Ms. Andrea Strachan, Director, Touchstone Institute's Communication Program.

*"The Optometric English Language Proficiency Exam (OELPE) was designed to assess the English language proficiency of internationally graduated optometrists (IGOs) entering the International Optometric Bridging Program (IOBP) at the University of Waterloo. The test has demonstrated very positive results in its ability as an indicator of the language proficiency level needed for success within the program, which has led to a vision to adapt the tool for admissions decisions, a higher stakes use. Touchstone Institute's Communication Program, which specializes in the development and delivery of occupation-specific language and communication assessments for internationally educated health professionals, proposed that it would become the third party administrator of OELPE as an objective and valid examination of language proficiency."*

This test would replace the current methods of assessing English language proficiency and would go into effect in January 2019. A question was raised about whether this exam could be accessed remotely. Dr. Jenna Bright will follow up with the Touchstone Institute on this and report back at the next FORAC meeting. A motion to accept this test will be put forward at that next FORAC meeting in September.

#### **6.2.4. International Optometric Bridging Program (IOBP) report**

Dr. Jenna Bright presented the report of the International Optometric Bridging Program. She reported that the 2018 Bridging Two program will start on Monday February 5, 2018. Eighteen (18) students accepted offers of admission. She also indicated that there are 46 eligible candidates in the IOBP admissions pool and that 6 candidates have IGOEE results that expire this year. These eligible candidates are ranked internally by the IOBP. This ranking system is different from the ranking order

that is reported to IGOEE candidates by the Touchstone Institute through the Ontario College. The IOBP is requesting that *“Touchstone Institute/FORAC remove this rank order from the report as it causes a lot of confusion for candidates as this rank is not used by the IOBP for admissions decisions.”* The Touchstone Institute will be contacted and asked to make this change.

#### **6.2.4.1. Registration Flow Chart for International Graduates**

The Registration Flow Chart for International Graduates that appears on the FORAC website was included in the meeting book to illustrate changes that need to be made to update it. It was also suggested that the roles and responsibilities of each group in the credentialing-to-IOBP process be clearly identified and documented on the websites of all the parties involved. FORAC and IOBP staff will work together to resolve any outstanding confusion about their roles and responsibilities.

#### **6.2.4.2. BC Concerns with cancellation of Bridging One**

BC felt that their concerns had been addressed earlier in the meeting.

### **6.3. FORAC-FAROC Governance Committee Reports**

There was no new report from the Governance Committee.

#### **6.3.1. FORAC-FAROC Policy Manual - September 9, 2017**

The FORAC-FAROC Policy Manual was included in the meeting book for information following the changes made and approved at the September 9, 2017 meeting.

#### **6.3.2. Human Resources Manual Development Proposal**

#### **6.3.3. Human Resources Manual Development Contract**

Dr. Paul Chris reported that the development of the FORAC Human Resources Manual was proceeding according to the proposal and contract.

### **6.4. Position on Stand Alone Refraction – Report from the Working Group**

#### **6.4.1. 2005 CORA Position on Stand Alone Refraction**

#### **6.4.2. CAO Position Statement on Sight Testing 2013**

#### **6.4.3. AOA Statement on On-line “Exams”**

#### **6.4.4. AOA Telehealth Policy Statement**

A discussion was held about the need to review and modernize the *2005 CORA Position on Stand Alone Refraction*. That original document was included in the meeting book along with more recent statements and policies related to sight testing and refraction from other organizations. The working group of Dr. Sheldon Pothier, Dr. Kelly Bowes and Dr. Paula Garshowitz will continue this review and report back at the next FORAC meeting in September. Dr. Stan Woo will assist in research with this group.

### **6.5. Strategic Planning Discussion**

#### **6.5.1. Strategic Planning in Non-profit Organizations**

#### **6.5.2. Strategic Planning in Smaller Non-profit Organizations**

A discussion was held about the need for FORAC to develop a Strategic Plan. Two documents were included in the meeting book to help inform the process required for effective strategic planning. A

Strategic Plan Working Group was formed including Dr. Gord Hensel, Dr. Léo Breton and Dr. Paul Chris. The group will report back at the next FORAC meeting in September.

#### **6.6. Specialties in Optometry – Report from the Working Group**

No report was presented by the working group on Specialties in Optometry.

#### **6.7. Culturally Competent Care – FORAC Standard of Practice**

Dr. Paul Chris proposed that FORAC develop a national Standard of Practice to address the issue of understanding the many challenges associated with the delivery of eye and vision care services to patients with varied cultural backgrounds. Particular concern would be focussed on Canada's Indigenous peoples but is not limited to this cultural group. (The need for the delivery of culturally safe care in all health care settings was identified in the final report of the Truth and Reconciliation Commission of Canada.)

A working group was formed with Dr. Louiselle St. Amand, Dr. Paula Garshowitz, Dr. Jenna Bright and Dr. Paul Chris to research and develop a document on Culturally Competent Care. The group will report back at the next FORAC meeting in September.

#### **6.8. Interprovincial Delivery of Vision Care Services to Indigenous Communities**

Dr. Paul Chris proposed that the provincial regulators work in a positive way to identify and remove registration barriers to allow the interprovincial mobility of optometrists for the delivery of comprehensive eye care to Canada's Indigenous communities. This will dramatically increase the number of practitioners who would be available to provide vision care services to remote and/or underserved Indigenous communities.

It has been clearly noted that most residents of Indigenous communities have to travel away from their on-reserve homes in order to access vision care services. This creates a significant barrier for Canada's Indigenous peoples to access appropriate eye health care. By increasing the pool of available optometrists who can travel to and work in these communities, Indigenous Canadians will be able to receive comprehensive vision and eye health services in their home communities.

A working group was formed with Dr. Louiselle St. Amand, Dr. Paula Garshowitz and Dr. Paul Chris to research and develop a proposal to address this issue. The group will report back at the next FORAC meeting in September.

### **7. In Camera Session**

A motion was made to go *in camera* at 1:30PM

*Motion moved by: Dr. Pooya Hemami*

*Seconded by: Dr. Gordon Hensel*

*Motion carried*

A motion was made to go *out of camera* at 2:00PM

*Motion moved by: Dr. Pooya Hemami*

*Seconded by: Dr. Louiselle St. Amand*

*Motion carried*

The meeting resumed at 2:00PM

**8. Adjournment of Meeting**

A motion was made to close the meeting at 2:00PM

*Motion moved by: Dr. Leland Kolbenson  
Seconded by: Dr. Louiselle St. Amand  
Motion carried*

Date and location of the next meeting: Saturday, September 8, 2018; Saint John, NB.

Hilton Saint John  
1 Market Square,  
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MINUTES APPROVED MARCH 5, 2018 (*by unanimous email vote*)

It is agreed that FORAC approved minutes can be circulated to members' respective Boards and/or Councils.



Dr. Leland Kolbenson, President



# ONTARIO ASSOCIATION OF OPTOMETRISTS

February 15, 2018

Dr. Pooya Hemami  
President  
College of Optometrists of Ontario  
65 St. Clair Ave. East  
Toronto, ON M4T 2Y3

Dear Dr. Hemami,

On behalf of the Board of Directors of the Ontario Association of Optometrists, I would like to extend an invitation to you to bring greetings from the College to Ontario optometrists and optometric assistants on April 13, 2018, during OAO's President's Luncheon.

OAO is hosting its Annual Symposium at the Toronto Sheraton Centre in downtown Toronto. Symposium sees more than 350 optometrists and 85 optometric assistants gather for three days to learn about the latest in clinical and practice management from North American experts. Our President's Luncheon will afford members the opportunity to hear from OAO leadership about the work of the Association. It would be an ideal opportunity for members to also hear from the provincial regulatory body, and would suggest your remarks be about 10 minutes in length.

Here's hoping that you'll be able to join OAO this year.

Best regards,

Beth Witney  
Chief Executive Officer

Cc. Dr. Paula Garshowitz, Registrar

## Committee Activity Report

<b>Name of committee:</b>	<b>Patient Relations Committee</b>
<b>Reporting date:</b>	<b>March 27, 2018</b>
<b>Number of meetings in 2018:</b>	<b>None – first will be May 11, 2018</b>
<b>Number of meetings since last Council meeting:</b>	<b>None</b>

**Nature of items discussed/number of cases considered:**

The Committee will continue to consider and discuss the concept and definition of “patient,” the meaning of “patient–practitioner relationship,” and at what point such a relationship begins and ends.

We will also deal with any applications for funding submitted for review by patients alleging sexual abuse as outlined in the legislation.

The Committee will closely monitor any new regulations related to the *Protecting Patients Act* (formerly Bill 87).

**Activities undertaken including performance relative to strategic plan and actions directed by Council:**

**Recommendations to Council** (including rationale and impact on budget if appropriate):

Respectfully submitted:

Brian Rivait

Committee Chair

## Committee Activity Report

**Name of committee:** Quality Assurance Committee – QA Panel

**Reporting date:** March 28, 2018

**Number of meetings in 2018:** 1 in-person meeting

**Number of meetings since last Council meeting:** 1 in-person meeting

**Nature of items discussed/number of cases considered:**

1. QA assessor training
2. CE audits of the 2015–2017 CE cycle
3. SRA and CRA reviews and decisions
4. QA remedial programs

**Activities undertaken including performance relative to strategic plan and actions directed by Council:**

1. The Panel reviewed the second mandatory homework assignments completed by QA assessors and provided feedback to ensure standardization and quality of assessment reports.
2. One hundred percent (100%) audit of all members' CE credit hours for the past CE cycle (January 1, 2015–December 31, 2017) was performed. A total of 103 members were found to be deficient in CE hours (41 deficient by five CE hours or less; 62 deficient by more than five CE hours). Some members expressed that they actually have the CE hours, but the hours have not been uploaded to OE TRACKER yet. As the past cycle was the first time the College had used OE TRACKER to store and track CE credits, the Panel offered these members 30 days to update their OE TRACKER accounts to reflect that they had met their CE requirements. If members are still deficient after the deadline, then they would be required to undergo a practice assessment according to the College's Schedule of Fees and Penalties.
3. A total of 114 members (~5% of the total membership of the College) were randomly selected to undergo a detailed audit of all their CE credits for the 2015–2017 CE cycle. In the past, the professional members of the Panel performed the detailed audits and the audit results were then shared and discussed with the rest of the Panel at in-person meetings. Given the lengthy administrative and Panel time allocated for such reviews in the past, the Panel determined that the random CE audit for the 2015–2017 cycle will be conducted by ARBO. Since all members were required to upload all of their CE credits for the past cycle to OE TRACKER (which is administered by ARBO), QA staff will need only to provide ARBO with the list of randomly selected members, their OE TRACKER numbers, and detailed information on how to conduct the audit. This would allow the Panel to allocate time to more important matters of QA and public safety. QA staff and Dr. Paula Garshowitz have been in contact with ARBO, and the random CE audit will take place soon.
4. "Dr. David White's Workshop: Improve Your Recordkeeping" was held on December 15, 2017. The workshop was sold out with a total of 44 attendees. Following the workshop, a survey was sent out to participants for feedback on their learning experience. The Panel reviewed the survey results, which were very positive with a few recommendations for improvements. The



Panel considered adding a workshop component following the presentation where additional examples of anonymized patient records will be reviewed and discussed. The Panel will develop a plan to offer the recordkeeping course to future participants (e.g., how often and where the workshop will be offered, cost recoveries, etc.).

5. Summary of Panel decisions for SRA and CRA reviews:

- 15 members discharged
- 12 members discharged with reminders/recommendations
- 2 members required to respond to questions from the Panel
- 1 member escalated to CRA
- 3 members undergoing remediation (self-learning/coaching)

Respectfully submitted:

Mr. John Van Bastelaar

Chair, Quality Assurance Panel

## **Committee Activity Report**

**Name of committee:** QA – Clinical Practice Panel

**Reporting date:** March 27, 2018

**Number of meetings in 2018:** 1

**Number of meetings since last Council meeting:** 1

**Nature of items discussed/number of cases considered:**

The following OPR documents were reviewed:

- 4.1 Clinical Equipment
- 4.2 Required Clinical Information
- 4.5 Referrals
- 5.1 The Patient Record
- 6.5 Contact Lens Therapy

The Panel continued work on a draft OPR document, “The Management of Patients After Concussion.”

**Recommendations to Council** (including rationale and impact on budget if appropriate):

Motions regarding the Standards of Practice (SOP) for OPR 4.2 and 6.5 are provided separately.

Revisions to the Clinical Guidelines (CPG) for OPR 4.2 and 4.5 are included in the consent agenda for information.

Respectfully submitted:

Dennis Ruskin, OD

Committee Chair

## 4.2 Required Clinical Information

The provision of optometric care relies on acquiring, updating and maintaining a complement of information about each patient. Analysis of these data enables optometrists to develop an accurate understanding of the ocular status of patients and devise appropriate management plans. Standards relating to required clinical information are intended to ensure the provision of optimal and efficient patient care.

### Clinical Guideline

At specific assessment, consultation or emergency visits, where patients have not been directly referred but report being under the established care of another optometrist or ophthalmologist, optometrists should request confirmation of the care provided by the other practitioner(s). In all situations, clear and timely communication between practitioners ensures that patient care is optimized while duplication of testing is minimized.

Optometrists may choose to employ ancillary procedures in addition to those required to obtain the normal complement of required clinical information in order to enhance or refine a clinical diagnosis or management plan. This is particularly true when the rapid pace of scientific and technological advancement in equipment and instrumentation is considered (OPR 4.1). Examples of such procedures include, but are not limited to:

- fundus photography, ~~scanning laser polarimetry~~, optical coherence tomography, scanning laser ophthalmoscopy, and similar high-technology imaging/mapping systems;
- corneal topography;
- ophthalmic ultrasonography (A or B scan), ultrasound biomicroscopy;
- advanced refractive technologies (e.g. wavefront analysis, aberrometry, etc);
- visual electrophysiology (e.g. electroretinograms, visually evoked potentials, electro-oculograms).

While these procedures may contribute valuable information in the assessment of specific clinical presentations, optometrists are reminded that patients should not be required or coerced to undergo ancillary procedures. Prior informed consent is necessary.

## 4.5 Referrals

### Description

A referral is a request for consultation and/or the provision of treatment made to another regulated health professional when a patient requires care that exceeds the optometrist's scope of practice or ability.

### Clinical Guideline

When a referral letter has been written, it is appropriate in most cases to send a copy to the patient's primary healthcare provider.

Many consultants have printed material that includes ~~maps, directions, and~~ office policies. Making these available may be helpful to patients attending these appointments.

If the patient has a specific request regarding the choice of consultant, this request should be honoured where possible and/or appropriate.

## Quality Assurance Subcommittee Report

**Name of committee: Quality Assurance Subcommittee**

**Reporting date: March 28, 2018**

**Number of meetings in 2018: 1**

**Number of meetings since the last Council meeting: 1**

The Quality Assurance Subcommittee met for the first time on March 27, 2018.

**Development of Terms of Reference:** The proposed terms of reference were circulated prior to the meeting. The Subcommittee has made suggestions for additions and changes and will further review prior to approval.

**QA Review/Evaluations Conducted by Other Regulatory Bodies:** Prior to the meeting, staff contacted several health and non-health regulatory bodies who have undertaken similar projects. Five college representatives spoke with the Subcommittee regarding their experience embarking on recent QA Reviews/Program evaluations. The Subcommittee was provided with examples of different types of reviews, conducted both internally by College staff and externally via consultants.

**QA Program Review by External Consultant:** Following discussion with other colleges, the Subcommittee agreed that the evaluation of the College's QA program should be conducted by an external consultant.

Staff will draft a Request for Proposal (RFP) to assist the Subcommittee in identifying an external consultant that will be engaged to review the QA program.

Respectfully submitted:

Ellen Pekilis  
Committee Chair

## Committee Report to Council

### Inquires, Complaints and Reports Committee (ICRC)

*(ICRC sits as two independent Panels)*

<b>Reporting date:</b>	March 16, 2018
<b>Number of meetings in 2018:</b>	2 in-person Panel meetings (Including March 28 anticipated meeting) 1 in-person ICR Committee meeting (both Panels)
<b>Number of meetings since last Council meeting:</b>	3 in-person meetings

- The ICRC’s intention with this report is to provide Council with as much information as possible on the matters received and reviewed by the ICRC since the last Council report (December 20, 2017) without compromising the confidentiality of the process and the fairness owed to complainants and members of the College.
- This respect for confidentiality and fairness stems from Section 36 of the RHPA, which requires that *“every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person”* except in very limited, specific circumstances.
- For this reason, in this and other Committee reports, the ICRC simply cannot share specific details about the cases.

**Number of Cases:** cases reviewed by Panels and newly filed since December 20, 2017, the date of the last report to Council (some cases involve multiple allegations)

Type of Case	Number
Complaints	38
Registrar’s Reports	6
Incapacity Inquiries	0
<b>TOTAL CASES</b>	<b>44</b>
Nature of Allegations	Number
Unprofessional behaviour and/or communication	30
Related to eyeglass and/or contact lens prescription	5
Related to drug prescription	1
Quality of care	7
Failure to diagnose/misdiagnosis	7

Improper billing/fees	7
Breach of legislation	18
Improper delegation	4
Related to eyeglass and/or contact lens dispensing	4
Staff supervision	4
Conflict of interest	3
Failure to refer	4
Release of prescription/records	3
Advertising	2
Record keeping	1
Allegations of sexual nature	1
Lack of consent	1
Unnecessary/unsuccessful treatment	1

**Decisions Issued:**

<b>Complaints</b>	11
<b>Registrar's Reports</b>	3
<b>Incapacity Inquiries</b>	0
<b>TOTAL</b>	<b>14</b>

**Dispositions:** some cases may have multiple dispositions or involve multiple members

No further action	8
Advice or recommendation	4
Remedial agreement (educational activities)	–
Abuse of process (case closed)	–
Verbal caution	–
SCERP	1
Referral to Discipline Committee	1
Withdrawn	–
<b>TOTAL</b>	<b>14</b>

**HPARB Appeals:**

New appeals	2
Outstanding appeals to be heard	1
Appeals heard – decisions pending	4
<b>TOTAL APPEALS IN PROGRESS</b>	<b>7</b>
ICRC Decision confirmed – case closed	1

### **Activities undertaken including performance relative to strategic plan and actions directed by Council:**

The 2018 ICRC group meeting (both Panels) was held on February 12, 2018; an orientation was provided for both Panels. The Committee reviewed, discussed, and approved the launch of a pilot Alternative Dispute Resolution (ADR) project, which will be available as an alternative to complaints investigation. The Committee approved the accompanying ADR policy; a copy is enclosed with this report. The ADR project will be tested as a pilot in the coming weeks and months.

Both Panels have continued testing and suggesting revisions to improve the risk assessment framework (a tool that assists the Panels in consistently assessing risk and reaching appropriate, consistent decisions based on that assessment); this will likely continue indefinitely, as more and varied cases are considered.

In accordance with transparency requirements, one case that was deemed to pose moderate risk of harm to the public had a disposition (SCERP) published on the College's public register.

### **Recommendations to Council including rationale and impact on budget if appropriate:**

Background: The ICRC has been handling many complaints and Registrar's reports surrounding the Conflict of Interest (COI) Regulation. As Council members may remember, the Conflict of Interest provisions are in place to ensure patients receive high quality and ethical care from optometrists in all practice settings, from private, independent clinics to nationwide side-by-sides. The Conflict of Interest Regulation ensures that optometrists and their patients are not unduly influenced by commercial interests. It has become obvious to the ICRC, while conducting investigations into these matters, that members are not aware of, and not in compliance with, the Conflict of Interest Regulation as it is set out. The following are some examples of breaches:

- members have no independent contractor agreement in place in practice settings where one is required
- members do not have ownership (care custody and maintenance) of, and access to, their patient files; members are allowing patient files to be controlled by optical outlets where the examinations take place, which is in violation of the COI provisions
- members are not paying rent for their practice location as specified in the regulation, and
- members do not consider that they are responsible for the staff that represent them in commercial practice locations

The ICRC is of the view that, four years after the regulation came into effect, misunderstandings or lack of awareness of the details of the regulation is unacceptable and is, by definition, professional misconduct.

Recommendation: The ICRC feels that the membership would benefit from further education regarding the Conflict of Interest Regulation. The concerns should be written in plain language; the ICRC is willing to assist in drafting the communication. The ICRC recommends that a hard copy of this information be sent to the membership to ensure they receive it and read it.

Respectfully submitted,  
Dr. Annie Micucci, ICRC Chair



## Policy

<b>Type:</b>	Inquiries, Complaints & Reports Committee		
<b>Name:</b>	Alternative Dispute Resolution		
<b>Status:</b>	Approved (ICRC)	<b>Version:</b>	1
<b>Date Approved:</b>	February 21, 2018	<b>Date Revised:</b>	

### Purpose

The purpose of this policy is to describe the College of Optometrists of Ontario's Alternative Dispute Resolution (ADR) process and outline when ADR is suitable to resolve a complaint filed with the College.

### Introduction

Alternative Dispute Resolution (ADR) is an effective way to resolve complaints in a manner that:

- satisfies the complainant and the optometrist and;
- serves to protect the public interest.

Section 25.1(1) of the *Health Professions Procedural Code* (the Code) specifically allows for the use of an ADR process to resolve complaints, most commonly using tools including mediation.

The ADR process:

- provides both parties an informal, confidential space to discuss the matter openly without prejudice;
- allows both parties to discuss, in general terms, the standards of practice of the profession and in what circumstances the member may or may not have acted appropriately;
- gives the member constructive steps to:
  - prevent similar problems in the future; and
  - maintain the standards of the profession;
- promotes accountability on the part of the member;
- creates an opportunity for a mutually beneficial agreement to be reached; and
- allows the complainant to be directly involved in the resolution of the complaint.

The ADR process is **not**:

- mandatory,
- disciplinary or punitive in nature; or
- an investigation into the facts of the case.

## Criteria for Suitability

The ADR process is not suitable for every complaint filed with the College. After a complaint has been filed and confirmed with the College, the appropriate College staff, with approval from the Registrar, will determine if the matter appears suitable for ADR.

ADR **will not** be used if:

- a. The allegations involve sexual abuse as defined by section 1(3) of the Code.
- b. The optometrist has prior disciplinary history or a current discipline referral with the College or other regulatory body with which they are registered.
- c. The optometrist has prior complaint history recorded on the Public Register (SCERP, Verbal Caution, Undertaking).
- d. The optometrist has any current charges, existing conditions, terms, orders, directions or agreements and/or findings of guilt in respect of a federal, provincial or other offence recorded on the Public Register.
- e. The optometrist has, in the preceding 3 years, had complaint(s) of a similar nature filed with the College that were not referred to the Discipline Committee, but were considered by the Inquiries, Complaints and Reports Committee (ICRC).
- f. The optometrist has, in the preceding 3 years, participated in a settled ADR process with the College regarding a complaint.
- g. The optometrist is currently under investigation for any other issue, but the matter has not been decided by the ICRC.
- h. The optometrist has an interim order, made by the ICRC, suspending or imposing a term, condition, or limitation on their certificate of registration.
- i. The allegations involve:
  - o incapacity;
  - o physical, emotional, or financial abuse;<sup>1</sup>
  - o allegations involving fraud or significant and intentional dishonesty; or
  - o a vulnerable complainant.<sup>2</sup>
- j. The Registrar believes that public protection requires a formal investigation, either due to the circumstances of the complaint or the parties: in this case, ADR would be ineffective or not serve the public interest.

NOTE: Where a complaint raises certain issues that may be handled by the ADR process and other issues that are excluded, it is not possible to separate them: all the issues must be brought forward and dealt with by the ICRC through the formal investigation process.

## The ADR Process

After a complaint has been filed with the College, the following steps will occur:

1. The complaint will be assessed as to whether it is suitable for an ADR process (see criteria above).

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<sup>1</sup> A dispute over the billing may not constitute financial abuse and may be suitable for ADR. Financial abuse would be considered in a situation where the optometrist took advantage of the patient-practitioner relationship to influence a patient in their financial matters.

<sup>2</sup> By reasons related to age, handicap, illness, trauma, emotional state or similar causes.

2. If it appears suitable and is approved by the Registrar, the complainant will be contacted by the College to canvass their interest in taking part in an ADR process.
3. The optometrist will be notified about the complaint, as required by section 25(6) of the Code, and the College will also canvass their interest in taking part in ADR.
  - Both parties must voluntarily agree to participate in ADR.
4. If there is mutual agreement, the parties will begin discussions with an ADR facilitator.
5. There is no investigation on the facts of the case.
  - The optometrist, as a regulated health professional, respects the complainant's perspective and remains accountable for the care provided.
  - Optometrists are not expected to admit blame or wrongdoing, but to reflect on their practice and consider potential means to enhance it.
6. After the parties agree, the College's formal investigation process does not proceed and will only commence if the facilitator notifies the College that no settlement can be reached.
7. The facilitator is neutral, but can propose options, or advise when an option may be contrary to any governing legislation, such as the Code, or to the public interest.
8. The facilitator will update the College only on the status of the process.
  - The facilitator will not disclose the contents of any discussions to the College so as to maintain confidentiality.
9. The facilitator will have access to clinical or practice advice from the appropriate College advisor on staff.
  - Details of communication between a College advisor or, when appropriate, a clinical expert, and the facilitator will remain confidential.
10. The facilitator will ensure that both parties continue to voluntarily consent to be a part of the ADR process as they work towards a potential agreement.
11. The College and/or the facilitator may end the process if it is evident that either party is abusing the process and/or not acting in good faith.
12. The facilitator must disclose to the College any new concerns that are brought to light by either of the parties that would render the case not suitable for ADR (see criteria above).
13. Either party can withdraw from the ADR process at any time, at which point the formal investigation process will be initiated.
14. Time spent by a complainant and member in an ADR process shall not be included in the calculation of time for the disposal of a complaint, as is otherwise stipulated under section 28(1) of the Code.

### **Conclusion of ADR Process**

1. If an agreement is reached, it will be provided to the Registrar for approval. Alternatively, the Registrar can request that a panel of the Inquiries, Complaints and Reports Committee (ICRC) approve the agreement. Approval by either the Registrar or ICRC ensures that the agreement is not contrary to the College's mandate of public protection.
2. Once an agreement has been reached and accepted by both parties, it constitutes a full and final resolution to the matter. The complainant commits to not file the same complaint again.
3. If the member does not comply with any terms of the agreement, this may be grounds for a Registrar's investigation under section 75(1)(a) of the Code.
4. If no agreement is reached within 60 days, the facilitator must notify the College. The parties and the College may collectively agree to extend the ADR process for up to an additional 60 days.
5. If no settlement can be reached, the formal investigation process will be initiated.

## Confidentiality

- The process is confidential without prejudice.
- The facilitator and both parties will sign confidentiality agreements prior to the initial ADR meeting. These will be kept on file by College staff.
- ADR settlement agreements are not public and will not be considered in the assessment of future complaints or reports involving the member.
- Staff can only keep the following information in confidence:
  - a copy of the complaint;
  - signed confidentiality forms;
  - documentation related to consent for ADR;
  - the settlement agreement including the approval of the Registrar/ICRC; and
  - any information regarding the completion of terms in the agreement
    - The facilitator's notes will not be obtained by the College.
- The ADR facilitator will not take part in any subsequent investigation.
- Parties may not rely on information that was disclosed specifically for the purposes of the ADR process in any subsequent investigation.
- The facilitator will not be liable to any party or representative for any act or omission pertaining to an ADR process. The parties must agree that they will not invoke any legal process for the purpose of compelling the facilitator to produce any documents or to testify in any judicial forum concerning anything whatsoever about the mediation proceeding, nor to give evidence pertaining to any aspect of the proceeding.

## Committee Activity Report

**Name of committee:** Registration Committee

**Reporting date:** March 29, 2018

**Number of meetings in 2018:** one in-person and one via teleconference

**Number of meetings since last Council meeting:** one in-person Committee meeting (February 2, 2018) and one via teleconference (March 9, 2018)

**Nature of items discussed/number of cases considered:**

College staff continued its dialogue with each of the following stakeholders: The Federation of Optometric Regulatory Authorities of Canada (FORAC), Touchstone Institute, and the International Optometric Bridging Program (IOBP). Discussions with each of FORAC and Touchstone Institute were focused on streamlining the pre-registration process for international candidates.

A meeting was held on March 12, 2018, between College staff and Dr. Paul Chris and Ms. Jamie-Lee Robinson, to discuss transitioning the evaluating exam (IGOEE) result reporting processes to FORAC.

A meeting was also held on March 26, 2018 between the staff of the College, Touchstone Institute, and FORAC, to discuss the May 2018 IGOEE preparations. Touchstone Institute had pledged to administer the exam in May 2018 with the capacity to accommodate up to 48 candidates, and that if registration numbers exceeded 48, an additional administration might be opened in July 2018. It was reported by Touchstone Institute that out of approximately 50 referrals to challenge the exam, there had been only 39 registrations for the exam. In view of the decline in candidate referrals, Touchstone Institute staff proposed to cancel a tentative July 2018 exam administration and eliminate mention of the second 2018 exam administration on its website to encourage outstanding referred candidates to register for the May 2018 exam. It was agreed that this would be done with the condition that Touchstone Institute follow-up with the referred candidates who had not yet registered for the May 2018 exam. It was also agreed that, should similar exam referral and registration numbers be anticipated in future, there would be discussions about having only one exam administration annually.

Touchstone Institute also reported to College staff that the development of a therapeutic drug (TPA) separate component for the evaluating exam was proceeding well and on schedule, and that it was anticipated that this new exam component would be ready for administration by May 2019.

Regarding the Optometry Examining Board of Canada (OEBC), the Committee was forwarded the 2016–17 annual OEBC exam reports (please refer to Appendix A). The College is currently not proceeding with any of the proposals received for an alternative Canadian entry-to-practice exam and continues to work with the other regulators to find solutions related to OEBC.

A meeting has been set up between the Committee chair and staff and the IOBP director in June 2018 to discuss streamlining the pre-registration process for international candidates.

College staff has prepared a draft submission of the updated draft amendments to the Registration Regulation (O.Reg. 837/93) as amended under the *Optometry Act, 1991*. The updated draft

amendments are expected to be submitted to the Ministry of Health and Long-Term Care for approval by the April 9 Council meeting.

**Activities undertaken including performance relative to strategic plan and actions directed by Council:**

Please refer to the above.

Respectfully submitted,

Dr. Patrick Quaid, Optometrist  
Chair, Registration Committee

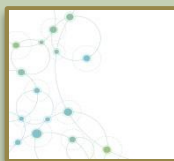
Encl.

Canadian Assessment of Competence in Optometry

# Summary Report 2016-17



**OUR VISION:** Be the recognized leader in competence assessments for optometry in Canada.



MESSAGE FROM  
OUR CEO



2016-17 ADMINISTRATION RESULTS



ASSESSING COMPETENCY  
WITH CONFIDENCE



## Report Purpose and Use

The annual exam report provides OEBC members and stakeholders, including the public, with information about the performance of the CACO exam. This is the final administration of the CACO exam, with its replacement by the OEBC exam. The reporting period is October 1 to May 30.

Optometry regulators rely on the CACO exam for the purpose of registration, i.e. that individuals who have passed the CACO exam have met the minimum required competence for registration to practice. This report including exam reliability statistics provides assurance to the regulatory bodies that they may rely on the CACO exam for the purpose intended. This report is presented to OEBC members and published on the OEBC website annually.

NB: Examination statistics in this report are approved by Martek Assessments Ltd. and OEBC's principal psychometrician A. Marini, PhD.





## What is OEBC?

The Optometry Examining Board of Canada (also called “OEBC”) is the national examining body for optometry incorporated as a not-for-profit corporation in 1995 as “Canadian Examiners in Optometry.” Its members are the ten provincial regulatory bodies of optometry in Canada who elect the board of directors of OEBC. The board governs the corporation and the CEO manages the operations.

OEBC’s vision is to be the recognized leader in competence assessments for Optometry in Canada. OEBC’s mission is to create and administer a legally valid and defensible examination to assess competence in the practice of optometry in Canada. OEBC’s values are a commitment to trust, integrity, transparency, engagement and responsibility. OEBC’s exam services and policies are described at [oebc.ca](http://oebc.ca).

Send communication inquiries to [exams@oebc.ca](mailto:exams@oebc.ca).



## A Message from our CEO

AT OEBC, our mission is to create and administer a legally valid and defensible examination to assess competence in the practice of Optometry in Canada. We have been busy this year, making several changes or enhancements at OEBC and its exam services, as we continue to implement OEBC’s 5-year strategic plan.

### New corporate name

A corporate name change from Canadian Examiners in Optometry to Optometry Examining Board of Canada was approved by the members in January and came into effect in March 2017. Our new name better signals the corporation’s national purpose and identity.

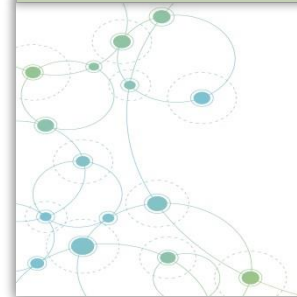
### New exam names

The exam is known now as OEBC exam with its two parts known as OEBC Written exam and OEBC OSCE. The company name changed mid-year and business was conducted under “CEO” until this time. All information in this report refers to OEBC.

### Transitioning from the CACO

In October 2016 OEBC offered the final administration of the Canadian Assessment of Competence in Optometry (CACO). OEBC administered the CACO one final time in May 2017 for retakes only. The CACO has been the entry exam since 2011, when it replaced the Canadian Standards Assessment in Optometry (CSAO).

**“Our mission is to create and administer a legally valid and defensible examination to assess competence in the practice of Optometry in Canada”**



### OEBC exam launch

In May 2017, OEBC launched the OEBC exam with a written exam and a practical exam (Objective Structured Clinical Exam, “OSCE”). OEBC updated the exam to reflect current optometry practice and to align with Canadian testing best practice, both competency-based assessment and adoption of the OSCE method for the practical exam. The exam assesses entry-level competencies in the OEBC exam blueprint with content and weightings derived directly from OEBC’s *National Competency Profile (May 2015)* (“NCP”). The NCP is published at [oebc.ca](http://oebc.ca)

### Competency article accepted

The Canadian Journal of Optometry has accepted an article describing the process that took place to develop the OEBC’s National Competency Profile for Entry-Level Optometry May 2015. Publication is expected in 2018.

### Online registration is here

OEBC introduced an online registration portal in order to make exam registration easier and to continue our organization’s efforts to automate manual processing. Online registration launched in June 2017 and accommodates all five eligibility paths in the Exam Eligibility & Retake policy. In May 2017, an announcement about the change, reason for the change, steps for candidates to follow and deadlines was posted online and sent to accredited optometry programs (Canada, US). Stakeholders are invited to refer to [oebc.ca](http://oebc.ca) for future updates including implementation of online results reporting for exam candidates.

“Online registration launched in June 2017 accommodates all five eligibility paths in the Exam Eligibility & Retake policy.”

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“Through my involvement I was able to enjoy daily practice at the office more as it kept me very current on practice standards.”  
— D. Lu, OD

Learn more about volunteer qualifications, training and continuing education credits [here](#).

## Updated Policies

Exam policies provide guidance and information to candidates for fairness and transparency. In June, OEBC published a new policy “Administration Dates, Location & Frequency” that gives information about why and how exam administration dates are set. In addition, OEBC updated the following policies and documents:

- Appeals policy – administrative updates
- CACO Eligibility & Reassessment Transitional Candidates – clarification for those attempting the OEBC exam in fall 2017 having previously attempted the CACO
- Publication of Results – the registration form now allows the OEBC office to verify a candidate’s pass/fail to FORAC, the Federation of Optometry Regulatory Authorities of Canada
- Fail report - OEBC provides a report to candidates who have not passed. The report reflects the new exam design and gives performance information for the practice areas in the blueprint.

OEBC continues to strive to set Canadian testing best practice standards that reflect current optometry practice. When we reach those goals, we are able to support each candidate with transparency and fairness.



Tami Hynes  
CEO

“OEBC published a new policy that gives information about why and how exam administration dates are set.”

OEBC exam policies are available in English and French at [oebc.ca](http://oebc.ca) under “Exam Policies.”

## What Has Changed in This Year's Report?

- There are two annual exam reports this year, one for the CACO and one for the OEBC Exam. The CACO report aggregates performance data for fall 2016 and spring 2017 reassessments and the OEBC Exam report aggregates performance data for fall 2016 CACO written and spring 2017 OEBC OSCE as well as the spring 2017 OEBC Exam (OSCE and written).
- This report is for the CACO Exam. OEBC returns to one annual exam report in 2017-18. OEBC continues to publish annual reports for the Canadian optometry education programs.

PURPOSE OF REPORT

WHAT IS OEBC

MESSAGE FROM OUR CEO

**2016-17 ADMINISTRATION RESULTS**

ASSESSING COMPETENCY WITH  
COMPETENCE

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“The opportunity to meet and discuss with colleagues keeps me up to date in my optometric knowledge.”

— *G. Raby, OD*

## 2016-17 CACO Administration Results

### 2016-17 CACO Exam Delivery

OEBC completed five administrations in two locations in this administration cycle. OEBC delivered three CACO administrations at the University of Waterloo School of Optometry and Vision Sciences. Another two administrations were held at the École d'optométrie de l'université de Montréal. CACO administrations were held:

- October 2016 CACO (written, skills) in Montreal
- October 2016 CACO (written components only) in Waterloo
- May 2017 CACO (written, skills) in Waterloo

PURPOSE OF REPORT

WHAT IS OEBC

MESSAGE FROM OUR CEO

**2016-17 ADMINISTRATION RESULTS**

ASSESSING COMPETENCY WITH  
COMPETENCE

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The total pass rate amalgamates Canadian, US and internationally-educated candidate performance and reflects the diversity of the subgroups.

## 2016-17 Exam Performance Highlights

### Candidates challenging the CACO

This administration cycle represents a transition period to the new OEBC examination. In total, 255 candidates were seen during the 2016-17 cycle, with 183 candidates sitting the new OEBC exam while 72 candidates sat CACO, the results of which are reported in this document.

### Pass rates

The CACO 2016-2017 Administrations Scorecard provides pass rates by candidate subgroup and by attempt. This year, the total pass rate was 69.4%, down 17.4% from 86.8% in the previous year. A number of factors contribute to this significant drop in pass rates. First, a high proportion of the candidates were in fact reassessment candidates with only 39 of the 72 being first time candidates, including only 1 first time Canadian trained candidate. Second, the dominant proportion of the candidate pool was made up of international candidates, 38 of 72, who typically reflect a lower pass rate for the CACO exam. Taken together, the demographic characteristics of this reporting period of the CACO are not representative of previous years.

PURPOSE OF REPORT

WHAT IS OEBC

MESSAGE FROM OUR CEO

**2016-17 ADMINISTRATION RESULTS**

ASSESSING COMPETENCY WITH  
COMPETENCE



## CACO Administrations Scorecard — 2016-17

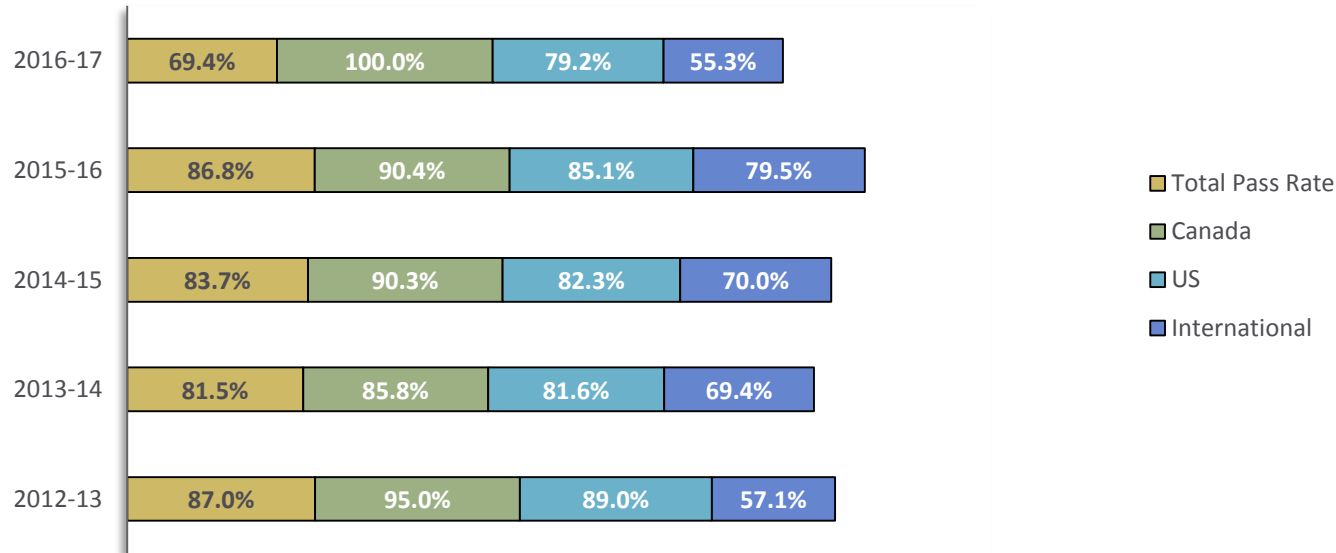
	Canadian				US				International				<i>Total Pass Rate (All groups in All attempts)</i>
	First Attempt	Second Attempt	Third Attempt	Total CDN	First Attempt	Second Attempt	Third Attempt	Total US	First Attempt	Second Attempt	Third Attempt	Total INT	
Pass Rate	0%	100%	N/A	100%	55.6%	64.7%	60.0%	79.2%	44.8%	53.3%	0%	55.3%	69.4%
Candidate Totals	0/1	10/10	0	10/10	5/9	11/17	3/5	19/24	13/29	8/15	0/2	21/38	50/72

*For the purposes of interpretation, note that the results of this report are a reflection of the status of a candidate at the end of this year's administration cycle (fall and spring). Therefore the report reflects a "candidate lifecycle", however a candidate's lifecycle can extend beyond one administration cycle (year). Third attempt candidates are always from a prior administration cycle. This year, a small number of candidates undertook two administrations. Second attempts within the reporting cycle typically involve international candidates, particularly if international candidates first attempt in the fall. Some candidates are counted as both first attempt and second attempt. For example, of the 15 international candidates who made a second attempt, 8 of these were part of the first attempt.*

A pass is conferred on a **candidate** when he/she meets or exceeds the minimum performance level for each of the CACO's components.



## CACO Candidate Performance – Five-year Pass Rates

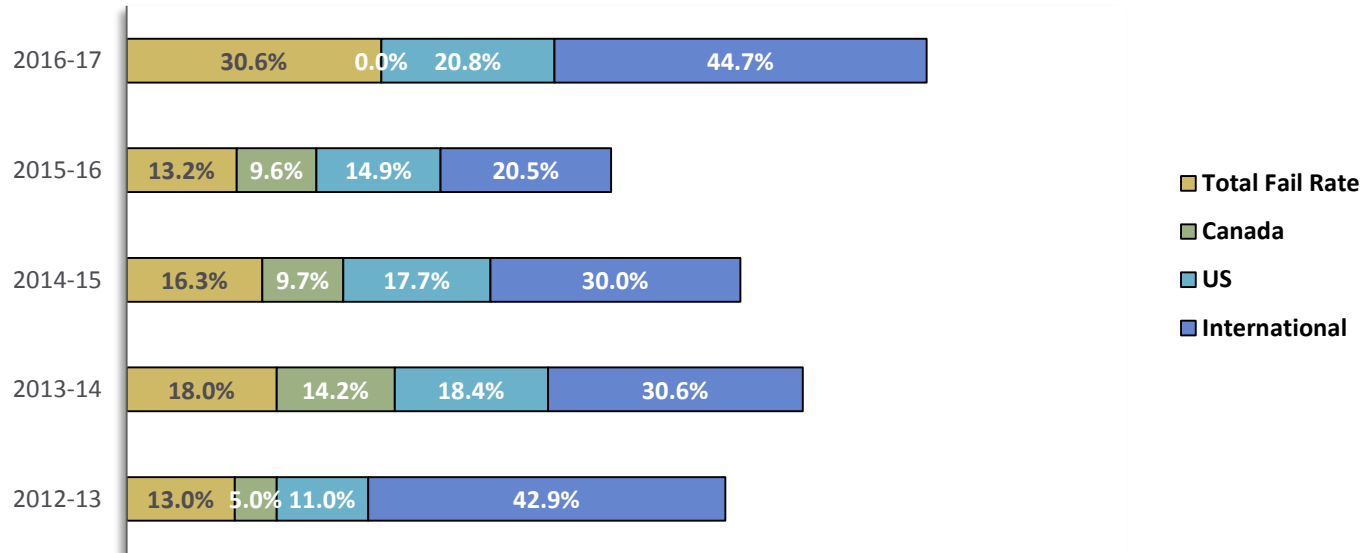


The reporting period is October 1 to September 30 for the past five examination years, starting 2012-13.

The data in the table presents pass rates collapsed across the three subgroups (Canadian-educated, US-educated and Internationally-educated) which make up the overall candidate pool. Given the diversity within and across the candidates, performance level for each of the three main subgroups is also reported.

“I found the workshop a very rewarding experience that allowed me to have a say in ensuring that the questions reflected current clinical experience.”  
— T. Wilbee, OD

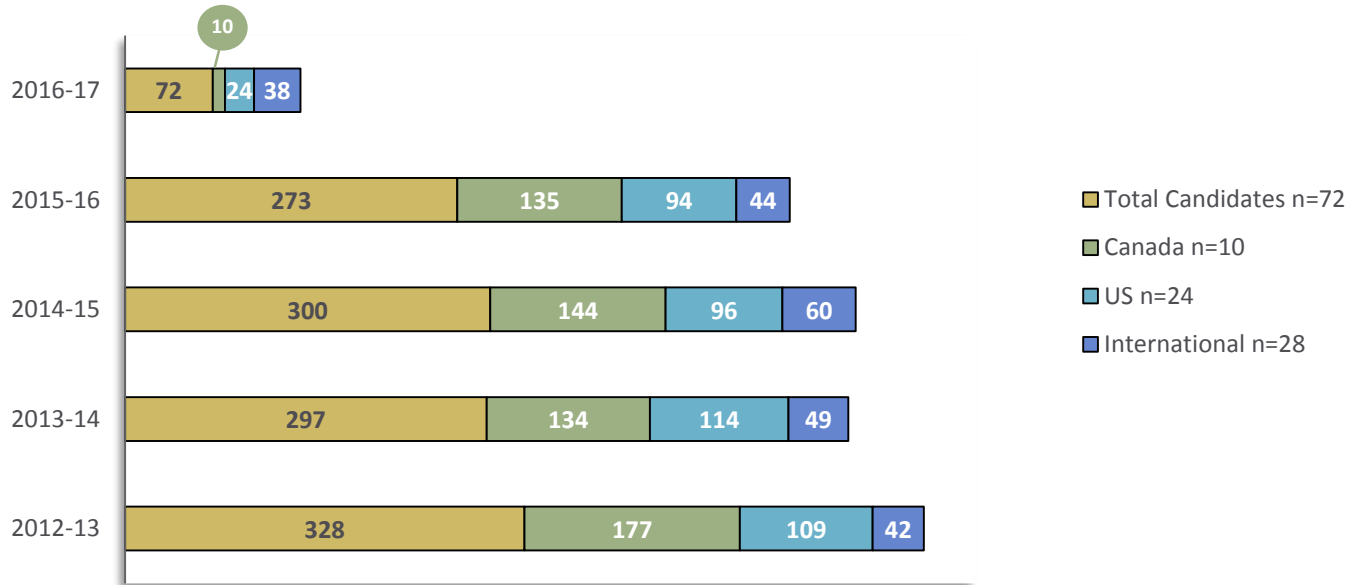
## CACO Candidate Performance – Five-year Fail Rates



“Optometrists should get involved in the exam because it's our profession and we need to make sure that it remains a profession with educational currency.”  
— T. McNab, OD

The reporting period is October 1 to September 30 for the past five examination years, starting 2012-13.

## CACO Candidates – Five-year Candidate Numbers Trend



The reporting period is October 1 to September 30 for the past five examination years, starting 2012-13 Note - Total Candidates does not include candidates who took the CACO written-only.

“I can see the importance of communication and participate in changes that advance our profession forward”  
— D. Monea, OD

## Understanding CACO Components

Component	Assesses	Competency assessed through...	To pass candidate must...
Ocular Therapeutics	<ul style="list-style-type: none"> <li>• General Microbiology</li> <li>• General Immunology</li> <li>• General Pharmacology</li> <li>• Ocular Pharmacology</li> <li>• Ocular Disease/Trauma</li> </ul>	A multiple-choice written exam based on 120 stand-alone test items.	<p>Meet or exceed the minimum level of performance as determined by members of the profession using the <b>Angoff cut-score setting method.</b></p>
Synthesis	<ul style="list-style-type: none"> <li>• Refractive conditions of the eye and their management</li> <li>• Accommodative conditions of the eye and vision system and their treatment and management</li> <li>• Oculomotor conditions of the eye and vision system and their treatment and management</li> <li>• Sensory–integrative conditions of the Eye and vision system and their treatment and management:</li> <li>• Ocular conditions</li> <li>• Systemic disease and its treatment and management</li> </ul>	A multiple-choice written exam based on 62 comprehensive cases with four test items per case.	
Clinical Skills as of April 2015	<p>Clinical Skills</p> <ol style="list-style-type: none"> <li>1. Visual Function</li> <li>2. Physical Examination</li> <li>3. Optometric Treatments</li> </ol>	Three, 45-minute performance-based clinical skills stations.	
	<p>Communication Skills</p> <ol style="list-style-type: none"> <li>1. Case History</li> <li>2. Communicating a Diagnosis</li> <li>3. Communicating a Treatment Plan</li> </ol>	Three, 10-minute performance based stations.	

“Through my involvement in writing cases for the exam I am contributing to the profession as well as challenging myself.”  
— S. Brooks, OD

## Exam Reliability by Component – 2016-17

Component	Administration October 2016	
	Alpha	K <sup>2</sup> (Livingston's Coefficient Kappa)
Ocular Therapeutics	.81	.95
Synthesis	.83	.97
Skills #1: Visual Function and Case History	.74	.98
Skills #2: Physical Examination and Communicating a Diagnosis	.80	.97
Skills #3: Optometric Treatments and Communicating a Treatment Plan	.76	.96

The Livingston coefficients in this table meet and exceed the generally expected level of .80 which demonstrates the reliability of our test measures.

Please note that Exam Reliabilities have not been reported for the May 2017 administration as all candidates were reassessment candidates.

Find out more about interpreting the numbers [here](#).

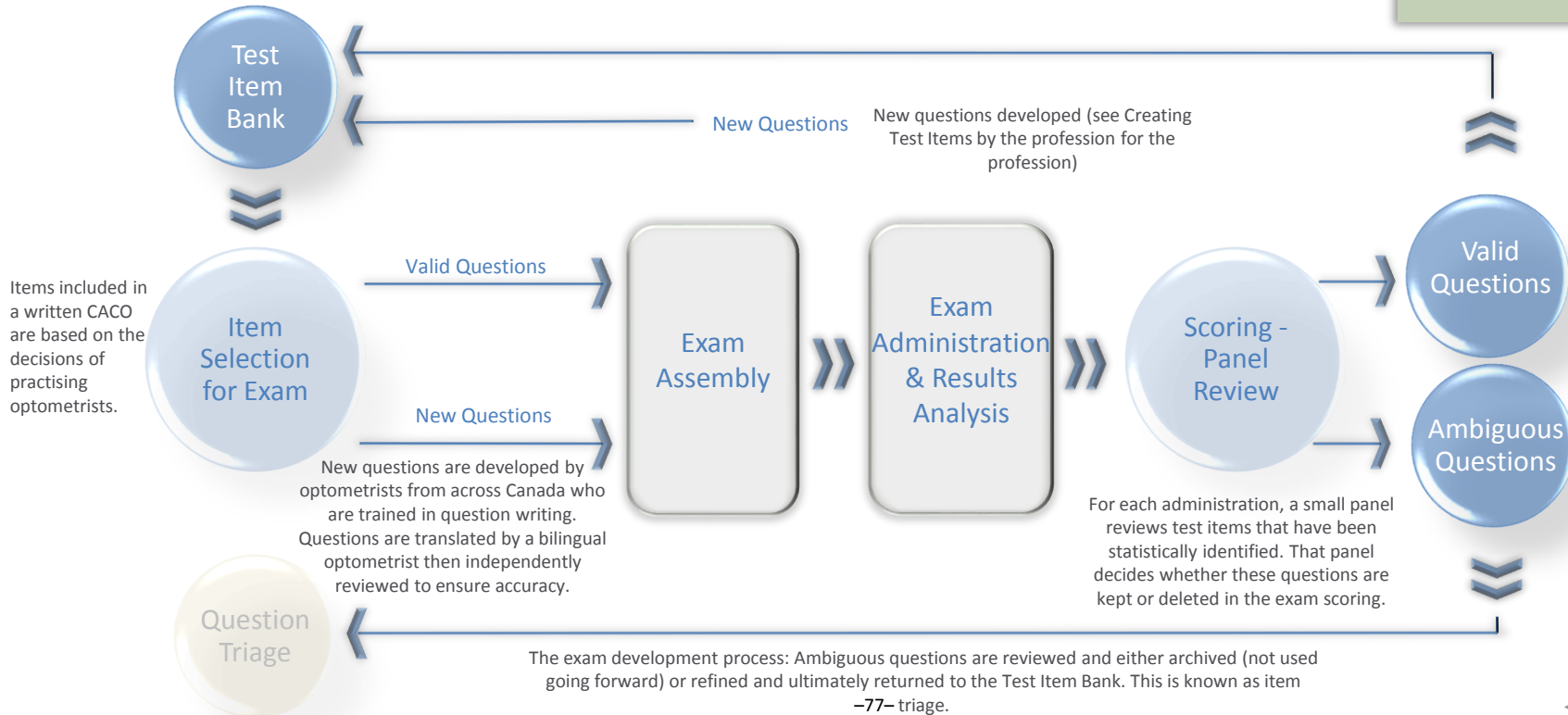
## Item Analysis and Scoring Changes – 2016-17

Component	Items Deleted from Scoring	Reason for Change
Ocular Therapeutics	October 2016- Two of 120 items or 1.7% May 2017 - Four of 120 items or 3.3%	Items are deleted if they fail to meet psychometric criteria. This may include items that have performance levels within acceptable difficulty levels or items failing to discriminate positively.
Synthesis	October 2016 - Seven of 248 items or 2.8% May 2017 – Seven of 248 items or 2.8%	
Clinical Skills	October 2016 – All items performed at the appropriate level and were included in scoring. May 2017 – All items performed at the appropriate level and were included in scoring.	

Following each exam administration, OEBC analyses items to ensure they perform in the anticipated manner.

Learn more about the process [here](#).

## Exam Development Process: Choosing and Using Test Items



## Exam Development Process: Creating Test Items

The content of the CACO is based on an exam blueprint. We create new items for the written exam. To create these items, our writers draw from content specifications in the CACO blueprint.

### CACO Blueprint

The CACO blueprint provides the foundation of the written and skills components of the CACO.

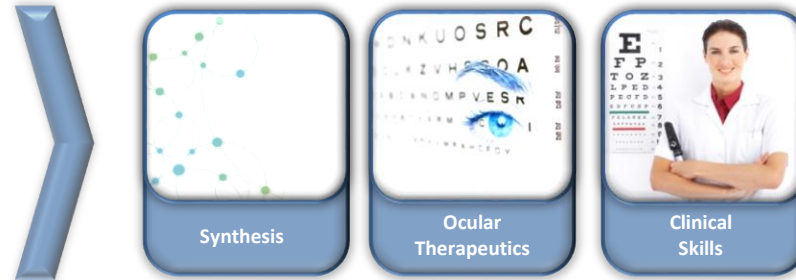
#### Written components

- Synthesis
- Ocular Therapeutics

#### Clinical skills components

- Clinical skill stations

### CACO Exam Question Areas





## Exam Development Process: Creating Test Items by the Profession for the Profession

The CACO process follows best-practice in exam development methodology and exam content is grounded in professional practice. All optometrists undergo training to develop technical and judgement skills that ensure optometrists become subject matter experts in a particular area of the exam. Different optometrists work in each stage of exam development.



Question areas and targets are assigned to each member of the National Writing Group.

Each test item undergoes peer review within the same National Writing Group.

All test items are validated by a second panel of optometrists.

All test items are reviewed by a third panel of 8-12 optometrists to set the **MPL** using the Angoff method.

Test items on the written exam are translated by two individuals, i.e. a bilingual optometrist then independently reviewed to ensure accuracy. This bilingual reviewer may also be an OD.

## By the Profession for the Profession

### Qualifications and requirements

Members of the profession volunteer or respond to recruitment invitations to help develop and deliver our exams. These optometrists:

- have been in practice three or more years;
- are registered in good standing with a provincial optometry regulatory body in Canada; and
- meet OEBC's conflict of interest guidelines.



Conflict of interest guidelines exclude optometrists who participate in other optometry exams, exam preparatory courses or optometry degree/bridging programs. Optometrists related to an individual enrolled in a program are prohibited from participating in CACO development. Our volunteer application form along with conflict of interest and confidentiality agreements ask optometrists to disclose their other connexions. We use this information to identify the best path for professional involvement that works for them and OEBC.

### Trained for success

All optometrists undergo training to develop technical and judgement skills in a specific area of assessment that supplement their professional expertise. This process helps ensure valid exam content and assessments.

### Continuing education

Optometrists who volunteer their time and expertise earn hours that can count towards the continuing education requirements of their respective regulatory bodies. OEBC provides a letter confirming an optometrist's participation and the actual and credit hours earned in each event. See **Volunteer with OEBC**.

“Through my involvement in Candidate Skills Assessment [CACO], I was able to revitalize my interest in optometry, and interact with interesting colleagues from different parts of the country.  
— C. Alford, OD



OPTOMETRY EXAMINING  
BOARD OF CANADA

BUREAU DES EXAMINATEURS  
EN OPTOMÉTRIE DU CANADA

Canadian Assessment of Competence in Optometry

# Summary Report APPENDICES

## General Definitions

**Angoff cut-score setting method:** is an industry standard in determining the passing score for any licensure (registration) exam. To set the pass score, eight to 12 subject matter experts predict how many minimally competent candidates will respond correctly to a test item. The estimates for each item from all the subject matter experts are averaged, then tallied to yield the cut score or pass score for the examination. Return to

***Understanding CACO Components.***

**OSCE:** stands for Objective Structured Clinical Examination. It is a form of practical examination that provides candidates with a consistent exam experience, and provides assessors with objective behavioural criteria for scoring candidate performances. Return to OSCEs are used by many Canadian licensing bodies (regulators) as one criterion for entry to practice. Examples include medicine, pharmacy, physiotherapy, dental hygiene and nurse practitioners.

**Standardized patient:** is a person who has been trained to present the signs and symptoms of a condition, and respond to candidate questions, statements and actions consistently.

## General Definitions

**Total Pass Rate and Total Fail Rate:** amalgamates Canadian, US and internationally-educated candidate performance. It is the total number of candidates who took the exam this year and who passed. It is calculated by dividing the number of candidates — first, second and third attempt — who completed and passed the CACO (all components) by the total number of candidates who attempted. For regulatory bodies, the Total Pass Rate can be interpreted as the number of candidates who have met the examination requirement for registration/licensure.

The Total Fail Rate amalgamates Canadian, US and internationally-educated candidate performance. It is the total number of candidates who took the exam this year and who failed. For regulatory bodies, the Total Fail Rate can be interpreted as the number of candidates who have not met the examination requirement for licensure/registration.

## General Definitions

**MPL:** stands for Minimum Performance Level and is based solely on performance criteria. CACO candidates attempt to meet or exceed the minimum standard of performance rather than competing against other candidates. The MPL ensures the standard for minimally acceptable competence is consistent despite variation in question content between administrations.

This method also removes predetermined passing rates for the administration of the CACO. If the candidate population has a high level of performance on the assessment, the failure rate will be low. If the performance level of the candidate population on the assessment is low, the failure rate will be higher. The MPL is established in advance of a CACO administration by a panel of practising optometrists. See the definition of **Angoff cut-score setting**. Return to ***Creating Test Items by the Profession for the Profession*** .

## Candidate Definitions

**Candidate:** CACO eligible candidates:

1. have graduated from an Accreditation Council on Optometric Education or ACOE-accredited optometry program; or
2. have completed an optometry bridging program through the IOBP or the EOUM, if they are internationally-educated; or
3. have been practising as optometrists in Canada or the U.S. For example a Canadian OD educated and practising in the U.S. who wants to move back to Canada; or
4. have successfully completed the evaluating exam and been approved to take the CACO.

OEBC adheres to the CACO Eligibility and Registration Policies on its website to verify eligibility for each CACO applicant.

**Canada:** Candidates who have graduated from an accredited Canadian school of optometry.

**US:** Candidates who have graduated from an accredited U.S. school of optometry.

**International:** Candidates who have completed a Canadian bridging program at the International Optometric Bridging Program (IOBP) or were approved to take the CACO by the Quebec Order following bridging education at the L'École d'optométrie de l'Université de Montréal (EOUM) [...More](#)

[Click here to return to the Administrations Scorecard.](#)

## Candidate Definitions

**First-attempt Candidate:** Candidates who complete the CACO (written and skills components) for the first time in an assessment cycle — October 1 to September 30. Eligible candidates taking the CACO the first time may attempt the written before the skills.

**Second-attempt Candidate:** Candidates who complete CACO component(s) that they failed during their first attempt.

**Third-attempt Candidate:** Candidates who complete CACO component(s) they failed during their second attempt.

Click [here](#) to return to the Administrations Scorecard.



## Interpreting the numbers

### What the numbers tell us

The traditional Cronbach's alpha is reported. This coefficient is suitable for norm-referenced tests common in educational testing and which compare exam takers to each other.

The Livingston's reliability coefficient is also reported. This coefficient is suitable for a criterion-referenced test such as the CACO which measures how a candidate's knowledge and skills compared to a defined body of content.

A closer examination of the Livingston's coefficients across all components for the three administrations indicates that they are strong, exceeding .80 – a threshold for high-stake exams. This strong reliability indicator contributes to the validity of CACO test measures.

Click [here](#) to return to Exam Reliability by Component

## Understanding item analysis and scoring

Following each exam administration, OEBC performs item analysis. This is a process to examine how each item performed on the exam which helps ensure only valid items are kept for scoring. During this process, a panel of optometrists reviews items that do not meet established criteria and determines whether to include them in scoring.

### When items may be deleted from scoring

Test items are subject to review and possibly deleted from scoring if:

- less than 20% of the total group successfully answer; or
- the item fails to discriminate positively.

### How we make that final decision

A panel of practising optometrists, in consultation with a psychometrician, decides whether to delete the item. Items that are deleted are removed from scoring for all candidates thereby ensuring that reported results are both valid and fair. An item deleted from the scoring of written components is generally made for the entire group of candidates (the whole group level).

It is rare for skills station items to be deleted at the group level. It is more likely for adjustments to occur at the individual candidate level where there was evidence that some factor, such as equipment failure, negatively affected candidate performance.

[Click here to return to Item Analysis and Scoring Changes](#)

Optometry Examining Board of Canada

# Summary Report 2016-17



**OUR VISION:** Be the recognized leader in  
competence assessments for  
optometry in Canada



MESSAGE FROM  
OUR CHIEF  
EXECUTIVE OFFICER



2016-17 ADMINISTRATION RESULTS



ASSESSING COMPETENCY  
WITH CONFIDENCE



## Report Purpose and Use

The annual exam report provides OEBC members and stakeholders, including the public, with information about the performance of the OEBC exam. The reporting period is October 1 to September 30.

Optometry regulators rely on the OEBC exam for the purpose of registration, i.e. that individuals who have passed the OEBC exam have met the minimum required competence for registration to practice. This report including exam reliability statistics provides assurance to the regulatory bodies that they may rely on the OEBC exam for the purpose intended. This report is presented to OEBC members and published on the OEBC website annually.

NB: Examination statistics in this report are approved by Martek Assessments Ltd. and OEBC's principal psychometrician A. Marini, PhD.



## What is OEBC?

The Optometry Examining Board of Canada (also called “OEBC”) is the national examining body for optometry incorporated as a not-for-profit corporation in 1995 as “Canadian Examiners in Optometry.” Its members are the ten provincial regulatory bodies of optometry in Canada who elect the board of directors of OEBC. The board governs the corporation and the CEO manages the operations.

OEBC’s vision is to be the recognized leader in competence assessments for Optometry in Canada. OEBC’s mission is to create and administer a legally valid and defensible examination to assess competence in the practice of optometry in Canada. OEBC’s values are a commitment to trust, integrity, transparency, engagement and responsibility. OEBC’s exam services and policies are described at [oebc.ca](http://oebc.ca).

Send communication inquiries to [exams@oebc.ca](mailto:exams@oebc.ca).



## A Message from our Chief Executive Officer

At OEBC, our mission is to create and administer a legally valid and defensible examination to assess competence in the practice of Optometry in Canada. We have been busy this year, making several changes or enhancements at OEBC and its exam services, as we continue to implement OEBC’s 5-year strategic plan.

### New corporate name

A corporate name change from Canadian Examiners in Optometry to Optometry Examining Board of Canada was approved by the members in January and came into effect in March 2017. Our new name better signals the corporation’s national purpose and identity.

### New exam names

The exam is known now as OEBC exam with its two parts known as OEBC written exam and OEBC OSCE. The company name changed mid-year and business was conducted under “CEO” until this time. All information in this report refers to OEBC.

### Transitioning from the CACO

In October 2016 OEBC offered the final administration of the Canadian Assessment of Competence in Optometry (CACO). OEBC administered the CACO one final time in May 2017 for retakes only. The CACO has been the entry exam since 2011, when it replaced the Canadian Standards Assessment in Optometry (CSAO).

**“Our mission is to create and administer a legally valid and defensible examination to assess competence in the practice of Optometry in Canada”**

PURPOSE OF REPORT

WHAT IS OEBC

**MESSAGE FROM OUR CHIEF  
EXECUTIVE OFFICER**

2016-17 ADMINISTRATION RESULTS

ASSESSING COMPETENCY WITH  
COMPETENCE**TAMI HYNES**  
Chief Executive Officer

## OEBC exam launch

In May 2017, OEBC launched the OEBC exam with a written exam and a practical exam (Objective Structured Clinical Exam, “OSCE”). OEBC updated the exam to reflect current optometry practice and to align with Canadian testing best practice, both competency-based assessment and adoption of the OSCE method for the practical exam. The exam assesses entry-level competencies in the OEBC exam blueprint with content and weightings derived directly from OEBC’s *National Competency Profile (May 2015)* (“NCP”). The NCP is published at [oebc.ca](http://oebc.ca)

## Competency article accepted

The Canadian Journal of Optometry has accepted an article describing the process that took place to develop the OEBC’s National Competency Profile for Entry-Level Optometry May 2015. Publication is expected in 2018.

## Online registration is here

OEBC introduced an online registration portal in order to make exam registration easier and to continue our organization’s efforts to automate manual processing. Online registration launched in June 2017 and accommodates all five eligibility paths in the Exam Eligibility & Retake policy. In May 2017, an announcement about the change, reason for the change, steps for candidates to follow and deadlines was posted online and sent to accredited optometry programs (Canada, US). Stakeholders are invited to refer to [oebc.ca](http://oebc.ca) for future updates including implementation of online results reporting for exam candidates.

**“Online registration launched in June 2017 accommodates all five eligibility paths in the Exam Eligibility & Retake policy.”**

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“Through my involvement I was able to enjoy daily practice at the office more as it kept me very current on practice standards.”

— D. Lu, OD

Learn more about volunteer qualifications, training and continuing education credits [here](#).

## Updated Policies

Exam policies provide guidance and information to candidates for fairness and transparency. In June, OEBC published a new policy “Administration Dates, Location & Frequency” that gives information about why and how exam administration dates are set. In addition, OEBC updated the following policies and documents:

- Appeals policy – administrative updates
- CACO Eligibility & Reassessment Transitional Candidates – clarification for those attempting the OEBC exam in fall 2017 having previously attempted the CACO
- Publication of Results – the registration form now allows the OEBC office to verify a candidate’s pass/fail to FORAC, the Federation of Optometry Regulatory Authorities of Canada
- Fail report - OEBC provides report to candidates who have not passed. The report reflects the new exam design and gives performance information for the practice areas in the blueprint.

OEBC continues to strive to set Canadian testing best practice standards that reflect current optometry practice. When we reach those goals, we are able to support each candidate with transparency and fairness.



Tami Hynes  
Chief Executive Officer

“OEBC published a new policy that gives information about why and how exam administration dates are set.”

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OEBC exam policies are available in English and French at [oebc.ca](http://oebc.ca) under “Exam Policies.”



## What Has Changed in This Year's Report?

- There are two annual exam reports this year, one for the CACO and one for the OEBC Exam. The CACO report aggregates performance data for fall 2016 and spring 2017 reassessments and the OEBC Exam report aggregates performance data for fall 2016 CACO written and spring 2017 OEBC OSCE as well as the spring 2017 OEBC Exam (OSCE and written).
- This report is for the OEBC Exam. It provides overall pass/fail performance and added aggregate performance statistics not previously available. OEBC returns to one annual exam report in 2017-18. OEBC continues to publish annual reports for the Canadian optometry education programs.



PURPOSE OF REPORT

WHAT IS OEBC

MESSAGE FROM OUR CHIEF  
EXECUTIVE OFFICER

**2016-17 ADMINISTRATION RESULTS**

ASSESSING COMPETENCY WITH  
COMPETENCE

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“The opportunity to meet and discuss with colleagues keeps me up to date in my optometric knowledge.”  
— G. Raby, OD

## 2016-17 Exam Administration Results

### 2016-17 OEBC Exam Delivery

In 2016-17, OEBC completed a total of 8 administrations in three locations.

OEBC delivered 3 administrations in Waterloo and another 2 administrations in Montreal. CACO skills administrations were held at the University of Waterloo School of Optometry and Vision Sciences and the École d'optométrie de l'Université de Montréal.

- October 2016 CACO (written, skills) in Montreal
- October 2016 CACO (written components only) in Waterloo
- May 2017 CACO (written, skills) in Waterloo

In May 2017, OEBC delivered the OEBC Exam in Hamilton and Montreal with the written exam administration and OSCE administration in Hamilton and the OEBC written exam administration in Montreal. In Hamilton, the OEBC OSCE is available in English and French and the OEBC written exam is available in English and bilingual. In Montreal, the OEBC written exam is available in French.

- May 2017 OEBC Exam (OSCE, written) in Hamilton
- May 2017 OEBC Written Exam in Montreal

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The total pass rate amalgamates Canadian, US and internationally-educated candidate performance and reflects the diversity of the subgroups.

## 2016-17 Exam Performance Highlights

### Candidates challenging the OEBC

In total, 255 candidates participated in the 2016-2017 administration cycle. OEBC saw 183 complete (attempting both Written and OSCE component) first time candidates for the initial implementation of the OEBC written examination and OSCE. As this was the first administration of the OEBC, there were no reassessment candidates from previous administration cycles. An additional 72 candidates attempted the final administration cycle of the CACO and are reported on in a separate document.

### Pass rates

The OEBC 2016-2017 Administration Scorecard provides pass rates by candidate subgroup and by attempt as well as a total pass rate. This year, the total pass rate was 84.7% which was marginally lower than the total pass rate of 86.8% seen last year in the final administration cycle of the CACO. It is important to note, however, that the total pass rate for the current year consists only of first attempt candidates. That is, no unsuccessful candidates have yet had the opportunity to re-attempt the OEBC exam.

PURPOSE OF REPORT

WHAT IS OEBC

MESSAGE FROM OUR CHIEF  
EXECUTIVE OFFICER

**2016-17 ADMINISTRATION RESULTS**

ASSESSING COMPETENCY WITH  
COMPETENCE



## First attempt pass rates

The first attempt pass rate was comparable at 84.7% versus 82.2% last year. Pass rates for first attempt candidates increased for the Canadian subgroup by almost 3.8% to 93.5% and decreased for the U.S. subgroup by 3.9% to 75.6%.

At the same time, first attempt pass rates for internationally-educated candidates increased by 14.7% to 76.9% up from 62.2%. It should be noted, however, that the number of internationally-educated candidates attempting the OEBC was significantly smaller, 13, as compared to 37 internationally-educated candidates who made a first attempt on 2015-2016 CACO.

Note that the Five-Year Candidate Numbers Trend contains data for one administration only as there is only one set of data available. Subsequent data over next four years will be included as it becomes available.

## OSCE and Written— Group performance across practice areas

*The following reflects the final 2 charts.*

Reflective of the new competency framework of the OEBC examination, candidate performance is reported for both the Written examination and OSCE across the relevant practice areas. For the OSCE, 6 of the 9 practice areas were assessed. For the Written exam, all 9 practice areas were assessed.

Please note that each of the practice areas are weighted and therefore contain varying numbers of items. The percentages indicated reflect the proportion of total available items achieved by the various groups.

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Pass rates for first attempt candidates increased for the Canadian subgroup by almost 3.8%

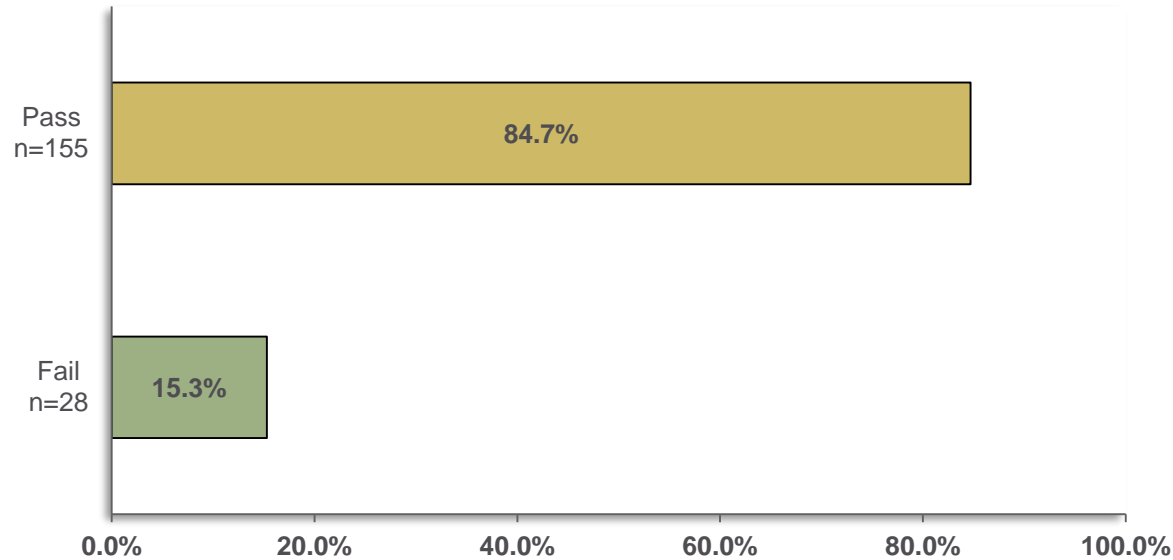
## OEBC Administrations Scorecard— 2016-17

	Canadian				US				International				<i>Total Pass Rate (All groups in All attempts)</i>
	First Attempt	Second Attempt	Third Attempt	Total CDN	First Attempt	Second Attempt	Third Attempt	Total US	First Attempt	Second Attempt	Third Attempt	Total INT	
Pass Rate	93.5%	N/A	N/A	93.5%	75.6%	N/A	N/A	75.6%	76.9%	N/A	N/A	76.9%	84.7%
Candidate Totals	86/92	0	0	86/92	59/78	0	0	59/78	10/13	0	0	10/13	155/183

*For the purposes of interpretation, note that the results of this report are a reflection of the status of a candidate at the end of this year's administration cycle (fall and spring). Therefore the report reflects a "candidate lifecycle", however a candidate's lifecycle can extend beyond one administration cycle (year). Third attempt candidates are always from a prior administration cycle. Please note that as this is the first administration of the new OEBC Examination all candidates were first attempt candidates.*

A pass is conferred on a **candidate** when he/she meets or exceeds the minimum performance level for each of the OEBC's components.

## Total Pass/Fail Rates for All Candidates



*The reporting period is October 1 to September 30*



## Candidate Performance— Five Year Pass Rate\*

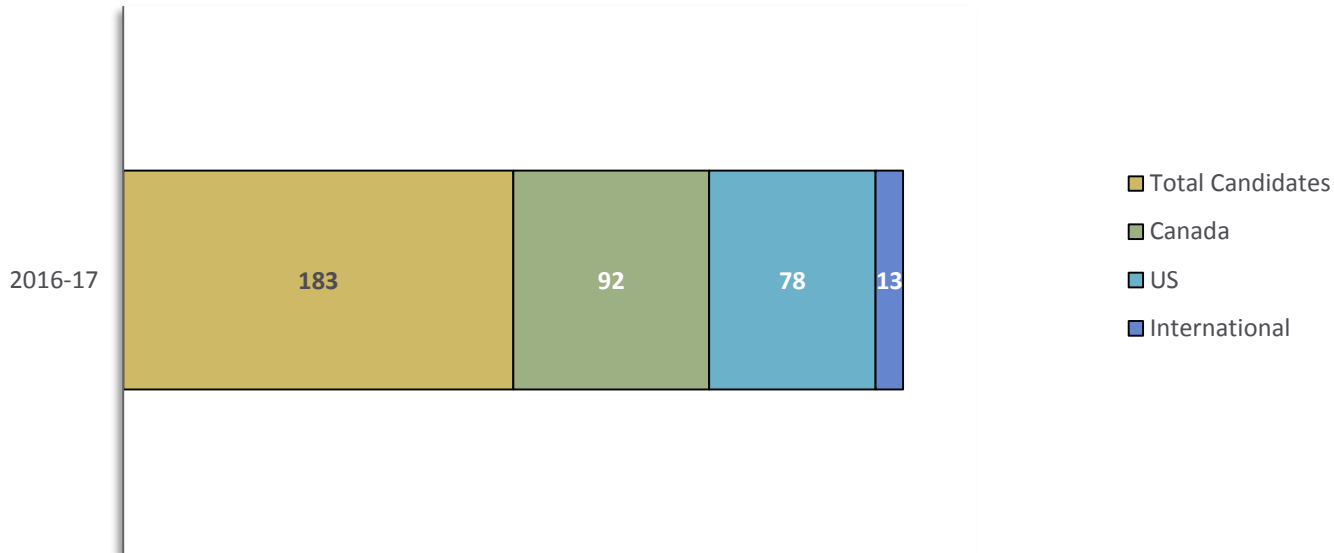


“I found the workshop a very rewarding experience that allowed me to have a say in ensuring that the questions reflected current clinical experience.”  
— T. Wilbee, OD

*\*Given that this is the first administration of the new OEBC Exam (OSCE and Written) there is only one set of results available. Subsequent performance over the next four years will be included as it becomes available.*

*The data in the table presents pass rates collapsed across the three subgroups (Canadian-educated, US-educated and Internationally-educated) which make up the overall candidate pool. Given the diversity within and across the candidates, performance level for each of the three main subgroups is also reported.*

## Five Year Candidate Numbers Trend\*



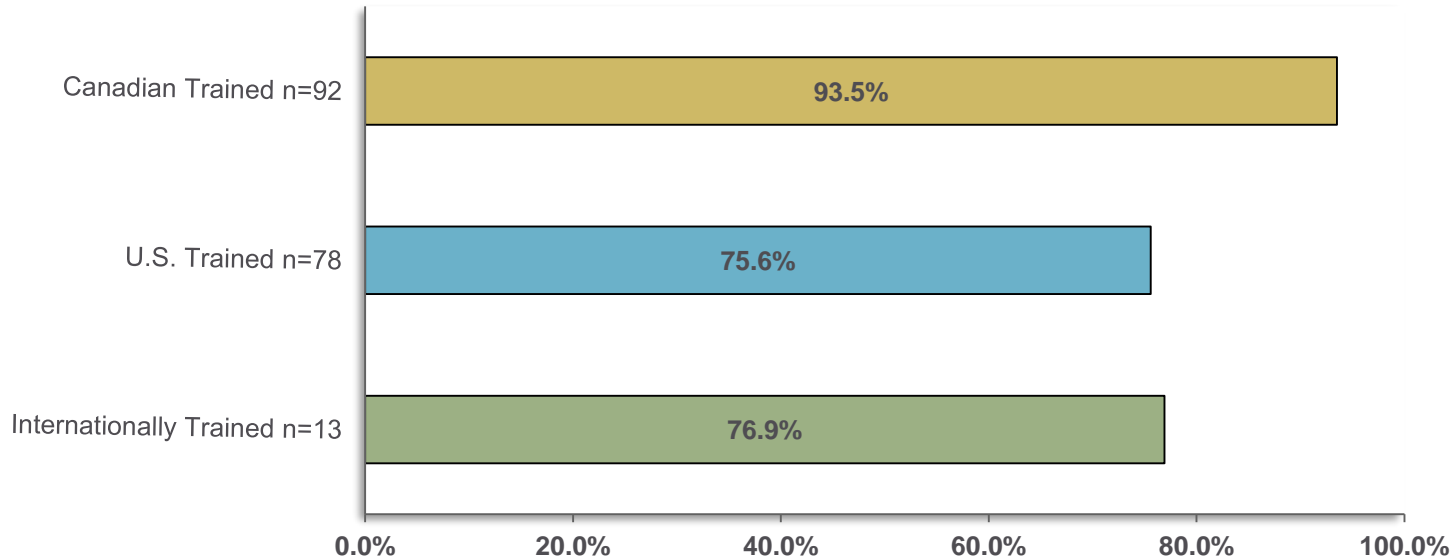
“I was able to remind myself of specific skills and guidelines - how to do everything by the book again!”  
— K. Lam, OD

*\*Given that this is the first administration of the new OEBC Exam (OSCE and Written) there is only one set of data available. Subsequent data over next four years will be included as it becomes available.*

*The reporting period is October 1 to September 30*



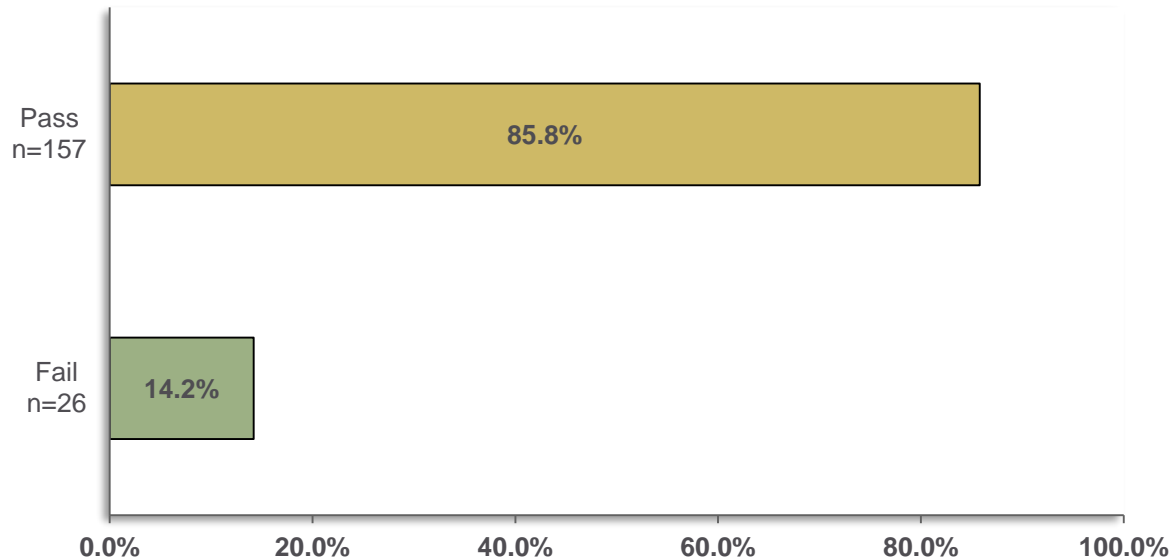
## Total Pass Rate by Group



*The reporting period is October 1 to September 30*

“Optometrists should get involved in the exam because it's our profession and we need to make sure that it remains a profession with educational currency.”  
— T. McNab, OD

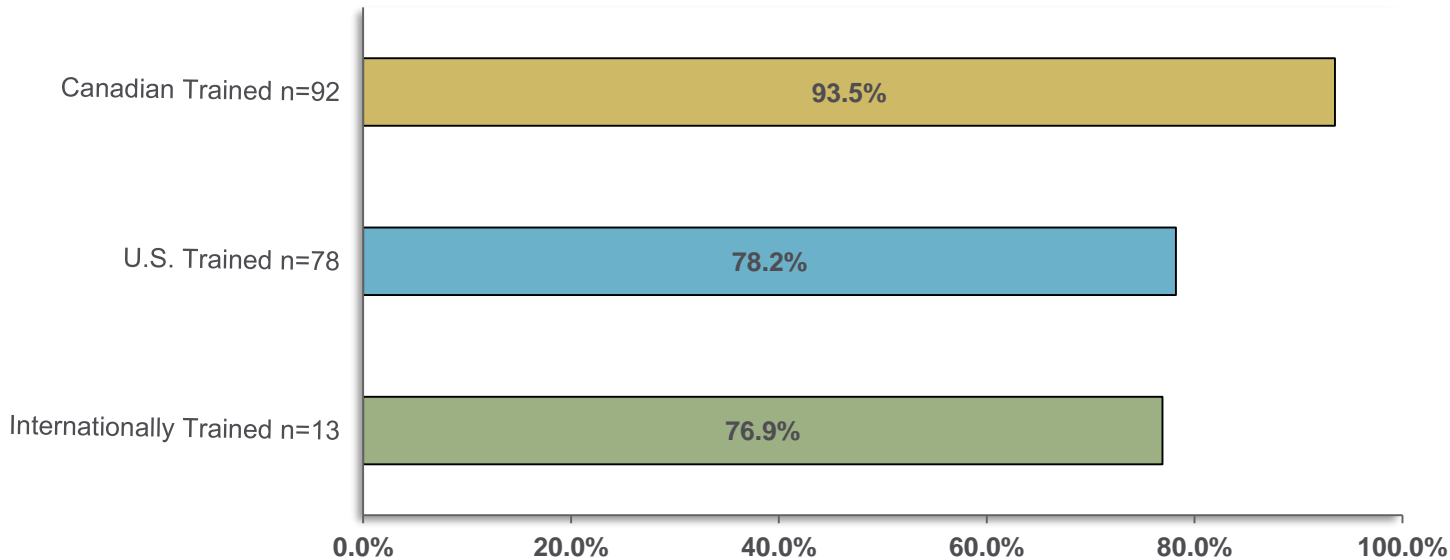
## Total Pass/Fail OSCE for All Candidates



*The reporting period is October 1 to September 30*

“The new exam equips students for day to day practice.”  
— S. Brooks, OD

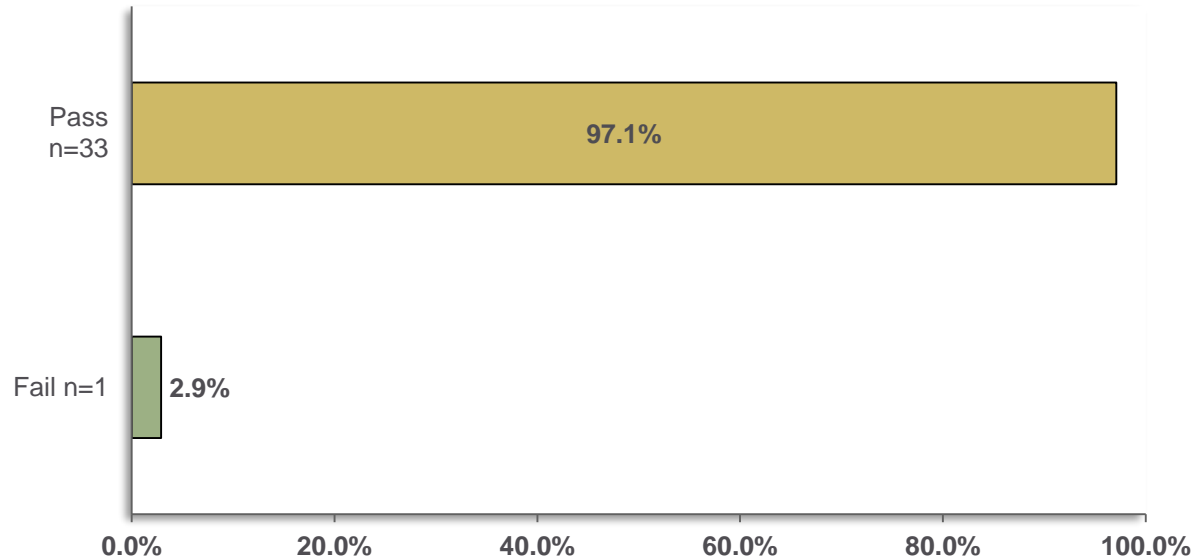
## OSCE Pass Rate— by Group



“I can see the importance of communication and participate in changes that advance our profession forward”  
— D. Monea, OD

*The reporting period is October 1 to September 30*

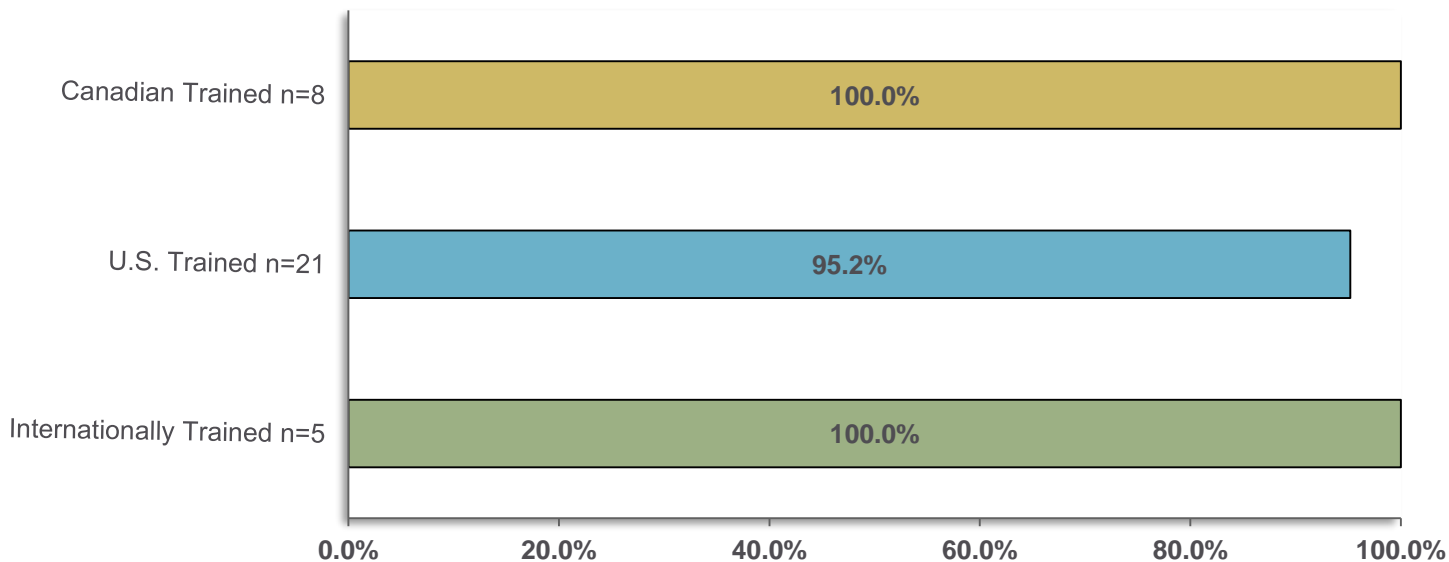
## Written Total Pass/Fail



*The reporting period is October 1 to September 30*

“My involvement in clinical assessment has allowed me to review my own clinical techniques as needed. [the exam] helps to maintain the standards for professional competence in the public eye”  
— D. Lu, OD

## Written Pass Rate— by Group



*The reporting period is October 1 to September 30*

“Participating has helped me to improve my technical and communication skills and this reflects positively in my practice.”  
— G. Raby, OD

## OSCE and Written– Group Performance Across Practice Areas

Reflective of the new competency framework of the OEBC examination, candidate performance is reported for both the Written examination and OSCE across the relevant practice areas.

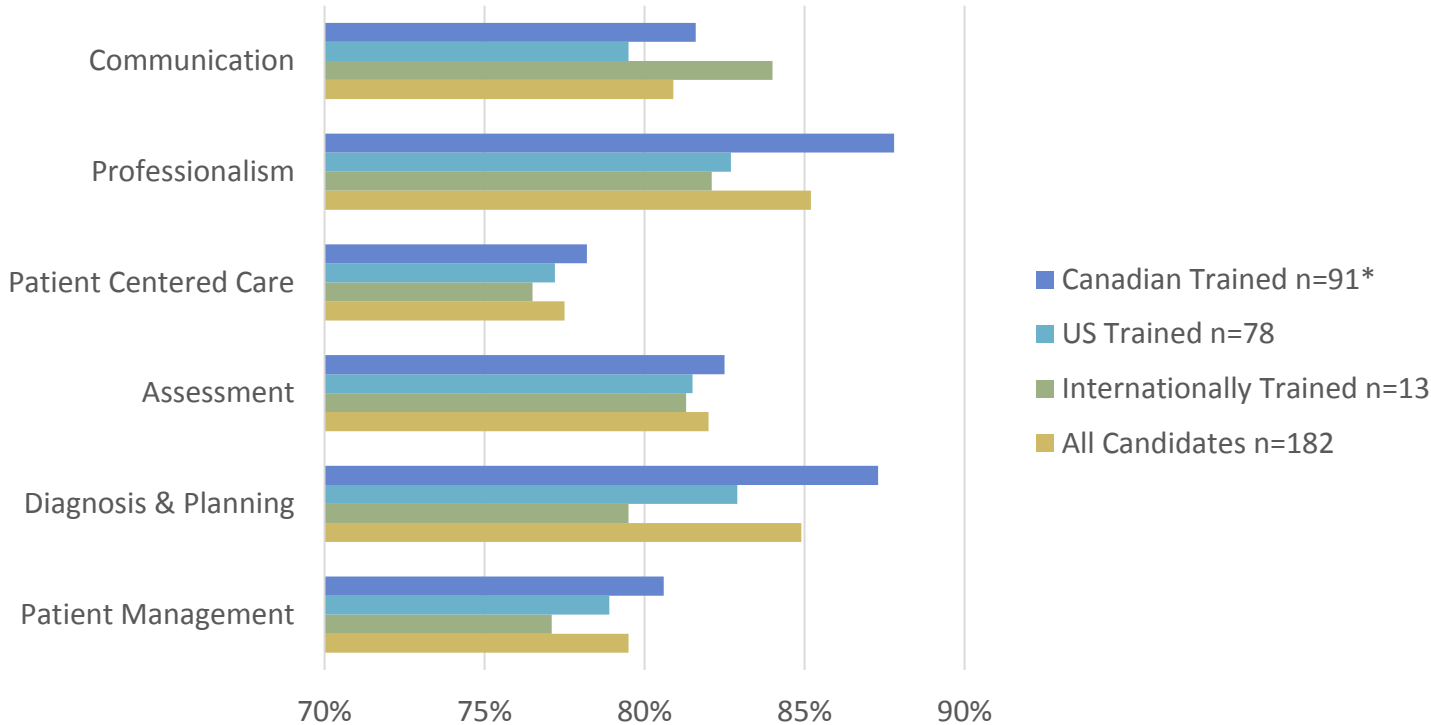
For the OSCE, 6 of the 9 practice areas were assessed. As the *OSCE Group Performance Across Practice Areas* chart indicates, Canadian trained candidates scored the highest of all groups in 5 of the 6 practice areas. For all candidates, the performance was strongest in the practice areas of Professionalism, and Diagnosis & Planning, and weakest for Patient Centered Care.

For the Written exam, all 9 practice areas were assessed. As the *Written Group Performance Across Practice Areas* chart indicates, Canadian trained candidates scored the highest of all groups in 8 of the 9 practice areas. For all candidates, the performance was strongest in the practice areas of Communication, Professionalism, and Diagnosis & Planning, and weakest for Scholarship.

Please note that each of the practice areas are weighted and therefore contain varying numbers of items, and the percentages indicated reflect the proportion of total available items achieved by the various groups.



## OSCE: Group Performance Across Practice Areas

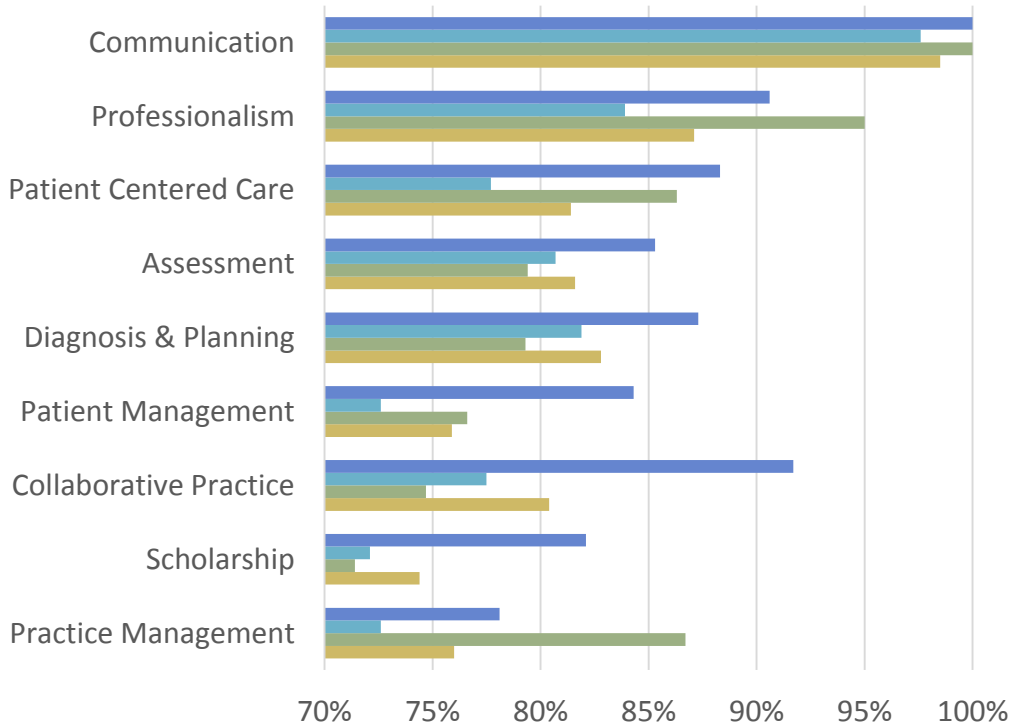


For all candidates, the performance was strongest in the practice areas of Communication, Professionalism, and Diagnosis & Planning

The reporting period is October 1 to September 30

\* To address an accommodation request, 1 Canadian candidate experienced an alternative examination schedule and therefore could not be included in this chart.

## Written: Group Performance Across Practice Areas



The reporting period is October 1 to September 30

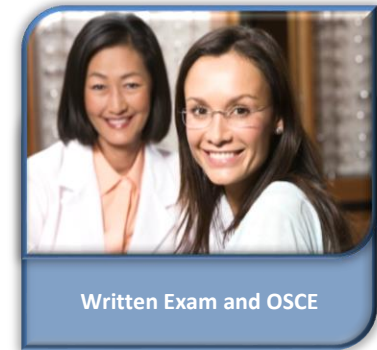
- Canadian Trained n=8
- US Trained n=21
- Internationally Trained n=5
- All Candidates n=34





## The Entry-to-Practice Exam

The new OEBC Written Exam and OSCE (Objective Structured Clinic Exam). The new exam tests whether candidates can demonstrate the entry-level competencies the profession has determined are required to enter the practice of optometry in Canada.



Sets the 92 competencies, grouped into nine areas of practice, optometrists require for safe, effective and ethical practise when entering the profession. The competency profile was:

- Developed by a group of optometrists in 2014
- Validated through a national survey of optometrists in 2015
- Approved by OEBC's board of directors in 2015

Ensures all candidates have equal opportunity to demonstrate they have the competencies necessary to practise optometry safely and effectively. The blueprint:

- Outlines the exam structure
- Identifies 87 competencies the Written exam or OSCE stations may test
- Includes the weighting for each area of practice

Tests if a candidate can demonstrate the competencies the profession has determined are required to enter the practice of optometry.

- Written Exam – one-day, paper exam comprised of 62 cases
- OSCE – 3.5-hour practical exam comprised of 16 stations that emphasize clinical reasoning and professional judgement.
- Employs Standardized Patients

## Understanding the OEBC Exam

The OEBC exam (Written exam and OSCE) is a competency-based exam testing integrated skills and knowledge grounded in optometric competencies. Optometrists across Canada participated in a survey in 2015 to establish the competencies. **The National Competency Profile for Entry-Level Optometry (2015)** is the result of this survey, and outlines the competencies required for the practice of optometry.

Exam	Assesses	Competency assessed through...	To pass candidate must...
Written	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Professionalism</li> <li>• Patient Centered Care</li> <li>• Assessment</li> <li>• Diagnosis &amp; Planning</li> <li>• Patient Management</li> <li>• Collaborative Practice</li> <li>• Scholarship</li> <li>• Practice Management</li> </ul>	A multiple-choice written exam based on 62 comprehensive cases with four test items per case.	
OSCE	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Professionalism</li> <li>• Patient Centered Care</li> <li>• Assessment</li> <li>• Diagnosis &amp; Planning</li> <li>• Patient Management</li> <li>• Collaborative Practice</li> <li>• Scholarship</li> <li>• Practice Management</li> </ul>	An Objective Structure Clinical Exam (OSCE) with 16 stations; 11 stations are interactive stations with standardized patients; the remaining 5 stations are non-interactive.	Meet or exceed the minimum level of performance as determined by members of the profession using the <b>Angoff cut-score setting method</b> .

The OSCE and Written examination are based on the exam blueprint available at [www.oebc.ca](http://www.oebc.ca). The Written and OSCE blueprints list the practice areas and their weightings; each practice area has a list of “competencies.” A competency is the ability to perform a practice task with a specified level of proficiency.

## Exam Reliability by Component – May 2017

Component	Administration May 2017	
	Alpha	K <sup>2</sup> (Livingston's Coefficient Kappa)
Written	.86	<b>.96</b>
OSCE Administration 1	.66	<b>.83</b>
OSCE Administration 2	.63	<b>.78</b>

The Livingston coefficients in this table meet and exceed the generally expected level of .70 which demonstrates the reliability of our test measures.

Find out more about interpreting the numbers [here](#).

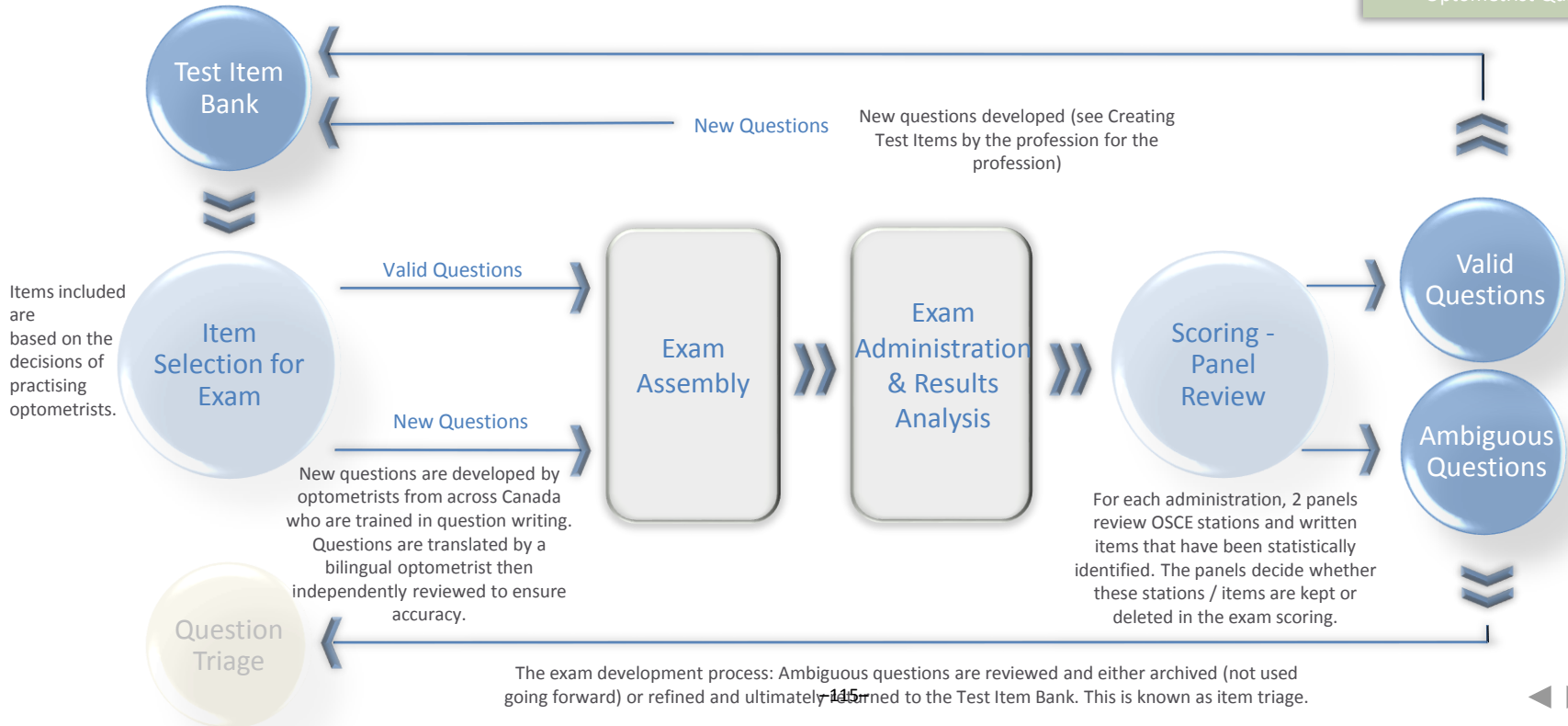
## Item Analysis and Scoring Changes– 2016-17

Exam Administration	Items Deleted from Scoring	Reason for Change
Written	May 2017 - Five of 248 items or 2.1%	Items are deleted if they fail to meet psychometric criteria. This may include items that have performance levels within acceptable difficulty levels or items failing to discriminate positively.
OSCE Administration Day 1	May 2017 – One of 16 stations or 6%	
OSCE Administration Day 2	May 2017 – One of 16 stations or 6% in addition, one sub-element of one non-interactive case was also deleted	

Following each exam administration, OEBC analyses items to ensure they perform in the anticipated manner.

Learn more about the process [here](#).

## Exam Development Process: Choosing and Using Test Items



## Exam Development Process: Creating Test Items

The OEBC exam is based on an exam blueprint that is derived from the National Competency Profile. We create new items for the written exam and OSCE. To create these items, our writers draw from the OEBC exam blueprint.

### Exam Blueprint

The OEBC exam blueprint provides the foundation of the OEBC Written exam and OSCE.

#### OEBC Written exam

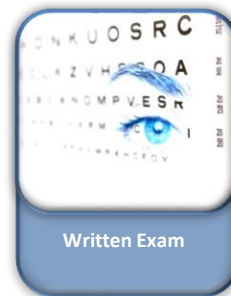
- 62 cases, 4 multiple choice questions per case

#### OSCE

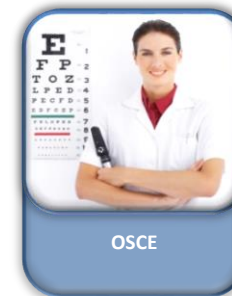
- 16 stations



### Exam Question Areas



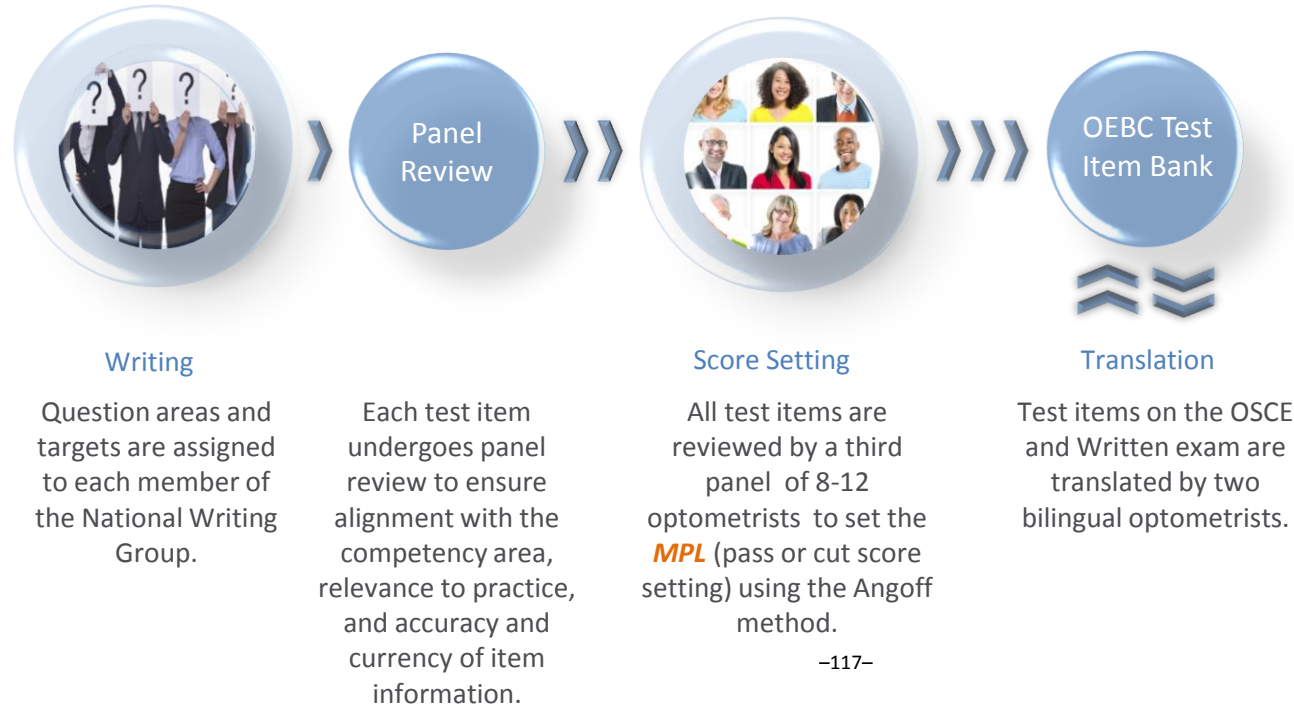
Written Exam



OSCE

## Exam Development Process: Creating Test Items by the Profession for the Profession

The exam process follows best-practice in exam development methodology and exam content is grounded in professional practice. All optometrists undergo training to fulfill the exam development stages. Optometrists who write questions are different from optometrists who set the cut score (MPL).



## By the Profession For the Profession

### Qualifications and Requirements

Members of the profession volunteer or respond to recruitment invitations to help develop and deliver our exams. These optometrists:

- have been in practice three or more years;
- are registered in good standing with a provincial optometry regulatory body in Canada; and
- meet OEBC's conflict of interest guidelines.



Conflict of interest guidelines exclude optometrists who participate in other optometry exams, exam preparatory courses or optometry degree/bridging programs. Optometrists related to an individual enrolled in a program are prohibited from participating in OEBC exam development. Our volunteer application form along with conflict of interest and confidentiality agreements ask optometrists to disclose their other connections. We use this information to identify the best path for professional involvement that works for them and OEBC.

### Trained for Success

All optometrists undergo training to develop technical and judgement skills in a specific area of assessment that supplement their professional expertise. This process helps ensure valid exam content and assessments.

### Continuing Education

Optometrists who volunteer their time and expertise earn hours that can count towards the continuing education requirements of their respective regulatory bodies. OEBC provides a letter confirming an optometrist's participation and the actual and credit hours earned in each event. See [Volunteer with OEBC](#).

“Through my involvement in Candidate Skills Assessment [CACO], I was able to revitalize my interest in optometry, and interact with interesting colleagues from different parts of the country.  
— C. Alford, OD





OPTOMETRY EXAMINING  
BOARD OF CANADA

BUREAU DES EXAMINATEURS  
EN OPTOMÉTRIE DU CANADA

Optometry Examining Board of Canada

# Summary Report APPENDICES

## General Definitions

**Angoff cut-score setting method:** is an industry standard in determining the passing score for any licensure (registration) exam. To set the pass score, 8 to 12 subject matter experts predict how many minimally competent candidates will respond correctly to a test item. The estimates for each item from all the subject matter experts are averaged, then tallied to yield the cut score or pass score for the examination.

**Competencies:** significant job-related knowledge, skills, abilities, attitudes and judgments required for competent performance (i.e., safe and effective practice). They provide an overview of what an Optometrist must be able to do at entry to practice, without supervision, when the need arises. Each Written Examination question and OSCE station is linked to specific competency(ies).

**Indicators:** examples of behaviours that are observable in, and guide the development of, the written examination and OSCE. These are representative of the competency and may be updated from time to time.

Note that each written case and each OSCE station has a primary competency and is assigned to the blueprint accordingly, however elements from other competencies may appear in these written cases and OSCE stations, reflective of the integrated nature of practice.

**National Competency Profile** OEBC's National Competency Profile for Entry-Level Optometry May 2015 lists the competencies that the profession has said are required of optometrists for safe, effective and ethical practice at entry to the profession in Canada. Its primary purpose is to guide the content of OEBC's exam.

## General Definitions

**OSCE:** stands for Objective Structured Clinical Examination. It is a form of practical examination that provides candidates with a consistent exam experience, and provides assessors with objective behavioural criteria for scoring candidate performances. OSCEs are used by many Canadian licensing bodies (regulators) as one criterion for entry to practice. Examples include medicine, pharmacy, physiotherapy, dental hygiene and nurse practitioners.

**Practice Areas:** broad groupings of competencies related to a “bucket” of job activities.

**Standardized patient:** is a person who has been trained to present the signs and symptoms of a condition, and respond to candidate questions, statements and actions consistently.

## General Definitions

**Total Pass Rate and Total Fail Rate:** The **Total Pass Rate** amalgamates Canadian, US and internationally-educated candidate performance. It is the total number of candidates who took the exam this year and who passed. It is calculated by dividing the number of candidates — first, second and third attempt\* — who completed and passed the OEBC exam by the total number of candidates who attempted. For regulatory bodies, the Overall Pass Rate can be interpreted as the number of candidates who have met the examination requirement for registration/licensure.

The **Total Fail Rate** amalgamates Canadian, US and internationally-educated candidate performance. It is the total number of candidates who took the exam this year and who failed. For regulatory bodies, the Overall Fail Rate can be interpreted as the number of candidates who have not met the examination requirement for licensure/registration.

*\*There were no second or third attempt candidates in 2016-17.*

## General Definitions

**MPL:** stands for Minimum Performance Level and is based solely on performance criteria. Exam candidates attempt to meet or exceed the minimum standard of performance rather than competing against other candidates. The MPL ensures the standard for minimally acceptable competence is consistent despite variation in question content between administrations.

This method also removes predetermined passing rates for the administration of the exam. If the candidate population has a high level of performance on the assessment, the failure rate will be low. If the performance level of the candidate population on the assessment is low, the failure rate will be higher. The MPL is established in advance of an exam administration by a panel of practising optometrists.

See the definition of **Angoff cut-score setting**. Return to **Creating Test Items by the Profession for the Profession**

## Candidate Definitions

**Candidate:** Candidates who have completed both the OEBC written and OSCE (at least once). Candidates who have completed only the OEBC written are not included.

Eligible candidates:

1. have graduated from an Accreditation Council on Optometric Education or ACOE-accredited optometry program; or
2. have completed an optometry bridging program through the IOBP or the EOUM, if they are internationally-educated; or
3. have been practising as optometrists in Canada or the U.S. For example a Canadian OD educated and practising in the U.S. who wants to move back to Canada; or
4. have successfully completed the evaluating exam and been approved to take the OEBC exam.

OEBC adheres to the Exam Eligibility and Registration Policies on its website to verify eligibility for each exam applicant.

**Canada:** Candidates who have graduated from an accredited Canadian school of optometry.

**US:** Candidates who have graduated from an accredited U.S. school of optometry.

**International:** Candidates who have completed a Canadian bridging program at the International Optometric Bridging Program (IOBP) or were approved to take the exam by the Quebec Order following bridging education at the L'École d'optométrie de l'Université de Montréal (EOUM) [...More](#)

[Click here to return to the Administrations Scorecard.](#)

## Candidate Definitions

**First-attempt Candidate:** Candidates who complete the OEBC exam (written and OSCE) for the first time in an assessment cycle — October 1 to September 30. Eligible candidates taking the exam the first time may attempt the written exam before the OSCE.

**Second-attempt Candidate:** Candidates who complete the exam part that they failed during their first attempt.

**Third-attempt Candidate:** Candidates who complete the exam part that they failed during their second attempt.

Click [here](#) to return to the Administrations Scorecard.

## Interpreting the Numbers

### What the numbers tell us

While the traditional Cronbach's alpha is reported, this coefficient is suitable for norm-referenced tests common in educational testing and which compare exam takers to each other.

The Livingston's reliability coefficient, which is also reported, is a more appropriate measure as it suitable for a criterion-referenced test such as the OEBC, which measures how a candidate's knowledge and skills compared to a defined body of content.

A closer examination of the Livingston's coefficients in the one administration indicates that they are strong, exceeding .70 – a threshold for high-stake exams. This strong reliability indicator contributes to the validity of OEBC test measures.

Click [here](#) to return to Exam Reliability by Component



## Understanding Item Analysis and Scoring

Following each exam administration, OEBC performs item analysis. This is a process to examine how each item performed on the exam which helps ensure only valid items are kept for scoring. During this process, a panel of optometrists reviews items that do not meet established criteria and determines whether to include them in scoring.

### When items may be deleted from scoring

Test items are subject to review and possibly deleted from scoring if:

- less than 20% of the total group successfully answer; or
- the item fails to discriminate positively.

### How we make that final decision

A panel of practising optometrists, in consultation with a psychometrician, decides whether to delete the item. Items that are deleted are removed from scoring for all candidates thereby ensuring that reported results are both valid and fair. An item deleted from the scoring for either the Written exam or OSCE is generally made for the entire group of candidates (the whole group level).

Click [here](#) to return to Item Analysis and Scoring Changes

## List of Performance Charts

1. OEBC 2016-2017 Total Pass/Fail Rates for All Candidates
2. OEBC Candidate Performance – Five Year Pass Rate
3. OEBC Candidates – Five Year Candidate Numbers Trend
4. OEBC 2016-2017 Total Pass Rate by Group
5. OEBC 2016-2017 OSCE Total Pass / Fail for All Candidates
6. OEBC 2016-2017 OSCE Pass Rate by Group
7. OEBC 2016-2017 Written Total Pass / Fail
8. OEBC 2016-2017 Written Pass Rate by Group
9. OEBC 2016-2017 OSCE: Group Performance Across Practice Areas
10. OEBC 2016-2017 Written: Group Performance Across Practice Areas

## Committee Report to Council

<b>Name of committee:</b>	<b>Fitness to Practice Committee</b>
<b>Reporting date:</b>	<b>April 9, 2018</b>
<b>Number of meetings in 2017:</b>	<b>n/a</b>
<b>Number of meetings since the last Council meeting:</b>	<b>n/a</b>

The Fitness to Practice Committee has not met and has had no activity since the last Council meeting.

Respectfully submitted,

Dr. Linda Chan  
Fitness to Practice Committee Chair

## Committee Activity Report

<b>Name of committee:</b>	<b>Discipline Committee</b>
<b>Reporting date:</b>	<b>March 26, 2018</b>
<b>Number of meetings in 2018:</b>	<b>N/A</b>
<b>Number of meetings since the last Council meeting:</b>	<b>N/A</b>

### The Discipline Committee conducted three (3) discipline hearings:

1. **Dr. Gordon Ng** – Hearing held on February 6, 2018 at 9:30 a.m.

1. THE DISCIPLINE COMMITTEE FOUND Dr. Ng guilty of professional misconduct for having committed acts of professional misconduct as provided by subsection 51(1)(a) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18 in that on or about February 26, 2016, he was found guilty of an offence that is relevant to his suitability to practise optometry;
2. THE DISCIPLINE COMMITTEE FOUND Dr. Ng guilty of professional misconduct for having committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraphs 1.32 of Ontario Regulation 859/93 in that he submitted or allowed to be submitted an account for professional services that he knew or ought to have known is false or misleading;
3. THE DISCIPLINE COMMITTEE FOUND Dr. Ng guilty of professional misconduct for having committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraphs 1.27 of Ontario Regulation 859/93 in that he failed to make or maintain the records required by Part IV of the Regulation; and
4. THE DISCIPLINE COMMITTEE FOUND Dr. Ng guilty of professional misconduct for having committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraphs 1.53 of Ontario Regulation 859/93 in that he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical.

5. THE DISCIPLINE COMMITTEE ORDERED that:

- a. Dr. Ng appear before the panel to be reprimanded.
- b. Dr. Ng pay of the College's costs of \$5,000 to be paid within 3 months of the date of the Order of the Discipline Committee. Dr. Ng shall provide the Registrar with post-dated cheques for the full amount of the costs, at the hearing.
- c. The Registrar be directed to suspend Dr. Ng's certificate of registration for a period of 14 weeks to commence on a date acceptable to the Registrar.
- d. The Registrar be directed to impose the following specified terms, conditions and limitations on Dr. Ng's certificate of registration: that Dr. Ng complete the ProBE Ethics and Boundaries Program at his own expense and attain an "unconditional pass" prior to February 5, 2019.

At the conclusion of the hearing, Dr. Ng waived his right to appeal and the Discipline Committee delivered the reprimand.

2. **Dr. Gyanesh Verma** – Hearing held on February 7, 2018 at 9:30 a.m.

1. THE DISCIPLINE COMMITTEE FOUND Dr. Verma guilty of professional misconduct for having committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code*(the "Code") being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraph 1. 7 of Ontario Regulation 119/94 in that he engaged in the practice of optometry while in a conflict of interest contrary to subsection 3(1) of Ontario Regulation 119/94 as follows:
  - a.He engaged in the practise of the profession in a working arrangement contrary to paragraph 3(2)(g); and
  - b.He shared fees related to the practice of the profession with another person other than another member or a member of the College of Physicians and Surgeons of Ontario as set out at paragraph 3(2)(h).
2. THE DISCIPLINE COMMITTEE FOUND Dr. Verma guilty of professional misconduct for having committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Code, and defined in paragraph 1.36 of Ontario Regulation 119/94 in that he contravened, by act or omission, the *Optometry Act, 1991*, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts for practising the profession through a corporation without having incorporated a professional corporation and obtaining a certificate of authorization as required by section 85.8 of the Code and Ontario Regulation 39/02.
3. THE DISCIPLINE COMMITTEE ORDERED that:
  - a.Dr. Verma shall be required to attend before the Discipline Committee of the College of Optometrists of Ontario (the "College") to be reprimanded;
  - b.the following terms, conditions and limitations shall be imposed on Dr. Verma's certificate of registration:

- i. That he write an essay, within 60 days of the date of the Order of the Discipline Committee, the details of which are as follows:
  - a) It must set out the requirements for preventing a conflict of interest as set out in Ontario Regulation 119/94;
  - b) it must address the principles of conflict of interest, why a professional must control conflict of interest and in particular why it is important for optometrists to minimize conflict of interest or control that which cannot be eliminated;
  - c) It must contain self-reflection on the situation that resulted in the referral and the safeguards he intends to implement into his practice to minimize the possibility of reoccurrence;
  - d) It must be referenced and properly annotated and constitute Dr. Verma's original work;
  - e) It must be at minimum 1,000 words in length; and
  - f) The Registrar shall determine whether or not the essay is acceptable; if it is not, Dr. Verma will be required to correct it to the Registrar's satisfaction.
- ii. That Dr. Verma provide to the Registrar copies of his Independent Contractor Agreements ("ICAs") for every location where he practises optometry with anyone, other than another member engaged in the practice of optometry or physician who is engaged in the practice of medicine, for a period of three years following the date of the Order of the Discipline Committee. The ICAs must be in compliance with the conflict of interest provisions in Ontario Regulation 119/94.
- c. The payment of the College's costs in investigating and prosecuting this matter in the amount of \$7,500 to be paid in two installments of \$3,750 by way of post-dated cheques made payable to the College of Optometrists of Ontario dated March 7, 2018 and April 7, 2018. Dr. Verma shall provide the cheques to the Registrar at the Discipline Hearing.

At the conclusion of the hearing, Dr. Verma waived his right to appeal and the Discipline Committee delivered the reprimand.

**3. Dr. Jon Barnes** – Hearing held on March 22, 2018 at 9:30 a.m (additional date scheduled for April 19, 2018)

Dr. Barnes has been found guilty of professional misconduct as set out in the notice of hearing (**additional date was to be set before the panel delivers its order**):

1. Dr. Barnes has committed an act or acts of professional misconduct as provided by subsection 51(1)(b.1) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, in that, between approximately 2002 and

2016, he sexually abused patients: Patient A, Patient B, and/or Patient C, when he engaged in behaviour and/or made remarks of a sexual nature towards Patient A, Patient B, and/or Patient C, who were also staff, including, but not limited to when he:

- a. wrote comments of a sexual nature in various places in the workplace where they would see them;
  - b. made verbal, sexual comments to them, about them, and/or about others in their presence; and/or
  - c. engaged in behaviours of a sexual nature towards them in the workplace.
2. Dr. Barnes has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.14 of Ontario Regulation 119/94 in that, between approximately 2002 and 2016, he failed to maintain the standards of practice of the profession when he:
- a. noted, in patient records, inappropriate commentary about patients and/or their relatives, including comments of a sexual nature, not relevant to care; and/or
  - b. engaged in unprofessional behaviours in the office, including engaging in the sexual harassment of staff.
3. Dr. Barnes has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.36 of Ontario Regulation 119/94 in that, between approximately November 2016 and March 2017, he contravened, by act or omission, the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts and, in particular, he contravened subsection 76(3) of the *Health Professions Procedural Code* when he applied white-out to or otherwise redacted notations he had made in patient charts and, in so doing, did or attempted to conceal or destroy information relevant to the College's investigation.
4. Dr. Barnes has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.39 of Ontario Regulation 119/94 in that, between approximately 2002 and 2016, he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical and, in particular, he:
- a. noted, in patient records, inappropriate commentary about patients and/or their relatives, including comments of a sexual nature, not relevant to care;
  - b. wrote sexual comments in various places in the workplaces where staff could see them including on post-it notes and the white board;
  - c. made verbal, sexual comments to staff;

- d. engaged in sexual behaviours towards staff, including when he showed them sexual images and/or videos;
- e. acted in a physically aggressive manner in the office, including but not limited to banging his fists on furniture, slamming doors, and/or throwing furniture;
- f. shared a staff member's private health information with other staff; and/or
- g. acted in a verbally and/or emotionally abusive manner towards staff.

**The Discipline Committee is preparing to conduct four (4) discipline hearings:**

**4. Dr. Gregory Miller #1 – Hearing dates TBD**

*Date of Referral: September 25, 2017*

1. Dr. Miller failed to maintain the standards of practice of the profession, as set out at paragraph 1.14 of Ontario Regulation 119/94, by failing to identify, document, and further test the optic disc swelling in Patient X's eye, and failing to recommend that Patient X be referred to another professional for the optic disc swelling.
2. Dr. Miller failed to refer Patient X to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* because he ought to have recognized that the condition of Patient X's eye required such referral, as set out at paragraph 1.11 of Ontario Regulation 119/94.
3. Dr. Miller engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical, as set out in paragraph 1.39 of Ontario Regulation 119/94, for his remark(s) regarding vision therapy.

**5. Dr. Gregory Miller #2 – Hearing dates TBD**

*Date of Referral: September 25, 2017*

1. Dr. Miller has committed an act or acts of professional misconduct, as provided by paragraph 51(1)(b.1) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 c. 18, as amended; in that, on or about November 30, 2006, during an eye examination, he sexually abused his patient, Patient A, by twice taking Patient A's hand and placing it on his clothed genital area.

**6. Dr. Andrew Mah – Hearing dates TBD**

*Date of Referral: November 7, 2017*



1. Dr. Mah has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c.35, as amended, and defined in paragraph 1.16 of Ontario Regulation 859/93 (now revoked) and/or paragraph 1.13 of Ontario Regulation 119/94, in that, between approximately January 2014 and July 2015, he recommended and/or provided unnecessary diagnostic or treatment services in relation to Patients 1–25, including, but not limited to:
  - a. ongoing monitoring and/or office visits;
  - b. visual field testing (AVF);
  - c. fundus photography;
  - d. Heidelberg retinal tomography (HRT);
  - e. pachymetry;
  - f. digital retinal imaging (DRI);
  - g. optical coherence tomography (OCT);
  - h. Ultrasound Corneal Pachymetry (UCP);
  - i. Anterior Ocular Imaging (AOI); and/or
  - j. prescriptions for eyeglasses.
2. Dr. Mah has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c.35, as amended, and defined in paragraph 1.17 of Ontario Regulation 859/93 (now revoked) and/or paragraph 1.14 of Ontario Regulation 119/94, in that, between approximately January 2014 and July 2015, he failed to maintain the standards of practice of the profession in relation to the care and management of Patients 1–25 and, in particular,
  - a. portions of his healthcare records for these patients were illegible;
  - b. he diagnosed patients with glaucoma or as “glaucoma suspect”, in circumstances where that diagnosis was not supported by the clinical findings;
  - c. he recommended that patients return for office visits in circumstances and at frequencies that were not clinically indicated;
  - d. he prescribed eyeglasses for patients in circumstances where such prescriptions were not supported by the clinical findings, and/or unnecessary, and/or inappropriate;
  - e. he referred patients for consultations with an ophthalmologist in circumstances where such a referral was not clinically indicated;
  - f. he failed to conduct the appropriate tests and/or use the appropriate equipment to investigate patients with suspected glaucoma; and/or
  - g. he failed to conduct the appropriate tests and/or use the appropriate equipment to investigate patients with suspected diplopia.
3. Dr. Mah has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.27 of Ontario

Regulation 859/93 (now revoked) and/or paragraph 1.24 of Ontario Regulation 119/94, in that, between approximately January 2014 and July 2015 he failed to maintain records in accordance with Part IV in relation to Patients 1–25, including, but not limited to deficiencies with respect to the documentation of:

- a. the patient's health and oculo-visual history;
- b. the clinical procedures used;
- c. the clinical findings obtained; and/or
- d. the diagnosis.

4. Dr. Mah has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.32 of Ontario Regulation 859/93 (now revoked) and/or paragraph 1.28 of Ontario Regulation 119/94, in that, between approximately January 2014 and July 2015 he submitted or allowed to be submitted an account(s) for professional services in relation to Patients 1–25 that he knew or ought to have known was false or misleading and, in particular, he:

- a. submitted accounts to OHIP under billing codes V402, V406, V408, V409, V410 in circumstances where he knew or ought to have known that the criteria for submitting accounts under those billing codes were not met; and/or
- b. submitted accounts to patients for visits, tests and/or procedures that he knew or ought to have known were not clinically indicated.

5. Dr. Mah has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.53 of Ontario Regulation 859/93 (now revoked) and/or paragraph 1.39 of Ontario Regulation 119/94 in that, between approximately January 2014 and July 2015, he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical regarding his care and management of Patients 1–25 he:

- a. recommended that patients attend at his office for visits, tests, procedures and/or ongoing monitoring in circumstances where such visits, tests, procedures and/or ongoing monitoring was not clinically indicated;
- b. billed OHIP and/or patients for office visits, tests, and procedures that were not clinically indicated;
- c. made diagnoses, referrals, and prescriptions that were not clinically indicated;
- d. failed to maintain legible patient records; and/or
- e. failed to maintain adequate patient records.

**7. Dr. Farrukh A. Sheikh – Hearing dates TBD**

*Date of Referral: January 15, 2018*

1. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.14 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh failed to maintain the standards of practice of the profession with respect to:
  - a. his delegation of a controlled act(s) to Person X in relation to Patient A, including, but not restricted to, his failure to:
    - i. obtain informed consent or to ensure that informed consent was obtained from Patient A for the delegation;
    - ii. establish a formal relationship with Patient A prior to the delegation;
    - iii. adequately supervise Person X; and/or
    - iv. ensure that the delegation was appropriately and/or adequately documented in the patient record.
  - b. his assignment of various aspects of Patient A's eye examination to Person X including, but not restricted to, his failure to:
    - i. obtain informed consent or ensure that informed consent was obtained, from Patient A for the assignment;
    - ii. establish a formal relationship with Patient A prior to the assignment;
    - iii. adequately supervise Person X; and/or
    - iv. ensure that the assignment was appropriately and/or adequately documented in the patient record.
2. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.18 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh permitted, counselled, or assisted Person X, a person who is not a member of the College of Optometrists of Ontario ("the College"), to perform one or more of the following controlled acts, which should be performed by a member of the College, in relation to Patient A:
  - a. communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease; and/or
  - b. prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses.
3. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.24 of Ontario

Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh failed to make and/or maintain records in accordance with Part IV and, in particular, Dr. Sheikh failed to ensure that the patient health record for Patient A included:

- a. information about Dr. Sheikh's delegation of a controlled act(s) to Person X;
- b. a copy of the appropriate written consent to treatment; and
- c. information that would allow the person who made every entry in the health record for Patient A to be readily identifiable.

4. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.28 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh allowed to be submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, Dr. Sheikh allowed a claim to be submitted to Patient A's insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:
  - a. Dr. Sheikh had completed Patient A's eye examination on that date, when that was not the case; and
  - b. Patient A had received a complete eye examination on that date, when that was not the case.
5. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.30 of Ontario Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh, or the administrative staff who support his practice, failed to issue a statement or receipt that itemizes an account for professional goods or services provided to Patient A, when he requested such a statement or receipt.
6. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.39 of Ontario Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical and, in particular:

- a. Dr. Sheikh delegated a controlled act(s) to Person X in relation to Patient A without:
- i. obtaining informed consent and/or ensuring that informed consent was obtained from Patient A for the delegation;
  - ii. establishing a formal relationship with Patient A prior to the delegation;
  - iii. adequately supervising Person X; and/or
  - iv. ensuring that the delegation was appropriately and/or adequately documented in the patient record;
- b. Dr. Sheikh assigned various aspects of patient's Patient A's eye examination to Person X without:
- i. obtaining informed consent and/or ensuring that informed consent was obtained, from Patient A for the assignment;
  - ii. establishing a formal relationship with Patient A prior to the assignment;
  - iii. adequately supervising Person X; and/or
  - iv. ensuring that the assignment was appropriately and/or adequately documented in the patient record;
- c. Dr. Sheikh permitted, counselled, or assisted Person X, a person who is not a member of the College of Optometrists of Ontario ("the College"), to perform one or more of the following controlled acts, which should be performed by a member of the College, in relation to Patient A:
- i. communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease; and/or
  - ii. prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses;
- d. Dr. Sheikh failed to make and/or maintain records in accordance with Part IV and, in particular, Dr. Sheikh failed to ensure that the patient health record for Patient A included:
- i. information about Dr. Sheikh's delegation of a controlled act(s) to Person X;
  - ii. a copy of the appropriate written consent to treatment.
  - iii. information that would allow the person who made every entry in the health record for Patient A to be readily identifiable.
- e. Dr. Sheikh submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, Dr. Sheikh allowed a claim to be submitted to Patient A's insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:

- i. Dr. Sheikh had completed Patient A's eye examination on that date, when that was not the case; and
  - ii. Patient A had received a complete eye examination on that date, when that was not the case; and/or
- f. Dr. Sheikh failed to have the appropriate administrative processes in place to ensure that Patient A received an itemized statement or receipt when he requested one.

**Committee training:**

Three committee members are preparing to attend the Federation of Health Regulatory Colleges' training session "Conducting a Discipline Hearing – Basic Program," to take place in May 2017.

Respectfully submitted:

Karin Simon, O.D.  
Committee Chair

## Governance Committee Report

<b>Name of committee:</b>	<b>Governance Committee</b>
<b>Reporting date:</b>	<b>March 27, 2018</b>
<b>Number of meetings in 2018:</b>	<b>2</b>
<b>Number of meetings since the last Council meeting:</b>	<b>1</b>

The Governance Committee met in person on January 9, 2018 and March 7, 2018.

**Governance Review:** Council was presented with the Governance Solutions report by the consultant, Mr. David Brown, at its January meeting. Following the meeting, members of Council were given the opportunity to provide feedback on the findings and recommendations via an online survey. Eleven out of eighteen councillors responded to the survey. The Committee reviewed these responses at their last meeting.

**Implementation Work Plan:** After consideration of Council's response to the recommendations, Mr. David Brown provided a timed implementation working plan for the Committee's review. The Committee has begun to examine the proposed recommendations, discuss areas requiring further dialogue/research, and consider steps toward implementation.

**Council Meeting Evaluation:** The Committee reviewed the feedback received about the January Council meeting via the online survey. This practice was beneficial, and the plan is to continue to implement it for all future Council meetings.

**Motion to Council:** The Committee has brought forth a motion recommending that Council consider transitioning the function of treasurer to a qualified staff member and maintain financial oversight via an appropriately constituted committee.

Respectfully submitted:

Pooya Hemami, OD  
Committee Chair

### **Registrar's Report – April 9, 2018**

I am pleased to provide you with the following update on staff/office activities since the January 15, 2018 Council meeting.

**Consent and Capacity Presentation:** On Saturday, April 14, I will be presenting “Eye Consent: An Optometrist’s Guide to Consent and Capacity” at the OAO Annual Symposium in Toronto. Related to this topic is the College’s participation in the Federation of Health Regulatory College’s (FHRCO) Consent and Capacity Working Group. All members of FHRCO colleges were sent a survey to gauge their understanding of this important topic. FHRCO is working to increase understanding of health care professionals’ understanding of this important health care requirement.

**OPT 477:** The College was invited to participate in the OPT 477 Clinical Techniques course provided to the final year students at the University of Waterloo School of Optometry and Vision Science. This course provides an opportunity for optometry students to discuss and evaluate, among other aspects of practice, ideologies not covered in the current curriculum. The College’s session, where we discuss the complaints process, is presented by Dr. David White and I, and is given once a semester, most recently on January 23, 2018. The students are engaged and interested in how complaints are dealt with by the College and what measures may help them to reduce the possibility of receiving a complaint.

**Staff News:** The College welcomed two new staff members in March. Ms. Raj Bhatti and Ms. Grace Nicer have joined the College in their new roles as administrative assistants. Both Raj and Grace will work at reception, as well as assisting other staff members in administrative duties.

#### **Administration Statistics from January 1, 2018–March 30, 2018:**

Registration:	48 applications opened
	19 new members registered
Quality Assurance:	32 practice assessments were processed and sent to assessors
ICRC:	25 new complaints files opened
	1 request to ICRC to approve the appointment of an investigator in a Registrar’s report matter
	2 investigators appointed at the request of the ICRC

Respectfully submitted,

Paula Garshowitz, OD  
Registrar



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# 4 / FINANCIAL MATTERS

- 4. Financial Matters
  - 4.1. Treasurer's Report
  - 4.2. Financial Dashboard
  - 4.3. Balance Sheet and Income and Expenditure Report – to January 31, 2018
  - 4.4. Financial Statements

## **Treasurer's Report**

**Reporting Date: March 29, 2018**

I am thankful to you for entrusting me with the role of Treasurer for the College. I assure you it is both an honour I am thankful for and a responsibility I will take quite seriously. Overall, looking at the College financials, we are in great shape currently thanks to the diligent stewardship of Irene, Pooya, and College staff. My plan moving forward is to ensure that the dashboard metrics are maintained and enhanced further. I also have some ideas regarding reducing, for example, merchant fees, which are not an insignificant amount over the fiscal year. In addition, I had the idea of getting all Council and committee members College ID cards to enable government rates to be attainable at hotels in the GTA area. As costs for hotels in the GTA can get quite costly, this move is sensible as most hotels have significantly reduced rates for government/government-affiliated entities. This move has the potential to save the College approximately \$10,000 per year. From running two of my own practices, seemingly small things like this can make a difference in terms of the efficiency of an organization. These moves are also important in demonstrating how we are being “good stewards” of the College’s financial investment/funding made annually to keep the College running and ensuring that the public, and our members, have a transparent view of how the funding is being used. Having two investment firms running the College’s investment portfolio is also wise in my opinion to ensure our reserves are well protected (i.e., CDIC insurance) and not “all in one basket.” If anyone has any questions about financial issues related to the College, please feel free at any time to contact myself or Paula. Thank you for entrusting this role to me, I will ensure that our financials are accurate and transparent at all times.

**Balance Sheet and Income and Expense Report:** The financial information includes the Balance Sheet and Income/Expense report to January 31, 2018. Both Discipline legal and ICRC legal line items remain high, reflecting an increase in complex cases before ICRC that require legal advice, and a higher number of referrals to the Discipline Committee by ICRC.

**Dashboard:** The dashboard summary has been updated to include the January 2018 financial information, including the College’s investment funds, and indicates that the College’s financial position continues to be strong.

**2017 Audited Financial Statements:** The College’s auditors, Ms. Ildiko Jurina Cleary and Mr. Terry Lee, will present the draft audited financial statements to Council for their review and approval.

**Motions Regarding Signing Authority and Investment Account:** Council annually considers the following motions as allowed under the following by-laws:

*By-Law 3.02 Subject to these By-laws, Council may authorize by Resolution any individual to sign contracts, documents, cheques or other instruments pertaining to the College's bank account. In the absence of such Resolution, any of the President, Vice-President or the Treasurer, in addition to the Registrar, is authorized to sign banking documents on behalf of the College.*

**Motion: To authorize Ms. Hanan Jibry, Assistant Registrar, as signing officer for the College with respect to banking documents and documents and instruments requiring the signature of the College.**

*By-Law 3.04 (3) Council may authorize, by Resolution, any employee of the College to give directions to an investment advisor.*

**Motion: To authorize, by resolution, the Registrar to provide direction to the College's investment advisor.**




Respectfully submitted,

Dr. Patrick Quaid, Treasurer

**COLLEGE OF OPTOMETRISTS OF ONTARIO  
FINANCIAL STATEMENT SUMMARY AS OF JANUARY 2018**

**1. Incomes and Expenditures**




Month 1

	ANNUALIZED BUDGET	YTD BUDGET	YTD OUTPUT	VARIANCE	%VARIA NCE	
REVENUES	2558860.00	213238.33	260817.00	47578.67		 Good(Above5%)
EXPENSES	3234320.00	269526.67	198291.00	(71235.67)		 Requires some attention (between -5 and 5%)
SURPLUS(DEFICIT)	(675460.00)	(56288.33)	62526.00	118814.33	22%	 Poor(Under-5%)

Overall positive variance due to under spending in expenses and 40K over budgeted revenue  
Annualized expense budget includes 260K exceptional investment amounts

**2. Liquid Funds Indicator(Are our net assets enough to cover our expenses?)**




Net Assets- Assets invested in Capital  
Budgeted average Operating expenses

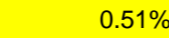
	Good(above 12 months)
	Requires some attention(between 2-12 months)
	Poor(Less than 2 months)

(4647067-218183)/(3234320/12)  16.41 Means College can cover its expenses for 16 months using its Net Assets.


**3. Investment Portfolio Performance**

Weighted Average Return


	Good(above 3% of performance)
	Requires some attention(between -3% and 3% of performance)
	Poor(Less than 3% of performance)

Last 3 Months	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	-1.39%	-0.42%		
	US Equity(C\$)	15%	3.95%	0.59%		
	Fixed income	55%	-0.80%	-0.44%		
				-0.26%	0.25%	 0.51%

Last 12 Months	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	6.67%	2.00%		
	US Equity(C\$)	15%	19.42%	2.91%		
	Fixed income	55%	1.82%	1.00%		
				5.92%	6.50%	 0.59%

Since Inception(Nov 2014)	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	5.99%	1.80%		
	US Equity(C\$)	15%	16.19%	2.43%		
	Fixed income	55%	2.78%	1.53%		
				5.75%	3.88%	 -1.87%

**College of Optometrists of Ontario**

65 St. Clair Ave. E., 9th Floor

Toronto, Ontario

M4T 2Y3

**Income and Expenditure Report**

As at Jan 31/2018

	2017 Actuals	2018 Budget Estimate	Budget to Date 1/12	Income/Expend. To Date	% of Budget To Date
<b>Income</b>					
Annual registration fees	\$2,235,227	\$2,259,951	\$188,329	\$180,635	95.9%
Professional Corporation fees	\$287,115	\$195,000	\$16,250	\$66,489	409.2%
Application Fees	\$43,723	\$56,909	\$4,742	\$7,560	159.4%
Credential assessment fees			\$0		#DIV/0!
Optometry review Committee			\$0		#DIV/0!
Continuing Education	\$5,307	\$2,000	\$167	\$630	378.0%
QA - Assessments	\$13,574	\$35,000	\$2,917	\$3,466	118.8%
Other Income	\$3,079	\$10,000	\$833	\$2,037	244.5%
<b>Total Revenues</b>	<b>\$2,588,026</b>	<b>\$2,558,860</b>	<b>\$213,238</b>	<b>\$260,817</b>	<b>122.3%</b>
<b>Committee Expenses</b>					
Quality Assurance Committee	\$104,931	\$100,000	\$8,333	\$6,150	73.8%
Communication Committee			\$0		#DIV/0!
Clinical Practice Panel of QAC	\$35,504	\$40,000	\$3,333		0.0%
College Representation	\$20,517	\$40,800	\$3,400	\$2,024	59.5%
ICRC	\$82,245	\$90,000	\$7,500	\$4,245	56.6%
Council Meeting	\$84,120	\$102,000	\$8,500	\$14,190	166.9%
Council Training	\$373	\$15,000	\$1,250		0.0%
Discipline Committee	\$69,866	\$100,000	\$8,333		0.0%
Credential Assessment Committee			\$0		#DIV/0!
FORAC Contribution	\$23,350	\$30,000	\$2,500	\$23,910	956.4%
Transparency Committee		\$2,000	\$167		0.0%
Eye Health Council (EHCO)		\$5,000	\$417		0.0%
Fitness to Practise		\$5,000	\$417		0.0%
Road Show	\$1,664	\$10,000	\$833		0.0%
Executive Committee	\$75,451	\$65,000	\$5,417	\$257	4.7%
Memberships (FHRCO, etc)	\$11,344	\$25,000	\$2,083	\$8,657	415.5%
Medals and Presentations	\$1,915	\$5,000	\$417		0.0%
Patient Relations Committee	\$24,948	\$30,000	\$2,500		0.0%
Registration Committee	\$37,820	\$65,000	\$5,417		0.0%
Illegal/Internet dispensing	\$102,138	\$100,000	\$8,333		0.0%
Unauthorized Practice	\$27,565	\$50,000	\$4,167		0.0%
Regulation Proposals	\$24	\$15,000	\$1,250		0.0%
Strategic Planning		\$10,000	\$833		0.0%
OEBC Contribution		\$0	\$0		#DIV/0!
Governance committee	\$20,630	\$20,000	\$1,667	\$2,278	136.7%
<b>Total Committee Expenses</b>	<b>\$724,405</b>	<b>\$924,800</b>	<b>\$77,067</b>	<b>\$61,712</b>	<b>80.1%</b>
<b>Admin. Expenses</b>					
Bank & Credit Card Fees	\$92,085	\$55,000	\$4,583	\$764	16.7%
Investment management Fees	\$0	\$30,000	\$2,500	\$6,714	268.5%
Occupancy Costs	\$149,243	\$155,000	\$12,917	\$12,475	96.6%
Insurance	\$7,764	\$10,200	\$850		0.0%
Legal General	\$25,560	\$35,000	\$2,917		0.0%
Legal - Special	\$2,373	\$5,000	\$417		0.0%
Legal - Registration	\$8,158	\$15,000	\$1,250		0.0%
Legal - Quality Assurance	\$1,040	\$10,000	\$833		0.0%
Legal - ICRC	\$44,658	\$40,000	\$3,333		0.0%
Legal Discipline	\$182,181	\$125,000	\$10,417		0.0%
Accounting & Audit	\$48,022	\$41,000	\$3,417		0.0%
Recovery of discipline cost	(\$61,160)	\$0	\$0	(\$11,333)	#DIV/0!
Library Expense	\$795	\$1,000	\$83		0.0%
Web Site & Software	\$44,202	\$50,000	\$4,167	\$4,131	99.2%
Database / IS Servicing/Special Project	\$62,850	\$75,000	\$6,250		0.0%
Office Equipment	\$270	\$10,000	\$833		0.0%
Computer Hardware		\$30,000	\$2,500	\$32	1.3%
Leasing of Equipment	\$11,771	\$15,500	\$1,292	\$1,599	123.8%
Office Supplies and Maint.	\$20,438	\$25,000	\$2,083	\$1,631	78.3%
Postage & Courier	\$13,378	\$15,000	\$1,250	\$224	17.9%
Communications and Design		\$20,000	\$1,667		0.0%
Printing	\$4,383		\$0		#DIV/0!
Staff Training	\$6,835	\$15,000	\$1,250		0.0%
Telephone and Internet	\$7,034	\$15,000	\$1,250	\$582	46.6%
Human Resources(Consultants)	\$21,243	\$15,000	\$1,250	\$537	43.0%
OE Tracker costs	\$45,988	\$50,000	\$4,167	\$45,602	1094.5%
Jurisprudence examination	\$13,055	\$20,000	\$1,667	\$730	43.8%
Other Expense	\$5,508	\$7,140	\$595	\$120	20.2%
<b>Payroll</b>					
Consulting	(\$6,545)	\$9,180	\$765		0.0%
Salaries	\$878,564	\$985,000	\$82,083	\$66,143	80.6%
Staff Benefits	\$71,366	\$80,500	\$6,708	\$6,628	98.8%
<b>Sub-Total</b>	<b>\$1,701,055</b>	<b>\$1,959,520</b>	<b>\$163,293</b>	<b>\$136,580</b>	<b>83.6%</b>
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

<b>Total Admin. Expenses</b>	\$1,701,055	\$1,959,520	\$163,293	\$136,580	83.6%
<b>Total Operating Expenses</b>	\$2,425,461	\$2,884,320	\$240,360	\$198,291	82.5%
<b>EBITDA</b>	\$162,565	(\$325,460)	(\$27,122)	\$62,526	\$0
Depreciation	\$41,397	\$85,000	\$7,083	\$0	0.0%
<b>Operating Income</b>	\$121,168	(\$410,460)	(\$34,205)	\$62,526	\$0
<b>Exceptional Investments</b>					
Research for Entry-to-Practice Exam	\$17,500	\$250,000	\$20,833		0.0%
Online Jurisprudence seminar & exam	\$0	\$100,000	\$8,333		0.0%
<b>Operating income after exceptionals</b>	\$103,668	(\$760,460)	(\$63,372)	\$62,526	\$0
Investment Income	\$182,957	\$79,591	\$6,633	\$15,911	239.9%
<b>NET RESULTS</b>	\$286,625	(\$680,869)	(\$56,739)	\$78,437	\$3

**College of Optometrists of Ontario**

65 St. Clair Ave. E., 9th Floor

Toronto, Ontario

M4T 2Y3

**Balance Sheet**

Jan 2018

	31-Jan-18	31-Jan-17
<b>ASSETS</b>		
<b>Current</b>		
Cash	543,019	730,305
Short Term Investment		
Amounts Held By Broker	99,748	1,284,726
Accounts Receivable		
Interest Receivable		
Prepaid Expenses	13,926	16,483
	<b>656,692</b>	<b>2,031,514</b>
<b>Portfolio Investments</b>		
Investments, Securities & Bonds	5,929,391	3,986,555
<b>Capital Assets less Accumulated Amortization</b>		
Land & Building	0	0
Computer Hardware & Software	110,308	200,727
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination		
Database / IS Implementation		
	<b>467,957</b>	<b>558,376</b>
Accumulated Amortization	-286,724	-296,653
	<b>181,233</b>	<b>261,723</b>
	<b>6,767,316</b>	<b>6,279,792</b>
<b>LIABILITIES</b>		
<b>Current</b>		
Accounts Payable & Accrued Liabilities	56,098	4,929
Accrued Building Upgrade Expenses	0	0
Fees Received in Advance	2,071,001	1,989,891
	<b>2,127,099</b>	<b>1,994,820</b>
<b>NET ASSETS</b>		
Invested in Capital Assets	181,232	261,723
Appropriated Special Policy Funds (1)	2,800,000	2,350,000
Unappropriated Surplus	1,658,985	1,673,250
	<b>4,640,217</b>	<b>4,284,973</b>
	<b>6,767,316</b>	<b>6,279,793</b>

**COLLEGE OF OPTOMETRISTS OF ONTARIO**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2017**

DRAFT

**COLLEGE OF OPTOMETRISTS OF ONTARIO**

**DECEMBER 31, 2017**

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DRAFT



# TAPP & COMPANY LLP

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## INDEPENDENT AUDITOR'S REPORT

### To the Members of College of Optometrists of Ontario

We have audited the accompanying financial statements of College of Optometrists of Ontario, which comprises the balance sheets as at December 31, 2017, the statements of changes of net assets, revenue and expenditures and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedure selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Other Matter

The financial statements of the College for the year ended December 31, 2016, were audited by another auditor who expressed an unmodified opinion on those statements on April 6, 2017. The previous auditor has merged their practice with the auditor providing the unmodified opinion on these statements.

TORONTO, Ontario  
xxxxxx

CHARTERED PROFESSIONAL ACCOUNTANTS  
LICENSED PUBLIC ACCOUNTANTS

**COLLEGE OF OPTOMETRISTS OF ONTARIO**

**BALANCE SHEET**

**AS AT DECEMBER 31, 2017**

	<u>2017</u>	<u>2016</u>
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$2,588,514	\$2,432,821
Short-term investments (Note 3)	953,549	1,531,497
Prepaid expenses	<u>15,885</u>	<u>17,827</u>
	<b>3,557,948</b>	3,982,145
<b>LONG-TERM INVESTMENTS (Note 4)</b>	<b>3,388,184</b>	2,577,731
<b>CAPITAL ASSETS (Note 5)</b>	<u>181,233</u>	<u>218,183</u>
	<b><u>\$7,127,365</u></b>	<b><u>\$6,778,059</u></b>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 50,935	\$ 109,241
HST payable	258,109	267,403
Fees received in advance	<u>2,183,370</u>	<u>2,126,261</u>
	<b><u>2,492,414</u></b>	<b><u>2,502,905</u></b>
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	<b>181,233</b>	218,183
<b>APPROPRIATED SPECIAL POLICY FUNDS</b>	<b>2,800,000</b>	2,350,000
<b>UNAPPROPRIATED SURPLUS</b>	<u>1,653,718</u>	<u>1,706,971</u>
	<b><u>4,634,951</u></b>	<b><u>4,275,154</u></b>
	<b><u>\$7,127,365</u></b>	<b><u>\$6,778,059</u></b>

**APPROVED ON BEHALF OF THE COUNCIL:**

\_\_\_\_\_ President

**COLLEGE OF OPTOMETRISTS OF ONTARIO**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>	<u>2016</u>
<b>INVESTED IN CAPITAL ASSETS</b>		
Balance, beginning of year	\$ 218,183	\$ 261,723
Invested in capital assets	<u>(36,950)</u>	<u>(43,540)</u>
Balance, end of year	<u>\$ 181,233</u>	<u>\$ 218,183</u>
<b>APPROPRIATED SPECIAL POLICY FUNDS</b>		
Office Acquisition	<u>\$2,000,000</u>	<u>\$2,000,000</u>
Patient Relations	<u>30,000</u>	<u>30,000</u>
Special Contingencies	<u>20,000</u>	<u>20,000</u>
Unauthorized Practice	<u>250,000</u>	<u>250,000</u>
New Government Initiatives		
Balance, beginning of year	50,000	50,000
Appropriations (Note 12)	<u>50,000</u>	<u>-</u>
Balance, end of year	<u>100,000</u>	<u>50,000</u>
Investigations and Hearings		
Balance, beginning of year	-	-
Appropriations (Note 12)	<u>200,000</u>	<u>-</u>
Balance, end of year	<u>200,000</u>	<u>-</u>
Fee Stabilization		
Balance, beginning of year	-	-
Appropriations (Note 12)	<u>100,000</u>	<u>-</u>
Balance, end of year	<u>100,000</u>	<u>-</u>
Public Engagement		
Balance, beginning of year	-	-
Appropriations (Note 12)	<u>50,000</u>	<u>-</u>
Balance, end of year	<u>50,000</u>	<u>-</u>
Research		
Balance, beginning of year	-	-
Appropriations (Note 12)	<u>50,000</u>	<u>-</u>
Balance, end of year	<u>50,000</u>	<u>-</u>
	<u>\$2,800,000</u>	<u>\$2,350,000</u>
<b>UNAPPROPRIATED SURPLUS</b>		
Balance, beginning of year	\$1,706,971	\$ 998,172
Excess of revenue over expenditure	<u>359,797</u>	<u>665,259</u>
	<u>2,066,768</u>	<u>1,663,431</u>
Appropriations (Note 12)	<u>(450,000)</u>	<u>-</u>
Invested in capital assets	<u>36,950</u>	<u>43,540</u>
Balance, end of year	<u>\$1,653,718</u>	<u>\$1,706,971</u>

**COLLEGE OF OPTOMETRISTS OF ONTARIO**  
**STATEMENT OF REVENUE AND EXPENDITURES**  
**FOR THE YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>	<u>2016</u>
<b>REVENUE</b>		
Annual registration fees	\$2,278,951	\$2,242,582
Professional corporation	287,115	309,958
Quality assurance	13,574	38,531
Continuing education	5,307	550
Other income	3,079	5,022
	<u>2,588,026</u>	<u>2,596,643</u>
<b>EXPENDITURES</b>		
Discipline Committee (Note 7)	190,887	105,503
Inquires, Complaints and Reports Committee (Note 7)	130,760	72,250
Quality Assurance Committee (Note 7)	105,970	64,415
Council meeting and training expense	83,180	82,291
Executive Committee	75,451	46,352
Registration Committee (Note 7)	45,977	51,942
Clinical Practice Committee	35,504	29,857
College representation	33,777	50,539
Patient Relations Committee	24,948	12,242
Membership contributions (Note 8)	23,350	54,675
Governance Committee	20,654	-
Jurisprudence examination expense	13,055	12,390
Continuing education expense	1,664	8,931
Government regulations	-	493
	<u>785,177</u>	<u>591,880</u>
<b>COLLEGE ADMINISTRATION ACTIVITIES</b>		
Salaries and benefits	942,382	862,423
Office operation	239,797	246,290
Occupancy costs (Note 11(b))	149,243	142,221
Consulting (Note 9)	56,305	43,630
Accounting and audit fees	48,022	47,153
OE Tracker expense	45,988	48,346
General legal fees (Note 7)	27,932	17,374
Amortization	41,397	47,492
	<u>1,551,066</u>	<u>1,454,929</u>
<b>TOTAL EXPENDITURES</b>	<u>2,336,243</u>	<u>2,046,809</u>

... continued

**COLLEGE OF OPTOMETRISTS OF ONTARIO  
STATEMENT OF REVENUE AND EXPENDITURES  
FOR THE YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>	<u>2016</u>
<b>EXCESS OF REVENUE OVER EXPENDITURES BEFORE OTHER EXPENDITURES AND INCOME</b>	<b>251,783</b>	549,834
<b>OTHER EXPENDITURES</b>		
Unauthorized practice and dispensing	<b>129,703</b>	83,574
Research for entry-to-practice exam	<b>17,500</b>	-
	<u><b>147,203</b></u>	<u>83,574</u>
<b>OTHER INCOME</b>		
Investment income (Note 10)	<b>182,957</b>	46,527
Unrealized gain on investments	<b>72,260</b>	152,472
	<u><b>255,217</b></u>	<u>198,999</u>
<b>TOTAL EXCESS OF REVENUE OVER EXPENDITURES</b>	<b>\$ <u>359,797</u></b>	<b>\$ <u>665,259</u></b>

**COLLEGE OF OPTOMETRISTS OF ONTARIO**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>	<u>2016</u>
<b>OPERATING ACTIVITIES</b>		
Excess of revenue over expenditures	\$ 359,797	\$ 665,259
Adjustments for:		
Amortization of capital assets	41,397	47,492
Net unrealized (gain) on investments	<u>(72,260)</u>	<u>(152,472)</u>
	<b>328,934</b>	560,279
Changes in non-cash working capital:		
Decrease in accounts receivable	-	5,777
Decrease in prepaid expenses	1,942	66,077
(Decrease) increase in accounts payable and accrued liabilities	<b>(58,306)</b>	55,604
(Decrease) increase in HST payable	<b>(9,294)</b>	14,366
Increase in fees received in advance	<u>57,109</u>	<u>38,967</u>
Cash flow from operating activities	<u><b>320,385</b></u>	<u>741,070</u>
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets	<b>(4,447)</b>	(3,952)
Net (increase) in investments	<u>(160,245)</u>	<u>(677,781)</u>
Cash flow from investing activities	<u><b>(164,692)</b></u>	<u>(681,733)</u>
<b>INCREASE IN CASH</b>	<b>155,693</b>	59,337
<b>CASH, beginning of year</b>	<u><b>2,432,821</b></u>	<u>2,373,484</u>
<b>CASH, end of year</b>	<u><b>\$2,588,514</b></u>	<u>\$2,432,821</u>

# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 1. NATURE OF OPERATIONS

The College of Optometrists of Ontario (College) was incorporated without share capital in 1963 as a not-for-profit organization exempt from taxes under the Income Tax Act. The College is a self-regulatory authority responsible for the registering (licensing) and governing of optometrists in Ontario. The College's mission is to serve the public by regulating Ontario's optometrists and uses its authority to guide the profession in the delivery of safe, ethical, progressive and quality eye care at the highest standards.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and includes the following significant accounting policies:

#### (a) Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of resources available, the College follows the fund method of accounting.

Invested in capital assets fund reports the flow of funds related to their acquisition and disposal capital assets of the College.

Appropriated special policy funds reports money set aside by the Council for specific purposes as follows:

Office Acquisition Fund: To provide funding for the future purchase of an office premises.

Patient Relations Fund: To provide funding for the Patient Relations program which includes measures for preventing and dealing with sexual abuse of patients.

Special Contingencies: To provide funding for costs incurred with the determination and resolution of unanticipated issues as identified by the College.

Unauthorized Practice: To set aside additional funding for unanticipated costs in pursuing legal action against unauthorized practice and dispensing.

New Government Initiatives: To provide funding for initiatives undertaken by the College to address the enactment of new or amended legislation and regulations.

Investigations and Hearings: To provide funding to the College ICRC and Discipline committees for unanticipated costs of complex investigations and hearings.

Fee Stabilization: To provide funding to defray unanticipated fee increase as a result of a temporary shortfall in revenue.

Public Engagement: To provide funding for the enhancement of public participation and consultation in the College's regulatory activities.

Research: To provide funding for the process development and related research into clinical regulatory matters.

# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(a) Fund Accounting (continued)

Unappropriated surplus fund reports revenue and expenditure of the general operation of the College and follows the accrual basis of accounting.

(b) Cash and Cash Equivalents

Cash and cash equivalents comprise of cash on hand with a financial institution and amounts held by brokers.

(c) Short-Term and Long-Term Investments

Investments consist of guaranteed investment certificates, bonds, stocks, income trusts and mutual funds. The College has elected to state all of their investments at quoted market values under the Canadian accounting standards for not-for-profit organizations. Long-term investments reflect investments that mature or are not intended to be sold at end of the following fiscal year-end. The investment income is recognized as revenue in the year in which it is earned. Gains and losses on sales of investments are recorded as investment income as such sales are realized.

For investments which have not been sold or matured, the unrealized gains and losses are recognized and reported under the statement of revenue and expenditures.

(d) Prepaid expenses

Prepaid expenses are primarily comprised of advance payments made to vendors for facility rental, membership dues, membership contributions and contracts for services received in the following year.

(e) Capital Assets

Capital assets are stated at acquisition cost. Amortization is provided on a diminishing balance basis using the following rates:

Computer hardware	- 30-55% diminishing balance
Furniture and equipment	- 20% diminishing balance
Leasehold improvements	- 20% straight line

Leasehold improvements are amortized over the term of the lease.

(f) Revenue Recognition

Members of the College pay a registration fee upon admission as a member. Other fees include registration of a professional corporation fees, quality assurance fees, continuing education fees, credential assessment fees and letter of good standing fees. Registration and other fees are recorded as income upon receipt of these fees and when the services for these fees have been provided.



# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(g) Fees Received in Advance

Annual member fees are billed each November. These fees relate to membership for the following fiscal year and, accordingly, these amounts are shown as fees received in advance at year-end.

(h) Measurement of Financial Instruments

The College initially measures its financial assets and liabilities at fair value. The organization subsequently measures all its financial assets and financial liabilities at amortized cost except for investments, which are stated at fair values at the year-end date.

Financial assets measured at amortized cost are accounts receivable.

Financial liabilities measured at amortized cost include accounts payable, accrued liabilities and fees received in advance.

(i) Measurement Uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting standards for not-for-profit requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. An area requiring the use of management's judgment relates to the estimated useful lives of capital assets. Actual results may differ from these estimates.

(j) Contributed services

The organization uses volunteers to assist in the Corporation's activities. While these services benefit the Corporation considerably, a reasonable estimate of the time spent and its fair market value cannot be made and accordingly, these contributed services are not recognized in the financial statements.

### 3. SHORT-TERM INVESTMENTS

	<u>2017</u>	<u>2016</u>
	<b>Market value</b>	Market value
Short-term investments	<u>\$ 953,549</u>	<u>\$1,531,497</u>
	<b>Cost</b>	Cost
Short-term investments	<u>\$ 955,746</u>	<u>\$1,531,497</u>

Short-term investments mature or are redeemable at various dates not exceeding 12 months and consist of \$633,193 (2016 - \$1,258,975) guaranteed investment certificates and T-bill with interest rates of 1%-1.1%, and \$320,356 (2016 - \$272,522) high interest performer accounts with interest rate of .9%-1.2%.

# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 4. LONG-TERM INVESTMENTS

	<u>2017</u>	<u>2016</u>
	<b>Market value</b>	Market value
Long-term investments	<b><u>\$3,388,184</u></b>	<u>\$2,577,731</u>
	<b>Cost</b>	Cost
Long-term investments	<b><u>\$3,161,306</u></b>	<u>\$2,425,312</u>

Long-term investments consist of \$1,770,663 (2016 - \$1,516,096) fixed income funds with effective interest rates ranging from 1.25% to 7.4%, \$905,132 (2016 - \$617,855) Canadian equities and \$712,389 (2016 - \$443,780) U.S. and international equities. Investments in fixed income funds mature or are redeemable at dates ranging from 4 to 16 years.

### 5. CAPITAL ASSETS

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net 2017</u>	<u>Net 2016</u>
Computer hardware	\$ 104,844	\$ 98,023	\$ 6,821	\$ 7,811
Furniture and equipment	98,133	67,644	30,489	38,111
Leasehold improvements	<u>259,516</u>	<u>115,593</u>	<u>143,923</u>	<u>172,261</u>
	<u>\$ 462,493</u>	<u>\$ 281,260</u>	<u>\$ 181,233</u>	<u>\$ 218,183</u>

### 6. RETIREMENT PLAN

The College sponsors a defined contribution pension plan covering all eligible employees. Contributions are based on a percentage of the employee's compensation.

### 7. COMMITTEE AND GENERAL LEGAL FEES

Committee legal fees represent legal costs specific to the activities of a Committee and are included in the total expenditure for that Committee as follows:

	<u>2017</u>	<u>2016</u>
Inquires, Complaints and Reports Committee	<b><u>\$ 53,905</u></b>	<u>\$ 28,355</u>
Discipline Committee	<b><u>\$ 182,181</u></b>	<u>\$ 93,196</u>
Less: Recovery of legal costs	<u>(61,160)</u>	<u>(22,124)</u>
	<b><u>\$ 121,021</u></b>	<u>\$ 71,072</u>
Quality Assurance Committee	<b><u>\$ 1,040</u></b>	<u>\$ NIL</u>
Registration Committee	<b><u>\$ 8,158</u></b>	<u>\$ 10,421</u>

General legal fees represent legal costs that have not been identified as a specific legal expense to the activities of a Committee.

# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 8. MEMBERSHIP CONTRIBUTIONS

	<u>2017</u>	<u>2016</u>
Canadian Examiners in Optometry	\$ -	\$ 54,675
Federation of Optometric Regulatory Authorities of Canada	<u>23,350</u>	<u>-</u>
	<u>\$ 23,350</u>	<u>\$ 54,675</u>

### 9. CONSULTING

	<u>2017</u>	<u>2016</u>
Data base project management	<u>\$ 56,305</u>	<u>\$ 43,630</u>

The College undertook to implement an information management data base system that required outside project management services to administer the implementation process.

### 10. INVESTMENT INCOME

	<u>2017</u>	<u>2016</u>
Interest and dividends income	\$ 106,815	\$ 97,782
Realized gain (loss) on investments	<u>76,142</u>	<u>(51,255)</u>
	<u>\$ 182,957</u>	<u>\$ 46,527</u>

### 11. COMMITMENTS

#### (a) Equipment Operating Leases

The College leases office equipment under long term lease arrangements which require the following payments over the following two years.

2018	\$ 11,771
2019	<u>2,688</u>
	<u>\$ 14,459</u>

#### (b) Premise Operating Lease

The College entered into a ten year lease agreement for their new premises effective March 1, 2014. Occupancy costs include the monthly lease amount, the College's share of property taxes and the College's proportionate share of operating costs. The minimum annual lease payments for the next five years and thereafter are as follows:

2018	\$ 61,104
2019	61,104
2020	61,104
2021	61,953
2022	63,650
thereafter	<u>137,908</u>
	<u>\$ 446,823</u>

# COLLEGE OF OPTOMETRISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

### 12. APPROPRIATED SPECIAL POLICY FUNDS

On April 6, 2017, the Council approved to appropriate \$450,000 from the Unappropriated Surplus fund to the Appropriated Special Policy funds to recognize specific operating and capital initiatives.

### 13. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The College has a risk management framework to monitor, evaluate and manage the principle risks assumed. The College is primarily exposed to market price, interest rate and liquidity risk.

(a) Market Price Risk:

Market price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The investments in publicly traded securities exposes the College to market price risk as these equity investments are subject to price fluctuations. There has been no change in this risk assessment from the prior year.

(b) Interest Rate Risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk by the dollar amount of the investment and the fluctuations in market interest rates. There has been no change in this risk assessment from the prior year

(c) Liquidity risk:

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College is primarily exposed to liquidity risk through accounts payable, accrued liabilities and government remittances payable. The College meets its liquidity requirements by preparing and monitoring forecasts of cash flows from operations, anticipating investing activities and holding assets that can be readily converted into cash. There has been no change in this risk assessment from the prior year.

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# 5 / MOTIONS

- 5. Motions Brought Forward from Committees
  - 5.1. Quality Assurance Committee
    - 5.1.1. Clinical Practice Panel
  - 5.2. Governance Committee

## Motion to Council

**Name of committee: Clinical Practice Panel – Quality Assurance Committee**

**Date of Submission: March 28, 2018**

**Recommendations to Council** (including rationale and impact on budget if appropriate):

**Proposed motion: To approve the publication of amendments to the following sections of the Optometric Practice Reference (OPR):**

- 4.2 Required Clinical Information
- 6.5 Contact Lens Therapy

Recommendation to Council and Rationale	
The Issue	Minor edits to two standards of practice are being proposed by the Clinical Practice Panel. Council approves the publication of amendments and additions to the OPR (Standards of Practice). Once approved by Council, the OPR is updated and members are notified of the related changes to standards of practice.
Background	OPR 4.2 – A minor edit is proposed to wording to confirm that government-issued photo identification is required for patient verification when filling out third party forms. OPR 6.5 – Amendment to the standard to require assessment of corneal topography when indicated.
Analysis, including impact on budget	Costs are related to updating the OPR.
Options (are there alternatives)	Under the HPPC, colleges are required to articulate the standards of practice to which members are held accountable.
Implications/expectations if approved	
Implications/potential consequences If not approved	

## 4.2 Required Clinical Information

The provision of optometric care relies on acquiring, updating and maintaining a complement of information about each patient. Analysis of these data enables optometrists to develop an accurate understanding of the ocular status of patients and devise appropriate management plans. Standards relating to required clinical information are intended to ensure the provision of optimal and efficient patient care.

### Regulatory Standard

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

2. Exceeding the scope of practice of the profession.
3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.
11. Failing to refer a patient to another professional whose profession is regulated under the *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.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.

### Professional Standard

Required clinical information to be obtained about patients at their first presentation includes:

- the chief concern or request(s);
- a review of ocular or visual symptoms or experiences;
- a general health history, with emphasis on eyes and vision, including medications used and applicable family history;
- the occupational and avocational visual environment and demands;
- the measurement and description of their ophthalmic appliances including purpose and effectiveness; and
- the results of the observation, examination or measurement of:
  - apparent and relevant physical, emotional and mental status;
  - the external eye and adnexa;
  - pupillary function;

- the *anterior segment* (OPR 6.1) and, when indicated, corneal thickness;
- ocular media;
- the *posterior segment* (OPR 6.2);
- intraocular pressure in adults and, when indicated, in children;
- presenting monocular visual acuities at distance and near;
- refractive status and best-corrected monocular visual acuity;
- accommodative function;
- oculomotor status and, when indicated, fusional reserves;
- other sensory functions, when indicated, such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity.

All required clinical information must be clearly documented in the *patient's health record* (OPR 5.1). In situations where it is not possible to obtain specific required information, justification must be documented.

The information will be kept current by re-evaluation at subsequent examinations. Patient signs, symptoms and risk factors influence decisions optometrists make about the frequency of re-evaluation.

In emergency or urgent situations, it may be impractical to obtain all information at the first visit. In such cases, a specific assessment is appropriate (OPR 4.6). Also, 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. The same applies to patients who have not been directly referred but are already under the established care of another optometrist or ophthalmologist. In such cases, optometrists will determine what is clinically necessary based on the reason for presentation.

Optometrists completing third party reports involving the clinical information of patients (e.g. MTO, CNIB, employment application reports), must verify ~~the photo identification of patients~~ [the identity of patients using government issued photo identification cards](#).

[For additional Clinical Guidelines click here](#)

Last Reviewed: October 2017

First Published: September 2007

Revised: April 2012

April 2014

June 2014

February 2018



## 6.5 Contact Lens Therapy

### Description

Optometrists are authorized to prescribe and dispense contact lenses for the treatment of:

- disorders of refraction, and/or sensory and oculomotor dysfunctions of the eye and vision system, and/or
- diseases/disorders affecting ocular health, and/or
- anatomical, structural and/or cosmetic concerns

The provision of this service to patients involves an initial assessment to determine suitability of patients for contact lens therapy, a determination of the parameters of a contact lens appropriate for patients, and ongoing monitoring of the efficacy of treatment. Contact lenses are classified by Health Canada as a medical device, not a consumer commodity, and should be treated accordingly.

### 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 in which a consent is required by law, without such a consent.
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 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 after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.
14. Failing to maintain the standards of practice of the profession.

### Professional Standard

#### Initial Contact Lens Fitting

Before contact lens fittings, optometrists obtain required clinical information ([OPR 4.2](#)) to determine the suitability of patients for contact lens wear. Special emphasis is given to the analysis of:

- the health of the cornea, conjunctiva, lids, tarsal and bulbar conjunctiva, and the integrity of the tear layer;
- corneal curvature;
- refractive status and visual acuity;
- the effects that contact lens wear may have on the function of the accommodative, oculo-motor and sensory systems; and

- relevant environmental, occupational, avocational, emotional and systemic health factors affecting contact lens wear.

To allow patients to make informed decisions about proceeding with treatment, optometrists provide information about the advantages, risks, limitations, and costs of contact lens wear and on the prognosis for successful treatment. Patients may choose to proceed with the contact lens fitting by their optometrist, or may obtain a copy of the spectacle prescription to be used for contact lens fitting by other qualified practitioners.

In fitting contact lenses, optometrists will determine, by diagnostic fitting or calculation, lenses that are appropriate for their patients. The initial lenses are evaluated on a patient's eyes and subsequent modifications of the lens parameters are made as required.

Instructions are provided to patients with respect to:

- hygiene;
- lens insertion and removal;
- use of specific lens care products;
- recommended wearing times and replacement schedules;
- normal and abnormal adaptive symptoms;
- contraindications to lens use;
- progress evaluations; and
- appropriate instructions on how and when to access emergency care ([OPR 4.6](#)).

Patients are examined during the adaptation period to assess lens performance, adaptation and compliance.

Once optometrists are satisfied that the adaptation process is complete, and that the parameters of the contact lenses are correct, a contact lens prescription can be finalized. Optometrists are entitled to remuneration for all professional services involved in the determination of these prescriptions. At this point, patients have the option of obtaining contact lenses from their optometrist, or requesting a copy of the contact lens prescription in order to obtain contact lenses elsewhere.

### **Continuing Care**

Optometrists provide continuing care to established contact lens patients. In providing continuing care, optometrists:

- maintain a history concerning:
  - the specifications, age and wearing schedule of current contact lenses;
  - the current lens care regime;
  - any adverse reactions associated with contact lens wear; and
  - any health or medication changes.
- assess patients to determine if they are achieving acceptable:
  - lens appearance and fit;
  - wearing time;
  - comfort with lenses in place;
  - corneal clarity and integrity;
  - ~~stable~~ corneal [topography, when indicated](#) ~~curvature~~;

- conjunctival and lid appearance;
  - tear characteristics;
  - over-refraction for best visual acuity;
  - spectacle acuity; and
  - compliance with recommendations on lens handling, lens care, lens replacement and wearing times.
- identify any problems and counsel patients as necessary.
  - provide and implement management plans for any problems identified, making recommendations for further care.

### **Replacement Contact Lens Services**

When providing replacement contact lens services, optometrists are responsible for:

- determining the currency of clinical information and providing diagnostic services as required;
- determining the need for alteration of previous lens specifications and makes adjustments accordingly;
- advising patients as to the need for and extent of continuing care;
- confirming the parameters of contact lenses as ordered; and
- providing follow-up services as needed.

The College standards on Delegation and Assignment ([OPR 4.3](#)) and Collaboration ([OPR 4.8](#)) must be followed when any procedures are assigned, including to another regulated health professional (RHP).

### **Internet Sites**

Where the internet is used in the provision of contact lens therapy, websites must:

- comply with College advertising guidelines and relevant paragraphs in the Professional Misconduct regulation (O. Reg. 119/94, Part I under the Optometry Act);
- identify the website as belonging to or referring to a member registered with the College of Optometrists of Ontario;
- collect and record patient information in a private and secure manner respecting patient confidentiality;
- identify the physical location of the clinic/dispensary, including address and city/town, and the hours of operation of the clinic; and
- include the telephone number to contact the clinic/dispensary.

The College standards on Delegation and Assignment ([OPR 4.3](#)) and Collaboration ([OPR 4.8](#)) must be followed when any procedures are assigned, including to another regulated health professional (RHP).

## Motion to Council

**Name of committee: Governance Committee**

**Date of submission: March 16, 2018**

**Recommendations to Council** (including rationale and impact on budget if appropriate):

**Proposed motion: That Council transition the function of treasurer to a qualified staff member and maintain financial oversight via an appropriately constituted committee.**

Recommendation to Council and Rationale	
The Issue	Council is asked to transition the function of treasurer to a qualified staff member and maintain financial oversight via an appropriately constituted committee.
Background	<p>The College of Optometrists of Ontario recently underwent a governance review, conducted by Mr. David Brown of Governance Solutions. In the report presented to Council, Mr. Brown outlined his findings on several governance areas and made recommendations for improvement. The Governance Committee has started to consider an implementation work plan, beginning with an examination of the College’s financial governance position.</p> <p>As an organization grows, the focus of Council should be on their oversight responsibilities with less of a hands-on approach in the day-to-day operations. Generally, a treasurer has the legal responsibility for custody of the organisation’s funds and securities; keeping full and accurate account of all receipts and disbursements, the books and financial records of the organisation; and providing periodic reports to Council. Specific to the College of Optometrists of Ontario, the treasurer’s duties are outlined under Part 10.04 of the College by-laws:</p> <p><b>10.04 Treasurer</b></p> <p>(1) The Treasurer is directly accountable to Council and indirectly accountable to the government, the public and the profession for the effective governance of the College.</p> <p>(2) The Treasurer's duties include:</p> <ul style="list-style-type: none"> <li>(a) serving on the Executive Committee;</li> <li>(b) overseeing the management of the College's finances;</li> <li>(c) delegating tasks related to the management of the College's finances;</li> <li>(d) signing contracts, documents or instruments on behalf of the College; and</li> <li>(e) any other duty determined by Council.</li> </ul> <p>As the operational requirements of an organization grows, this function shifts to staff and then is overseen by an advisory group or committee. The financial governance aspect of the College’s mandate would fall into this oversight capacity. In this way, the College’s financial governance</p>

	<p>would be dealt with separate to its financial management. For example, the establishment of budget and approval of budget would not be done by the same person/group. The budget would be developed by staff and approved by Council. Therefore, how the College deals with financial governance would be consistent and follow the best practices of how oversight boards are structured and function.</p> <p>The Governance Committee determined, based on the recommendations and best practice model, that the function of treasurer be transferred to a qualified staff member and financial oversight be maintained through an appropriately constituted committee.</p>
<p>Analysis, including impact on budget</p>	<p>No major impact on budget is foreseen. Role would be absorbed by qualified financial staff member.</p> <p>Staff already perform day-to-day bookkeeping, accounting, and other financial functions. By-laws and other policies would need to be changed to reflect this transition of responsibility.</p>
<p>Options (are there alternatives)</p>	<p>To continue to have the treasurer role performed by a Council member.</p> <p>Council might also wish to hold off making this change until the Governance Committee presents its full recommendation on the College’s governance structure.</p>
<p>Implications/expectations if approved</p>	<p>If approved, the role of treasurer would be transferred to a qualified financial staff member. The duties of creating the budget and daily operational management of funds would rest with staff.</p> <p>Council could then focus on its oversight responsibilities: establishing directional policies (such as internal control, signing authorities, spending limits), monitoring investments, and approving the budget and quarterly financial results. This would allow complete segregation between those that oversee financial governance and those involved in the operation of the College.</p> <p>At this time, the Executive would act as the committee to maintain financial oversight and report back to Council. The Governance Committee is currently considering recommendations to constitute a stand-alone Finance Committee that would undertake this responsibility going forward.</p>
<p>Implications/potential consequences if not approved</p>	<p>Oversight boards are usually structured in this way to deal with financial governance. Council members are not intended to serve in an operational role, and rather should focus on the College’s mission, strategy, and goals. If no change is made, this could be considered divergent to the best practices of financial governance.</p> <p>The issue of public perception also arises. The current financial governance model may provide the perception that the Council is involved in the day-to-day operation of the College. The treasurer could be seen to be micromanaging the financial affairs that are already being performed by a paid financial staff member.</p>

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# 6–12 / OTHER MATTERS

6. Presenting the “Virtual Boardroom”
7. Injunction Application – Update
8. Legislative Updates
  - 8.1. Spousal Exemption
  - 8.2. QA Regulation
  - 8.3. Designated Drugs Regulation
  - 8.4. Proposal for New Regulations under the RHPA
  - 8.5. *Health Sector Transparency Act*
9. List of Acronyms
10. Dates of Upcoming Council Meetings
  - 10.1. Thursday, June 21, 2018
11. Proposed Dates for Council Meetings (2018–2019)
  - 11.1. Tuesday, September 25, 2018
  - 11.2. Friday, January 18, 2018
  - 11.3. Wednesday, April 24, 2019
  - 11.4. Monday, June 24, 2019
12. Adjournment

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## Regulation - Minister

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### New Regulations made under the Regulated Health Professions Act, 1991

#### Regulation Number(s):

New Regulation

#### Bill or Act:

Regulated Health Professions Act, 1991

#### Summary of Proposal:

##### 1. Criteria defining who is a patient, for the purpose of sexual abuse

The proposed regulation establishes criteria for the purpose of defining who is a patient, in the context of sexual abuse.

According to the criteria, an individual can be considered a patient where there is a direct interaction between the individual and the member of the regulated health profession and any of the following conditions are met:

- The regulated health professional has charged or received payment for a health care service provided to the individual
- The regulated health professional has contributed to a health record or file for the individual
- The individual consented to a health care service recommended by the regulated health professional
- The regulated health professional prescribed a drug that can only be obtained with a prescription, to the individual

##### 2. Additional information required on the College register

The proposed regulation would further expand the information that each health regulatory college is required to post about members of the profession on the college register:




- All criminal findings of guilt in Canada (per the Criminal Code and the Controlled Drug and Substance Act) that have not been overturned on appeal, and where a record suspension has not been issued
- All criminal charges that are in effect in Canada
- Bail conditions and other release conditions related to a charge that are in effect in Canada
- Disciplinary findings by any professional regulatory or licensing authorities in any other jurisdictions
- Licenses and registration held in any other jurisdictions

##### 3. Prescribed offences

College Discipline Committee panels would be required to revoke the certificate of registration of members found guilty of professional misconduct under clause 51(1)(a) of the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 where the offence for which the member has been found guilty is one of the following offences under the Criminal Code:

- 151 - Sexual interference
- 152 - Invitation to sexual touching
- 153 - Sexual exploitation
- 153.1 - Sexual exploitation of a person with disability
- 160 (3) - Bestiality in the presence of or by a child
- 162 - Voyeurism
- 162.1 - Publication, etc., of an intimate image without consent
- 163.1 - Child pornography
- 170 - Parent or guardian procuring sexual activity
- 171.1 - Making sexually explicit material available to a child
- 172.1 - Luring a child
- 172.2 - Agreement or arrangement - sexual offence against a child
- 271 - Sexual assault
- 272 - Sexual assault with a weapon, threats to a third party or causing bodily harm
- 273 - Aggravated sexual assault

#### Further Information:

-  Patient Criteria Regulation (Draft) (Download Adobe Reader)
-  Prescribed Information Regulation (Draft) (Download Adobe Reader)
-  Prescribed Offences Regulation (Draft) (Download Adobe Reader)

**Proposal Number:**

18-HLTC020

**Posting Date:**

March 2, 2018

**Comments Due Date:**

March 22, 2018

**Contact Address:**

Health Workforce Planning and Regulatory Affairs Division  
56 Wellesley St W, 12th floor  
Toronto, ON M5S 3R9

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**Caution:**

*This draft regulation is provided solely to facilitate public consultation under section 16 of the Environmental Bill of Rights, 1993. Should the decision be made to proceed with the proposal, the comments received during consultation will be considered during the final preparation of the regulation. The content, structure, form and wording of the draft regulation are subject to change as a result of the consultation process and as a result of review, editing and correction by the Office of Legislative Counsel.*

CONSULTATION DRAFT

**[Bilingual]**

**ONTARIO REGULATION**

to be made under the

**REGULATED HEALTH PROFESSIONS ACT, 1991**

**PATIENT CRITERIA UNDER SUBSECTION 1 (6) OF THE HEALTH PROFESSIONS  
PROCEDURAL CODE**

**1.** The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:
  - i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.

- ii. The member has contributed to a health record or file for the individual.
  - iii. The individual has consented to the health care service recommended by the member.
  - iv. The member prescribed a drug for which a prescription is needed to the individual.
2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:
- i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.
  - ii. The individual received a health care service from the member in an emergency situation.
  - iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

**Commencement**

**2. [commencement]**

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CONSULTATION DRAFT

[Bilingual]

**ONTARIO REGULATION**

to be made under the

**REGULATED HEALTH PROFESSIONS ACT, 1991**

**INFORMATION PRESCRIBED UNDER SUBSECTION 23 (2) OF THE HEALTH  
PROFESSIONS PROCEDURAL CODE**

**Prescribed information**

1. The following information, if known to the College, is prescribed information to be contained in a College's register for the purposes of paragraph 19 of subsection 23 (2) of the Code and is designated as information subject to subsection 23 (13.1) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. If there has been a finding of guilt against a member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the person against whom the finding was made was a member at the time of the finding and the Parole Board of Canada has not ordered a record suspension in respect of the conviction or the conviction has not been overturned on appeal,
  - i. a brief summary of the finding,

- ii. a brief summary of the sentence, and
  - iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
- 2. Any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
- 3. If a member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding,
  - i. the fact and content of the charge, and
  - ii. the date and place of the charge.
- 4. If a member has been the subject of a disciplinary finding by another regulatory or licensing authority in any jurisdiction,
  - i. the fact of the finding,
  - ii. the date of the finding,
  - iii. the jurisdiction in which the finding was made, and
  - iv. the existence and status of any appeal.
- 5. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

## **Commencement**

### **2. [commencement]**

**Caution:**

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CONSULTATION DRAFT

[Bilingual]

**ONTARIO REGULATION**

to be made under the

**REGULATED HEALTH PROFESSIONS ACT, 1991**

**PRESCRIBED OFFENCES – HEALTH PROFESSIONS PROCEDURAL CODE**

**Prescribed offences**

1. The offences mentioned in sections 151, 152, 153, 153.1, subsection 160 (3) and sections 162, 162.1, 163.1, 170, 171.1, 172.1, 172.2, 271, 272 and 273 of the *Criminal Code* (Canada) are prescribed offences for the purposes of clause 51 (5.2) (a) of the Health Professions Procedural Code in Schedule 2 to the Act.

**Commencement**

2. [commencement].

March 22, 2018

Health Workforce Planning and Regulatory Affairs Division  
Ministry of Health and Long-Term Care  
56 Wellesley St W, 12th floor  
Toronto, ON M5S 3R9

**RE: Proposal for new Regulations under the Regulated Health Professions Act, 1991 (RHPA)**

The College of Optometrists of Ontario (hereafter referred to as “the College”) provides the following feedback with respect to the three proposed regulations under the RHPA.

**1. Patient Criteria under Subsection 1(6) of the Health Professions Procedural Code**

The College understands that this proposed regulation is intended to provide a more clear description of the term “patient” as it applies to the sexual abuse provisions of the RHPA. However, the College wishes to ensure that it is in the public interest to do so and that unintended consequences do not arise from narrowing the definition of patient from the current understanding, particularly where it would apply in College processes, such as a Discipline hearing.

Providing a list of criteria leaves the possibility that, in a Discipline hearing where none of the criteria are met, it may be argued that the person was not a patient at all, where under the current provisions, they may have been deemed to be a patient. The College is concerned that circumstances may arise where the public is not protected by the setting of specific criteria for determining who is a patient for the purposes of the sexual abuse provisions of the RHPA.

The proposed definition of patient appears to imply that when the criteria for the determination of “patient” are met, a person remains a patient (forever). The College is concerned about how it will be able to determine when the patient-practitioner relationship has ended in order to know when any ‘cooling off period’ of one year (or longer should one be prescribed) begins and ends. Without formal discontinuation of services, in accordance with the profession-specific regulation, it may be difficult for the College to determine when an individual ceases to be a member’s patient and the year (or longer) begins and subsequently, when it ends. Under the current proposal, the definition of patient appears to

imply that once a person is a patient, they remain a patient without end. A provision to clarify when an individual ceases to be a member's patient would be assistive.

## **2. Specifying Additional Information Required to be Posted on College Registers**

In January 2015, the College's By-laws (Section 18.03-Additional Information that the College Requires to be Kept on the Register) were amended to include the items that are being proposed in this new regulation. Accordingly, the College supports this proposal. The College's By-laws include the wording "of which the College is aware" with respect to the information that is not generated within the College (information that comes to the College is as a result of processes that are outside of the College). The College, therefore, must rely on the member to self-report to provide the information to the College; or must obtain the information through other avenues, including law enforcement or the media as other examples. Therefore, the College is only able, in these situations, to post what it knows about.

In addition, in the event of a criminal finding of guilt, the College By-laws provide a coming into effect provision, on the advice of legal counsel, which is a date after which these findings would be posted by the College, which was January 17, 2015. With respect to criminal charges, findings of guilt and bail conditions, the College register currently stipulates that only those that the Registrar believes are relevant to the member's suitability to practice will be posted on the register. The College developed a comprehensive policy to assist the Registrar in making this determination.

## **3. Setting out Criminal Offences that Result in Mandatory Revocation**

The College supports the proposed regulation setting out the criminal offences that result in mandatory revocation of a member's certificate of registration and has no further comment on this proposed regulation.

Sincerely



Pooya Hemami, OD, MBA  
President



Paula Garshowitz, OD  
Registrar

## Ministry of Health and Long-Term Care

Proposed new regulation made under the  
*Health Sector Payment Transparency Act, 2017*

The [Health Sector Payment Transparency Act, 2017](#) (HSPTA) is new legislation intended to strengthen transparency about financial relationships that exist within Ontario's health care system and increase public trust and confidence.

The HSPTA received Royal Assent on December 12, 2017 as part of the [Strengthening Quality and Accountability for Patients Act, 2017](#). Once proclaimed into force, HSPTA will require the medical industry, including pharmaceutical manufacturers and medical device companies, to report annually to the Minister of Health and Long-Term Care all transfers of value (TOV) provided to certain categories of individuals and organizations involved in the health care sector.

Requiring pharmaceutical manufacturers, and medical device companies, and their affiliates, and other prescribed payors to disclose information about their financial relationships with health care providers will better enable patients to make more informed decisions about their health care.

The Ministry of Health and Long-Term Care is proposing a new regulation necessary to support the implementation of the reporting scheme established under the Act. The proposed regulation would do the following:

- Specify the categories of individuals and organizations that will be "recipients" when they receive a transfer of value (TOV) either directly or indirectly from one of the payors listed in the Act;
- Further specify what constitutes a "transfer of value" and "intermediary";
- Add community pharmacies and laboratories to the list of payors;
- Establish exemptions to the reporting requirements;
- Set the value threshold for reporting;
- Establish the information, manner and frequency of reporting;
- Outline the process for requesting corrections of posted information.

The ministry is seeking feedback on this regulatory proposal. A draft regulation is included as part of this public consultation.

### SUMMARY OF PROPOSED REGULATION

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The ministry is proposing a new regulation under the [Health Sector Payment Transparency Act, 2017](#). The draft regulation is included as part of this consultation, and is summarized as follows:

#### "Recipients"

The HSPTA requires the reporting of information about financial relationships that exist within Ontario's health care system between the medical industry ("payors", such as



drug and medical device companies) and health care providers (referred to under the Act as “recipients”).

The ministry is proposing that the following individuals and organizations be prescribed as “recipients” under the Act:

- member of a health regulatory college
- hospital or a psychiatric facility
- licensed long-term care home
- home care provider contracted by a LHIN
- non-profit community health centre, Aboriginal health access centre, family health team, nurse-practitioner-led clinic
- primary care nursing, interprofessional, or maternal care service provider
- non-profit community mental health and addiction service provider
- non-profit palliative care provider, including hospice
- physiotherapy clinic
- independent health facility
- pharmacy
- laboratory or specimen collection centre
- health regulatory college
- association that advocates for the interest of health care professionals or organizations.
- advocacy organization
- a foundation or other health charity
- group purchasing or shared services organization
- university, college or post-secondary institution
- a person fulfilling the requirements to become a member of a regulated health profession
- researcher or non-profit health research institute/organization
- anyone who is a board member, director, trustee, officer, appointee, employee, or agent of the above
- subsidiary, as defined in the Business Corporations Act, of the above
- an immediate family member of any individual outlined above.

### **“Transfer of Value”**

The HSPTA defines “transfer of value” as “a transfer of value of any kind and includes a payment, benefit, gift, advantage, perquisite or any other prescribed benefit.”

The ministry is proposing to clarify that a “transfer of value” under the Act would not include the fair market value of goods that are sold under a bill of sale or purchase agreement.

The ministry is also proposing that “transfer of value” under the Act would include the following benefits:

- cash or cash equivalents;
- in-kind items or services;
- security, security option, or any other ownership or investment interest;
- compensation for services, including consulting fees or speakers fees;
- honoraria;
- grants and donations;
- event sponsorships;
- membership fees
- rental or facility fees;
- rebates and discounts;
- items that are provided on a value-added basis in connection with a procurement;
- supplies and equipment, including information technology;
- licences and copyright fees, including software licences and article re-prints;
- renovations or leasehold improvements;
- entertainment, social and sporting events;
- food and beverages;
- travel and accommodation;
- personal gifts;
- royalties;
- referral fees;
- payments to cover marketing and advertising costs;
- inventory listing or stocking fees; and
- charitable contributions made in the name of a recipient within the meaning of the Act.

See also the following section “Exemptions” for transfers of value that would be exempt from reporting.

## **Exemptions**

The HSPTA provides for exemptions to the reporting requirements set out in the Act, including a dollar value reporting threshold.

The ministry is proposing to prescribe the following exemptions under which payors would not be required to report a transaction:

- Transactions that have a dollar value of less than \$10
- Salary and benefits provided as part of employment
- Medical products intended to be provided to patients free of charge
- Educational materials and items intended for use within a clinical setting
- Compensation for expert testimony or other services with respect to a legal proceeding
- Benefits provided by a drug manufacturer in accordance with ordinary commercial terms as set out in the regulations under the *Ontario Drug Benefit Act*.

### **Additional “payors”**

The definition of “payor” in the HSPTA includes a manufacturer that sells a medical product, anyone who produces and assembles a medical product for a manufacturer, a wholesaler or distributor that facilitates the sale of a medical product, a marketing firm that promotes a medical product, or any organizer of continuing education events on behalf of a manufacturer.

The ministry is proposing to prescribe the following additional categories of “payors”:

- pharmacy
- laboratory or specimen collection centre

### **“Intermediaries”**

An intermediary is defined as a person or entity who provides or facilitates a transfer of value to a recipient on behalf of a payor. An intermediary is required to provide to the payor any information relating to a transaction that the payor needs to comply with the payor’s reporting obligations under the Act. The Minister may also request that an intermediary report this information to the Minister directly.

The ministry is proposing to include within the regulations provisions that would clarify the role of intermediaries as:

- Any person who assists in providing a TOV from a payor to a recipient is considered an intermediary for the purposes of the Act, irrespective of

whether the payor directs how the TOV is to be used, or is aware of the identities of the recipients when the TOV is provided.

The proposed regulation sets out the circumstance under which a recipient will *not* be considered an intermediary. Both of the following criteria must be met:

- the payor is not directing how the TOV should be used; and
- a published and commonly accepted ethical guideline or accreditation standard would be breached if the names of the final recipients were disclosed to the payor.

The proposed regulation sets out the circumstances under which a market research firm will *not* be considered an intermediary and will *not* be required to report the names of the final recipients. The following criteria must be met:

- the payor does not know the identify of the recipients; and
- knowing the identity of the recipients would place the manufacturer in breach of an obligation set out within a published and commonly accepted ethical guideline.

In this circumstance, a market research firm would be treated as a recipient.

### **Information to be reported**

The HSPTA outlines that the payor is required to include, as part of its reporting obligations, the name of the parties to the transaction including any legal and operating names, individual's name, profession or title, business addresses, date of the transfer of value, exact or approximate dollar value, and description of the transfer of value including the reasons for it.

The ministry is proposing to further prescribe the following information that must be reported:

*For businesses:*

- Business name and business identification number, legal name of business and Ontario or Canadian corporate number
- An individual who is the administrative contact for the business and their full legal name, job title, e-mail address, and phone number

*For individuals:*

- Full legal name
- Designation as a health care professional
- Name of the regulated health College(s), licence number, and title
- Designation as any other professional and name of licensing body
- Name of employer
- Job title

### *Transfers of Value*

- Dollar value of transfers of value including any taxes paid
- Any intermediary that was a party to the transaction
- Nature of transfer of value as one of the following:
  - Cash or cash equivalent;
  - In-kind items or services;
  - Security, security option, or any other ownership or investment interest.
- Category of transfer of value under the following:
  1. Charitable donations.
  2. Grants.
  3. Food and beverage.
  4. Fees for service as speaker.
  5. Fees for professional services and consulting.
  6. Gift and entertainment.
  7. Travel and accommodation.
  8. Education
  9. Royalties, memberships and subscriptions.
  10. Current or Prospective Ownership or Investment Interest.
  11. Research.
  12. Rebates, Discounts, and Items that are provided on a value added basis in connection with a procurement.
  13. Operational Support.
  14. Marketing and Advertising.
  15. Partnering agreements with organisations.
- Optional contextual statement of no more than 250 characters to further describe the reason for the transfer of value

### **Manner and frequency of reporting, Commencement**

The HSPTA provides for the manner and frequency of reporting to be prescribed by regulation.

The ministry is proposing the following reporting requirements:

- Payors will report transfers of value to the Minister of Health and Long-Term Care no later than June 30th of the following calendar year.
- Payors will report transfers of value through an electronic data collection platform created and maintained by the Minister

The ministry is proposing that the Act and regulation would come into force on January 1, 2019, with the first annual reporting to the ministry from payors required by June 30, 2020.

## Corrections

The HSPTA provides that requests to correct reported information may be made to the Minister. The process for requesting and dealing with requests is to be set out in the regulations.

The ministry is proposing adding the following as part of the correction process:

- A payor is required to notify recipients in writing of the information it intends to report to the Minister about each transfer of value it provided to the recipient in the previous calendar year.
- The payor must provide the information to the recipients no later than March 31<sup>st</sup>, and provide a minimum of 45 days for the recipient to review the information before it is submitted to the ministry.
- If the recipient wishes to have the information corrected, the recipient must ask the payor to correct the information and provide substantiating materials to support the request.
- Once the payor receives a request to correct information, the payor must respond to the recipient with its decision within 30 days.
- If the payor *agrees* with the recipient's request to correct information, the payor must provide the corrected information to the ministry within 15 days.
- If the payor *denies* the recipient's request to correct information the payor must, within 15 days, submit to the Minister a request to mark the information as "disputed".
- The recipient or the payor can submit a request to the Minister to correct information up to 12 months after the information has been published.

## Other

The HSPTA provides for regulations to prescribe or define certain sections of the Act.

The ministry is proposing the following additional provisions:

- Definition of “drugs” excludes non-medical cannabis
- Payors, intermediaries, or recipients must retain records with respect to any transactions for at least seven years from the date of the transaction.
- Method of serving compliance orders include:
  - Personal service
  - Registered mail to the last known address (considered received the fifth business day after the day it was mailed)
  - Fax to the last known fax number (considered received the first business day after it was sent)
  - Commercial courier to the last known address (considered received the second business day after the commercial courier received the document).

## Health Sector Payment Transparency Act, 2017

### S.O. 2017, CHAPTER 25 SCHEDULE 4

**Consolidation Period:** From December 12, 2017 to the [e-Laws currency date](#).

**Note: THIS ACT IS NOT YET IN FORCE. It comes into force on a day to be named by proclamation of the Lieutenant Governor. (See: 2017, c. 25, Sched. 4, s. 20)**

No amendments.

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#### **Purpose**

**1** The purpose of this Act is to require the reporting of information about financial relationships that exist within Ontario’s health care system, including within health care research and education, and to enable the collection, analysis and publication of that information in order to,

- (a) strengthen transparency in order to sustain and enhance the trust that patients have in their health care providers and in the health care system;
- (b) provide patients with access to information that may assist them in making informed decisions about their health care;
- (c) provide the Minister and others with information for the purposes of health system research and evaluation, planning and policy analysis; and
- (d) provide for the collection, use and disclosure of personal information for these purposes.

#### **Definitions**

**2** In this Act,

“affiliate” has the same meaning as in the *Business Corporations Act*; (“membre du même groupe”)

“drug” means,

- (a) subject to the regulations, a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of drug in subsection 1 (1) of the *Drug and Pharmacies Regulation Act* for human use, but does not include,
  - (i) a substance or preparation referred to in clause (e) of that definition, or
  - (ii) a natural health product within the meaning of the *Natural Health Products Regulation* made under the *Food and Drugs Act* (Canada), and
- (b) any other prescribed substance or preparation; (“médicament”)



“intermediary” means a person or entity who provides or facilitates a transfer of value to a recipient on behalf of a payor; (“intermédiaire”)

“medical device” means,

- (a) a device as defined in section 2 of the *Food and Drugs Act* (Canada) that is intended for human use other than a prescribed device, and
- (b) any other prescribed instrument, apparatus, contrivance or similar article intended for human use; (“instrument médical”)

“medical product” means,

- (a) a drug,
- (b) a medical device, and
- (c) any other prescribed product used in the health care system; (“produit médical”)

“Minister” means the Minister of Health and Long-Term Care or such other member of the Executive Council as may be assigned the administration of this Act under the *Executive Council Act*; (“ministre”)

“Ministry” means the ministry of the Minister; (“ministère”)

“payor” has the meaning set out in section 3; (“payeur”)

“personal information” has the same meaning as in subsection 2 (1) of the *Freedom of Information and Protection of Privacy Act* other than personal information that is personal health information within the meaning of the *Personal Health Information Protection Act, 2004*; (“renseignements personnels”)

“prescribed” means prescribed by the regulations; (“prescrit”)

“recipient” means a prescribed person or entity that receives a transfer of value from a payor; (“bénéficiaire”)

“regulations” means the regulations made under this Act; (“règlements”)

“transfer of value” means a transfer of value of any kind and includes a payment, benefit, gift, advantage, perquisite or any other prescribed benefit. (“transfert de valeur”)

### **Interpretation, “payor”**

**3** Any of the following persons is a payor for the purposes of this Act if the person provides a transfer of value to a recipient:

1. A manufacturer that sells a medical product under the manufacturer’s own name or under a trade-mark, design, trade name or other name or mark that is owned or controlled by the manufacturer and that fabricates, produces, processes, assembles, packages or labels the product, even if those tasks are performed by someone else on the manufacturer’s behalf.
2. A person who fabricates, produces, processes, assembles, packages or labels a medical product on behalf of a manufacturer described in paragraph 1.
3. A wholesaler, distributor, importer or broker that promotes or facilitates the sale of a medical product.
4. A marketing firm or person who performs activities for the purposes of marketing or promoting a medical product.
5. A person who organizes continuing education events for members of a health profession on behalf of a manufacturer described in paragraph 1.
6. A prescribed person or entity.

### **Reporting obligations**

**4** (1) Subject to subsection (2), a payor shall report to the Minister the information set out in subsection (5) with respect to the following transactions:

1. A transfer of value provided directly by a payor to a recipient.
2. A transfer of value provided indirectly by a payor to a recipient through an intermediary.

### **Exceptions**

(2) A payor is not required to report a transaction that,

- (a) has a dollar value that is less than the prescribed threshold; or
- (b) is otherwise prescribed.

**Report by intermediaries, affiliates**

(3) If requested by the Minister, an intermediary in a transaction, an affiliate of the intermediary or an affiliate of a payor shall, in the manner and the timeframe set out in the request, report to the Minister the information set out in subsection (5) that the Minister may request with respect to a transaction that is required to be reported under subsection (1).

**Requests by party to transaction**

(4) A party or an affiliate of a party to a transaction that is required to be reported under subsection (1), other than a recipient or an affiliate of a recipient, shall obtain from any other party or affiliate of a party to the transaction, other than a recipient or an affiliate of a recipient, any information that the party or affiliate requires in order to comply with subsection (1) or (3), and a party or affiliate that receives a request for the information shall comply with it.

**Information to be reported**

(5) Subject to the regulations, the following information, which may include personal information, shall be reported:

1. The name of the parties to the transaction including,
  - i. if a party is a business, its legal and operating names,
  - ii. if a party is an individual, the individual's name, profession or title and any other prescribed identifying information.
2. If requested by the Minister from an intermediary or an affiliate of an intermediary under subsection (3), the source of the transfer of value.
3. The parties' respective business addresses.
4. The date of the transfer of value.
5. The transfer of value's dollar value or, in the case of a non-monetary transfer of value, its approximate dollar value.
6. A description of the transfer of value, including the reasons for it.
7. Any other prescribed information.

**Notice required by s. 39 (2) of FIPPA**

(6) If the Minister collects personal information indirectly under this section, the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* may be given by,

- (a) a public notice posted on the Ministry or the Government of Ontario's website; or
- (b) any other method that may be prescribed.

**Manner and frequency of reporting**

(7) A payor shall report to the Minister at the prescribed times and in the prescribed manner.

**False or misleading statements**

(8) No payor, intermediary or affiliate shall report any information that is false or misleading.

**Retention of records**

(9) A party to a transaction described in subsection (1) shall retain any records that the party creates or receives with respect to the transaction for the prescribed length of time.

**Definition**

(10) In this section,

"party" means, in respect of a transaction that is required to be reported to the Minister under subsection (1), the recipient and the payor and includes any intermediary in the case of an indirect payment.

**Use of information for analysis**

5 The Minister shall analyse the information reported under this Act, including any personal information, for the purposes of health system research and evaluation, planning and policy analysis.

**Publication of information**

6 (1) The Minister shall, in any format the Minister considers appropriate, disclose the information reported under this Act, which may include personal information, on a website and in any other manner that the Minister considers appropriate at least once in a calendar year and at any other time as the Minister considers appropriate.

### **Publication of analysis**

(2) If the Minister determines it is appropriate to do so, the Minister shall publish the results of any analysis conducted using information collected under this Act at the time and in the manner that the Minister considers appropriate.

### **Request for correction**

7 A prescribed person may, in accordance with the regulations, request that the Minister correct information reported to the Minister under this Act, and the Minister shall deal with the request in accordance with the regulations.

### **Requests for information**

8 (1) The Minister may request that a recipient, a payor, an intermediary or an affiliate of a payor or an intermediary provide any information, including personal information, to the Minister that the Minister requires to determine compliance with this Act and the regulations.

### **Compliance required**

(2) A recipient, payor, intermediary or affiliate shall comply with any request from the Minister within the timelines specified in the request.

### **Inspectors**

9 (1) The Minister may appoint, in writing, any person as an inspector for the purposes of this Act.

### **Inspection**

(2) An inspector may, without a warrant and at any reasonable time, enter a premises or any part of a premises if the inspector reasonably believes that a record relating to a transaction that is required to be reported under subsection 4 (1) may be located there, in order to conduct inspections for the purpose of determining compliance with the requirements under this Act.

### **Dwellings**

(3) No inspector shall enter a premises or any part of a premises that is being used as a dwelling, except with the consent of the occupier of the premises.

### **Identification**

(4) The Minister shall issue to every inspector a certificate of appointment which the inspector conducting an inspection shall produce, upon request, when acting in the performance of the inspector's duties.

### **Powers of inspector**

(5) An inspector conducting an inspection may, with respect to any record or other thing the inspector determines relevant to the inspection,

- (a) examine and make copies of it;
- (b) demand its production; and
- (c) remove it for the purpose of making a copy.

### **Same, questioning any person**

(6) An inspector conducting an inspection may question any person on matters the inspector determines relevant to the inspection and the person shall co-operate fully with the inspector.

### **Same, audit**

(7) An inspector conducting an inspection may audit the accounts and financial transactions of a recipient, a payor, an intermediary or an affiliate of a payor or an intermediary in order to determine compliance with this Act.

### **Obligation to produce and assist**

(8) If an inspector demands that a record or other thing be produced under this section, the person who has access to the record or thing shall produce it within the time provided for in the demand and shall, on request, provide any assistance that is reasonably necessary to copy it, interpret it or produce it in a readable form.

### **Documents and things removed from place**

(9) An inspector shall return, as promptly as reasonably possible, a record or thing that the inspector removes.

### **Certificate of evidence**

(10) A copy of a record or other thing that appears to be certified by an inspector as being a true copy of the original is admissible in evidence in any proceeding to the same extent as the original and has the same evidentiary value as the original, without proof of the signature or official character of the person appearing to have certified the copy.

**No obstruction**

- (11) No person shall,
- (a) hinder, obstruct or interfere with or attempt to obstruct, hinder or interfere with an inspector conducting an inspection or an audit;
  - (b) destroy or alter a record or other thing that has been demanded under clause (5) (b);
  - (c) fail to do anything required under subsection (6) or (8); or
  - (d) provide the inspector with false information on matters relevant to the inspection.

**Definition of record**

(12) In this section,

“record” means any document or record of information, in any form, including a record that contains personal information.

**Production order**

**10** (1) On application, without notice by an inspector, a justice may issue a production order to a person, other than a person being investigated, requiring the person to,

- (a) produce data, a document or a copy of a document certified by affidavit to be a true copy; or
- (b) prepare and produce data or a document based on documents or other things already in existence.

**Contents of order**

(2) A production order shall set out the time at which, the form and manner in which and to whom the data, document or copy of a document shall be produced.

**Grounds**

(3) A justice may make a production order if the justice is satisfied, by information given under oath or affirmation, that there are grounds to believe that,

- (a) an offence under this Act has been or is being committed;
- (b) the data or document will provide evidence respecting the offence or suspected offence; and
- (c) the person who is subject to the order has possession or control of the data or document.

**Conditions**

(4) A production order may contain any conditions the justice considers advisable.

**Evidence**

(5) A copy of data or a document produced under this section, on proof by affidavit that it is a true copy, is admissible in evidence in any proceeding under this Act to the same extent as the original data or document and has the same evidentiary value as the original data or document would have if it had been proved in the ordinary way without proof of the signature of the person appearing to have provided the affidavit.

**No return of data, copies**

(6) Data or copies of documents produced under this section are not required to be returned to the persons who provided them.

**Compliance required**

(7) A person to whom a production order is directed shall comply with the order according to its terms.

**Definition of justice**

(8) In this section,

“justice” means a justice under the *Provincial Offences Act*.

**Compliance orders**

**11** (1) If the Minister or an inspector has grounds to believe that a person has failed to comply with this Act or the regulations, the Minister or the inspector may serve on the person a compliance order requiring the person to do anything, or refrain from doing anything, in order to comply with this Act and the regulations.

**Submissions**

(2) The person to whom the order is directed may, within 14 days after the order is served, provide submissions to the Minister as to how the person has complied with the Act and the regulations.

### **Reconsideration by Minister**

(3) After considering the submissions, the Minister shall confirm or rescind the compliance order and serve on the person a notice of the decision.

### **Compliance**

(4) A person to whom a compliance order is directed shall comply with it unless the Minister rescinds it.

### **Service of order**

(5) A compliance order shall be served in accordance with the regulations.

### **Proof of service**

(6) A certificate of service that appears to have been signed by the person who effected service of a document is evidence of service and the facts contained in it without proof of the signature, if the person,

- (a) certifies that the copy of the document is a true copy of it;
- (b) certifies that the document was served on the person; and
- (c) sets out in it the method of service used.

### **Non-application of SPPA**

(7) The *Statutory Powers Procedure Act* does not apply to the making, confirmation or rescission of a compliance order under this section.

### **Court order to comply**

**12** If it appears to the Minister that a person is not complying with this Act or the regulations, the Minister may apply to the Superior Court of Justice, on notice to the person, for an order directing the person to comply and, on the application, the court may make the order that the court thinks fit.

### **Publication re orders**

**13** (1) The Minister shall publish on a website the following information about a compliance order issued under section 11 or a court order issued under section 12:

1. The name of the person or entity to whom the order is directed.
2. A description of the non-compliance that gave rise to the order.

### **Limitation**

(2) The Minister shall not publish information about a compliance order issued under section 11 unless,

- (a) 14 days have elapsed since the Minister or inspector served the order and the person to whom the order is directed has not provided submissions under subsection 11 (2); or
- (b) the Minister has confirmed the order under subsection 11 (3).

### **Delegation**

**14** The Minister may delegate in writing any of the Minister's powers or duties under this Act to any person.

### **Liability**

**15** (1) No action or other proceeding for damages may be instituted against the Minister, an employee or agent of the Ministry, a person to whom a power or duty of the Minister under this Act is delegated or an employee or agent of that person for any act done in good faith in the execution or intended execution of the person's powers or duties under this Act or for any alleged neglect or default in the execution in good faith of the person's powers or duties under this Act.

### **Liability in certain cases**

(2) Despite subsections 5 (2) and (4) of the *Proceedings Against the Crown Act*, subsection (1) does not relieve the Crown of any liability to which it would otherwise be subject.

### **Obligation of directors and officers**

**16** Every director and officer of a corporation to which this Act applies shall ensure that the corporation complies with this Act and the regulations.

### **Offences**

**17** (1) Every person who contravenes any provision of this Act or the regulations is guilty of an offence and on conviction is liable,

- (a) in the case of an individual's first offence, to a fine not exceeding \$10,000 for each day or part of a day on which the offence occurs or continues;

- (b) in the case of an individual's second or subsequent offence, to a fine not exceeding \$25,000 for each day or part of a day on which the offence occurs or continues;
- (c) in the case of a corporation's first offence, to a fine not exceeding \$50,000 for each day or part of a day on which the offence occurs or continues; or
- (d) in the case of a corporation's second or subsequent offence, to a fine not exceeding \$100,000 for each day or part of a day on which the offence occurs or continues.

**No imprisonment or probation**

(2) A person convicted of an offence under this Act is not liable to imprisonment or to a probation order under subsection 72 (1) of the *Provincial Offences Act* as a result of the conviction or a result of default in payment of the fine resulting from the conviction.

**Due diligence, mistake of fact**

- (3) Subject to subsection (4), it is not a defence to a charge under this Act that,
- (a) the person took all reasonable steps to prevent the contravention; or
  - (b) at the time of the contravention, the person had an honest and reasonable belief in a mistaken set of facts which, if true, would have resulted in there not being any contravention.

**Defence**

- (4) It is a defence to a charge related to a contravention of subsection 4 (8) that,
- (a) the person took all reasonable steps to prevent the contravention; or
  - (b) at the time of the contravention, the person had an honest and reasonable belief in a mistaken set of facts that, if true, would have rendered the contravention innocent.

**No limitation**

(5) Section 76 of the *Provincial Offences Act* does not apply to a prosecution under this Act.

**Compliance order not necessary**

(6) A person may be prosecuted under this Act whether or not a compliance order has been made in respect of the alleged contravention.

**Copy of order**

(7) In a prosecution for failing to comply with a compliance order, a copy of the order that appears to have been signed by the Minister or an inspector is evidence of the order and the facts contained in it without proof of the signature.

**Presiding judge**

(8) The Crown may, by notice to the clerk of the Ontario Court of Justice, require that a provincial judge preside over a proceeding in respect of a prosecution under this Act.

**Copy of record**

(9) In a prosecution under this Act, a copy of a record or thing made under subsection 9 (5) that appears to be certified as a true copy of the original by an inspector is admissible as evidence of the record or thing and of the facts appearing in it without further proof.

**Review of the Act**

**18** (1) The Minister shall periodically conduct a review of this Act.

**Written report**

(2) The Minister shall prepare a written report respecting the review and make it available to the public on a website and in any other manner that the Minister considers appropriate.

**Period for review**

(3) The first review shall be completed and the report made available to the public within five years after the day this section comes into force.

**Same**

(4) Each subsequent review shall be completed and the report made available to the public within five years after the day the report on the previous review has been made available to the public.

**Regulations**

**19** The Lieutenant Governor in Council may make regulations,

- (a) respecting any matter that this Act describes as being prescribed by or provided for in the regulations;
- (b) defining or clarifying any word or expression used in this Act but not otherwise defined;
- (c) prescribing substances or preparations that are not a drug for the purposes of the definition of “drug” in section 2;
- (d) further defining, specifying or clarifying the meaning of “intermediary” or “transfer of value” in section 2;
- (e) respecting the correction of information under section 7, including prescribing procedures for requests for corrections, procedures for making a correction and procedures that apply if the Minister does not make a requested correction;
- (f) governing the service of a compliance order under subsection 11 (5);
- (g) exempting a person or a class of person from the application of this Act or any provision of it, subject to any prescribed conditions;
- (h) prescribing processes, requirements or conditions related to the collection of personal information under this Act and the use or disclosure of that information;
- (i) respecting any other matter that the Lieutenant Governor in Council considers necessary or advisable for carrying out the purposes and provisions of this Act.

**20** OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT).

**21** OMITTED (ENACTS SHORT TITLE OF THIS ACT).

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## 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.
AGRE	Advisory Group for Regulatory Excellence	A group of 6 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
AQUA	Academic Qualification Assessment	Previous evaluation of an internationally-trained optometrist's academic qualifications.
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.
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
CLEAR	Council on Licensure Evaluation and Regulation	International body of regulatory boards-mainly US and Canadian members.



## List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
CMPA	Canadian Medical Protective Association	Professional liability insurer for physicians
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
COETF	Canadian Optometric Education Trust Fund	A fund reserved for optometric research projects
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 <b>Note:</b> 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.
CORA	Canadian Optometric Regulatory Authorities	Formerly the Canadian group of optometric regulators of each province. Replaced by FORAC in 2015.
COS	Canadian Ophthalmological Society	Society whose mission is to assure the provision of optimal eye care to Canadians
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
CSAO	Canadian Standard Assessment in Optometry	Former assessment of competence of candidates applying for a certificate of registration or licensure in Canada- Replaced by CACO, then OEBC exam in 2017.
DFE	Dilated Fundus Examination	Eye health exam conducted after dilating pupils with drops
DPA	Diagnostic Pharmaceutical Agents	Drugs used by optometrists in practice to evaluate systems of the eye and vision.

## List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
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
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 known 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.
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
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.
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
NBAO	New Brunswick Association and College of Optometrists	The association that looks after the interests of optometrists in New Brunswick. Also acts as the regulatory college
NBEO	National Board of Examiners in Optometry	Entry to practice examination for all US states. Also accepted in BC and QC.
NLCO	Newfoundland and Labrador College of Optometrists	Regulates optometrists in Newfoundland and Labrador

## List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
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.
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
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.
ORC	Optometry Review Committee	Reviewed accounts of optometrists referred by the General Manager of the Ontario Health Insurance Plan. Revoked in 2015.
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
PIPEDA	<i>Personal Information Protection and Electronic Documents Act</i>	Federal legislation protecting information about an identifiable individual that relates to their health and other activities and views
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'

## List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
		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
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.
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 U.S. states
VOSH	Volunteer Optometric Services to Humanity	Coordinates missions to provide eyecare to underdeveloped nations
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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