



COLLEGE OF  
**Optometrists**  
OF ONTARIO

**COUNCIL MEETING**

**TUESDAY, SEPTEMBER 25, 2018  
AT 9:00 A.M.  
(PUBLIC INVITED TO ATTEND)**

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



Agenda Item	Page No.	Action Required	Item Lead	Approx. Time (mins.)
1. Call to Order/Attendance			Hemami, P.	1
2. Adopt the Agenda	2	Decision	Hemami, P.	1
a. Conflict of Interest Declaration				
3. Consent Agenda	5			
PART 1 - Minutes of Prior Council Meetings				
a. June 21, 2018	6	Decision	Hemami, P.	5
b. Motions and Actions Items Arising from the Minutes	12			
PART 2 - Reports				
a. Committee Reports				
i. Executive Committee	18	Receive for Information /Decision	Hemami, P.	10
ii. Patient Relations	22			
iii. Quality Assurance:				
A. QA Panel	23			
B. CP Panel	25			
C. QA Subcommittee	37			
iv. ICRC	38			
v. Registration	41			
vi. Fitness to Practise	45			
vii. Discipline	46			
viii. Governance Committee	56			
b. Registrar's Report	58			
4. Financial Matters	60	Receive for Information	Quaid, P.	20
a. Treasurer's Report	61			
b. Financial Dashboard	62			
c. Balance Sheet and Income and Expenditure Report – to July 31, 2018	63			
5. Terms of Reference for New Committees	65	Discussion	Garshowitz, P.	20
6. Registration Matters		Receive for Information	Hemami, P.	20
-Council may go in camera under Section 7(2)(b) of the <i>Health Professions Procedural Code</i> , which is Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> -				
7. Motions Brought Forward from Committees				

a. Quality Assurance Committee				
i. Clinical Practice Panel	80	Decision	Hrynychak, P.	20
b. Governance Committee				
i. Committee Terms of Reference	91	Decision	Hemami, P.	10
ii. Strategic Planning Committee	93	Decision	Hemami, P.	20
c. Registration Committee	95	Decision	Quaid, P.	20
8. Governance Training – Public Trust	96	Receive for Information	Garshowitz, P.	20
9. Injunction Appeal – Update		Receive for Information	Garshowitz, P.	20
<small>-Council may go <b>in camera</b> under Section 7(2)(e) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the <i>Regulated Health Professions Act, 1991-</i></small>				
10. Legislative Updates		Receive for Information	Garshowitz, P.	10
a. Spousal Exemption				
b. QA Regulation				
c. Designated Drugs Regulation				
d. Registration Regulation				
11. List of Acronyms	97			
12. Dates of Upcoming Council Meetings				
a. Friday, January 18, 2019				
b. Wednesday, April 24, 2019				
c. Monday, June 24, 2019				
13. Adjournment		Decision		1

## **Vision and Mission**

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

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

## **Strategic Plan Update 2015**

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

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

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

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

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# 3 / CONSENT AGENDA

## 1. Consent Agenda

### PART 1 - Minutes of Prior Council Meetings

3.1.1. June 21, 2018

3.1.2. Motions and Actions Items Arising from the Minutes

### PART 2 - Reports

#### a. Committee Reports

- i. Executive Committee
- ii. Patient Relations
- iii. Quality Assurance:
  - A. QA Panel
  - B. CP Panel
  - C. QA Subcommittee
- iv. ICRC
- v. Registration
- vi. Fitness to Practise
- vii. Discipline
- viii. Governance Committee

#### b. Registrar's Report



**College of Optometrists of Ontario  
Council Meeting  
June 21, 2018  
DRAFT #1**

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**June 21, 2018**

**Attendance:**

Dr. Pooya Hemami, President	Mr. Hsien Ping (Albert) Liang
Dr. Richard Kniaziew, Vice President	Ms. Irene Moore
Dr. Patrick Quaid, Treasurer	Dr. Kamy Morcos
Dr. Linda Chan	Ms. Luisa Morrone
Ms. Maureen Chesney	Ms. Ellen Pekilis
Dr. Bill Chisholm	Mr. Brian Rivait
Dr. Patricia Hrynchak	Mr. John Van Bastelaar
Mr. Bashar Kassir	

**Regrets:**

Dr. Dino Mastronardi  
Dr. Christopher Nicol  
Dr. Areef Nurani

**Staff:**

Dr. Paula Garshowitz, Registrar	Mr. Justin Rafton
Ms. Hanan Jibry	Mr. David Whitton
Ms. Mina Kavanagh	Ms. Bonny Wong
Mr. Nektarios Kikonyogo	Legal Counsel – Ms. Julia Martin

- 1 **1. Call to Order:** Dr. Hemami called the meeting to order at 9:00 a.m. Dr. Hemami welcomed everyone  
2 in attendance, including guests, to the meeting. All present were reminded that recording of the  
3 meeting is not allowed.  
4  
5 On behalf of Council, Dr. Hemami presented a certificate of recognition to a departing Council member,  
6 Ms. Irene Moore, for her exceptional contributions to public protection. Ms. Moore has come to the end  
7 of her ten-year term.  
8  
9 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting. No new items were  
10 added to the agenda.  
11  
12 Moved by Mr. Rivait and seconded by Dr. Quaid **to adopt the agenda.**  
13 **Motion carried**  
14  
15 **a. Conflicts of Interest:** Dr. Hemami asked Council members if anyone had a conflict of interest with any  
16 item on the day's agenda; no conflicts of interest were declared.

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**3. Adoption of the Consent Agenda:** A draft consent agenda was circulated prior to the meeting. After having confirmed that all councillors had read the consent agenda materials, one item was removed for further discussion. The following items were included in the consent agenda:

- 3.1. Minutes of Prior Council Meetings
  - 3.1.1. April 9, 2018
  - 3.1.2. Motions and Actions Items Arising from the Minutes
- 3.2. Reports
  - 3.2.1. Committee Reports
    - 3.2.1.1. Executive Committee
    - 3.2.1.2. Patient Relations
    - 3.2.1.3. Quality Assurance
      - 3.2.1.3.1. QA Panel
      - 3.2.1.3.2. CP Panel
      - 3.2.1.3.3. QA Subcommittee
    - 3.2.1.4. ICRC
    - 3.2.1.5. Registration
    - 3.2.1.6. Fitness to Practise
    - 3.2.1.7. Discipline
    - 3.2.1.8. Governance Committee
  - 3.2.2. Registrar’s Report

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

**Motion carried**

**Items removed from the consent agenda**

Registration: A report was circulated prior to the meeting. Dr. Hemami updated Council on a recent meeting with representatives of the University of Waterloo School of Optometry and Vision Science (WOVS). The two parties discussed WOVS priorities and initiatives, including the evaluating exam and externships. Dr. Hemami also spoke about recent changes to the Optometry Examining Board of Canada (OEBC), whose board of directors is now composed of the registrars of all Canadian provincial regulators.

**4. Financial Matters:**

**4.1 Treasurer’s Report:** Dr. Patrick Quaid presented the report. At its May meeting, the Executive Committee heard updates from the College’s investment managers on the status of the investment accounts, as well as current trends in markets and investments, with comparable returns within our set performance tolerances between the investment firms.

**4.2 Financial Dashboard:** The financial dashboard was circulated prior to the meeting. It has been updated to include the April 2018 financial information, including the College’s investment funds; it indicates that the College’s financial position continues to be strong.

62 **4.3 Balance Sheet and Income and Expenditure Report – to April 30, 2018:** Both Discipline legal and  
63 ICRC legal line items remain high, reflecting an increase in complex cases before ICRC that require legal  
64 advice, and a higher number of referrals to the Discipline Committee by ICRC.

65

66 Council must annually appoint the College’s auditor. Currently the auditor is Tapp & Co. The Treasurer  
67 recommends that Council approve reappointment for the fiscal year 2018, with a view to reassessing  
68 the auditor for the 2019 fiscal year, in accordance with best practices.

69

70 Moved by Dr. Quaid and seconded by Ms. Moore **to approve Tapp & Co. as auditors for the College for**  
71 **the financial year 2018.**

72

**Motion carried**

73

74 **5. Election of Executive Committee Member:** With Ms. Moore’s departure from Council, an opening has  
75 emerged for the remaining public member position on the Executive Committee. Dr. Garshowitz and  
76 Ms. Jibry conducted an election for this position. Prior to voting, the candidates were given a few  
77 minutes to describe their platforms to Council. The result of the election was:

78

79 Member appointed by the Lieutenant Governor in Council: Mr. Hsien Ping (Albert) Liang, whose term  
80 begins August 12, 2018.

81

82 Dr. Hemami congratulated the new member of the Executive Committee.

83

## 84 **6. Motions Brought Forward From Committees:**

85

### 86 **6.1 Quality Assurance**

87 **6.1.1 Clinical Practice Panel:** The proposed motion was circulated prior to the meeting. The Panel  
88 proposed a minor edit to the OPR (Standards of Practice). Once approved by Council, the OPR will be  
89 updated and members notified of the changes. The revision to 6.5 Standards of Practice – Contact Lens  
90 Therapy removes the express requirement to ensure stable corneal curvature, where the standard  
91 already requires assessment of ensuring corneal integrity.

92

93 Moved by Dr. Hrynchak and seconded by Mr. Rivait **to approve the publication of amendments to the**  
94 **following section of the Optometric Practice Reference (OPR):**

95

- 96 • **6.5 Contact Lens Therapy**

97

**Motion carried**

98

99 **6.1.2 Quality Assurance Subcommittee:** The proposed motion was circulated prior to the meeting. In  
100 January, Council approved striking a Quality Assurance Subcommittee whose mandate would include an  
101 independent appraisal of the College’s Quality Assurance program. Council agreed to fund the project,  
102 which would allow a consultant to be hired to conduct the review. There was no cost estimate available  
103 at that time. The College recently issued an RFP for the project. After a jurisdictional survey of regulatory  
104 colleges that have performed similar reviews, and given cost estimates offered by the RFP respondents,  
105 the Subcommittee expects it will need approximately \$70,000.

106

107



108 Moved by Ms. Pekilis and seconded by Mr. Van Bastelaar **that Council approve the addition of \$70,000**  
109 **for a new “Exceptional Investments” line to undertake a Quality Assurance Program Review.**

110 **Motion carried**

111  
112 **6.2 Governance:** The proposed motion was circulated prior to the meeting. Research in governance  
113 benchmarking and best practices of councils/boards shows a drop in the use of Executive committees  
114 and a rise in Finance/Audit and Governance committees. Although the RHPA requires regulatory  
115 colleges to have an Executive, their only legislated function is to act on behalf of Council between  
116 meetings. Currently, Executive performs other tasks such as financial oversight and HR. The Governance  
117 Committee has determined that the finance/audit and HR roles should be assigned to two new standing  
118 committees (Governance/HR and Audit/Finance/Risk), and new terms of reference should be drafted.  
119 Executive would still act for Council between meetings, but would focus on a coordination role with  
120 stakeholders.

121  
122 Council discussed the implications for staff workload, potential budget effects, and a possible reduction  
123 of Executive Committee members.

124  
125 Moved by Dr. Hemami and seconded by Dr. Kniaziew **that Council strike an Audit/Finance/Risk**  
126 **Committee and introduce the role of Human Resources to the restructured Governance Committee, to**  
127 **commence in January 2019.**

128 **Motion carried**

129  
130 Five Council members attended CLEAR Advanced Governance Training, which was held in Toronto in  
131 May. Council heard feedback from those councillors who attended and agreed that this type of training  
132 is a worthwhile endeavour.

133  
134 **6.3 Executive**  
135 **6.3.1. Statutory Committee Appointments:** The proposed motions were circulated prior to the meeting.  
136 On August 11, 2018, the appointment of Ms. Irene Moore will conclude. Vacancies will be created on  
137 Council and on committees to which she has been appointed. Executive proposes to appoint Ms. Luisa  
138 Morrone to the Inquiries Complaints, and Reports Committee and Ms. Maureen Chesney to the Patient  
139 Relations Committee. Both of these councillors have agreed to put their names forward for these  
140 appointments.

141  
142 Moved by Dr. Hemami and seconded by Dr. Kniaziew **to appoint, effective August 12, 2018, Ms. Luisa**  
143 **Morrone to the Inquiries, Complaints and Reports Committee and Ms. Maureen Chesney to the**  
144 **Patient Relations Committee.**

145 **Motion carried**

146  
147 **6.3.2. By-law Amendments under Protecting Patients Act:**  
148

149 Ms. Julia Martin, the College’s General Legal Counsel, advised Council of amendments to the College by-  
150 laws that were necessitated by last year’s *Protecting Patients Act, 2017*. Ms. Martin offered her insight  
151 into consequences of the amendments on College members and potential implications for College staff  
152 workflow.

153

154 The Act, which received Royal Assent on May 31, 2017, amends the *Health Professions Procedural Code*  
155 (HPPC) in a number of ways. Some of its amendments came into force on May 1 of this year. To be  
156 compliant with these changes, Executive proposed amendments to the current College by-laws. The by-  
157 laws now require that: members must report licences or registration in another profession inside or  
158 outside of Ontario, and information related to offences, charges, or bail conditions; a person may apply  
159 for funding once an allegation of sexual abuse has been made; the College is required to post on the  
160 public register any findings of guilt, conditions of release, or outstanding charges under the *Criminal*  
161 *Code (Canada)* or the *Controlled Drugs and Substances Act*.

162  
163 Moved by Ms. Morrone and seconded by Dr. Hrynychak **to approve amendments to the College By-laws**  
164 **to ensure consistency with the May 1, 2018 amendments to the RHPA and its regulations.**

165  
166 Council discussed the new mandatory reporting requirements and agreed that a communication to  
167 members could help in assuring compliance. It was pointed out that Section 18.03 needed further minor  
168 edits to clarify the requirements now called for under the Code and those that are in addition to those  
169 required under the Code.

170

171 **Action item:** Staff will work with legal counsel to draft a communication to members regarding their  
172 reporting obligations to the College.

173

174 Amendment to the main motion: Moved by Mr. Rivait and seconded by Dr. Morcos **to amend the main**  
175 **motion to include the clarifications to Part 18.03, paragraphs 11, 12, 13.**

176 **Motion carried**

177

178 **Vote on amended main motion**

179 **Motion carried**

180

181 Council considered whether there might exist a tool or process that would allow mandatory ongoing  
182 criminal record checks for registrants. The College could look into the utility or necessity of such a check,  
183 and how it might be implemented.

184

185 **Action item:** Registration Committee to discuss and research evidence for criminal background checks.

186

187 **6.3.3. Patient Relations Fund:** Recent amendments to the *Health Professions Procedural Code* changed  
188 the criteria required for a patient to apply for funding for therapy and counselling. As of May 1, 2018, a  
189 person is eligible for funding if there is an allegation that the person was sexually abused by a health  
190 care professional while the person was a patient. The Patient Relations Committee advised Executive of  
191 these changes. While the PRC cannot know how many future applications for funding it might receive, it  
192 suggested the amount set aside in the Patient Relations Fund be increased from the current amount of  
193 \$30,000. Because the PRC will not be meeting again until after the Council meeting, Executive  
194 recommends on its behalf that the amount be raised to \$100,000.

195

196 Moved by Mr. Rivait and seconded by Dr. Quaid **to approve an increase in the Special Reserve Fund for**  
197 **Patient Relations to \$100,000.**

198 **Motion carried**

199

200 **7. Injunction Appeal – Update:** Dr. Garshowitz updated Council on the application by the College of  
201 Optometrists of Ontario and the College of Opticians of Ontario to seek an injunction preventing  
202 Essilor/Clearly from unlawfully dispensing prescription eyewear in Ontario. In January 2018, the Ontario  
203 Superior Court issued a decision in favour of the colleges. Essilor appealed the decision, and a stay of the  
204 injunction was granted by the courts until the appeal is heard. The appeal date has been set for  
205 September, but a decision will not be issued in time for September’s Council meeting.

206  
207 **8. Legislative Updates**

208 **8.1 Spousal Exemption:** These provisions have been submitted to the Ministry of Health and Long-Term  
209 Care; there are no developments yet to report.

210  
211 **8.2 QA Regulation:** This regulation amendment has been submitted to the Ministry of Health and Long-  
212 Term Care; the College has yet to hear any feedback.

213  
214 **8.3 Designated Drugs Regulation:** This regulation amendment has been submitted to the Ministry of  
215 Health and Long-Term Care; the College has yet to hear any feedback.

216  
217 **9. Governance Recommendation – Strategic Planning:** Dr. Hemami advised Council that in coming  
218 months the Governance Committee will undertake a strategic planning review. The last review took  
219 place in 2015, but it is important that the College remain responsive to the current and future climate of  
220 technology, scope of practice, and other factors. Council agreed to undertake a Strategic Planning  
221 process in 2019.

222  
223 **10. Correspondence**

224 10.1. Memo to Colleges – Proclamation of certain sections of the *Protecting Patients Act* and new  
225 regulations under the RHPA, dated April 20, 2018

226 10.2. Letter from OEBC, dated May 3, 2018: Council reviewed a letter it received from (now former)  
227 OEBC Chair Dr. Carolyn Acorn, dated May 3, 2018, regarding her concern about the minutes of the  
228 January 31 Council teleconference. Dr. Acorn requested that Council be given the correct information  
229 and that the correct information be noted in the next Council meeting minutes. Council noted that the  
230 minutes reflected the discussion at the time and it was recognized that there has been a change in  
231 Board direction since the letter was sent. Council looks forward to a productive relationship with OEBC  
232 that includes transparent discussions.

233 10.3. FHRCO 2017–2018 Highlights

234  
235 **11. List of Acronyms**

236  
237 **12. Dates of Upcoming Council Meetings (2018–2019)**

238 12.1. Tuesday, September 25, 2018

239 12.2. Friday, January 18, 2018

240 12.3. Wednesday, April 24, 2019

241 12.4. Monday, June 24, 2019

242  
243 **13. Adjournment:** Moved by Dr. Morcos and seconded by Ms. Moore to adjourn the meeting at 1:14  
244 p.m.

245 **Motion carried**

**Council Meeting – June 21, 2018**

**COUNCIL ACTION LIST STATUS**

Updated September 4, 2018

Date	Minute Line	Action	Status	Comments
04/09/18	54	Staff will work with ICRC to produce a plan language communication for members with respect to independent contractor and conflict of interest.	Completed	The communication was circulated to members and posted on the College website on September 13. <a href="#">A copy is included in the book.</a>
06/21/18	171	Staff will work with legal counsel to draft a communication to members regarding their reporting obligations to the College.	In progress	This communication has been drafted, however staff is awaiting further clarification on the reporting of charges to the College.
06/21/18	185	Registration Committee to discuss and research evidence for criminal background checks.	In progress	

**Council Meeting – June 21, 2018**

**MOTION LIST**

<b>Minute Line</b>	<b>Motion</b>	<b>Committee</b>	<b>Decision</b>
70	Moved by Dr. Quaid and seconded by Ms. Moore <b>to approve Tapp &amp; Co. as auditors for the College for the financial year 2018.</b>	Treasurer	Motion carried
93	Moved by Dr. Hrynychak and seconded by Mr. Rivait <b>to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR):</b> <ul style="list-style-type: none"> <li>• <b>6.5 Contact Lens Therapy</b></li> </ul>	Clinical Practice	Motion carried
108	Moved by Ms. Pekilis and seconded by Mr. Van Bastelaar <b>that Council approve the addition of \$70,000 for a new “Exceptional Investments” line to undertake a Quality Assurance Program Review.</b>	QA Subcommittee	Motion carried
125	Moved by Dr. Hemami and seconded by Dr. Kniaziew <b>that Council strike an Audit/Finance/Risk Committee and introduce the role of Human Resources to the restructured Governance Committee, to commence in January 2019.</b>	Governance	Motion carried
142	Moved by Dr. Hemami and seconded by Dr. Kniaziew <b>to appoint, effective August 12, 2018, Ms. Luisa Morrone to the Inquiries, Complaints and Reports Committee and Ms. Maureen Chesney to the Patient Relations Committee.</b>	Executive	Motion carried
163	Moved by Ms. Morrone and seconded by Dr. Hrynychak <b>to approve amendments to the College By-laws to ensure consistency with the May 1, 2018 amendments to the RHPA and its regulations.</b>	Executive	Motion amended
174	Amendment to the main motion: Moved by Mr. Rivait and seconded by Dr. Morcos <b>to amend the main motion to include the clarifications to Part 18.03, paragraphs 11, 12, 13.</b>	Executive	Motion carried
178	<b>Vote on amended main motion</b>	Executive	Motion carried
196	Moved by Mr. Rivait and seconded by Dr. Quaid <b>to approve an increase in the Special Reserve Fund for Patient Relations to \$100,000.</b>	Executive	Motion carried



COLLEGE OF  
**Optometrists**  
OF ONTARIO

## **Practice Arrangement FAQs for Optometrists**

### **When Do I Need an Independent Contractor Agreement?**

Optometrists who practise with another person or entity (organization or corporation) that is not an optometrist or a physician must be able to show that they are independent. "Independent" means that the optometrist's decisions are not controlled or influenced by anyone or anything. This preserves the optometrist's freedom to make clinical decisions that are in the best interests of their patients. Optometrists alone are responsible for ensuring that their business arrangements comply with Ontario laws.

#### **When do I have to show that I am an independent contractor?**

You must be able to show that you are independent anytime you work with a person (an optician or a non-optometrist business owner) or entity (an organization or corporation, such as Costco, Lenscrafters, Walmart, Iris, Hakim Optical, or a privately owned optical store) that is not another optometrist or a physician. In these cases, you must have a written agreement (referred to as an "independent contractor agreement") stating that you are independent.

#### **I am working for a laser surgery centre. Do I need an independent contractor agreement?**

Yes. The centre is neither an optometrist nor a physician, so you must declare that you are independent through such an agreement.

**I do not have anything in writing, but I do have a handshake agreement. Is this enough?**

No, a handshake is not enough. The law requires you to have an independent contractor agreement in writing; this can be found under "Part II: Conflict of Interest" in [this Ontario regulation](#). The College has developed these independent contractor policies to further explain the requirements: [Regulatory Standards Interpreted](#) and [Risk & Control](#). If you have any questions, please contact the College.

**I've been asked to work at an optical store for a few days this summer. Do I need an independent contractor agreement for just a few days?**

Yes. If you are engaged in practice for any length of time where an independent contractor agreement is required, you must have one in place (and in practice) to demonstrate that you are independent.

**The optical store I work at says they own patient records. Is this okay?**

No, the optical store cannot own optometric records. As an independent practitioner, you must have care, custody, and maintenance of the patient records (refer to [OPR 5.1 The Patient Record](#)). Any independent contractor agreement that you enter into must specifically state that you own and maintain the records. This means that if you leave the arrangement, the records must go with you, and you have the responsibility to inform patients of the location of their records.

**I have not hired or trained the staff at the optical store, I just show up to do eye exams. Am I responsible for anything that staff members say or do?**

Yes. You are responsible for any and all staff acting on your behalf (making appointments, communicating with patients, doing the billing, etc.). The staff at any location where you practise are an extension of you. In the eyes of the public and the College, their actions and behaviour are considered your actions and behaviour ([Your Patients, Your Staff, Your Responsibility](#)).

**I work at the optical store just once a week and I pay \$50 per month in rent. Is this enough?**

Not likely. In order to be truly independent, you must be paying a reasonable amount of rent (that is, rent that is normal for the area) for the space you use. It must also include an amount that covers your share of expenses, including but not limited to utilities, staff salaries, taxes, equipment, and maintenance.

**The optical store has asked me to hand over my patient prescriptions directly to the optician. Is this okay?**

No, it's not okay. You should not be handing the prescription to anyone but the patient ([Optometric Prescriptions: Release of Prescriptions](#)). Once finalized, you must give the prescription directly to the patient and not to the optical staff. The prescription belongs to the patient, who has the right to choose where to fill it. Providing the prescription to the patient is one way in which the optometrist demonstrates to the public that they are truly independent from the optical.

**The optical store where I work advertises "free eye exams." I was not involved in this. Am I responsible?**

Yes, you are responsible. Any advertising of your practice must be in compliance with the [advertising laws](#), and it is your responsibility to ensure that it complies, even if you did not directly design, approve, or place the ad.

There is no such thing as a "free" eye exam; if there was, you as the optometrist would not get paid for that eye exam. In some schemes, the cost of the exam is absorbed by the optical if the patient orders eyewear and the optician then pays the optometrist for the exam. This could be considered sharing fees, which is illegal. Also, if the exam is billed to OHIP, it is not a free exam and should not be advertised as such.

**I occasionally work with a company that operates a mobile clinic that travels to university and college campuses and elementary schools. Do I need an independent contractor agreement for this?**

Yes, an independent contractor agreement is required whenever you practise with another person or entity that is not an optometrist or a physician. The quality of care that patients receive at a mobile clinic is expected to be equal to that which they receive in a more traditional practice setting. Optometrists must ensure that:

- there is a daily appointment record and patient health records,
- the optometrist is not pressured by the company to see more patients per day than can be properly assessed,
- patients know how to contact the optometrist after the exam for follow-up or for access to their records, if necessary, and
- patients are properly billed for services provided.

Optometrists must pay a reasonable amount for the use of the mobile clinic and the services of support staff, and must provide patients with a copy of their prescriptions at the conclusion of the exam. In short, whether the clinic is mobile or traditional, the [requirements](#) outlined in



the OPR are the same, including the need for an independent contractor agreement.

### **Who is ultimately held accountable for compliance with all of this?**

Optometrists alone are responsible for ensuring that their business arrangements comply with [Ontario laws](#). People who are not optometrists may not know the laws that optometrists must follow. They cannot be held responsible if your practice is found to violate the laws, but you will be. Optometrists who practise in contravention of the laws may be found guilty of professional misconduct, which may result in fines, temporary suspension, or other serious outcomes.

*If you are not sure whether your current or proposed practice arrangement complies with the laws, please consult the resources referenced in this document and contact the College for further guidance if needed.*

Address: 65 St. Clair Avenue East, Toronto, Ontario M4T 2Y3  
Phone: 416-962-4071  
Email: [info@collegeoptom.on.ca](mailto:info@collegeoptom.on.ca)



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## Executive Committee Report

<b>Name of committee:</b>	<b>Executive Committee</b>
<b>Reporting date:</b>	<b>September 12, 2018</b>
<b>Number of meetings in 2018:</b>	<b>7 (3 in person, 4 teleconference)</b>
<b>Number of meetings since the last Council meeting:</b>	<b>1 in person, 1 teleconference</b>

The Executive Committee met via teleconference on July 13, 2018 and in person on August 24, 2018. Approved minutes of the July 13 meeting were circulated to Council on September 5, 2018.

**Citizen Advisory Group:** The Citizen Advisory Group held its annual partners meeting on June 20, 2018. The College of Optometrists of Ontario has been a member of the group since 2017. The Committee discussed sponsoring or co-sponsoring an upcoming topic of significance, taking into account the financial implication. Suggested topics for sponsorship will be presented to the Committee prior to CAG submission.

**OEBC:** The Executive Committee continues to monitor recent changes at OEBC. At a June 11 Special Members' meeting called by the former board of directors, the members dismissed the former Board and elected the following persons to the board of directors: Drs. Robin Simpson, Gordon Hensel, Lee Kolbenson, Lorne Ryall, Paula Garshowitz, Léo Breton, Louiselle St. Amand, Sheldon Pothier, Kelly Bowes and Justin Boulay. All the new board members are college registrars except for Dr. Breton who is a Council member for the OOO. The board adopted a new governance policy manual and expense guidelines. Executive sent a letter to OEBC in late July 2018 in support, in principle, of a proposal for OEBC's future and urging the Board to expedite its consideration. Council will be provided with an update from the Executive Committee.

**FORAC Meetings:** Dr. Quaid and I, accompanied by staff, attended the FORAC AGM and Board of Directors meetings, which were held in Saint John, New Brunswick on September 8, 2018. Following a review of the 2017–18 financials, FORAC's board passed a motion to increase the fees for credential assessment by over 60% to continue to reflect cost recovery. The directors heard reports from stakeholders, including Touchstone Institute, the schools of optometry, IOBP, and CAO. The Board was informed that the assessment of drug-prescribing knowledge and judgment is expected to be added to the IGOEE (evaluating exam) for the spring 2019 administration. Areas of discussion included cultural competence and stand-alone refractions. A copy of the approved minutes of the March 28, 2018 FORAC teleconference are included for information.

**Risk Management Steps Taken by College to Protect College Data:** The Committee was joined by a representative of Pace Technical Services, who outlined the processes that are in place to

protect the College's data against cyber-attacks. Pace Technical provides a fulsome support system, including firewall, antivirus and malware programming as well as conducting regular backups of the system to a secure off-site facility.

**Fall College Updates:** On September 8, 2018, Dr. Bill Chisholm presented a College update in conjunction with the Northern District Society meeting in Timmins. I will be providing an update at the Ottawa District Society meeting on September 22, in Kanata. Dr. Garshowitz will update members in the Northeastern District when they meet on September 29. Dr. David White will also be presenting his recordkeeping course to the members at this meeting.

**Off-site Council Meeting (June 2019):** The University of Waterloo School of Optometry and Vision Science has graciously agreed to host the June 2019 Council meeting in Waterloo. Further details will be provided to Council as they are in place.

Respectfully submitted:

Dr. Pooya Hemami, OD  
President

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

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

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**Minutes of Board of Directors Teleconference  
March 28, 2018 8:30PM**

**Call to order and attendance**

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

In attendance were:

**Member Delegates:**

*Dr. Leland Kolbenson, Saskatchewan Association of Optometrists (SAO), President\**

*Dr. Louiselle St. Amand, New Brunswick Association of Optometrists (NBAO), Vice-President\**

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

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

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

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

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

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

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

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

*\*Member of Executive Committee*

**Assistants to directors:**

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

**FORAC Staff:**

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

Two items were on the agenda for discussion:

(1) The issue about allowing highly successful IGOEE candidates to directly challenging the OEBC entry-to-practice exam (*this is the January 2018 meeting minute:*)

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

The Applicant Guide for the credentialing process was provided for information to help clarify when/if an applicant could directly challenge the OEBC Entry-to-Practice exam following successful completion of the IGOEE. It was previously indicated that until there was a stand-

alone TPA assessment component of the IGOEE, applicants could not directly challenge the OEBC Entry-to-Practice exam. The directors discussed that until such time as the drug prescribing (TPA) component is added to the IGOEE, all applicants who have successfully challenged IGOEE must complete the bridging program. This will ensure that all applicants have adequate training in prescribing drugs. Ontario asked FORAC to provide it with written clarification of this policy. Ontario agreed to follow up with a letter of confirmation.

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*and*

(2) The issue of Dr. Léo Breton being excluded from the OEBC board of directors due to a perceived conflict of interest as a school employee/part-time clinician.

Following a discussion of item (1), it was agreed by consensus that until such time as the TPA component of the IGOEE is in place (May 2019) that no successful IGOEE candidate will be permitted to apply directly to challenge the OEBC Entry-to-Practice exam.

Following a discussion of item (2), it was decided that this was a matter for the board of the OEBC and should be discussed at the next OEBC board meeting.

The meeting adjourned at 9:45PM

MINUTES APPROVED SEPTEMBER 8, 2018

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



Dr. Leland Kolbenson, President

## Committee Activity Report

<b>Name of committee:</b>	<b>Patient Relations Committee</b>
<b>Reporting date:</b>	<b>September 12, 2018</b>
<b>Number of meetings since last Council meeting:</b>	<b>one teleconference meeting</b>
<b>Number of meetings in 2018:</b>	<b>one in-person meeting; one teleconference meeting</b>

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

As of May 1, 2018, the RHPA specifies that a person is eligible for funding if it is alleged in a complaint or a report that the person was sexually abused by a member while the person was a patient of the member. This is a significant change from the previous RHPA provision, which tied the eligibility for funding with a finding of guilt of the member by the Discipline Committee. At the June meeting, Council approved a significant increase to the College's fund for therapy and counselling.

Since the June Council meeting, the Committee has met once, by teleconference. The Committee reviewed and approved one new application for funding for therapy and counselling.

The Committee is expecting to have another meeting in fall 2018. The Committee will continue to monitor any legislative developments, specifically related to the *Protecting Patients Act, 2017* and any resulting RHPA amendments.

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

N/A

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

N/A

Respectfully submitted:

Brian Rivait  
Committee Chair

## **Committee Activity Report**

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

**Reporting date:** September 4, 2018

**Number of meetings in 2018:** 2 in-person meetings

**Number of meetings since last Council meeting:** 0

**Nature of items to be discussed at upcoming QAP meeting on September 21, 2018:**

1. Independent review of the current QA program – Interview with Research & Evaluating Consulting and Strategy & Insights
2. CE audit of the 2015–2017 CE cycle
3. 2018–2020 CE policy and COPE-accredited CE
4. OE TRACKER survey results
5. Meeting with Clinical Practice Panel
6. QA policies
7. QA E-modules and resources
8. Dr. David White’s recordkeeping workshop
9. SRA and CRA reviews and decisions

**Planned discussions including performance relative to strategic plan and actions directed by Council:**

1. Research & Evaluation Consulting Inc. and Strategy & Insights are conducting an independent review of the College’s current QA program. They will be interviewing the Panel in person about the Panel’s perceptions of effectiveness of the current QA program and any recommendations for improvements.
2. Twenty-three (23) members were found to be deficient in CE hours for the 2015–2017 CE cycle. Members deficient by 5 CE hours or less would be required to complete an SRA on five files at a cost of \$1130 (\$1000 + HST). Practising members who are deficient by more than five CE hours would be required to complete an SRA on 25 files at a cost of \$5650 (\$5000 + HST). The Panel will review and render decisions for the following practice assessments due to CE hours deficiency:
  - Four 5-file SRA reports
  - Seven 25-file SRA reports
3. The Panel will review the similarities and differences between an approved COPE administrator and a COPE accredited provider, including administrator/provider eligibility requirements and criteria, COPE course and COPE Event/Activity accreditation criteria, accreditation pathways, and fees. This review will assist the Panel in clarifying the Category A COPE-accredited CE requirements for the current CE cycle (2018–2020).
4. At the end of June 2018, a survey was sent out to the membership, inviting them to share their experience using OE TRACKER to capture and store CE data. The Panel will review the survey results as part of their ongoing efforts to improve the OE TRACKER experience.

5. The Panel looks forward to meeting with the Clinical Practice Panel to review and discuss Optometric Practice Reference (OPR) standards together at their joint meeting on October 4, 2018. This would allow the two Panels to interpret the standards and address concerns from both Panels' perspectives. The Panel will prepare a list of discussion topics for the meeting.
6. The Panel will consider developing a policy for members who fail to cooperate and/or meet established deadlines to complete QA requirements. This would ensure fairness to all members participating in the QA program, including members who meet established deadlines. It would be helpful if the Panel could provide QA staff with more direction on any automatic extension that staff may grant on a first request, and the number of attempts to contact the member before presenting any further deferral or noncompliance to the QAP. This would also reduce the amount of administrative time, effort, and costs to the College associated with attempting to contact and/or reminding members to complete their QA requirements.
7. The Panel will talk about creating a library of e-modules, and possibly selecting one topic per year that would be mandatory for members to complete. For other QA resources (e.g., FAQs, general information, updates, optional reading materials, etc.), the Panel will consider creating a "QA Resources" section on the College website.
8. At the end of June 2018, a survey was sent to the membership to poll their interest in Dr. David White's recordkeeping workshop. The Panel will review the survey results and if the College receives enough interest in a specific area of the province, it will look into offering the workshop there.
9. The Panel will review outstanding cases from previous meetings:
  - CRA and Case Manager Report – 1 member
  - Practice Evaluation Report – 1 member
  - Final Coaching Report – 1 member
10. The Panel will review and render decisions for 45 random QA practice assessments (SRA reports).

Respectfully submitted:

Mr. John Van Bastelaar

Chair, Quality Assurance Panel



## Clinical Practice Panel Report

<b>Name of Committee:</b>	<b>QA – Clinical Practice Panel</b>
<b>Reporting Date:</b>	<b>September 4, 2018</b>
<b>Number of meetings in 2018:</b>	<b>4</b>
<b>Number of meetings since the last Council meeting:</b>	<b>2 (1 via teleconference)</b>

The Clinical Practice Panel met via teleconference on July 3, 2018 and in-person on August 17, 2018.

### **Nature of items discussed:**

The following OPR documents were reviewed:

- 4.1 Clinical Equipment
- 4.3 Delegation and Assignment
- 5.1 The Patient Record
- 5.2 The Prescription
- 6.6 Low Vision Assessment and Therapy
- 6.8 Visual Field Assessment
- 7.4 Patients with Diabetes
- 7.5 Patients with Hypertension
- 7.6 Cycloplegic Refraction

The Panel revised the College Policy regarding “Practice Locations: Reporting Requirements” to be consistent with the Regulation requiring optometrists to have an Independent contactor agreement (ICA) at all times in practice settings where one is required.

The Panel reviewed and provided feedback on the Health Quality Ontario (HQO) document on glaucoma. The Panel also discussed the discontinuation of homatropine and atropine as it may impact patient care.

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

Motions regarding the standards of practice for OPR 4.1 and OPR 6.6 and revisions to the College Policy “Practice Location - Reporting Requirements” are provided separately.

Revisions to the clinical guidelines for OPR 6.6 are included in the consent agenda.

Respectfully submitted:

Dennis Ruskin, OD  
Committee Chair

## 6.6 Low Vision Assessment and Therapy

### Description

Visual impairment (as a result of a disorder of visual function) is considered to be present when there is a measurable vision loss compared to the normal values. Patients are considered visually impaired to have low vision when there is a visual impairment which cannot be corrected by optical, surgical or medical treatment and when best-corrected vision is inadequate for an individual's individual's age-related daily needs resulting in an activity limitation.<sup>1,2,3</sup> These patients may benefit from a low vision evaluation. This includes review of ocular health and systemic health conditions, identification of patient goals, extended evaluation of visual function, ~~review of ocular health and systemic health conditions that may impact visual function,~~ prescription of and training treatment with various optical and/or non-optical low vision aids and/or rehabilitation strategies directed towards specific ~~needs and demands goals, as well as~~ counselling and education.

The need for a low vision evaluation will generally be determined as the result of an exploration of patient symptoms regarding activity limitations and goals in addition to specific clinical findings from an optometric examination (see OPR 4.2 - Required Clinical Information). Other possible reasons for conducting a specific low vision evaluation include referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to ~~treatment the rehabilitation plan and/~~ or to monitor the status of patients with low vision.

Low vision service provision can exist on different levels, depending on the visual impairment and disabilities of the patient. Low vision service provision at three levels is recommended.<sup>4,5</sup> The first level of low vision service provision should be conducted by all optometrists; it includes recognition of low vision and referral to secondary and tertiary levels if the primary care optometrist is not a low vision provider. This is in accordance with Professional Misconduct Regulation (O.Reg. 119/94 Part I under the Optometry Act):

~~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.~~

The second level of care involves provision by an optometrist of basic low vision (management with relatively low powered, simple devices and environmental modifications). If the patient's needs are not met by that optometric provider, referral to another optometrist who provides a more complex/comprehensive level of LV rehabilitation, should be undertaken. The tertiary level of low vision care consists of low vision services provided by an optometrist with contribution from a multidisciplinary team such as low vision therapists, counsellors, high tech

assessors, occupational therapists, independent living and orientation and mobility specialists.<sup>4,5</sup>

## Clinical Guideline

### Specialized Testing and Considerations

Several ~~specialized or non-standard~~ additional or supplementary test procedures may be utilized in a low vision evaluation:

#### 1. Comprehensive patient history

- a. Explores specific activity limitations and goals (vocational/educational/avocational requirements).
- b. Reviews perceived impact of the visual impairment.
- c. Reviews current devices including usage and satisfaction and current access to services
- d. Includes visual and ocular history, stability of vision, family ocular history, general health history, medications and social history
- e. Consideration of cognitive testing and screening for depression.

#### 1.2. Visual acuity

- a. Distance visual acuity charts ~~may should~~ include the Feinbloom ~~or LEA numbers~~, Bailey-Lovie, ETDRS and Lea Symbols charts ~~or equivalent~~<sup>6,7</sup>
- b. Near visual acuity charts ~~may should~~ include ~~reading charts such as the Lighthouse continuous text, ETDRS, Collenbrander, and MN Read and SK Read~~ near acuity charts. Reading speed and provision of an acuity reserve should be considered.<sup>8</sup>
- c. ~~Specialized techniques, include p~~Preferential looking acuity cards for pediatric patients or those with multiple challenges (e.g. Teller or Cardiff acuity cards), and visually evoked potentials,
- d. The effect on visual acuity of variations in eye and head position (e.g. eccentric viewing)-viewing posture, illumination (brightness and colour temperature) and test distance may be explored.

#### 3. Refraction

- a. Objective techniques such as radical retinoscopy, off-axis retinoscopy, and near retinoscopy
- b. Subjective techniques ~~such as ideally by~~ trial frame refraction ~~using the,~~ just-noticeable-difference technique, ~~hand-held Jackson crossed cylinder, stenopaic slit, and multiple pinhole~~
- c. Refraction techniques may be performed at non-standard distances

#### 4. Ocular Motility and Binocular Vision

- a. ~~Specific~~ Adaptations of testing for ocular motility and binocular vision may be done to evaluate these aspects of vision
- b. Evaluation of null point in patients with nystagmus

c. Evaluation of ocular dominance

~~b. Low-vision devices designed for monocular or binocular use, or for use in specific positions of gaze, according to binocular status~~

5. Visual fields

- a. Automated perimetry (including microperimetry)
- b. Goldmann perimetry
- c. Tangent Screen or modified Tangent Screen such as California Central Visual Field Test
- d. Amsler Grid

6. Contrast sensitivity testing with charts such as Pelli-Robson charts, Mars Perceptrix Letter Contrast Test, Sloan Letter Low Contrast Flip Chart or the Rabin Contrast Sensitivity Test. Similar charts for children such as the Hiding Heidi, Patti pics or LEA symbols tests.<sup>9-11</sup>

**87.** Supplemental tests

**a.** Contrast sensitivity testing

- ~~a.b.~~ Glare testing
- ~~b.e.~~ Colour vision testing
- ~~c.d.~~ Electrodiagnostic testing: VEP, ERG, EOG
- ~~e.~~ Micro-perimetry

**Management**

Management of low vision and severe visual impairment may involve the use of optical aids, electronic and computerized devices and non-optical techniques and training.

***Optical and Electronic aids***

- spectacle lenses including high reading additions
- tints, selective wave-length filters, lens coatings
- illuminated and non-illuminated hand magnifiers
- illuminated and non-illuminated stand magnifiers
- microscopes
- telescopes
- telemicroscopes
- prisms
- mirrors
- reverse telescopes and minus lenses

- electronic devices (including computer software/hardware adaptations, CCTVs and use of Smart technology)

Complex optical devices may be prescribed, where indicated:

1. Spectacle-mounted Magnifiers, microscopes and telemicroscopes can enhance near vision
2. Spectacle-mounted telescopes Telescopes can enhance distance vision
3. Prisms, mirrors, reverse telescopes and minus lens systems may be used to expand-enhance peripheral visual fields
4. Biconvex aspheric lenses and achromatic doublets can reduce glare
5. Electronic devices such as CCTVs, adaptive computer hardware and software and head-mounted devices can be effective for vocational, avocational and educational needs-purposes
6. Head-borne video magnifiers may enhance vision at all distances
7. The use of lenses, prisms or occlusion can be designed for cases of nystagmus, strabismus, diplopia or substandard binocular vision or in cases where binocular vision would not be sustainable (e.g. prescription of high adds)

Complex optical devices may be prescribed, when indicated: Considerations include whether the device should be:

1. Prescribed for binocular, biocular or monocular viewing.
2. Spectacle-mounted or handheld
3. Prescribed as full field, half-eye, or bioptic
4. Should include several attributes (e.g. spectacle-mounted binocular telescope mounted in the bioptic position with a bifocal add and yellow slip-behind filter)

Low-vision aids may be prescribed for binocular, biocular or monocular viewing.

Instructions and training for the proper use and maintenance of aids and devices is necessary.

#### ***Non-optical Aids and Devices***

- Lighting, reading guides, large print materials, audio devices, etc.
- Rehabilitation services involves training the patient to adopt non-standard viewing practices such as:
  - eccentric viewing;
  - vertical or diagonal scanning;
  - blur interpretation; and
  - enhanced saccades and pursuits; and
  - patching to reduce confusion

### ***Additional Services***

Patients with low vision often benefit from the assistance of other health professionals or rehabilitative services, and accordingly a Referrals for the following for additional services may be indicated including:

1. Orientation and mobility training
2. Occupational therapy
3. Low vision therapy
4. Independent living specialist assessment
5. High technology assessments
63. Social and community services
74. Counselling which can include psychological
85. Genetic counseling
96. Surgical consultation
10. Independent living assessments

### **Additional Information and Reference**

~~Additional references relevant to this topic include:~~

~~Care of the Patient with Visual Impairment (Low Vision Rehabilitation)~~

~~Prepared by the American Optometric Association Consensus Panel on Care of the Patient with Low Vision, revised 2007:~~

1. Leat SJ, Legge G, Bullimore M. What is low vision - a re-evaluation of definitions. Optom. Vis. Sci. 1999; 76:198-210.
2. THE ICF: AN OVERVIEW  
[https://www.cdc.gov/nchs/data/icd/icfoverview\\_finalforwho10sept.pdf](https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf)
3. Strong G Jutai J, Plotkin A, Bevers P. Competitive enablement: a consumer - oriented approach to device selection in device-assisted vision rehabilitation. Aging Disability & Independence. 2008; 175-195.
4. Eye Health Council of Ontario: The Low Vision Rehabilitation Sub-Committee. Low Vision Services in Ontario: Current Status, Gaps and Recommendations for Change. Sept.23, 2015.
5. Leat SJ, A proposed model for integrated low vision rehabilitation services in Canada. Optometry and Vision Science. 2016; 93(1) 77-84
6. Ferris FL, Kassoff A, Bresnick GH & Bailey I. New visual acuity charts for clinical research. Am J Ophthalmol. 1982;94:91-96.
7. Jan E. Lovie-Kitchin Is it time to confine Snellen charts to the annals of history? Ophthalmic Physiol Opt 2015; 35: 631-636.
8. Lovie-Kitchin J. Reading with low vision: the impact of research on clinical management. Clin Exp Optom 2011; 94: 2: 121-132
9. Dougherty BE, Flom RE, Bullimore MA. An Evaluation of the Mars Letter Contrast Sensitivity Test. Optom Vis Sci 2005; 82 (11): 970-975.

10. Pelli DG, Robson JG, Wilkins AJ. The design of a new letter chart for measuring contrast sensitivity. Clin Vision Sci 1988;2:187-99.
11. Elliott DB, Bullimore MA, Bailey IL. Improving the reliability of the Pelli-Robson contrast sensitivity test. Clin Vision Sci 1991;6:471-5.

Additional references relevant to this topic include:

Care of the Patient with Visual Impairment (Low Vision Rehabilitation)

Prepared by the American Optometric Association Consensus Panel on Care of the Patient with Low Vision, revised 2007:

<http://www.aoa.org/documents/CPG-14.pdf>

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The need for a low vision evaluation will generally be determined as the result of an exploration of patient symptoms regarding activity limitations and goals in addition to specific clinical findings from an optometric examination (see OPR 4.2 - Required Clinical Information). Other possible reasons for conducting a specific low vision evaluation include referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to the rehabilitation plan and/or to monitor the status of patients with low vision.

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The second level of care involves provision by an optometrist of basic low vision (management with relatively low powered, simple devices and environmental modifications). If the patient's needs are not met by that optometric provider, referral to another optometrist who provides a more complex/comprehensive level of LV rehabilitation, should be undertaken. The tertiary level of low vision care consists of low vision services provided by an optometrist with contribution from a multidisciplinary team such as low vision therapists, counsellors, high tech assessors, occupational therapists, independent living and orientation and mobility specialists.<sup>4,5</sup>

### Clinical Guideline

#### Testing and Considerations

Several additional or supplementary test procedures may be utilized in a low vision evaluation:



- 1. Comprehensive patient history**
  - a.** Explores specific activity limitations and goals (vocational/educational/avocational requirements),
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  - c.** Reviews current devices including usage and satisfaction and current access to services
  - d.** Includes visual and ocular history, stability of vision, family ocular history, general health history, medications and social history
  - e.** Consideration of cognitive testing and screening for depression.
- 2. Visual acuity**
  - a.** Distance visual acuity charts should include the Feinbloom or LEA numbers, Bailey-Lovie, ETDRS and Lea Symbols charts or equivalent<sup>6,7</sup>
  - b.** Near visual acuity charts should include reading charts such as the Lighthouse continuous text, ETDRS, Collenbrander, MN Read and SK Read near acuity charts. Reading speed and provision of an acuity reserve should be considered.<sup>8</sup> Preferential looking acuity cards for pediatric patients or those with multiple challenges (e.g. Teller or Cardiff acuity cards), and visually evoked potentials,
  - d.** The effect on visual acuity of variations in eye and head position (e.g. eccentric viewing), illumination (brightness and colour temperature) and test distance may be explored.
- 3. Refraction**
  - a.** Objective techniques such as radical retinoscopy, off-axis retinoscopy, and near retinoscopy
  - b.** Subjective techniques ideally by trial frame refraction using the just-noticeable-difference technique
  - c.** Refraction techniques may be performed at non-standard distances
- 4. Ocular Motility and Binocular Vision**
  - a.** Adaptations of testing for ocular motility and binocular vision may be done to evaluate these aspects of vision
  - b.** Evaluation of null point in patients with nystagmus
  - c.** Evaluation of ocular dominance
- 5. Visual fields**
  - a.** Automated perimetry (including microperimetry)
  - b.** Goldmann perimetry
  - c.** Tangent Screen or modified Tangent Screen such as California Central Visual Field Test
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- 6. Contrast sensitivity testing with charts such as Pelli-Robson charts, Mars Perceptrix Letter Contrast Test, Sloan Letter Low Contrast Flip Chart or the Rabin**

Contrast Sensitivity Test. Similar charts for children such as the Hiding Heidi, Patti pics or LEA symbols tests.<sup>9-11</sup>

## 7. Supplemental tests

- a. Glare testing
- b. Colour vision testing
- c. Electrodiagnostic testing: VEP, ERG, EOG

## Management

Management of low vision and severe visual impairment may involve the use of optical aids, electronic and computerized devices and non-optical techniques and training.

### *Optical and Electronic aids*

- spectacle lenses including high reading additions
  - tints, selective wave-length filters, lens coatings
  - illuminated and non-illuminated hand magnifiers
  - illuminated and non-illuminated stand magnifiers
  - microscopes
  - telescopes
  - telemicroscopes
  - prisms
  - mirrors
  - reverse telescopes and minus lenses
  - electronic devices (including computer software/hardware adaptations, CCTVs and use of Smart technology)
1. Magnifiers, microscopes and telemicroscopes can enhance near vision
  2. Telescopes can enhance distance vision
  3. Prisms, mirrors, reverse telescopes and minus lens systems may be used to enhance peripheral visual fields
  4. Biconvex aspheric lenses and achromatic doublets can reduce glare
  5. Electronic devices such as CCTVs, adaptive computer hardware and software and head-mounted devices can be effective for vocational, avocational and educational purposes
  6. Head-borne video magnifiers may enhance vision at all distances
  7. The use of lenses, prisms or occlusion can be designed for cases of nystagmus, strabismus, diplopia or substandard binocular vision or in cases where binocular vision would not be sustainable (e.g. prescription of high adds)

Complex optical devices may be prescribed, when indicated: Considerations include whether the device should be:

1. Prescribed for binocular, biocular or monocular viewing.

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3. Prescribed as full field, half-eye, or bioptic
4. Should include several attributes (e.g. spectacle-mounted binocular telescope mounted in the bioptic position with a bifocal add and yellow slip-behind filter)

Instructions and training for the proper use and maintenance of aids and devices is necessary.

#### ***Non-optical Aids and Devices***

- Lighting, reading guides, large print materials, audio devices, etc.
- Training the patient to adopt non-standard viewing practices such as:
  - eccentric viewing;
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  - blur interpretation;
  - enhanced saccades and pursuits; and
- patching to reduce confusion

#### ***Additional Services***

Patients with low vision often benefit from the assistance of other health professionals or rehabilitative services. Referrals for the following may be indicated:

1. Orientation and mobility training
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4. Independent living specialist assessment
5. High technology assessments
6. Social and community services
7. Counselling which can include psychological
8. Genetic counseling
9. Surgical consultation
10. Independent living assessments

#### **Additional Information and Reference**

1. Leat SJ, Legge G, Bullimore M. What is low vision - a re-evaluation of definitions. *Optom. Vis. Sci.* 1999; 76:198-210.
2. THE ICF: AN OVERVIEW  
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Additional references relevant to this topic include:

Care of the Patient with Visual Impairment (Low Vision Rehabilitation)

Prepared by the American Optometric Association Consensus Panel on Care of the Patient with Low Vision, revised 2007:

<http://www.aoa.org/documents/CPG-14.pdf>

## Quality Assurance Subcommittee Report

<b>Name of committee:</b>	<b>Quality Assurance Subcommittee</b>
<b>Reporting date:</b>	<b>August 30, 2018</b>
<b>Number of meetings in 2018:</b>	<b>4 (3 in person, 1 teleconference)</b>
<b>Number of meetings since the last Council meeting:</b>	<b>2</b>

The Quality Assurance Subcommittee met in person on July 6, 2018 and August 14, 2018.

**Consultant Vetting and Proposals:** Consultants were invited to respond to [an RFP](#) to conduct a complete review of the College's Quality Assurance program to determine whether it is in line with the mandate, goals, and objectives of the College and to assist the College in the development of new tools/update existing tools to align with best practice in QA programs. The Subcommittee shortlisted and met with two consultants at their July meeting who presented their proposals to undertake this project. The Subcommittee decided to engage the partnership of Mr. Sid Ali from Research & Evaluating Consulting and Ms. Pina Pejovic from Strategy & Insights to perform the review.

**Engagement of Quality Assurance Review Consultant:** In August, the Subcommittee then met with Mr. Ali and Ms. Pejovic for an initial consultation. This project will be broken down into two phases: to perform a comprehensive review and benchmarking of the College's current QA program, and then to begin preliminary mapping out the framework for the future development of a new QA program. A survey will be circulated to the entire membership to gauge feedback on the current system and possible areas for improvement.

Since the meeting, Research & Evaluating Consulting/Strategy & Insights have begun the review process and the Subcommittee anticipates a draft of the Quality Assurance Program Review to be circulated to Council in early 2019.

Respectfully submitted:

Ellen Pekilis  
Committee Chair

## Committee Report to Council

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

*(ICRC sits as two independent panels)*

<b>Reporting date:</b>	September 9, 2018
<b>Number of meetings in 2018:</b>	7 in-person Panel meetings <sup>1</sup> 1 in-person ICR Committee meeting (both Panels)
<b>Number of meetings since last Council meeting:</b>	2 in-person meetings <sup>2</sup>

- The ICRC’s intention with this report is to provide Council with as much information as possible on the matters received and reviewed by the ICRC since the last Council report (June 8, 2018) without compromising the confidentiality of the process and the fairness owed to complainants and members of the College involved in the process.
- This respect for confidentiality and fairness stems from Section 36 of the RHPA, which requires that *“every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person”* except in very limited, specific circumstances.
- For this reason, in this and other Committee reports, the ICRC simply cannot share details about the specific cases.

**Number of Cases:** cases reviewed by panels and newly filed since June 8, 2018, the date of the last report to Council (some cases involve multiple allegations)

Type of Case			Number
Complaints	Newly filed	12	38
	Previously filed	26	
Registrar’s Reports			9
Incapacity Inquiries			0
<b>TOTAL CASES</b>			<b>47</b>
<b>Nature of Allegations</b>			<b>Number</b>
Unprofessional behaviour and/or communication			35
Improper billing/fees			11
Breach of legislation/standards			11
Failure to diagnose/misdiagnosis			8
Staff supervision			8

<sup>1</sup> and

<sup>2</sup> Including scheduled Panel meetings: September 19, 2018 and September 24, 2018.

Release of prescription/records	7
Quality of care	6
Related to eyeglass and/or contact lens prescription	4
Related to drug prescription	-
Related to eyeglass and/or contact lens dispensing	5
Improper delegation	4
Failure to refer	4
Unsafe practices	2
Other (e.g., suspended member practising)	2
Breach of patient confidentiality	2
Conflict of interest	1
Unnecessary/unsuccessful treatment	1
Advertising (use of title)	1
Lack of consent	1
Allegations of sexual nature	1

**Decisions Issued:**

<b>Complaints</b>	20
<b>Registrar's Reports</b>	1
<b>Incapacity Inquiries</b>	0
<b>TOTAL</b>	<b>21</b>

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

No further action	10
Advice or recommendation	7
Remedial agreement (educational activities)	2
Undertaking	1
Verbal caution	-
SCERP	-
Referral to Discipline Committee	1
Withdrawn	-
Resolved through ADR	-
<b>TOTAL</b>	<b>21</b>

**HPARB Appeals:**

New appeal	1
Outstanding appeals to be heard	2
<b>TOTAL APPEALS IN PROGRESS</b>	<b>3</b>
ICRC decision confirmed – case closed	3
Appeal withdrawn – case closed	1

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

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

The ICRC has been working with the Registrar and the policy department on finalizing the “Practice Arrangement FAQs for Optometrists – When Do I Need an Independent Contractor Agreement?” document, which will help members ensure that their current or proposed practice arrangements comply with the law.

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

N/A

Respectfully submitted,

Dr. Annie Micucci, ICRC Chair



## Committee Activity Report

**Name of Committee:** Registration Committee

**Reporting Date:** Sept. 13, 2018

**Number of meetings in 2018:** 7

**Number of meetings since last Council meeting:** 1 meeting via teleconference (July 12, 2018) and 2 in-person Committee meetings (Aug. 23 and Sept. 13, 2018)

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

College staff met via teleconference with the Ministry of Health and Long- Term Care on August 10, 2018, to obtain preliminary feedback about the updated draft amendments to the Registration Regulation (O.Reg. 837/93) as amended under the *Optometry Act, 1991*, that were submitted to the Ministry of Health and Long-Term Care for approval on April 5, 2018.

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

The Committee participated in the Internationally Educated Optometrists Evaluating Exam Oversight Committee (EEOC) meeting on July 12<sup>th</sup> hosted by Touchstone Institute, also attended by FORAC and Touchstone Institute staff. Following the review of the raw aggregate May 2018 Internationally Graduated Optometrists Evaluating Exam (IGOEE) exam results and anonymized/aggregate incidents/issues associated with the exam, the exam reports were finalized by Touchstone Institute and the exam results were reported to all IGOEE candidates by FORAC staff for the first time since the IGOEE was developed as part of the transition to FORAC.

There was another EEOC meeting held on Sept. 13, 2018, when Touchstone Institute provided an update about the Therapeutics Prescribing Assessment for Optometry (TPAO) component developed to assess appropriate drug prescribing competencies in conjunction with the existing IGOEE. It was reported by Touchstone Institute that the TPAO pilot exam was scheduled for early February 2019 with a plan to implement the TPAO and IGOEE in July 2019.

The Committee drafted an agreement to formalize the use of the IGOEE by international candidates applying to provinces other than Ontario in addition to the reporting by FORAC of the IGOEE exam results by FORAC to candidates. Input about the agreement was solicited from the Executive Committee before the final version of the agreement, known as the Copyright Licence and Services Agreement, was introduced to FORAC at the September 8, 2018, FORAC meeting. It was approved for signature and was accordingly signed by FORAC and the College. The Committee Chair and staff support attended the FORAC meeting.

Regarding the Optometry Examining Board of Canada (OEBC), the Committee is waiting to receive further direction from OEBC associated with its May 15, 2018 request to observe the OEBC OSCEs, on

Nov. 3 and 4, 2018. Please refer to the enclosed response dated May 29, 2018, that was received from OEBC.

A meeting was held between the Committee Chair, the Committee support staff, and the IOBP Director, on June 15, 2018 to discuss streamlining the bridging process for international candidates. The meeting was also attended by the College President and the Director of the University of Waterloo School of Optometry and Vision Science. The discussion included a conversation about how the bridging program would evolve in the future now that only the year-long program was being offered.

The Committee continued its review of the proposals received for an online Jurisprudence seminar and exam. The Committee approved contracting out the development and administration of the online seminar to Independent Learning Systems as a first phase, and plans are underway for rolling out the online seminar in 2019. The Committee is still weighing its options for the online Jurisprudence exam.

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

Please refer to the above.

Respectfully submitted,

Dr. Patrick Quaid, Optometrist  
Chair, Registration Committee

Encl.



May 29, 2018

by email

Ms. Hanan Jibry  
Assistant Registrar  
College of Optometrists of Ontario  
65 St. Clair Avenue E, Suite 900  
Toronto ON M4T2Y3

Dear Hanan:

Thank you for your letter.

As I mentioned in my email, we would welcome an observer from the College for the fall 2018 OSCE in Hamilton.

The OSCE will be held November 3 2018 with a second day of administration on November 4 if required. We will be able to confirm this in September after the scheduling is set.

Our intent is to invite all members of OEBC to send an observer to future exam administrations. I will be gathering input from the members in June and at that time will send out more information including the observation format. I hope you will appreciate the need to keep the observer group to a reasonable size (2-3) to ensure the integrity of the exam is maintained.

You asked if there is exam feedback from candidates after each administration and aggregate exam results and if so this should be given to the board. Thank you for this suggestion. The board received updates in June 2017 after the first administration, and in December 2017 and May 2018. After the first administration of the OEBC exam, our consulting psychometrics firm gathered information about how candidates experienced the examination process, including information clarity and ease of the process, through a survey completed in August 2017. The survey had an operational function for the purpose of guiding future administration processes. OEBC has a long-standing process for candidates to be able to deal with any irregularities that might happen, i.e. candidates are given opportunity at the written exam and OSCE to record anything they feel could have affected their exam. If there are specific things that the board wants addressed in the future, they would need to be identified and we can examine how to incorporate them into the upcoming administration in November.

Aggregate exam results and overall examination performance statistics including test instrument reliability are reported in the annual exam report. We also prepare supplementary reports for the two Canadian optometry schools at their request and to best suit their accreditation information needs.

Annual reports are provided to the board and published on our website each December. An email is sent to our members and the schools to advise the reports are available.

I hope you will find this information helpful. If there is anything more you or the Committee needs, please let me know.

Best regards,



Tami Hynes  
CEO

CC Dr. Paula Garshowitz, Registrar, College of Optometrists of Ontario  
Dr. Patrick Quaid, Optometrist, PhD, Registration Committee Chair, College of Optometrists of Ontario  
Dr. Carolyn Acorn, Chair, Optometry Examining Board of Canada  
OEBC members

## Committee Report to Council

**Name of committee:** Fitness to Practice Committee

**Reporting date:** September 25, 2018

**Number of meetings in 2018:** 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

<b>Name of committee:</b>	<b>Discipline Committee</b>
<b>Reporting date:</b>	<b>September 6, 2018</b>
<b>Number of meetings in 2018:</b>	<b>N/A</b>
<b>Number of meetings since the last Council meeting:</b>	<b>N/A</b>

### The Discipline Committee conducted one (1) Discipline Hearing:

#### 1. Dr. Andrew Mah – hearing held on September 5, 2018

THE DISCIPLINE COMMITTEE FOUND Dr. Mah guilty of professional misconduct for having committed an act or acts of professional misconduct as set out in subsection 51(1) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, and as defined in Ontario Regulation 859/93 and/or Ontario Regulation 119/94, which were in effect at the relevant times.

Specifically, the discipline committee found that between January, 2014 and July, 2015 Dr. Mah recommended and/or provided unnecessary diagnostic or treatment services in relation to certain patients; failed to maintain the standards of practice of the profession in relation to his care and management of certain patients; failed to maintain records in accordance with Part IV in relation to certain patients; submitted or allowed to be submitted an account(s) for professional services in relation to certain patients that he knew was false or misleading; and 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 certain patients; all as set out in the Agreed Statement of Facts.

#### THE DISCIPLINE COMMITTEE MADE AN ORDER:

1. Requiring the Member to appear before the Panel to be reprimanded at the conclusion of the hearing on September 5, 2018.
2. Directing the Registrar to suspend the Member's certificate of registration for an uninterrupted period of approximately three and one half (3.5) months, starting on October 17, 2018 and finishing at 11:59 pm on Sunday, January 27, 2019.
3. Directing the Registrar to impose the following terms, conditions and limitations on the Member's certificate of registration:
  - a) the Member shall successfully complete, at his own expense, with an unconditional pass, and within two (2) years of the date that this Order becomes final, both the ProBe Program on professional/problem-based ethics offered in Ontario and the ProBe Plus follow-up module;

- b) the Member shall cooperate with, participate in, and pay for, eight (8) full day, one-on-one sessions (“the Sessions”) with a practice coach/monitor, who has been pre-approved by the Registrar (“the Practice Coach/Monitor”). The requirements for the Sessions are as follows:
- i. each Session shall be at least six (6) hours in duration;
  - ii. the Sessions shall focus on the following subjects and/or areas of practice:
    - A. maintaining healthcare records that are legible, accurate, complete and that meet the standards of practice of the profession and the requirements set out in Ontario Regulation 119/94, including in relation to recording:
      - the patient’s health and oculo-visual history;
      - the clinical procedures used;
      - the clinical findings obtained; and/or
      - the diagnosis;
    - B. appropriate billing for optometric tests and procedures, including in relation to the criteria for submitting accounts to OHIP under billing codes V402, V406, V408, V409 and V410; and/or;
    - C. the appropriate investigations for patients suspected of having glaucoma and/or diplopia, including:
      - the appropriate tests to conduct;
      - the appropriate equipment to conduct such tests; and/or
      - the clinical findings necessary to support such a diagnosis;
    - D. when, from a clinical and timing perspective, it is appropriate to:
      - refer patients for consultations with an ophthalmologist;
      - recommend that patients return for office visits and/or ongoing monitoring;
      - recommend, provide, and/or bill diagnostic or treatment services with respect to:
        - visual field testing (AVF);
        - fundus photography;
        - Heidelberg retinal tomography (HRT);
        - digital retinal imaging (DRI);
        - optical coherence tomography (OCT);
        - corneal pachymetry;
        - anterior optical imaging (AOI); and/or
        - prescriptions for spectacles (together, “the Subjects”).
  - iii. the first three (3) to four (4) Sessions, shall take before the end of the Member’s suspension (“the Learning Sessions”), and shall focus on

- improving the Member's knowledge, skill, judgment, and understanding in relation to the Subjects;
- iv. any remaining Sessions that the Member has not completed by the end of his suspension ("the Implementation Review Sessions") shall be scheduled once every four (4) to six (6) weeks thereafter, but in any event, all of the Sessions shall be completed with one (1) year of the date of the Panel's Order, and all of the Implementation Review Sessions shall include:
    - A. a review of the Member's patient health records and practice by the Practice Coach/Monitor to assess whether the Member has improved his knowledge, skill, judgment, and understanding in relation to the Subjects and whether the Member has successfully incorporated those improvements into his practice;
    - B. a discussion between the Practice Coach/Monitor and the Member regarding the Practice Coach/Monitor's assessment;
    - C. a learning plan to address any deficiencies identified by the Practice Coach/Monitor.
  - v. At least seven (7) days before the first Session, the Member shall provide the Practice Coach/Monitor with a copy of:
    - A. the Notice of Hearing;
    - B. the Agreed Statement of Facts;
    - C. this Joint Submission on Order and Costs, and
    - D. a copy of the Panel's Order and the Panel's Decision and Reasons, if available;
  - vi. the Member shall review, be familiar with, and be prepared to discuss with the Practice Coach/Monitor, at any of the Sessions:
    - A. Ontario Regulation 119/94, Part IV – Records;
    - B. the following sections of the College's *Optometric Practice Reference*:
      - A. Section 4.5 – Referrals;
      - B. Section 5.1 – the Patient Record;
      - C. Section 6.3 – Refractive Assessment and Prescribing; and
      - D. Section 7.2 – Glaucoma; and
    - C. any other materials that the Practice Coach/Monitor asked the Member to review prior to the next Session.
  - vii. at the end of each Session, the Member shall request the Practice Coach/Monitor to forward, within thirty (30) days, a written report to the Registrar, which shall be copied to the Member, confirming:
    - A. the date of the Session and, in relation to the first Session, whether the Member had provided the Practice Coach/Monitor with the documents specified in paragraph 3(b)(v), above;



- B. whether the Member had reviewed and was prepared to discuss the materials listed in paragraph 3(b)(vi), above;
  - C. the Practice Coach/Monitor's assessment of whether the Member has improved his knowledge, skill, judgment, and understanding in relation to the Subjects and, with respect to the Implementation Review Sessions, whether the Member has successfully incorporated those improvements into his practice.
- c. within twelve (12) to eighteen (18) months of the Member completing the Sessions, the Member shall undergo and cooperate in one (1) unannounced inspection of his practice, at his expense, to a maximum of \$3,500 ("the Practice Inspection"). The requirements for the Practice Inspection are as follows:
- i. The Practice Inspection shall be conducted by an individual chosen by the College's ("the Inspector") and shall include the Inspector's review of twenty-five (25) patient health records and any other documentation and/or information the Inspector considers appropriate;
  - ii. The purpose of the Practice Inspection shall be to assess:
    - A. the Member's compliance with the term set out in paragraph 3(d); and
    - B. whether the Member is maintaining the standards of practice and/or may be engaging in professional misconduct in relation to the Subjects.
  - iii. the Member shall request the Practice Inspector to forward, with thirty (30) days after completing the Practice Inspection, a written report to the Registrar setting out his/her assessment.
- d. the Member shall ensure that his clinical records are legible for the purpose of the Sessions referred to in paragraph 3(b) and the Practice Inspection referred to in paragraph 3(c);
4. Directing the Member to partially reimburse the College for its costs in relation to this proceeding in the amount of \$25,000 to be paid by post-dated cheques provided to the College by September 5, 2018, according to the following schedule:
- a) one cheque dated September 5, 2018 in the amount of 5,000;
  - b) one cheque dated December 5, 2018 in the amount of \$5,000;
  - c) one cheque dated March 5, 2019 in the amount of \$5,000;
  - d) one cheque dated June 5, 2019 in the amount of \$5,000; and
  - e) one cheque dated September 4, 2019 in the amount of \$5,000.

**The Discipline Committee is preparing to conduct five (5) discipline hearings:**

- 2. Dr. Gregory Miller #1 – Hearing set for October 23–24, 2018.**

*Date of Referral: September 25, 2017*

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

**3. Dr. Gregory Miller #2** – Hearing set for October 10–11, 2108.

*Date of Referral: September 25, 2017*

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

**4. Dr. Farrukh A. Sheikh** – Hearing set for October 3, 2018.

*Date of Referral: January 15, 2018*

1. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.14 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh failed to maintain the standards of practice of the profession with respect to:
  - a. his delegation of a controlled act(s) to Person X in relation to Patient A, including, but not restricted to, his failure to:
    - i. obtain informed consent or to ensure that informed consent was obtained from Patient A for the delegation;
    - ii. establish a formal relationship with Patient A prior to the delegation;

- iii. adequately supervise Person X; and/or
    - iv. ensure that the delegation was appropriately and/or adequately documented in the patient record.
  - b. his assignment of various aspects of Patient A's eye examination to Person X including, but not restricted to, his failure to:
    - i. obtain informed consent or ensure that informed consent was obtained, from Patient A for the assignment;
    - ii. establish a formal relationship with Patient A prior to the assignment;
    - iii. adequately supervise Person X; and/or
    - iv. ensure that the assignment was appropriately and/or adequately documented in the patient record.
- 2. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.18 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh permitted, counselled, or assisted Person X, a person who is not a member of the College of Optometrists of Ontario ("the College"), to perform one or more of the following controlled acts, which should be performed by a member of the College, in relation to Patient A:
  - a. communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease; and/or
  - b. prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses.
- 3. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991*, S.O. 1991, c. 35, as amended, and defined in paragraph 1.24 of Ontario Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh failed to make and/or maintain records in accordance with Part IV and, in particular, Dr. Sheikh failed to ensure that the patient health record for Patient A included:
  - a. information about Dr. Sheikh's delegation of a controlled act(s) to Person X;
  - b. a copy of the appropriate written consent to treatment; and
  - c. information that would allow the person who made every entry in the health record for Patient A to be readily identifiable.
- 4. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act,*

1991, S.O. 1991, c. 35, as amended, and defined in paragraph 1.28 of Ontario Regulation 119/94 in that, on or about August 23, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh allowed to be submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, Dr. Sheikh allowed a claim to be submitted to Patient A's insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:

- a. Dr. Sheikh had completed Patient A's eye examination on that date, when that was not the case; and
- b. Patient A had received a complete eye examination on that date, when that was not the case.

5. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991, S.O. 1991, c. 35, as amended, and defined in paragraph 1.30 of Ontario Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh, or the administrative staff who support his practice, failed to issue a statement or receipt that itemizes an account for professional goods or services provided to Patient A, when he requested such a statement or receipt.*
6. Dr. Sheikh has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Optometry Act, 1991, S.O. 1991, c. 35, as amended, and defined in paragraph 1.39 of Ontario Regulation 119/94 in that, from approximately August 23, 2016 to approximately September 26, 2016, while practising as an optometrist at the Sanger Eye Clinic in Hamilton, Ontario, Dr. Sheikh engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical and, in particular:
  - a. Dr. Sheikh delegated a controlled act(s) to Person X in relation to Patient A without:
    - i. obtaining informed consent and/or ensuring that informed consent was obtained from Patient A for the delegation;
    - ii. establishing a formal relationship with Patient A prior to the delegation;
    - iii. adequately supervising Person X; and/or
    - iv. ensuring that the delegation was appropriately and/or adequately documented in the patient record;
  - b. Dr. Sheikh assigned various aspects of patient's Patient A's eye examination to Person X without:*

- i. obtaining informed consent and/or ensuring that informed consent was obtained, from Patient A for the assignment;
  - ii. establishing a formal relationship with Patient A prior to the assignment;
  - iii. adequately supervising Person X; and/or
  - iv. ensuring that the assignment was appropriately and/or adequately documented in the patient record;
- c. Dr. Sheikh permitted, counselled, or assisted Person X, a person who is not a member of the College of Optometrists of Ontario (“the College”), to perform one or more of the following controlled acts, which should be performed by a member of the College, in relation to Patient A:
  - i. communicating a diagnosis identifying, as the cause of a person’s symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease; and/or
  - ii. prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses;
- d. Dr. Sheikh failed to make and/or maintain records in accordance with Part IV and, in particular, Dr. Sheikh failed to ensure that the patient health record for Patient A included:
  - i. information about Dr. Sheikh’s delegation of a controlled act(s) to Person X;
  - ii. a copy of the appropriate written consent to treatment.
  - iii. information that would allow the person who made every entry in the health record for Patient A to be readily identifiable.
- e. Dr. Sheikh submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, Dr. Sheikh allowed a claim to be submitted to Patient A’s insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:
  - i. Dr. Sheikh had completed Patient A’s eye examination on that date, when that was not the case; and
  - ii. Patient A had received a complete eye examination on that date, when that was not the case; and/or
- f. Dr. Sheikh failed to have the appropriate administrative processes in place to ensure that Patient A received an itemized statement or receipt when he requested one.

**5. Dr. Ampreet Singh – Hearing dates TBD.**

*Date of Referral: April 12, 2018*

1. Dr. Singh 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, as defined in:
  - a. paragraph 1.14 of Ontario Regulation 119/94, in that:
    - i. Dr. Singh failed to maintain the standards of practice of the profession with respect to the oculo-visual assessments he provided to 28 patients (25 patients – students Dr. Singh saw at the University of Ottawa and 3 patients he saw at a nursing Home); and
    - ii. Dr. Singh failed to provide at least 10 patients with his contact information (telephone number or other means of contacting him) in the event that they had questions or problems with their vision or eyeglasses.
  - b. paragraph 1.24 of Ontario Regulation 119/94, in that:
    - i. Dr. Singh failed to make or maintain records in accordance with Part IV, including, but not limited to, Dr. Singh not having an appointment book and/or financial records for each patient; which are required by sections 8 and 9 respectively of Ontario Regulation 119/94; and
    - ii. Dr. Singh, in many instances, failed to record the information required by s. 10 of Ontario Regulation 119/94 to be in patient records.
  - c. paragraph 1.12 of Ontario Regulation 119/94, in that Dr. Singh failed, without reasonable cause, to provide at least 12 patients (all of whom required eyeglasses) with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patients' eyes have been assessed by Dr. Singh and where such a prescription was clinically indicated.

**6. Dr. Casey L. Tepperman – Hearing dates TBD.**

*Date of Referral: July 24, 2018*

- a. between April, 2008 and October 2016, Dr. Tepperman failed to refer Patient A to an ophthalmologist for investigation of a raised iris nevus when Dr. Tepperman recognized or should have recognized a condition of the eye or vision system that appeared to require such a referral; contrary to paragraph 1.11 of Ontario Regulation 119/94,
- b. Dr. Tepperman failed to maintain the standard of practice of the profession contrary to paragraph 1.14 of Ontario Regulation 119/94, in that he failed, between April 2008 and October 2016 to diagnose, appropriately

record, adequately monitor, and/or refer Patient A to an ophthalmologist for further investigation of an iris nevus;

- c. Dr. Tepperman failed to make or maintain a health record for Patient A in accordance with applicable standards and contrary to paragraph 1.24 and Part IV, ss. 10(2)(4) and (6), Ontario Regulation 119/94; in that he did not record Patient A's complete health and oculo-visual history between April 2008 and October 2016, including with respect to the finding of an iris nevus, nor any clinical findings with respect to the iris nevus, despite conducting numerous ocular examinations of Patient A;
- d. Dr. Tepperman engaged in conduct or performed acts that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable, unprofessional or unethical, contrary to paragraph 1.39 of Ontario Regulation 119/94, in that he engaged in the conduct set out above at paragraphs (a) through (c).

Respectfully submitted:

Karin Simon, O.D.  
Committee Chair

## Governance Committee Report

<b>Name of Committee:</b>	<b>Governance Committee</b>
<b>Reporting Date:</b>	<b>September 4, 2018</b>
<b>Number of meetings in 2018:</b>	<b>4</b>
<b>Number of meetings since the last Council meeting:</b>	<b>1</b>

The Governance Committee met in-person on August 13, 2018.

**Governance Recommendations:** The Committee has continued to examine the proposed recommendations and consider steps toward implementation.

**Council Nominations:** The Committee discussed the upcoming Council election, with seats open in four districts: District 1– GTA District, District 4 – Western Electoral District, District 5 – Provincial Electoral District, and District 6 – Academic Electoral District. The Committee assisted in drafting a revised ‘Call Out for Nominations’ form and an accompanying FAQ communication document for potential candidates. The ‘Call Out’ specifically encouraged and welcomed those within their first 10 years of practice, experience with governance, human resources, finance/business and communication to consider this opportunity.

**Corporate Governance Committees:** At their June meeting, Council struck an Audit/Finance/Risk Committee and introduced the role of Human Resources to a restructured Governance Committee, to commence in January 2019. The Executive Committee would still act on Council’s behalf between meetings but would focus on a coordination role with stakeholders. Draft terms of reference for these three committees are provided for Council’s review and discussion as a separate agenda item, followed by a motion to accept. These committees will be filled by Council members, thus allowing more members to become involved in the corporate governance aspect of the College.

**Committee Composition:** The Committee redrafted the College’s volunteer application form for non-Council Committee members; all volunteer applications are due by November 2, 2018.

Beginning in 2019, the new Governance/HR Committee will recommend committee appointments to Council. The current Committee will begin implementing this process by reviewing Council member preference and volunteer applications to make recommendations to the Executive Committee.

**Governance Manual:** A long-term goal of the Committee was the development of a governance policy manual. Staff have begun developing this document and the Committee will continue to review updates at upcoming meetings. The intention is to



create a straightforward manual that would be useful for all Council and Committee members. The aim is to provide a draft copy to Council in 2019.

**Strategic Plan:** It was noted in both the governance review and feedback from Council to be a prime opportunity to re-evaluate and update the College's Strategic Plan in the coming year. The College's last review was conducted in 2015. The Committee suggests that Council consider striking a Strategic Planning Committee to begin undertaking this project in January 2019; a motion has been submitted to this effect.

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

**Motions to Council:** The Committee has brought forth two motions recommending that Council:

- accept the terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee; and
- strike a five-person ad-hoc Strategic Planning Committee to oversee a strategic review in 2019 and present a report upon completion.

Respectfully submitted:

Pooya Hemami, OD  
Committee Chair

## **Registrar's Report – September 17, 2018**

I am pleased to provide you with the following update on administrative activities since the June 21, 2018 Council meeting.

**Staff Participation in Conferences and Training:** College staff has participated in the following activities since the June Council meeting:

June 20: Mr. Justin Rafton attended the Citizen's Advisory Council annual meeting on behalf of the College

June 24: Mr. Eyal Birenberg and Ms. Mina Kavanagh attended "Advanced Complaints and Investigations Workshop," sponsored by the Canadian Network of Agencies for Regulation (CNAR)

June 25: I attended "Hot Topics Facing Regulators" and "Maintaining Program Integrity: Taking Your Exam Security Process to the Next Level," also part of the CNAR workshop series

October 14–16: Ms. Hanan Jibry and I will be attending the annual CNAR conference being held in Banff Alberta

**Council Elections:** Nominations for positions in four Council districts (District 1 – GTA, District 4 – Western, District 5 – Provincial and District 6 – Academic) close on September 25. Should an election be necessary, members will vote using the electronic voting system, which was used for last year's election. Candidates will be asked to provide the College with a short (max 250 word) bio and a 100-word public interest position statement, which will be published on the College website for members to view. Voting will open on October 9 and ballots will be counted on October 25. Volunteer applications for appointment of non-Council committee members are due on November 2.

**Clearly/Essilor Injunction Update:** The appeal in this matter will be heard on September 21. I will attend and provide a verbal report to Council. Council was provided with a copy of the College's joint [response](#) with the College of Opticians of Ontario to the Competition Bureau's article "Bureau encourages online competition in eyewear industry," which was published on July 26, 2018.

**Meetings with Ministry Representatives:** On August 10, staff met by teleconference with Ministry officials to discuss the College's submission to amend the Registration Regulation. On August 14, staff met with Ministry officials to discuss the proposed amendments to the Designated Drugs and Standards of Practice Regulation (and associated proposals). The Ministry provided some feedback on these proposals and further meetings will be held.

**Administration Statistics from June 1, 2018–August 31, 2018:**

Registration:            Applications opened – 14  
                              New members registered – 91

Quality Assurance:    Practice assessments processed and sent to assessors – 53

ICRC:                    New complaints files opened – 13  
                              Requests to ICRC to approve the appointment of an investigator in a  
                              Registrar’s report matter – 5  
                              Investigators appointed at the request of the ICRC – 2

Respectfully submitted,

Paula Garshowitz, OD

Registrar

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# 4 / FINANCIAL MATTERS

- 4. Financial Matters
  - a. Treasurer's Report
  - b. Financial Dashboard
  - c. Balance Sheet and Income and Expenditure Report – to July 31, 2018

## **Treasurer's Report**

**Reporting Date: September 25, 2018**

All of Council shares the responsibility to provide oversight of the College's finances. In addition to the production of annual Audited Financial Statements, Council is kept informed of the College's ongoing financial health through quarterly reports of the College's Balance Sheet and details of the Income and Expenditures report, as well as the dashboard report.

### **SUMMARY**

The College recorded a year-to-date surplus of \$287K as of July 31, 2018. This surplus represents a positive variance to budget of \$722K (per dashboard).

### **Revenue**

The \$153K revenue budget surplus is caused by favourability in almost all income types mainly Professional Corporations and QA assessments.

### **Expenses**

The overall surplus is caused by under spending/no spending to date in some budget areas, mainly exceptional investments.

### **Balance sheet**

There is \$600K increase in the balance sheet from July 2017 mainly due to increase in the reserve fund from 2017 as well as growth in the Investment portfolio.

**Dashboard:** The dashboard summary has been updated to include the July 31 2018 financial information, including the College's investment funds and indicates that the College's financial position continues to be strong.




**Auditor Review Process:** Staff presented a draft auditor assessment tool, based on a template from the Enhancing Audit Quality Initiative of the Chartered Professional Accountants, for the Committee's consideration. This tool formalizes a process for both an annual and comprehensive review of the College's auditors and will be a guiding document for the new Audit/Finance/Risk Committee who will be tasked with reviewing the external auditor in 2019 onwards.

Respectfully submitted,  
Dr. Patrick Quaid, Treasurer

**COLLEGE OF OPTOMETRISTS OF ONTARIO  
FINANCIAL STATEMENT SUMMARY AS OF JULY 31 2018**

Month 7


**1. Incomes and Expenditures**




	ANNUALIZED BUDGET	YTD BUDGET	YTD OUTPUT	VARIANCE	%VARIANCE	
REVENUES	2558860.00	1492668.33	1646167.00	153498.67		 Good(Above5%)  Requires some attention (between -5 and 5%)  Poor(Under-5%)
EXPENSES	3304320.00	1927520.00	1358243.00	(569277.00)		
<b>SURPLUS(DEFICIT)</b>	<b>(745460.00)</b>	<b>(434851.67)</b>	287924.00	722775.67	<b>131%</b>	

Overall positive variance due to under spending in expenses and 150K over budgeted revenue  
Annualized expense budget includes 260K exceptional investment amounts

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




**Net Assets- Assets invested in Capital**  
**Budgeted average Operating expenses**


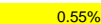
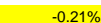
(5019784-181232)/(3234320/12)  17.57 College can cover its expenses for 17 months using its Net Assets.

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

**3. Investment Portfolio Performance**

Weighted Average Return

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

Last 3 Months	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	1.15%	0.35%		
	US Equity(C\$)	15%	2.65%	0.40%		
	Fixed income	55%	-0.74%	-0.41%		
				1.66%	1.91%	 0.25%
Last 12 Months	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	11.74%	3.52%		
	US Equity(C\$)	15%	21.09%	3.16%		
	Fixed income	55%	1.96%	1.08%		
				7.76%	8.31%	 0.55%
Since Inception(Nov 2014)	Asset Category	Assumed Mix	Index		Portfolio	Over/under performance
			performance	Contribution		
	Canadian Equity	30%	6.44%	1.93%		
	US Equity(C\$)	15%	15.79%	2.37%		
	Fixed income	55%	2.57%	1.41%		
				5.85%	5.64%	 -0.21%

**College of Optometrists of Ontario**

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

Toronto, Ontario

MAT 2Y3

**Income and Expenditure Report**

As at July 31/2018

	2017 Actuals	2018 Budget Estimate	Budget to Date 7/12	Income/Expend. To Date	% of Budget To Date
<b>Income</b>					
Annual registration fees	\$2,235,227	\$2,259,951	\$1,318,305	\$1,336,241	101.4%
Professional Corporation fees	\$287,115	\$195,000	\$113,750	\$209,204	183.9%
Application Fees	\$43,723	\$56,909	\$33,197	\$49,120	148.0%
Credential assessment fees			\$0		#DIV/0!
Optometry review Committee			\$0		#DIV/0!
Continuing Education	\$5,307	\$2,000	\$1,167	\$10,351	887.2%
QA - Assessments	\$13,574	\$35,000	\$20,417	\$38,376	188.0%
Other Income	\$3,079	\$10,000	\$5,833	\$2,875	49.3%
<b>Total Revenues</b>	<b>\$2,588,026</b>	<b>\$2,558,860</b>	<b>\$1,492,668</b>	<b>\$1,646,167</b>	<b>110.3%</b>
<b>Committee Expenses</b>					
Quality Assurance Committee	\$104,931	\$100,000	\$58,333	\$57,981	99.4%
Communication Committee			\$0		#DIV/0!
Clinical Practice Panel of QAC	\$35,504	\$40,000	\$23,333	\$10,020	42.9%
College Representation	\$20,517	\$40,800	\$23,800	\$10,260	43.1%
ICRC	\$82,245	\$90,000	\$52,500	\$44,224	84.2%
Council Meeting	\$84,120	\$102,000	\$59,500	\$51,601	86.7%
Council Training	\$373	\$15,000	\$8,750	\$17,775	203.1%
Discipline Committee	\$69,866	\$100,000	\$58,333	\$23,600	40.5%
Credential Assessment Committee			\$0		#DIV/0!
FORAC Contribution	\$23,350	\$30,000	\$17,500	\$23,910	136.6%
Transparency Committee		\$2,000	\$1,167		0.0%
Eye Health Council (EHCO)		\$5,000	\$2,917		0.0%
Fitness to Practise		\$5,000	\$2,917		0.0%
Road Show	\$1,664	\$10,000	\$5,833		0.0%
Executive Committee	\$75,451	\$65,000	\$37,917	\$25,866	68.2%
Memberships (FHRCO, etc)	\$11,344	\$25,000	\$14,583	\$8,885	60.9%
Medals and Presentations	\$1,915	\$5,000	\$2,917	\$1,502	51.5%
Patient Relations Committee	\$24,948	\$30,000	\$17,500	\$3,145	18.0%
Registration Committee	\$37,820	\$65,000	\$37,917	\$16,897	44.6%
Illegal/Internet dispensing	\$102,138	\$100,000	\$58,333	\$69,060	118.4%
Unauthorized Practice	\$27,565	\$50,000	\$29,167	\$4,518	15.5%
Regulation Proposals	\$24	\$15,000	\$8,750		0.0%
Strategic Planning		\$10,000	\$5,833		0.0%
OEBC Contribution		\$0	\$0		#DIV/0!
Governance committee	\$20,630	\$20,000	\$11,667	\$18,705	160.3%
<b>Total Committee Expenses</b>	<b>\$724,405</b>	<b>\$924,800</b>	<b>\$539,467</b>	<b>\$387,949</b>	<b>71.9%</b>
<b>Admin. Expenses</b>					
Bank & Credit Card Fees	\$92,085	\$55,000	\$32,083	\$3,119	9.7%
Investment management Fees	\$0	\$30,000	\$17,500	\$25,690	146.8%
Occupancy Costs	\$149,243	\$155,000	\$90,417	\$87,328	96.6%
Insurance	\$7,764	\$10,200	\$5,950	\$5,044	84.8%
Legal General	\$25,560	\$35,000	\$20,417	\$18,480	90.5%
Legal - Special	\$2,373	\$5,000	\$2,917		0.0%
Legal - Registration	\$8,158	\$15,000	\$8,750	\$2,333	26.7%
Legal - Quality Assurance	\$1,040	\$10,000	\$5,833		0.0%
Legal - ICRC	\$44,658	\$40,000	\$23,333	\$15,884	68.1%
Legal Discipline	\$182,181	\$125,000	\$72,917	\$112,264	154.0%
Accounting & Audit	\$48,022	\$41,000	\$23,917	\$10,525	44.0%
Recovery of discipline cost	(\$61,160)	\$0	\$0	(\$39,500)	#DIV/0!
Library Expense	\$795	\$1,000	\$583	\$447	76.6%
Web Site & Software	\$44,202	\$50,000	\$29,167	\$28,947	99.2%
Database / IS Servicing/Special Project	\$62,850	\$75,000	\$43,750	\$20,127	46.0%
Office Equipment	\$270	\$10,000	\$5,833		0.0%
Computer Hardware		\$30,000	\$17,500	\$1,506	8.6%
Leasing of Equipment	\$11,771	\$15,500	\$9,042	\$8,305	91.9%
Office Supplies and Maint.	\$20,438	\$25,000	\$14,583	\$12,447	85.4%
Postage & Courier	\$13,378	\$15,000	\$8,750	\$7,388	84.4%
Communications and Design		\$20,000	\$11,667		0.0%
Printing	\$4,383		\$0		#DIV/0!
Staff Training	\$6,835	\$15,000	\$8,750	\$5,339	61.0%
Telephone and Internet	\$7,034	\$15,000	\$8,750	\$5,073	58.0%
Human Resources(Consultants)	\$21,243	\$15,000	\$8,750	\$6,213	71.0%
OE Tracker costs	\$45,988	\$50,000	\$29,167	\$45,602	156.4%
Jurisprudence examination	\$13,055	\$20,000	\$11,667	\$16,661	142.8%
Other Expense	\$5,508	\$7,140	\$4,165	\$913	21.9%
<b>Payroll</b>					
Consulting	(\$6,545)	\$9,180	\$5,355		0.0%
Salaries	\$878,564	\$985,000	\$574,583	\$523,415	91.1%
Staff Benefits	\$71,366	\$80,500	\$46,958	\$46,744	99.5%
<b>Sub-Total</b>	<b>\$1,701,055</b>	<b>\$1,959,520</b>	<b>\$1,143,053</b>	<b>\$970,294</b>	<b>84.9%</b>
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

<b>Total Admin. Expenses</b>	\$1,701,055	\$1,959,520	\$1,143,053	\$970,294	84.9%
<b>Total Operating Expenses</b>	\$2,425,461	\$2,884,320	\$1,682,520	\$1,358,243	80.7%
<b>EBITDA</b>	\$162,565	(\$325,460)	(\$189,852)	\$287,924	\$0
Depreciation	\$41,397	\$85,000	\$49,583	\$0	0.0%
<b>Operating Income</b>	\$121,168	(\$410,460)	(\$239,435)	\$287,924	\$0
<b>Exceptional Investments</b>					
Research for Entry-to-Practice Exam	\$17,500	\$250,000	\$145,833	\$1,470	1.0%
Online Jurisprudence seminar & exam	\$0	\$100,000	\$58,333		0.0%
Quality Assurance Program Review		\$70,000	\$40,833		0.0%
<b>Operating income after exceptionals</b>	\$103,668	(\$830,460)	(\$484,435)	\$286,454	\$0
Investment Income	\$182,957	\$79,591	\$46,428	\$98,377	211.9%
<b>NET RESULTS</b>	\$286,625	(\$750,869)	(\$438,007)	\$384,831	\$2

College of Optometrists of Ontario 65 St. Clair Ave. E., 9th Floor Toronto, Ontario MAT 2Y3 <b>Balance Sheet</b> July 2018		
	31-Jul-18	31-Jul-17
<b>ASSETS</b>		
<b>Current</b>		
Cash	141,846	135,962
Short Term Investment		
Amounts Held By Broker	70,519	131,783
Accounts Receivable	20,419	31,676
Interest Receivable		
Prepaid Expenses	14,742	17,827
	<b>247,526</b>	<b>317,248</b>
<b>Portfolio Investments</b>		
Investments, Securities & Bonds	5,590,396	4,866,206
<b>Capital Assets less Accumulated Amortization</b>		
Land & Building	0	0
Computer Hardware & Software	104,844	105,861
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination Database / IS Implementation	462,493	463,510
Accumulated Amortization	-281,260	-245,327
	<b>181,233</b>	<b>218,183</b>
	<b>6,019,155</b>	<b>5,401,637</b>
<b>LIABILITIES</b>		
<b>Current</b>		
Accounts Payable & Accrued Liabilities	58,856	96,336
Accrued Building Upgrade Expenses	0	0
Fees Received in Advance	940,515	918,038
	<b>999,371</b>	<b>1,014,374</b>
<b>NET ASSETS</b>		
Invested in Capital Assets	181,232	218,183
Appropriated Special Policy Funds (1)	2,870,000	2,350,000
Unappropriated Surplus	1,968,551	1,819,081
	<b>5,019,784</b>	<b>4,387,264</b>
	<b>6,019,155</b>	<b>5,401,638</b>



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# 5-6 / GOVERNANCE & IN CAMERA

## 5. Terms of Reference for New Committees

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## 6. Registration Matters

-Council may go **in camera** under Section 7(2)(b) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*-

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## Policy

<b>Type:</b>	Terms of Reference		
<b>Name:</b>	Executive Committee		
<b>Status:</b>	Under Review	<b>Version:</b>	Draft
<b>Date Approved:</b>		<b>Date Revised:</b>	August 13, 2018

### COMMITTEE CATEGORY:

Statutory

### MANDATE:

The Executive Committee acts on behalf of Council when necessitated by time constraints in circumstances requiring immediate action and ensures the College's legal and legislative adherence with College bylaws, policies, procedures and guidelines and relevant provincial and federal legislation.

(By-laws §14.02) Between Council meetings, the Executive Committee has all the powers of Council with respect to any matter that, in the opinion of the Executive Committee, requires immediate action.

However, the Executive Committee does not have the power to make, amend or revoke a regulation or by-law.

### AUTHORITY:

The Executive Committee is a statutory committee as set out in the *Health Professions Procedural Code (Code)*, which is Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)*.

The duties of the Executive Committee are outlined in Section 12 of the Code and under Part 14.02 of the College by-laws.

### REPORTING:

(By-laws §14.02) The Executive Committee is directly accountable to Council and indirectly accountable to the government, the public and the profession for the effective governance of the College.

The Executive Committee reports to the Council. Committees must report to the Council at each Council meeting. Should any issues arise, they must be brought to the Council's attention in a timely manner.

Where the Executive Committee exercises its powers under Section 12 of the Code, it must report its actions to Council at its next meeting.

### STRUCTURE AND MEMBERSHIP:

(By-laws §14.02) The Executive Committee is elected by Council and shall be comprised of:

- an odd number of persons;
- one more Elected Council Member than Appointed Council Members (Public Members);
- no more than five (5) Council members, including:
  - the President; and
  - the Vice-President

(By-laws §7) The officers of the College consist of a President and Vice-President. The election of officers shall take place on an annual basis at the first Council meeting of the year.

(By-laws §10.01) Each additional member of the Executive Committee shall be elected in the same manner as the officers.

(By-laws §14.02) The President is the chair of the Executive Committee. In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members and if the Chair is unable to designate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

The Executive Committee shall, as needed, convene sub-committees or task forces to support its responsibilities.

**STAFF SUPPORT:**

(By-laws §14.02) The Registrar is the secretary of the Executive Committee.

**TERM OF OFFICE:**

(By-laws §14.10) The term of a Committee chair is 1 year. No person may serve as a Committee chair for more than 3 consecutive years.

When the Committee chair is not able to attend a meeting, hearing or proceeding, the remaining committee members shall designate a chair for the duration of the absence.

The term of office of the committee members shall be one (1) year, with no limitation on renewal.

**FREQUENCY OF MEETINGS:**

The Executive Committee shall meet as required to fulfill its mandate and based on the workload undertaken. Approved minutes of Executive Committee meetings are circulated to Council for information with confidential information redacted as necessary.

(By-laws §14.02) Executive Committee meetings are closed to the public. However, the Executive Committee may permit anyone to attend or participate in meetings.

**QUORUM:**

A majority of members constitutes a quorum at a committee meeting. For the purpose of determining quorum, a member may be present in person, or, if authorized by the Chair, by teleconference and/or by other electronic means.

### **DECISION-MAKING PROCESS:**

Decisions of the Executive Committee shall ordinarily be decided by a consensus of the members present at the meeting. Should consensus not be reached, the Chair shall refer the question to be decided by a majority vote of the members. The Chair of the meeting shall not normally vote except in the event of a tie, in which case the Chair of the meeting may exercise a casting vote. All Committee members will support a committee decision once it is made.

### **CONFLICT OF INTEREST AND CODE OF CONDUCT**

All members of the Executive Committee shall comply with the College's Conflict of Interest (By-laws § 11.01) and Code of Conduct (By-laws § 11.06). Conflict of interest shall be declared at the start of each meeting or the beginning of an agenda item.

### **RESPONSIBILITIES:**

#### **GENERIC:**

(By-laws §14.02) Between Council meetings, the Executive Committee has all the powers of Council with respect to any matter that, in the opinion of the Executive Committee, requires immediate action.

#### **SPECIFIC:**

##### College Council/Committee Governance

- Exercise the full powers of Council in all matters of administrative urgency (including cases of unauthorized practice), reporting every action at the next meeting of Council.
- Work with the President in the preparation and facilitation of effective College Council meetings.
- Review and approve the agenda for Council meetings, as prepared by the Registrar in consultation with the President, for clarity and priority, identify items for which Council meetings may be closed to observers in accordance with s7(2) of the *Health Professions Procedural Code* and recommend closure, with rationale, to Council.
- Review selected briefing materials for Council for clarity, comprehensiveness, and planning the appropriate approach for presentations.
- Call special meetings of Council.
- Provide feedback and support to committees and Council as requested.
- Assist Council members, committees and the Registrar in resolving internal conflicts.

##### Bylaws/Legislation

- Monitor legislation of the federal and provincial government through facilitating College input to relevant legislation proposals and the assessment of relevant new legislation.

##### Stakeholder Engagement

- Coordinate an effective liaison with external government, private and non-profit sector bodies/agencies, including international, national and provincial optometric and health care organisations.
- Coordinate an appropriate public relations program through the development of targeted public communication efforts.

- Facilitate the development of protocol agreements with other agencies to maximize inter-agency cooperation to pursue College goals and strategic direction.

#### Registrar Liaison

- Provide guidance and support to the Registrar.
- Serve as an informal resource to the Registrar, at their request.

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## Policy

<b>Type:</b>	Terms of Reference		
<b>Name:</b>	Governance/HR Committee		
<b>Status:</b>	Under Review	<b>Version:</b>	Draft
<b>Date Approved:</b>		<b>Date Revised:</b>	August 13, 2018

### COMMITTEE CATEGORY:

Standing

### MANDATE:

The purpose of the Governance/HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities through:

- monitoring, development and review of governance & human resource processes<sup>1</sup>;
- governance & human resource policy development and maintenance;
- Council training/development programs; and
- recruitment strategies, performance evaluation, and succession planning to secure strong balanced leadership for the College.

### AUTHORITY:

(By-laws §14.09) Council may, by Resolution, appoint and fill such Ad Hoc and/or Standing Committees as it deems necessary.

### REPORTING:

The Governance/HR Committee reports to the Council. Committees must report to the Council at each Council meeting. Should any issues arise, they must be brought to the Council's attention in a timely manner.

### STRUCTURE AND MEMBERSHIP:

The Governance/HR Committee is appointed by Council and shall be comprised of at least five (5) Council members who may vote and of whom, where possible, at least two have relevant expertise and experience in governance and/or human resources. This composition will include:

- a Chair, who shall be a Council member;
- either the current President or Vice-President of the Council; and
- at least two (2) Appointed Council Members (Public Members).

<sup>1</sup> This policy does not pertain to the human resource processes in place for staff managed by the Registrar.

The Governance/HR Committee shall, as needed, convene sub-committees or task forces to support its responsibilities.

**STAFF SUPPORT:**

The Registrar shall provide staff support for the Governance/HR Committee as required. The Policy Analyst shall provide administrative support for the Governance Committee as required.

**TERM OF OFFICE:**

(By-laws §14.10) The term of a Committee chair is 1 year. No person may serve as a Committee chair for more than 3 consecutive years.

When the Committee chair is not able to attend a meeting, hearing or proceeding, the remaining committee members shall designate a chair for the duration of the absence.

The term of office of the committee members shall be one (1) year, with no limitation on renewal.

**FREQUENCY OF MEETINGS:**

The Governance/HR Committee shall meet as required to fulfill its mandate and based on the workload undertaken. Approved minutes of Governance/HR Committee meetings are circulated to Council for information with confidential information redacted as necessary.

**QUORUM:**

A majority of members constitutes a quorum at a committee meeting. For the purpose of determining quorum, a member may be present in person, or, if authorized by the Chair, by teleconference and/or by other electronic means.

**DECISION-MAKING PROCESS:**

Decisions of the Governance/HR Committee shall ordinarily be decided by a consensus of the members present at the meeting. Should consensus not be reached, the Chair shall refer the question to be decided by a majority vote of the members. The Chair of the meeting shall not normally vote except in the event of a tie, in which case the Chair of the meeting may exercise a casting vote. All Committee members will support a committee decision once it is made.

**CONFLICT OF INTEREST and CODE of CONDUCT**

All members of the Governance/HR Committee shall comply with the College's Code of Conduct Conflict of Interest Guidelines. Conflict of interest shall be declared at the start of each meeting or the beginning of an agenda item.

**RESPONSIBILITIES:**

**GENERIC:**

Ongoing review and recommendations to enhance the quality and future viability of the Council.

**SPECIFIC:**

### Governance Excellence - Policy development and maintenance

- Coordinate the College's policy development program and to review all policy matters presented to Council.
- Review and implement any by-law changes required as a result of changes to the *Regulated Health Professions Act, 1991*, or any other relevant government legislation.
- Review governance policies and protocols found in the College by-laws and governance manual to ensure that these policies are consistent with current governance best-practices.
- Regularly monitor, evaluate and recommend practices that will promote and enhance governance excellence and best practices at both the Council and Committee level.
- Ensure that policies are created and periodically reviewed which define:
  - the roles and responsibilities of the Council;
  - duties and responsibilities of councilors and officers;
  - terms of reference for committees;
  - conflict of interest procedures; and
  - procedures for nomination, selection, and removal of councilors.
- Direct the College's strategic planning process and monitor related activities to ensure consistency with the stated direction
- Provide guidance and support, as requested, to policy development projects at task force or committee level and to make recommendations to Council with respect to policy direction, as required.

### Facilitating Effective Council/Committee Functioning

- Facilitate the effectiveness of Council governance by reviewing processes related to the governance of Council and make recommendations to Council.
- Reviews processes related to the governance of statutory committees and make recommendations to Council.
- Review and recommend to Council the appointments of chairs and members to the respective statutory and non-statutory committees.
- Recommend interim appointments of chairs and members of committees to fill vacancies, to be ratified by Council at their next meeting.
- Oversee the process involving a potential sanction or disqualification of an Elected Council Member or Appointed Council Member in accordance with the provisions of Part 9 of the College by-laws.
- Disqualify an Appointed Committee Member in accordance with the provisions of Part 9 of the College by-laws.
- Receive and review annual performance, succession and development plans for Council, Council leadership and Committee chair positions.
- Review the Chair and Committee member compensation policy and make appropriate recommendations to Council.
- Review the evaluations of Council meetings to identify process improvements.
- Participate in the strategic planning process.

### Council training/development programs

- Ensure that councilors are able to discuss, debate, and plan the following from a basis of knowledge:
  - the College's mandate, strategic plan, goals, objectives, programs and services;



- the College's budget and financial statements;
- the roles, duties and responsibilities of the Council, committees, individual councillors, the Registrar and related stakeholders.
- Ensure proper orientation, support and continuing education/training is available and provided for councillors.
- Determine councillors/committee members that should be encouraged to participate in further training/educational opportunities.
- Determine councillors/committee members that should be funded to attend educational/stakeholder conferences that the College targets for attendance.

#### Recruitment strategies, performance evaluation, and succession planning

- Ensure that:
  - the Council does not fall below or above the number of councilors, both optometrists and public members, required by the *Optometry Act, 1991*;
  - councillors understand and agree with the mission of the organization and the code of ethics for Council;
  - councillors understand and agree to the time and participation requirements of Council members;
  - councillors understand and agree to the obligations of Council members;
  - elections and appointments to the Council comply with bylaws and other requirements;
  - the Council, its committees, and its members are able to plan their activities with knowledge of the achievements, abilities, strengths, and limitations of current councillors, staff, and volunteers; and
  - Council has a succession plan in place to deal with a planned or unplanned departure of the Registrar.

#### Succession Planning

- Ensure that succession planning is in place to protect the organization in the event of the Registrar's prolonged unplanned absence or termination.
- Responsible for recruiting, appointing, orienting and evaluating the Registrar **during** the probationary period.
  - Ensure that, prior to appointing a new Registrar, the Committee has consulted with Council.

#### Registrar Evaluation/Compensation

- Review and recommend to Council, as appropriate, the Registrar evaluation process.
- Lead and oversee, alongside consultation with the President, the implementation of the Registrar evaluation process.
- Review and recommend to Council, as appropriate, the Registrar's annual goals and objectives.
- Ensure the annual performance review of the Registrar is completed.
- Coordinate evaluation and discipline actions associated with the Registrar, **after** the probationary period, in consultation with the Council as required.
- Review and recommend to Council, as appropriate, the compensation philosophy and guidelines for the Registrar.

- Ensure the employment contract of the Registrar and any related amendments are confirmed by Council.

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## Policy

<b>Type:</b>	Terms of Reference		
<b>Name:</b>	Audit/Finance/Risk Committee		
<b>Status:</b>	Under Review	<b>Version:</b>	Draft
<b>Date Approved:</b>		<b>Date Revised:</b>	August 13, 2018

### COMMITTEE CATEGORY:

Standing

### MANDATE:

The mandate of the Audit/Finance/Risk Committee is to facilitate Council's ability to fulfill its legal, ethical, functional and fiscal responsibilities through:

- adequate policy development of financial and investment strategies for Council approval;
- gaining reasonable assurance regarding the integrity of the College's financial reporting and management, including audits and controls;
- financial planning including annual budget, major financial assumptions and risks;
- liaison with and review of external auditors;
- oversee the College's overall risk management framework (on both financial and non-financial matters); and
- any additional matters arising from time to time, at the specific request of the Council.

The Committee affords management, the auditor, and regulators a direct conduit to Council, without allocating to the Committee the ultimate decision-making powers of Council, except as may be provided for herein, or the responsibilities which have already been appropriately delegated to management.

### AUTHORITY:

(By-laws §14.09) Council may, by Resolution, appoint and fill such Ad Hoc and/or Standing Committees as it deems necessary.

The Committee has the authority to:

- make recommendations to Council with regard to financial and audit issues;
- authorize investigations or studies of matters that reflect on the financial integrity of the College or such other matters as deemed appropriate by Council; and
- obtain expertise and assistance from outside legal, governance, financial or other advisors as required to assist in the execution of committee responsibilities.

### REPORTING:

The Audit/Finance/Risk Committee reports to the Council. Committees must report to the Council at each Council meeting. Should any issues arise, they must be brought to the Council's attention in a timely manner.

**STRUCTURE AND MEMBERSHIP:**

The Audit/Finance/Risk Committee is appointed by Council and shall be comprised of at least five (5) Council members who may vote and of whom, where possible, at least two have relevant expertise and experience in finance and/or risk management. This composition will include:

- a Chair, who shall be a Council member;
- either the current President or Vice-President of the Council; and
- at least two (2) Appointed Council Members (Public Members).

The Audit/Finance/Risk Committee shall, as needed, convene sub-committees or task forces to support its responsibilities.

**STAFF SUPPORT:**

The Registrar/Assistant Registrar & Manager, Finance and Office Administration shall provide staff support for the Audit/Finance/Risk Committee as required.

**TERM OF OFFICE:**

(By-laws §14.10) The term of a Committee chair is 1 year. No person may serve as a Committee chair for more than 3 consecutive years.

When the Committee chair is not able to attend a meeting, hearing or proceeding, the remaining committee members shall designate a chair for the duration of the absence.

The term of office of the committee members shall be one (1) year, with no limitation on renewal.

**FREQUENCY OF MEETINGS:**

The Audit/Finance/Risk Committee shall meet as required to fulfill its mandate and based on the workload undertaken. Approved minutes of the Audit/Finance/Risk Committee meetings are circulated to Council for information with confidential information redacted as necessary.

**QUORUM:**

A majority of members constitutes a quorum at a committee meeting. For the purpose of determining quorum, a member may be present in person, or, if authorized by the Chair, by teleconference and/or by other electronic means.

**DECISION-MAKING PROCESS:**

Decisions of the Audit/Finance/Risk Committee shall ordinarily be decided by a consensus of the members present at the meeting. Should consensus not be reached, the Chair shall refer the question to be decided by a majority vote of the members. The Chair of the meeting shall not normally vote except

in the event of a tie, in which case the Chair of the meeting may exercise a casting vote. All Committee members will support a committee decision once it is made.

### **CONFLICT OF INTEREST and CODE of CONDUCT**

All members of the Audit/Finance/Risk Committee shall comply with the College's Code of Conduct and Conflict of Interest Guidelines. Conflict of interest shall be declared at the start of each meeting or the beginning of an agenda item.

### **RESPONSIBILITIES:**

#### Financial Planning & Reporting

- Review and recommend for approval to Council quarterly financial results of the College to ensure that Council receives timely, meaningful financial reports that keep it properly informed of the College's financial situation.
- Participate in the development of a Long Term Financial Plan and ensure that the operations staffing plan is properly funded.
- Review the annual Financial Budget, developed by the Registrar, assess major budget assumptions, and make recommendations to Council prior to approval of the budget.
- Consider and make recommendations for changes to membership fees.

#### Financial Controls

- Ensure that the internal controls and information systems are operating effectively to produce accurate, appropriate and timely management of financial information.
- Ensure that the College has in place adequate procedures for:
  - the receipt, retention and treatment of complaints received by the College regarding accounting, internal controls or auditing matters; and
  - the confidential, anonymous submissions by employees of the College of concerns regarding questionable accounting or audit matters.

#### Finance policy development and maintenance

- Develop and recommend appropriate policies and procedures to ensure sound financial and investment practices are in place and recommend revisions as required to assist Council.
- Maintain a horizontal scan/global watch for accounting and finance policy development, best practices, and other opportunities relating to regulation and non-profit that could lead to growth and improvement of the accounting and finance activities of the College.
- Oversee, review and make recommendations to Council regarding compensation & per diem policies, and subsequent annual increases.

#### Investments

- Annually review the investment policy and recommend any needed revisions to Council.
- Review and advise the Council regarding the performance of investments held by the College.
- Meet with the portfolio advisor on an annual basis to monitor compliance with the investment policy.

### Relationship with External Auditors

- Oversee the selection process for the engagement of the external auditors to ensure that their independence is maintained.
- Recommend to the College Council the appointment of the external auditors.
- Annual discussion with the external auditors prior to presentation of the draft audited financial statements to Council regarding the result of their audit and any issues, findings or concerns that they wish to raise relating to the College staff, accounting records, accounting practices and system of internal control.
- Assess the performance of the external auditors annually and conduct a comprehensive review every five years.

### Compliance

- Review regular reports from management and others (ie. external auditors) with respect to the College's compliance with laws and regulations relating to finances and gain reasonable assurance that the College's policies, procedures and programs in relation thereto are operating effectively and that the College's provisions with respect to such matters are sufficient and appropriate.
- Verify the establishment of policies and procedures for monitoring compliance with applicable laws and with the College policies as to authorization of expenditures, contracts and otherwise;
- Review the status of the College's tax returns.
- Discuss with legal, financial or other advisors any significant legal, compliance or regulatory matters that may have a material effect on the financial statements or the business and affairs of the College, or on the compliance policies of the College.

### Risk Oversight

- Oversee the development, implementation and maintenance of the College's overall risk management framework and its level of risk tolerance to ensure they are in line with emerging trends and best practices.
- Review the design and implementation of risk management strategies across the College and the procedures for monitoring the adequacy and effectiveness of those procedures.
- Report to the Council on its consideration of the above matters, identifying those areas where improvement is needed and making recommendations as appropriate.

### Risk Management

- Ensure Council is apprised of all legal actions and financial implications.
- Ensure the College is complying with their fiduciary and reporting responsibilities.
- Review, discuss and consider with the Registrar, staff and external auditors, their approach to risk assessment including an annual assessment and management of areas of greatest risk to the College and steps taken to mitigate or address those risks;
- Identify, document and review the range of risks the College is managing coupled with the risk mitigation strategies being used.
- Ascertain that policies and procedures are in place to identify and minimize risks and review such policies and procedures periodically.

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# 7 / MOTIONS

- 7. Motions Brought Forward from Committees
  - a. Quality Assurance Committee
    - i. Clinical Practice Panel
  - b. Governance Committee
    - i. Committee Terms of Reference
    - ii. Strategic Planning Committee
  - c. Registration Committee

## Motion to Council

**Name of committee: Clinical Practice Panel – Quality Assurance Committee**

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

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

**Proposed motion: To approve the publication of amendments to the following section of the Optometric Practice Reference (OPR):**

- 4.1 Clinical Equipment

Recommendation to Council and Rationale	
The Issue	Minor edits to a standard of practice being proposed by the Clinical Practice Panel. Council approves the publication of amendments and additions to the OPR (Standards of Practice). Once approved by Council, the OPR is updated and members are notified of the related changes to standards of practice.
Background	OPR 4.1 – Amendment to the standard to remove the express forms outlined for the examination of the eye and ocular adnexa, as this is information for the clinical guidelines (biomicroscope, ophthalmoscopes, accessory lenses). A minor edit to the wording was also introduced as “ophthalmic disclosing agents” was changed to “staining ocular issues”.
Analysis, including impact on budget	Costs are related to updating the OPR.
Options (are there alternatives)	Under the HPPC, colleges are required to articulate the standards of practice to which members are held accountable.
Implications/expectations if approved	
Implications/potential consequences If not approved	



## 4. General Clinical Matters

### 4.1 Clinical Equipment

#### Description

Optometrists are expected to be equipped with the instrumentation and supplies required to provide services that meet the standards of practice of the profession.

#### Regulatory Standard

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

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

#### Professional Standard

Optometrists have access to, and ensure proficient use of equipment, instrumentation, drugs and supplies for the following:

- measurement of visual acuity at distance and near;
- evaluation of visual fields and colour vision;
- determination of refractive status of the eyes, both objectively and subjectively;
- measurement of corneal curvature and thickness;
- assessment of ocular motility and binocular function;
- examination of the eye and ocular adnexa, including
  - a biomicroscope;
  - ophthalmoscopes (both direct and indirect);
  - accessory lenses;
- measurement of intraocular pressure;
- pupillary dilation, cycloplegia, topical ocular anesthesia, staining ocular tissues, ophthalmic disclosing agents;
- measurement of the parameters of spectacles and contact lenses;
- in-office treatment of common primary ocular emergencies;
- disinfection of instruments and diagnostic contact lenses;
- infection control and cleanliness (OPR 4.7).

When optometrists do not have a specific instrument, they must have arrangements in place whereby the tests may be performed elsewhere, by requisition or referral, and the results obtained for analysis and retention in the clinical record.

Optometrists are expected to maintain their equipment and instrumentation in good working order, including the provision of regular re-calibration.

## 4. General Clinical Matters

### 4.1 Clinical Equipment

#### Description

Optometrists are expected to be equipped with the instrumentation and supplies required to provide services that meet the standards of practice of the profession.

#### Regulatory Standard

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

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

#### Professional Standard

Optometrists have access to, and ensure proficient use of equipment, instrumentation, drugs and supplies for the following:

- measurement of visual acuity at distance and near;
- evaluation of visual fields and colour vision;
- determination of refractive status of the eyes, both objectively and subjectively;
- measurement of corneal curvature and thickness;
- assessment of ocular motility and binocular function;
- examination of the eye and ocular adnexa;
- measurement of intraocular pressure;
- pupillary dilation, cycloplegia, topical ocular anesthesia, staining ocular tissues;
- measurement of the parameters of spectacles and contact lenses;
- in-office treatment of common primary ocular emergencies;
- disinfection of instruments and diagnostic contact lenses;
- infection control and cleanliness (OPR 4.7).

When optometrists do not have a specific instrument, they must have arrangements in place whereby the tests may be performed elsewhere, by requisition or referral, and the results obtained for analysis and retention in the clinical record.

Optometrists are expected to maintain their equipment and instrumentation in good working order, including the provision of regular re-calibration.

## Motion to Council

**Name of committee: Clinical Practice Panel – Quality Assurance Committee**

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

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

**Proposed motion: To approve the publication of amendments to the following section of the Optometric Practice Reference (OPR):**

- 6.6 Low Vision Assessment and Therapy

Recommendation to Council and Rationale	
The Issue	Edits to a standard of practice being proposed by the Clinical Practice Panel. Council approves the publication of amendments and additions to the OPR (Standards of Practice). Once approved by Council, the OPR is updated and members are notified of the related changes to standards of practice.
Background	OPR 6.6 – Amendment to the standard to simplify the wording.  Minor edits were made to remove the specific supplemental tests and replace with “sensory testing as indicated”, to make it less prescriptive.
Analysis, including impact on budget	Costs are related to updating the OPR.
Options (are there alternatives)	Under the HPPC, colleges are required to articulate the standards of practice to which members are held accountable.
Implications/expectations if approved	
Implications/potential consequences if not approved	

## 6.6 Low Vision Assessment and Therapy

### Description

Visual impairment (as a result of disorder of visual function) is considered to be present when there is a measurable vision loss compared to the normal values. Patients are considered to have low vision visually impaired when there is a visual impairment that cannot be corrected by optical, surgical or medical treatment and when best-corrected vision is inadequate for an individual's age-related daily needs resulting in an activity limitation.<sup>1,2,3</sup> These patients may benefit from a low vision evaluation. This includes review of ocular health and systemic health conditions, identification of patient goals, extended evaluation of visual function, ~~review of ocular health and systemic health conditions that may impact visual function,~~ prescription of and training/treatment with various optical and/or non-optical low vision aids and/or rehabilitation strategies directed towards specific ~~needs and demands/goals,~~ as well as counselling and education.

The need for a low vision evaluation will generally be determined as the result of an exploration of patient symptoms regarding activity limitations and goals in addition to specific clinical findings from an optometric examination (see OPR 4.2 - Required Clinical Information). Other possible reasons for conducting a specific low vision evaluation include referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to the rehabilitation plan/treatment or to monitor the status of patients with low vision.

### 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 consent is required by law, without such a consent.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.
24. Failing to make or maintain records in accordance with Part IV.

### Professional Standard

A low vision examination generally will include the following components:

- a comprehensive patient history that explores specific activity limitations and goals (vocational/educational/avocational requirements)~~visual concerns,~~ perceived impact of visual impairment, current devices and usage/satisfaction, current access to services/risk factors, visual and ocular history, stability of vision, family ocular history, general health history

including medications, and social history, medications, and vocational/educational/avocational requirements;

- consideration of common issues that affect people with low vision e.g. falls risk, depression, driving requirements, required vocational or educational accommodations;
- a review of the results of the patient's optometric examination, and re-assessment, as necessary, of visual acuity at distance and at near, refraction (ideally by trial frame technique), contrast sensitivity, visual fields, colour vision, binocular and oculomotor status, ocular health and assessment of the effectiveness of current spectacles and low vision devices of sensory testing as indicated;
- patient education regarding visual status, treatment options and prognosis;
- assessment of rehabilitation options which includes discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices, lighting requirements, environmental modifications and adaptive strategies
- creation of a rehabilitation management plan individualized for the patient's needs;
- referral to other services/professionals as indicated;
- generation of a report to individuals in the patient's circle of care when indicated; and
- discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices; and
- appropriate follow-up, arranged as needed, to assess the effectiveness of the rehabilitation plan treatment and to monitor the visual condition and needs.

1. Leat SJ, Legge G, Bullimore M. What is low vision - a re-evaluation of definitions. Optom. Vis. Sci. 1999; 76:198-210.

2. THE ICF: AN OVERVIEW [https://www.cdc.gov/nchs/data/icd/icfoverview\\_finalforwho10sept.pdf](https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf)

3. Strong G, Jutai J, Plotkin A, Bevers P. Competitive enablement: a consumer-oriented approach to device selection in device-assisted vision rehabilitation. Aging Disability & Independence. 2008; 175-195.

## 6.6 Low Vision Assessment and Therapy

### Description

Visual impairment as a result of disorder of visual function is considered to be present when there is a measurable vision loss compared to the normal values. Patients are considered to have low vision when there is a visual impairment that cannot be corrected by optical, surgical or medical treatment and when best-corrected vision is inadequate for an individual's age-related daily needs resulting in an activity limitation.<sup>1,2,3</sup> These patients may benefit from a low vision evaluation. This includes review of ocular health and systemic health conditions, identification of patient goals, extended evaluation of visual function, , prescription of and training with various optical and/or non-optical low vision aids and/or rehabilitation strategies directed towards specific goals, counselling and education.

The need for a low vision evaluation will generally be determined as the result of an exploration of patient symptoms regarding activity limitations and goals in addition to specific clinical findings from an optometric examination (see OPR 4.2 - Required Clinical Information). Other possible reasons for conducting a specific low vision evaluation include referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to the rehabilitation plan or to monitor the status of patients with low vision.

### 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 consent is required by law, without such a consent.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.
24. Failing to make or maintain records in accordance with Part IV.

### Professional Standard

A low vision examination generally will include the following components:

- a comprehensive patient history that explores specific activity limitations and goals (vocational/educational/avocational requirements), perceived impact of visual impairment, current devices and usage/satisfaction, current access to services, visual and ocular history, stability of vision, family ocular history, general health history including medications and social history,
- consideration of common issues that affect people with low vision;
- a review of the results of the patient's optometric examination, and re-assessment, as

necessary, of sensory testing as indicated;

- patient education regarding visual status, treatment options and prognosis;
- assessment of rehabilitation options which includes discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices, lighting requirements, environmental modifications and adaptive strategies
- creation of a rehabilitation plan individualized for the patient's needs;
- referral to other services/professionals as indicated;
- generation of a report to individuals in the patient's circle of care when indicated; and
- appropriate follow-up, arranged as needed, to assess the effectiveness of the rehabilitation plan and to monitor the visual condition and needs.

1. Leat SJ, Legge G, Bullimore M. What is low vision - a re-evaluation of definitions. *Optom. Vis. Sci.* 1999; 76:198-210.
2. THE ICF: AN OVERVIEW [https://www.cdc.gov/nchs/data/icd/icfoverview\\_finalforwho10sept.pdf](https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf)
3. Strong G, Jutai J, Plotkin A, Bevers P. Competitive enablement: a consumer-oriented approach to device selection in device-assisted vision rehabilitation. *Aging Disability & Independence.* 2008; 175-195.

## Motion to Council

**Name of committee:** Clinical Practice Panel – Quality Assurance Committee

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

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

**Proposed motion: To approve revisions to the following College policy:**

- Practice Locations – Reporting Requirements

Recommendation to Council and Rationale	
The Issue	Council is asked to approve revisions to the College policy: Practice Locations – Reporting Requirements.
Background	<p>It was brought to CPP’s attention that <a href="#">this policy</a> should be clarified in consideration of the new <a href="#">Conflict of Interest Regulation</a> under the <i>Optometry Act</i> which came into effect in 2014. The policy should reflect that optometrists, who are practising with other than another optometrist or a physician engaged in the practice of medicine, must have an independent contractor agreement for all locations regardless of how often they plan to practice in that location.</p> <p>Furthermore, the minimum criteria for an optometrist to report a location to the College is changed from 14 or more days a year, to 12 or more days a year to reflect those optometrists that practice at a location once per month.</p> <p>Accordingly, the above revisions to the policy are recommended.</p>
Analysis, including impact on budget	<p>No major impact on budget is foreseen.</p> <p>Update College policy on website and communicate change to optometrists.</p>
Options (are there alternatives)	This College policy was last revised on April 15, 2014.
Implications/expectations if approved	<p>The policy would be consistent with the <a href="#">Regulation</a>, and clarify that optometrists who are practising with other than another optometrist or physician engaged in medicine, <b>must</b> have an Independent Contractor Agreement in place <u>at all times</u>, even when the criteria for reporting the location may not be met.</p> <p>Such a revision addresses the original concern brought forward by the ICRC regarding allegations of members practising optometry while in a conflict of interest.</p>
Implications/potential consequences If not approved	A discrepancy between the policy and Regulation would still exist.



## Reporting Practice Locations

**Current Policy** as posted on the College Website:

### Practice Locations – Reporting Requirements (Effective April 15, 2014)

*The College By-Laws require members to provide written notice of any change to information previously provided to the College within 14 days of the change. This includes notifying the College of any change of practice location or any additional locations where a member may practise.*

*An optometrist must report a location to the College if it meets one or more of the following criteria:*

- *practise or plan to practise 14 or more days per year or four or more days in any one month in that location;*
- *the clinical records are maintained on-site; or*
- *there is published contact information related to or referencing the location.*

**Revised Policy Rationale:** It was brought to CPP's attention that this policy should be clarified in consideration of the new Conflict of Interest Regulation under the Optometry Act which came into effect in 2014. It should reflect that members, who are practising with other than another optometrist or a physician engaged in the practice of medicine, must have an independent contractor agreement for all locations regardless of how often they plan to practice in that location. Accordingly, a revision to the policy is recommended.

The following suggested amendments are for the Panel's consideration:

### **Revised Policy for Consideration:**

An optometrist\* must report a location to the College if it meets one or more of the following criteria:

- practise or plan to practise 12 or more days per year or four or more days in any one month in that location;
- the clinical records are maintained on-site; or
- there is published contact information related to or referencing the location.

\*An optometrist, engaged in practice as an independent contractor (in accordance with Section 4.(5) of O. Reg. 119/94 Part II under the *Optometry Act, 1991*) must have a written agreement, which complies with the Regulation, for each location where they practice as an independent contractor. This requirement is separate to the above criteria to report the location to the College.

It is best practice for members to report any and all practice locations to the College.

## Policy

<b>Type:</b>	College of Optometrists of Ontario		
<b>Name:</b>	Practice Locations – Reporting Requirements		
<b>Status:</b>	Seeking Approval	<b>Version:</b>	2.1
<b>Date Approved:</b>	April 15, 2014	<b>Date Revised:</b>	August 13, 2018

### Purpose

The purpose of this policy is to outline the requirements for optometrists to report their practice locations to the College.

### Introduction

The College By-Laws require optometrists to provide written notice of any change to information previously provided to the College within 14 days of the change. This includes notifying the College of any change of practice location or any additional locations where an optometrist may practise.

### Reporting Requirements

An optometrist<sup>1</sup> must report a location to the College if it meets one or more of the following criteria:

- practise or plan to practise 12 or more days per year or four or more days in any one month in that location;
- the clinical records are maintained on-site; or
- there is published contact information related to or referencing the location.

It is the best practice for optometrists to report any and all practice locations to the College.

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<sup>1</sup> An optometrist, engaged in practice as an independent contractor (in accordance with Section 4(5) of O. Reg. 119/94 Part II under the *Optometry Act*, 1991) must have a written agreement, which complies with the Regulation, for each location where they practice as an independent contractor. This requirement is separate to the above criteria to report the location to the College.

## Motion to Council

**Name of committee: Governance Committee**

**Date of submission: September 17, 2018**

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

**Proposed motion: That Council accept the terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee**

Recommendation to Council and Rationale	
The Issue	Council is asked to accept the terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee.
Background	<p>The College of Optometrists of Ontario recently underwent a Governance Review, conducted by Mr. David Brown of Governance Solutions. In the report presented to Council, Mr. Brown outlined his findings on several governance areas and made recommendation for improvement. The Governance Committee continues to consider the implementation work plan.</p> <p>Research in governance benchmarking and best practice of councils/boards is clearly showing a significant drop in the use of Executive Committees. The most prevalent committees being formed are Finance/Audit and Governance committees. Though the <i>RHPA</i> does require all regulatory colleges to have an Executive Committee, the only legislated function is that they act on behalf of Council between meetings. Currently, Executive performs additional functions including administering financial oversight and carrying out human resource tasks.</p> <p>At its June meeting, Council agree to strike an Audit/Finance/Risk Committee and introduce the role of Human Resources to the restructured Governance Committee, to commence in January 2019</p> <p>To follow-up, the ad-hoc Governance Committee have developed draft terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee.</p>
Analysis, including impact on budget	To be determined.
Options (are there alternatives)	To develop and accept terms of reference once the committees are elected/appointed following the January 2019 Council meeting.
Implications/expectations if approved	The terms of reference specifically separate the roles of the three corporate governance committees (Executive, Governance/HR,

	<p>Audit/Finance/Risk). Executive would still act on Council’s behalf between meetings, but would focus on a coordination role with stakeholders. This change would also alleviate the workload currently on Executive and the new committees could better focus and expand the work in their given areas, especially concerning risk and control oversight, and College Council and Committee member recruitment.</p> <p>The two new standing committees would be filled by Council members, thus allowing more members to become involved in the corporate governance aspect of the College.</p>
<p>Implications/potential consequences If not approved</p>	<p>When the committees are elected/appointed in January 2019, they would lack the direction in regard to roles/responsibilities as are provided in these terms of reference. The committees would need to develop their own terms and again present back to Council for approval.</p>

## Motion to Council

**Name of committee: Governance Committee**

**Date of submission: September 4, 2018**

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

**Proposed motion: That Council strike a five-person ad hoc Strategic Planning Committee to oversee a strategic review in 2019 and present a report upon completion.**

Recommendation to Council and Rationale	
The Issue	Council is asked to strike a five-person ad hoc Strategic Planning Committee to oversee a strategic review in 2019 and present a report upon completion.
Background	<p>The College of Optometrists of Ontario recently underwent a governance review, conducted by Mr. David Brown of Governance Solutions. In the report presented to Council, Mr. Brown outlined his findings on several governance areas and made recommendations for improvement. The Governance Committee continues to consider the implementation work plan.</p> <p>This was noted in both the governance review and feedback from Council to be a prime opportunity to reevaluate and update the College's Strategic Plan in the coming year. Council had briefly discussed this process at the June meeting and agreed to pursue this project in 2019.</p> <p>The Governance Committee recommends that a separate five-person ad hoc Strategic Planning Committee be struck, which could therefore be in place and begin the process in late 2018/early 2019. This ad hoc committee would then support the development and delivery of a comprehensive College strategic planning process.</p>
Analysis, including impact on budget	To be determined.
Options (are there alternatives)	To continue with current Strategic Plan, last updated in 2015.
Implications/expectations if approved	<p>Appointments for the ad hoc Strategic Planning Committee will be proposed to Council at the September 2018 meeting.</p> <p>The governance review recommended a fulsome update and a more</p>

	<p>outcome-focused Strategic Plan with “SMART”<sup>1</sup> performance objectives and outcome targets, which would:</p> <ul style="list-style-type: none"> <li>• facilitate all the College’s arms having line-of-sight to the same strategic direction and priorities;</li> <li>• provide a high-level framework for staff to report back to Council and Committees, and</li> <li>• then is a tool for performance evaluation and accountability.</li> </ul> <p>A strategic planning session for Council to discuss and agree on such “SMART” outcome targets would be arranged for mid-2019 to assist the ad hoc Committee in this process. With further assistance from a consultant and staff, the Committee will draft a final report and overall strategic plan to present back to Council.</p>
<p>Implications/potential consequences if not approved</p>	<p>A strategic plan assists in setting direction and priorities, simplifying decision making and getting everyone on the same page.</p> <p>The College’s last strategic plan was drafted and developed in 2015, and was identified by the governance consultant, Council, committee members, and staff to be in need of a fulsome update. A new plan would provide the framework for staff direction and ensure all College processes are aligned with the overall priorities of the organisation.</p>

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<sup>1</sup> SMART refers to specific, measurable, attainable, resourced and time-bound performance targets or objectives.

### Motion to Council

**Name of Committee:** Registration Committee

**Date of Submission:** Sept. 16, 2018

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

**Proposed Motion:**

Recommendation no. 1 to Council and Rationale	<b>That Council approve the November 2018 Optometric Examining Board of Canada (OEBC) written exam and OSCE as the standards assessment examination set or approved by the College for registration purposes</b>
The Issue	Applicants for registration as optometrists in Ontario are required to successfully complete the standards assessment examination set or approved by the College, as one of the requirements for registration. The standards assessment examination is reviewed by the Registration Committee and approved by the College Council on an annual basis.
Background	Paragraph 7 of s. 2(1) of the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> , reads as follows:  “The applicant must meet the criteria set out in one of the following subparagraphs:  i. successful completion, not more than three years before applying for registration, of the standards assessment examinations set or approved by the College...”
Analysis, including impact on budget	
Options (are there alternatives)	There are currently no alternatives.
Implications/expectations if approved	The College can fulfil its obligations under the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> .
Implications/potential consequences if not approved	The College would not be able to fulfil its obligations under the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> .

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# 8 / OTHER MATTERS

8. Governance Training – Public Trust
9. Injunction Appeal – Update
10. Legislative Updates
  - a. Spousal Exemption
  - b. QA Regulation
  - c. Designated Drugs Regulation
  - d. Registration Regulation
11. List of Acronyms
12. Dates of Upcoming Council Meetings
  - a. Friday, January 18, 2019
  - b. Wednesday, April 24, 2019
  - c. Monday, June 24, 2019 & Tuesday, June 25, 2019



## List of Acronyms Used by the College of Optometrists of Ontario

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

## List of Acronyms Used by the College of Optometrists of Ontario

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

## List of Acronyms Used by the College of Optometrists of Ontario

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

## List of Acronyms Used by the College of Optometrists of Ontario

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

## List of Acronyms Used by the College of Optometrists of Ontario

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

## List of Acronyms Used by the College of Optometrists of Ontario

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

Updated June 2018