COLLEGE OF
Optometrists
OF ONTARIO

COUNCIL MEETING

MONDAY, JANUARY 15, 2018
AT 9:00 A.M.
(PUBLIC INVITED TO ATTEND)

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

COLLEGE OF Optometrists OF ONTARIO

Meeting of the College Council
Monday, January 15, 2018
at 9:00 a.m.

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1. Call to Order

2. Adopt the Agenda
- **a. Conflict of Interest Declaration**

3. Election of Officers for 2018 Council Year

4. Orientation for Councillors

5. Consent Agenda **4**

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5.1.1 September 19, 2017

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5.2.1.2 Patient Relations

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6 Financial Matters **46**

6.1 Treasurer's Report

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6.4 2018 Budget

7. Motions Brought Forward from Committees **54**

7.1 Quality Assurance Committee

7.1.1 Quality Assurance Panel

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8. Appointment of Committee Chairs and Committee Members for 2018 **82**

9. Presentation by Mr. David Brown, Governance Solutions

10. Injunction Application – Update

11. Regulation Updates:

11.1 Spousal Exemption

11.2 QA Regulation

11.3 Designated Drugs Regulation

12. Correspondence:

12.1 Letter from OEBC Chair, Dr. Carolyn Acorn, dated September 29, 2017

12.2 Dr. Hemami's reply to Dr. Acorn, dated October 2, 2017

12.3 Letter from IOPB Director, Dr. Jenna Bright, dated November 7, 2017

12.4 Letter from the Ms. Doris Dumais, Director, Office of the Fairness Commissioner, dated November 15, 2017.

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

14. List of Acronyms

15. Dates of Upcoming Council Meetings

- Monday, April 9, 2018
- Thursday, June 21, 2018

16. 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 PRACTIONERS 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

5. Consent Agenda

5.1 Minutes of Prior Council Meetings

5.1.1 September 19, 2017

5.1.2 Motions and Actions Items Arising from the Minutes

5.2 Reports

5.2.1 Committee Reports

5.2.1.1 Executive Committee

5.2.1.2 Patient Relations

5.2.1.3 Quality Assurance

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5.2.1.6 Fitness to Practise

5.2.1.7 Discipline

5.2.1.8 Governance Committee

5.2.2 Registrar's Report

College of Optometrists of Ontario
Council Meeting
September 19, 2017
DRAFT #4

September 19, 2017

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
Mr. Hsien Ping (Albert) Liang
Dr. Dino Mastronardi
Dr. Kamy Morcos
Ms. Luisa Morrone
Dr. Areef Nurani
Ms. Ellen Pekilis
Dr. Patrick Quaid
Mr. Brian Rivait
Mr. John Van Bastelaar
Dr. Marta Witer

Staff:

Dr. Paula Garshowitz, Registrar
Ms. Hanan Jibry
Ms. Mina Kavanagh
Mr. David Whitton
Dr. David Wilkinson
Ms. Bonny Wong

1. Call to Order: Dr. Hemami called the meeting to order at 9:00 a.m. Dr. Hemami welcomed everyone in attendance, including guests, to the meeting.

Dr. Hemami welcomed to Council a new public member, Mr. Hsien Ping (Albert) Liang.

2. Adoption of the Agenda: A draft agenda was circulated prior to the meeting. One item was added to the agenda: a motion to approve the addition of Mr. Liang to the Discipline Committee.

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

3. Ms. Allison Henry, Director, and Mr. Stephen Cheng, Manager, of the Ministry of Health and Long-Term Care, Regulatory Policy Unit, addressed Council at 10:30 a.m.: Council heard a presentation from representatives of the Ministry of Health and Long-Term Care's Health System Labour Relations and Regulatory Policy Branch. Ms. Allison Henry, Director, and Mr. Stephen Cheng, Manager, offered an overview of their work, their organization, and current and upcoming initiatives, and discussed the future of the regulatory framework. After the presentation, Council and the presenters engaged in a productive Q&A session.

4. Adoption of the Consent Agenda: A draft consent agenda was circulated prior to the meeting. No items were removed for further discussion.

Moved by Dr. Morcos and seconded by Dr. Chisholm **to adopt the consent agenda.**

Motion carried

5. Financial Matters:

5.1 Treasurer's Report: College Treasurer Ms. Irene Moore presented the report.

5.2 Financial Dashboard: The updated financial dashboard was circulated prior to the meeting.

5.3 Balance Sheet and Income and Expenditure Report – to July 31, 2017: The July I/E indicates that the College is in line with its 2017 budget. Discipline Committee legal amounts are well over budget, but to date $25,665 has been recovered.

5.4 Investment Policy and Guidelines: The final draft of the investment policy was presented for Council approval. The purpose of the College's investment policy is to ensure that membership fees collected by the College for operations and long-term restricted fund purposes are protected and funds are not put at undue risk. Considerable time was spent making sure that all aspects of the policy were considered, to remain current but prudent. If approved, the policy will be shared with the College's investment portfolio managers. The Executive Committee continues to monitor the activity and performance of the investment account and the portfolio; given the current market conditions they have experienced growth.

Moved by Dr. Kniaziew and seconded by Dr. Quaid **to approve the revised version of the College's investment policy as presented.**

Motion carried

5.5 Preliminary 2018 Budget and 2017 Budget Variance: The preliminary 2018 budget was circulated prior to the meeting. An adjustment in the 2017 budget was needed to reflect increased expenses related to website, software, and database implementation. For the database, the requested increase relates to financial setup/training, development work associated with online applications and receipts, and preliminary discussions about the eHealth application. The website and software increase is related to costs of launching the e-learning module, including the purchase of a learning management system and security certificates. To balance this, reductions in CEO contribution and credential assessment lines have also been proposed as funds will not be required for them. Once we review the numbers closer to year end, next year's estimates will be fine-tuned and brought to Council for approval.

Moved by Dr. Kniaziew and seconded by Mr. Rivait **to approve the proposed variance to the 2017 budget.**

Motion carried

6. Motions Brought Forward From Committees:

6.1 Executive: The proposed motion, including relevant background information, was circulated prior to the meeting. Council reviewed amendments to sections 13.01 and 18.02 of the College by-laws. The changes to the by-laws are necessary to be consistent with the recently enacted *Protecting Patients Act, 2017* (PPA) and subsequent amendments to the *Health Professions Procedural Code*. Relevant to this motion are changes to provisions to increase the transparency of Council materials and to provide more

information on the register about members. The amendments were not circulated for member comment as they were mandated by the PPA.

Moved by Dr. Morcos and seconded by Mr. Van Bastelaar **to approve the proposed amendments to Sections 13.01 and 18.02 of the College by-laws.**

Motion carried

Action item: Staff to update the by-laws and post to the College website as soon as possible.

At its June meeting, Council approved a motion amending College by-law 14.05 to appoint all public members to the Discipline Committee. As a new public member, Mr. Hsien Ping (Albert) Liang must be approved to sit on the Committee.

Moved by Dr. Kniaziew and seconded by Mr. Van Bastelaar **to approve the appointment of Mr. Hsien Ping (Albert) Liang to the Discipline Committee.**

Motion carried

6.2 Quality Assurance

6.2.1 Quality Assurance Panel: The proposed motion was circulated prior to the meeting. Members are required to participate in the Continuing Education (CE) component of the College's QA program to ensure their continuing competence and quality improvement. CE criteria and the number of hours members are required to obtain in every three-year period are detailed in the College's CE Policy for the 2018–2020 cycle. Council discussed how many hours would be adequate in any three-year period, and wording changes.

Moved by Dr. Chisholm and seconded by Mr. Rivait **to approve the proposed Continuing Education (CE) policy for the 2018–2020 CE cycle.**

Motion carried

6.2.2 Clinical Practice Panel: The proposed motions, including relevant background information, were circulated prior to the meeting. The Panel corrected the Regulatory Standards section of OPR 4.8 with respect to the number of controlled acts (i.e., 14) identified in the *Regulated Health Professions Act*.

Moved by Dr. Nurani and seconded by Dr. Chisholm **to approve revisions to OPR 4.8 Standards of Practice – Collaboration and Shared Care.**

Motion carried

The Panel was unsure how "failing to reveal the exact nature of a secret remedy or treatment" applied to the management of patients with cataract, so it removed reference to this regulatory standard within the document OPR 7.3. It is noted under Professional Standard that the taking of systemic history should include a discussion of any medications used.

Moved by Dr. Hrynchak and seconded by Mr. Rivait **to approve revisions to OPR 7.3 Standards of Practice – Patients with Cataract.**

Motion carried

At the June meeting, Council directed the Panel to revisit discussions regarding telehealth, including how patients might seek optometric care in the future. The result of those discussions is the new Telehealth Policy for Optometrists. The document articulates the College's position regarding telehealth and provides guidance to members. It is consistent with similar policies in other health professions and other jurisdictions. It complements the previously approved policy, Spectacle Therapy Using the Internet.

Moved by Dr. Hrynchak and seconded by Dr. Chisholm **to approve the draft Telehealth Policy for Optometrists.**

Motion carried

CPP will be asked to consider how to incorporate this policy into the OPR.

7. Registration Committee: IN CAMERA SESSION (under Section 7(2) (b) of the *Health Professions Procedural Code*)

Moved by Dr. Kniaziew and seconded by Dr. Quaid **to have the meeting go in camera.**

Motion carried

Guests left the meeting.

Moved by Dr. Kniaziew and seconded by Ms. Morrone **to have the meeting go out of camera.**

Motion carried

Guests returned to the meeting.

8. Injunction Application – Update: In December 2016, the College of Optometrists of Ontario and the College of Opticians of Ontario filed an injunction against Essilor/Clearly. The injunction hearing scheduled for September 11, 2017 has been rescheduled to October 11. More information will be available after that date.

9. Regulation Updates:

a. Spousal Exemption to MOHLTC: These provisions have been submitted to the Ministry of Health and Long-Term Care; the College has yet to hear any feedback.

b. QA Regulation: This regulation amendment has been submitted to the Ministry of Health and Long-Term Care; the College has yet to hear any feedback.

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

10. Correspondence

a. Memo from ADM, Ms. Denise Cole, Dated June 19, 2017
b. Letter to Dr. Hemami from the OAO, Dated July 4, 2017
c. Response from Dr. Hemami to OAO, Dated August 3, 2017
d. Order-in-Council, Mr. Hsien Ping (Albert) Liang, Dated July 11, 2017
e. Revocation, Ms. Shoshana Gladstone, Dated June 28, 2017
f. Letter to Hon. Victor Boudreau, Minister of Health, New Brunswick, Dated July 28, 2017
g. Response from Minister Boudreau, Dated August 18, 2017
h. Letter to Council from CAOS, Dated August 11, 2017
i. Response to CAOS, Dated September 1, 2017

11. List of Acronyms

12. Dates of Upcoming Council Meetings:

- Monday, January 15, 2018
- Monday, April 9, 2018
- Thursday, June 21, 2018

13. Adjournment: Moved by Dr. Kniaziew and seconded by Dr. Hrynchak **to adjourn the meeting at 3:17 p.m.**

Motion carried

COLLEGE OF Optometrists OF ONTARIO

Council Meeting – September 19, 2017

COUNCIL ACTION LIST STATUS

Updated January 2, 2018

Date	Minute Line	Action	Status	Comments
09/19/17	76	Staff to update the by-laws and post to the College website as soon as possible.	Completed	

Council Meeting – September 19, 2017

MOTION LIST

Minute Line	Motion	Committee	Decision
44	Moved by Dr. Kniaziew and seconded by Dr. Quaid **to approve the revised version of the College's investment policy as presented.**	Treasurer	Motion carried
58	Moved by Dr. Kniaziew and seconded by Mr. Rivait **to approve the proposed variance to the 2017 budget.**	Treasurer	Motion carried
72	Moved by Dr. Morcos and seconded by Mr. Van Bastelaar **to approve the proposed amendments to Sections 13.01 and 18.02 of the College by-laws.**	Executive	Motion carried
82	Moved by Dr. Kniaziew and seconded by Mr. Van Bastelaar **to approve the appointment of Mr. Hsien Ping (Albert) Liang to the Discipline Committee.**	Executive	Motion carried
94	Moved by Dr. Chisholm and seconded by Mr. Rivait **to approve the proposed Continuing Education (CE) policy for the 2018–2020 CE cycle.**	Quality Assurance	Motion carried
102	Moved by Dr. Nurani and seconded by Dr. Chisholm **to approve revisions to OPR 4.8 Standards of Practice – Collaboration and Shared Care.**	Clinical Practice	Motion carried
111	Moved by Dr. Hrynchak and seconded by Mr. Rivait **to approve revisions to OPR 7.3 Standards of Practice – Patients with Cataract.**	Clinical Practice	Motion carried
121	Moved by Dr. Hrynchak and seconded by Dr. Chisholm **to approve the draft Telehealth Policy for Optometrists.**	Clinical Practice	Motion carried
130	Moved by Dr. Kniaziew and seconded by Dr. Quaid **to have the meeting go in camera.**	Registration	Motion carried
199	Moved by Dr. Kniaziew and seconded by Ms. Morrone **to have the meeting go out of camera.**	Registration	Motion carried

Executive Committee Report

Name of committee: Executive Committee

Reporting date: January 4, 2018

Number of meetings in 2017: 6 in person, 4 teleconferences

Number of meetings since last Council meeting: 2 in person, 1 teleconference

The Executive Committee met twice in person since the last Council meeting: on October 16, 2017 and December 8, 2017. A teleconference was held on December 1, 2017. The minutes of prior meetings were circulated to Council by e-mail on October 26, 2017 (August 28 and September 11 meetings) and December 19, 2017 (October 16 and December 1 meetings).

Unauthorized Practice: The Executive Committee approved an application for an injunction against Alvin John Metzger pursuant to Section 87 of the *Health Professions Procedural Code*. The application was filed in the Ontario Superior Court of Justice in October 2017. 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. The materials filed by the College in support of the application allege that Mr. Metzger engaged in the practice of optometry and held himself out as an optometrist at times when he was not entitled to do so, including following the revocation of his certificate of registration. The College is asking the court to issue 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. The potential consequences for failing to comply with a court-ordered injunction include being found in contempt of court, which can lead to a fine and, potentially, imprisonment. This application is scheduled to be heard in Toronto on January 25, 2018.

OEBC Update: The Executive Committee approved the attendance of College representatives to the facilitated OEBC meeting, which was held in Mississauga on November 24. Following the meeting, a Memorandum of Understanding (MOU) was drafted and circulated to OEBC members. The stated goal of the MOU is to achieve agreement on one Canadian entry-to-practice exam accepted as the only standards assessment for all provinces. Eight out of ten provinces signed onto this document, which outlined agreed-upon steps to achieve this goal. OEBC will hold its Annual General Meeting (AGM) in January in Ottawa. The Committee sees that progress is being made and approaches this next meeting with optimism that commonalities have been found to achieve a workable outcome.

Stakeholder Meetings in October: In October, Dr. Hemami held two meetings with stakeholders. A meeting was held with the President of the College of Opticians of Ontario where they discussed issues common to our two colleges. There was agreement as to the value of the collaborative document on record ownership; we look toward developing other similar documents. Dr. Hemami also hosted a joint meeting of the College, the Ontario Association of Optometrists (OAO), and the University of Waterloo School of Optometry and Vision Science (WOVS), where the discussion touched on a wide range of topics of interest to all three organizations. There was agreement that these types of meetings among

the leaders of the profession are of value and should be held with more regularity. Participants from the Vision Institute then joined the meeting for a conversation regarding Diabetes Action Canada (DAC). DAC is a network composed of various healthcare disciplines interested in combating diabetes in the country. The network, integrated across Canada, brings together patients who have diabetes, Canada's researchers, and their health care providers. It is made up of federal–provincial partnership facilitation as well as public–private partnership development. Ophthalmology has reached out to optometry to engage in the initiative and there was agreement to further investigate the opportunities for optometry's involvement.

Citizen's Advisory Group (CAG): The government has recently become more interested in colleges demonstrating that they have engaged the public by obtaining their feedback on the activities of the regulators. To that end, a partnership has been developed, among 10 colleges of FHRCO, to enhance public participation and consultation on regulatory activities. The group is made up of patients (or caregivers) in the health care system of Ontario who are willing to share their experiences and provide feedback on a variety of issues posed by the CAG partners. With the Executive Committee's approval, the College has joined this partnership and is now able to obtain advice from the group. More information about CAG, including reports on recent meetings, can be found here.

Four members made a request for approval of an arrangement under Section 3(2) (g) (v) of O. Reg. 119/94 Part II. On December 8, 2017, the Executive Committee, acting in accordance with subsection 12(1) of the Code, which permits the Executive Committee to make decisions in lieu of Council between Council meetings for matters requiring immediate attention, passed a motion approving the members' request for this arrangement for a maximum period of 12 months from the date it begins. In accordance with Section 12(2) of the Code, the Executive Committee is required to report to you at the next Council meeting.

Respectfully submitted:

Dr. Pooya Hemami, President

Terms of Reference:

Citizen Advisory Group Partnership

Current List of Partners:

- College of Dental Hygienists of Ontario
- College of Denturists of Ontario
- College of Massage Therapists of Ontario
- College of Medical Laboratory Technologists of Ontario
- College of Medical Radiation Technologists of Ontario
- College of Naturopaths of Ontario
- College of Occupational Therapists of Ontario
- College of Opticians of Ontario
- College of Optometrists of Ontario
- College of Physiotherapists of Ontario
- Ontario College of Pharmacists

Purpose

The Citizen Advisory Group Partnership (known as the "Partnership") has created a multi-College Citizen Advisory Group (CAG) that can be used by all Partners to enhance public participation and consultation in our regulatory activities.

Background/About the Citizen Advisory Group

- The College of Physiotherapists of Ontario (CPO) launched the Citizen Advisory Group (CAG) in 2015, holding two meetings of the CAG each year. The CAG is made up of between 40 and 50 members who represent different patient demographics (e.g., gender, age, cultural background, geographic location, health conditions, practice setting experience).
- Regular CAG meetings:
    - Organized to ask CAG member feedback on a variety of issues, including draft policies, standards development, strategic plans, or website content:
    - Held in-person, approximately six hours on Saturdays
    - Run by an external facilitator
    - Reports written by a hired note-taker
    - CAG members receive compensation for preparation (i.e., pre-reading) and meeting attendance, as well as expense (e.g., travel) reimbursement
- The CAG has also been requested to provide feedback on particular issues from time to time by CAG Partners, both in a virtual meeting format (e.g., WebEx), or via email feedback.
- The CAG has no decision-making power, but acts as an informed focus group. A significant and material difference between the CAG and a random public survey is that, by virtue of their preparation work and ongoing participation, CAG members are a particularly informed group of the public. They are also different from public members of Council because they are wholly at arms' length from the College and are specifically chosen to represent a broad demographic.
- The CAG has a website: www.citizenadvisorygroup.org, which lists the CAG Partners, says a bit about what a regulatory College is, makes available the reports from previous CAG meetings, and provides contact information for the CAG.

Parameters

The following are parameters for the Citizen Advisory Group:

1. Any regulatory health College is welcome to join the Citizen Advisory Group Partnership at any time, by agreeing to the Terms of Reference.
2. The pool of CAG members should be between 40 to 50 people to ensure diversity and availability for a minimum of four in-person meetings and electronic requests of the Group. In-person meeting should aim for between 12 and 18 people in attendance to ensure productive discussions.

3. The CAG is made up of a group of Ontario residents and will be a diverse representation of a variety of health conditions and demographics. They may be patients or caregivers. Panels of the CAG will be convened for CAG meetings.
4. The Partnership is able to call upon the Group, channeling requests through the Administrator, for ad hoc opportunities such as working groups, focus groups, surveys, etc.
5. Requests for consultation from Citizen Advisory Group members that will take less than 30 minutes are not compensable. These requests might be electronic, or telephone consultations, for example. Requests that exceed 30 minutes are compensated at the agreed upon rate.
6. Quarterly Meeting-Specific Parameters:
    a. The Citizen Advisory Group uses an external facilitator to ensure that the group's reflections remain at arms' length from the Colleges.[1]
    b. Meetings use an external note-taker to ensure an unbiased record of the conversation. The notes of meeting are circuited to the Citizen Advisory Group and Partnership for review and made publicly available.
    c. Citizen Advisory Group members are compensated at an agreed upon rate, adjusted over time, for preparation and attendance.
    d. Citizen Advisory Group members are entitled to recoup expenses such as transportation costs to and from the meeting, meals, and hotels in appropriate circumstances.
    e. Citizen Advisory Group members will not be asked to do more than three hours of preparation for a meeting.
    f. Meetings are held on Saturdays, within the Greater Toronto Area.

Governance and Decision Making

- Each College will be an equal partner in decision-making.
- Every College will have equal access to CAG meeting time and to the CAG through the Administrator for requests for consultation, although participants may waive their spot at a meeting or have additional time allotted to them in accordance with need. All requests to access the CAG will go through the Administrator.
- The CAG Partnership will choose a Chair from one of the partner Colleges. The term for Chair is one year, renewable as desired by the Partnership. The Chair's role and responsibilities are set out below.
- The CAG Partnership will meet annually. Each College will ensure attendance by an individual vested with decision-making power about CAG activities.

[1] *Current facilitator – Misha Glouberman*

Roles & Responsibilities

Chair

The Chair of the Partnership is responsible for hiring and overseeing the Administrator and arranging an annual meeting of the CAG Partnership.

The Chair is responsible for maintaining the funds that support the CAG Partnership and, through the Administrator, ensuring expenses are paid in a timely manner.

Administration

A part-time Administrator manages all aspects of the CAG, including

- working with participating Colleges to coordinate an agenda and venue for each meeting
- catering
- travel arrangements for Citizen Advisory Group members
- booking the facilitator and note-taker
- arranging a pre-meeting discussion with the facilitator for each participating College
- distributing meeting materials
- ensuring accommodations for those with special needs (as required)
- processing CAG members' claims for expenses and attendance
- processing invoices for goods and services associated with the meetings
- obtaining approval for the notes from the meeting and ensuring distribution to the participating Colleges
- coordinating requests to access the CAG members
- creating an annual report for the Partnership

The Administrator will maintain a roster of CAG members and ensure that there is appropriate diversity among them. Where new members are required, the Administrator will identify the gaps in diversity on the roster and notify the Chair and the Colleges responsible for recruiting.

The Administrator will share an orientation package with each new member and ensure the facilitator is aware when new members are joining a meeting.

The Administrator reports to the CAG Partnership Chair.

CAG Partnership

The Partnership, at its annual meeting, will identify the number of Citizen Advisory Group meetings for the year and approve a schedule for College participation.

The Partnership will approve an annual budget and identify opportunities for improvement in processes or mandate.

Should disagreements arise, the Partnership would call an additional meeting to discuss the issues and work towards consensus.

College Participants

All Colleges will share the opportunity to become a part of the CAG with the stakeholder groups it thinks best, using the channels of its choice. Interested parties will be screened and interviewed by an external recruitment agency (the CAG Partnership will split the costs for the recruitment agency) using criteria provided by the Partnership. Recruitment should include screening for availability, type of health condition (either have themselves or as a caregiver), exposure to different healthcare professionals, geographic distribution, gender, health care setting, etc.

Following the initial recruitment, the Administrator will be responsible for managing the CAG and flagging for the Chair when CAG members depart and new members are needed.

Colleges will contribute staff time and venues, where possible, to minimize meeting expenses for meetings at which they are participating.

The Administrator will circulate the agenda sign-up sheet to the Partnership at the beginning of each year for the year ahead. Colleges will submit their topics and the meeting date for each. Other Colleges interested in the same topic can agree to work together. Best practice indicates each meeting should have between two to four items on the agenda. The Administrator will compile the agenda for each meeting and finalize.

Each College will be responsible for generating its own materials for CAG meetings, including materials for pre-meeting circulation and presentation materials (if any) for the meeting itself.

Each College will be responsible for attending the CAG meetings and making presentations at the meetings as agreed in discussion with the facilitator and other meeting participants.

Cost Sharing

Costs of the CAG will be shared by all members of the CAG Partnership on the following basis:

- Each College will contribute equally to the cost of maintaining administrative staff and will contribute, at the beginning of the partnership and each year thereafter, a refundable $2,000 deposit to be held against meeting expenses.
- The costs of each CAG meeting will be shared between the Colleges participating in that meeting. If a topic is of interest to multiple Colleges, the expense should be shared.
- If none of the participating Colleges are able to provide a venue for the meeting, seeking available space from one of the partner Colleges is the first option to reduce expenses, if none are available, a suitable venue will be rented.
- The Partnership will consider a “pay what you can” option for any College that would like to participate but could afford to contribute the agreed upon sharing model.
- The Administrator will manage invoices and expense claims associated with the meeting and invoice participating Colleges.
- The cost sharing agreement will be reviewed annually at the meeting of the Partnership.

COLLEGE OF Optometrists OF ONTARIO

Committee Report to Council

Name of committee:	**Patient Relations Committee**
Reporting date:	**December 22, 2017**
Number of meetings in 2017:	**2 Committee meetings** **1 Panel meeting**
Number of meetings since the last Council meeting:	**1 meeting**

Nature of items discussed:

At the November meeting, the Committee welcomed a guest presenter: the CPSO Senior Policy Analyst, Ms. Michelle Cabrero Gauley. Michelle gave an excellent presentation on CPSO's Patient Relations Committee activities, the funding for a therapy program, overview of Bill 87 changes, and CPSO implementation plan. After the presentation, the Committee discussed the College's current protocols and future options.

At this meeting, the Committee also considered and discussed the concept and definition of "patient," the meaning of "patient–practitioner relationship," and at what point such a relationship begins and ends. The discussion about these topics will continue in 2018.

The Committee will continue to closely monitor the developments related to the *Protecting Patients Act, 2017* (formerly Bill 87).

Respectfully submitted,

Irene Moore
Patient Relations Committee Chair

Committee Activity Report

Name of committee: Quality Assurance Committee – QA Panel

Reporting date: December 19, 2017

Number of meetings in 2017: 6 in-person meetings and 1 teleconference

Number of meetings since last Council meeting: 2 in-person meetings

Nature of items discussed/number of cases considered:

1. QA subcommittee and independent evaluation of the QA program
2. QA assessor recruitment and training workshop
3. Review of random assessment selection process
4. Review of OE TRACKER statistics
5. Evaluation of lecture for potential College/QA-provided CE
6. SRA and CRA reviews and decisions

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

1. A full-day meeting was held on October 19, 2017 to discuss ways to improve the QA program and policies. Since the inception of the QA program at the College, the program has never been reviewed or evaluated to determine whether it aligns with the goals and objectives of the College and meets the College's mandate to protect the public interest. The Panel agreed that an independent evaluation of the QA program is needed. This would be a long-term project, and the Panel had asked the Executive Committee to create a QA subcommittee and allocate resources to this project, including hiring an independent consultant. Following completion of the review, the subcommittee will be tasked with developing a library of jurisprudence e-modules, developing a self-assessment and continuing professional development (CPD) component, and increasing engagement of members in the QA program. The QA subcommittee will report to the Panel on a regular basis, and the Panel will present any proposed changes to Council for consideration.

2. The Panel held a full-day QA assessor training session on October 20, 2017, which was attended by 42 new and current QA assessors. The training was successful with positive feedback from participants. The Panel reviewed the mandatory homework assignments completed by all assessors and provided feedback to ensure standardization.

3. After much discussion, the Panel agreed to hire a consultant/statistician to assist the Panel in developing a QA practice assessment selection process that is random but ensures that all members will be periodically assessed, based on risk factors, and supported by data evidence.

4. On December 4, 2017, a total of 531 reminder e-mails were sent to members who had not yet submitted the minimum required number of CE credit hours to OE TRACKER for the current CE cycle (January 1, 2015–December 31, 2017). Of this number, 50 members had 10 hours or less accounted for thus far. As this is the first time the OE TRACKER system will be utilized for a CE

audit, members will be given a grace period to fulfill their reporting requirements to ARBO, potentially minimizing deficiencies noted at present.

5. 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. Survey results will be reviewed by the Panel at their next meeting and will help the Panel improve on the workshop and determine the best format to present the materials for future participants.

6. Summary of Committee decisions for SRA and CRA reviews:
    - 22 members discharged
    - 13 members discharged with reminders/recommendations
    - 3 members escalated to CRA
    - 3 members undergoing remediation (self-learning/coaching)

Respectfully submitted:

Dr. Kamy Morcos, OD

Chair, Quality Assurance Panel

Committee Activity Report

Name of committee: QA – Clinical Practice Panel

Reporting date: December 21, 2017

Number of meetings in 2017: 4

Number of meetings since last Council meeting: 1

Nature of items discussed/number of cases considered:

The following OPR documents were reviewed:

4.2 Required Clinical Information
4.3 Delegation and Assignment
4.4 The Use and Prescribing of Drugs in Optometric Practice
4.6 Ocular Urgencies and Emergencies
6.6 Low Vision Assessment and Therapy
7.1 Patients with Age-Related Macular Degeneration
7.2 Patients with Glaucoma
7.7 Dilation and Irrigation of the Naso-Lacrimal Ducts

The Panel continued work on a draft document, "The Management of Patients after Concussion."

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

Motions regarding the standards of practice for OPR 4.2, 4.3, and 7.2 are provided separately.

Revisions to the Standards of Practice for OPR 7.1 and Clinical Guidelines for OPR 7.7 include non-material wording changes and are therefore included in the consent agenda.

Respectfully submitted:

Dennis Ruskin, OD

Committee Chair

7. Specific Diseases, Disorders and Procedures

7.1 Patients with Age-related Macular Degeneration

Description

Age-related Macular Degeneration (AMD) is an acquired retinal disorder that affects central visual function. Nonexudative AMD, also known as "dry" AMD, results in a gradual, progressive loss of central visual functioning, whereas patients with exudative AMD, also known as "wet" AMD, notice a more profound and rapid decrease in central visual functioning.

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.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

Professional Standard

In addition to required clinical information, the evaluation of patients with retinal changes suggestive of AMD, or patients suspected of having AMD, includes:

- patient history of any symptoms associated with AMD; and
- ocular examination including the following:
  - measurement of best corrected monocular visual acuity, distance and near;
  - additional assessment of macular function (for example Amsler grid testing); and
  - *posterior segment examination* with pupilary dilation (OPR 6.2).

The management of patients with AMD includes:

- continued assessment for differential diagnosis;
- monitoring patients at a frequency that is dependent on the risk of progression of the disease;
- educating patients to be aware of symptoms such as decreased vision, scotomata and dysmorphopsia by monocular assessment;
- educating patients on the potential benefits of the use of supplements (vitamins, antioxidants) where clinically indicated;
- educating patients on the benefit of lifestyle changes (use of UV protection, cessation of smoking) where indicated;
- instructing patients on the importance of monitoring for the onset of new symptoms between in-office assessments, and to return immediately for assessment should they be noted; and
- making a timely referral (OPR 4.5) for treatment assessment for patients suspected of having choroidal neovascularization (CNV), particularly given the advent of anti-vascular endothelial growth factor (anti-VEGF) treatments that may afford an improvement in central vision.

In developing a treatment plan, consideration should be given to the patient's visual demands and abilities.

Commented [DW1]: Minor change: wording changed to plural form, from scotoma to scotomata.

7.7 Dilation and Irrigation of the Naso-Lacrimal Ducts

Description

Dilation and irrigation of the naso-lacrimal ducts may be used as diagnostic or treatment procedures. These procedures temporarily enlarge the punctal opening to the canaliculi for insertion of occlusion devices and/or the irrigation of material from the canaliculi and the naso-lacrimal ducts and/or to maintain complete patency of the system.

Clinical Guideline

Signs and symptoms consistent with epiphora ~~hyperlacrimation~~ are determined by the patient history and slit lamp examination. Tests such as the fluorescein dye disappearance test for lacrimal outflow deficiency can be helpful in confirming the diagnosis of epiphora.

In dry eye conditions, knowing the patency of the drainage system is essential if epiphora ~~hyperlacrimation~~ is present.

COLLEGE OF Optometrists OF ONTARIO

Committee Report to Council

Inquires, Complaints and Reports Committee (ICRC)

(*ICRC sits as two independent Panels*)

Reporting date: December 20, 2017

Number of meetings in 2017: 10 in-person Panel meetings
3 teleconference Panel meetings
1 in-person ICR Committee meeting

Number of meetings since last Council meeting: 4 in-person Panel meetings
(including 1 scheduled for January 10, 2018)

- With this report, it is the ICRC's intention to provide the Council with as much information as possible on the matters received and reviewed by the ICRC since the last Council meeting (September 19, 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, there are some details that Council simply cannot be privy to.

Number of Cases: cases reviewed by Panels (including those to be reviewed by Panel on January 10, 2018) and newly filed since September 5, 2017, the date of the last report to Council (some cases involve multiple allegations)

Type of Case	**Number**
Complaints	49
Registrar's Reports	11
Incapacity Inquiries	0
TOTAL CASES	**60**
Nature of Allegations	**Number**
Unprofessional behaviour and/or communication	46
Related to eyeglass and/or contact lens prescription	15
Related to drug prescription	–

Quality of care	13
Failure to diagnose/misdiagnosis	12
Improper billing/fees	11
Breach of legislation	11
Improper delegation	6
Related to eyeglass and/or contact lens dispensing	6
Staff supervision	4
Conflict of interest	4
Failure to refer	4
Release of prescription/records	3
Advertising	3
Record keeping	2
Allegations of sexual nature	1
Lack of consent	1
Unnecessary/unsuccessful treatment	1
Prior conviction/offence	1

Decisions Issued:

Complaints	24
Registrar's Reports	3
Incapacity Inquiries	0
TOTAL	**27**

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

No further action	14
Advice or recommendation	5
Remedial agreement (educational activities)	2
Abuse of process (case closed)	–
Verbal caution	2
SCERP	1
Referral to Discipline Committee	3
Withdrawn	1
TOTAL	**28**

HPARB Appeals:

New appeals to be heard	4
Outstanding appeals to be heard	6
TOTAL APPEALS IN PROGRESS	**10**
ICRC Decision confirmed – case closed	1

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

Both ICRC Panels have continued testing and suggesting revisions to improve the risk assessment framework; this will likely continue indefinitely, as more and varied cases are considered.

In accordance with transparency requirements, two cases that were deemed to pose moderate (or greater) risk of harm to the public had dispositions (SCERP and caution) published on the College's public register.

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

None.

Respectfully submitted,
Dr. Derek MacDonald, ICRC Chair

Committee Activity Report

Name of committee: Registration Committee

Reporting date: January 5, 2018

Number of meetings in 2017: five in-person and seven via teleconference

Number of meetings since last Council meeting: two in-person Committee meetings (Sept. 28 and Dec. 7, 2017) and one via teleconference (Nov. 23, 2017)

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 University of Waterloo School of Optometry and Vision Science (WOVS). Discussions with each of FORAC, Touchstone Institute, and the OFC were focused on streamlining the pre-registration process for international candidates.

The May 2018 evaluating exam (IGOEE) is scheduled to take place over the following days:

- Thursday, May 24 – Open House (optional)
- Friday, May 25 – Short Case Objective Structured Clinical Examinations (OSCE) and Multiple-Choice Questions (MCQ)
- Saturday, May 26 or Sunday, May 27 – Long Case OSCE

Registration for the exam opened for FORAC-referred candidates at a fee of CAD $5,000. Touchstone Institute has pledged to administer the exam in May 2018 with the capacity to accommodate up to 48 candidates. If registration numbers exceed 48, an additional administration may be opened in July 2018.

The Registration Committee, College President, and College staff also worked to respond to matters associated with the Optometric Examining Board of Canada (OEBC). The College Registrar, Committee support staff, and Dr. Bill Chisholm attended a meeting hosted by OEBC followed by a special meeting of OEBC members on Nov. 24–25, 2017. The meeting hosted by OEBC involved an external facilitator hired by OEBC and included members of the OEBC board in addition to three experts who provided their perspectives on various issues. The meetings included discussions on these issues. Enclosed is a voluntary contribution letter and notice for 2017–18 received from OEBC dated Nov. 10, 2017.

The College is 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.

Discussions continued with WOVS about what form of minimum practice requirements would be reasonable for its faculty, and what could comprise direct and indirect patient hours. In October 2017, following a review by the Committee of received suggested changes to the WOVS faculty member minimum practice requirement policy, the policy was finalized and provided to WOVS. It is intended to be used for guidance by the Committee in advance of receiving annual WOVS faculty member requests for exemptions from the 750 minimum practice-hour requirement. The wording of the policy would be reviewed again in approximately one year's time to gauge if further changes are warranted.

Following Council approval of the updated draft amendments to the Registration Regulation (O.Reg. 837/93) as amended under the *Optometry Act, 1991*, College staff is still preparing the submission of the updated draft amendments to the Ministry of Health and Long-Term Care for approval.

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

Please refer to the above.

Respectfully submitted,

John Van Bastelaar
Chair, Registration Committee

Encls.

Hanan Jibry

From: Paula Garshowitz
Sent: January-05-18 11:39 AM
To: Hanan Jibry
Subject: FW: OEBC Member Contributions 2017-18
Attachments: Member Contribution Letter 2017-18.pdf; Member Contribution Notice 2017-2018.pdf

Paula L. Garshowitz, OD
Registrar
College of Optometrists of Ontario
www.collegeoptom.on.ca

65 St. Clair Ave. E., 9th Floor
Toronto, ON M4T 2Y3
Phone: (416) 962-4071
Toll free: 1-888-825-2554

From: Krystyna Heholt [mailto:krystyna.heholt@oebc.ca]
Sent: November-10-17 12:32 PM
To: Dr. Robin Simpson, COBC <registrar@optometrybc.ca>; Dr. Gordon Hensel, ACO <registrar@collegeofoptometrists.ab.ca>; Dr. Lorne Ryall, MAO <drryall@mts.net>; Dr. Leland Kolbenson, SAO <L.kolbenson@gmail.com>; Paula Garshowitz <PGarshowitz@collegeoptom.on.ca>; M. Marco Laverdière, OOQ <m.laverdiere@ooq.org>; Dr. Louiselle St. Amand (lou1@nb.aibn.com) <lou1@nb.aibn.com>; Dr. Louiselle St.Amand, NBAO <louiselle.n.stamand@gmail.com>; Dr. Sheldon Pothier <s.pothier@live.ca>; Dr. Justin Boulay, NLCO <justin@boulay.pro>; Dr. Mark Burke, PEICO <m.andrew.burke@gmail.com>; college@optometrybc.ca; Léo Breton <brelopto@hotmail.com>
Cc: Tami Hynes <tami.hynes@oebc.ca>; Dr. Carolyn Acorn <visionpei@gmail.com>; Laureen Goodridge <lgoodridge@mb-opto.ca>
Subject: OEBC Member Contributions 2017-18

Dear Registrars of the members of OEBC,

Please find attached OEBC's Member Contribution letter and notice for 2017-18.

Many thanks,

Krystyna Heholt Administrative Assistant

OPTOMETRY EXAMINING BOARD OF CANADA

37 Sandiford Drive, Suite 403
Stouffville, ON L4A 3Z2
www.oebc.ca

Important! Canadian Examiners in Optometry is now officially known as ***Optometry Examining Board of Canada***. In French, we are the ***Bureau des examinateurs en optométrie du Canada***.

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

November 10, 2017

By Email

Re: Member Contribution to OEBC, Fiscal 2017-18

To: Registrars of the members of OEBC

Optometry Examining Board of Canada (OEBC) assesses entry-level competence in the practice of Optometry in Canada. Our organization has served the assessment needs of its members, Canada's provincial optometric regulators, since 1995.

At the September 22, 2012 national meeting of the regulators (FORAC; formerly CORA), OEBC presented a sustainable annual funding model of $25 per registrant annually.

Please find enclosed the **voluntary contribution notice for 2017-18** that should be received no later than **December 31, 2017.** We ask you that you please keep a copy of this letter as reminder letters will not be issued.

We look forward to working with our members as OEBC continues to develop and administer the entry-to-practice examination for optometry in Canada.

Sincerely,

Tami Hynes
Chief Executive Officer

Enc: Notice 2017-18

CC: OEBC Board of Directors

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

Member Contribution Notice 2017-18

By Email

Attention:

Registrars of the members of OEBC

Issued on:

November 10, 2017

As decided by OEBC's Board, member contributions for 2017-2018 are established as follows:

Member	# of Registrants declared in 2017*	Amount to Pay (# of registrants x $25) Quebec = $5 per registrant
Alberta College of Optometrists	666	$16,650.00
College of Optometrists of British Columbia	721	$18,025.00
Manitoba Association of Optometrists	174	$4,350.00
New Brunswick Association of Optometrists	125	$3,125.00
Newfoundland and Labrador College of Optometrists	58	$1,450.00
Nova Scotia College of Optometrists	130	$3,250.00
College of Optometrists of Ontario	Not provided	Not available
Prince Edward Island College of Optometrists	20	$500.00
Ordre des Optométristes du Québec	1382	$6,910.00
Saskatchewan Association of Optometrists	178	$4,450.00

**** based on contributions received in 2016-2017. If the number of registrants has changed since then, please use the correct number.***

Please send a cheque no later than December 31, 2017 payable to:

Optometry Examining Board of Canada
37 Sandiford Drive Suite 403 Stouffville, Ontario L4A 3Z2

COLLEGE OF Optometrists OF ONTARIO

Committee Report to Council

Name of Committee:	**Fitness to Practice Committee**
Reporting Date:	**January 5, 2018**
Number of meetings in 2017:	**n/a**
Number of meetings since the last Council meeting:	**n/a**

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

Name of Committee:	**Discipline Committee**
Reporting Date:	**December 13, 2017**
Number of meetings in 2017:	**1**
Number of meetings since the last Council meeting:	**0**

The Discipline Committee is preparing to conduct six discipline hearings:

1. **Dr. Gordon Ng –** Hearing scheduled for February 6, 2018 at 9:30 a.m.
   Date of Referral: May 3, 2017

   a. In respect of the patient A, Dr. Ng has committed an act or 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 February 26, 2016, he was found guilty of two offences (relevant to his suitability to practise optometry) of knowingly giving false information in an application, return or statement made to the Ontario Health Insurance Plan or the General Manager for the Plan, contrary to subsection 43(3) of the *Health Insurance Act*, S.O. 1990 c. H. 6, which is an offence pursuant to section 44 of the *Health Insurance Act*; and
   b. In respect of the patients A, B and C in or about 2009, 2010 and 2011, Dr. Ng has committed an act or 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:
      i. Paragraph 1.28 of Ontario Regulation 119/94 in that he submitted or allowed to be submitted an account for professional services that he knows or ought to have known is false and misleading;
      ii. Paragraph 1.24 of Ontario Regulation 119/94 in that he failed to make or maintain records in accordance with Part IV;
      iii. c. Paragraph 1.39 of Ontario Regulation 119/94 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.

2. **Dr. Gyanesh Verma -** Hearing scheduled for February 7, 2018 at 9:30 a.m.
   Date of Referral: June 21, 2017

a. Dr. Verma engaged in the practice of optometry while in a conflict of interest contrary to subsection 3(1) which is professional misconduct under paragraph 1.7 of Ontario Regulation 119/94 as follows:
    i. For engaging in the practice of the profession in a working arrangement contrary to paragraph 3(2)(g). This breach occurred because Dr. Verma practised optometry in a working arrangement with Mr. Purba who is neither an optometrist nor a physician, without an independent contractor agreement; and
    ii. For sharing 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).
b. Dr. Verma contravened, by act or omission, the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts contrary to paragraph 1.36 of Ontario Regulation 119/94 for practising the profession through a corporation without having incorporated a professional corporation and obtaining a certificate of authorization.

3. Dr. Jon V. Barnes - Hearing scheduled for March 22, 2018 at 9:30 a.m.
Date of Referral: July 24, 2017

a. 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:
    i. wrote comments of a sexual nature in various places in the workplace where they would see them;
    ii. made verbal, sexual comments to them, about them, and/or about others in their presence; and/or
    iii. engaged in behaviours of a sexual nature towards them in the workplace.
b. 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:
    i. noted, in patient records, inappropriate commentary about patients and/or their relatives, including comments of a sexual nature, not relevant to care; and/or

ii. engaged in unprofessional behaviours in the office, including engaging in the sexual harassment of staff.

c. 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.

d. 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:

   i. noted, in patient records, inappropriate commentary about patients and/or their relatives, including comments of a sexual nature, not relevant to care;
   ii. wrote sexual comments in various places in the workplaces where staff could see them including on post-it notes and the white board;
   iii. made verbal, sexual comments to staff;
   iv. engaged in sexual behaviours towards staff, including when he showed them sexual images and/or videos;
   v. 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;
   vi. shared a staff member's private health information with other staff; and/or
   vii. acted in a verbally and/or emotionally abusive manner towards staff.

4. Dr. Gregory Miller #1 - Hearing dates TBD.

Date of Referral: September 25, 2017

a. 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.

b. 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.

c. 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

a. 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

a. 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:
    i. ongoing monitoring and/or office visits;
    ii. visual field testing (AVF);
    iii. fundus photography;
    iv. Heidelberg retinal tomography (HRT);
    v. pachymetry;
    vi. digital retinal imaging (DRI);
    vii. optical coherence tomography (OCT):
    viii. Ultrasound Corneal Pachymetry (UCP);
    ix. Anterior Ocular Imaging (AOI); and/or
    x. prescriptions for eyeglasses.

b. 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,

i. portions of his healthcare records for these patients were illegible;
ii. he diagnosed patients with glaucoma or as "glaucoma suspect", in circumstances where that diagnosis was not supported by the clinical findings;
iii. he recommended that patients return for office visits in circumstances and at frequencies that were not clinically indicated;
iv. he prescribed eyeglasses for patients in circumstances where such prescriptions were not supported by the clinical findings, and/or unnecessary, and/or inappropriate;
v. he referred patients for consultations with an ophthalmologist in circumstances where such a referral was not clinically indicated;
vi. he failed to conduct the appropriate tests and/or use the appropriate equipment to investigate patients with suspected glaucoma; and/or
vii. he failed to conduct the appropriate tests and/or use the appropriate equipment to investigate patients with suspected diplopia.

c. 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:

i. the patient's health and oculo-visual history;
ii. the clinical procedures used;
iii. the clinical findings obtained; and/or
iv. the diagnosis.

d. 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:

i. 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

ii. submitted accounts to patients for visits, tests and/or procedures that he knew or ought to have known were not clinically indicated.

e. 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:

   i. 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;
   ii. billed OHIP and/or patients for office visits, tests, and procedures that were not clinically indicated;
   iii. made diagnoses, referrals, and prescriptions that were not clinically indicated;
   iv. failed to maintain legible patient records; and/or
   v. failed to maintain adequate patient records.

Committee training:

Two public members, newly appointed to the Discipline Committee, attended the Federation of Health Regulatory Colleges' training session "Conducting a Discipline Hearing – Basic Program," which took place on October 26, 2017; three Discipline Committee members also attended the parallel advanced program the following day, October 27, 2017.

Respectfully submitted:

Areef Nurani, O.D.
Committee Chair

Governance Committee Report

Name of Committee:	**Governance Committee**
Reporting Date:	**December 20, 2017**
Number of meetings in 2017:	**2 (1 in-person, 1 teleconference)**
Number of meetings since the last Council meeting:	**1 in-person**

The Governance Committee met in person on October 23, 2017.

Terms of Reference: The Committee again reviewed their terms of reference and have made suggestions for additions and changes prior to approval.

Engagement of Governance Consultant: The Committee met with Mr. David Brown of Governance Solutions to further address his proposal for a College governance review. This project will be broken down into two phases: to examine the current College governance framework and then to further develop the governance structure. The current focus of the Committee and the consultant would be toward Phase 1 of the review. The members agreed that the proposal and subsequent presentation by Mr. Brown promoted identifying and developing governance best practices within the College's structure, which would help it evolve and be proactive in this current evolving regulatory climate. The Committee decided to engage Mr. Brown to undertake such a governance review of the College.

Since the meeting, Governance Solutions has begun the review process and the Committee anticipates a draft of the governance review to be circulated in advance of the Council meeting on January 15, 2018.

Respectfully submitted:

Pooya Hemami, OD
Committee Chair

COLLEGE OF Optometrists OF ONTARIO

Registrar's Report – January 15, 2018

I am pleased to provide you with the following update on staff/office activities since the September 19, 2017 Council meeting.

Regulatory Meetings:
Staff members attended the following conferences/meetings on behalf of the College since the September Council meeting:

- Hanan Jibry, Assistant Registrar, attended the Canadian Network of Agencies for Regulation (CNAR) conference on October 3–4 in Halifax. She also attended a conference on November 1, 2017 held by Littler LLP, Employment Lawyers. On November 24–25, Hanan participated in the OEBC meetings held in Mississauga.
- Mina Kavanagh, Director, Investigations and Resolutions, attended the CLEAR annual conference in Denver from September 13–16. Mina and interim ICRC coordinator Justin Rafton attended the Federation of Health Regulatory Colleges of Ontario (FHRCO) Investigations and Hearings symposium in November. In addition to attending AGRE policy and ICRC working group meetings, she attended the inaugural meeting of the FHRCO Consent and Capacity Working Group.
- Dr. David Wilkinson, Practice Advisor, provided staff support for Dr. Hemami at the Thunder Bay society meeting College presentation.
- Nektarios Kikonyogo, Manager, Finance and Office Administration, attended an intercollege corporate services meeting on November 16, 2017, and on November 23, 2017 he participated in a conference on not-for-profit organizations provided by Chartered Professional Accountants (CPA).
- Bonny Wong, Coordinator, Quality Programs, attended the Quality Assurance Working Group (FHRCO) meeting on October 25 and the Vision Institute of Canada on November 4 at the trade show booth (see below).
- Justin Rafton, Coordinator, Investigations and Hearings (interim), attended the Bill 87 Working Group (FHRCO) meeting on September 21, 2017 and the FHRCO Communicators Day on November 17, 2017 for Dave Whitton, Communications Coordinator. He also attended an Alternative Dispute Resolution Working Group meeting (FHRCO) on November 29.

This past November, I was fortunate to be able to attend CLEAR's 5th International Congress on Professional and Occupational Regulation, which was held in Melbourne, Australia. The meetings were an opportunity to meet with other regulators from around the world and to hear presentations from international leaders in regulation. I also met with optometry leaders from Australia and New Zealand at the offices of the Chair of the Optometry Board of Australia. It is always reassuring to hear that the issues we are dealing with here in Canada are the same issues around the world, so these meetings are always a good way to learn from others and to share our experiences. I appreciated the opportunity to share our experiences with other regulators and to represent the College at this important congress. This past week, I attended the CLEAR mid-winter meetings in Scottsdale, Arizona in my capacity as Vice-Chair of the Entry-to-Practice Issues subcommittee for CLEAR. I have been a member of this committee for three years and was honoured to serve in a leadership capacity.

Council Elections: This year saw the first time the College conducted Council elections electronically. The elections were managed, including receiving and counting of ballots, by a third party. It was expected that the turnout for voting would be higher with this method of voting than when voting was conducted by paper ballots that had to be mailed into the College, with a total of 427 members casting their votes in Provincial District 5 (or approximately 18% of members).

College Booth at Vision Institute Trade Show: As the CE cycle drew to a close, it became evident that many members still had questions about OE TRACKER and how to submit their CE hours into their profiles. Ms. Bonny Wong, QA Coordinator, and I, were at the booth at the trade show, where we interacted with members on a variety of different topics, but mainly about OE TRACKER. It was an excellent opportunity for members to interact directly with College representatives in an informal environment. It was suggested that the College should take advantage of more of these types of opportunities to reach out to members in the future.

Membership Renewal: The annual membership renewal period, which opened on November 15, went very well with members renewing online. Members who did not renew by December 15 are charged a late fee if they renew before January 15. Members who fail to renew their membership before January 16 will be suspended and will not be entitled to practise optometry until a reinstatement fee and all fees in arears are paid. The certificate of registration of a member who has been suspended for non-payment of fees for two years is administratively revoked in accordance with the Regulation.

Professional Boundaries Module: As of December 31, 2,192 members had completed the module. A late fee was charged to members who had not completed the module by December 15.

Staff News: The College welcomes back Eyal Birenberg, Coordinator, Investigations and Hearings, who has recently returned from leave. We also welcome Justin Rafton, who has recently joined the staff in the new position of Policy Analyst. Justin previously filled the position of interim Coordinator, Investigations and Hearings.

Administration Statistics from September 16, 2017–December 31, 2017:

Registration:	17 applications opened
	14 new members registered
Quality Assurance:	38 practice assessments were processed and sent to assessors
ICRC:	20 new complaints files opened (total of 57 since January, 1, 2017)
	4 requests to ICRC to approve the appointment of an investigator in a Registrar's Report matter (total of 12 since January 1, 2017)

Number of Followers of the College's Facebook page: 2,448
Number of Followers of the College's Twitter feed: 106.

Respectfully submitted,
Paula Garshowitz, OD
Registrar

6 Financial Matters

6.1 Treasurer's Report
6.2 Financial Dashboard
6.3 Balance Sheet and Income and Expenditure Report – to November 30, 2017
6.4 2018 Budget

COLLEGE OF Optometrists OF ONTARIO

Treasurer's Report

Reporting Date: January 4, 2018

Balance Sheet and Income and Expense Report: The financial information includes the Balance Sheet and Income/Expense report to November 30, 2017. Both Discipline legal and ICRC legal line items are 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. In accordance with Council's direction, costs are recovered as much as is reasonable, at Discipline. The dashboard summary has been updated to include the November financial information.

2018 Budget: The proposed 2018 budget is included here for Council approval. Budget lines have been reviewed by the Treasurer, staff, and the Executive Committee to produce a budget that reflects increases, where deemed necessary, and savings where efficiencies have been realized. The enclosed document provides some rationale for proposed changes to individual line items. Budget projections can be made on historical data, however for some areas, in particular ICRC and Discipline, it can be difficult to predict what expenses may be incurred in a given timeframe. The budget is reviewed periodically throughout the year and necessary variances brought to Council for approval.

Proposed Motion: To approve the proposed 2018 budget.

Financial Advancements at the College: As my appointment on the College nears its end this August, I expect this to be my last report to you as College Treasurer. It has been a pleasure to act in this capacity the last three years and I am proud to highlight some of the changes that were brought about to financial areas of the College during that time. A new database system was purchased to manage the ever-increasing amounts of data produced and maintained by the College; we are just beginning to realize the power and capacity of this system and look forward to making use of its many functions to produce efficiencies to many areas of the College. A financial dashboard was created that allows Council to easily track the College's financial health in one quick glance and identifies areas that require attention. The investment policy has been updated to ensure that membership fees the College collects for operations and long-term restricted fund purposes are not put at undue risk. In addition, a new staff position, Manager, Finance and Office Administration, has been added to the College staff complement. The College has already realized the benefits of having a staff member with a strong financial background to bring greater savings and efficiencies to all College functions.

Respectfully submitted,

Ms. Irene Moore, Treasurer

COLLEGE OF OPTOMETRISTS OF ONTARIO
FINANCIAL STATEMENT SUMMARY AS OF NOVEMBER 2017

1. Incomes and Expenditures

Month 11

	ANNUALIZED BUDGET	YTD BUDGET	YTD OUTPUT	VARIANCE	%VARIANCE
REVENUES	2557639.00	2344502.42	2378160.00	33657.58	
EXPENSES	2860650.00	2622262.50	2244105.00	(378157.50)	
SURPLUS(DEFICIT)	(303011.00)	(277760.08)	134055.00	411815.08	86%

Good(Above5%)
Requires some attention (between -5 and 5%)
Poor(Under-5%)

Overall positive variance due to under spending in expenses

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

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

Net Assets- Assets invested in Capital
Budgeted average Operating expenses

(4586777-218183)/(2860650/12) 18.33 Means College can cover its expenses for 18 months using its Net Assets in case there is no revenue suddenly.

3. Investment Portfolio Performance

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

Weighted Average Return

	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
Last 3 Months	Canadian Equity	30%	3.44%	1.03%		
	US Equity(C$)	15%	9.00%	1.35%		
	Fixed income	55%	-2.25%	-1.24%		
				1.14%	3.38%	2.24%
Last 12 Months	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
	Canadian Equity	30%	9.60%	2.88%		
	US Equity(C$)	15%	18.22%	2.73%		
	Fixed income	55%	3.01%	1.66%		
				7.27%	7.89%	0.62%
Since Inception(Nov 2014)	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
	Canadian Equity	30%	6.41%	1.92%		
	US Equity(C$)	15%	16.38%	2.46%		
	Fixed income	55%	3.93%	2.16%		
				6.54%	4.16%	-2.38%

College of Optometrists of Ontario

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

Toronto, Ontario

M4T 2Y3

Income and Expenditure Report

As at November 30/2017

	2016 Actuals	2017 Budget Estimate	Budget to Date 11/12	Income/Expend. To Date	% of Budget To Date
Income					
Annual registration fees	$2,186,423	$2,194,127	$2,011,283	$2,043,147	101.6%
Professional Corporation fees	$309,958	$260,000	$238,333	$270,032	113.3%
Application Fees	$56,159	$55,252	$50,648	$43,723	86.3%
Credential assessment fees		$0	$0		#DIV/0!
Ontario MOHLTC (Review Cmte)		$0	$0		#DIV/0!
Continuing Education	$550	$3,260	$2,988	$4,951	165.7%
QA - Assessments	$38,531	$35,000	$32,083	$13,574	42.3%
Other Income	$5,022	$10,000	$9,167	$2,732	29.8%
Total Revenues	**$2,596,643**	**$2,557,639**	**$2,344,502**	**$2,378,160**	**101.4%**
Committee Expenses					
Quality Assurance	$64,415	$80,000	$73,333	$100,049	136.4%
Communication Committee		$0	$0		#DIV/0!
Clinical Practice Committee	$29,857	$35,000	$32,083	$36,805	114.7%
College Representation	$35,512	$40,800	$37,400	$17,617	47.1%
ICRC (Complaints Committee)	$43,895	$70,000	$64,167	$80,478	125.4%
Council Meeting	$79,275	$102,000	$93,500	$83,510	89.3%
Council Comm. Training	$3,016	$15,000	$13,750	$2,889	21.0%
Discipline Committee	$34,431	$81,600	$74,800	$75,535	101.0%
Credential Assessement Committee		$0	$0		#DIV/0!
Contribution to FORAC		$40,800	$37,400	$23,350	62.4%
Transparency Committee		$10,000	$9,167		0.0%
Eye Health Council (EHCO)	$6,027	$10,000	$9,167		0.0%
Fitness to Practise		$5,000	$4,583		0.0%
Road Show	$8,931	$10,000	$9,167	$4,990	54.4%
Executive Committee	$46,352	$61,200	$56,100	$68,890	122.8%
Fed. of Health Reg. Colleges	$7,500	$25,000	$22,917	$9,344	40.8%
Medals and Presentations	$1,501	$5,000	$4,583	$1,915	41.8%
Patient Relations Committee	$12,242	$45,000	$41,250	$30,169	73.1%
Registration Committee	$41,521	$65,000	$59,583	$33,576	56.4%
Illegal/Internet dispensing	$82,348	$100,000	$91,667	$111,469	121.6%
Unauthorized Practice	$1,225	$50,000	$45,833	$9,353	20.4%
Government Regulations	$493	$15,000	$13,750	$1,173	8.5%
Strategic Planning		$10,000	$9,167		0.0%
OEBC Contribution	$54,675	$0	$0		#DIV/0!
Governance committee	$0	$20,000	$18,333	$11,815	64.4%
Total Committee Expenses	**$553,216**	**$896,400**	**$821,700**	**$702,927**	**85.5%**
Admin. Expenses					
Bank & Credit Card Fees	$84,421	$85,000	$77,917	$50,466	64.8%
Occupancy Costs	$142,221	$155,000	$142,083	$136,767	96.3%
Insurance	$4,457	$10,000	$9,167	$5,805	63.3%
Legal General	$14,705	$35,000	$32,083	$24,564	76.6%
Legal - Special	$2,669	$10,000	$9,167	$2,373	25.9%
Legal - Registration	$10,421	$15,000	$13,750	$7,118	51.8%
Legal - Quality Assurance		$10,000	$9,167	$1,040	11.3%
Legal - ICRC	$28,355	$25,000	$22,917	$37,929	165.5%
Legal Discipline	$93,196	$100,000	$91,667	$163,893	178.8%
Accounting & Audit	$47,153	$56,000	$51,333	$44,763	87.2%
Recovery of discipline cost	($22,124)	$0	$0	($61,160)	#DIV/0!
Library Expense	$690	$1,000	$917	$795	86.7%
Web Site & Software	$42,578	$55,000	$50,417	$35,076	69.6%
Database / IS Servicing/Special Project	$0	$80,000	$73,333	$54,240	74.0%
Office Equipment	($4,250)	$12,750	$11,688	$250	2.1%
Computer Hardware	$4,250	$30,000	$27,500	$1,328	4.8%
Leasing of Equipment	$11,771	$15,500	$14,208	$10,427	73.4%
Office Supplies and Maint.	$18,827	$20,000	$18,333	$19,238	104.9%
Postage & Courier	$14,060	$15,000	$13,750	$13,077	95.1%
Printing	$3,631	$5,000	$4,583	$4,383	95.6%
Staff Training	$5,343	$15,000	$13,750	$6,835	49.7%
Telephone and Internet	$24,383	$25,000	$22,917	$6,856	29.9%
Human Resources(Consultants)	$53,080	$15,000	$13,750	$17,093	124.3%
OE Tracker costs	$48,346	$50,000	$45,833	$45,988	100.3%
Jurisprudence examination	$12,390	$15,000	$13,750	$13,500	98.2%
Other Expense	$4,210	$7,000	$6,417	$5,266	82.1%
Payroll			$0		
Consulting		$9,000	$8,250		0.0%
Salaries	$822,734	$918,000	$841,500	$810,914	96.4%
Staff Benefits	$62,159	$75,000	$68,750	$64,857	94.3%
Sub-Total	**$1,529,676**	**$1,864,250**	**$1,708,896**	**$1,523,678**	**89.2%**

Sub-Total	**$0**	**$0**	**$0**	**$0**	
Total Admin. Expenses	**$1,529,676**	**$1,864,250**	**$1,708,896**	**$1,523,678**	**89.2%**
Total Operating Expenses	**$2,082,892**	**$2,760,650**	**$2,530,596**	**$2,226,605**	**88.0%**
EBITDA	**$513,752**	**($203,011)**	**($186,093)**	**$151,555**	**$0**
Depreciation	$47,492	$85,000	$77,917	$0	0.0%
Operating Income	**$466,260**	**($288,011)**	**($264,010)**	**$151,555**	**$0**
Exceptional Investments					
Research for Entry-to-Practice Exam	**$0**	**$100,000**	$91,667	$17,500	**19.1%**
Operating income after exceptionals	**$466,260**	**($388,011)**	**($355,677)**	**$134,055**	**($0)**
Investment Income	$199,000	$78,030	$71,528	$177,568	248.3%
NET RESULTS	**$665,259**	**($309,981)**	**($284,149)**	**$311,623**	

College of Optometrists of Ontario

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

Toronto, Ontario

M4T 2Y3

Balance Sheet

Nov 2017

	30-Nov-17	30-Nov-16
ASSETS		
Current		
Cash	1,120,260	775,910
Short Term Investment		
Amounts Held By Broker	146,762	105,346
Accounts Receivable		
Interest Receivable		
Prepaid Expenses	17,827	21,010
	1,284,849	**902,266**
Portfolio Investments		
Investments, Securities & Bonds	4,169,485	3,878,760
Capital Assets less Accumlated Amortization		
Land & Building	0	0
Computer Hardware & Software	109,611	200,727
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination		
Database / IS Implementation		
	467,260	**558,376**
Accumulated Amortization	-245,327	-296,653
	221,933	**261,723**
	5,676,267	**5,042,749**
LIABILITIES		
Current		
Accounts Payable & Accrued Liabilities	182,752	74,562
Accrued Building Upgrade Expenses	0	0
Fees Received in Advance	906,737	746,324
	1,089,489	**820,886**
NET ASSETS		
Invested in Capital Assets	218,183	261,723
Appropriated Special Policy Funds (1)	2,350,000	2,350,000
Unappropriated Surplus	2,018,595	1,610,140
	4,586,777	**4,221,863**
	5,676,267	**5,042,749**

p *65 St. Clair East, Suite 900* *Toronto, Ontario* *M4T 2Y3* **Income and Expenditure Report**	Inflation rate 2.0% Membership increase 3.0% Fee increase 0.0%	Inflation rate 2.0% Membership increase 3.0% Fee increase 0.0%	
	Budget 2017	**2018 Estimate**	
Income			
Annual registration fees	$2,194,127	$2,259,951	no fee increase and assume 3% membership increase
Professional Corporation fees	$260,000	$195,000	Assumes proposed changes to federal tax rules
Application Fees	$55,252	$56,909	no fee increase and assume 3% membership increase
Credential assessment fees	$0	$0	
Ontario MOHLTC (Review Cmte)	$0	$0	
Continuing Education	$3,260	$2,000	
QA - Assessments	$35,000	$35,000	
Other Income	$10,000	$10,000	
Total Revenues	**$2,557,639**	**$2,558,860**	
Committee Expenditures			
Quality Assurance	$80,000	$100,000	CE audit year and increase in random assessments
Communications committee	$0	$0	
Clinical Practice Panel of QAC	$35,000	$40,000	
College Representation	$40,800	$40,800	
ICRC (Complaints Committee)	$70,000	$90,000	reflects increase in costs related to investigations
Council Meeting	$102,000	$102,000	
Council Comm. Training	$15,000	$15,000	
Discipline Committee	$81,600	$100,000	Higher number of referrals to Discipline by ICRC
Credential assessment	$0	$0	
Contribution to FORAC	$40,800	$30,000	reflects real cost of contribution
Transparency committee	$10,000	$2,000	Bulk of work completed
Eye Health Council (EHCO)	$10,000	$5,000	Reduced costs due to fewer meetings and College now observer status
Fitness to Practise	$5,000	$5,000	
Road Show / Continuing education	$10,000	$10,000	
Executive Committee	$61,200	$65,000	
FHRCO(AGRE) Memberships	$25,000	$25,000	
Medals and Presentations	$5,000	$5,000	
Patient Relations Committee	$45,000	$30,000	Major project completed in 2017

Registration Committee	$65,000	$65,000	
Illegal/Internet dispensing	$100,000	$100,000	
Unauthorized Practice (excluding Internet)	$50,000	$50,000	
Government Regulations	$15,000	$15,000	
Strategic Planning	$10,000	$10,000	
OEBC Contribution	$0	$0	
Governance Committee	$20,000	$20,000	
Total Committee Expenses	**$896,400**	**$924,800**	
Admin. Expenses			
Bank & Credit Card Fees	$85,000	$85,000	
Occupancy Costs	$155,000	$155,000	
Insurance	$10,000	$10,200	
Legal General	$35,000	$35,000	
Legal - Special	$10,000	$5,000	
Legal - Registration	$15,000	$15,000	
Legal - Quality Assurance	$10,000	$10,000	
Legal - ICRC	$25,000	$40,000	Increase in cases requiring legal input
Legal - Discipline	$100,000	$125,000	Higher number of referrals to Discipline by ICRC
Accounting & Audit	$56,000	$41,000	Reflects proposal to bring some financial functions in house
Recovery of Discipline cost	$0	$0	
Library Expense	$1,000	$1,000	
Web Site & Software	$55,000	$50,000	
Database/IS servicing	$80,000	$75,000	
Office Equipment	$12,750	$10,000	
Computer hardware	$30,000	$30,000	
Leasing of Equipment	$15,500	$15,500	
Office Supplies and Maint.	$20,000	$25,000	
Postage & Courier	$15,000	$15,000	
Communications and design printing	$5,000	$20,000	Recognizes cost of design and production of electronic communications
Staff Training	$15,000	$15,000	
Telephone and Internet	$25,000	$15,000	College no longer advertises using yellow pages
Human Resources (Consultants)	$15,000	$15,000	
OE Tracker costs	$50,000	$50,000	
Jurisprudence examination Expense	$15,000	$20,000	Space rental required sometimes
Other Expense	$7,000	$7,140	
Payroll			
Consulting	$9,000	$9,180	
Salaries	$918,000	$985,000	Increase in staff complement(2 new positions added)
Staff Benefits	$75,000	$80,500	

Sub-Total	**$1,864,250**	**$1,959,520**	
Sub-Total	**$0**	**$0**	
Total Admin. Expenses	**$1,864,250**	**$1,959,520**	
Total Operating Expenses	**$2,760,650**	**$2,884,320**	
EBITDA	**($203,011)**	**($325,460)**	
Depreciation	$85,000	$85,000	
Operating Income before	($288,011)	($410,460)	
Exceptional Investments			
Research for Entry to practice	$100,000	$250,000	
Develepment of Online Jurisprudence seminar and exam		$100,000	Responses to RFP under consideration
Operating Income after exceptionals	**($388,011)**	**($760,460)**	
Investment Income	$78,030	$79,591	
NET RESULTS	**($309,981)**	**($680,869)**	

7. Motions Brought Forward from Committees

7.1 Quality Assurance Committee

7.1.1 Quality Assurance Panel

7.1.2 Clinical Practice Panel

Motion to Council

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

Date of Submission: **January 4, 2018**

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

Proposed Motion: That Council strike a Quality Assurance subcommittee whose mandate would include a proposed independent evaluation of the College's Quality Assurance (QA) program.

Recommendation to Council and Rationale	
The Issue	Council is asked to strike a Quality Assurance subcommittee whose mandate would include a proposed independent evaluation of College's QA program. The memo to the Executive Committee is included.
Background	Since the inception of the QA program at the College, the program has never been reviewed or evaluated to determine whether it aligns with the goals and objectives of the College and meets the College's mandate to protect the public interest. The QA Panel (QAP) determined that an independent evaluation of the QA program is needed. This would be a long-term project and the QAP had asked the Executive Committee to create a QA subcommittee and allocate resources to this project, including hiring an independent consultant. Following completion of the review, the subcommittee will be assigned other QA-related tasks, such as developing a library of jurisprudence e-modules, developing a self-assessment and continuing professional development (CPD) component, and increasing engagement of members in the QA program. The QA subcommittee will regularly report to the QAP, and the QAP will present any proposed changes to Council for consideration.
Analysis, including impact on budget	To be determined.
Options (are there alternatives)	To leave the QA program unchanged and continue with the current program.
Implications/expectations if approved	If approved, the evaluation would assist the QAP in: i. determining if the current QA program (peer-conducted practice assessment, self-assessment, and continuing education) meets the requirements of the RHPA;

	ii. determining if the current QA program aligns with the goals and objectives of the College in ensuring competency, promoting accountability, and assisting members to enhance their patient care and management; iii. identifying individual components of the QA program that are successful and effective; iv. identifying and providing recommendations to address areas needing improvements; and v. budgeting for the cost of administering the QA program.
Implications/potential consequences If not approved	The QA program may fall behind in supporting and offering members opportunities to be engaged in and continually improve on their knowledge and skills, patient outcomes, and practice, and the program may fall behind in meeting the College's mandate to protect the public interest.

COLLEGE OF Optometrists OF ONTARIO

MEMO TO FILE

Date: November 15, 2017

To: Dr. Pooya Hemami, President

Cc: Dr. Kamy Morcos, Chair, Quality Assurance Panel

Cc: Paula Garshowitz, Registrar

From: Ms. Bonny Wong, Co-ordinator, Quality Programs

Re: Quality Assurance Sub-Committee

Since the inception of the Quality Assurance (QA) program at the College, the program has never been reviewed or evaluated to determine whether it aligns with the goals and objectives of the College and meets the College's mandate to protect the public interest. The QA Panel (QAP) determined that an independent evaluation of the QA program is needed. This would be a long-term project and the QAP had asked the Executive Committee to create a QA sub-committee and allocate resources to this project, including hiring an independent consultant. The QA sub-committee will regularly report to the QAP, and the QAP will present any proposed changes to Council for consideration.

Chief considerations for this independent evaluation may include:

- Determining if the current QA program (peer-conducted practice assessment, self-assessment, and continuing education) meets the requirements of the RHPA;
- Determining if the current QA program aligns with the goals and objectives of the College in ensuring competency, promoting accountability, and assisting members enhance their patient care and management;
- Identifying individual components of the QA program that are successful and effective;
- Identifying and providing recommendations to address areas needing improvements; and
- Budgeting for the cost of administering the QA program.

The sub-committee will also be assigned with the following tasks:

1. **Development of jurisprudence e-modules**. At the April 6, 2017 meeting, Council directed the QAP to discuss options for creating an online jurisprudence exam for members. The QAP had since reviewed information provided by the Inquiries,

Complaints and Reports Committee (ICRC) regarding the top areas of complaint that they have recently dealt with. The QA sub-committee will be assigned with creating a library of e-modules with the ultimate goal of selecting one topic per CE cycle or per year that would be mandatory for members to complete. The topics should be focused on addressing the most prevalent nature of complaints/issues. For example, the bulk of complaints made to the College is related to communication and/or conflict resolution breakdown between an optometrist and patient. As such, from a risk management perspective, a "Patient Communications" e-module should be created for members. The e-modules would direct members on where to find information when they need it. The library of e-modules would also be helpful to the ICRC and Discipline Committee when directing members to take specified CE. The QAP agreed that this would be a collaborative project between ICRC, Patient Relations Committee (PRC) and QAP. Since PRC has experience working with a vendor, the project may be transferred to PRC for development into e-modules once the contents are approved by the QAP.

2. **Development of a self-assessment and continuing professional development (CPD) component.** The majority of health profession regulators in Ontario have adopted the use of a CPD approach which requires members to complete self-assessments on an ongoing basis. CPD is generally defined as a self-directed, ongoing, systematic and outcomes-focused approach to learning and professional development. CPD is a cyclical process (with each CPD cycle varying in length from 1 to 5 years) whereby the individual professional completes:
    (i) self-assessment to self-identify learning needs;
    (ii) use findings from self-assessment to guide the development of a learning plan and to select appropriate CE activities;
    (iii) implement the learning plan; and
    (iv) reflect on/evaluate the success/outcomes of the learning plan.

    As such, mandatory participation in CE may be one component of the CDP cycle (i.e., as part of the individual professional's learning plan).

3. **Increase engagement of members in the QA program.** The QA program is assistive to members of the profession. As such, the program should be more focused on supporting and offering members opportunities to be engaged in and continually improve on their knowledge and skills, patient outcomes, and practice.

Motion to Council

Name of committee: QA – Clinical Practice Panel

Date of submission: December 21, 2017

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

Proposed motion: That Council approve revisions to OPR 4.2 Standards of Practice - Required Clinical Information

Recommendation to Council and Rationale	
The Issue	The following standard is added: *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.*
Background	Please see the accompanying Verdict Explanation for the inquest into the death of Riccardo Torchia. Mr. Torchia was struck by a driver who could not meet MTO vision standards. It is believed that the driver obtained licensure through sending an agent for an eye examination in his place. Optometrists regularly complete reports regarding patients' clinical information for third parties. Verification of the photo identification of patients protects that agents not falsely present for eye exams when such reports are required.
Analysis, including impact on budget	Cost to update the OPR.
Options (are there alternatives)	Leave as is.
Implications/expectations if approved	The added standard will be communicated to members. The Torchia case will also be summarized for members, stressing the importance of mandatory reporting to the MTO and verification of patient identification.
Implications/potential consequences If not approved	

Verdict Explanation

Inquest into the death of
Riccardo Torchia

Dr. David H. Evans, Presiding Coroner
April 10 – 20, 2017
Coroners Courts
25 Morton Shulman Avenue, Toronto

Opening comment:

This verdict explanation is intended to give the reader a brief overview of the circumstances surrounding the death of Riccardo Torchia along with some context for the recommendations made by the jury. The synopsis of events and coroner's comments herein are based on my recollection, as presiding coroner of the evidence presented, and on what I believe to be the jury's findings of fact from that evidence. This explanation has been written to assist in understanding the intent of the various recommendations so that recipient organizations, agencies and ministries of government might be in a better position to consider their implementation.

Participants:

Counsel to the Coroner:	Mr. Michael Blain Coroner's Counsel Office of the Chief Coroner 25 Morton Shulman Ave Toronto, ON M3M 0B1 Michael.Blain@ontario.ca
Investigating Officer:	Det. Cst. Scott Lambert Ontario Provincial Police Coroners Inquest Unit 25 Morton Shulman Ave Toronto, ON M3M 0B1 Scott.Lambert@opp.ca
Coroners Constable:	Cst. Heather McCallum Ontario Provincial Police Coroners Inquest Unit 25 Morton Shulman Ave Toronto, ON M3M 0B1 Heather.McCallum@opp.ca

Court Reporter:

Ms. Devon Lockett
Network Reporting and Mediation
100 King Street West, Suite 3600
Toronto, ON M5X 1E3
coroners@networkcourt.ca

Parties with Standing:

None

Summary of the Circumstances of the Death

On August 2, 2011, Mr. Riccardo Torchia and a friend were riding their motorcycles eastbound on Highway 7. They were stopped at the lights at Highway 50 and proceeded eastbound along Highway 7 with Mr. Torchia ahead of his friend. A large "roll off" truck was turning left from the westbound lanes of Highway 7 in front of Mr. Torchia, who was unable to stop his motorcycle and collided with the third axle wheel on the passenger side of the truck. The friend was able to maneuver behind the truck and out of the way. Soon after the collision, the motorcycle burst into flames. The truck driver and another motorist used their fire extinguishers to fight the fire. It was only after the fire department arrived that the flames were extinguished. Mr. Torchia was pronounced dead at the scene. The autopsy showed that Mr. Torchia died of multiple blunt force injuries before he was enveloped in flames.

Police were advised that the driver of the truck suffered from a vision problem. Further investigation showed that the truck driver suffered from Amblyopia of his left eye and that his vision was impaired enough in that eye that he did not qualify for his "D" class driving license. (Amblyopia is the medical term used when the vision in one of the eyes is reduced because the eye and the brain are not working together properly. The eye itself looks normal, but it is not being used normally because the brain is favoring the other eye. This condition is also sometimes called lazy eye.)

Although the truck driver had failed the vision examination in 1980 with 20/400 vision in his left eye, he had passed the exam in 1982 with 20/20 vision in both eyes even with no corrective lenses being prescribed. (Visual Acuity is measured with a standard vision chart at a standard distance of 20 feet; 20/20 is normal or standard vision; 20/400 indicates that the eye can see from 20 feet what a normal eye can see at 400. This is very poor vision. Vision worse than 20/200 is considered "legally blind" in many jurisdictions.) The police investigation suggested that the driver's twin brother had attended the 1982 eye test instead of him. A previous employer had requested the driver take a vision test because of several accidents but he refused and quit his job. He was working for a different company at the time of the fatal accident. The driver of the truck was charged with criminal negligence causing

death and pleaded guilty. He was sentenced to a year in jail and disqualified from driving for five years.

The jury sat for three days, heard evidence from the 14 witnesses called, reviewed the four exhibits tendered, and deliberated for two days in reaching their verdict.

Verdict:

Name of Deceased:	Riccardo Torchia
Date and Time of Death:	August 2, 2011 at 14:14
Place of Death:	Near 6701 Hwy 7 West, Vaughan
Cause of Death:	Multiple Trauma due to Motorcycle/Truck Collision
Manner of Death:	Accident

Recommendations:

To the Ministry of Transportation

1. We encourage the Ministry to take steps as soon as reasonably practical to introduce regulations that make it mandatory for drivers with all classes of commercial or truck licenses to be re-examined at regular intervals, and provide proof that their vision still meets the standard required, in order to maintain their license.

Coroner's Comment:

> *Evidence from the Ministry of Transportation indicated that persons with a Class D license were only required to have an initial medical and vision test. The Ministry was hoping to change the regulations for Class D license holders regarding their medical and vision status by July 2018, to bring them into line with the other classes of commercial/truck licenses with defined retesting intervals. The Ministry indicated this was dependent on the information technology being available. The Ministry already had age-related retesting for the other commercial/truck license holders.*

2. We encourage the Ministry to consult with experts to ensure these re-examination intervals are reasonable.

3. We encourage the Ministry to advise staff that when their computer system indicates that test results for visual acuity are required, they should ensure that an eye test or exam is conducted and not bypass the system, as this presents an opportunity to check eye health.

Coroner's Comment:

Evidence suggested that a Ministry employee may have inserted the false eye testing result in the truck driver's record to be able to continue working on his file on the computer. There was never any documentation that an eye examination had been carried out on the driver on that date.

4. The Ministry should amend the Form required for drivers applying for a commercial or truck license. The amendment should explore whether it is possible to insert the most recent driver's license photo (or other photo, if available) directly onto the form that must be completed by the health practitioner conducting the vision / medical examination.

Coroner's Comment

Evidence heard suggested the truck driver's twin brother had attended for the eye test in 1982 where the driver was found to have had normal vision without any treatment. This was the test that was accepted by the Ministry of Transportation along with his other testing, and they issued his class D license. Evidence was heard from a witness that the truck driver admitted to the substitution by his brother during a parole hearing.

5. The Ministry should continue to accept electronic medical and eye exam forms and no longer accept regular faxed or postal mailed copies in an effort to modernize the system, collect history and make it more efficient for practitioners to submit information, especially when the applicant does not meet the standard.

6. The Ministry should focus on training of staff and supervisors to verify the information on the form for vision standards or eye exams, review the information to ensure accuracy and make an attempt to verify the identity of the applicant.

7. As a longer term strategy, the Ministry should consider how to enhance identity verification (i.e. eye scan, fingerprint technology).

Coroner's Comment:

Evidence was heard that there was significant possibility of no confirmation of identity at health practitioner's offices other than the health card, where there may not be an identifying photograph on the card. With the individual self-filling out the Ministry form, it would be possible that the driver's license would not be checked to confirm the photograph with the identity of the individual taking the test. Once the test was completed, the results might be sent in the mail, faxed or given to the individual to return to the Ministry. With today's technology, it would appear to be better that the results be sent electronically to the Ministry. To be certain of the individual's identity, more sophisticated verification systems may need to be considered at the Ministry, starting as suggested in recommendation No. 4.

8. The Ministry should consider that only qualified practitioners (Optometrists and Ophthalmologists) administer the visual acuity portion of the exam to ensure the

most accurate assessment and reduction of potential "cheating" by patients at a Family Doctor or Nurse Practitioner office that may employ older, less sophisticated eye exam testing approaches.

Coroner's Comment:

Comments were made that commercial pilots have designated examiners for their medical testing. It was indicated by the Ministry that there were many more truck/commercial license holders than pilots so it would not be possible to designate practitioners. The possibility of an individual "cheating" during a vision exam was probably dependent on exactly how the vision testing was done. The Ministry is looking at allowing nurse practitioners to do the medical examinations which could include the vision testing. The truck driver indicated in his evidence to cheating on the acuity testing by spreading his fingers covering his good right eye when his bad left eye was being tested.

9. The Ministry should consider amending the driver's abstract to include all driving charges laid and not just convictions. The abstract period should also be expanded beyond 3 years history (i.e. last 5 or 10 years) with the goal to identify a pattern of poor driving experience.

Coroner's Comment:

Evidence heard indicated that only convictions were on the driver's abstract issued by the Ministry and only for the last three years. The truck driver's record was clean for the previous five years prior to the collision.

To the College of Physicians and Surgeons, the College of Optometrists and the College of Nurses

10. We encourage the Colleges to consider requiring that health practitioners confirm identification using government issued photo identification of the person who is seeking completion of a Ministry of Transportation form for driver licensing rather than relying only on self-reporting.

11. We encourage the Colleges to consider reminding health practitioners of the need to monitor patients to ensure they do not attempt to circumvent or "cheat" on the vision portion of any licensing examination (by looking through or around fingers that are supposed to cover one eye, for example).

12. Colleges should train and remind health practitioners annually of the importance of sending completed forms required for driver licensing directly to the Ministry of Transportation from their office rather than relying on the patient to forward the form, particularly when the patient does not appear to meet Ministry vision standards required to obtain or maintain a license.

Coroner's Comment:

Evidence from the health care practitioners involved suggested that it was not the normal practice to confirm the identity of the individual presenting the Ministry of Transportation form for completion. It is common practice for the demographic identifiers (name, date of birth, etc.) to be filled out by the patient prior to the form being presented. They also indicated they were not aware of how their office staff handled the process. The practitioners felt they monitored the individual adequately during the testing to prevent cheating, but the individual involved in this case admitted to cheating. Practitioners indicated they thought they mailed the form to the Ministry or faxed it.

To the Ministry of Community Safety and Correctional Services and the Ministry of the Attorney General

13. The Ministries should consider whether it is feasible to require that all drivers involved in fatal motor vehicle collisions be subject to drug and alcohol testing.

Coroner's Comment:

The truck driver had a prior record of driving while over the legal limit for alcohol. Evidence was heard that police were aware of this, and that the circumstances of this collision did not meet the legal test for police to test the driver for drugs and alcohol after the collision.

Closing comment:

In closing, I reiterate that this document has been prepared solely for the purpose of assisting interested parties in understanding the jury's verdict and providing some context for its recommendations so that their intent might be better understood. The comments are based on my personal recollection of the evidence, and on what I believe to be the jury's findings of fact. Should the reader contest any of my recollection of the evidence, I would defer to the official record maintained by the court reporter.

April 24th, 2017

David H. Evans, M.B., B.S., FRCSC, F.A.C.S.
Presiding Coroner

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.

Commented [DW1]: Please see the accompanying Verdict Explanation for the Inquest into the death of Riccardo Torchia.

For additional Clinical Guidelines click here

First Published: September 2007

Revised: April 2012
April 2014
June 2014

Motion to Council

Name of committee: QA – Clinical Practice Panel

Date of submission: December 21, 2017

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

Proposed motion: That Council approve revisions to OPR 4.3 Standards of Practice – Delegation and Assignment

Recommendation to Council and Rationale	
The Issue	The fourteen controlled acts (under the RHPA) are added under Regulatory Standard for ease of reference. Other edits are made for accuracy.
Background	Comments within the document are provided to explain each edit.
Analysis, including impact on budget	Cost to update the OPR.
Options (are there alternatives)	Leave as is.
Implications/expectations if approved	
Implications/potential consequences If not approved	

4.3 Delegation and Assignment

Introduction

The Province of Ontario utilizes the concept of "controlled acts" to control who may perform healthcare procedures and responsibilities that have a high risk of harm associated with their performance. The controlled acts are listed in the *Regulated Health Professions Act, 1991 (RHPA).* Each profession-specific act, such as the *Optometry Act, 1991,* specifies any controlled acts that the members of the profession are authorized to perform (the profession's "authorized acts"). Each regulated profession has a defined scope of practice and some have corresponding authorized acts set out in the profession-specific Act.

There are also numerous non-controlled procedures, some of which are limited to objective data collection and others, which carry a potential risk of harm to the patient. Although these procedures are in the public domain (i.e. they are NOT controlled acts), they may require specific training and skills.

The term *delegation* refers to the process whereby a regulated health professional (RHP), who has a controlled act within his/her scope of practice, orders another person who would not otherwise be authorized to do so to perform this act.

The term *assignment* refers to the process of an RHP assigning the performance of a non-controlled procedure to another person.

Both delegation and assignment of optometric procedures in appropriate circumstances may allow a more timely and efficient delivery of optometric care, making optimal use of time and personnel. In every instance of delegation and assignment, the primary consideration should be the best interests of the patient.

It is a general expectation that optometrists will be responsible for, and appropriately supervise all delegated and assigned activities within their practices. The level of supervision varies with the risk associated with the delegated or assigned procedure. ***Direct supervision*** refers to situations in which the optometrist is physically present in the same clinical location. This allows the optometrist to immediately intervene when necessary. Direct supervision is expected for ALL delegation (controlled acts), and of any assigned activities, which require interpretation in the performance of the procedure and/or may present a risk of harm to the patient. ***Remote supervision*** refers to situations in which the presence of the optometrist is not necessarily required since there is no potential risk of harm to the patient. This would be appropriate for certain clinical procedures and objective data collection.

The responsibility for all aspects of any delegated acts or assigned procedures always remains with the optometrist.

Optometrists may also *receive delegation* of a controlled act not authorized to optometry.

Collaboration with other health professionals

Collaboration with other health professionals is a common occurrence in clinical practice. When an optometrist collaborates with another health professional, the College standards and guidelines on *collaboration* (OPR 4.8) will apply.

Regulatory Standards

Controlled Acts

The *Regulated Health Professions Act* identifies 14 controlled acts that may only be performed by members of certain regulated health professions:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
   i. beyond the external ear canal,
   ii. beyond the point in the nasal passages where they normally narrow,
   iii. beyond the larynx,
   iv. beyond the opening of the urethra,
   v. beyond the labia majora,
   vi. beyond the anal verge, or
   vii. into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.

13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Optometrists are authorized by the *Optometry Act* to perform 4 of the 14~~3~~ controlled acts, as follows:

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;

ii. applying a prescribed form of energy;

iii. prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses; and

iv. prescribing a drug designated in the regulations.

The RHPA also discusses delegation of controlled acts:

27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

a. the person is a member authorized by a health profession Act to perform the controlled act; or

b. the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

28. (1) The delegation of a controlled act by a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession.

Exceptions

29. (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of,

b. fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.

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

14. Failing to maintain the standards of practice of the profession.

15. Delegating a controlled act in contravention of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
16. Performing a controlled act that the member is not authorized to perform.
17. Permitting, counselling or assisting a person who is under the supervision of a member to perform an act in contravention of the Act, the *Regulated Health Professions Act, 1991* or the regualtions under either of those Acts.
18. Permitting, counselling or assisting any person who is not a member to perform a controlled act which should be performed by a member.

Professional Standard

Delegation

Optometrist-Patient Relationship

Delegation will only occur after the optometrist has established a formal relationship with the patient, which normally will include an interview, an assessment, recommendations if appropriate, and informed consent about any clinical investigations and proposed therapy. In some cases where an established patient/practitioner relationship exists, delegation may take place before the optometrist sees the patient.

Presence of the Optometrist

Delegation of an authorized act must only take place when the optometrist is present in the same clinical location as the patient and is available to intervene when required.

Process for Delegation

The optometrist must establish a process for delegation that includes:

- education and assessment ensuring the currency of the delegate's knowledge, skills and judgement;
- documentation/references for performance of procedures; and
- ensuring the delegate has been delegated only those acts that form part of the optometrist's regular practice.

Informed Consent

Delegation occurs with the informed consent of the patient. Whether the consent is implicit or explicit will depend on the particular activity being proposed to be delegated.

Supervision

The optometrist ~~directly~~ supervises the delegated procedure by direct

supervision.

Quality Assurance

The optometrist is expected to ensure there is an ongoing quality assurance mechanism.

Assignment

Optometrist-Patient Relationship

Assignment of certain procedures that are not controlled acts may occur as part of the optometric examination and may occur prior to the optometrist assessing the patient. For example, pre-testing using automated instruments may occur prior to the optometrist seeing the patient.

Presence of the Optometrist

Procedures that are completely objective, present no inherent risk of harm and require no interpretation by the person performing the procedure may be performed without the presence of the optometrist and are considered to be *remotely supervised*. This could include automated procedures such as objective auto-refraction, auto-perimetry and non-mydriatic retinal photography. However, the optometrist is expected to review the results of these remotely supervised procedures and communicate appropriately with the patient. Direct supervision *must* occur whenever ~~clinical interpretation is necessary during the procedure (i.e. subjective refraction), or when~~ the procedure poses an immediate (e.g. tonometry) or potential (e.g. subjective refraction) risk of harm ~~(i.e. applanation tonometry~~).

Process for assignment

As with delegation, it is expected that assignment will only occur with certain processes in place, including:

- education and assessment ensuring the currency of the assignee's knowledge, skills and judgement;
- documentation/references for performance of procedures; and
- ensuring only those procedures that form part of the optometrist's regular practice are assigned.

Commented [DW1]: The OPR currently reads, "Direct supervision must occur whenever clinical interpretation is necessary during the procedure (i.e. subjective refraction), or when the procedure poses a potential risk of harm (i.e. applanation tonometry)."

The proposed change reads, "Direct supervision must occur whenever the procedure poses an immediate (e.g. tonometry) or potential (e.g. subjective refraction) risk of harm."

CPP believe the revised sentence is more accurate because clinical interpretation has more to do with the prescribing decision following refraction (therefore refraction holds a potential risk of harm), and the risk of harm with tonometry is more immediate than potential.

However, the examples of subjective refraction and tonometry are common to both the current and proposed sentences so the standard is effectively unchanged.

Professional Standard for Receiving Delegation of Controlled Acts

In the public interest, there are situations when an optometrist could receive delegation from another regulated health professional (RHP) to perform a controlled act not authorized to optometry. Other RHP's have delegation regulations and established protocols for delegation of which the member should be aware. In order for an optometrist to receive delegation from another RHP, all of the following criteria must be met:

i. a process for receiving delegation is in place;

ii. the member will have a reasonable belief that the RHP delegating the act is authorized to delegate the act, has the ability to perform the act competently, and is delegating in accordance with relevant regulations governing his or her profession;

iii. the optometrist should be competent to perform the act safely, effectively, and ethically;

iv. appropriate resources, such as equipment and supplies, are available and serviceable;

v. the delegated act is clearly defined;

~~vi. the delegated act is within the assessment of the eye and vision system and the diagnosis, treatment and prevention of disorders of refraction, prescribed diseases, and sensory and oculomotor disorders and dysfunctions of the eye and vision system;~~

vii. the duration of the delegation will be clearly defined and relate to a specific patient;

viii. the optometrist ensures that patient consent to having the act performed under delegation to the optometrist is obtained and recorded in the patient's health record;

ix. a mechanism exists to contact the RHP who delegated the act if there is an adverse or unexpected outcome; and

x. the identity of the RHP delegating the controlled act and of the member

Commented [DW2]: This paragraph is contradictory. Optometrists will only receive delegation of acts that are by nature outside of the scope of practice.

Motion to Council

Name of committee: QA – Clinical Practice Panel

Date of submission: December 21, 2017

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

Proposed motion: That Council approve revisions to OPR 7.2 Standards of Practice – Patients with Glaucoma

Recommendation to Council and Rationale	
The Issue	Optometrists are only authorized to independently manage patients with primary open-angle glaucoma. The Designated Drugs Regulation includes: *it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma.* The diagnosis of **open-angle** glaucoma requires gonioscopy assessment. The description and definition of glaucoma involve "progressive reduction in sensitivity within the field of vision," so visual fields must also be assessed.
Background	The American Academy of Ophthalmology, Canadian Ophthalmological Society, Canadian Journal of Optometry, and Glaucoma Research Foundation unequivocally advocate for gonioscopy assessment and investigation of threshold visual fields in glaucoma management (references included). The revised standard recognizes that not all optometrists will choose to monitor glaucoma suspects with compelling risk factors or treat primary open-angle glaucoma independently. When an optometrist chooses to involve another primary, secondary, or tertiary eye care provider for continuing diagnosis and/or management of glaucoma, these tests may not be required.
Analysis, including impact on budget	Cost to update the OPR.
Options (are there alternatives)	Leave as is.
Implications/expectations if approved	
Implications/potential consequences If not approved	

7.2 Patients with Glaucoma

Description

Glaucoma* is a clinical term referring to a spectrum of conditions resulting in damage to the optic nerve and progressive reduction in sensitivity within the field of vision. Patients with glaucoma or patients with significant risks of having glaucoma (hereafter referred to as "glaucoma suspects" for consistency with current professional literature) are commonly encountered in optometric practice. Early diagnosis and therapy may reduce the rate of progression of this disease.

When glaucoma develops without an identifiable cause, it is termed primary.1 Primary open angle glaucoma is the most common form of this disease and may be managed by optometrists with therapeutic qualifications. Glaucoma with an identifiable cause is termed secondary.

Regulatory Standard

The *Optometry Act, 1991* states that in the course of engaging in the practice of optometry optometrists are authorized, subject to terms, conditions and limitations imposed on his or her certificate of registration, to perform the following controlled act:

2.1 Prescribing drugs designated in the regulations.

The Designated Drugs and Standards of Practice Regulation **(O. Reg. 112/11 under the Optometry Act)** describes the following conditions under which an optometrist may prescribe drugs for the treatment of glaucoma:

PART II

STANDARDS OF PRACTICE — GLAUCOMA

Prescribing of antiglaucoma agents

6. It is a standard of practice of the profession that in treating glaucoma a member may only prescribe a drug set out under the category of "Antiglaucoma Agents" in Schedule 1.

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* Glaucoma is a clinical term referring to a variety of conditions with the common feature of an optic neuropathy (i.e. glaucomatous optic neuropathy [GON]) characterized by a distinctive loss of retinal nerve fibres and optic nerve changes. GON can develop under a number of circumstances with varying contributions by several known and as yet unidentified risk factors. The clinical term glaucoma is sometimes used when 1 risk factor, elevated intraocular pressure (IOP) is very extreme and GON is impending but not yet present (i.e. acute glaucoma). Glaucoma is often pluralized to reflect the variety of clinical presentations of this optic neuropathy. (Canadian Ophthalmological Society)[2]. rev:20170123

Open-angle glaucoma

7. (1) Subject to subsection (2) and to section 8, it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment.

(2) It is a standard of practice of the profession that a member may only treat a patient having open-angle glaucoma, the treatment of which is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment, in collaboration with a physician with whom the member has established a co-management model of care for that patient and who is,

(a) certified by the Royal College of Physicians and Surgeons of Canada as a specialist in ophthalmology; or

(b) formally recognized in writing by the College of Physicians and Surgeons of Ontario as a specialist in ophthalmology.

Referral to physician or hospital

8. (1) Subject to subsections (2) and (3), it is a standard of practice of the profession that a member shall immediately refer a patient having a form of glaucoma other than primary open angle glaucoma to a physician or to a hospital.

(2) It is a standard of practice of the profession that a member may initiate treatment for a patient having angle-closure glaucoma only in an emergency and where no physician is available to treat the patient.

(3) It is a standard of practice of the profession that a member shall immediately refer any patient being treated in accordance with subsection (2) to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first.

(4) In this section,"hospital" means a hospital within the meaning of the Public Hospitals Act.

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.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

Professional Standard

Optometrists must be knowledgeable and competent in the diagnosis and management of glaucoma.

The examination of patients with either glaucoma, or a suspicion of developing glaucoma, must include an appropriate assessment of any patient-specific risk factors. The core considerations for the ~~examination~~ diagnosis and management of glaucoma include:

- case history with attention to risk factors for glaucoma
- biomicroscopic examination of the anterior segment and anterior chamber angle
- measurement of the intraocular pressure
- evaluation and description of the optic nerve head through dilated pupils (OPR 6.2)
- ~~biomicroscopy examination of the anterior segment and anterior chamber angle~~
- gonioscopy*~~, when clinically indicated~~
- investigation of threshold visual fields*~~, when clinically indicated~~; and
- measurement of central corneal thickness, when clinically indicated.

*These tests may not be required if the patient's signs and/or symptoms indicate a referral to a secondary or tertiary eye care provider for the continuing diagnosis and/or management of glaucoma.

Members are expected to use instrumentation and techniques consistent with current professional standards of practice.

Management Options

For patients with glaucoma or glaucoma suspects, options include:

1. follow-up examinations at suitable intervals
2. drug therapy when indicated:
   a. by referral to an ophthalmologist,
   b. by an optometrist with authority to prescribe drugs for the treatment of primary open angle glaucoma
   c. by an optometrist with authority to prescribe drugs in collaboration (OPR 4.8) with an ophthalmologist for the treatment of primary open angle glaucoma when complicated by a concurrent medical condition or potentially interacting pharmacological treatment;

Commented [DW1]: Optometrists are only authorized to independently manage patients with primary open-angle glaucoma. The Designated Drugs Regulation includes:

it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma.

The diagnosis of **open-angle** glaucoma requires gonioscopy assessment.

The Description and definition of glaucoma involve "progressive reduction in sensitivity within the field of vision", so visual fields must also be assessed.

The American Academy of Ophthalmology, Canadian Ophthalmological Society, Canadian Journal of Optometry and Glaucoma Research Foundation unequivocally advocate for gonioscopy assessment and investigation of threshold visual fields in glaucoma management (see attachments).

The asterisked paragraph recognizes that not all optometrists will choose to monitor glaucoma suspects with compelling risk factors or treat primary open angle glaucoma independently. When an optometrist chooses to involve another primary, secondary or tertiary eye care provider for continuing diagnosis and / or management of glaucoma these tests may not be required.

d. by referral to a physician or hospital, for secondary glaucomas

e. the immediate application of drugs in an emergency situation, such as angle-closure glaucoma, where no physician is available, then, immediately refer the patient to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first.

Optometrists must discuss the appropriate option(s) with the patient and obtain informed consent.

The management plan must be clearly documented in the *patient health record* (OPR 5.1)

In summary:

Optometrists with authority to prescribe drugs are required to refer patients with primary open angle glaucoma to an ophthalmologist if the treatment is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment. Treatment may be provided in collaboration with an ophthalmologist with whom the member has established a co-management model of care for that patient.

Optometrists are required to refer patients with secondary glaucoma to a physician or hospital.

8. Appointment of Committee Chairs and Committee Members for 2018

9. Presentation by Mr. David Brown, Governance Solutions

10. Injunction Application – Update

11. Regulation Updates:

11.1 Spousal Exemption
11.2 QA Regulation
11.3 Designated Drugs Regulation

12. Correspondence:

12.1 Letter from OEBC Chair, Dr. Carolyn Acorn, dated September 29, 2017
12.2 Dr. Hemami's reply to Dr. Acorn, dated October 2, 2017
12.3 Letter from IOPB Director, Dr. Jenna Bright, dated November 7, 2017
12.4 Letter from the Ms. Doris Dumais, Director, Office of the Fairness Commissioner, dated November 15, 2017.

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

14. List of Acronyms

15. Dates of Upcoming Council Meetings

- Monday, April 9, 2018
- Thursday, June 21, 2018

16. Adjournment

8. Appointment of Committee Chairs and Committee Members

Council will be provided with volunteer application forms and resumés of members seeking appointment to a College committee, as well as Council member preferences for committee appointments.

The Executive Committee drafts a proposed slate for committee membership and committee chairs for 2018. The Committee reviews the individual requests and proposes the committees based on experience, competencies, and interest, while attempting to bring a mix of experienced and new volunteers onto the committees. The Executive Committee will be elected by Council on the morning of January 15.

Council will be asked to consider the following motions:

Motion #1: To approve the appointment of the chairpersons of the following committees as proposed:

- Registration Committee
- Inquiries Complaints and Reports Committee
- Discipline Committee
- Quality Assurance Committee – QA Panel
- Quality Assurance Committee – Clinical Practice Panel
- Patient Relations Committee
- Fitness to Practise Committee
- Ad Hoc Governance Committee

Motion #2: To approve the appointment of the members of the following committees as proposed:

- Registration Committee
- Inquiries Complaints and Reports Committee
- Discipline Committee
- Quality Assurance Committee – QA Panel
- Quality Assurance Committee – Clinical Practice Panel
- Patient Relations Committee
- Fitness to Practise Committee
- Ad Hoc Governance Committee

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

September 29 2017

Dr. Pooya Hemami, President
College of Optometrists of Ontario
65 St. Clair Avenue E, Suite 900
Toronto ON M4T2Y3

Dear Dr. Hemami,

For your information, a meeting of the board of directors of OEBC took place on September 27, 2017. The Agenda for the meeting was extensive and included ongoing future planning and development of the organization. This included a review of discussion raised at the meeting which took place in Calgary on September 8th.

The provincial regulatory boards and OEBC are aware that Ontario has undertaken an RFP for the licensing examination as the College is required. In addition, it has always been evident that OEBC has very interested parties in what it does and how it does it, i.e. regulatory boards, candidates, schools, the fairness commissioner, etc.

Since the actions of the College of Optometrists of Ontario will have a direct impact on the future of OEBC and as such, its customers and interested parties, it is imperative that OEBC be in a position to plan for its ongoing activities.

As such, OEBC is specifically asking the following question of the Ontario College:

> ***Is the Ontario College committed to the present relationship with the OEBC for the next three years, without the Ontario College making use of a different examination process or supplier?***

OEBC requests an answer to this question by no later than October 16 2017 in order that the board of directors is able to determine the future of the organization. In the event that an answer is not received, as requested, or is received in the negative, the OEBC will have to determine its feasibility for continuation within the next 6 to 12 months.

Finally, while a request had been made by the College's Registration Committee to view the November OSCE examination, this may well not be an appropriate time for that to take place. We would suggest that the matter be put on hold until, at least, after the AGM.

We look forward to your very earliest reply.

Sincerely

Dr. Carolyn Acorn, Chair

CC OEBC Members
OEBC Board of Directors
T. Hynes, CEO
P. Chris, FORAC Executive Director

COLLEGE OF
Optometrists
OF ONTARIO

65 St. Clair Ave. E., Suite 900
Toronto, Ontario, Canada M4T 2Y3

October 2, 2017

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 September 29, 2017 in which you have asked the College to answer the following question no later than October 16, 2017:

> *Is the Ontario College committed to the present relationship with the OEBC for the next three years, without the Ontario College making use of a different examination process or supplier?*

The Registration Regulation, which is O. Reg. 837/93, as amended, under the *Optometry Act, 1991*, requires the College to set or approve the standards assessment examinations. The College Council, as has been the established College policy over the last several years, annually approves the examinations, which currently are the OEBC written and OSCE examination, CACO examination, and the written CACO/OEBC OSCE combination.

On September 21, 2017, OEBC received a letter from FORAC, which states that the ten FORAC directors are working towards developing a consensus position with respect to one standards assessment examination for the profession.

Best regards

Dr. Pooya Hemami
President, College of Optometrists of Ontario

Cc: Ms. Tami Hynes, CEO, OEBC
OEBC Members
Dr. Paul Chris, Executive Director, FORAC

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WATERLOO
OPTOMETRY &
VISION SCIENCE

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Dr. Paula Garshowitz, Registrar
College of Optometrists of Ontario
65 St. Clair Avenue East, Suite 900
Toronto, Ontario M4T 2Y3

Tuesday November 7th, 2017

Dear Dr. Garshowitz,

On behalf of the International Optometric Bridging Program (IOBP) I regret to announce the discontinuation of the Bridging One Program. Due to the steady decrease in Bridging One eligible candidates referred by the Federation of Optometric Regulatory Authorities of Canada (FORAC), we no longer have sufficient numbers to sustain the program. In fairness to those who are currently eligible for Bridging One, they will be immediately eligible for Bridging Two.

We recognize the disappointment of those candidates planning on Bridging One as their pathway to optometric practice in Canada. There will be increased time and resources required by candidates, but we are doing our best to help.

The IOBP has expanded the 2018 Bridging Two program from 12 to 18 students. The tuition for the 2018 Bridging Two program is $61,500 Canadian, because of the uncertainty of future funding from the Ministry of Citizenship and Immigration (MCI). IOBP has applied for a grant renewal to the MCI in an effort to lower the cost of tuition, but the results will not be known until later this year.

The cost to deliver optometric education is substantial. Comparable programs in the United States are at minimum $40,000 USD/year. While this is of little consolation to Bridging One candidates, we hope that you appreciate that we are doing our best to operate on a cost recovery model and minimize the impact to internationally educated applicants.

Looking forward, the IOBP is committed to collaborating with the University of Waterloo School of Optometry & Vision Science on a new curriculum that will integrate the IOBP program with the Doctor of Optometry Program. The rationale is that we will be able to have a sustainable, affordable option for international professionals to obtain the Doctor of Optometry (OD) degree. This is a long-term plan that will include an extended Bridging program compared to the current Bridging Two program. We are in the very early stages of the planning process and will provide timely updates.

We encourage all stakeholders to review the IOBP website and welcome you to reference our information as required.

Please feel free to contact me should you have any questions or concerns.

Sincerely,

Jenna Bright, BSc, MSc, OD
Director - International Optometric Bridging Program
University of Waterloo
School of Optometry & Vision Science

IOBP
International Optometric
Bridging Program

Office of the fairness commissioner
Bureau du commissaire à l'équité

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November 15, 2017

College of OPTOMETRISTS of Ontario

Dear Registrar:

As you may know the OFC has been undergoing some changes, and I am writing today to advise you of organizational, program changes and introduce you to the new team. Our organization under the leadership of Grant Jameson, Ontario's Fairness Commissioner has been restructured such that it now has some staff dedicated to policy and program development, others to compliance assessment, stakeholder engagement and communications or business services. An organizational chart and telephone contact list identifying which staff are in which position is attached for your perusal.

I also wish to advise you that Allison Brownlee has left the OFC for a new position at Treasury Board, with the Government of Ontario. Although our time working together was short, I know that, we will all miss her insights, expertise and support.

In terms of our Cycle 3 assessment work, staff are focused on completing the assessments by June of 2018. Attached is the list of compliance analysts, their contact information and the colleges they will be responsible for assessing. We look forward to working with you to complete this assessment cycle.

Although I have not had the opportunity to meet with all of you yet, I have begun to meet with some of the colleges and look forward to meeting with the rest of you in the near future. In the interim, feel free to contact me should you have any questions or matters you wish to discuss with me.

Regards,

Doris Dumais
Director
Office of the Fairness Commissioner

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 **Note:** the College of Optometrists of Ontario does not have an acronym
COPE	Council on Optometric Practitioner Education	Accredits continuing education on behalf of optometric regulatory boards.
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 *Regulated Health Professions Act*
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 knowns as CORA.
HPARB	Health Professions Appeal and Review Board	Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal.
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	*Personal Health Information Protection Act*	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
PIPEDA	*Personal Information Protection and Electronic Documents Act*	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	*Regulated Health Professions Act*	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.

Updated August 2017