COLLEGE OF
Optometrists
OF ONTARIO

COUNCIL MEETING

FRIDAY JANUARY 18, 2019
AT 9:00 A.M.
(PUBLIC INVITED TO ATTEND)

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

COLLEGE OF Optometrists OF ONTARIO

Meeting of the College Council
DRAFT AGENDA
Date: Friday January 18, 2019
Meeting begins at 9:00 a.m.

Agenda Item	Page No.	Action Required	Item Lead	Approx. Time (mins.)
1. Call to Order/Attendance			Garshowitz, P.	1
2. Adopt the Agenda	2	Decision	Garshowitz, P.	1
a. Conflict of Interest Declaration				
3. Election of Officers for 2019 Council Year	5	Decision	Garshowitz, P.	10
4. Orientation for Councillors		Receive for Information	Garshowitz, P.	10
5. Consent Agenda	6			
PART 1 - Minutes of Prior Council Meetings				
a. September 25, 2018	7	Decision	President	2
b. November 5, 2018 – Teleconference	15	Decision	President	2
c. Motions and Actions Items Arising from the Minutes	19			
PART 2 - Reports				
a. Committee Reports		Receive for	President	10
i. Executive Committee	21	Information/		
ii. Patient Relations	32	Decision		
iii. Quality Assurance:				
A. QA Panel	33			
B. CP Panel	34			
C. QA Subcommittee	35			
iv. ICRC	36			
v. Registration	39			
vi. Fitness to Practise	45			
vii. Discipline	46			
viii. Governance Committee	53			
ix. Strategic Planning Committee	55			
b. Registrar's Report	56			
6. National Board of Examiners in Optometry (NBEO)	58	Presentation	Guest – Bryant, J.	90
7. Motions Brought Forward from Committees	59			
a. Executive Committee (including consultation submissions)	60	Decision	President	30
b. Quality Assurance Committee				
i. Clinical Practice Panel	66	Decision	Hrynchak, P. /Garshowitz P.	30

ii. Quality Assurance Panel	109	Decision	Van Bastelaar, J.	20
c. Patient Relations Committee	121	Decision	Rivait, B.	10
8. Financial Matters	122	Receive for	Treasurer	20
a. Treasurer's Report	123	Information		
b. Financial Dashboard	125			
c. Balance Sheet and Income and Expenditure Report – to November 30, 2018	126			
d.Proposed 2019 Budget	128	Decision	Treasurer	20
9. Appointment of Committee Chairs and Committee Members	129	Decision	President	20
10. Injunction Appeal – Update -		Receive for Information	Garshowitz, P.	10
11. List of Acronyms	131			
12. Dates of Upcoming Council Meetings				
a. Wednesday, April 24, 2019				
b. Monday June 24 & Tuesday June 25, 2019				
13. Adjournment		Decision		1

COLLEGE OF Optometrists OF ONTARIO

Vision and Mission

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

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

Strategic Plan Update 2015

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

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

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

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

1 -4 / INTRODUCTION/ ORIENTATION

1. Call to Order/Attendance

2. Adopt the Agenda
    a. Conflict of Interest Declaration

3. Election of Officers for 2018 Council Year

4. Orientation for Councillors

5 / CONSENT AGENDA

5. Consent Agenda
   PART 1 - Minutes of Prior Council Meetings
      a. September 25, 2018
      b. November 5, 2018 – Teleconference
      c. 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
         ix. Strategic Planning Committee
      b. Registrar's Report

College of Optometrists of Ontario
Council Meeting
September 25, 2018
DRAFT

September 25, 2018

Attendance:

Dr. Pooya Hemami, President
Dr. Richard Kniaziew, Vice President
Dr. Patrick Quaid, Treasurer
Dr. Linda Chan
Dr. Bill Chisholm
Dr. Patricia Hrynchak
Mr. Bashar Kassir
Mr. Hsien Ping (Albert) Liang
Dr. Dino Mastronardi
Dr. Kamy Morcos
Dr. Christopher Nicol
Dr. Areef Nurani
Ms. Ellen Pekilis
Mr. Brian Rivait
Mr. John Van Bastelaar

Regrets:

Ms. Luisa Morrone
Ms. Maureen Chesney

Staff:

Dr. Paula Garshowitz, Registrar
Ms. Hanan Jibry
Ms. Mina Kavanagh
Mr. Nektarios Kikonyogo
Mr. Justin Rafton
Ms. Bonny Wong

1. Call to Order: Dr. Hemami called the meeting to order at 9:02 a.m. Dr. Hemami welcomed everyone in attendance, including guests, to the meeting. All present were reminded that recording of the meeting is not allowed.

On behalf of Council, Dr. Hemami presented a certificate of recognition to a departing Council member, Dr. Dino Mastronardi, for his exceptional contributions to public protection. Dr. Mastronardi has come to the end of his nine-year term.

2. Adoption of the Agenda: A draft agenda was circulated prior to the meeting. No new items were added to the agenda.

Moved by Mr. Rivait and seconded by Dr. Morcos **to adopt the agenda.**

Motion carried

a. Conflicts of Interest: Dr. Hemami asked Council members if anyone had a conflict of interest with any item on the day's agenda; Dr. Garshowitz declared a conflict of interest for Agenda Item #6 – Registration Matters.

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

PART 1 - Minutes of Prior Council Meetings
- a. June 21, 2018
- b. Motions and Actions Items Arising from the Minutes

PART 2 - Reports
- c. 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
- d. Registrar's Report

Moved by Ms. Pekilis and seconded by Mr. Van Bastelaar **to adopt the consent agenda.**

Motion carried

Items removed from the consent agenda

a) QA Panel – Council members sought clarification concerning the random assessment process and classification of continuing education (Category A and Category B) of the Quality Assurance Program. The QA policies were explained by both committee members and staff in attendance. A Quality Assurance Subcommittee had been struck at the January Council meeting to undertake a program review. Consultants were currently performing such a review, and these aspects would be delved into through this process.

Ms. Bonny Wong also provided an update regarding the recent survey gauging optometrists' feedback on the OE Tracker. The College received 130 responses, with the majority being positive, noting the new system to be easy to use and quite seamless.

Moved by Mr. Van Bastelaar and seconded by Mr. Rivait **to accept the QA Panel Report.**

Motion carried

b) Clinical Practice Panel: A report was circulated prior to the meeting. Revisions to the Standard of Practice and the Clinical Practice Guidelines for OPR 6.6 Low Vision Assessment and Therapy were included with the report. As the description section was the same for both the standard of practice and clinical guideline, OPR 6.6 would be further discussed as part of the Panel' motion, under Agenda item 7.a.i.

4. Financial Matters:

a. Treasurer's Report: Dr. Patrick Quaid presented the report. The College recorded a year-to-date surplus of $287K as of July 31, 2018. This surplus represents a variance to budget of $722K. At its August meeting, staff presented to the Executive Committee a draft auditor assessment tool, based on a template from the Enhancing Audit Quality Initiative of the Chartered Professional Accountants. 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.

b. Financial Dashboard: The financial dashboard was circulated prior to the meeting. It has been updated to include the July 31, 2018 financial information, including the College's investment funds; it indicates that the College's financial position continues to be strong.

c. Balance Sheet and Income and Expenditure Report – to July 31, 2018: There is a $600K increase in the balance sheet from July 2017 mainly due to increase in the reserve funds from 2017 as well as growth in the investment portfolio.

5. Terms of Reference for New Committees:

At its June meeting, Council agreed to strike an Audit/Finance/Risk Committee and introduce the role of Human Resources to the restructured Governance Committee, to commence in January 2019. To follow-up, the ad-hoc Governance Committee had developed draft terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee. These terms of reference were provided in the briefing materials.

Dr. Garshowitz presented each committee's new terms of reference to Council, including their structure, membership and specific responsibilities. The Executive Committee would now be comprised of no more than 5 members. Along with its legislative mandate to act as Council between meetings in circumstances requiring immediate action, Executive would also focus on coordinating effective stakeholder engagement.

The Governance/HR Committee would shift from an ad-hoc to a standing committee, and focus on monitoring, development and review of governance and human resource processes related to volunteers and engagement of the registrar. Finally, the Audit/Finance/Risk Committee would be introduced, focusing on the College's financial planning, monitoring the investment portfolio, the ongoing relationship with the external auditors and overseeing the enterprise risk management framework.

Council discussed the implications for committee composition, staff workload, potential budget effects, and meeting frequency. These three committees would be filled entirely by Council members. The aim was to have more Council members involved in the College's corporate governance, with fewer Council members involved in the statutory committees. The ad-hoc Governance Committee would be recommending committee composition to Executive in late 2018, before a proposed slate was presented at the January 18, 2019 Council meeting.

6. Registration Matters

IN CAMERA SESSION: In accordance with Section 7(1.1) of the *Health Professions Procedural Code* (HPPC), Council will go in camera under Section 7(2)(b) of the HPPC, whereby financial, personal or other

matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

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

Motion carried

Dr. Garshowitz, Mr. Rafton and guests left the meeting

Moved by Dr. Kniaziew and seconded by Mr. Van Bastelaar **to have the meeting go out of camera.**

Motion carried

Dr. Garshowitz, Mr. Rafton and guests returned to the meeting.

7. Motions Brought Forward From Committees:

a. Quality Assurance

i. Clinical Practice Panel: The proposed motions were circulated prior to the meeting. The Panel proposed minor edits to two standards of practice. Once approved by Council, the OPR will be updated and members notified of the changes.

Amendment to simplify the wording of OPR 6.6. Minor edits were made to remove the specific supplemental tests and replace with "sensory testing as indicated", to make it less prescriptive. The

description in both the standard of practice and clinical guideline was revised. Council debated whether the definition of visual impairment should include those that cannot be corrected by ocular motor therapy.

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

- **6.6 Low Vision Assessment and Therapy**

Motion defeated

Action item: The Clinical Practice Panel to further discuss OPR 6.6 concerning the definition of visual impairment.

Amendment 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".

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

- **4.1 Clinical Equipment**

Motion carried

The Panel also proposed revisions to the College policy: Practice Locations – Reporting Requirements. 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. 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. 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.

Moved by Dr. Hrynchak and seconded by Dr. Chan **to approve revisions to the College policy: Practice Locations – Reporting Requirements.**

Council debated whether optometrists should be required to report all practice locations, regardless of the number of days practicing at that given location. Council directed the Clinical Practice Panel to further revise the policy requiring optometrist to report all practice locations.

Motion defeated

Action item: The Clinical Practice Panel to revise College policy, requiring optometrists to report all practice locations.

b. Governance Committee

i. Committee Terms of Reference: The proposed motion was circulated prior to the meeting. Council discussed the terms of reference earlier in the meeting. Council suggested some minor changes to the

wording of the Audit/Finance/Risk Committee terms of reference, specifying the committee's responsibilities would concern enterprise risk management, and not just on financial matters.

Moved by Dr. Kniaziew and seconded by Mr. Rivait **that Council accept the terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee, as amended.**

Motion carried

ii. Strategic Planning Committee: The proposed motion was circulated prior to the meeting. This 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. Council watched a brief FHRCO video on strategic planning, led by Mr. Richard Steinecke. Council had briefly discussed this process at their June meeting and agreed to pursue the project in 2019.The Governance Committee recommended 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. Council was also provided with proposed appointments for the Committee: Ms. Ellen Pekilis, Mr. Bashar Kassir, Dr. Christopher Nicol, Dr. Marta Witer and Dr. Tim Tsang.

Moved by R. Kniaziew and seconded by P. Quaid **that Council appoint Ms. Pekilis, Mr. Kassir, Dr. Nicol, Dr. Witer and Dr. Tsang to a five-person ad-hoc Strategic Planning Committee to oversee a strategic review in 2019 and present a report upon completion**.

Motion carried

c. Registration Committee:
The proposed motion was circulated prior to the meeting. 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. Council is asked to approve the November 2018 Optometric Examining Board of Canada (OEBC) written exam and OSCE.

Moved by Dr. Quaid and seconded by Dr. Chisholm **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.**

Motion carried

8. Governance Training – Public Trust: The Governance training session centered around the theme of public trust. Council watched a TED talk presented by British philosopher Onora O'Neill entitled "What we don't understand about trust". Council members who recently attended a CLEAR governance training spoke of their learnings on the topic. The topics included: public interest and practitioner interest; being trustworthy facilitating change; and public reporting and transparency. Council discussed methods to improve public perspective on the organisations, including having a larger involvement of public members in College leadership positions. Council agreed that this discussion should be further developed through the strategic planning process.

9. Injunction Appeal – Update

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

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

Motion carried

Guests left the meeting.

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

Motion carried

Guests returned to the meeting.

10. Legislative Updates

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

b. QA Regulation: This regulation amendment has been submitted to the Ministry of Health and Long-Term Care. The College has asked for the submission to be put on hold while a Quality Assurance Program Review is being undertaken.

c. Designated Drugs Regulation: This regulation amendment has been submitted to the Ministry of Health and Long-Term Care. The College had an initial consultation with the Ministry and was advised that legislative change was not foreseen at this time. The Ministry did discuss the possibility of changing the list of prescribed drugs into categories. The College will be involved in consultation with the Ministry to receive further information, before presenting back to Council.

c. Registration Regulation: This regulation amendment has been submitted to the Ministry of Health and Long-Term Care; the College has had an initial consultation with the Ministry on the submission.

11. List of Acronyms

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

a. Friday, January 18, 2019
b. Wednesday, April 24, 2019
c. Monday, June 24, 2019 & Tuesday June 25, 2019

13. Adjournment: Moved by Dr. Chisholm and seconded by Mr. Rivait **to adjourn the meeting at 3:45 p.m.**

Motion carried

College of Optometrists of Ontario
Council Meeting
November 5, 2018 - Teleconference
DRAFT

November 5, 2018

Attendance:

Dr. Pooya Hemami, President
Dr. Richard Kniaziew, Vice President
Dr. Patrick Quaid, Treasurer
Dr. Linda Chan
Ms. Maureen Chesney
Dr. Bill Chisholm
Dr. Patricia Hrynchak
Mr. Bashar Kassir
Mr. Hsien Ping (Albert) Liang
Dr. Dino Mastronardi
Dr. Kamy Morcos
Dr. Christopher Nicol
Dr. Areef Nurani
Ms. Ellen Pekilis
Mr. Brian Rivait
Mr. John Van Bastelaar

Regrets:
Ms. Luisa Morrone

Staff:
Dr. Paula Garshowitz, Registrar
Ms. Hanan Jibry
Mr. Justin Rafton

1. Call to Order: Dr. Hemami called the meeting to order at 9:10 p.m. Dr. Hemami welcomed everyone in attendance, including guests, to the meeting. Dr. Garshowitz performed a roll call; all Council members were present except Ms. Luisa Morrone.

2. Adoption of the Agenda: A draft agenda was circulated prior to the meeting. No new items were added to the agenda.

Moved by Mr. Rivait and seconded by Mr. Liang **to adopt the agenda.**

Motion carried

a. Conflicts of Interest: Dr. Hemami asked Council members if anyone had a conflict of interest with any item on the meeting's agenda. No conflict of interest was declared.

3. Alternate Entry to Practice Exam:
Dr. Hemami prefaced the discussion by briefly outlining the Executive Committee's recommendation for Council: to approve the National Board of Examiners in Optometry (NBEO) Examination as an Alternate Standards Assessment required for Registration in Ontario.

Dr. Garshowitz informed Council that she had stepped down as the chair of Optometry Examining Board of Canada (OEBC) due to a conflict of interest with her role as Registrar of the College but remained on

its Board of Directors. As such, she could remain for Council's discussion. The OEBC met prior to the teleconference and elected Dr. Lorne Ryall, Registrar of the Manitoba Association of Optometrists, as the new chair.

Dr. Hemami informed both councilors and guests that the meeting would now move in-camera, as per Section 7(2)(b) and (e) of the *Health Professions Procedural Code.*

IN CAMERA SESSION: In accordance with Section 7(1.1) of the *Health Professions Procedural Code* (HPPC), Council will go in camera under Section 7(2)(b) and (e) of the HPPC, whereby financial, personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public and to give instructions to, or receive opinions from, the solicitors of the College.

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

Motion carried

Guests left the meeting

Moved by Dr. Quaid and seconded by Dr. Morcos **to have the meeting go out of camera.**

Motion carried

Guests returned to the meeting.

Dr. Garshowitz performed a roll call; all Council members were present except Dr. Patricia Hrynchak and Ms. Luisa Morrone.

Councilors commended the Registration Committee for their thorough review in which they compared the NBEO examination to the OEBC examination. Dr. Quaid explained that the Committee reviewed the NBEO Content Matrix, general skills assessed and had Committee representatives attend the Clinical Skills Examination (CSE-Part III) in-person. Based on the information provided by the Registration Committee and the Executive Committee, Council believed it had enough information regarding the examination comparison to make a decision on this recommendation.

Council discussed that accepting an alternate entry to practice exam such as NBEO would also provide candidates with improved choice, accessibility and flexibility. This was specifically noted as in the past eight years (2010-17), over 44% of new registrants that are graduates of ACOE optometry schools received their optometric education in US optometry schools. As the Regulation requires the College to approve an entry to practice exam, it is key that as a third party needs to be used, that an agreement is established to ensure an exam that is robust, valid and defensible as well as fair and accessible.

Dr. Hemami noted that feedback had been received from stakeholders, notably FORAC and OEBC, requesting that Council postpone its decision to allow time for these and other stakeholders to respond and provide additional information. In the interest of fairness and transparency, Council agreed to delay the decision on the recommendation to allow for a 2-week timeframe in which stakeholders could be consulted and allowed to provide any submissions on this matter.

A further Council meeting would be planned for late November/early December, depending on Council member availability.

4. Dates of Upcoming Council Meetings (2018–2019)

a. Friday, January 18, 2019
b. Wednesday, April 24, 2019
c. Monday, June 24, 2019 & Tuesday June 25, 2019

13. Adjournment: Moved by Mr. Rivait and seconded by Mr. Liang **to adjourn the meeting at 10:12 p.m.**
Motion carried

COLLEGE OF Optometrists OF ONTARIO

Council Meeting – September 25, 2018

COUNCIL ACTION LIST STATUS
Updated January 7, 2019

Date	Minute Line	Action	Status	Comments
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	
09/25/18	169	The Clinical Practice Panel to further discuss OPR 6.6 concerning the definition of visual impairment.	In progress	CPP reviewed OPR 6.6 at their recent meeting and will further discuss before resubmitting to Council.
09/25/18	200	The Clinical Practice Panel to revise College policy, requiring optometrists to report all practice locations.	In progress	CPP began revising the College policy at their recent meeting.

Council Meeting – September 25, 2018

MOTION LIST

Minute Line	Motion	Committee	Decision
163	Moved by Dr. Hrynchak and seconded by Dr. Morcos **to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR):** • **6.6 Low Vision Assessment and Therapy**	Clinical Practice	Motion defeated
177	Moved by Dr. Hrynchak and seconded by Dr. Quaid **to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR):** • **4.1 Clinical Equipment**	Clinical Practice	Motion carried
192	Moved by Dr. Hrynchak and seconded by Dr. Chan **to approve revisions to the College policy: Practice Locations – Reporting Requirements.**	Clinical Practice	Motion defeated
209	Moved by Dr. Kniaziew and seconded by Mr. Rivait **that Council accept the terms of reference for the restructured Executive Committee, Governance/HR Committee and the new Audit/Finance/Risk Committee, as amended.**	Governance	Motion carried
225	Moved by R. Kniaziew and seconded by P. Quaid **that Council appoint Ms. Pekilis, Mr. Kassir, Dr. Nicol, Dr. Witer and Dr. Tsang to a five-person ad-hoc Strategic Planning Committee to oversee a strategic review in 2019 and present a report upon completion**.	Governance	Motion carried
237	Moved by Dr. Quaid and seconded by Dr. Chisholm **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.**	Registration	Motion carried

Executive Committee Report

Name of Committee:	**Executive Committee**
Reporting Date:	**January 7, 2019**
Number of meetings in 2018:	**12 (5 in-person, 7 teleconference)**
Number of meetings since the last Council meeting:	**2 in-person, 3 teleconference**

The Executive Committee met in-person on October 29, 2018 and December 4, 2018 and via teleconference on November 29, 2018, December 10, 2018 and January 3, 2019.

Clearly/Essilor Injunction Appeal: The appeal was heard on September 21, 2018; staff provided the Committee with an update on recent developments. The College is currently awaiting the decision. The Committee continued to discuss the logistics of the case and the risk management strategies dependent on the verdict.

Entry to Practice: In October, the Executive Committee sent a memo to the Registration Committee seeking further information on the NBEO examination. The Registration Committee was specifically asked if it would be confident that an individual who has passed the NBEO examination has demonstrated the same, or higher, level of competency to practice optometry safely as an individual who has passed the OEBC examination. After a high-level comparison of the OEBC's competency Profile, and the NBEO Content Matrix, including general clinical skills assessed, the Registration Committee concluded that the NBEO examination is at least comparable to the current OEBC examination.

Following discussions on the current exam options, logistics of an alternate exam and to promote fairness and accessibility for registrants, the Committee proposed that the College approve NBEO as an alternate entry to practice examination. This proposal was presented to Council at their November 5, 2018 teleconference, where it was decided that the proposal be circulated for member and stakeholder feedback prior to making a final decision. The consultation period ended January 4, 2019, and the Executive Committee's motion to Council is found later in these briefing materials. All the stakeholder and member feedback received can be found there as well. The Executive Committee has invited Dr. Jill Bryant, Executive Director of NBEO to present to Council at the January meeting.

OEBC: Following its last board meeting in early December 2018, OEBC provided its members with the opportunity to raise any matters of interest or concern to the board for consideration at their next meeting on January 24, 2019. The Executive Committee responded on behalf of the College, requesting a response by January 4, 2019. A copy of the College's letter to OEBC is included here.

Stakeholder Meetings: College leadership attended a joint meeting of the College, the Ontario Association of Optometrists (OAO) and the University of Waterloo School of Optometry and Vision Science (WOVS), where the discussion touched on a wide range of topics of interest to all three organisations. In particular, the meeting focused on the proposed amendment to

optometrists' drug prescribing authority and scope expansion. The College also reported on the review of the Quality Assurance Program, being conducted by the Quality Assurance Subcommittee, which will be used to update the program, ensuring that it meets best practices. There was agreement that these types of meetings among the leaders of the profession are of value and should be conducted regularly.

Unauthorized Practice: Following two discipline hearings that occurred in 2017, Mr. Alvin John Metzger owes legal costs to the College in the amount of $115 000. The College has not received any payment or partial payment at this time. Following discussion with legal counsel, the Committee considered options to pursue such costs.

Reappointment to Council: The Committee was pleased to learn that Ms. Luisa Morrone had been reappointed to Council by the Lieutenant Governor in Council for a six-month term.

Motion to Council: The Committee has brought forth a motion recommending that Council approve NBEO examination for registration purposes as a standard assessment exam approved by the College, effective immediately.

Respectfully submitted:

Dr. Pooya Hemami, OD
President

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

December 5 2018

Dear Members:

The OEBC board of directors held its first quarter meeting of 2018-19 by teleconference on December 3 2018. A summary of the board meeting will follow.

The board was presented with a member's verbal request to the CEO for OEBC to review member voting structure and rights. In the absence of any documentation or formal request, the Board declined consideration at this meeting.

In an effort to respond to all members' ongoing concerns, OEBC members are kindly asked to submit to me by December 12th any matters of interest or concern and where possible, appropriate documentation or recommendations. Matters received by this date will be considered at the upcoming January board meeting.

In the remainder of 2018-19, the board of directors will meet as follows:

- in person on January 24 2019
- by teleconference on April 9 2019
- by teleconference June 29 2019
- by teleconference September 2019 (date TBD)

On behalf of the board, thank you for your cooperation and support of OEBC.

Sincerely,

Lorne Ryall BS/MS/OD

Dr. Lorne Ryall
Chair

CC OEBC Board of Directors
T. Hynes, CEO

COLLEGE OF
Optometrists
OF ONTARIO

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

December 10, 2018

Dr. Lorne Ryall, Chair
Ms. Tami Hynes, CEO
Optometry Examining Board of Ontario
37 Sandiford Dr., Suite 403
Stouffville, ON L4A 3Z2

BY E-MAIL

Dear Dr. Ryall:

Thank you for your letter, dated December 5, 2018; I look forward to your summary of the December 3, 2018 OEBC Board of Directors meeting. You have asked members to provide you with requests regarding matters of interest or concern, including appropriate documentation or recommendations. The College has three key requests; a revision of the voting structure for the OEBC Board, the striking of an Examination Oversight Committee, and improved financial and budgetary disclosure to OEBC Members. The College also reiterates its preference of the use of live subjects for testing of critical optometric skills.

Proposed Revised Voting Structure for OEBC Board of Directors

In an e-mail to Ms. Hynes, dated November 14, 2018, I made the following request:

> *"…. In particular, I think that an idea that should be strongly considered would be to provide the Ontario College with a "weighting" in an oversight role that is stronger than its current 1/10 member participation voting allocation, given that Ontario is by far the largest province for new Canadian registrants writing an entry to practice exam. "*

The above statement provides an idea of what Ontario contemplates. However, I'm happy to provide you with the following additional details with respect to the appointment of directors to the OEBC Board. I believe the following would be a fair and equitable method of weighting the oversight role of the regulators.

In place of the current election of directors to the Board, OEBC Members could individually appoint directors on an annual basis and for a one-year term. The number of appointed directors for a given OEBC Member organization would be based on an allocation weighting (AW) formula that specifies the percentage of total OEBC Directors (currently 10) appointed by

an individual member (or group of members, if that allocation percentage is lower than the reciprocal of the total anticipated number of sitting OEBC Directors for the coming year).

For each OEBC Member, an allocation weighting would be determined as follows:

- For the trailing 24 months (Jan 1 to Dec 31 of the two years immediately preceding director appointment process), each member will quantify the number of new member registrations (excluding new members registered under labour mobility provisions) where the applicant had completed the full OEBC/CACO examination within the 12 months prior to registration. In cases where a new registrant had only completed one of the two OEBC parts (OEBC Written or OEBC OSCE), then a 0.5 score would be provided for that new registrant.
- A sum of all of the new registrations for the two-year period will be calculated. This sum will be divided by the total number of new registrations recorded across all ten OEBC member provinces for the same two-year period. This result is the allocation weighting (AW) score for that OEBC Member.
- The OEBC Member would then appoint a number of OEBC Directors (in proportion to the total number of OEBC Directors to be appointed for the coming 12 months) that is proportionate to its AW percentage score, from the province or territory that that OEBC Member represents.
- In the event that the AW for a Member is lower than the reciprocal of the total anticipated number of anticipated OEBC Directors for the coming year, then that Member could pool its AW score with other OEBC Members, such that the combined pool of grouped OEBC Members can then appoint a Director from their respective combined provinces based on their combined AW scores.

This process will be repeated on an annual basis, such that the composition of OEBC Directors are in line with the geographic allocation of new registrants who have written the OEBC examination.

Examples:

If 300 persons registered in 2018 after having successfully challenged the complete OEBC Examination and 275 persons registered in 2017 from across Canada, with 50 registered in Quebec having only completed the OEBC Written examination in each year. Assuming 10 OEBC directors to be appointed each year:

- If Ontario has 100 new registrants in 2017 and 110 new registrants in 2018 who wrote the OEBC Examination, then the AW score for Ontario would be 33.6% and Ontario would be entitled to appoint three of ten OEBC Directors for 2019; and
- If Quebec has 10 new registrants in 2017 and 15 new registrants in 2018 who wrote the complete OEBC Examination, plus 50 new registrants who wrote only the OEBC Written exam per year, then the AW score for Quebec would be 12.0% and Quebec would appoint one OEBC Director; and

- If Alberta has 50 new registrants in 2017 and 60 new registrants in 2018 who wrote the complete OEBC exam, then the AW score for Alberta would be 17.6% and Alberta would appoint two OEBC Directors; and
- If PEI has 3 new registrants completing OEBC in each of 2017 and 2018, and Newfoundland has 10 in each of 2017 and 2018, neither province could appoint a director. However, if they combined their AW scores with New Brunswick (assuming it had 15 new registrants in each year), the three provinces would have a combined AW score of 9%, and they can appoint one director from these three provinces combined.

Examination Oversight Committee

At the November 24-25, 2017 OEBC meetings held in Toronto, one of the facilitator's recommendations was to "… implement a Registrars' Committee to better involve regulators in key aspects of the exam and develop reports which meet their specific needs…" the purpose of which was to provide the Colleges with the degree of oversight, information and communication it needs from OEBC.

The College takes this idea one step further to request the striking of an Examination Oversight Committee (EOC) which would permanently oversee the exam development and content, and its purpose is approximately comparable to ARBO's National Board of Examiners Review Committee (NBERC) which is distinctly separate from NBEO. The EOC would have binding oversight over any future proposed structural changes to the OEBC examination or of any material changes to its content. The Ontario College believes that the EOC would provide the oversight of the exam that has failed to materialize thus far from the election of the registrars to the Board of Directors.

Core principles are below:

- No structural or major content changes will be made to the OEBC examination in the future without the expressed consent of this EOC.
- The EOC will be comprised of regulatory representatives (Council members, Registration committee members, etc.) appointed by OEBC Members and may include one representative from each of the two Canadian schools of optometry. OEBC subject matter experts, consultants, employees, or volunteers will not be allowed on the EOC. EOC members will have terms between one and three years and may be renewable up to a limit of six consecutive years.
- The EOC will be comprised of no more than seven persons, and the Ontario College will at all times have at least one member of its Council or Registration Committee on the EOC.
- Unless waived by EOC, there should be a minimum of TWO meetings per year between the EOC and the lead staff persons of the OEBC examination development or administration teams, to review content and exam structure (on a macro level) related to the administration of the exam, with EOC members agreeing to the necessary confidentiality provisions to protect OEBC intellectual property (IP)
- Members of the EOC will be permitted to discuss broad content and structural components of the OEBC examination with the Councils or Registration committees of

OEBC Members, taking great care not to reveal confidential materials of individual exam questions or OSCE case components.

Financial and budgetary reporting and disclosure
The College requests that all OEBC Members will be provided, at their request, with a yearly copy of OEBC's annual budget, as well as an interim update after six months within the fiscal year

Exam Content and Administration
The College became aware, in late 2015 or early 2016, that CEO-ECO (at that time) was developing the new clinical (OSCE) exam as a "no-touch" exam; that is, critical optometric technical skills would either be tested on inanimate models or not at all. At a meeting in Charlottetown, PEI, in September 2016, the regulators requested the re-instatement of, at a minimum, the testing of gonioscopy and tonometry skills on the exam. While, subsequently, models have been developed to test these skills, the College's repeated requests to have these tested on live human subjects has gone unanswered. At this time, the College repeats its preference that these critical skills be tested on live human subjects by all exam candidates. The College is prepared to assist by sharing its knowledge of OSCE exams that test these skills in a standardized way on live subjects.

In addition, the College understands that high stakes exams are made more defensible through the use of video-recording technology. The use of video-recording is protective of the organization where a human-rights, or other legal challenge is lodged against an exam board by an unsuccessful candidate. The College requests that OEBC use video-recording for its OSCE examinations.

OEBC Membership contributions
If OEBC and/or its Board fully agrees in writing to the three key proposals (Proportionate voting structure for the OEBC Board, striking of EOC, increased financial/budgetary disclosure) stated within this **letter in their entirety**, by January 4, 2019, then the College would perceive such a response as an expression of good faith that OEBC is willing to address the College's concerns of ongoing exam oversight and of the current inequities in the Board voting structure. Under such a scenario, Council may develop a more favorable view of its relationship with OEBC and it could also be asked to reconsider its 2018 membership contribution to OEBC (as determined at the per-registrant rate set by the OEBC Board for all member provinces).

I would agree to discussing these requests with you and the other OEBC Directors by teleconference before January 4, 2019. In addition, if you require further explanation or documentation to bring this proposal to the board, I will make best attempts to provide it.

Sincerely,

Pooya Hemami, OD, MBA
President, College of Optometrists of Ontario

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

December 12, 2018

Dr. Pooya Hemami, President
College of Optometrists of Ontario
Suite 900, 65 St. Clair Ave. E.
Toronto, ON M4T 2Y3

Dear Pooya:

In my letter of December 5th, I asked all OEBC members to send any matters of interest or concern with documentation or recommendations where possible by December 12. On behalf of the board, I thank you very much for submitting your requests to me on Monday.

My letter noted that matters received would be considered at the January 24th board meeting. I understand your concern, but to ensure the board is able to have an informed, full and meaningful discussion of your requests and the requests of any other OEBC members, all member requests will be considered by the board at the January 24th meeting.

Sincerely,

Dr. Lorne Ryall
Chair

CC OEBC Board of Directors
Tami Hynes, CEO

Gmail Pooya Hemami

OEBC Letter to Members December 5 2018

Pooya Hemami Tue, Dec 11, 2018 at 10:29 PM
To: Tami Hynes
Cc: Paula Garshowitz <PGarshowitz@collegeoptom.on.ca>, Lorne Ryall , Hanan Jibry, Patrick Quaid, Robin Simpson, Gordon Hensel, Lee Kolbenson, Léo Breton, Louiselle St.Amand, Justin Boulay, Dr. Kelly Bowes , Sheldon Pothier

Dear Tami,

Thank you very much for your e-mail. Your response suggests that OEBC does not currently anticipate that it would respond to the letter before January 24. As you are aware, the Council of the College of Optometrists of Ontario is scheduled to vote on a proposal to accept the NBEO examination as an alternate standards assessment for registration at its January 18, 2019, Council meeting. OEBC representatives have submitted stakeholder feedback relating to this proposal. It is possible that OEBC's response to the three key requests stated in the letter may carry some weight in how Council considers the stakeholder feedback from OEBC in relation to the NBEO proposal. Hence, we would greatly appreciate receiving the OEBC Board's careful consideration of the three stated requests by January 4, 2019.

Kind regards,

Pooya Hemami OD MBA
President, College of Optometrists of Ontario

On Tue, Dec 11, 2018 at 10:00 AM Tami Hynes wrote:

> Hi Paula:
>
> Thank you for the letter. I have sent a copy to the board for consideration at the January 24th board meeting, at the request of Dr. Ryall.
>
> Best,
>
> Tami Hynes Chief Executive Officer
>
> OPTOMETRY EXAMINING BOARD OF CANADA
>
> 37 Sandiford Drive, Suite 403
> Stouffville, ON L4A 3Z2
> www.oebc.ca
>
> Important! Canadian Examiners in Optometry is now officially known as ***Optometry Examining Board of Canada***. In French, we are ***Le Bureau des examinateurs en optométrie du Canada***.
>
>

From: Paula Garshowitz <PGarshowitz@collegeoptom.on.ca>
Sent: Monday, December 10, 2018 4:20 PM
To: Tami Hynes
Cc: Lorne Ryall; Dr. Pooya Hemami ; Hanan Jibry; Patrick Quaid
Subject: RE: OEBC Letter to Members December 5 2018

Dear Tami:

Attached please find a letter from College President, Dr. Pooya Hemami, in response to Dr. Ryall's letter of December 5, 2018.

Best regards

Paula

Paula L. Garshowitz, OD

Registrar

College of Optometrists of Ontario

www.collegeoptom.on.ca

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

Toronto, ON M4T 2Y3

Phone: (416) 962-4071

Toll free: 1-888-825-2554

From: Tami Hynes
Sent: Wednesday, December 5, 2018 9:14 AM
To: Dr. Gordon Hensel, Albert College of Optometrists; Dr. Justin Boulay, Newfoundland and Labrador College of Optometrists; Dr. Kelly Bowes, PEICO Registrar Jan 2018; Dr. Leland Kolbenson, Saskatchewan Association of Optometrists; Dr. Léo Breton, Ordre des Optométristes du Québec; Dr. Lorne Ryall, Manitoba Association of Optometrists; Dr. Louiselle St. Amand, New Brunswick Association of Optometrists; Dr. Pooya Hemami; Dr. Robin Simpson, College of Optometrists of BC; Dr. Sheldon Pothier; Paula Garshowitz <PGarshowitz@collegeoptom.on.ca>; Marco Laverdière, Ordre des Optométristes du Québec; Stanka Jovicevic, College of Optometrists of BC
Cc: Dr. Lorne Ryall, Manitoba Association of Optometrists
Subject: OEBC Letter to Members December 5 2018

Dear OEBC Members:

Please see attached a short letter from OEBC chair Dr. Lorne Ryall.

Best,

Tami Hynes Chief Executive Officer

OPTOMETRY EXAMINING BOARD OF CANADA

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

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

Committee Activity Report

Name of Committee:	**Patient Relations Committee**
Reporting date:	**January 7, 2019**
Number of meetings in 2018:	**2 in-person meetings; 1 teleconference**
Number of meetings since last Council meeting:	**1 in-person meeting**

Nature of items discussed/number of cases considered:

At the October 2018 meeting, the Committee reviewed the presentation: "Eye Consent – The Optometrist's Guide to Consent", given by the College Registrar at the April 2018 OAO Symposium. The presentation addressed the requirements of all health care providers, including optometrists, to obtain informed consent from patients, including consent to treatment, collection of personal health information, fees related to services, etc. The presentation also provided practical information and examples about the definition of informed consent, why it is important, and when and how to document it.

The Committee decided to develop another e-Learning module based on the presentation. The Committee strongly believes that making this information available to all College members, to complete on a voluntary basis, would benefit both the members and the public. This would be one step further in the College's commitment to providing information and tools to assist and educate the College members.

To this end, the Committee requested and received a proposal and a quote from the College's e-Learning developer.

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

"To approve the amount of $19,900 (before HST) for the purpose of developing the "Eye Consent – the Optometrist's Guide to Informed Consent" e-Learning module to be offered, on a voluntary basis, to all members of the College."

Respectfully submitted:

Brian Rivait
Committee Chair

Committee Activity Report

Name of committee: Quality Assurance Committee – QA Panel

Reporting date: December 21, 2018

Number of meetings in 2019: None to date

Number of meetings since last Council meeting: 2

Nature of items discussed/number of cases considered:

The following items were discussed by the QA Panel since the last Council meeting:

1. The Panel held a joint meeting with the Clinical Practice Panel to review and discuss the Optometric Practice Reference (OPR), how College Standards of Practice are established, trends reported through the Quality Assurance Program, and examples of less prescriptive standards from other regulators.
2. The Panel considered requests to accredit not-for-profit optometric organizations as Category A CE providers. As the Panel does not have an established process for accrediting these organizations, it has recommended that Council amend the 2018-2020 CE Policy.
3. Following a review by staff of the fees associated with Registrar or member-initiated participation in the Quality Assurance Program, the Panel has recommended that Council approve circulation of a by-law amendment to the Schedule of Fees and Penalties. This amendment would increase the fee for a Practice Assessment to ensure cost-recovery.

4. The Panel has also reviewed the following cases:

   Outstanding Cases from Previous Meetings
   - CRA and Case Manager Report – 1 member
   - CE Deficiency Practice Assessments – 3 members
   - Randomly Selected Practice Assessments – 1 member
   - Requests from Members for Consideration – 4 members

   New Cases Before the Panel
   - Randomly Selected Practice Assessments – 37 members

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):

1. Motion to circulate by-law amendment for Schedule of Fees
2. Motion to amend 2018-2020 CE Policy

Respectfully submitted:

Mr. John Van Bastelaar

Chair, Quality Assurance Panel

Clinical Practice Panel Report

Name of Committee:	**QA – Clinical Practice Panel**
Reporting Date:	**January 9, 2019**
Number of meetings in 2018:	**6 (1 via teleconference)**
Number of meetings since the last Council meeting:	**2**

The Clinical Practice Panel met in-person on October 4, 2018 and December 17, 2018.

Nature of items discussed:
The following Optometric Practice Reference (OPR) documents were reviewed:

4.1 Clinical Equipment
4.3 Delegation and Assignment
5.1 The Patient Health Record
5.2 The Prescription
6.4 Spectacle Therapy
6.6 Low Vision Assessment and Therapy
6.7 Binocular Vision Assessment and Therapy
6.8 Visual Field Assessment
7.4 Patients with Diabetes
7.5 Patients with Hypertension
7.6 Cycloplegic Refraction
7.8 Shared Care in Refractive Surgery

Following a joint meeting with the QA Panel, the Panel considered removing the guideline section from the OPR, leaving the development of clinical practice guidelines to other related organizations who can articulate the profession's view of best practices. The Panel submits a motion to this effect.

The Panel is currently reviewing the College Policy regarding "Practice Locations: Reporting Requirements" to require members to report all practice locations. A revised version will be presented to Council at their next meeting. The Panel also reviewed the College's policy regarding "Spectacle Therapy Using the Internet", found in OPR 6.4 Spectacle Therapy.

Motions to Council (including rationale and impact on budget if appropriate):
The Panel has brought forth the following motions to Council:

- Revisions to the following Optometric Practice Reference – Professional Standards:
  - OPR 4.3 Delegation and Assignment
  - OPR 5.2 The Prescription
  - OPR 6.7 Binocular Vision Assessment and Therapy
  - OPR 6.8 Visual Field Assessment
  - OPR 7.4 Patients with Diabetes
  - OPR 7.5 Patients with Hypertension
  - OPR 7.6 Cycloplegic Refraction
- Remove the Clinical Guidelines section from the Optometric Practice Reference (OPR).

Respectfully submitted:

Dennis Ruskin, OD
Committee Chair

Quality Assurance Subcommittee Report

Name of Committee:	**Quality Assurance Subcommittee**
Reporting Date:	**January 2, 2019**
Number of meetings in 2018:	**4 (3 in-person, 1 teleconference)**
Number of meetings since the last Council meeting:	**1 (Anticipates January 11, 2019)**

The Quality Assurance Subcommittee will meet in-person on January 11, 2019.

Quality Assurance Program Review: Since the last meeting, the Subcommittee's consultants have undertaken the review project. The evaluation methodology utilized a mixed-method approach, incorporating several data collection tools including consultation with the QA Committee, in-depth interviews with internal stakeholders, membership focus groups and an online survey.

Review of Draft Report: The Quality Assurance Subcommittee will be meeting with its consultants, Mr. Sid Ali and Ms. Pina Pejovic to discuss the initial draft report and its findings. The Subcommittee anticipates a final report to be circulated to Council ahead of the Council meeting on April 24, 2019.

A verbal update of the Subcommittee's upcoming January 2019 meeting can be provided at the Council meeting.

Respectfully submitted:

Ms. Ellen Pekilis
Committee Chair

COLLEGE OF Optometrists OF ONTARIO

Committee Report to Council

Inquires, Complaints and Reports Committee (ICRC)

(*ICRC sits as two independent Panels*)

Reporting Date: January 3, 2019

Number of meetings in 2018: 9 in-person Panel meetings
1 in-person ICR Committee meeting (both Panels)

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

- The ICRC's intention with this report is to provide the Council with as much information as possible on the matters received and reviewed by the ICRC since the last reporting day to Council (September 9, 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 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 cannot share any details about the specific cases.

Number of Cases: cases reviewed by Panels and newly filed since September 9, 2018 (last reporting date to Council) - some cases involve multiple allegations

Type of Case			**Number**
Complaints	Newly filed	15	43
	Reviewed by Panels	28	
Registrar's Reports			9
Incapacity Inquiries			1
TOTAL CASES			**53**

Nature of Allegations	**Number**
Unprofessional behaviour and/or communication	25
Improper billing/fees	9
Breach of legislation/standards	9
Related to eyeglass and/or contact lens prescription	8
Related to drug prescription	0
Release of prescription/records	7
Quality of care	7
Other (e.g. member practising while under suspension)	6

Failure to diagnose/misdiagnosis	5
Related to eyeglass and/or contact lens dispensing	5
Staff supervision	4
Unnecessary/unsuccessful treatment	3
Failure to refer	3
Improper delegation	2
Breach of Patient Confidentiality	1
Conflict of interest	1
Unsafe practices	1
Lack of consent	1
Allegations of sexual nature	1

Decisions Issued:

Complaints	23
Registrar's Reports	2
Incapacity Inquiries	0
TOTAL	**25**

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

No further action	8
Advice or recommendation	6
Remedial agreement (educational activities)	1
Undertaking	0
Verbal caution	3
SCERP	3
Referral to Discipline Committee	1
Withdrawn	2 (Including through ADR)
Resolved through ADR	1 (withdrawn)
Frivolous, Vexatious, Moot or Abuse of Process	4
TOTAL	**29**

HPARB Appeals:

New appeal	0
Outstanding appeals to be heard	2
TOTAL APPEALS IN PROGRESS	**2**
ICRC Decision confirmed – case closed	1

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

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

A meeting of the whole ICRC (both Panels) will be scheduled in early 2019 for an orientation, policy review and discussion of common issues and trends.

Respectfully submitted,

Dr. Annie Micucci, ICRC Chair

Committee Activity Report

Name of Committee: Registration Committee

Reporting Date: Jan. 9, 2019

Number of meetings in 2018: 9

Number of meetings since last Council meeting: 2 in-person Committee meetings (Oct. 26 and Dec. 7, 2018)

Nature of items discussed/number of cases considered:

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

College staff met via teleconference with staff from each of the Office of the Fairness Commissioner and the Ministry of Health and Long-Term Care in November 2018, to discuss the motion going before Council on January 18, 2019.

The Committee Chair attended the November 26, 2018, Advisory Committee meeting of the IOBP that was held at the University of Waterloo School of Optometry and Vision Science. A meeting has been scheduled in early May 2019 to follow-up on collaborative opportunities between the IOBP and Touchstone Institute identified during that meeting.

A panel of the Registration Committee has been meeting as needed to review the FORAC credential assessment recommendations/reviews. The approvals associated with the FORAC credential assessment recommendations/reviews, have been processed no later than seven business days after receipt from FORAC to ensure that there is no delay. Since July 2018, there have been at least 15 confirmations of these recommendations/reviews by the Committee to permit candidates to challenge the Internationally Graduated Optometrist Evaluating Exam (IGOEE). Registration for the IGOEE will open at Touchstone Institute on January 21, 2019, and the registration fee is being maintained at $5,000. The 2019 IGOEE will take place over three days from July 18-21, 2019. The written Therapeutics Prescribing Assessment for Optometry (TPAO) test, a new component of the 2019 IGOEE, is being piloted in early February 2019.

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 early to mid 2019. Once the online Jurisprudence seminar is ready for rollout in 2019, the successful completion of the seminar by candidates will be mandated before candidates will be able to challenge the Jurisprudence exam. The Committee is still weighing its options for the online Jurisprudence exam.

The Committee met on October 26, 2018, to consider the College President's request associated with the National Board of Examiners in Optometry (NBEO) Examination in a memorandum dated October

22, 2018. This took place prior to the Committee being permitted unfettered and direct observation of the OEBC OSCE component in real time, which occurred the following week. The Committee responded to the College President's request by memorandum dated October 27, 2018.

Two Committee members had their first opportunity to observe the Optometry Examining Board of Canada (OEBC) examination on November 3, 2018 and reported to the Committee on their experience. The Committee felt that it was important to provide a response to some of the points raised in the input received from many stakeholders and members associated with the consideration of the NBEO examination, in order to provide clarification as well as correct some inaccuracies contained in the feedback. Accordingly, the Committee wrote a subsequent memorandum dated December 14, 2018, which is enclosed.

In response to an invitation by OEBC sent to FORAC for OEBC members to join a small working group to lead a review of the OEBC examination, a current and a former Committee member expressed an interest to volunteer as part of this working group and are awaiting confirmation.

OEBC issued its OEBC 2017-18 Summary Report on Dec. 21, 2018. It is enclosed for reference.

The OEBC Annual General Meeting is being held in Toronto on January 24, 2019. Committee representatives and College staff are scheduled to attend.

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

Encls.

OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

December 11 2018

To: OEBC Members and OEBC Stakeholders

Dear OEBC Members and Stakeholders,

The OEBC 2017-18 Summary Report is ready at oebc.ca under **Reports**.

The exam report summarizes the performance of the fall 2017 and spring 2018 administrations of the national entry-to-practice exam for optometry in Canada. It has information about pass/fail statistics by candidate group, type of exam and practice areas, as well as validity, reliability and defensibility. The performance of exam candidates from Canadian optometry schools is available also under "School Reports."

The chart below highlights the report sections and their purposes. I, along with our psychometrician Dr. Anthony Marini, will present the report to the members and stakeholders of OEBC on January 24, 2019. Please send any questions you may have by January 7th so that we may answer them on January 24th.

Our sincere thanks to the volunteer optometrists across the country and our staff who made it possible to develop and administer the OEBC exam this past year. Their dedication is invigorating and invaluable!

We encourage sharing the information with your respective councils or boards, members, and other stakeholders.

On behalf of everyone at OEBC, I hope that you find this information useful.

Report Content Chart

Please note:

- Beginning in 2018, on our psychometrician's recommendation, statistics for what is may be thought of as the new graduate cohort are show separately in the "in cycle" group. This group is not exclusively but primarily made up of new graduates of North American optometry schools.
- *Navigation tips*

- Click the arrows at the bottom of each page to go to the next page; click the chevrons (cover page) or 'orange' text to go directly to a page or website; click the link at the bottom to return to the page you were on

Report content	Page	Purpose
Report purpose and use	1	What the report is for; who it is used by
What is OEBC	2	Who the exam administrator is; why OEBC exists
Strategic initiatives update (CEO report)	3-6	Supports "What is OEBC" Transparency Defensibility - Policy and Procedural fairness
Administration Statistics: • Administration dates, languages and locations • Candidate numbers • Pass rates by o attempt (first – fourth) o group (Canadian, US, International) o exam type (OSCE, written) o practice area	8-26	Transparency - overall representation of the exam and test takers Performance is in keeping with expectations for a high stakes examination. This is a critical indicator that valid and defensible exam development and administration processes are in place.
Understanding the OEBC exam	27	Defensibility - Grounding in profession-set competencies
Exam reliability	28	Defensibility – reliability coefficients are within limit
Item Analysis & Scoring	29	Defensibility – within limit
Exam Development process	26; 30-33	Defensibility – follows best practice

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This email has been distributed to OEBC members and OEBC stakeholders including FORAC, École d'optométrie, Université de Montréal, Waterloo School of Optometry and Vision Science, International Optometric Bridging Program, Canadian Association of Optometrists.

COLLEGE OF
Optometrists
OF ONTARIO

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

MEMORANDUM

Date: Dec. 14, 2018

To: Dr. Pooya Hemami, President

CC: Ms. Hanan Jibry, Assistant Registrar & Support Staff, Registration Committee

From: Dr. Patrick Quaid, Chair, Registration Committee

Re: **Response to Stakeholder and Member Feedback associated with the Consideration of National Board of Examiners in Optometry (NBEO) Examination**

This memorandum provides a summary of the results of the first opportunity to observe the Optometry Examining Board of Canada (OEBC) examination by two members of the Registration Committee (Committee) on Nov. 3, 2018; the Committee met on Dec. 7th to discuss these observations. The Committee also feels that it is important to provide a response to some of the points raised in the input received from many stakeholders and members in order to provide clarification as well as correct some inaccuracies contained in the feedback.

1. OEBC Examination Observation

Having reviewed and considered the results of the OEBC examination, it is the opinion of the Committee that:

- The OEBC and National Board of Examiners in Optometry (NBEO) are different examinations, and they measure candidate competence in different ways.
- The Committee has confidence in candidates who have successfully challenged either examination with respect to entry-level competence and therefore, public safety.
- The 'new' OEBC examination may identify borderline candidates better than the past Canadian Assessment of Competency in Optometry (CACO) examination, as the exam administered by the same organization used to be called. Based on the Committee's unfettered exam observations at the July 2017 NBEO exam site visit, the Committee believes that the NBEO examination in its current state, also discriminates borderline candidates well.
- The Committee will be more confident having an oversight committee for the OEBC examination.

2. Response to Stakeholder and Member Input

The following is in response to some of the points raised in the stakeholder and member input:

- The Committee's request for unfettered access to the OEBC examination has been an ongoing issue despite the ability of two members of this Committee to observe the November 2018 OEBC examination as mentioned in the OEBC Nov. 5, 2018, letter to the College Council. Numerous previous requests for exam observation by the College, had not resulted in a satisfactory response from OEBC.
- OEBC changed the entry-to-practice exam without informing the College. This was pointed out in the May 26, 2017, letter from the College to OEBC. On Nov. 21, 2016, the College sent a letter to the predecessor of the OEBC, Canadian Examiners in Optometry, specifically seeking information about how the piloting of the new entry-to-practice exam was going to be implemented. The College did not receive a satisfactory response to this request. In contrast, NBEO is hiring a project manager to manage the review of Part 3 of the NBEO examination with full stakeholder oversight.

- NBEO has indicated to the Committee that it is the 'gatekeeper' since different optometry schools accredited by the Accreditation Council on Optometric Education (ACOE) are not consistent in the exit exams they administer. Accordingly, for consistency, public safety, and to ensure fairness in the manner an exam is applied, it is important to test for certain critical skills at every exam administration.
- OEBC uses a combination of standardized patients and models in its OSCEs. It is important for examiners to observe patients' reaction to the technical skills being performed by candidates in conjunction with videotaping. NBEO has informed the Committee that it has managed the risk with having live patients involved in its exam for many years without issue. A decision is therefore needed about whether the use of standardized patients is preferred versus models in the entry-to-practice exam approved by the College, going forward.
- In response to the point made about the nursing profession using a US-based licensing exam, the Registrar of the College of Nurses of Ontario assured College staff as recently as this week that the exam is 'absolutely' meeting the College's requirements for validity, reliability, and defensibility.

Conclusion

The Committee would like to affirm its support in principle for a Canadian bilingual entry-to-practice exam. It is aware that there does exist a significant cost difference between the OEBC and NBEO exams. However, the Committee's mandate regarding the exam is not cost; rather it is the defensibility of the exam. Based on existing legislative requirements (Section 22.4 (2) of the *Health Professions Procedural Code)*, the College is duty-bound to ensure that proper oversight is maintained with respect to any approved entry-to-practice examination.

The following are the potential options to resolve the present situation:

a) Approving the NBEO exam as an alternate entry-to-practice exam;
and/or
b) Establishing a truly independent and competent oversight committee of the OEBC exam process to provide expert oversight in line with regulatory requirements (i.e. independent of OEBC and anyone who is or has been in the past, remunerated directly or indirectly by OEBC). This Committee should be appointed by OEBC members which would emulate the role of the ARBO/NBEO model or National Board of Examination Review Committee (NBERC), and it should be able to report back to all regulators in an unfettered manner. If this option is pursued, a strict timeline should be followed in the formation of the Committee.

Fitness to Practice Committee Report

Name of committee:	**Fitness to Practice Committee**
Reporting date:	**January 4, 2019**
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

COLLEGE OF Optometrists OF ONTARIO

Discipline Committee Report

Name of Committee:	**Discipline Committee**
Reporting Date:	**January 3, 2019**
Number of meetings in 2018:	**N/A**
Number of meetings since the last Council meeting:	**N/A**

The Discipline Committee conducted two (2) Discipline Hearings:

1. **Dr. Farrukh A. Sheikh -** Hearing held on October 3, 2018

A. THE DISCIPLINE PANEL MADE THE FOLLOWING FINDINGS of professional misconduct in relation to the following allegations set out in the Notice of Hearing, dated February 16, 2018:

1. That Dr. Sheikh 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 _____ Eye Clinic in Hamilton, Ontario, he failed to maintain the standards of practice of the profession with respect to:
    a. his delegation to Mr. S., the controlled act(s) of communicating a diagnosis and prescribing eyeglasses to Patient X and, specifically, with respect to his failure to:
        i. obtain informed consent or to ensure that informed consent was obtained from Patient X for the delegation;
        ii. establish a formal patient/practitioner relationship with Patient X prior to the delegation; and
        iii. ensure that the delegation was appropriately and/or adequately documented in the patient record
2. That he 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 _____ Eye Clinic in Hamilton, Ontario, he permitted, counselled, or assisted Mr. S., a person who is not a member of 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 X:
    a. communicating a diagnosis identifying, as the cause of Patient X's symptoms, a disorder of refraction; and/or
    b. prescribing, for vision or eye problems, eye glasses.

3. That he 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 _____ Eye Clinic in Hamilton, Ontario, he failed to make and/or maintain records in accordance with Part IV and, in particular, he failed to ensure that the patient health record for Patient X included:
    a. information about his delegation of a controlled act(s) to Mr. S.; and
    b. information that would allow his entries and the entries of Mr. S. in the health record for Patient X to be readily identifiable.
4. That he 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 _____ Eye Clinic in Hamilton, Ontario, he allowed to be submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, he allowed a claim to be submitted to Patient X's insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:
    a. he had completed Patient X's eye examination on that date, when that was not the case; and
    b. Patient X had received a complete eye examination on that date, when that was not the case.
5. That he 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 _____ Eye Clinic in Hamilton, Ontario, 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 X, when he requested such a statement or receipt.
6. That he 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 _____ Eye Clinic in Hamilton, Ontario, he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional and, in particular, he:

a. delegated a controlled act(s) to Mr. S. in relation to Patient X without:
    i. obtaining informed consent and/or ensuring that informed consent was obtained from Patient X for the delegation;
    ii. establishing a formal patient/practitioner relationship with Patient X prior to the delegation; and/or
    iii. ensuring that the delegation was appropriately and/or adequately documented in the patient record;
b. permitted, counselled, or assisted Mr. S., a person who is not a member of 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 X:
    i. communicating a diagnosis identifying, as the cause of Patient X's symptoms, a disorder of refraction; and/or
    ii. prescribing, for vision or eye problems, eye glasses;
c. failed to make and/or maintain records in accordance with Part IV and, in particular, he failed to ensure that the patient health record for Patient X included:
    i. information about his delegation of a controlled act(s) to Mr. S.; and
    ii. information that would allow his entries and the entries of Mr. S. to be readily identifiable.
d. submitted an account for professional services that he knew or ought to have known was false or misleading and, in particular, he allowed a claim to be submitted to Patient X's insurance company in relation to an eye examination in circumstances where the information submitted to the insurance company suggested that:
    i. he had completed Patient X's eye examination on that date, when that was not the case; and
    ii. Patient X had received a complete eye examination on that date, when that was not the case; and/or
e. failed to have the appropriate administrative processes in place to ensure that Patient X received an itemized statement or receipt when he requested one.

B. THE DISCIPLINE PANEL MADE AN ORDER:

1. Requiring the Member to appear before the Panel to be reprimanded at the conclusion of the hearing on October 3, 2018.
2. Directing the Registrar to suspend the Member's certificate of registration for three (3) weeks, uninterrupted, commencing at 12:01 am on October 4, 2018 and ending at 11:59 pm on October 24, 2018.
3. Directing the Registrar to impose the following terms, conditions and limitations on the Member's certificate of registration:

a. the Member successfully complete, at his own expense, with an unconditional pass, and within one (1) year of the date that this Order becomes final, the ProBe Program on professional/problem-based ethics offered in Ontario;
b. the Member shall submit, to the Registrar, an essay of at least 1,000 words on the following topics, that the Registrar deems satisfactory:
    i. the delegation of controlled acts, as defined in the *Regulated Health Professions Act, 1991*, and the assignment of care, with discussion of the following specific topics:
        A. the legislation and College publications the Member reviewed relevant to the delegation of controlled acts and to the assignment of care;
        B. the process for optometrists to delegate controlled acts and the process for optometrists to assign care, with reference to the applicable standards of practice and/or other legislated requirements;
        C. the purpose of allowing regulated health professionals, including optometrists, to delegate controlled acts and to assign care;
        D. the purpose of the controls that exist to limit the circumstances in which regulated health professionals, including optometrists, can delegate controlled acts and can assign care; and
    ii. the Member's reflections on how the appointment of the patient at issue in his discipline hearing should have been handled differently.
c. the Member shall not delegate controlled acts (as defined in the *Regulated Health Professions Act, 1991*) until he has received written confirmation from the Registrar that the essay referred to in 3(b), above, is satisfactory; and
d. the Member shall co-operate fully in an unannounced inspection of his practice by the College, within one (1) year of either the end of the suspension referred to in paragraph 2, or the date of the Registrar's approval referred to in paragraph 3(b), whichever occurs later. The practice inspection shall include any inquiries, chart reviews, interviews, attendances and/or investigative techniques the Registrar deems appropriate to assess the Member's compliance with the College Standards and applicable legislation relating to the delegation of controlled acts and the assignment of care, and shall be at the Member's cost, up to a maximum of $1,500.

4. Directing the Member to partially reimburse the College for its costs in relation to this proceeding in the amount of $20,000 to be paid according to the following schedule:
    a. one cheque dated October 3, 2018 in the amount of $2,000; and
    b. twelve, post-dated cheques, provided to the College on October 3, 2018, each in the amount of $1,500 and each dated on the third day of the month commencing, November 3, 2018.

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

2. **Dr. Gregory Miller #2 -** Hearing held on October 10-11, 2108
   Decision pending

   Allegations:

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.

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

1. **Dr. Gregory Miller #1 -** Hearing set for February 5-7, 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.

2. 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.

3. **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).

4. **Marg L. Courchesne (Suspended Member) -** Hearing dates TBD.
Date of Referral: October 12, 2018

1. Marg Courchesne contravened the Regulated Health Professions Act, 1991, and para. 1.36 of Regulation 119/94, in that she continued to practice optometry while her certificate of registration was suspended after January 17, 2017, including by conducting a complete eye examination and issuing a prescription to Patient X on January 20, 2018;
2. Marg Courchesne contravened a term, condition or limitation on her certificate of registration, in that she failed to submit an annual report to the Registrar for the year 2016, as required by s. 7(1)(b) of Regulation 837/93 to the Optometry Act, 1991;
3. Marg Courchesne has engaged in conduct or performed acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical contrary to para. 1.39 of Regulation 119/94, in that she continued to practice optometry while her certificate of registration was under suspension after January 17, 2017, despite having been advised of the suspension at that time.

Respectfully submitted:

Karin Simon, O.D.
Committee Chair

Governance Committee Report

Name of Committee:	**Governance Committee**
Reporting Date:	**December 21, 2018**
Number of meetings in 2018:	**5**
Number of meetings since the last Council meeting:	**1**

The Governance Committee met in-person on November 16, 2018.

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

Committee Composition: The Committee performed the initial review and proposal of the committee composition for 2019. Historically, the process has been conducted informally by the Executive Committee. For this year, the proposed 2019 committee composition would still be presented to the Executive Committee at their December 2018 meeting. Based on the terms of reference for the new Governance/HR committee beginning in 2019, that committee's proposal would be presented directly to Council in future years.

The Committee notes that they received 35 volunteer applications for positions on committees. As a number of applicants had not previously volunteered with the College, the Committee conducted brief telephone interviews with any new non-Council committee members that were proposed for certain committees. The recommended committee composition was based on balance and competencies, included some turnover on each committee, adhered to College by-law requirements and attempted to limit the number of Council members on statutory committees in accordance with the minimum specified in the By-laws. In total, 11 new volunteers are being proposed for committees. This process would be further developed by the Governance/HR committee in 2019.

As it is unknown who will be elected for each officer position on the Executive Committee, some proposed appointments may need to be changed following the election at the January Council meeting. One suggestion for future consideration was for the committee appointment year to be staggered to begin in April of each year, rather than January, allowing the Governance/HR Committee to consider committee composition based on the election results.

Ongoing Training: The need has been identified for more ongoing development and training programs, especially for onboarding new Council members. The Committee has discussed various possible training sessions, including continuing a standing Council agenda item on governance training.

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 for the new Governance/HR Committee to provide a draft copy to Council in 2019.

College By-Law Changes: The Committee discussed making the proposed by-law changes that will be necessary based on the governance review and implementation work plan. The consensus was that the first stage of governance review had been completed and the appropriate by-law changes could now be drafted by College legal counsel. The Committee will review the full proposed changes at their next meeting before presenting to Council.

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

Respectfully submitted:

Pooya Hemami, OD
Committee Chair

Strategic Planning Committee Report to Council

Name of committee:	**Strategic Planning Committee**
Reporting date:	**January 7, 2019**
Number of meetings in 2018:	**N/A**
Number of meetings since the last Council meeting:	**N/A**

The Strategic Planning Committee has not met since the last Council meeting. The chair and staff are currently drafting an RFP to engage an appropriate consultant to assist the Committee in this process.

Respectfully submitted,

Ms. Ellen Pekilis
Strategic Planning Committee Chair

COLLEGE OF Optometrists OF ONTARIO

Registrar's Report – January 7, 2019

The following is an update on administrative activities, since the September 25, 2018 Council meeting.

Staff Participation in Conferences, Meetings and Training: College staff participated in the following activities since the September 2018 Council meeting:

- October 14-16: Ms. Hanan Jibry, Assistant Registrar, and I attended the Annual Canadian Network of Agencies for Regulation (CNAR) conference, which was held this year in Banff AB. We heard key note speeches and presentations on a variety of regulatory topics from well-respected speakers. We were proud to attend the session "Interview with the Public Members: Serving the Public Interest in Self-Regulation" where former Council member, Ms. Irene Moore participated in this plenary session, which described the value that public members bring to Colleges. She was joined by two public members of the College of Physiotherapists of Ontario. Irene provided insights into her ten years on the College Council, as well as her prior experience on the College of Occupational Therapists of Ontario.
- November 2, 2018- Mr. Eyal Birenberg, Coordinator, Investigations and Hearings, attended the Advanced Discipline Training seminar presented by the Federation of Health Regulatory Colleges of Ontario (FHRCO). Mr. Birenberg is also a member of the FHRCO Discipline Training Committee.
- November 3, 2018- I was honoured to be asked to address the first-year students of the Doctor of Optometry degree program of the University of Waterloo School of Optometry and Vision Science at the White Coat Ceremony. I was also happy to participate as a "coater".
- November 7, 2018- Dr. Hemami and I attended the Eye Health Council of Ontario (EHCO) meeting as observers on behalf of the College.
- November 22, 2018- Mr. Sean Knight, Coordinator, Quality Programs (Acting) attended a meeting of the FHRCO Quality Assurance Working Group.
- November 23, 2018- Mr. Justin Rafton, Policy Analyst, attended the FHRCO Communicators Day.
- November 28, 2018- Ms. Hanan Jibry and Mr. Nektarios Kikonyogo, Manager, Finance and Office Administration, attended the FHRCO Corporate Services meeting.
- November 29, 2018- Ms. Jibry and I attended a session given by the Information and Privacy Commissioner of Ontario, Mr. Brian Beamish.
- December 3, 2018- Ms. Jibry and I, along with Council members, Ms. Ellen Pekilis and Dr. Christopher Nicol, attended the FHRCO Governance Session.
- December 5, 2018- The College was pleased to host the FHRCO Consent and Capacity Working Group meeting, which was attended by Ms. Mina Kavanagh, Director, Investigations and Resolutions and Mr. Justin Rafton.

Council Elections: An election was held in District 5- Provincial Electoral District where three members were nominated for one position. The election was conducted electronically. Voting was open from October 9 to October 24 and the results tabulated on October 25th. The College engaged a third-party provider to hold the completed ballots and to provide the results. An additional third party was present for the tabulation of the results. A total of 264 members cast their votes (approximately 11% of College members). Congratulations to Dr. Annie Miccuci who joins Council at the January 18, 2019 meeting.

Volunteer Applications: This year, the request for non-council committee member volunteers was shortened by a month at the request of the Governance Committee. The College received 35 applications from volunteers by the November 2nd deadline. The applications can be found elsewhere in this package.

Staff Report: Welcome to Mr. Sean Knight who joined the College in October 2018 as acting Coordinator, Quality Programs. Sean currently supports the Quality Assurance Panel of the Quality Assurance Committee while Ms. Bonny Wong is on leave.

Membership Renewal: The annual membership renewal period, which opened on November 15th, proceeded well with members renewing online and is now concluded. Members, who did not renew by December 15th were charged a late fee to renew before January 15th. Members who fail to renew their membership by January 15th are suspended, and are not entitled to practise optometry, until a reinstatement fee, and all fees in arears, are paid. The certificate of registration of a member who has been suspended for non-payment of fees for two years is administratively revoked in accordance with the Regulation.
Number of members who renewed by December 15, 2018- **2439**
Number of members at risk of having their certificate suspended for non-payment of fees: **25**
Number of members who are at risk of revocation of their certificate for non-payment of fees-**4**

Administrative Statistics from September 1, 2018-December 31, 2018:

Registration:	Applications opened-**15**
	New members registered-**25**
Quality Assurance:	Practice assessments processed and sent to assessors-**61**
ICRC:	New complaint files opened-**16**
	Registrar's requests to ICRC to approve the appointment of an investigator -**3**
	Registrar's report (incapacity)-**1**
	Investigators appointed at the request of the ICRC-**2**

Respectfully submitted

Paula Garshowitz, OD
Registrar

6 / PRESENTATION

6. National Board of Examiners in Optometry (NBEO)

NBEO Executive Director, Dr. Jill Bryant, will present to Council on the NBEO examination via teleconference. Joining Dr. Bryant will be Mr. Rick Present, Part I-Applied Basic Science(ABS); Dr. Nicole Jerge, (Part II-Patient Assessment and Management/Treatment and Management of Ocular Disease (PAM/TMOD), Dr. Mandy Sallach, (Part III-Clinical Skills Exam (CSE), and Dr. Brett Foley (psychometrician at Alpine).

7 / MOTIONS

7. Motions Brought Forward from Committees

    a. Executive Committee
        - To approve the NBEO examination for registration purposes as a standard assessment exam approved by the College, effective immediately.
            - The consultation submissions the College received can be found here.

    b. Quality Assurance Committee

        i. Clinical Practice Panel
        - To approve revisions to the following Optometric Practice Reference – Professional Standards:
            - OPR 4.3 Delegation and Assignment
            - OPR 5.2 The Prescription
            - OPR 6.7 Binocular Vision Assessment and Therapy
            - OPR 6.8 Visual Field Assessment
            - OPR 7.4 Patients with Diabetes
            - OPR 7.5 Patients with Hypertension
            - OPR 7.6 Cycloplegic Refraction
        - To remove the Clinical Guidelines section from the Optometric Practice Reference (OPR).

        ii. Quality Assurance Panel
        - To approve circulation of a by-law amendment for Schedule of Fees
        - To amend the 2018-2020 CE Policy

    c. Patient Relations Committee
        - To approve the amount of $19,900 (before HST) for the purpose of developing the “Eye Consent – the Optometrist’s Guide to Informed Consent” e-Learning module to be offered, on a voluntary basis, to all members of the College

Motion to Council

Name of committee: Executive Committee

Date of submission: January 7, 2019

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

Proposed motion: That Council approve the National Board of Examiners in Optometry (NBEO) examination for registration purposes as a standard assessment exam approved by the College, effective immediately.

Recommendation to Council and Rationale	
The Issue	Council is asked to approve the NBEO examination for registration purposes as a standard assessment exam approved by the College, effective immediately.
Background	**College's Authority and Responsibility** Requirements for issuing a general certificate of registration to an applicant are specified in the Registration Regulation, which is O. Reg. 837/93, as amended under the *Optometry Act, 1991*. Specifically, Section **2**.(1) 7. (i) requires "successful completion, not more than three years before applying for registration, of the standards assessment examinations set or approved by the College." Subsection 7. (ii) sets out the requirements if an applicant successfully completed the standards assessment examination more than three years before applying for registration. This section of the *Optometry Act* gives Council the authority to set or approve the standards assessment examination (or "entry-to-practice" examination) necessary to meet the requirements for the issuing of a certificate of registration. Section 22.4(2) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, specifies the College's responsibility of oversight of any third party it engages to assess qualifications: "If the College makes its own assessment of qualifications, it shall do so in a way that is transparent, objective, impartial and fair and if it relies on a third party to assess qualifications, it shall take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective impartial and fair. Under Section 89 of the *Health Professions Procedural Code*, Colleges are required to "take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College." This requirement includes the ability to challenge the entry-to-practice examination in French.

History of Standards Assessment Examinations in Ontario

Prior to 1994, under the *Health Disciplines Act, 1980*, the College registered applicants who had graduated from the University of Waterloo School of Optometry (i.e. had successfully completed the Doctor of Optometry degree program and its exit examinations) as meeting the requirement for qualification and examination for registration. Other applicants were required to pass "Council Exams", set by the College, in order to register in Ontario. All other provinces set and administered their own provincial examinations.

In 1994, graduates of US optometry schools and University of Waterloo were required to successfully complete an Ontario Board examination, which included a clinical component administered by NBEO, in order to be issued a certificate of registration in Ontario. In 1995, led by Ontario, the Canadian Examiners in Optometry (CEO-ECO) was established, by Federal Charter. That year, the Canadian Standards Assessment in Optometry (CSAO) examination was administered for the first time and accepted by all provinces as the standards assessment examination for registration. In the fall of 2011, CEO-ECO developed a new examination, the Canadian Assessment of Competency in Optometry (CACO), which was administered until October 2016.

In March 2017, CEO-ECO officially changed its corporate name to Optometry Examining Board of Canada (OEBC) and in May 2017 replaced the CACO examination with the OEBC Written and OEBC OSCE Examination. To date, the College has exclusively approved the examinations developed and administered by CEO-ECO/OEBC as the standards assessment examination and financially supported the organization regularly through repeated member contributions, with the most recent contribution in 2016. The OEBC exam is administered twice a year in Canada and is available in English and French.

At various times over the last number of years, the College expressed its disapproval and disagreement to CEO-ECO regarding various aspects of its exam and/or governance structure. Most recently, beginning in 2015-16, the College expressed its concerns with some aspects of the proposed OEBC exam. In order to address this issue, in late 2016 the College issued a request-for-proposals (RFP) for the development of an alternate Canadian examination. The College considered the proposals it received but has not, to date, proceeded with any of them.

CEO-ECO/OEBC Governance Considerations

In 2017, several provincial regulators, including Ontario, felt that a process was lacking for OEBC's members (who are also its owners) to have any tangible control over broad aspects of OEBC and its main product (the OEBC exam). The College, and other regulators, believed that electing provincial registrars, or optometric regulatory council

	representatives, to the Board of Directors of OEBC would be the best way to effect changes in the OEBC OSCE examination and the organization itself. Accordingly, OEBC members decided, in June 2018, to replace the existing OEBC Board members with the provincial registrar from each province (in Quebec, the chair of Quebec's Registration Committee was elected to the board). Prior to June 2018, the OEBC Board of Directors had been made up of Canadian optometrists who were generally not involved in regulation, advocacy or education of the profession. There is now little evidence that the College's concerns are being considered by the new OEBC board, and it has become apparent that the majority of OEBC's directors may not share the College's views regarding the OEBC exam and other governance, oversight or organizational matters. At this juncture, it appears unlikely that definitive changes to the exam will be undertaken to address the College's concerns within its desired timeframe. **Consideration of NBEO as Standards Assessment Examination** There is a stronger argument to accept the NBEO for fairness and accessibility considerations than in previous years. Two Canadian provinces, British Columbia (BC) and Quebec (QC), already approve the NBEO examination for registration; BC has accepted NBEO since 2010. Over the last number of years, the College considered accepting the NBEO exam as either an alternate entry to practice exam or as the only exam approved by Council. In June 2013, a motion to accept NBEO was defeated at Council by a single vote, but the concept continued to be alive over the subsequent years. Over the past eight years (2010-17), over 44% of new registrants that are graduates of Accreditation Council on Optometric Education (ACOE) optometry schools received their optometric education in US optometry schools. Further, given that BC and QC already accept the NBEO as an entry-to-practice exam, graduates who pass this exam can already apply to register in Ontario (through labour mobility provisions) without completing the OEBC exam. Given this backdrop, the Executive Committee decided to revisit accepting the NBEO as an alternate standards assessment option, in order to provide candidates with improved choice, accessibility and flexibility. The Registration Committee reviewed the NBEO exam when it sent some of its members to visit NBEO's clinical testing facility, the National Centre for Clinical Testing in Optometry (NCCTO), in Charlotte, NC in August 2017. In addition, the NBEO exam has broad acceptance by all 50 US states (including those with broader scopes of practice than Ontario), and the exam has robust oversight through the National Board of Examiners Review Committee (NBERC), a committee of the Association of Regulatory Boards of Optometry (ARBO). Further background details, including the conclusions of the Registration Committee are included in the briefing materials for the November 5, 2018 Council meeting found later in this document.

	When considering this recommendation, Council must be satisfied that the NBEO examination is valid, reliable and defensible and that it assesses entry level competence to ensure that applicants who have successfully challenged the exam will provide safe, quality optometric care to the public of Ontario. More information about NBEO can be found here. More information about OEBC can be found here.

Analysis, including impact on budget	Approving an alternate exam will provide applicants with the choice to take either the OEBC examination or the NBEO examination to fulfill this registration requirement. Applicants may choose the assessment that suits their own personal situation and timetable.
	
	Potential future impacts on the budget include:
	• Consideration of reinstating the College's member contribution to OEBC; and
	• Potential costs to ensure a standards assessment option can be taken in Canada and provided in both English and French.
	
	On October 22, 2018, College President, Dr. Pooya Hemami, asked the Registration Committee to review the NBEO examination by comparing it to the OEBC exam, and it was also asked for "its opinion on whether or not it believes that the OEBC examination provides a more robust, valid, comprehensive and defensible assessment of the knowledge, skills and judgement (or competencies) required for safe and effective entry-level optometry practice in Canada than the NBEO". The Registration Committee provided the results of its analysis to Dr. Hemami on October 27, 2018.
	
	• October 22, 2018 Memo to the Registration Committee
	• October 27, 2018 Memo to Dr. Hemami from the Registration Committee
	
	Council held preliminary discussions on this proposal by teleconference on November 5, 2018. A link to the briefing materials of that meeting can be found here. It was decided, at that meeting, that the College would consult with members and stakeholders, giving them an opportunity to send in their feedback and comments on the proposals prior to making a final decision on the matter. The College posted the consultation materials on its website and circulated them to members and stakeholders on November 7, 2018 with a deadline for submissions of January 4, 2019.
	
	• Consultation documents
	• Further information provided by the College:
	  ○ FAQs
	  ○ Memo- Response to Member and Stakeholder Feedback Received to December 14, 2018.

	The submissions the College received can be found here and are divided into the following categories: • Organizational stakeholders • Ontario optometrists (members) • Optometrists from other jurisdictions • Optometric students Council will hear a presentation by NBEO Executive Director, Dr. Jill Bryant when it meets on January 18, 2019. Dr. Bryant will provide an overview of the examination and address Council's questions.
Options (are there alternatives)	In accordance with the Registration Regulation, the College must set or approve standards assessment examination(s). Council may: • Continue to accept only the OEBC exam as the standards assessment examination required for registration; • Approve the NBEO examination as an alternate standards assessment examination for registration; or • Accept only the NBEO exam and discontinue accepting the OEBC exam as standards assessment required for registration.

Implications/expectations if approved	Desirable Implications/Expectations
	• College continues to approve the OEBC exam and remains a member of OEBC with representation on its Board of Directors
	• Provides an alternative exam option to applicants thereby providing increased accessibility to the practice of the profession in Ontario.
	• Provides option that satisfies the Executive Committee and Registration Committee concerns regarding established external oversight (through ARBO's National Board of Examiners Review Committee (NBERC)), and that involves live subjects for the testing of critical skills.
	• Formalizes a process that is already available; that is, applicants who register in British Columbia or Quebec having successfully completed the NBEO exam, may then apply to transfer to Ontario (or any other Canadian province) using labour mobility provisions without completing OEBC exam.
	• NBEO option provides advantages to applicants to registration compared to OEBC, including:
	  ○ lower cost of the examination;
	  ○ students may write NBEO Part I in their third professional year and complete all three Parts before graduation; and
	  ○ eliminates the need to write a second examination for those applicants who have completed the NBEO in order to access US residency programs.
	• NBEO infrastructure (electronic testing) may be used for other College assessments in the future

	Less Desirable Implications/Expectations:
	• If many applicants choose to write NBEO over OEBC exam, this may result in higher OEBC exam fees for those who choose to write it, threatening the long-term sustainability of OEBC.
	• NBEO currently requires all candidates to travel to Charlotte NC to challenge the Part III (CSE) exam; creating a potential accessibility barrier for some applicants who cannot, for any reason, travel to the US.
	  ○ Currently mitigated by maintaining approval of OEBC exam
	• The College is required, under Section 89 of the *Health Professions Procedural Code*, to "take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College." This requirement includes the ability to challenge the entry-to-practice examination in French. The NBEO examination is not currently available in French
	  ○ Currently mitigated by maintaining approval of OEBC exam
	• College has less direct oversight over NBEO exam than with OEBC (although Ontario, as one of ARBO's 66-member jurisdictions, may apply for a seat on NBERC)
	• Each province has the right to self-determination with respect to health care issues. While some FORAC members may be dissatisfied by Ontario's proposal to accept NBEO, Ontario's position would be no different from that of British Columbia or Quebec.

Implications/potential consequences If not approved	• The College's relationship with its stakeholders will retain the current status quo. • The College would continue to hold a position on the OEBC Board of Directors. • There is no assurance that OEBC's examination and/or its related governance, oversight or organizational parameters will change to address the College's concerns or preferences • OEBC exam's "market share" of new Canadian registrants may still continue to decline given the ongoing effect of QC and BC already accepting NBEO (given labour mobility provisions)

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 4.3 Delegation and Assignment

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 4.3 – Amendment to the standard to include an exception under the subtitle 'Research Conducted by a University', that reads: "An exception exists for delegation and assignment where medical direction is delegated with indirect supervision, with the informed consent of the subject, and where the research has received research ethics board approval from an accredited university".
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	

4.3 Delegation and Assignment

Introduction

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

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

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

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

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

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

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

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

Collaboration with other health professionals

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

Regulatory Standards

Controlled Acts

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

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,

   i. beyond the external ear canal,
   ii. beyond the point in the nasal passages where they normally narrow,
   iii. beyond the larynx,
   iv. beyond the opening of the urethra,
   v. beyond the labia majora,
   vi. beyond the anal verge, or
   vii. into an artificial opening into the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing-impaired person.

11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

12. Managing labour or conducting the delivery of a baby.

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

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

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

i. communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system, or a prescribed disease;

ii. applying a prescribed form of energy;

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

iv. prescribing a drug designated in the regulations.

The RHPA also discusses delegation of controlled acts:

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

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

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

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

Exceptions

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

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

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

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

15. Delegating a controlled act in contravention of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.

16. Performing a controlled act that the member is not authorized to perform.

17. Permitting, counselling or assisting a person who is under the supervision of a member to perform an act in contravention of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.

18. Permitting, counselling or assisting any person who is not a member to perform a controlled act which should be performed by a member.

Professional Standard

Delegation

Optometrist-Patient Relationship

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

Presence of the Optometrist

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

Process for Delegation

The optometrist must establish a process for delegation that includes:

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

Informed Consent

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

Supervision

The optometrist supervises the delegated procedure by direct supervision.

Quality Assurance

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

Assignment

Optometrist-Patient Relationship

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

Presence of the Optometrist

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

Process for assignment

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

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

Research Conducted by a University

An exception exists for delegation and assignment where medical direction is delegated with indirect supervision, with the informed consent of the subject, and where the research has received research ethics board approval from an accredited university.

Professional Standard for Receiving Delegation of Controlled Acts

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

i. a process for receiving delegation is in place;

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

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

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

v. the delegated act is clearly defined;

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

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

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

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

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

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

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

v. the delegated act is clearly defined;

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

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

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

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 5.2 The Prescription

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 5.2 – Amendment to divide the standard into two parts, dealing with optical prescriptions and prescriptions for drugs separately. The wording 'therapeutic directive' was changed to 'order', as to be consistent with medical terminology of other health care professionals. The reference to the Clinical Guideline with respect to expiry dates was also struck.
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	

5.2 The Prescription

Description

A prescription is an order ~~therapeutic directive~~ between an optometrist and a patient. A prescription is based upon the analysis of all available clinical information and subsequent diagnoses from optometric examination. Optometrists may issue two distinct types of prescriptions: **optical prescriptions,** which when combined with further appliance-specific information, enable the patient to obtain eyeglasses, contact lenses or subnormal vision devices; and **prescriptions for drugs,** which specify topical or oral drugs used to treat certain ocular diseases.

Regulatory Standard

The *Optometry Act, 1991(as amended 2007)* lists four authorized acts that can be performed by optometrists subject to the terms, conditions and limitations on their certificate of registration. Two of those acts are:

- Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses. (1991, c. 35, s. 4".)
- Prescribing drugs designated in the regulations

The Professional Misconduct Regulation (O. Reg. 119/94 Part I under the Optometry Act, 1991) includes the following acts of professional misconduct:

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 hve 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.

The Designated Drugs and Standards of Practice Regulation, (O.Reg. 112/11 under the Optometry Act) describes the following conditions under which optometrists may prescribe drugs:

Drugs that may be prescribed

1. For the purposes of paragraph 2.1 of section 4 of the Act, and subject to sections 2, 3 and 4 and Part II of this Regulation, a member may prescribe a drug set out under a category and sub-category heading in Schedule 1.

Limitation

2. Where a limitation or a route of administration is indicated in the sub-category heading set out in Schedule 1, a member shall only prescribe a drug listed under that sub-category in compliance with the limitation and in accordance with the route of administration specified.

Training required

3. No member may prescribe any drug unless he or she has successfully completed the relevant training in pharmacology that has been approved by Council.

Recording

4. Every time a member prescribes a drug the member shall record the following in the patient's health record as that record is required to be kept under section 10 of Ontario Regulation 119/94 (General) made under the Act:

1. Details of the prescription, including the drug prescribed, dosage and route of administration.

2. Details of the counselling provided by the member to or on behalf of the patient respecting the use of the drug prescribed.

Non-prescription drugs

5. In the course of engaging in the practice of optometry, a member may prescribe any drug that may lawfully be purchased or acquired without a prescription.

Professional Standard

Optometrists issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition. The prescribed therapy must be within the scope of practice of the optometrist and in the patient's best interest. Optometrists are responsible to counsel their patients in the use of any prescribed therapy and required follow-up. The prescription and appropriate counselling must be documented in the patient record. In the event that a patient experiences an adverse or unexpected response to the prescribed therapy, optometrists will provide additional diagnostic and/or counselling services and, if required, make appropriate modifications to the management plan.

All **prescriptions** must contain information that:

- Clearly identifies the prescribing optometrist, including name (with degree and profession), address, telephone number, license (registration) number and signature;
- Clearly specifies the identity of the patient; and
- Specifies the date prescribed.

If optometrists determine that a prescribed therapy is required, a prescription **must** be provided as part of the assessment without additional charge, regardless of whether the examination is an insured or uninsured service.

Patients have the right to fill their prescriptions at the dispensary or pharmacy of their choice.

A. Optical Prescription

An optical prescription must also:

- Contain information that is used by a regulated professional to dispense eyeglasses, contact lenses or a subnormal vision device that will provide the require vision correction (OPR 6.3) for the patient; and
- Specify an expiry date.

~~If optometrists specify an expiry date that is other than as recommended under the Clinical Guideline, information must be communicated to the patient so it is understood why it is not appropriate to fill the prescription after the specified date.~~

A spectacle prescription (prescription for eyeglasses) must be provided to the patient without request and without additional charge, regardless of whether the examination is an insured or uninsured service. Charges for additional copies of the prescription are at the discretion of the optometrist.

When optometrists have performed the necessary services to prescribe a specific appliance (e.g. contact lens), an appliance-specific prescription including the parameters of that appliance must be provided to the patient upon request. Optometrists may withhold this information pending payment for the related service.

B. Prescription for Drugs

A prescription for drugs must also contain:

- the drug name, dose, dose form;
- directions to the pharmacist such as quantity to be dispensed, refills allowed and an indication if no substitutions are permitted;
- directions to the patient; and
- the optometrist's original signature.

To provide timely care, it may be necessary to fax a prescription for drugs to a pharmacy. This fax must contain appropriate information verifying that it originates at the prescribing optometrist's office.

When it is necessary to verbally communicate a prescription for drugs to a pharmacy, the details must be fully documented in the patient record, including the name of the pharmacy and any staff members assisting in the call.

5.2 The Prescription

Description

A prescription is an order between an optometrist and a patient. A prescription is based upon the analysis of all available clinical information and subsequent diagnoses from optometric examination. Optometrists may issue two distinct types of prescriptions: **optical prescriptions,** which when combined with further appliance-specific information, enable the patient to obtain eyeglasses, contact lenses or subnormal vision devices; and **prescriptions for drugs,** which specify topical or oral drugs used to treat certain ocular diseases.

Regulatory Standard

The *Optometry Act, 1991(as amended 2007)* lists four authorized acts that can be performed by optometrists subject to the terms, conditions and limitations on their certificate of registration. Two of those acts are:

- Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses. (1991, c. 35, s. 4".)
- Prescribing drugs designated in the regulations

The Professional Misconduct Regulation (O. Reg. 119/94 Part I under the Optometry Act, 1991) includes the following acts of professional misconduct:

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.

The Designated Drugs and Standards of Practice Regulation, (O.Reg. 112/11 under the Optometry Act) describes the following conditions under which optometrists may prescribe drugs:

Drugs that may be prescribed

1. For the purposes of paragraph 2.1 of section 4 of the Act, and subject to sections 2, 3 and 4 and Part II of this Regulation, a member may prescribe a drug set out under a category and sub-category heading in Schedule 1.

Limitation

2. Where a limitation or a route of administration is indicated in the sub-category heading set out in Schedule 1, a member shall only prescribe a drug listed under that sub-category in compliance with the limitation and in accordance with the route of administration specified.

Training required

3. No member may prescribe any drug unless he or she has successfully completed the relevant training in pharmacology that has been approved by Council.

Recording

4. Every time a member prescribes a drug the member shall record the following in the patient's health record as that record is required to be kept under section 10 of Ontario Regulation 119/94 (General) made under the Act:

1. Details of the prescription, including the drug prescribed, dosage and route of administration.

2. Details of the counselling provided by the member to or on behalf of the patient respecting the use of the drug prescribed.

Non-prescription drugs

5. In the course of engaging in the practice of optometry, a member may prescribe any drug that may lawfully be purchased or acquired without a prescription.

Professional Standard

Optometrists issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition. The prescribed therapy must be within the scope of practice of the optometrist and in the patient's best interest. Optometrists are responsible to counsel their patients in the use of any prescribed therapy and required follow-up. The prescription and appropriate counselling must be documented in the patient record. In the event that a patient experiences an adverse or unexpected response to the prescribed therapy, optometrists will provide additional diagnostic and/or counselling services and, if required, make appropriate modifications to the management plan.

All **prescriptions** must contain information that:

- Clearly identifies the prescribing optometrist, including name (with degree and profession), address, telephone number, license (registration) number and signature;
- Clearly specifies the identity of the patient; and
- Specifies the date prescribed.

If optometrists determine that a prescribed therapy is required, a prescription **must** be provided as part of the assessment without additional charge, regardless of whether the examination is an insured or uninsured service.

Patients have the right to fill their prescriptions at the dispensary or pharmacy of their choice.

A. Optical Prescription

An optical prescription must also:

- Contain information that is used by a regulated professional to dispense eyeglasses, contact lenses or a subnormal vision device that will provide the require vision correction (OPR 6.3) for the patient; and
- Specify an expiry date.

A spectacle prescription (prescription for eyeglasses) must be provided to the patient without request and without additional charge, regardless of whether the examination is an insured or uninsured service. Charges for additional copies of the prescription are at the discretion of the optometrist.

When optometrists have performed the necessary services to prescribe a specific appliance (e.g. contact lens), an appliance-specific prescription including the parameters of that appliance must be provided to the patient upon request. Optometrists may withhold this information pending payment for the related service.

B. Prescription for Drugs

A prescription for drugs must also contain:

- the drug name, dose, dose form;
- directions to the pharmacist such as quantity to be dispensed, refills allowed and an indication if no substitutions are permitted;
- directions to the patient; and
- the optometrist's original signature.

To provide timely care, it may be necessary to fax a prescription for drugs to a pharmacy. This fax must contain appropriate information verifying that it originates at the prescribing optometrist's office.

When it is necessary to verbally communicate a prescription for drugs to a pharmacy, the details must be fully documented in the patient record, including the name of the pharmacy and any staff members assisting in the call.

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 6.7 Binocular Vision Assessment and Therapy

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 6.7 – Amendment to the standard striking the reference to the initial optometric examination yielding enough information to reach a diagnosis. The management of binocular vision disorders was also expanded.
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	

6.7 Binocular Vision Assessment and Therapy

Description

Binocular vision is defined as the ability to maintain visual focus on an object with both eyes, creating a single visual image. Binocular vision enables good depth perception and allows clear, comfortable vision to be maintained throughout visual activities. Optometrists diagnose and treat both congenital and acquired disorders of binocular vision. Clinically, binocular vision is assessed ~~within an optometric examination (see OPR 4.2 - Required Clinical Information)~~ through investigation of the oculomotor and sensory systems.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose in a situation in which a consent is required by law, without such a consent.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.

Professional Standard

The initial b~~The initial optometric examination (OPR 4.2) will yield enough information to reach a diagnosis or indicate the need for further specific binocular vision assessment. Optometrists must use appropriate examination techniques and instrumentation to reach a diagnosis and will inform patients of any recommended treatment options.~~

~~B~~inocular vision assessment includes:

- appropriate case history;
- refraction and determination of best-corrected visual acuities, including use of cycloplegic (OPR 7.6) agents, when indicated;
- assessment of ocular alignment and comitancy;
- assessment of ocular motility;
- assessment of saccadic and pursuit function;
- assessment of vergence function;
- assessment of accommodative function;
- assessment of sensory function;
- identification of postural adaptations, including anomalous head posture, if present,
- assessment of nystagmus, if present; and~~and~~
- consideration of etiology (congenital versus acquired disorders).

The initial binocular vision assessment includes distance and nearpoint testing in primary gaze, at minimum. Follow-up evaluations may be limited to re-assessment of pertinent areas of binocular

function.

Management of binocular vision disorders includes:

- refractive and prismatic corrections;
- full or partial occlusion;
- amblyopia (OPR 7.12) therapy;
- vision therapy;
- periodic monitoring of the condition;
- collaboration with other service providers involved, including educators, occupational and physical therapists, physicians, neurologists, etc.; and/or~~and/or~~
- tertiary care referral (OPR 4.5), including but not limited to surgery and/or imaging, when indicated.

6.7 Binocular Vision Assessment and Therapy

Description

Binocular vision is defined as the ability to maintain visual focus on an object with both eyes, creating a single visual image. Binocular vision enables good depth perception and allows clear, comfortable vision to be maintained throughout visual activities. Optometrists diagnose and treat both congenital and acquired disorders of binocular vision. Clinically, binocular vision is assessed through investigation of the oculomotor and sensory systems.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose in a situation in which a consent is required by law, without such a consent.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice of the profession.

Professional Standard

The initial binocular vision assessment includes:

- appropriate case history;
- refraction and determination of best-corrected visual acuities, including use of cycloplegic (OPR 7.6) agents, when indicated;
- assessment of ocular alignment and comitancy;
- assessment of ocular motility;
- assessment of saccadic and pursuit function;
- assessment of vergence function;
- assessment of accommodative function;
- assessment of sensory function;
- identification of postural adaptations, including anomalous head posture, if present,
- assessment of nystagmus, if present; and
- consideration of etiology (congenital versus acquired disorders).

The initial binocular vision assessment includes distance and nearpoint testing in primary gaze, at minimum. Follow-up evaluations may be limited to re-assessment of pertinent areas of binocular function.

Management of binocular vision disorders includes:

- refractive and prismatic corrections;

- full or partial occlusion;
- amblyopia (OPR 7.12) therapy;
- vision therapy;
- periodic monitoring of the condition;
- collaboration with other service providers involved, including educators, occupational and physical therapists, physicians, neurologists, etc.; and/or
- tertiary care referral (OPR 4.5), including but not limited to surgery and/or imaging, when indicated.

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 6.8 Visual Field Assessment

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 6.8 – Amendment to the standard to strike the reference to 'the accuracy of' performance of testing. Further edits were made to the wording regarding optometrists who receive requisitions for visual field assessments.
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	

6.8 Visual Field Assessment

Description

~~Optometrists may perform an a~~Assessment of the field of vision ~~as~~is an essential part of ~~an~~ evaluation of the oculo-visual system. Assessment strategies used may be either screening or detailed (threshold) in nature, utilizing manual or computerized instruments and can ~~be done to~~ assess patients' central and/or peripheral field of vision. Visual field assessment is used in the diagnosis and monitoring of conditions of the eye and vision system including, but not limited to, glaucoma, neurological and retinal disease, and to fulfil third party reporting requirements. Information obtained from visual field assessment and analysis is part of the patient health record (OPR 5.1) and must be retained.

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 health-related purpose in a situation in which a consent is required by law, without such consent
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice for the profession.

Professional Standard

The required clinical information (OPR 4.2) includes the results and analysis of visual field assessment when indicated by patient signs, symptoms or history. The nature of the signs, symptoms or history will determine the test strategy used and the frequency of re-assessment.

Indications for visual field assessment ~~may~~ include, but are not limited to:

- assessment of visual disability
- assessment of patients' ability to operate a motor vehicle
- unexplained headaches
- unexplained photopsia or other visual disturbances
- use of medications with potential neuro-ophthalmic toxicity
- eyelid or anterior segment anomalies that may affect the visual field
- some retinal diseases and abnormalities
- glaucoma or risk factors for glaucoma
- diseases of the optic nerve and visual pathway
- neurological disease

Visual field screening provides a rapid assessment of the sensitivity and/or extent of the visual field to determine if a more detailed evaluation of the visual field is required. Screening strategies include, but are not limited to:

- confrontation methods

- amsler grid
- tangent screen and arc perimeter methods
- automated techniques specifically designed for screening

When a more detailed evaluation is required, it is appropriate to utilize techniques including but not limited to:

- Goldmann perimetry (kinetic and/or static)
- automated threshold perimetry

If optometrists do not have the required instrumentation, arrangements must be in place whereby the appropriate testing will be performed elsewhere in a timely fashion. A requisition for visual field testing must include the visual field test strategy requested and pertinent clinical information. Upon receipt of visual field results, the optometrist providing ongoing care will communicate the results to patients in a timely fashion.

Optometrists accepting requisitions for ~~stand-alone~~ visual field assessments where the requesting optometrist does not have the required instrumentation, must maintain a patient health record including the requisition information and visual field test results. The optometrist who provides the testing is responsible for the performance of the testing. The optometrist who accepts the requisition is not responsible for the interpretation of the results, and the communication of the results to the patient.

Optometrists, accepting referrals and assuming the ongoing care for patients who require visual field testing, must review the results of the patient's optometric and/or medical examination(s) as provided by the referring practitioner, and assess, or re-assess, should any additional clinical information or clarification be necessary.

6.8 Visual Field Assessment

Description

Assessment of the field of vision is an essential part of evaluation of the oculo-visual system. Assessment strategies used may be either screening or detailed (threshold) in nature, utilizing manual or computerized instruments and can assess patients' central and/or peripheral field of vision. Visual field assessment is used in the diagnosis and monitoring of conditions of the eye and vision system including, but not limited to, glaucoma, neurological and retinal disease, and to fulfil third party reporting requirements. Information obtained from visual field assessment and analysis is part of the patient health record (OPR 5.1) and must be retained.

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 health-related purpose in a situation in which a consent is required by law, without such consent
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
13. Recommending or providing unnecessary diagnostic or treatment services.
14. Failing to maintain the standards of practice for the profession.

Professional Standard

The required clinical information (OPR 4.2) includes the results and analysis of visual field assessment when indicated by patient signs, symptoms or history. The nature of the signs, symptoms or history will determine the test strategy used and the frequency of re-assessment.

Indications for visual field assessment include, but are not limited to:

- assessment of visual disability
- assessment of patients' ability to operate a motor vehicle
- unexplained headaches
- unexplained photopsia or other visual disturbances
- use of medications with potential neuro-ophthalmic toxicity
- eyelid or anterior segment anomalies that may affect the visual field
- some retinal diseases and abnormalities
- glaucoma or risk factors for glaucoma
- diseases of the optic nerve and visual pathway
- neurological disease

Visual field screening provides a rapid assessment of the sensitivity and/or extent of the visual field to determine if a more detailed evaluation of the visual field is required. Screening strategies include, but are not limited to:

- confrontation methods
- amsler grid

- tangent screen and arc perimeter methods
- automated techniques specifically designed for screening

When a more detailed evaluation is required, it is appropriate to utilize techniques including but not limited to:

- Goldmann perimetry (kinetic and/or static)
- automated threshold perimetry

If optometrists do not have the required instrumentation, arrangements must be in place whereby the appropriate testing will be performed elsewhere in a timely fashion. A requisition for visual field testing must include the visual field test strategy requested and pertinent clinical information. Upon receipt of visual field results, the optometrist providing ongoing care will communicate the results to patients in a timely fashion.

Optometrists accepting requisitions for visual field assessments where the requesting optometrist does not have the required instrumentation, must maintain a patient health record including the requisition information and visual field test results. The optometrist who provides the testing is responsible for the performance of the testing. The optometrist who accepts the requisition is not responsible for the interpretation of the results, and the communication of the results to the patient.

Optometrists, accepting referrals and assuming the ongoing care for patients who require visual field testing, must review the results of the patient's optometric and/or medical examination(s) as provided by the referring practitioner, and assess, or re-assess, should any additional clinical information or clarification be necessary.

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 7.4 Patients with Diabetes

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 7.4 – Amendment to the standard specifying abnormalities to the retina as well as simplifying the language around neuropathies that may affect the cranial nerves.
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	

7.4 Patients with Diabetes

Description

Diabetes mellitus (DM) is a very common systemic condition that can have numerous ocular manifestations. While ~~diabetic~~ retinopathy and macular edema pose~~s~~ the greatest long-term threat to vision for most patients with diabetes, optometrists should also be alert to the development of many other possible complications ranging from transient fluctuations in refractive error and dysfunctions of accommodation and colour vision, to abnormalities in the cornea, iris, retina, lens, vitreous, and optic nerve. Also, ~~oculomotor~~ neuro ophthalmic conditions/ anomalies may arise from neuropathies affecting ~~the third, fourth, or sixth~~ cranial nerves.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

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

Professional Standard

Due to the high prevalence of ocular manifestations of diabetes and the increasing incidence of retinopathy as the duration of the disease increases, all patients with diabetes require periodic assessment of the eye and vision system. Patients are advised as to the appropriate frequency of such assessments, depending on factors such as the duration of the disease, the nature of the condition (e.g. Type I versus Type II), the quality of blood glucose control, and the clinical findings. The normal complement of required clinical information **(OPR 4.2)** is updated regularly with particular emphasis on a detailed case history and thorough anterior and posterior segment examination with pharmacological pupil dilation. Any abnormalities found are carefully documented in the patient record.

Optometrists should be familiar with the classification and current management standards for the various stages of diabetic retinopathy. *Referral* **(OPR 4.5)** to an appropriate healthcare professional is required when indicated.

7.4 Patients with Diabetes

Description

Diabetes mellitus (DM) is a very common systemic condition that can have numerous ocular manifestations. While retinopathy and macular edema pose the greatest long-term threat to vision for most patients with diabetes, optometrists should also be alert to the development of many other possible complications ranging from transient fluctuations in refractive error and dysfunctions of accommodation and colour vision, to abnormalities in the cornea, iris, retina, lens, vitreous, and optic nerve. Also, neuro ophthalmic conditions/anomalies may arise from neuropathies affecting cranial nerves.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

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

Professional Standard

Due to the high prevalence of ocular manifestations of diabetes and the increasing incidence of retinopathy as the duration of the disease increases, all patients with diabetes require periodic assessment of the eye and vision system. Patients are advised as to the appropriate frequency of such assessments, depending on factors such as the duration of the disease, the nature of the condition (e.g. Type I versus Type II), the quality of blood glucose control, and the clinical findings. The normal complement of required clinical information **(OPR 4.2)** is updated regularly with particular emphasis on a detailed case history and thorough anterior and posterior segment examination with pharmacological pupil dilation. Any abnormalities found are carefully documented in the patient record.

Optometrists should be familiar with the classification and current management standards for the various stages of diabetic retinopathy. *Referral* **(OPR 4.5)** to an appropriate healthcare professional is required when indicated.

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 7.5 Patients with Hypertension

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 7.5 – Amendment to the standard's title to include "systemic hypertension". The last paragraph would also be struck regarding optometrists' familiarity with fundus signs characteristics of hypertensive retinopathy as statement is not necessary.
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	

7.5 Patients with Systemic Hypertension

Description

Hypertension is a common ~~and insidious~~ systemic condition ~~that may contribute to the development of potentially vision-threatening complications.~~ in which a number of ocular conditions are directly or indirectly associated. The direct ocular consequences are hypertensive retinopathy, choroidopathy and optic neuropathy. Hypertension is also a risk factor for the development of retinal artery and vein occlusions, retinal artery emboli and diabetic retinopathy. It is also potentially associated with glaucoma, age-related macular degeneration and extraocular muscle palsies. ~~These include, but are not limited to, arteriosclerosis, vascular occlusions and obstructions, retinal hemorrhages, edema, ischemia and neovascularization, optic neuropathies, and oculomotor anomalies arising from neuropathies affecting the third, fourth, or sixth cranial nerves. These findings may indicate a need for systemic medical assessment and intervention in the interest of maintaining the patient's general health. The need for such intervention may be urgent in some circumstances.~~ A collaborative approach with medicine is needed for the management of patients with systemic hypertension who have ocular complications.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

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

Professional Standard

~~Due to the high prevalence of ocular manifestations of hypertension, all patients with hypertension require periodic assessment of the eye and vision system.~~ The frequency of ~~such~~ assessments of the eye and vision system depends on factors such as the history and status of the condition, the clinical findings, and the presence of other cardiovascular risk factors, most commonly dyslipidemia and diabetes. ~~The normal complement of required clinical information is updated~~

~~regularly with particular emphasis on a detailed case history and a thorough posterior segment examination through dilated pupils (OPR 6.2).~~ Any abnormalities found are ~~carefully~~ documented and the patient's primary healthcare practitioner (such as family physician, or nurse practitioner) is advised as necessary of any findings that may pose a threat to the patient's ocular or systemic health.

~~Optometrists are familiar with the fundus signs that are characteristic of hypertensive retinopathy and other signs and symptoms that may arise from vascular complications affecting the eye and vision system secondary to hypertension.~~

7.5 Patients with Systemic Hypertension

Description

Hypertension is a common systemic condition in which a number of ocular conditions are directly or indirectly associated. The direct ocular consequences are hypertensive retinopathy, choroidopathy and optic neuropathy. Hypertension is also a risk factor for the development of retinal artery and vein occlusions, retinal artery emboli and diabetic retinopathy. It is also potentially associated with glaucoma, age-related macular degeneration and extraocular muscle palsies. A collaborative approach with medicine is needed for the management of patients with systemic hypertension who have ocular complications.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

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

Professional Standard

The frequency of assessments of the eye and vision system depends on factors such as the history and status of the condition, the clinical findings, and the presence of other cardiovascular risk factors, most commonly dyslipidemia and diabetes. Any abnormalities found are documented and the patient's primary healthcare practitioner (such as family physician, or nurse practitioner) is advised as necessary of any findings that may pose a threat to the patient's ocular or systemic health.

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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):

- 7.6 Cycloplegic Refraction

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 7.6 – Amendment to the standard specifying that cycloplegic refraction is indicated in the initial assessment of children and adults who meet any of the listed criteria.
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	

7.6 Cycloplegic Refraction

Description

Objective and subjective refraction done under cycloplegia can provide useful information in situations where sustained accommodative effort is suspected to be contributing to symptoms or obscuring a full diagnosis of the clinical problem.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

Cycloplegic refraction is indicated on the initial assessment of ~~in~~ children and young adults, including but not limited to those:

- with suspected clinically significant latent hyperopia;
- with unexplained reduced visual acuity;
- with suspected amblyopia; or
- who are at risk of developing amblyopia secondary to accommodative esotropia or asymmetric refractive error.

Cycloplegic refraction is repeated when clinically indicated.

When *using cycloplegic agents* (OPR 4.4), optometrists will:

- be familiar with the properties of any cycloplegic agents they use;
- counsel patients appropriately regarding the expected effects and anticipated duration of action of the agent; and
- consider the presence of any significant contraindications to the use of a cycloplegic agent prior to instillation (e.g., narrow anterior chamber angle, past history of angle closure attacks or other adverse reactions or hypersensitivities to similar agents, etc.).

7.6 Cycloplegic Refraction

Description

Objective and subjective refraction done under cycloplegia can provide useful information in situations where sustained accommodative effort is suspected to be contributing to symptoms or obscuring a full diagnosis of the clinical problem.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

13. Recommending or providing unnecessary diagnostic or treatment services.

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Professional Standard

Cycloplegic refraction is indicated on the initial assessment of children and young adults, including but not limited to those:

- with suspected clinically significant latent hyperopia;
- with unexplained reduced visual acuity;
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- who are at risk of developing amblyopia secondary to accommodative esotropia or asymmetric refractive error.

Cycloplegic refraction is repeated when clinically indicated.

When *using cycloplegic agents* **(OPR 4.4)**, optometrists will:

- be familiar with the properties of any cycloplegic agents they use;
- counsel patients appropriately regarding the expected effects and anticipated duration of action of the agent; and
- consider the presence of any significant contraindications to the use of a cycloplegic agent prior to instillation (e.g., narrow anterior chamber angle, past history of angle closure attacks or other adverse reactions or hypersensitivities to similar agents, etc.).

Motion to Council

Name of committee: Clinical Practice Panel – Quality Assurance Committee

Date of Submission: January 9, 2019

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

Proposed motion: To remove the Clinical Guidelines section from the Optometric Practice Reference (OPR).

Recommendation to Council and Rationale	
The Issue	Council is asked to approve the removal of the Clinical Guidelines section from the OPR.
Background	**Regulatory Authority** All health regulatory colleges have the responsibility to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession, as per section 3(1)(3) of the *Regulated Health Professions Act, 1991.* For the College, this responsibility has been delegated to the Clinical Practice Panel (CPP) of the Quality Assurance Committee, who then present revisions and updates to Council for approval. The Panel articulates and clarifies new and existing standards of practice, regulatory requirements and clinical practice guidelines and publishes them in the Optometric Practice Reference (OPR). **Development of the OPR** The initial development of the OPR began in 2002 and was originally conceived by the then Clinical Practice Committee (CPC) to consist of standards of practice. In 2004, after presenting a draft version to the QA Committee, it was suggested that a guideline section also be included that provided a more detailed list of specific procedures that would both be supplemental to the standards as well as assist with different QA program processes. It was also expressed, at that time, that the development of guidelines was aligned with the College's vision statement of that day of "Excellence in Optometric care". As the OPR continued to be developed over the coming years, the draft of each stand-alone document of the OPR was separated into two sections: one outlining the levels of care required in order to meet the regulatory and professional standards of practice, while the other recommended best practices under the clinical guidelines. The Committee wished for there to be clear delineation between standards and guidelines, so to not confuse practitioners and to allow for easier updates and revision to each section in the future. The first edition of the OPR was approved by Council in September 2006 and was rolled out to the members in a series of Road Shows in the fall of 2007, when it was also published on the College website. Since then, the OPR has gone through a number of updates to both standards and guidelines through annual reviews by the Panel. In January 2017, Council approved a motion by CPP to separate the OPR into two separate documents- OPR Standards

	of Practice (SOP) and OPR Clinical Practice Guidelines (CPG). **Guideline Development** Unlike the mandatory nature attached to standards, guidelines are suggestions for voluntary behaviour to assist prudent practitioners. They are developed as best practices to raise the bar of patient care by individual optometrists and by the profession as a whole. Over the years the College and the profession have numerous examples of a guideline developing into a standard of practice. A good example is that of pupillary dilation. It was only when the Regulation changed allowing optometrists to use mydriatics and cycloplegics, that the standard shifted gradually to include this important diagnostic procedure. Guidelines are found in various locations including textbooks, journals and publications of professional associations or societies. The application of guidelines may be limited by the legal scope of practice within a given jurisdiction. For example, throughout the OPR Clinical Practical Guidelines are countless references to the American Optometric Association (AOA). In 2005, the College received approval from the AOA to reference their materials within the OPR. So even though the scope of practice in virtually all US states exceeds that allowed by Ontario legislation, the information contained in these documents is still useful in informing members of best practice levels for the care of certain clinical presentations. If this level of care could not be provided due to such restriction, then the optometrist could consider referring the patient to another practitioner who does provide the service. **Discussion as a Committee** The two panels of the Quality Assurance Committee met on October 4, 2018 and discussed the Clinical Guideline section of the OPR. Throughout 2018, CPP had begun an initial debate regarding the relevancy to the College of continuing to maintain clinical guidelines for the profession. The Panel has realized over recent years the breadth of such an undertaking to develop well thought, evidence-based and defensible guidelines and have them appraised. In addition, the QA Panel noted that its program did not refer to the Clinical Guideline section for any of its current processes and it found, at times, that QA assessors were inadvertently referring to guidelines when reviewing member patient charts as part of a practice assessment. Clinical guidelines are a result of exhaustive review of literature, academic research and public opinion and are multi-disciplinary in nature. Some recommendations in guideline development or change will also be based on practitioner opinions and feedback, as there may not be enough research to support such a position on all matters. Guidelines are the best practices, different to the minimum required under professional standards. They are source of information for practitioners to refer regarding current thinking in best practices for providing the highest quality patient care. The Panel understands that its mandate, under the HPPC, and the main focus of their work should be on articulating and reviewing professional standards. However, the development of guidelines/best practices has

	proven to be time-consuming, requires constant update and may fall outside the College's regulatory mandate. Panel members suggested that the guideline section be discontinued and removed from the OPR, leaving the development of clinical practice guidelines to other related organizations who have the resources and can articulate the profession's view of evidence-based best practices through proper review and research.
Analysis, including impact on budget	The Panel supports the notion that clinical practice guidelines can be useful for the profession but should be left to other optometric organisations which have the time and resources necessary to produce the evidence and research to support the profession's view of best practices and provide expedient updates. The amount of resources and meeting time currently being dedicated to the development and review of guidelines could be better served pursuing the Panel's main responsibility with respect to articulating and reviewing standards of practice to ensure currency. If the Clinical Guideline section was to be removed from the OPR, it is also recommended that such guidelines be removed from the College website as they would no longer be maintained and would soon be outdated. No major impact on budget is foreseen. The OPR would need to be updated and the change communicated to optometrists at minimal cost to the College.
Options (are there alternatives)	• Panel to continue to review and develop clinical guidelines as part of its responsibilities; or • Current guidelines to be maintained on the College website, separate from the OPR but not updated. (This option is not recommended).
Implications/expectations if approved	The Panel would focus its time and efforts on articulating and reviewing professional standards of the profession. The Panel plans to conduct a thorough review of the current standard framework, alongside the fulsome QA Program review being conducted and in the context of current reflection by regulators in general about relevant standards of practice. The Clinical Guidelines that are currently found in the OPR could be shared with and maintained by another optometric organisation, in order to ensure they are properly and constantly researched, reviewed and updated.
Implications/potential consequences If not approved	The Panel would continue to articulate and review standards, as well as develop and maintain clinical guidelines found within the OPR.

Motion to Council

Name of committee: Quality Assurance Committee – QA Panel

Date of submission: December 21, 2018

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

Proposed motion: That Council approve circulation of a by-law amendment to set the cost of a Practice Assessment (CRA) to $2400.00 plus HST.

Recommendation to Council and Rationale	
The Issue	Council is asked to approve circulation of a by-law amendment for stakeholder consultation to amend the Schedule of Fees and Penalties to set the cost of a Practice Assessment to $2400.00 plus HST.
Background	The Schedule of Fees and Penalties sets out the cost to members payable to the College in the event of a Registrar or member-initiated participation in the Quality Assurance (QA) Program (i.e. referral for direct patient care hour deficiency, continuing education deficiency, and reassessments following remediation). Fees are established on a cost-recovery basis to provide reimbursement for assessors, panel per diems, College staff time, and courier costs. In a review of the fees presented to the Quality Assurance Panel, staff reported that the Quality Assurance Assessment Fee does not support cost recovery, as the College currently subsidizes Registrar or member-initiated assessments. The Assessment Fee is currently $1958.29 ($1733.00 plus $225.29 HST). At its November meeting, the Panel recommended that Council approve circulation, as required by the *Health Professions Procedural Code*, of a by-law amendment to change the cost of a Practice Assessment (CRA) from $1733.00 plus HST to $2400.00 plus HST.
Analysis, including impact on budget	The total number of cases each year that requires a member to undergo a practice assessment due to referral or post-remediation reassessment will fluctuate. Each new referral or reassessment would require the College to pay the $667.00 plus HST difference based on the current fee schedule. Using 2018 as an example, the College has collected approximately $6000.00 less than required to recover costs for eight Registrar or member-initiated practice assessments. There are 12 outstanding cases resulting from a referral to complete a practice assessment or need for reassessment. If/when these assessments take place the College would collect approximately $8000.00 less than required to support cost recovery.

	This number does not include any currently non-practising member who returns to active practice without the less than 750 direct patient care hours in the past three years. These members would be required to complete a practice assessment at their own cost within six months of return to practice. This proposed amendment will not impact members who are randomly selected to undergo a practice assessment and are discharged without remediation.
Options (are there alternatives)	N/A
Implications/expectations if approved	If the by-law amendment is approved following stakeholder consultation, the practice assessment fee will adhere to the principle of cost-recovery as is the case with other College fees. The College will no longer pay the outstanding $667.00 plus HST not collected from members referred for a practice assessment or reassessment following remediation.
Implications/potential consequences If not approved	If the current Schedule of Fees and Penalties is not amended, the College will be required to continue paying the $667.00 not collected from members in order to conduct Registrar or member-initiated practice assessments.

Motion to Council

Name of committee: Quality Assurance Committee – QA Panel

Date of submission: December 21, 2018

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

Proposed motion: That Council approve amendments to the current CE Policy (2018-2020).

The third bullet point under "Category A Providers" on page 2 of the current CE policy:

- *Vision Institute of Canada, the American Academy of Optometry, or any Canadian or American not-for-profit optometric organization preapproved by the Quality Assurance Committee, where the primary goal of the organization is to provide or promote optometric educational opportunities or provide clinical care*

To be amended to:

- *Vision Institute of Canada or the American Academy of Optometry*

Recommendation to Council and Rationale	
The Issue	Council is asked to amend the 2018-2020 Continuing Education (CE) Policy to remove the Quality Assurance Committee's (QAC) ability to preapprove not-for-profit optometric organizations, where the primary goal of the organization is to provide or promote optometric educational opportunities or provide clinical care.
Background	The Quality Assurance Panel has discussed development of a policy for approving these not-for-profit optometric organizations. In its deliberations, the Panel was advised that the Panel may not wish to become an accreditation body, as it does not possess the expertise or available time to accredit individual CE providers or courses. The Panel agreed that it does not accredit CE providers or courses. CE providers seeking approval have been informed that as no pre-approval process exists, approval as a Category A provider cannot be granted at this time.
Analysis, including impact on budget	The College has received very few requests to approve not-for-profit organizations as Category A CE Providers. As no accreditation policy is in place, streamlining the policy by approving the amendment will not impact College operations or budgets. Organizations offering CE hours not found in the enumerated list of Category A providers (Canadian or American optometric associations, regulators, schools or colleges of optometry or accredited universities in another health discipline, the Vision Institute of Canada or the American Academy of Optometry) can apply to become a COPE administrator in order to qualify as a Category A CE Provider.

Options (are there alternatives)	As indicated above, CE providers can seek COPE approval to have CE hours counted under Category A.
Implications/expectations if approved	By streamlining the CE Policy, staff can direct members and CE providers seeking approval under Category A hours to seek COPE approval if the provider is not listed in the CE Policy.
Implications/potential consequences If not approved	If the amendment is not approved, an accreditation process will be required to allow the QAC to approve requests from not-for-profit organizations to be considered Category A providers.

Note: Copies of the 2018-2020 CE Policy with tracked changes and the final version with proposed changes are included below for review.

Policy

Type:	Quality Assurance Program		
Name:	Continuing Education: January 1, 2018 – December 31, 2020		
Status:	Approved (Council)	**Version:**	1
Date Approved:	September 19, 2017	**Date Revised:**	

Purpose

The purpose of this policy is to outline the requirements of continuing education that must be met by College members in the three-year continuing education cycle: January 1, 2018 to December 31, 2020.

Participation in Continuing Education

One component of the Quality Assurance Program is mandatory Continuing Education (CE) (O. Reg. 119/94).

Current Cycle

The current cycle runs from January 1, 2018 to December 31, 2020.

The current CE Policy stipulates that each member is required to participate in a minimum of **seventy (70)** credit hours of continuing education related to the maintenance of his/her standards of practice or continuing competence from **an organized program of learning** during every three-year cycle.

The College considers an organized program of learning to be:

- a structured learning experience that is presented as a group lecture, a group or individual workshop, or as a text or an electronically provided course

The CE policy recognizes two categories of continuing education—categories A and B—the criteria of which are outlined below.

Members are required to participate in CE activities that would amount to **a minimum of 50 Category A credit hours*** while credit for **the remaining 20 credit hours may be obtained by participating in either Category A or B** continuing education activities. (*One credit hour is approximately equal to 50 minutes with each course being a minimum of one credit hour and additionally in half-hour increments.)

Of the 50 Category A hours required, a minimum of 20 hours must be lecture-based in topics reasonably related to ocular disease and management or related systemic disease. **COPE-**

accredited online lectures would qualify as long as they include an examination component. A maximum of 10 hours per CE cycle may be in topics related to practice management.

New Registrants

New members will be required to complete a prorated number of hours based on the number of complete years remaining in the reporting cycle following the year they register. For instance, members registered in the first year of the three-year cycle, i.e., 2018, must obtain 47 credit hours and members registered in the second year, i.e., 2019, of the three-year cycle must obtain 24 credit hours. Members registered in the third year, i.e., 2020, of the three-year cycle have no requirements to obtain credit hours for the remainder of the cycle. The number of credit hours that must be obtained from Category A and B providers, respectively, is in the same ratio as specified in the policy for 70 credit hours. Members may only claim CE credit hours that have been completed following their initial registration with the College.

Category A Providers

In order for a CE provider to be considered for inclusion in Category A, the provider must be:

- a Canadian or American national, provincial, or state optometric association or regulator; or
- a Canadian or American school or college of optometry, or an accredited university inanother health discipline; or
- Vision Institute of Canada~~,~~or the American Academy of Optometry~~, or any Canadian or American not-for-profit optometric organization preapproved by the Quality Assurance Committee, where the primary goal of the organization is to provide or promote optometric educational opportunities or provide clinical care~~; or
- an approved COPE administrator.

Category A Events

In order for a CE event to be considered for inclusion in Category A, the event must not be entirely sponsored by a commercial entity unless it is COPE-accredited. Commercial entities may provide sponsorship of an event held by a Category A provider but must not directly pay for a speaker, the venue, etc. Evidence of sponsorship (i.e., advertising) can be present on a trade show floor or outside a lecture hall but not within the lecture/workshop itself.

Category A Continuing Education

The College recognizes that a Category A provider can provide either Category A or Category B courses. A Category A educational opportunity must meet the following criteria:

- Must be directly provided by a Category A provider at a Category A Event.
- Must be free of any commercial bias.
- COPE-accredited CE must have both a valid COPE Course ID number and a valid COPE Activity/Event ID number.
- Presenters must disclose any potential conflicts of interest.
- Providers should make every effort to control access to the lecture/workshop to ensure that attendees are present for the entire program with reasonable exceptions.

- Groups that have restricted memberships must allow non-members the opportunity to also participate in courses offered. How appropriate fees are applied and what are considered appropriate fees for non-members will be determined by Category A providers.

Continuing Education Equivalencies

The College recognizes the following as Category A credit hours. Of the 70 credit hours required (including both Category A and B), no more than 35 hours per CE cycle may be obtained through the following Category A equivalencies:

- Graduate studies in optometry or a related health discipline preapproved by the Quality Assurance Committee—one full year of full-time graduate studies is equivalent to the 35 hours of the cycle requirements; one year of part-time studies is equivalent to 24 hours of the cycle requirements.
- Residency at an ACOE-accredited school—one full year of residency training is equivalent to 35 hours of the cycle requirements.
- Faculty appointment at an ACOE-accredited school—an appointment as a full-time faculty member is equivalent to 24 credit hours per year. An appointment as a part-time faculty member is equivalent to a pro-rated 24 credit hours per year.
- Fellowship or Diplomate in the American Academy of Optometry or Fellowship in the College of Optometrists in Vision Development—is equivalent to 30 hours during the cycle the fellowship or diplomate is awarded.
- Publication of an article in a refereed optometric, ophthalmologic, or medical journal is equivalent to 10 hours.
- Publication of a case report in a refereed journal is equivalent to two hours.
- Lectures prepared and given to regulated health professionals for their primary continuing education or regulated health professionals in training education at a Canadian or American accredited school are equivalent to three credit hours/hr—each lecture may be counted one time only.
- Appointment as a full-time clinical supervisor at an ACOE-accredited school is equivalent to seven hours of continuing education credit per academic year. Appointment as a part-time clinical supervisor at an ACOE-accredited school is equivalent to a pro-rated seven hours of continuing education credit per academic year.
- Supervising optometrist in an extern rotation for students from ACOE-accredited schools or the IOBP—one rotation (of minimum seven weeks) in an academic term is equivalent to seven (7) hours to a maximum of 21 hours (prorated) in a CE cycle. Prorating, supervising optometrist in a short (i.e., four week) extern rotation is equivalent to three (3) hours in a CE cycle.
- Participation in the approved examination board of the standards assessment examination(s) or an approved evaluating examination as a:
  - Clinical Assessor: one credit hour per two hours spent assessing or training to assess candidates to a maximum of 24 hours per three-year period.
  - Question Author: one credit hour per question accepted to the database to a maximum of 24 hours per three-year period.
  - Question Item Selector: one credit hour per two hours spent selecting questions for the examinations to a maximum of 24 hours per three-year period.
- Certification in a Cardiopulmonary Resuscitation (CPR) Heart Saver AED (C) or CPR HCP (Health Care Provider) level with AED—five hours per three-year period.

Category B Continuing Education

The remaining 20 credit hours may be obtained from **ANY** provider. Category B credit hours represent participation in an organized program of learning that is relevant to a member's maintenance of his/her standards of practice and/or continuing competence.

Participation Verification Certificate

A participation verification certificate must be issued for both Category A and B CE and must indicate:

- the name of the participant
- certificate of registration number
- date of the course
- course title
- name of the provider
- number of CE hours awarded
- authorized signature or symbol of verification

CE Exclusions

Although the College recognizes the value in the following activities, they do not qualify for CE:

- trade show participation
- unstructured self-directed learning (e.g., reading of textbooks, journals)

Reporting of Continuing Education Activities

Members are required to report their continuing education activities on the Annual Report. It is the responsibility of the member to claim only credit hours that represent an organized program of learning that is relevant to the member's maintenance of practice and/or continuing competence. Members will be advised of how many hours of CE they have reported on the second and third Annual Report to be completed in each cycle. The College will verify members' reporting of their CE activities through their OE TRACKER profiles. It is incumbent upon members to ensure that their OE TRACKER profiles are up to date, particularly toward the end of each CE cycle.

CE Hour Deficiency Audits and Random CE Audits

The College performs two CE audits at the conclusion of each three-year reporting cycle. The CE deficiency audit identifies those who fail to meet the CE credit hours requirement. The College also randomly selects members to determine the accuracy of reporting. Members found to be deficient in CE hours will be required to participate in a practice assessment at their own cost according to the College's Schedule of Fees and Penalties. Members who incorrectly underreport CE hours and are found to be deficient in CE hours will have to pay a fee according to the College's Schedule of Fees and Penalties to have their CE certificates audited by the Quality Assurance Committee.

The Regulations under the *Optometry Act* require the Registrar to refer members who fail to acquire the required number of CE credit hours to the Quality Assurance Committee for a practice assessment.

Policy

Type:	Quality Assurance Program		
Name:	Continuing Education: January 1, 2018 – December 31, 2020		
Status:	Approved (Council)	**Version:**	1
Date Approved:	September 19, 2017	**Date Revised:**	

Purpose

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Participation in Continuing Education

One component of the Quality Assurance Program is mandatory Continuing Education (CE) (O. Reg. 119/94).

Current Cycle

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The College considers an organized program of learning to be:

- a structured learning experience that is presented as a group lecture, a group or individual workshop, or as a text or an electronically provided course

The CE policy recognizes two categories of continuing education—categories A and B—the criteria of which are outlined below.

Members are required to participate in CE activities that would amount to **a minimum of 50 Category A credit hours*** while credit for **the remaining 20 credit hours may be obtained by participating in either Category A or B** continuing education activities. (*One credit hour is approximately equal to 50 minutes with each course being a minimum of one credit hour and additionally in half-hour increments.)

Of the 50 Category A hours required, a minimum of 20 hours must be lecture-based in topics reasonably related to ocular disease and management or related systemic disease. **COPE-**

accredited online lectures would qualify as long as they include an examination component. A maximum of 10 hours per CE cycle may be in topics related to practice management.

New Registrants

New members will be required to complete a prorated number of hours based on the number of complete years remaining in the reporting cycle following the year they register. For instance, members registered in the first year of the three-year cycle, i.e., 2018, must obtain 47 credit hours and members registered in the second year, i.e., 2019, of the three-year cycle must obtain 24 credit hours. Members registered in the third year, i.e., 2020, of the three-year cycle have no requirements to obtain credit hours for the remainder of the cycle. The number of credit hours that must be obtained from Category A and B providers, respectively, is in the same ratio as specified in the policy for 70 credit hours. Members may only claim CE credit hours that have been completed following their initial registration with the College.

Category A Providers

In order for a CE provider to be considered for inclusion in Category A, the provider must be:

- a Canadian or American national, provincial, or state optometric association or regulator; or
- a Canadian or American school or college of optometry, or an accredited university inanother health discipline; or
- Vision Institute of Canada or the American Academy of Optometry; or
- an approved COPE administrator.

Category A Events

In order for a CE event to be considered for inclusion in Category A, the event must not be entirely sponsored by a commercial entity unless it is COPE-accredited. Commercial entities may provide sponsorship of an event held by a Category A provider but must not directly pay for a speaker, the venue, etc. Evidence of sponsorship (i.e., advertising) can be present on a trade show floor or outside a lecture hall but not within the lecture/workshop itself.

Category A Continuing Education

The College recognizes that a Category A provider can provide either Category A or Category B courses. A Category A educational opportunity must meet the following criteria:

- Must be directly provided by a Category A provider at a Category A Event.
- Must be free of any commercial bias.
- COPE-accredited CE must have both a valid COPE Course ID number and a valid COPE Activity/Event ID number.
- Presenters must disclose any potential conflicts of interest.
- Providers should make every effort to control access to the lecture/workshop to ensure that attendees are present for the entire program with reasonable exceptions.
- Groups that have restricted memberships must allow non-members the opportunity to also participate in courses offered. How appropriate fees are applied and what are considered appropriate fees for non-members will be determined by Category A providers.

Continuing Education Equivalencies

The College recognizes the following as Category A credit hours. Of the 70 credit hours required (including both Category A and B), no more than 35 hours per CE cycle may be obtained through the following Category A equivalencies:

- Graduate studies in optometry or a related health discipline preapproved by the Quality Assurance Committee—one full year of full-time graduate studies is equivalent to the 35 hours of the cycle requirements; one year of part-time studies is equivalent to 24 hours of the cycle requirements.
- Residency at an ACOE-accredited school—one full year of residency training is equivalent to 35 hours of the cycle requirements.
- Faculty appointment at an ACOE-accredited school—an appointment as a full-time faculty member is equivalent to 24 credit hours per year. An appointment as a part-time faculty member is equivalent to a pro-rated 24 credit hours per year.
- Fellowship or Diplomate in the American Academy of Optometry or Fellowship in the College of Optometrists in Vision Development—is equivalent to 30 hours during the cycle the fellowship or diplomate is awarded.
- Publication of an article in a refereed optometric, ophthalmologic, or medical journal is equivalent to 10 hours.
- Publication of a case report in a refereed journal is equivalent to two hours.
- Lectures prepared and given to regulated health professionals for their primary continuing education or regulated health professionals in training education at a Canadian or American accredited school are equivalent to three credit hours/hr—each lecture may be counted one time only.
- Appointment as a full-time clinical supervisor at an ACOE-accredited school is equivalent to seven hours of continuing education credit per academic year. Appointment as a part-time clinical supervisor at an ACOE-accredited school is equivalent to a pro-rated seven hours of continuing education credit per academic year.
- Supervising optometrist in an extern rotation for students from ACOE-accredited schools or the IOBP—one rotation (of minimum seven weeks) in an academic term is equivalent to seven (7) hours to a maximum of 21 hours (prorated) in a CE cycle. Prorating, supervising optometrist in a short (i.e., four week) extern rotation is equivalent to three (3) hours in a CE cycle.
- Participation in the approved examination board of the standards assessment examination(s) or an approved evaluating examination as a:
  - Clinical Assessor: one credit hour per two hours spent assessing or training to assess candidates to a maximum of 24 hours per three-year period.
  - Question Author: one credit hour per question accepted to the database to a maximum of 24 hours per three-year period.
  - Question Item Selector: one credit hour per two hours spent selecting questions for the examinations to a maximum of 24 hours per three-year period.
- Certification in a Cardiopulmonary Resuscitation (CPR) Heart Saver AED (C) or CPR HCP (Health Care Provider) level with AED—five hours per three-year period.

Category B Continuing Education

The remaining 20 credit hours may be obtained from **ANY** provider. Category B credit hours represent participation in an organized program of learning that is relevant to a member's maintenance of his/her standards of practice and/or continuing competence.

Participation Verification Certificate

A participation verification certificate must be issued for both Category A and B CE and must indicate:

- the name of the participant
- certificate of registration number
- date of the course
- course title
- name of the provider
- number of CE hours awarded
- authorized signature or symbol of verification

CE Exclusions

Although the College recognizes the value in the following activities, they do not qualify for CE:

- trade show participation
- unstructured self-directed learning (e.g., reading of textbooks, journals)

Reporting of Continuing Education Activities

Members are required to report their continuing education activities on the Annual Report. It is the responsibility of the member to claim only credit hours that represent an organized program of learning that is relevant to the member's maintenance of practice and/or continuing competence. Members will be advised of how many hours of CE they have reported on the second and third Annual Report to be completed in each cycle. The College will verify members' reporting of their CE activities through their OE TRACKER profiles. It is incumbent upon members to ensure that their OE TRACKER profiles are up to date, particularly toward the end of each CE cycle.

CE Hour Deficiency Audits and Random CE Audits

The College performs two CE audits at the conclusion of each three-year reporting cycle. The CE deficiency audit identifies those who fail to meet the CE credit hours requirement. The College also randomly selects members to determine the accuracy of reporting. Members found to be deficient in CE hours will be required to participate in a practice assessment at their own cost according to the College's Schedule of Fees and Penalties. Members who incorrectly underreport CE hours and are found to be deficient in CE hours will have to pay a fee according to the College's Schedule of Fees and Penalties to have their CE certificates audited by the Quality Assurance Committee.

The Regulations under the *Optometry Act* require the Registrar to refer members who fail to acquire the required number of CE credit hours to the Quality Assurance Committee for a practice assessment.

Motion to Council

Name of Committee: **Patient Relations Committee**
Date of Submission: **January 7, 2019**
Recommendations to Council (including rationale and impact on budget if appropriate):

Proposed motion:
To approve the amount of $19,900 (before HST) for the purpose of developing the "Eye Consent – the Optometrist's Guide to Informed Consent" e-Learning module to be offered, on a voluntary basis, to all members of the College.

Recommendation to Council and Rationale	
The Issue	PRC is asking that the Council approve the funds for the purpose of developing the "Eye Consent – the Optometrist's Guide to Informed Consent" e-Learning module to be offered, on a voluntary basis, to all members of the College.
Background	At the October 2018 meeting, the Committee reviewed the presentation: "Eye Consent – The Optometrist's Guide to Consent", given by the College Registrar at the April 2018 OAO Symposium. The presentation addressed the requirements of all health care providers, including optometrists, to obtain informed consent from patients, including consent to treatment, collection of personal health information, fees related to services, etc. The presentation also provided practical information and examples about the definition of informed consent, why it is important, and when and how to document it. The Committee decided to develop a e-Learning module based on the presentation.
Analysis, including impact on budget	The Committee strongly believes that making this information available to all College members, to complete on a voluntary basis, would benefit both the members and the public. To that end, the Committee requested and received a proposal and a quote from the College's e-Learning developer. The firm-fixed price to develop the e-Learning module was quoted as $19,900 (before HST).
Options (are there alternatives)	e-Learning is a proven, up-to-date, professional resource for adult learning. The Committee believes this would be the best format to present the information to College members.
Implications/expectations if approved	The College has committed to providing information and tools to assist and educate the College members. This includes developing a library of e-Learning modules for the benefit of the College members.
Implications/potential consequences If not approved	The College will miss the opportunity to inform and educate the College members about this important aspect of their practice.

8 / FINANCIAL MATTERS

8. Financial Matters
    a. Treasurer's Report

    b. Financial Dashboard

    c. Balance Sheet and Income and Expenditure Report – to November 30, 2018

    d. Proposed 2019 Budget

COLLEGE OF Optometrists OF ONTARIO

Treasurer's Report

Reporting Date: January 10, 2019

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 $388K as of November 30, 2018. This surplus represents a positive variance to budget of $1M (per dashboard). We expect full year 2018 results to reflect a positive surplus of over 400K.

The $190K revenue budget surplus is caused by favourability in almost all income types mainly Professional Corporations as well as recognition of deferred membership revenue from last year.

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

Dashboard: The dashboard summary has been updated to include the November 30th, 2018 financial information, including the College's investment funds and indicates that the College's financial position continues to be strong with high liquidity for future purposes.

2019 Budget

We are presenting the 2019 budget, which does not include an increase in membership fees. The 2019 budget projects an operating loss of 338K before exceptional investments which is almost similar to the 2018 budgeted operating loss. The College used prior years trends and conservative assumptions when developing this budget with the ultimate goal of achieving a balanced budget in the future.

Movement from Exceptional Investment to Appropriated Fund

In 2018, 250K was allocated for research for entry-to-practice exam under exceptional investments but was not spent. The Executive Committee, in consultation with external auditors, recommend that these funds be appropriated (restricted) until such a time as they may be needed.

Signing authority and investment account

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

In addition, Council also approves the Registrar to provide direction to the investment advisor as per *By-Law 3.04 (3) Council may authorize, by Resolution, any employee of the College to give directions to an investment advisor.*

Motions proposed for Council:

1) To approve the presented budget for the 2019 fiscal year
2) To approve 250K Research to entry to practice funs to be appropriated in the 2018 fiscal year
3) To Authorize Ms. Hanan Jibry, Assistant Registrar, as a signing officer for the College with respect to banking documents and instruments requiring the signature of the College
4) To authorize, by resolution, the Registrar to provide direction to the College's investment advisor.

Respectfully submitted,
Dr. Patrick Quaid, Treasurer

COLLEGE OF OPTOMETRISTS OF ONTARIO
FINANCIAL STATEMENT SUMMARY AS OF NOVEMBER 30 2018

1. Incomes and Expenditures

Month 11

	ANNUALIZED BUDGET	YTD BUDGET	YTD OUTPUT	VARIANCE	%VARIANCE
REVENUES	2558860.00	2345621.67	2536665.00	191043.33	
EXPENSES	3304320.00	3028960.00	2148065.00	(880895.00)	
SURPLUS(DEFICIT)	(745460.00)	(683338.33)	388600.00	1071938.33	195%

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

Overall positive variance due to under spending in expenses and 190K over budgeted revenue
Annualized expense budget includes 420K exceptional investment amounts

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

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

Net Assets- Assets invested in Capital
Budgeted average Operating expenses

(5167347-181232)/(3234320/12) 18.11 College can cover its expenses for 18 months using its Net Assets.

3. Investment Portfolio Performance

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

Weighted Average Return

Last 3 Months	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
	Canadian Equity	30%	-4.98%	-1.49%		
	US Equity(C$)	15%	-2.25%	-0.34%		
	Fixed income	55%	-0.40%	-0.22%		
				-2.42%	-2.83%	-0.41%

Last 12 Months	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
	Canadian Equity	30%	-2.53%	-0.76%		
	US Equity(C$)	15%	9.59%	1.44%		
	Fixed income	55%	-0.36%	-0.20%		
				0.48%	-0.31%	-0.79%

Since Inception(Nov 2014)	Asset Category	Assumed Mix	Index performance	Contribution	Portfolio	Over/under performance
	Canadian Equity	30%	8.23%	2.47%		
	US Equity(C$)	15%	15.12%	2.27%		
	Fixed income	55%	4.32%	2.38%		
				6.55%	5.14%	-1.41%

College of Optometrists of Ontario

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

Toronto, Ontario

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Income and Expenditure Report

As at Nov 30/2018

	2017 Actuals	2018 Budget Estimate	Budget to Date 11/12	Income/Expend. To Date	% of Budget To Date
Income					
Annual registration fees	$2,235,227	$2,259,951	$2,071,622	$2,120,850	102.4%
Professional Corporation fees	$287,115	$195,000	$178,750	$331,408	185.4%
Application Fees	$43,723	$56,909	$52,167	$62,790	120.4%
Credential assessment fees			$0		#DIV/0!
Optometry review Committee			$0		#DIV/0!
Continuing Education	$5,307	$2,000	$1,833	$13,186	719.2%
QA - Assessments	$13,574	$35,000	$32,083		0.0%
Other Income	$3,079	$10,000	$9,167	$8,431	92.0%
Total Revenues	**$2,588,026**	**$2,558,860**	**$2,345,622**	**$2,536,665**	**108.1%**
Committee Expenses					
Quality Assurance Committee	$104,931	$100,000	$91,667	$105,858	115.5%
Recovery of QA Assessment			$0	($64,576)	#DIV/0!
Communication Committee			$0		#DIV/0!
Clinical Practice Panel of QAC	$35,504	$40,000	$36,667	$21,952	59.9%
College Representation	$20,517	$40,800	$37,400	$16,769	44.8%
ICRC	$76,855	$90,000	$82,500	$68,569	83.1%
Council Meeting	$80,291	$102,000	$93,500	$72,724	77.8%
Council Training	$2,889	$15,000	$13,750	$18,825	136.9%
Discipline Committee	$69,866	$100,000	$91,667	$37,227	40.6%
Credential Assessement Committee			$0		#DIV/0!
FORAC Contribution	$23,350	$30,000	$27,500	$23,910	86.9%
Transparency Committee		$2,000	$1,833		0.0%
Eye Health Council (EHCO)		$5,000	$4,583		0.0%
Fitness to Practise		$5,000	$4,583		0.0%
Road Show	$1,664	$10,000	$9,167	$624	6.8%
Executive Committee	$75,451	$65,000	$59,583	$45,730	76.7%
Memberships (FHRCO, etc)	$11,344	$25,000	$22,917	$19,885	86.8%
Medals and Presentations	$1,915	$5,000	$4,583	$1,502	32.8%
Patient Relations Committee	$24,948	$30,000	$27,500	$6,410	23.3%
Registration Committee	$37,820	$65,000	$59,583	$32,451	54.5%
Illegal/Internet dispensing	$102,138	$100,000	$91,667	$102,939	112.3%
Unauthorized Practice	$27,565	$50,000	$45,833	$4,545	9.9%
Regulation Proposals	$24	$15,000	$13,750		0.0%
Strategic Planning		$10,000	$9,167		0.0%
OEBC Contribution		$0	$0		#DIV/0!
Governance committee	$20,630	$20,000	$18,333	$29,426	160.5%
Total Committee Expenses	**$717,703**	**$924,800**	**$847,733**	**$544,771**	**64.3%**
Admin. Expenses					
Bank & Credit Card Fees	$92,085	$55,000	$50,417	$23,748	47.1%
Investment management Fees	$0	$30,000	$27,500	$38,383	139.6%
Occupancy Costs	$149,243	$155,000	$142,083	$137,229	96.6%
Insurance	$5,805	$10,200	$9,350	$5,697	60.9%
Legal General	$25,560	$35,000	$32,083	$22,336	69.6%
Legal - Special	$2,373	$5,000	$4,583	$396	8.6%
Legal - Registration	$8,158	$15,000	$13,750	$2,683	19.5%
Legal - Quality Assurance	$1,040	$10,000	$9,167		0.0%
Legal - ICRC	$53,905	$40,000	$36,667	$23,858	65.1%
Legal Discipline	$182,181	$125,000	$114,583	$161,832	141.2%
Accounting & Audit	$48,022	$41,000	$37,583	$15,725	41.8%
Recovery of discipline cost	($61,160)	$0	$0	($43,000)	#DIV/0!
Library Expense	$795	$1,000	$917	$892	97.3%
Web Site & Software	$44,202	$50,000	$45,833	$44,181	96.4%
Database / IS Servicing/Special Project	$0	$75,000	$68,750	$44,767	65.1%
Office Equipment	$270	$10,000	$9,167		0.0%
Computer Hardware		$30,000	$27,500	$1,506	5.5%
Leasing of Equipment	$11,771	$15,500	$14,208	$15,525	109.3%
Office Supplies and Maint.	$20,438	$25,000	$22,917	$19,074	83.2%
Postage & Courier	$13,378	$15,000	$13,750	$12,295	89.4%
Communications and Design		$20,000	$18,333	$3,164	17.3%
Printing	$4,383		$0		#DIV/0!
Staff Training	$6,835	$15,000	$13,750	$5,924	43.1%
Telephone and Internet	$7,034	$15,000	$13,750	$7,782	56.6%
Human Resources(Consultants)	$15,771	$15,000	$13,750	$16,788	122.1%
OE Tracker costs	$45,988	$50,000	$45,833	$45,602	99.5%
Jurisprudence examination	$13,055	$20,000	$18,333	$20,966	114.4%
Other Expense	$5,508	$7,140	$6,545	$1,279	19.5%
Payroll			$0		
Consulting	$56,305	$9,180	$8,415		0.0%
Salaries	$882,539	$985,000	$902,917	$945,991	104.8%
Staff Benefits	$71,366	$80,500	$73,792		0.0%
Sub-Total	**$1,706,846**	**$1,959,520**	**$1,796,227**	**$1,574,624**	**87.7%**
Sub-Total	**$0**	**$0**	**$0**	**$0**	

Total Admin. Expenses	**$1,706,846**	**$1,959,520**	**$1,796,227**	**$1,574,624**	**87.7%**
Total Operating Expenses	**$2,424,549**	**$2,884,320**	**$2,643,960**	**$2,119,395**	**80.2%**
EBITDA	**$163,477**	**($325,460)**	**($298,338)**	**$417,269**	**$0**
Depreciation	$41,397	$85,000	$77,917	$0	0.0%
Operating Income	**$122,080**	**($410,460)**	**($376,255)**	**$417,269**	**$0**
Exceptional Investments					
Research for Entry-to-Practice Exam	**$17,500**	**$250,000**	$229,167	$1,470	**0.6%**
Online Jurisprudence seminar & exam	**$0**	**$100,000**	$91,667		**0.0%**
Quality Assurance Program Review		**$70,000**	$64,167	$27,200	**42.4%**
Operating income after exceptionals	**$104,580**	**($830,460)**	**($761,255)**	**$388,599**	**($0)**
Investment Income	$255,217	$79,591	$72,958	$143,795	197.1%
NET RESULTS	**$359,797**	**($750,869)**	**($688,297)**	**$532,395**	**$2**

College of Optometrists of Ontario
65 St. Clair Ave. E., 9th Floor
Toronto, Ontario
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Balance Sheet

Nov 2018

	30-Nov-18	30-Nov-17
ASSETS		
Current		
Cash	1,064,220	1,120,260
Short Term Investment		
Amounts Held By Broker	88,462	146,762
Accounts Receivable		
Interest Receivable		
Prepaid Expenses	12,745	17,827
	1,165,427	**1,284,849**
Portfolio Investments		
Investments, Securities & Bonds	4,902,977	4,169,485
Capital Assets less Accumlated Amortization		
Land & Building	0	0
Computer Hardware & Software	107,459	109,611
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination		
Database / IS Implementation		
	465,108	**467,260**
Accumulated Amortization	-281,260	-245,327
	183,848	**221,933**
	6,252,252	**5,676,267**
	6,252,252	**5,676,267**
LIABILITIES		
Current		
Accounts Payable & Accrued Liabilities	146,790	182,752
Accrued Building Upgrade Expenses	0	0
Fees Received in Advance	938,116	906,737
	1,084,905	**1,089,489**
NET ASSETS		
Invested in Capital Assets	181,232	218,183
Appropriated Special Policy Funds (1)	2,870,000	2,350,000
Unappropriated Surplus	2,116,115	2,018,595
	5,167,347	**4,586,778**
	6,252,252	**5,676,267**

2019 Budget	Membership increase		
	3.0%		
			2378020.88
	2018 Budget Estimate	2019 Budget Estimate	2308758.14 actual fees 2018
Income			
Annual registration fees	$2,259,951	$2,378,021	**3% increase in membership**
Professional Corporation fees	$195,000	$290,115	**921 active OPCs at present. Assumption is that they will all renew and the ones becoming inactive will be offset by new ones**
Application Fees	$56,909	$56,000	
Credential assessment fees			
Optometry review Committee			
Continuing Education	$2,000	$2,000	**No E-learning module/end of CE cycle**
QA - Assessments	$35,000	$0	**Offsetting QA committee expense going forward**
Other Income	$10,000	$3,000	
Total Revenues	**$2,558,860**	**$2,729,136**	
Committee Expenses			
Quality Assurance Committee	$100,000	$90,000	
Recovery of QA assessments			**New line**
Communication Committee			
Clinical Practice Panel of QAC	$40,000	$30,000	
College Representation	$40,800	$30,000	
ICRC	$90,000	$80,000	
Council Meeting	$102,000	$100,000	**strategic planning in waterloo for Council**
Council Training	$15,000	$20,000	**strategic planning in waterloo for Council**
Discipline Committee	$100,000	$60,000	
Credential Assessement Committee			
FORAC Contribution	$30,000	$25,000	
Transparency Committee	$2,000	$0	
Eye Health Council (EHCO)	$5,000	$0	
Fitness to Practise	$5,000	$0	
Road Show	$10,000	$10,000	
Executive Committee	$65,000	$45,000	**Reduction in meetings**
Memberships (FHRCO, etc)	$25,000	$25,000	
Medals and Presentations	$5,000	$4,000	
Patient Relations Committee	$30,000	$25,000	**consider reviewing budget amount**
Registration Committee	$65,000	$45,000	
Illegal/Internet dispensing	$100,000	$100,000	
Unauthorized Practice	$50,000	$30,000	**consider reviewing budget amount**
Regulation Proposals	$15,000	$5,000	
Strategic Planning Committee	$10,000	$36,000	**New Line item**
Finance/Audit and Risk Committee		$40,000	**New Line item**
OEBC Contribution	$0	$0	
Governance/HR committee	$20,000	$45,000	**New Line item**
Total Committee Expenses	**$924,800**	**$845,000**	
Admin. Expenses			
Bank & Credit Card Fees	$55,000	$60,000	
Investment management Fees	$30,000	$45,000	
Occupancy Costs	$155,000	$155,000	
Insurance	$10,200	$10,000	
Legal General	$35,000	$30,000	
Legal - Special	$5,000	$5,000	
Legal - Registration	$15,000	$10,000	
Legal - Quality Assurance	$10,000	$0	
Legal - ICRC	$40,000	$45,000	
Legal Discipline	$125,000	$170,000	
Accounting & Audit	$41,000	$45,000	
Recovery of discipline cost	$0		
Library Expense	$1,000	$1,000	
Web Site & Software	$50,000	$70,000	
Database / IS Servicing/Special Project	$75,000	$0	**Mainly visual antidote. Refer to consulting budget below**
Office Equipment	$10,000	$5,000	
Computer Hardware	$30,000	$20,000	
Leasing of Equipment	$15,500	$15,000	
Office Supplies and Maint.	$25,000	$25,000	
Postage & Courier	$15,000	$15,000	
Communications and Design	$20,000	$10,000	
Printing		$5,000	
Staff Training	$15,000	$20,000	
Telephone and Internet	$15,000	$10,000	
Human Resources(Consultants)	$15,000	$15,000	
OE Tracker costs	$50,000	$52,000	
Jurisprudence examination	$20,000	$20,000	
E- Learning module development		$25,000	**New Line item**
Other Expense	$7,140	$5,000	
Payroll			
Consulting	$9,180	$70,000	**Visual antidote**
Salaries	$985,000	$1,150,000	
Staff Benefits	$80,500	$115,000	
Sub-Total	**$1,959,520**	**$2,223,000**	
Sub-Total	**$0**	**$0**	
Total Admin. Expenses	**$1,959,520**	**$2,223,000**	
Total Operating Expenses	**$2,884,320**	**$3,068,000**	
EBITDA	**($325,460)**	**($338,864)**	
Depreciation	$85,000	$50,000	
Operating Income	**($410,460)**	**($388,864)**	
Exceptional Investments			
Research for Entry-to-Practice Exam	**$250,000**		To be internally restricted
Online Jurisprudence seminar & exam development	**$100,000**		Decision for this might involve result of ongoing NBEO discussions
Quality Assurance Program Review	**$70,000**		outstanding to be accrued at year end
Operating income after exceptionals	**($830,460)**	**($388,864)**	
Investment Income	$79,591	$79,591	
NET RESULTS	**($750,869)**	**($309,273)**	

9 / OTHER MATTERS

9. Appointment of Committee Chairs and Committee Members

10. Injunction Appeal – Update –

11. List of Acronyms

12. Dates of Upcoming Council Meetings
    a. Wednesday, April 24, 2019
    b. Monday June 24 & Tuesday June 25, 2019

13. Adjournment

9. Appointment of Committee Chairs and Committee Members

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

The Governance Committee followed by the Executive Committee drafted a proposed slate for committee membership and committee chairs for 2019. The Committees reviewed the individual requests and propose the committees based on experience, competencies, and interest, while attempting to bring a mix of experienced and new volunteers onto the committees. The Executive Committee will be elected by Council on the morning of January 18.

Council will be asked to consider the following motions:

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

Standing (Board) Committees

- Governance/HR Committee
- Audit/Finance/Risk Committee

Statutory Committees

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

Ad-Hoc Committees

- QA Subcommittee
- Strategic Planning Committee

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

Standing (Board) Committees

- Governance/HR Committee
- Audit/Finance/Risk Committee

Statutory Committees

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

Ad-Hoc Committees

- QA Subcommittee
- Strategic Planning Committee

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	*Canada Not-for-profit Corporation Corporations Act*	
CNIB	Canadian National Institute for the Blind	A voluntary, non-profit rehabilitation agency that provides services for people who are blind, visually impaired and deaf-blind
CNO	College of Nurses of Ontario	Regulates nurses in Ontario
COBC	College of Optometrists of British Columbia	Regulates optometrists in British Columbia
COEC	Canadian Optometric Evaluation Committee	Committee of FORAC that assesses the credentials of internationally educated optometrists who wish to practice in Canada
COI	Conflict of Interest	Situation in which someone in a position of trust has competing professional and personal interests
COO	College of Opticians of Ontario	A self-governing college that registers and regulates opticians in Ontario **Note:** the College of Optometrists of Ontario does not have an acronym
COPE	Council on Optometric Practitioner Education	Accredits continuing education on behalf of optometric regulatory boards
COS	Canadian Ophthalmological Society	Society whose mission is to assure the provision of optimal eye care to Canadians
CPD	Continuing Professional Development	A quality assurance program
CPP	Clinical Practice Panel	A panel of the Quality Assurance Committee that considers issues of clinical practice and updates the OPR
CPSO	College of Physicians and Surgeons of Ontario	A self-governing college as defined by the *Regulated Health Professions Act*
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 *Regulated Health Professions Act, 1991*
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 *Ministry of Health Appeal and Review Boards Act, 1998*, decisions of the ORC are heard here
HSPTA	*The Health Sector Payment Transparency Act, 2017*	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	*Personal Health Information Protection Act*	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
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	*Regulated Health Professions Act*	An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice
SAO	Saskatchewan Association of Optometrists	Also functions as the regulatory College in Saskatchewan
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