



COLLEGE OF
Optometrists
OF ONTARIO

COUNCIL MEETING

CELEBRATING 100 YEARS OF OPTOMETRIC REGULATION

WEDNESDAY APRIL 24, 2019

AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND)

65 ST. CLAIR AVE. E., SUITE 900

TORONTO ON



Agenda Item	Page No.	Action Required	Item Lead	Approx. Time (mins.)
1. Call to Order/Attendance			Hemami, P.	1
2. Adopt the Agenda	2	Decision	Hemami, P.	1
a. Conflict of Interest Declaration				
3. Consent Agenda	6			
PART 1 - Minutes of Prior Council Meetings				
a. January 18, 2019	7	Decision	Hemami, P.	5
b. Motions and Actions Items Arising from the Minutes	16			
PART 2 - Reports				
a. Committee Reports				
i. Executive Committee	19	Receive for Information/ Decision	Hemami, P.	10
ii. Patient Relations	28			
iii. Quality Assurance:				
A. QA Panel	29			
B. CP Panel	32			
C. QA Subcommittee	33			
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v. Registration	43			
vi. Fitness to Practise	46			
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viii. Governance/HR Committee	52			
ix. Audit/Finance/Risk Committee	53			
x. Strategic Planning Committee	54			
b. Registrar's Report	55			
4. Financial Matters	73	Receive for Information	Quaid, P.	10
a. Treasurer's Report	74			
b. Financial Dashboard	75			
c. Balance Sheet and Income and Expenditure Report – to February 28, 2019	76			
d. 2018 Draft Audited Financial Statements	79	Presentation	Auditors	30
5. Motions Brought Forward from Committees	95			
a. Executive Committee	96	Decision	Hemami, P.	20
b. Quality Assurance Committee				

i. Clinical Practice Panel	107	Decision	Chisholm, B.	20
c. Registration Committee	112	Decision	Quaid, P.	10
6. FORAC Cultural Competency Working Group	114	Discussion/ Decision	Hemami, P.	10
7. Governance Reform – Proposed Legislative Changes	120	Decision	Hemami, P. / Van Bastelaar, J.	20
8. Complaints/Reports Review <small>-Council may go in camera under Section 7(2)(b) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the <i>Regulated Health Professions Act, 1991-</i></small>	132	Discussion	Garshowitz, P.	20
9. 100 Years of Optometric Regulation in Ontario	134	Presentation	Garshowitz, P.	10
10. Recognition of Departing Council Members		Presentation	Hemami, P.	5
11. Injunction Appeal Decision – Update <small>-Council may go in camera under Section 7(2)(e) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the <i>Regulated Health Professions Act, 1991-</i></small>	137	Discussion	Garshowitz, P.	30
12. Dates of Upcoming Council Meetings a. Monday, June 24 and Tuesday, June 25, 2019	137		Hemami, P.	2
13. Proposed Dates for Council Meetings (2019-2020) • Friday September 27, 2019 • Friday January 17, 2020 • Monday April 20, 2020 • Thursday June 25, 2020	137	Decision	Hemami, P.	1 1
14. List of Acronyms	139			
15. Adjournment		Decision		

Vision and Mission

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

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

Strategic Plan Update 2015

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

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

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

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

1 -2 / INTRODUCTION

1. Call to Order/Attendance
2. Adopt the Agenda
 - a. Conflict of Interest Declaration

3 / CONSENT AGENDA

3. Consent Agenda

PART 1 - Minutes of Prior Council Meetings

- a. January 18, 2019
- b. 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/HR Committee
- ix. Audit/Finance/Risk Committee
- x. Strategic Planning Committee

b. Registrar's Report

**College of Optometrists of Ontario
Council Meeting
January 18, 2019
DRAFT #1**

January 18, 2019

Attendance:

Dr. Pooya Hemami

Dr. Richard Kniaziew

Dr. Patrick Quaid,

Dr. Linda Chan

Ms. Maureen Chesney

Dr. Bill Chisholm

Dr. Patricia Hrynchak

Mr. Bashar Kassir

Mr. Hsien Ping (Albert) Liang

Dr. Annie Micucci

Dr. Kamy Morcos

Ms. Luisa Morrone

Dr. Christopher Nicol

Dr. Areef Nurani

Ms. Ellen Pekilis

Mr. Brian Rivait

Mr. John Van Bastelaar

Staff:

Dr. Paula Garshowitz, Registrar

Ms. Hanan Jibry

Ms. Mina Kavanagh

Mr. Nektarios Kikonyogo

Mr. Sean Knight

Mr. Justin Rafton

Dr. David Wilkinson

1 **1. Call to Order:** Dr. Garshowitz called the meeting to order at 9:12 a.m. and welcomed everyone in
2 attendance, including guests, to the meeting.

3
4 **2. Election of Officers for 2019 Council Year:** A call for nominations had been sent prior to the meeting.
5 Council members interested in running for a position on Executive had been asked to indicate their
6 intention, in writing, to the Registrar by January 17th, 2019. Dr. Garshowitz announced that the three
7 College officers' positions and two public member positions were acclaimed. Council was reminded that
8 the Executive Committee composition was reduced from seven down to five members for 2019.

9
10 **Officers:**

11
12 Dr. Pooya Hemami, President
13 Dr. Richard Kniaziew, Vice President
14 Dr. Patrick Quaid, Treasurer
15

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

17
18 Mr. Brian Rivait
19 Mr. John Van Bastelaar
20

21 Dr. Hemami congratulated the members of the Executive Committee. Dr. Hemami welcomed to Council
22 a new professional member, Dr. Annie Micucci. All present were reminded that recording of the meeting
23 is not allowed.

24

25 **3. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting. No new items were
26 added to the agenda.

27

28 Moved by Dr. Chisholm and seconded by Dr. Quaid **to adopt the agenda.**

29

Motion carried

30

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

33

34 **4. Orientation for Council members:** Dr. Garshowitz delivered a brief orientation for Council members.
35 The presentation outlined, among other matters, the model of self-regulation as outlined in the
36 *Regulated Health Professions Act (RHPA)*; the duties of College, Council, volunteers, and staff; effective
37 governance; the organization of the College; confidentiality and indemnity; conflict of interest; and the
38 process by which Council meetings and motion voting are conducted.

39

40 **5. Adoption of the Consent Agenda:** A draft consent agenda was circulated prior to the meeting. After
41 having confirmed that all Council members had read the consent agenda materials, the following items
42 were included in the consent agenda:

43

44 PART 1 - Minutes of Prior Council Meetings

45 a. September 25, 2018

46 b. November 5, 2018 – Teleconference

47 c. Motions and Actions Items Arising from the Minutes

48 PART 2 - Reports

49 d. Committee Reports

50 i. Executive Committee

51 ii. Patient Relations

52 iii. Quality Assurance

53 A. QA Panel

54 B. CP Panel

55 C. QA Subcommittee

56 iv. ICRC

57 v. Registration

58 vi. Fitness to Practise

59 vii. Discipline

60 viii. Governance Committee

61 ix. Strategic Planning Committee

62 e. Registrar's Report

63

64 Minor typos and grammatical corrections were made to the minutes of September 25, 2018.

65

66 Moved by Dr. Kniaziew and seconded by Mr. Rivait **to adopt the consent agenda.**

67

Motion carried

68
69 The draft minutes of the September 25, 2018 in-camera session were circulated during the meeting.

70
71 Moved by Dr. Quaid and seconded by Dr. Kniaziew **to approve the in-camera minutes of the September**
72 **25, 2018 Council meeting.**

73 **Motion carried**

74
75 The draft minutes of the November 5, 2018 in-camera session were circulated during the meeting.

76
77 Moved by Dr. Kniaziew and seconded by Mr. Rivait **to approve the in-camera minutes of the November**
78 **5, 2018 Council teleconference.**

79 **Motion carried**

80
81 **6. National Board of Examiners in Optometry (NBEO):** Council heard a presentation by the National
82 Board of Examiners in Optometry (NBEO) Executive Director, Dr. Jill Bryant on the standards assessment
83 examination the organisation administers. For the presentation, Dr. Bryant was joined by Mr. Rick
84 Present, Part I- Applied Basic Science (ABS); Dr. Nicole Jerge, (Part II-Patient Assessment and
85 Management/Treatment and Management of Ocular Disease (PAM/TMOD), Dr. Mandy Sallach, (Part III-
86 Clinical Skills Exam (CSE), and Dr. Brett Foley (psychometrician at Alpine). The presentation provided an
87 overview of each exam part (Parts I, II and III), the development process, standard setting and exam
88 security protocol. Following the presentation, Council was given the opportunity to ask specific
89 questions about the exam and its development, specifically enquiring about the Part III Clinical Skills
90 exam.

91
92 **7. Motions Brought Forward From Committees:**

93
94 **a. Executive Committee:** The proposed motion to approve the NBEO as an alternate standards
95 assessment examination for registration was circulated prior to the meeting. Council heard that
96 approving an alternate exam would provide applicants with the choice to take either the OEBC
97 examination or the NBEO examination to fulfill this registration requirement. Applicants would be able
98 to choose the assessment that suits their own personal situation and timetable. Dr. Hemami explained
99 that approving NBEO at the meeting would mean that a candidate must have successfully challenged all
100 three parts of the NBEO examination after January 18, 2019 in order to have fulfilled this registration
101 requirement.

102
103 Council had preliminary discussions on this recommendation on November 5, 2018 by teleconference. It
104 was decided, at that meeting, that Council would table its discussion and consult with members and
105 stakeholders, giving them an opportunity to send in their feedback and comments on the proposed
106 motion prior to Council making a final decision on the matter.

107
108 The College posted the consultation materials on its website and circulated them to members and
109 stakeholders on November 7, 2018 with a deadline for submissions of January 4, 2019. The College
110 received 73 responses from individual members, and 21 responses from stakeholders. The College also
111 heard from optometrists in other jurisdictions as well as optometric students. The College received
112 submissions both opposed to and in support of the motion to approve NBEO. Council members
113 received and reviewed all submissions in preparation for the meeting.

114

115 In consideration of the motion, Council had to be satisfied that the NBEO examination was valid, reliable
116 and defensible and that it assesses entry level competence to ensure that applicants who have
117 successfully challenged the exam will provide safe, quality optometric care to the public of Ontario. The
118 Council also reviewed a memo from the Registration Committee to this effect.

119
120 Following on from the presentation by NBEO representatives, Council discussed the NBEO examination
121 and implications if the examination was approved as an alternate standards assessment examination.

122
123 Moved by Dr. Kniaziew and seconded by Mr. Rivait **to approve the National Board of Examiners in**
124 **Optometry (NBEO) examination for registration purposes as a standard assessment exam approved by**
125 **the College, effective immediately.**

126
127 **Amendment to the Motion:** Moved by Ms. Pekilis and seconded by Dr. Chan **to amend the motion by**
128 **removing “effective immediately” and replacing it with “only if sufficient oversight for the Optometry**
129 **Examining Board of Canada (OEBC) examination, that is acceptable to Council, is not established by**
130 **April 24, 2019”.**

131
132 Council discussed the proposed amendment, specifically what form of sufficient oversight would be
133 acceptable to Council and the date this would need to be instated by the OEBC.

134 **Motion defeated**

135
136 **Vote on the original motion**

137 **Motion carried**

138
139 **b. Quality Assurance**

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

143
144 For OPR 4.3 Delegation and Assignment, it was proposed to add an exception under the subtitle
145 ‘Research Conducted by a University’, that reads: “An exception exists for delegation and assignment
146 where medical direction is delegated with indirect supervision, with the informed consent of the
147 subject, and where the research has received research ethics board approval from an accredited
148 university”.

149
150 Moved by Dr. Hrynychak and seconded by Dr. Quaid **to approve the publication of amendments to the**
151 **following section of the Optometric Practice Reference (OPR):**

- 152
153
 - **4.3 Delegation and Assignment**

154 **Motion carried**

155
156 For OPR 5.2 The Prescription, it was proposed to divide the standard into two parts, dealing with optical
157 prescriptions and prescriptions for drugs separately. The wording ‘therapeutic directive’ was changed to
158 ‘order’, as to be consistent with medical terminology of other health care professionals. The reference
159 to the Clinical Guideline with respect to expiry dates was also struck.

160

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

- 163
- 164 • **5.2 The Prescription**
- 165 **Motion carried**

166

167 For OPR 6.7 Binocular Vision Assessment and Therapy, it was proposed to strike the reference to the
168 initial optometric examination yielding enough information to reach a diagnosis. The management of
169 binocular vision disorders was also expanded.

170

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

- 173
- 174 • **6.7 Binocular Vision Assessment and Therapy**
- 175 **Motion carried**

176

177 For OPR 6.8 Visual Field Assessment, it was proposed to strike the reference to ‘the accuracy of’
178 performance of testing. Further edits were made to clarify the responsibility of optometrists who
179 receive requisitions for visual field assessments.

180

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

- 183
- 184 • **6.8 Visual Field Assessment**
- 185 **Motion carried**

186

187 For OPR 7.4 Patients with Diabetes, it was proposed that the standard specify abnormalities to the
188 retina as well as simplify the language around neuropathies that may affect the cranial nerves.

189

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

- 192
- 193 • **7.4 Patients with Diabetes**
- 194 **Motion carried**

195

196 For OPR 7.5 Patients with Hypertension, it was proposed to amend the standard’s title to include
197 “systemic hypertension”. The last paragraph would also be struck regarding optometrists’ familiarity
198 with fundus signs characteristics of hypertensive retinopathy as statement is not necessary. Council
199 discussed the amended wording proposed for the description section and recommended a grammatical
200 edit before publication.

201

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

- 204
- 205 • **7.5 Patients with Hypertension**
- 206 **Motion carried**

207

208 For OPR 7.6 Cycloplegic Refraction, it was proposed that the standard specify that cycloplegic refraction
209 is indicated in the initial assessment of children and adults who meet any of the listed criteria.

210
211 Moved by Dr. Hrynychak and seconded by Dr. Morcos **to approve the publication of amendments to the**
212 **following section of the Optometric Practice Reference (OPR):**

213
214 • **7.6 Cycloplegic Refraction** **Motion carried**
215

216
217 The Panel also proposed that the Clinical Guidelines section be removed from the Optometric Practice
218 Reference (OPR). At a recent joint meeting of the two panels of the Quality Assurance Committee, the
219 relevancy of the College continuing to maintain clinical guidelines for the profession was discussed. The
220 Panel has realized over recent years the breadth of such an undertaking to develop well thought,
221 evidence-based and defensible guidelines and have them appraised. In addition, the QA Panel noted
222 that its program did not refer to the Clinical Guideline section for any of its current processes and it
223 found, at times, that QA assessors were inadvertently referring to guidelines when reviewing member
224 patient charts as part of a practice assessment.

225
226 Clinical guidelines are a result of exhaustive review of literature, academic research and public opinion
227 and are multi-disciplinary in nature. The Panel understands that its mandate, under the *Health*
228 *Professions Procedural Code (HPPC)*, and the main focus of their work should be on articulating and
229 reviewing professional standards. However, the development of guidelines/best practices has proven to
230 be time-consuming, require constant update and may fall outside the College's regulatory mandate. The
231 development of clinical practice guidelines may be best suited for other related organizations who have
232 the resources and can articulate the profession's view of evidence-based best practices through proper
233 review and research. The Clinical Guidelines document would be removed from the College website as
234 it would no longer be maintained and would soon be outdated.

235
236 Moved by Dr. Hrynychak and seconded by Dr. Morcos **to remove the Clinical Guidelines section from the**
237 **Optometric Practice Reference (OPR).**

238 **Motion carried**
239

240 **ii. Quality Assurance Panel:** The proposed motions were circulated prior to the meeting. The QA Panel
241 recommended an amendment to College-bylaws and the Continuing Education policy.

242
243 The Panel proposed that a by-law amendment be circulated to increase the fee of a Practice Assessment
244 (CRA) for cost recovery purposes. The Schedule of Fees and Penalties sets out the cost to members
245 payable to the College in the event of a Registrar or member-initiated participation in the Quality
246 Assurance (QA) Program (i.e. referral for direct patient care hour deficiency, continuing education
247 deficiency, and reassessments following remediation). Fees are established on a cost-recovery basis to
248 provide reimbursement for assessors, panel per diems, College staff time, and courier costs.

249 In a review of the fees presented to the Quality Assurance Panel, staff reported that the Quality
250 Assurance Assessment Fee does not support cost recovery, as the College currently subsidizes Registrar
251 or member-initiated assessments. The Panel recommended that Council approve circulation, as required
252 by the *HPPC*, of a by-law amendment to change the cost of a Practice Assessment (CRA) from \$1733.00
253 plus HST to \$2400.00 plus HST. Council further recommended that the cost be increased in the interim
254 by the amount allowed for by inflation, stipulated in the by-laws.

255
256 Moved by Mr. Van Bastelaar and seconded by Dr. Chan **to approve circulation of a by-law amendment**
257 **to set the cost of a Practice Assessment (CRA) to \$2400.00 plus HST.**

258 **Motion carried**

259
260 It was recognized that additional amendments to the by-laws regarding governance are pending. All by-
261 law changes will be circulated together once Council approves governance amendments for circulation.

262
263 The Panel also proposed an amendment to the 2018-2020 Continuing Education (CE) Policy. Under the
264 current policy, the Quality Assurance Committee can approve not-for-profit organisations as Category A
265 Providers. The Panel concluded that it is not an accreditation body, and as such does not possess the
266 expertise or available time to accredit individual CE providers or courses. CE providers seeking approval
267 have been informed that as no pre-approval process exists, approval as a Category A provider cannot be
268 granted at this time. Council also discussed the distinction of the Vision Institute as a Category A
269 provider for the remainder of the current CE cycle. The policy for the next CE cycle would require
270 Category A Providers that do not fall under the category of regulatory college, optometric association or
271 educational institution as detailed in the policy, to be COPE approved.

272
273 Moved by Mr. Van Bastelaar and seconded by Dr. Morcos **to amend the 2018-2020 Continuing**
274 **Education (CE) Policy to remove the Quality Assurance Committee’s (QAC) ability to preapprove not-**
275 **for-profit optometric organizations, where the primary goal of the organization is to provide or**
276 **promote optometric educational opportunities or provide clinical care.**

277 **Motion carried**

278
279 **c. Patient Relations Committee:** The proposed motion was circulated prior to the meeting.
280 The Committee proposed the development of an e-learning module based on a presentation given by
281 the College Registrar at the April 2018 OAO Symposium, entitled “Eye Consent – The Optometrist’s
282 Guide to Consent”. The presentation addressed the requirements of all health care providers, including
283 optometrists, to obtain informed consent from patients, including consent to treatment, collection of
284 personal health information, and fees related to services. The presentation also provided practical
285 information and examples about the definition of informed consent, why it is important, and when and
286 how to document it. The Committee strongly believes that making this information available to all
287 College members, to complete on a voluntary basis, would benefit both optometrists and the public.
288 Council discussed providing continuing education credit for those that completed the course at a cost-
289 recovery charge, to be determined at a later date.

290
291 Moved by Mr. Rivait and seconded by Dr. Kniaziew **to approve the amount of \$19,900 (before HST) for**
292 **the purpose of developing the “Eye Consent – the Optometrist’s Guide to Informed Consent” e-**
293 **Learning module to be offered, on a voluntary basis, to all members of the College.**

294 **Motion carried**

295
296 **8. Financial Matters:**

297 **a. Treasurer’s Report:** Dr. Patrick Quaid presented the report. The College recorded a year-to-date
298 surplus of \$388K as of November 30, 2018. This surplus represents a positive variance to budget of \$1M
299 (per dashboard). The full year results are expected to reflect a positive surplus of over \$400K.
300 The \$190K revenue budget surplus is caused by favourability in almost all sources of revenue, including
301 Professional Corporations as well as recognition of deferred membership revenue from last year.

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

304
305 **b. Financial Dashboard:** The financial dashboard was circulated prior to the meeting. It was updated to
306 include the November 30, 2018 financial information, including the College's investment funds. The
307 dashboard indicated that the College's financial position continues to be strong with high liquidity for
308 future purposes.

309
310 **c. Balance Sheet and Income and Expenditure Report – to November 30, 2018:** An increase was noted
311 due to the recent influx of Cash during membership renewal period.

312
313 In 2018, \$250K was allocated for research for entry-to-practice exam under exceptional investments but
314 was not spent. The Executive Committee, in consultation with external auditors, recommended that
315 these funds be appropriated (restricted) until such a time as they may be needed.

316
317 Moved by Dr. Quaid and seconded by Dr. Kniaziew **to approve the addition of \$250K to the existing**
318 **Research reserve fund in the 2018 fiscal year.**

319 **Motion carried**

320
321 Council is required annually to authorize a second individual on College staff to sign banking documents
322 and instruments.

323
324 Moved by Dr. Quaid and seconded by Mr. Rivait **to authorize, by resolution, Ms. Hanan Jibry, Assistant**
325 **Registrar, as signing officer for the College with respect to banking documents and instruments**
326 **requiring the signature of the College.**

327 **Motion carried**

328
329 Council is required annually to authorize the Registrar to provide direction to the College's investment
330 advisor.

331
332 Moved by Dr. Quaid and seconded by Dr. Kniaziew **to authorize, by resolution, the Registrar to provide**
333 **direction to the College's investment advisor.**

334 **Motion carried**

335
336 **d. Proposed 2019 Budget:** The proposed 2019 budget was circulated prior to the meeting. Budget lines
337 have been proposed by staff and reviewed by the Treasurer, and the Executive Committee to produce a
338 budget that reflects increases where needed and savings where efficiencies have been realized.
339 Rationale for the proposed changes to individual line items was included in the budget document. The
340 2019 budget projects an operating loss of \$338K before exceptional investments which is similar to the
341 2018 budgeted operating loss. Budget projections are based on historical data, however for some areas,
342 in particular ICRC and Discipline, it can be difficult to predict what expenses may be incurred in a given
343 timeframe. The ultimate goal is to work towards achieving a balanced budget in the future. No increase
344 in membership fees is proposed.

345
346 Moved by Dr. Quaid and seconded by Dr. Kniaziew **to approve the proposed 2019 budget.**

347 **Motion carried**

348

349 **9. Appointment of Committee Chairs and Committee Members for 2019:** Dr. Hemami presented the
350 proposed statutory, standing and ad-hoc committee chairs and members for 2019. The proposed names
351 are:

- 352
353 Governance/HR Committee: Mr. John Van Bastelaar
354 Audit/Finance/Risk Committee: Dr. Patrick Quaid
355 Registration Committee: Dr. Patrick Quaid
356 Inquiries Complaints and Reports Committee: Dr. Areef Nurani
357 Quality Assurance Committee
358 i. Quality Assurance Panel: Dr. Linda Chan
359 ii. Clinical Practice Panel: Dr. Bill Chisholm
360 iii. Quality Assurance Subcommittee: Ms. Ellen Pekilis
361 Discipline Committee: Dr. Jim Hoover
362 Fitness to Practise Committee: Mr. Albert Liang
363 Patient Relations Committee: Mr. Brian Rivait
364 Strategic Planning Committee: Ms. Ellen Pekilis
365

366 Moved by Dr. Kniaziew and seconded by Dr. Quaid **to approve the appointment of the proposed**
367 **chairpersons of College committees as presented.**

Motion carried

368
369
370 Moved by Mr. Rivait and seconded by Dr. Chisholm **to approve the appointment of the proposed**
371 **College committee composition as presented.**

Motion carried

372
373
374 **9. Injunction Appeal – Update:** Dr. Garshowitz updated Council on the application by the College of
375 Optometrists of Ontario and the College of Opticians of Ontario to seek an injunction preventing
376 Essilor/Clearly from unlawfully dispensing prescription eyewear over the internet. In January 2018, the
377 Ontario Superior Court issued a decision upholding the principles of the RHPA. Essilor appealed the
378 decision, and a stay of the injunction was granted by the courts until the appeal was heard. The appeal
379 was heard on September 21, but a decision has not, as of the January 18, 2019, been released.

380
381 **11. List of Acronyms**

382
383 **12. Dates of Upcoming Council Meetings**

- 384 a. Wednesday, April 24, 2019
385 b. Monday, June 24, 2019 & Tuesday June 25, 2019
386

387 **13. Adjournment:** Moved by Mr. Rivait and seconded by Dr. Nicol **to adjourn the meeting at 3:09 p.m.**

Motion carried

Council Meeting – January 18, 2019

COUNCIL ACTION LIST STATUS

Updated April 8, 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. A motion from the Executive Committee is included in the briefing materials regarding this item.
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. A motion regarding proposed changes is included in the briefing materials regarding this item.
09/25/18	200	The Clinical Practice Panel to revise College policy, requiring optometrists to report all practice locations.	In progress	CPP continue to work on revising the College policy.

Council Meeting – January 18, 2019

MOTION LIST

Minute Line	Motion	Committee	Decision
123	Moved by Dr. Kniaziew and seconded by Mr. Rivait to approve the National Board of Examiners in Optometry (NBEO) examination for registration purposes as a standard assessment exam approved by the College, effective immediately.	Executive Committee	Motion carried
127	Amendment to the Motion: Moved by Ms. Pekilis and seconded by Dr. Chan to amend the motion by removing “effective immediately” and replacing it with “only if sufficient oversight for the Optometry Examining Board of Canada (OEBC) examination, that is acceptable to Council, is not established by April 24, 2019”.	Executive Committee	Motion defeated
150	Moved by Dr. Hrynychak and seconded by Dr. Quaid to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 4.3 Delegation and Assignment 	Clinical Practice Panel	Motion carried
161	Moved by Dr. Hrynychak and seconded by Dr. Quaid to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 5.2 The Prescription 	Clinical Practice Panel	Motion carried
171	Moved by Dr. Hrynychak and seconded by Dr. Micucci to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 6.7 Binocular Vision Assessment and Therapy 	Clinical Practice Panel	Motion carried
181	Moved by Dr. Hrynychak and seconded by Dr. Quaid to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 6.8 Visual Field Assessment 	Clinical Practice Panel	Motion carried
190	Moved by Dr. Hrynychak and seconded by Dr. Morcos to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 7.4 Patients with Diabetes 	Clinical Practice Panel	Motion carried
202	Moved by Dr. Hrynychak and seconded by Dr. Morcos to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 7.5 Patients with Hypertension 	Clinical Practice Panel	Motion carried
211	Moved by Dr. Hrynychak and seconded by Dr. Morcos to approve the publication of amendments to the following section of the Optometric Practice Reference (OPR): <ul style="list-style-type: none"> • 7.6 Cycloplegic Refraction 	Clinical Practice Panel	Motion carried
236	Moved by Dr. Hrynychak and seconded by Dr. Morcos to remove the Clinical Guidelines section from the Optometric Practice Reference (OPR).	Clinical Practice Panel	Motion carried

256	Moved by Mr. Van Bastelaar and seconded by Dr. Chan to approve circulation of a by-law amendment to set the cost of a Practice Assessment (CRA) to \$2400.00 plus HST.	Quality Assurance Panel	Motion carried
273	Moved by Mr. Van Bastelaar and seconded by Dr. Morcos 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.	Quality Assurance Panel	Motion carried
291	Moved by Mr. Rivait and seconded by Dr. Kniaziew 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.	Patient Relations Committee	Motion carried
317	Moved by Dr. Quaid and seconded by Dr. Kniaziew to approve the addition of \$250K to the existing Research reserve fund in the 2018 fiscal year.	Treasurer	Motion carried
324	Moved by Dr. Quaid and seconded by Mr. Rivait to authorize, by resolution, Ms. Hanan Jibry, Assistant Registrar, as signing officer for the College with respect to banking documents and instruments requiring the signature of the College.	Treasurer	Motion carried
332	Moved by Dr. Quaid and seconded by Dr. Kniaziew to authorize, by resolution, the Registrar to provide direction to the College's investment advisor.	Treasurer	Motion carried
346	Moved by Dr. Quaid and seconded by Dr. Kniaziew to approve the proposed 2019 budget.	Treasurer	Motion carried
366	Moved by Dr. Kniaziew and seconded by Dr. Quaid to approve the appointment of the proposed chairpersons of College committees as presented.		Motion carried
370	Moved by Mr. Rivait and seconded by Dr. Chisholm to approve the appointment of the proposed College committee composition as presented.		Motion carried

Executive Committee Report

Name of Committee:	Executive Committee
Reporting Date:	April 3, 2019
Number of meetings in 2019:	4 teleconference
Number of meetings since the last Council meeting:	4 teleconference

The Executive Committee met via teleconference on January 28, February 25, March 12, and April 3, 2019.

Committee and Chair Vacancies

Appointed (public) member B. Rivait's three-year term appointment expired in February 2019, and he was not reappointed by the government. The Committee invited him to attend the April Council meeting as a guest. To fill his vacancy on the Executive Committee, a call for nominations was circulated. The vacant public member position on the Committee has now been filled by A. Liang.

Based on the recommendations of the Governance/HR Committee, the Executive Committee, exercising the powers of Council between Council meetings for matters requiring immediate attention (under *HPPC*, Section 12), made the following appointments to fill vacancies in committee and chair positions created by Mr. Rivait's departure:

Inquiries, Complaints and Reports Committee

- A. Liang appointed to the committee

Discipline Committee

- H. Kennedy appointed to the committee

Patient Relations Committee

- H. Kennedy appointed to the committee
- C. Nicol and M. Chesney appointed as co-chairs

Registration Committee:

- H. Kennedy appointed to the committee

At the request of the Panel chair and due to its workload, the Committee also appointed Dr. Mark Eltis to the QA Panel of the Quality Assurance Committee for the remainder of the year.

FORAC

On February 25, a formal letter outlining concerns was sent to the FORAC Executive Committee. The Committee is now awaiting a response from FORAC.

Cultural Competency Working Group

A FORAC Cultural Competency Working Group has been established to emulate the innovative work in British Columbia in addressing cultural safety and humility in the regulation of health professionals serving First Nations and Indigenous peoples.

A draft document entitled “Declaration of Commitment – Cultural Safety and Humility in the Regulation of Optometrists Serving First Nations and Indigenous Peoples in Canada” is included here. The intention is for all 10 provincial optometry regulators, including Ontario, to sign the Declaration of Commitment towards advancing cultural safety and humility at the July FORAC 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. The Executive Committee responded on December 10, 2018 on behalf of the College, requesting a response by January 4, 2019.

A response from the OEBC Board was received on February 5, 2019. The College’s letter had proposed a revised voting structure for OEBC Board of Directors based on weighting scale, the implementation of an Examination Oversight Committee, semi-annual reporting and disclosure of the organisation’s finances and budget and reiterated the concerns of the exam’s content and administration. In their response, all of the College proposals were rejected by the OEBC Board at this time. A copy of the OEBC response is included here.

The Committee was presented a memo from the Registration Committee recommending, given this response from OEBC, that College volunteers not participate in any current or future OEBC committee/working group/panel until these issues are resolved. The Executive Committee has adopted this position going forward.

Optometrist Requirements to Disclose Offences

The Committee consulted with both FHRCO and legal counsel regarding mandatory self-reporting obligations, specifically relating to the reporting of charges by members under Section 85.6.4 of the *HPPC*. There does not appear to be a consistent approach; Colleges have varying requirement degrees of what charges members have to self-report.

The Committee specifically discussed the relevancy to suitability to practice of optometrists reporting “ticketable” offences (any offence prosecuted under Parts I or II of the *Provincial Offences Act, 1990*), and the ramifications of an optometrist reporting or failing to report such a charge. The Committee has put forward a motion recommending that the College take a position that optometrists are not required to report “ticketable” offences.

Governance Reform – Proposed Legislative Changes: College of Nurses of Ontario – Proposed Legislative Changes

As part of the College of Nurses of Ontario (CNO) governance review project, entitled Governance Vision 2020, recommendations requiring legislative amendments were presented to and accepted by the CNO Council at its December 2018 meeting and have now been submitted to government. CNO has reached out to stakeholders and other Colleges to ask for support for its Governance Vision 2020 plan, specifically the suggested legislative amendments.

Alongside the Governance/HR Committee, Executive has drafted a response outlining the College’s recommendations based on its own Governance review in 2017-18.

OAO/WOVS/College Working Group – Scope Expansion

A working group with representatives from the College, OAO and the university has been struck to further examine scope expansion. Two members of the Clinical Practice Panel (B. Chisholm & D. Ruskin) have been asked to participate, along with the College's Practice Advisor (D. Wilkinson), who will hold a non-voting role. The OAO is currently drafting the terms of reference for the working group.

By-Election for District 6 (Academic)

Following the resignation of Dr. Patricia Hrynychak from Council and in accordance with Section 6.11 of the College by-laws, a by-election must be held for District 6 (Academic). To expedite this process and fill the vacancy ahead of the June Council meeting, the Committee provided their consent, as per section 6.12 of the by-laws, for the Registrar to change the timing of the election. A call for nominations was sent on April 8 and will close April 23, 2019. If an election is required, voting will open on April 30.

New Public Appointee

The Council welcomes its new public appointees, Howard Kennedy, who was appointed on January 31, and Narendra Shah, who was appointed on April 11, 2019. Both appointments are for a one-year term.

Motion to Council

The Committee has brought forth a motion recommending that "ticketable" offences not be included in the category of information relating to charges that optometrists have to self-report to the College under section 85.6.4 of the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act, 1991*.

Respectfully submitted:

Pooya Hemami, OD
President



February 5 2019

Dr. Pooya Hemami, President
Dr. Paula Garshowitz, Registrar
Suite 900, 65 St. Clair Ave. E.
Toronto, Ontario M4T 2Y3

by email

Dear Dr. Hemami:

Following the December 3 board meeting, I asked our members to send their matters of interest or concern for the board's consideration at the January 24 2019 board meeting.

The board received one letter from members. Thank you for taking the time to prepare and send your December 10 2019 letter on behalf of the College of Optometrists of Ontario.

As part of its responsibilities under Bylaw 1 and the federal NFP Corporations Act ("Act") and corporate governance, the board considered each request detailed in your letter. On the board's behalf, I will address each request considered by the board on January 24th.

1. Proposed Revised Voting Structure for OEBC Board of Directors

The College asked OEBC to implement the following:

"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)."

The board considered and rejected this request. Your proposal to have appointed representatives with proportional voting rights is not possible under the federal NFP Corporations Act under which OEBC is incorporated. On boards of directors (including not-for-

profit boards), legally, directors have one vote each, as is the case with OEBC's board of directors.

Regarding elections to the Board, directors (other than ex officio where permitted) are elected by members. Ex officio ("by virtue of office") directors are not permitted under the Act. Directors cannot be appointed to a board by virtue of holding an office or position. A corporation's members elect all directors; individual directors are not appointed by individual members. This means that the College of Optometrists of Ontario does not have the legal right to appoint specific directors or a certain number of directors to the OEBC board. Rather, all of the members of the OEBC (through their individual representatives) vote on which individuals will be directors of OEBC.

The primary and legal obligations of OEBC directors are to be diligent (for example, attend meetings, be fully informed) and to act in good faith and in the best interest of the corporation. While member representatives act in the interest of the member they represent, a director is not permitted to act as a representative of or to advance the needs of a particular jurisdiction nor are directors permitted to delegate a vote to a proxy (126(3)). As described to the board by legal counsel (*italics added*):

"Because of the special relationship between a director and the corporation, a director has a duty of loyalty to the corporation – a personal duty that cannot be delegated. Such duty is owed to the corporation and not to a particular constituent of members. As part of this loyalty, a director should keep all proprietary information of the corporation confidential. This means that directors cannot share information about the corporation, even with the organizations (e.g., colleges) or members who were responsible for putting that director forward for election to the board. Further, this legal duty of loyalty means that it is not possible to act as an 'agent' or 'voice' of those organization while serving on another board (in this case the OEBC). *While the director brings the knowledge of the other organization's views with them to the table, the director cannot act as an advocate for that organization and must make decisions on behalf of the corporation that are in the best interests of the corporation.* This is true even if such a decision is contrary to the wishes of the organization that put them forward for election to the board. That organization's ability to express its views to the corporation occurs when the board engages with that stakeholder organization in a formalized way – through board/stakeholder linkages (such as through regular meetings, having stakeholder roundtables and input sessions, etc.)."

OEBC was set up as a federal not-for-profit corporation to serve all members by delivering a national examination to qualify for registration in any province. To do this effectively and properly, OEBC must obey federal legislation and the board must practice good governance.

2. Examination Oversight Committee

The College has requested the establishment of an examination oversight committee of regulatory representatives to permanently oversee exam development and content and have

binding oversight over any proposed structural changes to the OEBC exam or its content, which you describe mirrors the US system.

The board considered and rejected this request. The board's policies instruct the CEO to achieve end results, bound the CEO's latitude to choose means and authorize the CEO to use any reasonable interpretation of these policies to establish operational policies and procedures and take actions, these decisions having full force of the board. The board has a schedule to regularly monitor and manage performance. The board recognizes the operational nature of exam development and administration as being a CEO responsibility. The board also recognizes that OEBC members, i.e. regulators, need assurance that the exam is valid and meets "technical, professional, and legal standards, and, protects the ...public by assessing candidates' abilities to practice competently" (a framework described by the Council on Licensure, Enforcement and Regulation) and also that candidates have a right to a fair, valid licensure exam for their chosen profession (a requirement in Ontario set out in the *Regulated Health Professions Act* and monitored by the Ontario Fairness Commissioner).

OEBC has to be and is ready at all times to defend the validity of the exam in the most demanding of judgement situations, i.e. a court of law. A valid, defensible exam requires that certain independent standards be met and followed. OEBC follows the published industry standards and all of the systematic steps for a valid, defensible exam, such as: "content definition," the foundational step of ensuring exam content reflects Canadian practice (critical since a defensible exam for entering optometry in Canada must reflect the competencies Canadian optometrists say matter); an exam blueprint to guide the exam design, format and methodologies ("blueprinting"); and profession-created questions vetted and meeting test design principles ("item development"). In short, the OEBC exam is created by the profession following testing standards which makes the exam valid and defensible.

The board and CEO believe regulators must always receive evidence that the exam is valid and defensible. Each December since 2012, the CEO and psychometrician have presented the report to the board as written evidence that the exam meets required test standards; each January since 2012, they have given this same information to members and stakeholders. OEBC's public annual report has information that supports test reliability, validity and defensibility as well as exam fairness – it describes the process to create questions, reliability statistics, and fair, human-rights compliant examination policies. At our recent board meeting, the CEO and OEBC's psychometrician described how the exam meets the standards and possible ways to evidence the exam's validity and defensibility. The College has not provided any evidence that this process is lacking.

Your proposal did not rationalize replacing the industry standard (and OEBC's) model of exam design, development and delivery – volunteer content experts and content/testing experts,

earning virtually no reputational or financial gains designing and creating the exam according to the testing standards and independent of organizations dependent on the results of the exam – with a model that puts decisions about exam design/content in the hands of hand-picked regulators without content/testing knowledge and who make final and ultimate registration decisions. As opposed to extending one of the facilitator’s recommendations, your proposal and the College’s recent decision to accept the NBEO are counter to the facilitator’s other four recommendations, two of which are recognizing that certain elements of the exam are operational in nature and to be left to the expertise of qualified personnel, and accepting only the Canadian entry-to-practice exam for the profession of optometry in Canada.

The scope of your proposed committee radically exceeds the independent facilitator’s November 2017 recommendation – made *before* the registrars took over the board of OEBC. The proposed approach would compromise OEBC’s mandate to produce an exam grounded in best practice and developed by a representative sample of the profession and seriously compromise the validity of the exam results given to candidates and used by regulators to determine registration. Ultimately, it would lead to a compromise in exam defensibility and a collapse of OEBC governance and operations.

3. Financial and budgetary reporting and disclosure

The College has requested members receive a yearly budget and semi-annual budget update.

The board considered and rejected this request. Pursuant to the Act, the directors are required to place the annual financial statements before the members at an annual general meeting; the Act does not require or give the members the responsibility to approve the annual financial statements or provide financial oversight throughout the year. Further, under OEBC’s governance model, the board oversees the governance matters of the corporation and monitors performance and its executive limitation policies to ensure the CEO follows the board’s policies including on financial conditions and activities. The board sees budget monitoring as an operational exercise and CEO responsibility.

4. Exam Content and Administration

The College requests that critical skills be tested on live human subjects by all exam candidates and that OEBC use video-recording for its OSCE examinations.

The board considered and rejected this request. By definition, the board is focused on governance of the corporation not operations, including exam design or creation. The board recognizes that its members rely on OEBC to produce a valid and defensible exam; on the basis

of evidence provided to the board (and members) each year, including the exam report, the board has confidence that the OEBC Exam, both written exam and OSCE, is valid and legally defensible.

Further, OEBC's understands that the College requested test-specific technical skills using live human subjects on September 24 2016 in PEI, at which time OEBC board and staff representatives advised they would speed up the planned integration of specific skills testing in the OSCE and would do so using the best methods possible (they did not commit to use of live patients), and in your December 10 2018 letter.

In the past several years, OEBC has communicated governance and operational (exam) information to its members and stakeholders consistently, frequently and in more operational detail than typical of a NFP board. In addition to semi-annual presentations about board activities like the shift from an operational to a results-focused board following member & stakeholder consultation, the new strategic plan and progress updates on each goal, and, excluding our meetings with councils and registration committees of members, as well as letters responding to members, there are numerous examples where OEBC has provided information about the exam in informative and open-dialogue settings, such as:

- February 2 2014 (Montreal) – plans to enhance communication skills testing in the CACO skills exam with communication OSCE stations beginning 2015; walking through the exam development process and why the exam is reliable, valid and defensible;
- September 2014 (St. John's; *OEBC spoke to regulators at FORAC, then CORA*) – update on the national competency project, why we decided to fund it ourselves and how it would be done (the regulators were fully briefed and consulted on this project in September 2012, at a FORAC meeting in Toronto), the rationale for new COI guidelines, and the need to update the exam retakes policy with member input in 2014-15;
- February 1 2015 (Ottawa) – explained new communication OSCE stations coming in May; presented the new format of the technical exam report for members, giving information in a more accessible way;
- September 26 2015 (Quebec; *OEBC spoke to regulators at FORAC*) – explained rationale and plans for new competency-based (vs. curriculum) exam, role of an ETP exam and why the exam would have an OSCE;
- January 28 2016 (Toronto) – member information session on defensibility risks, why a new exam was needed, what a competency exam was, the new exam format and examples of case content, as explained by OEBC's test experts;
- September 24 2016 (Charlottetown) – meeting to discuss the incorporation of additional skills into the OSCE; chair committed to considering how to address concerns and integrating the testing of skills in a more rapid way;
- January 2017 (Montreal) – chair's January 2 2017 letter advising the board's decision to approve \$100,000 for more rapid incorporation of additional skills into the OSCE was

discussed (this was followed by letters on April 20 2017 with an update on integrating skills and on May 16 2017 to announce new exam content, format and dates); and,

- November 24-25 2017 – OEBC’s independently facilitated retreat for members and the board where, among other things, the facilitator concluded verbally and in a written report that there were no significant member concerns about the exam.

5. OEBC Membership contributions

You advised that the College would reconsider its 2018 member contribution to OEBC pending the board’s decisions on the College’s December 10th requests by January 4 2019. My December 12th letter advised that the board would be able to consider all member requests in a more fulsome manner at the scheduled January 24th meeting, as I had explained on December 5th.

At the time of your letter, all member contributions received for fiscal year 2018 had been recorded and reflected in the September 30 2018 audited financials. On January 24th, the board, in considering member contributions to be a governance matter, directed the CEO to not request contributions for fiscal 2018-19.

Although not able to accommodate your requests, the board feels it is important to continue to dialogue to address your concerns. The board requests that we schedule a meeting with yourself and a member of the College’s council and the registrar to discuss other options to address the concerns you raise. I have asked the OEBC office to try to schedule a meeting at our earliest mutual convenience.

I look forward to continuing our discussions.

Sincerely,



Dr. Lorne Ryall
Chair

CC OEBC Board of Directors
OEBC Members
T. Hynes, CEO

Patient Relations Committee Report

Name of Committee:	Patient Relations Committee
Reporting Date:	March 26, 2019
Number of meetings in 2019:	N/A (First meeting scheduled for May 8, 2019)
Number of meetings since the last Council meeting:	N/A

The Patient Relations Committee will meet in person on May 8, 2019.

Development of E-Learning Module

The Committee received approval at the January Council meeting to proceed with the development of the “Eye Consent – the Optometrist’s Guide to Informed Consent” e-Learning module intended to be offered, on a voluntary basis, to all members of the College. The module will address requirements for 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 module will also provide practical information and examples about the definition of informed consent, why it is important, and when and how to document it.

Justin Rafton is currently working with the e-Learning developer to build a storyboard for the project and work towards finalizing an Alpha (first draft) version. The Committee will review the Alpha version at the May meeting.

Applications for Funding

As outlined under legislation, the Committee will continue to process any applications for funding submitted for review by patients alleging sexual abuse and monitor the College’s funding program.

Respectfully submitted,

Christopher Nicol, OD and Maureen Chesney
Committee Co-Chairs

Committee Activity Report

Name of committee:	Quality Assurance Committee – QA Panel
Reporting date:	April 5, 2019
Number of meetings in 2019:	1
Number of meetings since last Council meeting:	1

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

1. The Panel approved a Non-Compliance Policy to address members who fail to co-operate and/or meet established deadlines to complete Quality Assurance Program requirements. The Policy is attached for reference.
2. The Panel provided input on the College Coach Eligibility and Engagement Policy and the College Coach & Expert Remuneration Policy.
3. The Panel agreed to allow members who are referred for a practice assessment the choice of undergoing a focused-area assessment or a full-scope assessment.
4. In order to clarify the form and method for delivering information submitted to the College, the Panel developed wording to clarify the meaning of “the record” for purposes of a practice assessment in the Quality Assurance Program.
5. The Panel discussed sharing the SRA and/or CRA reports with members discharged from the Quality Assurance Program.
6. The Panel has also reviewed the following cases:

Outstanding Cases from Previous Meetings

- CRA and Case Manager Reports – 3 members
- CE Deficiency Practice Assessments – 1 member
- Randomly Selected Practice Assessments – 1 member
- Requests from Members for Consideration – 1 member

New Cases Before the Panel

- Randomly Selected Practice Assessments – 19 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):

N/A

Respectfully submitted:

Dr. Linda Chan

Chair, Quality Assurance Panel



Policy

Type:	Quality Assurance Program		
Name:	Non-Compliance with Quality Assurance Program		
Status:	Approved (QAP)	Version:	1.0
Date Approved:	February 22, 2019	Date Revised:	

Purpose

The purpose of this policy is to establish a fair process the College will follow to address non-compliance of members who fail to participate or miss deadlines set as part of the Quality Assurance Program

Scope

This policy applies to all members of the College of Optometrists of Ontario who:

- i. Have failed to respond by and/or meet established deadlines related to participation in the Program or requests from the Quality Assurance Committee; or
- ii. Have proactively requested an extension to comply with the Program.

Interpretation

“Program” refers to the Quality Assurance Program established by O. Reg. 119/94¹.

“Quality Assurance Panel” refers to the Quality Assurance Committee established in subsection 10(1)(6) of the *Health Professions Procedural Code (HPPC)*.

Policy

Application of Deadlines and Requests for Extension

If a member is required to participate in any part of the Program, the Coordinator, Quality Programs will provide a written description of the information and/or documentation required and the deadline for submitting it to the College.

A member may request an extension of a deadline, provided the request is made prior to the date specified in communications with the College. Requests for additional time totaling no more than one calendar week may be approved by the Coordinator, Quality Programs. Requests for extensions up to four calendar weeks in length may be approved by the Chair(s) of the Quality Assurance Panel. Requests

¹ S. 23 – S. 34

by members for extensions exceeding one calendar month in duration must be approved by the Quality Assurance Panel.

Extension of an established deadline may be granted for the following reasons:

- Personal illness;
- Illness of a family member where the member is the primary caregiver;
- Bereavement;
- Personal crisis; or

Other extenuating circumstances. If an extension is approved, the member will receive written notification of the new deadline.

Process for Addressing Missed Deadlines or Failure to Participate in Quality Assurance Program

Members who have missed deadlines to comply with the Program, or have not communicated with staff at all, will be informed that failure to co-operate with the Quality Assurance Panel or any assessor appointed by that Panel is an act of professional misconduct as per subsection 51(1)(b.0.1) of the *HPPC*. The Panel may disclose the name of the member and allegations against the member to the Inquiries, Complaints, and Reports Committee (ICRC) if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated as per subsection 80.2(4) of the *HPPC*.

Members requiring notification of potential outcomes Members who fail to co-operate with the Quality Assurance Panel will be sent up to four notices via the member's e-mail address, preferred phone number, and preferred mailing address set out in the member's electronic record in the following order:

1. An e-mail;
2. A phone call made one calendar week after delivery of the e-mail set out in section 1;
3. A letter delivered by mail sent one calendar week after delivery of the phone call set out in section 2; and
4. A letter delivered by courier sent one calendar week after delivery of the letter set out in section 3.

If a member has not co-operated within one week following delivery of the couriered letter, staff will inform the Panel of the failure to co-operate with the Program.

Committee Activity Report

Name of committee:	QA - Clinical Practice Panel
Reporting date:	April 12, 2019
Number of meetings in 2019:	1
Number of meetings since last Council meeting:	1

Nature of items discussed/number of cases considered:

The Clinical Practice Panel met in person on March 22, 2019. The following items were reviewed and discussed:

OPR 5.1 The Patient Health Record

OPR 6.6 Low Vision Assessment and Therapy

The Panel continued a review of the College policy “Practice Locations: Reporting Requirements” that will require members to report all practice locations to the College. The Panel is now considering the threshold at which a practice location should be presented in the public register, and companion FAQs to accompany an amended policy.

The Panel also began drafting a new policy “Closing a Practice,” which will include principal considerations of record transfer and notification (to the College and to patients).

Motions to Council:

A motion to approve revisions to OPR 6.6 Low Vision Assessment and Therapy is presented separately.

Respectfully submitted:

Bill Chisholm, OD

Committee Chair

Quality Assurance Subcommittee Report

Name of Committee:	Quality Assurance Subcommittee
Reporting Date:	April 5, 2019
Number of meetings in 2019:	1 (January 11, 2019)
Number of meetings since the last Council meeting:	0 (Next meeting May 27, 2019)

The Quality Assurance Subcommittee will meet in person on May 27, 2019.

Quality Assurance Program Review

Since the last meeting, the Subcommittee's consultants, Sid Ali and Pina Pejovic, have completed 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.

At its January 11, 2019 meeting the Subcommittee met with the consultants to discuss the draft report and its findings. Following this meeting, the consultants delivered their final report. The Executive Summary has been attached for Council's review.

The subcommittee will meet again in May to begin developing a workplan to address the recommendations.

Respectfully submitted:

Ellen Pekilis
Committee Chair

Executive Summary

Background

Given the College of Optometrists of Ontario's (the College) mandate under the *Regulated Health Professions Act (RHPA), 1991*, the primary purpose of this review is to assess and evaluate the College's Quality Assurance (QA) Program, as well as to develop recommendations for the continuing professional development of members via the QA Program.

Since the College also wished to engage stakeholders and members in the process of this review, we geared our data collection activities to elicit feedback and opinion from a wide range of those internal to the operations of the QA Program (College staff, QA Committee members, assessors, and coaches), and those external (practitioners) to the QA Program.

Methodology

The evaluation methodology utilized a mixed-methods approach which incorporates the use of several quantitative and qualitative data collection tools: (a) consultations with the Quality Assurance Committee, (b) in-depth interviews with internal stakeholders, focusing on staff, assessors and coaches, (c) focus groups with external (to the QA Program) stakeholders, those being members, and (d) an online survey of members. Stakeholder consultations were conducted between August 14, 2018 and December 17, 2018.

In total, we conducted nine one-on-one interviews (n=9), and two group interviews (n=7), speaking with a total of sixteen internal stakeholders (n=16). Further, we had in-depth focus groups with practitioners (n=15) and sought information on a wide array of QA-related topics from the entire membership of practitioners via an electronic survey. Of the 2,495 possible targets, we had completed responses from 572, or just under one-quarter (~23%) of the membership. The membership certainly was offered the opportunity to provide feedback. As an incentive for participation, survey respondents were offered the opportunity to be entered into a random draw for a \$50 USD pre-paid Visa Card.

Profile of Members - Online Survey

The online survey provides a snapshot of the profile of members. Given that the survey utilized a census approach (emailed to all members), we can conclude that, by and large, the survey profile is indicative of the profile of the general membership.

With respect to employment situation, more than one-half of members (54%) report that they are employed with another member of the College, with an additional two-in-five (41%) stating that they work either on their own or as an independent contractor. The vast majority (65%) have been in their current role for less than twenty years, with those working five or less years making up the highest proportion of this segment (26%). Nearly one-half (49%) also report working in the GTA, which is comparatively higher than all the other regions in Ontario. Not surprisingly, greater than one-half (51%) of respondents report they have never been assessed within the QA Program, while over one-third (35%) report they have been assessed only one time.

Program Review Results

The findings suggest that overall, the QA Program is on solid foundation in approach, offering assurance on continuing education, assessing and evaluating practice of members identified with deficiencies, and providing coaching to members with gaps in knowledge and skill. Yet, specific components of the QA Program are lacking key validity evidence and thus do not serve the College well in quality assurance.

Practice Assessment

A range of thoughts and suggestions are provided by stakeholders and members, and generally-speaking, those internal to the QA Program tend to be more critical than those external, namely practising members.

In general, it was found that the Practice Assessment process falls short of best practice standards for assessment in the professions, and internal and external stakeholders question the legitimacy of the approach to measuring quality of care.

Key findings include:

- On the whole, members are satisfied with the QA Program's Practice Assessment process. Many also report the program meets their needs. That said, there is some indication that members may be apprehensive about changes to the process that may require additional time and resources.
- Members view the College's Practice Assessment process as very conscientious and believe the College has undertaken a due diligence approach, particularly around the current review process.
- There is anecdotal evidence that members view the College's Practice Assessment process as less rigorous and reliable than other QA programs in other organizations, although it also perceived as less punitive.
- Many members view the records assessment process as not being geared toward practice and clinical skills but rather, to record-keeping, which may not be indicative of quality practice.
- The practitioner selection process is perceived not representative of members by years of practice. Members are most concerned about the span of inclusion and the randomization process. Concerns are raised about new members not being included for 3 years, some members never being selected, and some members being selected multiple times.
- The feasibility of the Practice Assessment is in question due to the number of files required at 25, and the allowance for members to self-select the 25 patient files for review is a source of bias.
- There are gaps in the validity evidence for the Practice Assessment both in development and processes, specifically limiting the reliability of the SRA and CRA.

Continuing Education

Stakeholders see the value in the CE component of the QA Program and recognize the regulatory necessity for this process. Notwithstanding, many raised concerns around the requirements for continuing education as well as the policies around inclusion of types and modes of learning.

Key findings include:

- The vast majority are satisfied with the CE component of the QA program. Most report that it encourages improvement among members.
- The QA program lacks a reflective, self-assessment model and tool that would align the CE process with patient care and outcomes.
- The CE random audit of 5% of members appears to be feasible and effective, although, it is unknown whether it captures any inaccuracies in the process.
- The condition that members must fulfill the CE requirement with 70 credit hours within a three-year window is perceived to be excessive, particularly in light of the strict stipulation that these come from an organized program of learning.
- The criteria comprising Category A and Category B continuing education activities are perceived as too rigid. A few are concerned about the condition that within the 50 Category A hours, a minimum of 20 hours must be of lecture-based format.
- Members are concerned that the College does not allow unstructured, self-directed learning activities such as upgrading knowledge via reading journal articles.

Engagement of Members

Members suggest that they are sufficiently engaged by the College about general issues, however, some say they are restricted in further engaging due to their own lack of time and resources.

Key findings include:

- More than one-half of members report that they are effectively engaged by the QA program. There is some indication that members do not wish to be further engaged due to lack of time and resources.
- The degree to which members engage with the College is often aligned with members' perceptions of the College as a regulatory authority that is responsible for licensing and governing optometrists in Ontario. By virtue of this authority, the College may at times come across as authoritative and punitive, hence restricting engagement.
- Members report not being adequately engaged about whether the QA Program is meeting their needs, although the current review is viewed quite positively. Members would request that the College be more proactive and assistive when interacting with them, especially with respect to any changes to the QA Program.

- Some members, particularly those in remote regions, feel disconnected from both the College as well as from their peers. Many welcome the opportunity for regional face-to-face engagements or forums that encourage discussion among peers.
- Members suggest the College should leverage technology, particularly with new registrants who may be younger and more open to receiving communication via social media.

Overall Strengths and Weakness of the QA Program

Stakeholders and members raised many strengths and weaknesses with the QA Program's Practice Assessment and CE process; as well as with respect to member engagement.

Key Strengths include:

- In general, and from a measurement perspective, the stratified random sampling process for the Practice Assessment and the random sampling approach for the CE audit are sound and fair.
- The QA process is cost-effective and thorough.
- On the whole, survey respondents report strong levels of satisfaction with the QA Program. It also meets the needs of stakeholders.
- The CE program meets the needs of members, with a significant proportion reporting that it encourages improvement among members.
- The QA program is perceived to be of high quality and aligned to the College's goals and objectives.
- The QA Program is currently not viewed as punitive.
- A sufficient amount of engagement takes place with members on general issues.
- Selected members perceive College Committee meetings quite favourably and would like more of these.

Key Weaknesses include:

- The QA Program measures minimum standards and does not acknowledge best practices or encourage excellence among members.
- The Program is lacking a self-assessment process.
- The random selection of practitioners requires improvement. The College should focus on poor performers and exempt high achievers. They should also ensure that everyone is assessed at least once in their career.
- The process for selecting records is biased.
- The current Practice Assessment tools (SRA and CRA) and their check-box format measure record-keeping more so than practice assessment. They also lack important validity evidence.
- Members report issues with the practice assessment process. For example, some feel the College does not allow sufficient time to prepare, provides little constructive feedback, and delays in providing feedback.
- Some components of the CE process require improvement, namely, the assignment of hours within the Category A and B credits, limited allowance of course types, and too many hours in the three-year window.

Conclusions and Recommendations

This review was comprehensive as it looked at the current College of Optometrists of Ontario's Quality Assurance Program from many different viewpoints: (1) those of best practices for assessments in Quality Assurance – establishing best practices to guide any improvements to the current QA Program (see Best Practices Research Report for details); (2) from internal (to the College's QA Program) stakeholders via focus groups and interviews; and from (3) external stakeholders via focus groups, interviews and a member survey.

Since the aim of the review has always been with a look toward the future and improvements that should and can be made, we recommend that as a new/improved QA Program begins to materialize, the College look to the best practices outlined in the Best Practices Research Report (submitted separately), rather than at their regulatory neighbours, for guidance. Of particular note is the guidance of best practices espoused by the professional assessment industry¹ and the World Health Organization (in the Best Practices Research Report). These reports advance both the strategic and tactical requirements for aligning and orienting the College on a best practices path.

The following recommendations are presented in concert with the findings of the current QA Program Review including the Practice Assessment, Continuing Education, and Member Engagement; as well as the Best Practices Research Report.

Recommendations:

1. The College should look to established best practices in the assessment in the professions industry and in the World Health Organization's guidelines for establishing and improving Quality Care in health systems as guidance for an improved Quality Assurance Program.
2. The College should review the constituent lists of CE hours for both types to make sure that new methods and modes of learning are accounted for, especially those that leverage technology.
3. The College should consider a reflective, self-assessment as part of the CE component, perhaps linked to un-structured, self-directed learning.
4. The College must address the validity gaps in the current Practice Assessment if assessment results are to be meaningful, and the process to be cost-effective.
5. The College should address the disproportionate numbers of members who are selected more than once for a Practice Assessment via the stratified random process.
6. The College should consider a strategic plan for Quality Assurance Program improvement that includes wider stakeholder consultation, such as the inclusion of the communities they serve, including patients, to better gauge the effect of quality assurance initiatives.

¹ For example, in:

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing* (5th ed.). Washington, DC: American Educational Research Association; and Miller, G. E. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65, S63-S67.

Committee Report to Council

Inquires, Complaints and Reports Committee (ICRC)

(ICRC sits as two independent panels)

Reporting Date: April 8, 2019

Number of meetings in 2019: 2 in-person Panel meetings
1 in-person ICR Committee meeting (both Panels)

Number of meetings since last Council meeting: 3 in-person meetings

- The ICRC’s intention with this report is to provide Council with as much information as possible on the matters it received and reviewed since the last reporting day to Council (January 3, 2019), 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 January 3, 2019 (last reporting date to Council) - some cases involve multiple allegations.

Type of Case			Number
Complaints	Newly filed	13	38
	Reviewed and decided by Panels	7	
	Reviewed and carried over	18	
Registrar’s Reports	Reviewed and decided by Panels	2	12
	Reviewed and carried over	10	
Incapacity Inquiries			1
TOTAL CASES			51

Decisions Issued:

Complaints	17
Registrar's Reports	1
Incapacity Inquiries	0
TOTAL	18

Dispositions: Some cases may have multiple dispositions or involve multiple members.

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

Nature of Allegations – For Disposed of Cases (*NFA excluded - NOT reflected in chart)	Number
Unprofessional behaviour and/or communication	7
Related to eyeglass and/or contact lens dispensing	6
Improper billing/fees	3
Related to eyeglass and/or contact lens prescription	2
Related to drug prescription	0
Release of prescription/records	2
Quality of care	2
Failure to refer	1
Failure to diagnose/misdiagnosis	1
Staff supervision	1
Conflict of Interest	1

Timeframe for Resolution (out of 17 complaints above):

0-60 Days	0
61-120 Days	1 (ADR) 1 (Abuse of process)
121 – 150 Days	0
151 Days +	15

HPARB Appeals:

New appeal	1
Outstanding appeals to be heard	2
TOTAL APPEALS IN PROGRESS	3

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

A meeting of the whole ICRC (both panels) took place in February 2019 for the purpose of orientation, policy review and discussion of common issues and trends.

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.

Respectfully submitted,

Dr. Areef Nurani, ICRC Chair

Committee Activity Report

Name of Committee:	Registration Committee
Reporting Date:	April 11, 2019
Number of meetings in 2019:	3
Number of meetings since last Council meeting:	2 in-person Committee meetings (February 15 and April 4) 1 Committee panel meeting via teleconference (March 21)

Nature of items discussed/number of cases considered:

College staff continued discussions 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 FORAC and Touchstone Institute were focused on streamlining the pre-registration process for international candidates.

The Committee support staff attended the Office of the Fairness Commissioner (OFC) information session on March 21 to provide input on the OFC's new approach to implementing fair access legislation.

A panel of the Registration Committee has been meeting as needed to review the FORAC credential assessment recommendations/reviews. These approvals are processed no later than seven business days after receipt from FORAC to ensure that there is no delay. Since the last Council meeting, there have been seven confirmations of these recommendations/reviews by the Committee to permit candidates to challenge the Internationally Graduated Optometrist Evaluating Exam (IGOEE). Registration for the IGOEE opened at Touchstone Institute on January 21, 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, was piloted in early February 2019 with fourth year University of Waterloo and Vision Science students and will be piloted again on April 15 with practising optometrists who have graduated in the last five years. On the Committee's recommendation, the College granted five Category A continuing education (CE) credits to practising optometrists who complete the pilot session as an incentive.

The College contracted with Independent Learning Systems for the development and administration of an online Jurisprudence seminar. The development is proceeding as scheduled, with the Alpha phase completed. The College is conducting an in-person Jurisprudence seminar on May 9 and anticipates launching the online Jurisprudence seminar at least one month prior to the next scheduled Jurisprudence exam (June 27). The Committee is still weighing its options for the online Jurisprudence exam.

Following Council's approval on January 18 of the National Board of Examiners in Optometry (NBEO) examination as an alternate standards assessment examination, the Committee met on February 15 and April 4 to consider the policy of having candidates for registration successfully challenge all three parts

of the NBEO exam (Part I-ABS, Part II-PAM, and Part III-CSE) after January 18, 2019. For the April 4 meeting, the Committee was provided with a petition (enclosed) requesting retroactive consideration for challenging various parts of the NBEO exam. The above policy was confirmed unchanged by the Committee in each instance.

The Committee Chair and College staff attended the Annual General Meeting of the Optometry Examining Board of Canada (OEBC) held in Toronto on January 24. Following the February 15 Committee meeting (during which the OEBC Chair's response to the College President's requests outlined in his December 10, 2018 letter was shared and discussed), the Committee subsequently withdrew its support for the College and its representatives to participate in future OEBC working group/panel meetings at the present time.

The Committee reviewed proposed changes to OEBC's written exam and OSCE blueprint. The Committee's response to these proposed changes is enclosed.

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.

Subject: Retroactivity accepting NBEO
Date: March 19, 2019 5:16:45 PM

Hello,

My name is _____ and I'm currently a fourth year student at Nova Southeastern University College of Optometry. My goal is to return home to Ontario and practice optometry.

Many colleagues of mine are in support of retroactivity for the NBEO as we officially passed all 3 parts of the NBEO exam in December of 2018.

I am aware that the law passed stated It must be challenged after January 2019 which is only a few weeks after our exams were completed. For those wanting to return home, this means we have to retake all 3 exams in which we have successfully challenged a few short weeks prior.

If possible, I would like this petition with over 300 signatures across Canada and US trained students to be included in the next council meeting. These 300+ people are in support of retroactivity to be introduced in Ontario for the class of 2019.

https://secure.avaaz.org/en/community_petitions/College_of_Optometrists_in_Ontario_Allow_2019_US_Optomerty_graduates_to_be_allowed_NBEO_equivalency_in_Ontario/details/

Thanks for your time and consideration

April 5, 2019

Ms. Tami Hynes
Chief Executive Officer
Optometry Examining Board of Canada
37 Sandiford Drive, Suite 403
Stouffville, ON L4A 3Z2

Dear Tami:

RE: Proposed OEBC written exam and OSCE blueprint changes

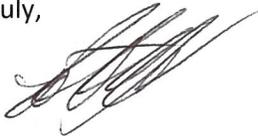
Thank you for allowing a time extension for our Committee to provide input with respect to the above.

The Registration Committee met yesterday and had an opportunity to review the proposed changes. The Committee would like to know OEBC's basis for requiring changes, such as a reduction in redundancies, to be made in the first place. The Committee needs assurances that these proposed changes are based on sound principles. For example, were these priorities provided by OEBC stakeholders, the provincial regulatory colleges? The Committee's concern is that these changes may result in significant changes being made to the exam, thereby necessitating the re-blueprinting and re-piloting of the exam.

Using established metrics, there is a need to verify that the proposed changes are in fact, warranted. The Committee also wondered if there was anything operational that can be improved upon without, for example, affecting the number of OSCE stations.

Thank you for the opportunity to provide input.

Yours truly,



Dr. Patrick Quaid, Optometrist, PhD
Chair, Registration Committee

Cc: Dr. Paula Garshowitz, OD, College Registrar

Fitness to Practice Committee Report

Name of committee:	Fitness to Practice Committee
Reporting date:	March 26, 2019
Number of meetings in 2019:	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,

Hsien Ping (Albert) Liang
Fitness to Practice Committee Chair

Committee Activity Report

Name of Committee:	Discipline Committee
Reporting Date:	March 25, 2019
Number of meetings in 2019:	1
Number of meetings since the last Council meeting:	1

The Discipline Committee conducted two Discipline Hearings:

1. Dr. Ampreet Singh – Hearing held on February 6, 2019

1. THE DISCIPLINE COMMITTEE FOUND that Dr. Singh committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code (the “Code”) being Schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991 C.18, and defined in the following paragraphs:

- (a) paragraph 1.12 of Ontario Regulation 119/94 in that he failed, without reasonable cause, to provide certain patients who needed a prescription for vision correction with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after he had assessed their eyes;
- (b) paragraph 1.14 of Ontario Regulation 119/94 in that he has failed to maintain the standards of practice of the profession in respect of the oculo-visual assessments he conducted on certain patients and for failing to provide certain patients with his contact information; and
- (c) paragraph 1.24 in that he failed to make and maintain records in accordance with Part IV of Ontario Regulation 119/94

2. THE DISCIPLINE COMMITTEE ORDERED:

- (a) That Dr. Singh be reprimanded;
- (b) That Dr. Singh pay the College’s costs in the amount of \$7,500 payable to the College of Optometrists of Ontario within six months of the date of the Order of the Discipline Committee;
- (c) That the Registrar be directed to suspend Dr. Singh’s certificate of registration for a period of two weeks commencing February 25, 2019;

(d) That a condition be imposed on Dr. Singh's certificate of registration that he submit a written essay, which is in his own words, to the Registrar of at least 1,000 words as follows:

- i. The essay shall reflect:
 1. The appropriate documenting and maintaining of patient records with an emphasis on documenting patients' health and oculo-visual history;
 2. The required steps involved in completing an appropriate oculo-visual assessment;
 3. The circumstances in which a patient should be dilated and the manner in which that is appropriately done;
 4. The purpose of the requirement for mandatory prescription release; and
 5. Dr. Singh's reflections on how the eye examinations provided to the patients at issue in his discipline hearing should have been handled differently.
- ii. The essay shall be completed within three (3) months of the date of the Order of the Discipline Committee.
- iii. The Registrar shall determine whether or not the essay is acceptable; if it is not, Dr. Singh will be required to correct it to the Registrar's satisfaction.

(e) That a condition be imposed on Dr. Singh's certificate of registration that he shall undergo a practice inspection within twelve (12) months of the date of the Order of the Discipline Committee. The details of which are as follows:

- i. The Registrar shall assign an assessor to conduct an inspection of twenty-five (25) patient records for patients seen after the suspension has been served and the essay completed;
- ii. The assessor shall review the records in the areas that are relevant to the allegations only and report the results of the inspection to the Registrar;
- iii. In the event that any deficiencies are noted in the report of the inspection, the Registrar shall make a report to the Inquires, Complaints and Reports Committee;
- iv. Dr. Singh shall be given five (5) business days' notice prior to the College representative attending his practice to obtain the records; and
- v. The practice inspection shall be conducted at Dr. Singh's expense, to a maximum of \$1,500.

2. **Dr. Gregory Miller #2** - Hearing held on October 10-11, 2108
Decision and reasons on finding released January 11, 2019

1. **THE PANEL FOUND** that it is more likely than not that on November 30, 2006, Dr. Miller twice took Patient A's hand and put it on his genital area and that this constitutes both touching of a sexual nature of the patient by the member and behavior of a sexual nature by the member towards the patient, both of which constitute sexual abuse of a patient as defined in subsection 1(3) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").
2. **THE PANEL FOUND** that the actions of Dr. Miller constitute professional misconduct pursuant to clause 51(1)(b.1) of the Code.

On March 4, 2019, **THE PANEL MADE AN ORDER that:**

1. The Registrar be directed to revoke Dr. Miller's certificate of registration;
2. Dr. Miller be required to appear before the panel to be reprimanded;
3. Dr. Miller shall provide the College with a certified cheque in the amount of \$16,060 by April 4, 2019, representing security to guarantee the payment of any amounts Dr. Miller may be required to reimburse the College for funding under the program required by s.85.7 of the *Health Professions Procedural Code* in relation to Patient A. Any funds that have not been used for the purposes of the program required by s. 85.7 of the *Health Professions Procedural Code* shall be returned to Dr. Miller by the College, without interest, at the expiration of the five-year time period within which funding may be provided; and
4. Dr. Miller be directed to partially reimburse the College for its costs in relation to this proceeding in the amount of \$37,000 by April 4, 2019.

On February 11, 2019, Dr. Miller appealed the finding decision of the Discipline Committee to the Divisional Court. Order stayed.

The Discipline Committee is preparing to conduct three (3) discipline hearings:

1. **Dr. Gregory Miller #1** - Hearing adjourned; set to be rescheduled.
Date of Referral: September 25, 2017
 - a. Dr. Miller failed to maintain the standards of practice of the profession, as set out at paragraph 1.14 of Ontario Regulation 119/94, by failing to identify, document, and further test the optic disc swelling in Patient X's eye, and failing to recommend that Patient X be referred to another professional for the optic disc swelling.

- b. Dr. Miller failed to refer Patient X to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* because he ought to have recognized that the condition of Patient X's eye required such referral, as set out at paragraph 1.11 of Ontario Regulation 119/94.
 - c. Dr. Miller engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical, as set out in paragraph 1.39 of Ontario Regulation 119/94, for his remark(s) regarding vision therapy.
2. **Dr. Casey L. Tepperman** - Hearing scheduled for April 15, 2019.
- a. *Date of Referral: July 24, 2018* 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).

3. **Marg L. Courchesne (Suspended Member)** - Hearing dates TBD.

Date of Referral: October 12, 2018

- a. 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.
- b. 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.
- c. 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.

Committee training:

On March 20, the committee received a full-day training session at the College that focused on orientation for new committee members and refreshing skills and knowledge of all committee members. One member of the committee is planning to attend FHRCO's basic discipline orientation workshop on May 3.

Respectfully submitted:

Jim Hoover, O.D.
Committee Chair

Governance/HR Committee Report

Name of Committee:	Governance/HR Committee
Reporting Date:	April 3, 2019
Number of meetings in 2019:	2 (1 in person, 1 teleconference)
Number of meetings since the last Council meeting:	2 (1 in person, 1 teleconference)

The Governance/HR Committee met in person on March 1 and via teleconference on April 1.

Registrar Recruitment

The Committee has undertaken the Registrar Recruitment process. Deanna Williams of Dundee Consulting Group has been engaged as the Committee's consultant on this project. The call for applications was open for three weeks and closed on March 29. A select panel of the Committee, along with the consultant, will spearhead the interview stage in the coming weeks.

Recommendations for Committee and Chair Vacancies

Appointed member B. Rivait's term expired in February 2019, and he was not reappointed. The Committee made recommendations to Executive to fill the vacant positions on the respective committees.

Governance Reform – Proposed Legislative Changes

As part of the College of Nurses of Ontario (CNO) governance review, CNO has reached out to stakeholders and other colleges to ask for support for its Governance Vision 2020 plan, specifically the suggested legislative amendments. The Committee has worked with Executive to draft a response outlining the College's recommendations based on its own Governance review in 2017-18.

Further Training

June Council Meeting: The Committee discussed governance training for the Council training day scheduled for June 25 in Waterloo. The Committee recommended a governance expert provide training on first principles. Dale Atkinson, a lawyer for the Federation of Associations of Regulatory Boards who presents at the annual meeting of the Association of Regulatory Boards of Optometry, has agreed to lead the session. The Council will also be receiving financial literacy training on that day.

Meeting Facilitation: The Committee identified that chairs would benefit from specialized training on best practices in meeting facilitation to help them conduct efficient, productive meetings. The College has engaged an organization that specializes meeting facilitation and collaboration to conduct this workshop at the College office in June.

Council Meeting Evaluation: The Committee will continue to distribute an evaluation survey following each Council meeting and asks that all members complete it in a timely fashion.

Respectfully submitted:

John Van Bastelaar
Committee Chair

Committee Activity Report

Name of Committee:	Audit, Risk, and Finance Committee
Reporting Date:	April 11, 2019
Number of meetings in 2019:	1
Number of meetings since last Council meeting:	1 in-person Committee meeting (April 5, 2019)

Nature of items discussed/number of cases considered:

The Committee held its inaugural meeting on April 5, 2019. The meeting began with a review of the Committee's Terms of Reference followed by a presentation by risk management representatives from the College's health care liability insurance company, Healthcare Insurance Reciprocal of Canada (HIROC). The HIROC representatives discussed risk management tools and resources available to subscribers to help identify and manage risks.

The Committee will focus on enterprise or corporate risks and refer other risks to the respective College committee. A risk dashboard based on the main risks potentially facing the College will be developed. HIROC's tools and resources will be utilized to refine the College's risk management framework.

The Committee's mandate also includes reviewing the College's financial information. This information is available in the Treasurer's report.

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, Audit, Finance and Risk Committee

Committee Activity Report

Name of Committee:	Strategic Planning Committee
Reporting Date:	April 16, 2019
Number of meetings in 2019:	0
Number of meetings since last Council meeting:	0

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

The Committee has not met as it was agreed that the strategic planning exercise, previously scheduled for completion in the summer, was being postponed until the appointment of a new registrar; timing would be based on their readiness to develop a strategic plan. A committee member, however, identified the value of initiating the “front-end” work necessary for the plan, i.e., researching the current state assessment and environmental scan prior to the departure of the current registrar.

The Chair and staff have been working to seek an appropriate consultant to complete this preparatory work within the next few months. An RFP was developed and sent out to a select number of consultants. The College received three proposals and a recommendation has been made to the committee for one of the consultants. The results of the report are expected at the June Council meeting.

Once the new registrar indicates their readiness for the next stage, the Committee will engage a facilitator to develop the plan. At that time, a new RFP will be issued and interested facilitators will be asked to provide proposals.

Respectfully submitted:

Ellen Pekilis

Committee Chair

Registrar's Report – April 9, 2019

The following is an update on administrative activities since the January 18, 2019 Council meeting.

Staff Participation in Conferences, Meetings and Training

College staff participated in the following activities since the January 2019 Council meeting:

- January 23-24 - Eyal Birenberg, Coordinator Investigations and Hearings attended a two-day training for investigators given by Benard and Associates.
- March 3 - Hanan Jibry, Assistant Registrar, attended a presentation given by the Health Insurance Reciprocal of Canada (HIROC) on risk management.
- March 19-20 - Justin Rafton, Policy Analyst, attended CLEAR's Advanced Concepts in Regulatory Governance training in Toronto.
- March 21 - Hanan Jibry attended an information session of the Office of the Fairness Commissioner.
- March 26 - Amber Lepage-Monette, Coordinator Communications, attended a one-day course on minute taking.
- April 13 - Dr. David Wilkinson, Practice Advisor, will be presenting "The Patient-Optometrist Relationship- Regulatory Considerations from Beginning to End" at the Ontario Association of Optometrists' Annual Symposium in Toronto.

Council Elections

A by-election will be held in District 6 due to the recent resignation of (Academic) representative Dr. Patricia Hrynchak. A call for nominations was sent on April 8 to all members who are eligible to vote in that district. If more than one nomination is received by the close of nominations on April 23, then an election will be held, and ballots will be counted on May 14. In accordance with Section 6.12 of the by-laws, the Executive Committee considered this to be an unexpected circumstance and consented to the Registrar amending the timing of the election. Accordingly, I have amended the nomination period from 30 days to 15 days.

Staffing Changes

Welcome to our new Communications Coordinator, Amber Lepage-Monette who joined the College in March. Amber will be supporting our communications, including messaging to the public and optometrists as well as expanding the College's social media presence.

Coaches and Experts

In considering professional matters, College committees (most notably ICRC, QA and Discipline) may identify the need for remediation in a specific area of practice. College staff is tasked with matching the optometrist with an appropriate coach to provide the remediation program. The College relies on a small, but dedicated group of optometrists who are trained by the College to

provide coaching for their peers, however, with increasing membership numbers comes the need for more coaches.

In addition, with the growing number of discipline cases related to clinical practice or fraudulent activity, the College must engage a member of the profession to act as an expert witness at discipline hearings. While the College has been fortunate to engage excellent experts for this work to date, best practices require that experts be truly independent with no prior (or recent) connection to the College.

To these ends, a call was sent out to optometrists to volunteer as either coaches or experts and I am pleased to report that the College has received an expression of interest from a number of optometrists. Training sessions are being scheduled for the fall. It was recognized that this callout should not be time-limited and will therefore remain on the [College website](#) for any optometrists interested in applying.

Engaging coaches is an operational matter. Staff, with feedback from volunteers in QA and ICRC, has developed policies related to engaging coaches and experts and their remuneration. These policies, which are included in this book for your information, will be provided to those optometrists who agree to be involved in these activities.

Citizen's Advisory Group

The College is a member of the Citizen Advisory Group (CAG) Partnership, a collaborative of 15 health colleges that engages members of the public for input on regulatory issues. The CAG spring newsletter is found following this report, and the CAG's website is linked on the [College website](#).

Administrative Statistics from January 1-March 30, 2019:

Registration: New applications opened-**64**
New members registered-**17**

Quality Assurance: Practice assessments processed and sent to assessors-**6** (The 2018 assessments had been largely completed during the calendar year; only those with approved delays remained to be processed before the 2019 assessments arrive).
As of April 9, 2019, half of the random assessment notices for 2019 have been sent to members.

ICRC: New complaint files opened-**13**
Registrar's requests to ICRC to approve the appointment of an investigator -**0**
Investigators appointed at the request of the ICRC-**0**

Respectfully submitted

Paula Garshowitz, OD
Registrar

Policy

Type:	College of Optometrists of Ontario		
Name:	College Coach Eligibility and Engagement		
Status:	Approved (Registrar)	Version:	1
Date Approved:	March 22, 2019	Date Revised:	

Introduction

Several of the College processes involve the use of a peer coach. As examples, the Quality Assurance Committee, Inquiries Complaints and Reports Committee, and Discipline Committee all routinely utilize peer coaching to improve and optimize the quality of patient care, patient management and communication and assist and support members of the profession. Coaching provided by a peer gives optometrists the opportunity for a positive learning experience that is directly related to each optometrist’s practice and the identified area for remediation.

Purpose

The purpose of this policy is to outline the College coach eligibility criteria, application process, training and engagement procedures, and conditions for disqualification.

Eligibility Criteria

For an optometrist¹ to be eligible as a College Coach, they must meet the following requirements:

- a. The optometrist:
 - holds a General Certificate of Registration with the College for a minimum of 5 years, is in good standing and is engaged actively in clinical practice (a “practicing member” of the College); or
 - holds an Academic Certificate of Registration with the College, is in good standing and has an appointment at the University of Waterloo School of Optometry and Vision Science; or
 - holds a General Certificate of Registration with the College for a minimum of 5 years, is in good standing but is not engaged actively in clinical practice (a “non-practicing member” of the College) and with prior approval from the Registrar.²
- b. The optometrist has no prior disciplinary history or current discipline referral with the College.

¹ This policy applies only to optometrist peer coaches. In some circumstances, a non-optometrist may be deemed to be the most appropriate coach. This will be done on a case by case basis and approved/selected by the Registrar.

² An optometrist will no longer be eligible to serve as a College Coach if they have held non-practising status for the preceding three (3) consecutive years.

- c. The optometrist has no prior complaint history that has resulted in a disposition of SCERP, Verbal Caution, or Undertaking.
- d. The optometrist has no current charges, existing conditions, terms, orders, directions or agreements and/or findings of guilt in respect of a federal, provincial or other offence recorded on the Public Register.

Eligibility Competencies

- e. The optometrist is interested in assisting their peers to help improve and enhance knowledge, skills, and judgment across the profession;
- f. The optometrist is able to write clearly and concisely, and provide constructive feedback;
- g. The optometrist possesses excellent communication skills;
- h. The optometrist is knowledgeable of current regulatory and professional standards of practice for optometry in Ontario;
- i. The optometrist has a strong sense of professional responsibility and commitment to peer support and public protection; and
- j. The optometrist is computer literate.

NOTE: A College coach may also be a QA assessor, as long as there are no conflicts of interest with a particular case (e.g. an optometrist cannot act as both the assessor and coach for the same case).

The Registrar and relevant College staff will also take into account the following considerations when making coaching arrangements:

- Geographical location of the potential coach’s practice and the need for coaches in that location;
- Level of experience and additional professional qualifications;
- Type of practice and/or focussed area of practice; and
- Preferred language.

Procedure for Application and Engagement:

The Registrar will determine eligibility based on the criteria above and the particular requirements necessary to ensure a complete and competent coaching roster. Optometrists who apply for the position of a College coach and meet the eligibility criteria will be required to attend a mandatory session with the relevant training providers. Following training, all optometrists must successfully complete an assignment that will be reviewed by the Registrar prior to becoming an eligible coach.

Commitments:

In order to be appointed as a College Coach, the selected eligible optometrist must:

1. Attend and complete a coaching training session and a coaching assignment, as noted above;
2. Agree to the terms outlined in the College Confidentiality Agreement and Appearance of Bias/Conflicts of Interest Policy;
3. Be willing and available to undertake coaching engagements, the number of which can vary from year to year; and
4. Ensure assigned coaching agreements and related report(s) are completed in the allotted time and in accordance with the directions of the respective Committee or Registrar.

Conditions for Disqualification:

An optometrist will be disqualified from the position if:

- k. The optometrist fails to meet one or more of the eligibility criteria.
- l. The optometrist fails to meet two coaching deadlines in a twelve-month period.
- m. The optometrist breaches confidentiality through the coaching engagement.³
- n. The optometrist does not attend coach training/re-training sessions.

³ As per section 36(1) of the *Regulated Health Professions Act, 1991 (RHPA)*, every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and 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.

Policy

Type:	College of Optometrists of Ontario		
Name:	College Expert Eligibility and Engagement		
Status:	Approved (Registrar)	Version:	1
Date Approved:	March 22, 2019	Date Revised:	

Introduction

The College retains optometric experts to provide the Inquires, Complaints and Reports Committee (ICRC) and Discipline Committee with expert opinion evidence. For example, experts can help assess whether a member may have engaged in professional misconduct, failed to meet standards of practice of the profession, or exposed a patient to harm.

The law establishes that an expert must be: independent to all the parties involved, including the respective Committee¹; provide an opinion that is objective, fair, honest and impartial related to their own area of expertise²; and avoid advocating for the party(s)/Committee that retained them³. College Experts review materials provided by the respective committees, provide an opinion (typically in writing) and may be called to testify as a witness at a disciplinary proceeding.

Purpose

The purpose of this policy is to outline the College expert eligibility criteria, application process, training and engagement procedures, and conditions for disqualification.

Eligibility Criteria

For an optometrist⁴ to be eligible as a College Expert, they must meet the following requirements:

- a. The optometrist:
 - holds a General Certificate of Registration with the College for a minimum of 10 years, is in good standing and is engaged actively in clinical practice (a “practicing member” of the College); or
 - holds an Academic Certificate of Registration with the College, is in good standing and has an appointment at the University of Waterloo School of Optometry and Vision Science; or

¹ *Regulated Health Professions Act*, S.O. 1991, c. 18, s24(4).

² *Courts of Justice Act*, R.R.O. 1990, Reg. 194, s4.1.01(1)(a-b)

³ *Courts of Justice Act*, R.R.O. 1990, Reg. 194, s4.1.01(2)

⁴ This policy applies only to optometrist experts. In some circumstances, a non-optometrist may be deemed to be the most appropriate expert. This will be done on a case by case basis and approved/selected by the Registrar.

- holds a General Certificate of Registration with the College for a minimum of 10 years, is in good standing but is not engaged actively in clinical practice (a “non-practicing member” of the College) and with prior approval from the Registrar.⁵
- b. The optometrist is not a current member of any College statutory or non-statutory committee(s).⁶
- c. A College expert is not a current College Coach or QA assessor.
- d. The optometrist is not an elected representative, an appointed Committee chairperson or member of a committee, director, officer or employee of the Ontario Association of Optometrists, the Canadian Association of Optometrists or any other organization determined by Council.
- e. The optometrist has no prior disciplinary history or current discipline referral with the College.
- f. The optometrist has no prior complaint history that has resulted in a disposition of SCERP, Verbal Caution, or Undertaking.
- g. The optometrist has no current charges, existing conditions, terms, orders, directions or agreements and/or findings of guilt in respect of a federal, provincial or other offence recorded on the Public Register.

Eligibility Competencies

- h. The optometrist has demonstrated their expertise in a clinical area, and is considered a leader in the profession;
- i. The optometrist has excellent communication skills to review a given fact pattern, formulate an opinion and deliver that opinion clearly and concisely in both a written and verbal manner;
- j. The optometrist is able to present a report/opinion in an open forum, and defend their position if questioned;
- k. The optometrist is knowledgeable and well versed on current regulatory and professional standards of practice for optometry in Ontario;
- l. The optometrist has a strong sense of professional responsibility; and
- m. The optometrist is computer literate.

The Registrar and relevant College staff will also take into account the following considerations when making expert arrangements:

- Level of experience and additional professional qualifications;
- Type of practice and/or focussed area of practice;
- Specified and demonstrated expertise on a topic; and
- Preferred language.

Procedure for Application and Engagement:

The Registrar will determine eligibility based on the criteria above and the particular requirements necessary to ensure a complete and competent expert roster. Optometrists who apply for the position of a College expert and meet the eligibility criteria will be contacted to partake in a short telephone interview. If then selected, they must attend a mandatory session with the relevant training providers.

⁵ An optometrist will no longer be eligible to serve as a College Coach if they have held non-practising status for the preceding three (3) consecutive years.

⁶ There shall be a one year waiting period with respect to a committee member who wants to work as a College expert. Experts cannot be members of College committees to ensure independence should they be called to testify in a Discipline proceeding and prevent any perceived conflict of interest.

Following training, all optometrists must successfully complete an assignment (draft opinion) that will be reviewed by the Registrar prior to becoming an eligible expert.

Commitments:

In order to be retained as a College Expert, the selected eligible optometrist must:

1. Attend and complete an expert training session and the expert assignment (draft opinion), as noted above;
2. Agree to the terms outlined in the College Confidentiality Agreement and Appearance of Bias/Conflicts of Interest Policy and sign corresponding agreement;
3. Be willing to undertake expert engagements, the number of which can vary from year to year; and
4. Ensure assigned expert engagements and related opinions are completed in the allotted time and in accordance with the directions of the respective Committee or Registrar.
5. Be willing to testify as a witness for the College at a Discipline hearing if required.

Conditions for Disqualification:

An optometrist will be disqualified from the position if:

- n. The optometrist fails to meet one or more of the eligibility criteria.
- o. The optometrist fails to meet two submission deadlines of reports in a twelve-month period.
- p. The optometrist breaches confidentiality through the expert's engagement.⁷
- q. The optometrist does not attend expert training/re-training sessions.

⁷ As per section 36(1) of the *Regulated Health Professions Act, 1991 (RHPA)*, every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and 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.

Policy

Type:	College of Optometrists of Ontario		
Name:	College Coach & Expert Remuneration		
Status:	Approved (Registrar)	Version:	1
Date Approved:	March 22, 2019	Date Revised:	

Purpose

The purpose of this policy is to outline the compensation, reimbursement for reasonable expenses and preparation of College coaches and experts.

Introduction

As a self-governing body accountable to its members and to the public interest, the College is committed to ensuring sound financial management of its activities and containing expenses whenever appropriate.

To help meet this objective, the College has set guidelines for remuneration, reasonable levels of meal, lodging and travel expenditures and compensation for preparation time.

Barring exceptional circumstances, reimbursement for claimed amounts exceeding these guidelines may be denied.

Remuneration

The amount payable, by the College¹, for remuneration is as follows:

- College Coach - \$175.00/hourly
- College Expert - \$225.00/hourly

Expenses²

Lodging Expenses

The College secures a preferred corporate rate at a downtown Toronto hotel; coaches and experts will be provided with the contact information in order to make their reservations if required.

If lodging at the preferred Toronto hotel is not available or lodging is required outside of Toronto,

¹ A member involved in this process may be required to reimburse the College for some or all of the amount relating to these services.

² College coaches/experts may be required to submit relevant receipts to the College in order to claim for expenses incurred.

then the College will pay for a standard room at a hotel to a maximum of \$275 per night. Exceptions may be allowed for periods of time where lodging availability is limited, or where travel plan adjustments are necessary due to weather related or other unexpected circumstances.

Meals

	Coverage guideline (excluding HST)
Breakfast	up to \$30.00/meal
(Lunch)*	up to \$30.00/meal
Dinner	up to \$60.00/meal

*Periodically breakfast, and generally lunch are included at disciplinary proceedings. These meals will only be reimbursed if not provided by the College. Please note that expenses for alcoholic beverages or spirits will not be reimbursed.

Travel cost guidelines

For trip durations (air, train) of under three hours, Economy-level fare selections are reimbursed. In extenuating circumstances (e.g. poor weather) where travel plan adjustments may be necessary and incur additional costs, compensation will be considered.

For travel within major urban centres, while it is preferred that public transportation be used, reasonable cab fare will be reimbursed for these trips.

For travel by car, the College will reimburse \$0.485 per kilometer plus parking expenses.

Preparation Time

The amount payable for preparation time will be paid the same as the hourly remuneration provided above. Preparation time includes reviewing relevant materials, preparing for a coaching/expert engagement, contacting member to organise coaching (if applicable) and time spent travelling as part of the role.

Payment

The coach/expert will submit an invoice to the College regarding their hours spent on the engagement and relevant expenses incurred.

The College will pay the Coach directly and invoice the respective member for the appropriate reimbursement.



Spring 2019 Newsletter

A quarterly e-newsletter for Citizen Advisory Group members

Hello Citizen Advisory Group Members,

We are growing! Welcome to the new members of the group, we are looking forward to collaborating with you all. A big thank you is also in order for all the members who have been sharing information about the Citizen Advisory Group with their networks. We appreciate you spreading the word about what we do and how others can get involved!

If you know someone who might be interested in becoming a member, be sure to share our website with them.

visit our website

www.citizenadvisorygroup.org

Keep scrolling to find:

- A recap from our February 2 meeting and the next in-person meeting date
- A consultation update from one of our Partners
- Open public consultations
- Other great resources we think you will enjoy!
-



Meeting Recap

Our last in-person meeting took place on February 2nd and was a great success! We discussed:

- Public engagement
- Patient Bill of Rights
- Confidence in governance structures

The six colleges that sponsored these topics gained some invaluable insights. You can read the full meeting report for the February 2 meeting [here](#).

Save the Date!

The next in-person meeting is **May 4, 2019**

Consultation Update

The **College of Occupational Therapists of Ontario (COTO)** would like to thank the Citizen Advisory Group members who worked with us to develop our 'understanding consent' article and our 'How the College Makes Decisions' risk assessment framework.

Both pieces will be shared through our website and other channels. Your input added clarity and generated ideas for future initiatives. We are grateful for your thoughtful comments and suggestions.



**College of Occupational
Therapists of Ontario**
**Ordre des ergothérapeutes
de l'Ontario**

Open Public Consultations

College of Naturopaths of Ontario (CONO)

The College of Naturopaths of Ontario is conducting a 60-day consultation about proposed changes to the drugs/substances and laboratory tests that naturopaths may access through regulations and legislation that govern the profession.



The College of Naturopaths of Ontario

This particular consultation builds on a previous consultation about this topic and is intended to solicit feedback about the College Council's approval of proposed amendments to Ontario Regulation 168/15 and to the Laboratory and Specimen Collection Centre Licensing Act. [Click here to provide your feedback.](#)

This consultation closes on April 7, 2019.



The College of Physicians and Surgeons of Ontario is seeking your input on how two current policies - [*Complementary/ Alternative Medicine*](#) and [*Delegation of Controlled Acts*](#) – should be updated.

Complementary and alternative medicine (CAM) refers to a group of diverse medical practices and products that are not generally considered part of “conventional medicine”.

This can include acupuncture, naturopathy, and homeopathy, among other types of treatment. The [*Complementary/ Alternative Medicine*](#) policy sets out expectations for physicians who practise CAM, who don't offer CAM but have patients who pursue CAM, or who wish to have professional affiliations with CAM clinics, therapies, or devices. Learn more about the consultation and provide feedback [here](#).

Under Ontario law certain acts, referred to as “controlled acts”, may only be performed by authorized health care professionals. However, under certain circumstances these acts can be delegated to others. The *Delegation of Controlled Acts* policy sets out expectations for physicians about when and how they may delegate controlled acts. Learn more about the consultation and provide feedback [here](#).

Both consultations close on May 6, 2019.

College of Massage Therapists of Ontario (CMTO)

The College of Massage Therapists of Ontario sometimes encounters difficulties in obtaining outstanding fees from registrants. These can include fees relating to Specified Continuing Education or Remedial Programs (SCERPs), monitoring, administrative charges and recovering costs awarded as part of a disciplinary proceeding. If the College cannot recover these fees from the individual registrant who owes them, then the remainder of the profession will ultimately be obliged to cover the cost of them.



The College of Massage Therapists is seeking feedback on a Council approved amendment to By-Law No. 7 – Fees for Registration, Examinations and Other Activities of the College. [Click here](#) to read more and provide your comments and suggestions.

This consultation closes May 7, 2019.

College of Opticians of Ontario (COO)



College of
Opticians of
Ontario

The College of Opticians of Ontario is seeking feedback on proposed changes to section 15 of the by-laws, which deals with the information that gets posted to the College’s the Public Register. The proposed changes are intended to simplify this section and make it more consistent with the Regulated Health Professions Act. Some of the changes that are being considered will affect the following information on the public register:

- Charges, findings of guilt, and bail conditions

- Undertakings
- Discipline findings outside of Ontario
- Licences in other professions and/or outside of Ontario

Prior to finalizing any changes, your comments will be carefully considered. [Click here](#) to provide your feedback.

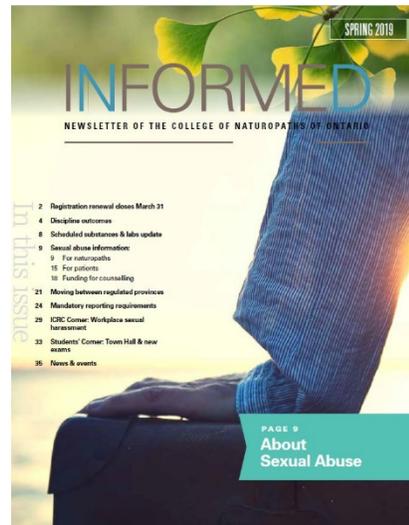
This consultation closes April 23, 2019.

Check this out...

Get "iNformed" on the latest College of Naturopath news...

The **College of Naturopaths (CONO)** quarterly newsletter "iNformed" provides Members and stakeholders with news about the College, naturopathic practice and regulation. They have just released their Spring 2019 edition which includes a focus on sexual abuse with information for naturopaths as well as for patients. You can also find more on:

- Discipline outcomes
- Scheduled substances & labs update
- News & events



[View the Spring 2019 Edition Here](#)



What bothers patients? Why do they complain?...

The Patient Ombudsman has released her first report. Click below to view a a break down of patient and caregiver conversations and complaints by the numbers, as well as common resolutions and themes ...

[Read more](#)
www.oba.org



Picking your staff: Let patients help

A Conversation with patient and family advisor Margo Twohig and Chief of Communications and Patient Partnering, Jennifer Schipper on having patients help choose staff within health care organizations ...

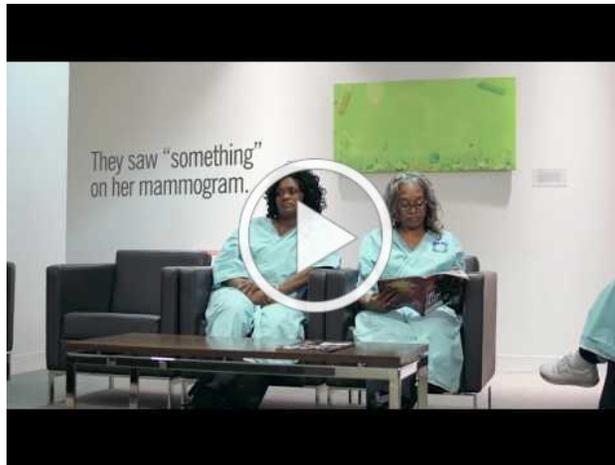
[Read more](#)
www.hqontario.ca

Empathy: The Human Connection to Patient Care

Patient care is more than just healing, it's building a connection that encompasses mind, body and soul.

If you could stand in someone else's shoes, hear what they hear, see what they see and feel what they feel. Would you treat them differently?

CEO Toby Cosgrove, MD, shared this video, titled "Empathy," with the Cleveland Clinic staff during his 2012 State of the Clinic address.



Patients Canada is a national, independent organization that champions change that matters to patients.

As the culture within health care continues to evolve, there is increasing demand for patients to partner in guiding improvement in many areas of health care and across care settings.

They work to bring the patient voice to health care decision-making, ensuring decisions reflect patient priorities.

[Find out more](#)

Happy 25th Birthday CASLPO!

In 2019, the College of Audiologists and Speech-Language Pathologists of Ontario is marking 25 years as a health professionals regulator.



Then vs Now

1994 2019



"Much has changed over the past 25 years, but our priority remains ensuring public trust. We do this through the regulation of our members."

4 / FINANCIAL MATTERS

- 4. Financial Matters
 - a. Treasurer's Report
 - b. Financial Dashboard
 - c. Balance Sheet and Income and Expenditure Report – to February 28, 2019
 - d. 2018 Draft Audited Financial Statements

Treasurer's Report

Reporting Date: April 24, 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 \$221K as of February 2019. This surplus represents a positive variance to budget of \$277K (per dashboard).

The \$46K 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, considering that new committees have just been formed.

Dashboard

The dashboard summary has been updated to include the February 28, 2019 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.

Audit Finance and Risk Committee meeting

The AFR committee held its first meeting on April 5, 2019. The Committee's mandate included reviewing the 2018 draft audited financial statements as well as assessing/engaging the external auditors.

The auditors were able to present the statements and address the committee's concerns. The committee passed a motion to recommend to Council that TAPP & Co. be re-appointed as the College's auditors for the 2019 fiscal year.

A second motion to increase the Office Acquisition fund by 250K for the 2018 fiscal year was also passed by the committee in consultation with the external auditors to continue the set goal of purchasing future office premises.

Motions proposed for Council:

- 1) To approve TAPP & Co as the College's auditors for the 2019 fiscal year.
- 2) To approve an additional 250K into the Office Acquisition fund.

**COLLEGE OF OPTOMETRISTS OF ONTARIO
FINANCIAL STATEMENT SUMMARY AS OF FEBRUARY 2019**

1. Incomes and Expenditures

Month 2

	ANNUALIZED BUDGET	YTD BUDGET	YTD OUTPUT	VARIANCE	%VARIANCE	
REVENUES	2729136.00	454856.00	501113.00	46257.00		 Good(Above5%)
EXPENSES	3068000.00	511333.33	279674.00	(231659.33)		 Requires some attention (between -5 and 5%)
SURPLUS(DEFICIT)	(338864.00)	(56477.33)	221439.00	277916.33	54%	 Poor(Under-5%)

Overall positive variance due to under spending in expenses and 46K over budgeted revenue

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

Net Assets- Assets invested in Capital
Budgeted average Operating expenses

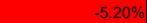
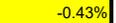
 Good(above 12 months)
 Requires some attention(between 2-12 months)
 Poor(Less than 2 months)

(5216173-144999)/(3068000/12)  19.84 College can cover its expenses for 19 months using its Net Assets.

3. Investment Portfolio Performance

Weighted Average Return
As of March 31, 2019

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

	Asset mix	Last 3 months	Last 12 months	Last 3 years
Canadian equity (S&P/TSX Capped Composite)	25%	13.29%	8.11%	9.26%
US Equities (S&P500)	10%	13.09%	7.93%	12.57%
Fixed Income (FTSE Canada Universe Bond Index)	55%	3.91%	5.27%	2.70%
International Equities (MSCI EAFE)	10%	10.83%	3.86%	9.48%
Benchmark	100%	7.87%	6.11%	6.01%
Portfolio Average returns		5.00%	0.91%	5.58%
Over/under		 -2.87%	 -5.20%	 -0.43%

College of Optometrists of Ontario

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

Toronto, Ontario

M4T 2Y3

Income and Expenditure Report

As at Feb 28/2019

	2018 Actuals	2019 Budget Estimate	Budget to Date 2/12	Income/Expend. To Date	% of Budget To Date
Income					
Annual registration fees	\$2,309,907	\$2,378,021	\$396,337	\$417,316	105.3%
Professional Corporation fees	\$367,622	\$290,115	\$48,353	\$78,520	162.4%
Application Fees	\$63,210	\$56,000	\$9,333	\$4,594	49.2%
Credential assessment fees			\$0		#DIV/0!
Optometry review Committee			\$0		#DIV/0!
Continuing Education	\$810	\$2,000	\$333	\$90	27.0%
QA - Assessments		\$0	\$0		#DIV/0!
Other Income	\$15,961	\$3,000	\$500	\$593	118.6%
Total Revenues	\$2,757,510	\$2,729,136	\$454,856	\$501,113	110.2%
Committee Expenses					
Quality Assurance Committee	\$115,368	\$90,000	\$15,000	\$8,806	58.7%
Recovery of QA Assessment	(\$64,576)		\$0	(\$5,199)	#DIV/0!
Communication Committee			\$0		#DIV/0!
Clinical Practice Panel of QAC	\$26,624	\$30,000	\$5,000		0.0%
College Representation	\$16,947	\$30,000	\$5,000	\$1,415	28.3%
ICRC	\$89,628	\$80,000	\$13,333	\$4,228	31.7%
Council Meeting	\$76,375	\$100,000	\$16,667	\$17,837	107.0%
Council Training	\$19,765	\$20,000	\$3,333	\$476	14.3%
Discipline Committee	\$37,227	\$60,000	\$10,000	\$220	2.2%
Credential Assessment Committee			\$0		#DIV/0!
FORAC Contribution	\$23,910	\$25,000	\$4,167		0.0%
Transparency Committee		\$0	\$0		#DIV/0!
Eye Health Council (EHCO)		\$0	\$0		#DIV/0!
Fitness to Practise		\$0	\$0		#DIV/0!
Road Show	\$624	\$10,000	\$1,667		0.0%
Executive Committee	\$58,402	\$45,000	\$7,500	\$4,623	61.6%
Memberships (FHRCO, etc)	\$19,885	\$25,000	\$4,167	\$2,495	59.9%
Medals and Presentations	\$1,502	\$4,000	\$667		0.0%
Patient Relations Committee	\$6,410	\$25,000	\$4,167		0.0%
Registration Committee	\$39,796	\$45,000	\$7,500	\$693	9.2%
Illegal/Internet dispensing	\$110,896	\$100,000	\$16,667		0.0%
Unauthorized Practice	\$5,143	\$30,000	\$5,000		0.0%
Regulation Proposals		\$5,000	\$833		0.0%
Strategic Planning		\$36,000	\$6,000		0.0%
Finance/Audit and Risk Committee		\$40,000	\$6,667		0.0%
OEBC Contribution		\$0	\$0		#DIV/0!
Governance committee	\$32,437	\$45,000	\$7,500	\$412	5.5%
Total Committee Expenses	\$616,364	\$845,000	\$140,833	\$36,006	25.6%
Admin. Expenses					
Bank & Credit Card Fees	\$65,317	\$60,000	\$10,000	\$604	6.0%
Investment management Fees	\$38,383	\$45,000	\$7,500	\$9,418	125.6%
Occupancy Costs	\$149,705	\$155,000	\$25,833	\$25,571	99.0%
Insurance	\$5,860	\$10,000	\$1,667	\$2,038	122.3%
Legal General	\$33,797	\$30,000	\$5,000		0.0%
Legal - Special	\$396	\$5,000	\$833		0.0%
Legal - Registration	\$7,443	\$10,000	\$1,667		0.0%
Legal - Quality Assurance		\$0	\$0		#DIV/0!
Legal - ICRC	\$26,626	\$45,000	\$7,500		0.0%
Legal Discipline	\$221,999	\$170,000	\$28,333		0.0%
Accounting & Audit	\$62,963	\$45,000	\$7,500	\$1,250	16.7%
Recovery of discipline cost	(\$54,500)	\$0	\$0	(\$13,000)	#DIV/0!
Library Expense	\$892	\$1,000	\$167		0.0%
Web Site & Software	\$47,443	\$70,000	\$11,667	\$8,183	70.1%
Database / IS Servicing/Special Project	\$50,692	\$0	\$0	\$1,280	#DIV/0!
Office Equipment		\$5,000	\$833		0.0%
Computer Hardware	\$1,506	\$20,000	\$3,333		0.0%
Leasing of Equipment	\$15,525	\$15,000	\$2,500	\$867	34.7%
Office Supplies and Maint.	\$21,037	\$25,000	\$4,167	\$4,583	110.0%
Postage & Courier	\$14,066	\$15,000	\$2,500	\$1,953	78.1%
Communications and Design	\$3,164	\$10,000	\$1,667		0.0%
Printing		\$5,000	\$833		0.0%
Staff Training	\$5,924	\$20,000	\$3,333	\$949	28.5%
Telephone and Internet	\$8,527	\$10,000	\$1,667	\$1,358	81.5%
Human Resources(Consultants)	\$18,288	\$15,000	\$2,500	\$129	5.1%
OE Tracker costs	\$45,602	\$52,000	\$8,667	\$50,766	585.8%
Jurisprudence examination	\$21,026	\$20,000	\$3,333	\$819	24.6%
E- Learning module development		\$25,000	\$4,167		0.0%
Other Expense	\$1,413	\$5,000	\$833	\$481	57.7%
Payroll			\$0		
Consulting		\$70,000	\$11,667		0.0%
Salaries	\$1,043,706	\$1,150,000	\$191,667	\$130,375	8.4%
Staff Benefits		\$115,000	\$19,167	\$16,044	83.7%
Sub-Total	\$1,856,801	\$2,223,000	\$370,500	\$243,668	65.8%

Sub-Total	\$0	\$0	\$0	\$0	
Total Admin. Expenses	\$1,856,801	\$2,223,000	\$370,500	\$243,668	65.8%
Total Operating Expenses	\$2,473,165	\$3,068,000	\$511,333	\$279,674	54.7%
EBITDA	\$284,344	(\$338,864)	(\$56,477)	\$221,439	\$1
Depreciation	\$38,849	\$50,000	\$8,333	\$0	0.0%
Operating Income	\$245,495	(\$388,864)	(\$64,811)	\$221,439	\$1
Exceptional Investments					
Research for Entry-to-Practice Exam	\$1,470		\$0		#DIV/0!
Online Jurisprudence seminar & exam	\$0		\$0		#DIV/0!
Quality Assurance Program Review	\$49,600		\$0		#DIV/0!
Operating income after exceptionals	\$194,425	(\$388,864)	(\$64,811)	\$221,439	#DIV/0!
Investment Income	\$138,233	\$79,591	\$13,265	\$27,123	204.5%
NET RESULTS	\$332,658	(\$309,273)	(\$51,546)	\$248,563	#DIV/0!

College of Optometrists of Ontario 65 St. Clair Ave. E., 9th Floor Toronto, Ontario M4T 2Y3		
Balance Sheet		
Feb 2019		
	28-Feb-19	28-Feb-18
ASSETS		
Current		
Cash	577,016	373,966
Short Term Investment		
Amounts Held By Broker	135,518	123,622
Accounts Receivable		
Interest Receivable		
Prepaid Expenses	19,504	13,926
	732,037	511,514
Portfolio Investments		
Investments, Securities & Bonds	6,366,419	5,909,260
Capital Assets less Accumulated Amortization		
Land & Building	0	0
Computer Hardware & Software	107,459	110,308
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination Database / IS Implementation	465,108	467,957
Accumulated Amortization	-320,109	-286,724
	144,999	181,233
	7,243,455	6,602,007
LIABILITIES		
Current		
Accounts Payable & Accrued Liabilities	83,646	46,260
Accrued Building Upgrade Expenses	0	0
Fees Received in Advance	1,943,636	1,881,451
	2,027,282	1,927,711
NET ASSETS		
Invested in Capital Assets	144,999	181,232
Appropriated Special Policy Funds (1)	3,120,000	2,800,000
Unappropriated Surplus	1,951,175	1,693,063
	5,216,173	4,674,295
	7,243,455	6,602,006

COLLEGE OF OPTOMETRISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2018

DRAFT

COLLEGE OF OPTOMETRISTS OF ONTARIO

DECEMBER 31, 2018

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DRAFT

INDEPENDENT AUDITOR'S REPORT

To the Members of College of Optometrists of Ontario

Opinion

We have audited the accompanying financial statements of the College of Optometry of Ontario, which comprise the balance sheet as at December 31, 2018, and the statements of changes in net assets, revenues and expenditures, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College of Optometry of Ontario as at December 31, 2018, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statement section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian Accounting Standards for Not-For-Profit Organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Toronto, Ontario
XXXXXX

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OPTOMETRISTS OF ONTARIO

BALANCE SHEET

AS AT DECEMBER 31, 2018

	<u>2018</u>	<u>2017</u>
ASSETS		
CURRENT		
Cash	\$ 2,657,433	\$ 2,588,514
Short-term investments (Note 3)	1,239,752	953,549
Prepaid expenses	<u>21,383</u>	<u>15,885</u>
	3,918,568	3,557,948
LONG-TERM INVESTMENTS (Note 4)	3,439,032	3,388,184
CAPITAL ASSETS (Note 5)	<u>144,837</u>	<u>181,233</u>
	<u>\$ 7,502,437</u>	<u>\$ 7,127,365</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 53,773	\$ 50,935
HST payable	271,589	258,109
Fees received in advance	<u>2,316,403</u>	<u>2,183,370</u>
	2,641,765	2,492,414
LIABILITY FUNDS IN TRUST (Note 6)	<u>43,530</u>	<u>-</u>
	<u>2,685,295</u>	<u>2,492,414</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS	144,837	181,233
APPROPRIATED SPECIAL POLICY FUNDS	3,120,000	2,800,000
UNAPPROPRIATED SURPLUS	<u>1,552,305</u>	<u>1,653,718</u>
	<u>4,817,142</u>	<u>4,634,951</u>
	<u>\$ 7,502,437</u>	<u>\$ 7,127,365</u>

APPROVED ON BEHALF OF THE COUNCIL:

President

COLLEGE OF OPTOMETRISTS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>2018</u>	<u>2017</u>
INVESTED IN CAPITAL ASSETS		
Balance, beginning of year	\$ 181,233	\$ 218,183
Invested in capital assets	<u>(36,396)</u>	<u>(36,950)</u>
Balance, end of year	<u>144,837</u>	<u>181,233</u>
APPROPRIATED SPECIAL POLICY FUNDS		
Office Acquisition	<u>2,000,000</u>	<u>2,000,000</u>
Special Contingencies	<u>20,000</u>	<u>20,000</u>
Unauthorized Practice	<u>250,000</u>	<u>250,000</u>
New Government Initiatives		
Balance, beginning of year	100,000	50,000
Appropriations (Note 12)	<u>-</u>	<u>50,000</u>
Balance, end of year	<u>100,000</u>	<u>100,000</u>
Investigations and Hearings		
Balance, beginning of year	200,000	-
Appropriations (Note 12)	<u>-</u>	<u>200,000</u>
Balance, end of year	<u>200,000</u>	<u>200,000</u>
Fee Stabilization		
Balance, beginning of year	100,000	-
Appropriations (Note 12)	<u>-</u>	<u>100,000</u>
Balance, end of year	<u>100,000</u>	<u>100,000</u>
Public Engagement		
Balance, beginning of year	50,000	-
Appropriations (Note 12)	<u>-</u>	<u>50,000</u>
Balance, end of year	<u>50,000</u>	<u>50,000</u>
Research		
Balance, beginning of year	50,000	-
Appropriations (Note 12)	<u>250,000</u>	<u>50,000</u>
Balance, end of year	<u>300,000</u>	<u>50,000</u>
Patient Relations		
Balance, beginning of year	30,000	30,000
Appropriations (Note 12)	<u>70,000</u>	<u>-</u>
Balance, end of year	<u>100,000</u>	<u>30,000</u>
	<u>3,120,000</u>	<u>2,800,000</u>
UNAPPROPRIATED SURPLUS		
Balance, beginning of year	1,653,718	1,706,971
Excess of revenue over expenditures	<u>182,191</u>	<u>359,797</u>
	1,835,909	2,066,768
Appropriations (Note 12)	<u>(320,000)</u>	<u>(450,000)</u>
Invested in capital assets	<u>36,396</u>	<u>36,950</u>
Balance, end of year	<u>\$ 1,552,305</u>	<u>\$ 1,653,718</u>

See accompanying notes to financial statements

COLLEGE OF OPTOMETRISTS OF ONTARIO
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>2018</u>	<u>2017</u>
REVENUE		
Annual registration fees	\$ 2,373,117	\$ 2,278,951
Professional corporation fees	367,622	287,115
Services and other fees	81,347	21,960
	<u>2,822,086</u>	<u>2,588,026</u>
EXPENDITURES		
Discipline Committee (Note 8)	204,726	190,887
Inquires, Complaints and Reports Committee (Note 8)	116,253	130,760
Quality Assurance Committee (Note 8)	115,368	105,970
Council meeting and training expense	96,140	83,180
Executive Committee	58,402	75,451
Registration Committee (Note 8)	47,240	45,977
College representation	38,335	33,777
Governance Committee	32,437	20,654
Clinical Practice Committee	26,624	35,504
Membership contributions (Note 9)	23,910	23,350
Jurisprudence examination expense	21,026	13,055
Patient Relations Committee	6,409	24,948
Continuing education expense	624	1,664
	<u>787,494</u>	<u>785,177</u>
COLLEGE ADMINISTRATION ACTIVITIES		
Salaries and benefits	1,033,319	942,382
Office operation	257,734	239,797
Occupancy costs (Note 13(b))	149,705	149,243
Consulting (Note 10)	50,692	56,305
Accounting and audit fees	40,462	48,022
OE Tracker expense	45,602	45,988
General legal fees (Note 8)	34,193	27,932
Amortization	39,011	41,397
	<u>1,650,718</u>	<u>1,551,066</u>
TOTAL EXPENDITURES	<u>2,438,212</u>	<u>2,336,243</u>

... continued

**COLLEGE OF OPTOMETRISTS OF ONTARIO
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED DECEMBER 31, 2018**

	<u>2018</u>	<u>2017</u>
EXCESS OF REVENUE OVER EXPENDITURES BEFORE OTHER EXPENDITURES AND INCOME	383,874	251,783
OTHER EXPENDITURES		
Unauthorized practice and dispensing	116,040	129,703
Research for entry-to-practice exam	1,470	17,500
Quality Assurance program review	<u>49,600</u>	<u>-</u>
	<u>167,110</u>	<u>147,203</u>
OTHER INCOME		
Investment income (Note 11)	138,956	182,957
Unrealized (loss) gain on investments	<u>(173,529)</u>	<u>72,260</u>
	<u>(34,573)</u>	<u>255,217</u>
EXCESS OF NET REVENUE OVER EXPENDITURES	<u>\$ 182,191</u>	<u>\$ 359,797</u>

See accompanying notes to financial statements

COLLEGE OF OPTOMETRISTS OF ONTARIO
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>2018</u>	<u>2017</u>
OPERATING ACTIVITIES		
Excess of revenue over expenditures	\$ 182,191	\$ 359,797
Adjustments for items not involving cash:		
Amortization of capital assets	39,011	41,397
Net unrealized loss (gain) on investments	<u>173,529</u>	<u>(72,260)</u>
	394,731	328,934
Net changes in non-cash working capital:		
Prepaid expenses	(5,498)	1,942
Accounts payable and accrued liabilities	2,838	(58,306)
HST payable	13,482	(9,294)
Fees received in advance	133,033	57,109
Funds held in trust	<u>43,530</u>	<u>-</u>
Cash flow from operating activities	<u>582,116</u>	<u>320,385</u>
INVESTING ACTIVITIES		
Purchase of capital assets	(2,616)	(4,447)
Investments	<u>(510,581)</u>	<u>(160,245)</u>
Cash flow from investing activities	<u>(513,197)</u>	<u>(164,692)</u>
INCREASE IN CASH	68,919	155,693
CASH, beginning of year	<u>2,588,514</u>	<u>2,432,821</u>
CASH, end of year	<u>\$ 2,657,433</u>	<u>\$ 2,588,514</u>

See accompanying notes to financial statements

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

1. NATURE OF OPERATIONS

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and includes the following significant accounting policies:

(a) Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of resources available, the College follows the fund method of accounting.

Invested in capital assets fund reports the flow of funds related to the acquisition and disposal of capital assets of the College.

Appropriated special policy funds reports funds set aside by the Council for specific purposes as follows:

Office Acquisition Fund: To provide funding for the future purchase of an office premises.

Patient Relations Fund: To provide funding for the Patient Relations program which includes measures for preventing and dealing with sexual abuse of patients.

Special Contingencies: To provide funding for costs incurred with the determination and resolution of unanticipated issues as identified by the College.

Unauthorized Practice: To set aside additional funding for unanticipated costs in pursuing legal action against unauthorized practice and dispensing.

New Government Initiatives: To provide funding for initiatives undertaken by the College to address the enactment of new or amended legislation and regulations.

Investigations and Hearings: To provide funding to the College ICRC and Discipline committees for unanticipated costs of complex investigations and hearings.

Fee Stabilization: To provide funding to defray unanticipated fee increase as a result of a temporary shortfall in revenue.

Public Engagement: To provide funding for the enhancement of public participation and consultation in the College's regulatory activities.

Research: To provide funding for the process development and related research into clinical regulatory matters.

Unappropriated surplus fund reports the revenue and expenditures of the general operation of the College and follows the accrual basis of accounting.

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(b) Cash and Cash Equivalents

Cash and cash equivalents comprise of cash on hand with a financial institution and amounts held by investment brokers.

(c) Short-Term and Long-Term Investments

Investments consist of guaranteed investment certificates, bonds, stocks, income trusts and mutual funds. The College has elected to state all of their investments at quoted market values under the Canadian accounting standards for not-for-profit organizations. Long-term investments reflect investments that mature or are not intended to be sold at end of the following fiscal year-end. The investment income is recognized as revenue in the year in which it is earned. Gains and losses on the sale of investments are recorded as investment income when realized.

For investments which have not been sold or have not matured, the unrealized gains and losses are recognized at the end of each fiscal year and are reported in the statement of revenue and expenditures.

(d) Prepaid expenses

Prepaid expenses are primarily comprised of advance payments made to vendors for facility rental, membership dues, and contracts for services received in the following year.

(e) Capital Assets

Capital assets are stated at acquisition cost. Amortization is provided using the following rates and methods:

Computer hardware	- 30-55% diminishing balance
Furniture and equipment	- 20% diminishing balance
Leasehold improvements	- 20% straight line

Leasehold improvements are amortized over the term of the lease.

(f) Revenue Recognition

(1) Annual registration fees

Annual registration fees represent membership fees and member application fees. Fees are set annually by the Council and are recognized as revenue in the year to which they relate. Annual registration fees received in advance of the membership year to which they relate are recorded as fees received in advance.

(2) Professional corporation fees

Professional corporation fees represent the application fee to operate a profession corporation as regulated by the College and annual renewal fees. Professional corporation fees are recognized upon the successful complete of the application process.

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- (f) Revenue Recognition (continued) (3) Services and other fees
Services and other fees represent quality assurance, continuing education and other service fees . Revenue is recognized at the time the service has been rendered.
- (g) Measurement of Financial Instruments
The College records financial instruments at fair value on initial recognition. The Organization subsequently measures all its financial assets and financial liabilities at amortized cost except for cash and investments, which are stated at fair values at the year-end date.
Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and fees received in advance.
- (h) Measurement Uncertainty
The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the year. Actual results may differ from these estimates.
- (i) Contributed services
The organization uses volunteers to assist in the Corporation's activities. While these services benefit the Corporation considerably, a reasonable estimate of the time spent and its fair market value cannot be made and accordingly, these contributed services are not recognized in the financial statements.

3. SHORT-TERM INVESTMENTS

	<u>2018</u>	<u>2017</u>
Market value	<u>\$ 1,239,752</u>	<u>\$ 953,549</u>
Cost	<u>\$ 1,239,607</u>	<u>\$ 955,746</u>

Short-term investments mature or are redeemable at various dates not exceeding 12 months and consist of \$1,119,631 (2017 - \$633,193) in guaranteed investment certificates, T-bill and bonds with interest rates of 1% to 2.31% (2017 - 1% to 1.1%), and \$120,121 (2017 - \$320,356) in high interest performer accounts with interest rates of 1.65% to 1.85% (2017 - .9% to 1.2%).

COLLEGE OF OPTOMETRISTS OF ONTARIO
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

4. LONG-TERM INVESTMENTS

	<u>2018</u>	<u>2017</u>
Market value	<u>\$ 3,439,032</u>	<u>\$ 3,388,184</u>
Cost	<u>\$ 3,388,026</u>	<u>\$ 3,161,306</u>

Long-term investments consist of \$1,749,601 (2017 - \$1,770,663) in fixed income funds with effective interest rates ranging from 1.25% to 6.69% (2017 - 1.25% to 7.40%), \$1,010,190 (2017 - \$905,132) in Canadian equities and \$679,241 (2017 - \$712,389) in U.S. and international equities. Investments in fixed income funds mature or are redeemable at dates ranging from 2 to 15 years.

5. CAPITAL ASSETS

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net 2018</u>	<u>Net 2017</u>
Computer hardware	\$ 107,459	\$ 102,598	\$ 4,861	\$ 6,821
Furniture and equipment	98,133	73,742	24,391	30,489
Leasehold improvements	<u>259,516</u>	<u>143,931</u>	<u>115,585</u>	<u>143,923</u>
	<u>\$ 465,108</u>	<u>\$ 320,271</u>	<u>\$ 144,837</u>	<u>\$ 181,233</u>

6. LIABILITY FUNDS IN TRUST

The amount represents costs received from a Member subsequent to the resolution of a professional conduct ruling arising from complaints of sexual harassment and inappropriate professional behaviour. The funds received are to be used to reimburse the College for funding under the program required by section 85.7 of the Health Professions Procedural Code. Any excess of funds not used by the program will be returned to the Member of the College.

	<u>2018</u>
Funds received	\$ 48,180
Disbursements	<u>(4,650)</u>
	<u>\$ 43,530</u>

7. RETIREMENT PENSION PLAN

The College sponsors a defined contribution pension plan covering all eligible employees. Contributions are based on a percentage of the employee's compensation.

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

8. COMMITTEE AND GENERAL LEGAL FEES

Committee legal fees represent legal costs specific to the activities of a Committee and are included in the total expenditure for that Committee as follows:

	<u>2018</u>	<u>2017</u>
Discipline Committee	\$ 221,999	\$ 182,181
Less: Recovery of legal costs	<u>(54,500)</u>	<u>(61,160)</u>
	<u>\$ 167,499</u>	<u>\$ 121,021</u>
Inquires, Complaints and Reports Committee	\$ 26,626	\$ 53,905
Quality Assurance Committee	\$ NIL	\$ 1,040
Registration Committee	\$ 7,443	\$ 8,158

General legal fees represent legal costs that have not been identified as a specific legal expense to the activities of a Committee.

9. MEMBERSHIP CONTRIBUTIONS

	<u>2018</u>	<u>2017</u>
Federation of Optometric Regulatory Authorities of Canada	\$ 23,910	\$ 23,350

10. CONSULTING

	<u>2018</u>	<u>2017</u>
Data base project management	\$ 50,692	\$ 56,305

The College utilizes an information management database system that requires ongoing project management services to administer and maintain the process.

11. INVESTMENT INCOME

	<u>2018</u>	<u>2017</u>
Interest and dividend income	\$ 126,899	\$ 106,815
Realized gain on investments	<u>12,057</u>	<u>76,142</u>
	<u>\$ 138,956</u>	<u>\$ 182,957</u>

12. APPROPRIATED SPECIAL POLICY FUNDS

During 2018, the Council approved the appropriation of \$320,000 (\$450,000 - 2017) from the Unappropriated Surplus fund to various Appropriated Special Policy funds to recognize specific operating and capital initiatives.

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

13. COMMITMENTS

(a) Equipment Operating Leases

The College leases office equipment under long term lease arrangements which require the following payments for the next five years as follows:

2019	\$	14,354
2020		14,354
2021		14,354
2022		14,354
2023		<u>14,354</u>
	\$	<u>71,770</u>

(b) Premise Operating Lease

The College entered into a ten year lease agreement for their premises effective March 1, 2014. The monthly occupancy cost includes the monthly base lease amount plus the College's share of property taxes and operating costs.

The minimum annual base lease payments for the next five years and thereafter are as follows:

2019	\$	61,104
2020		61,953
2021		63,650
2022		63,650
2023		63,650
thereafter		<u>10,608</u>
	\$	<u>324,615</u>

14. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The College has a risk management framework to monitor, evaluate and manage the principle risks assumed. The College is primarily exposed to market price, interest rate, currency and liquidity risk.

(a) Market Price Risk:

Market price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The investments in publicly traded securities exposes the College to market price risk as these equity investments are subject to price fluctuations. There has been no change in this risk assessment from the prior year.

COLLEGE OF OPTOMETRISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018

14. FINANCIAL INSTRUMENTS (Continued)

(b) Interest Rate Risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk by the dollar amount of the investment and the fluctuations in market interest rates. There has been no change in this risk assessment from the prior year.

(c) Currency risk:

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is exposed to currency risk from gains and losses due to fluctuations in foreign currency exchange rates on US and international equity investments. There has been no change in this risk assessment from the prior year.

(d) Liquidity risk:

Liquidity risk is the risk that the College will not be able to meet its obligations as they come due. The College is primarily exposed to liquidity risk through accounts payable, accrued liabilities and government remittances payable. The College meets its liquidity requirements by preparing and monitoring forecasts of cash flows from operations, anticipating investing activities and holding assets that can be readily converted into cash. There has been no change in this risk assessment from the prior year.

15. COMPARATIVE FIGURES

Certain prior year's comparative figures have been reclassified to conform with the current year's presentation of the financial statements.

5 / MOTIONS

5. Motions Brought Forward from Committees

a. Executive Committee

- To adopt a policy that “ticketable” offences not be included in the category of information relating to the charges that optometrists have to self-report to the College.
- To recommend that Council approve payment of the College's 2019 FORAC membership contribution.

b. Quality Assurance Committee

i. Clinical Practice Panel

- To approve amendments to OPR 6.6 Low Vision Assessment and Therapy.

c. Registration Committee

- i. To approve the College jurisprudence exam for 2019.

Motion to Council

Name of committee: Executive Committee

Date of submission: April 3, 2019

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

Proposed motion: That Council adopt the policy that “ticketable” offences not be included in the category of information relating to charges that optometrists have to self-report to the College, under section 85.6.4 of the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act*, 1991.

Recommendation to Council and Rationale	
The Issue	Council is asked to adopt the policy that “ticketable” offences not be included in the category of information relating to charges that optometrists have to self-report to the College.
Background	<p>Regulated health professionals in Ontario must report to their college certain information that is pertinent to the conditions of their registration. Such information includes criminal charges, registration with regulators in jurisdictions other than Ontario, and any findings of guilt, professional negligence, or malpractice.</p> <p>These reports do not constitute a finding of professional misconduct, incapacity, or incompetence against the optometrist – only a Panel of the College’s Discipline or Fitness to Practise committees can determine this.</p> <p>Since January 17, 2015, the College by-laws have required optometrists to self-report and since May 1, 2018, is now a requirement under provincial law. The information that they provide can alert the College to situations where an optometrist may not be practising safely. It also allows the College to take steps to protect the public and use innovative approaches to help rehabilitate the optometrist when necessary.</p> <p>Optometrists are required to report:</p> <ul style="list-style-type: none"> • Current registration with another optometric regulatory body outside of Ontario; • Current registration with any other provincial/national/international regulatory body; • A finding of professional misconduct or incompetence from any other provincial/national/international regulatory body; • A finding of guilt, professional negligence, or malpractice; and • A charge with any offence or any bail conditions/release restrictions in place. <p>This information must be reported as soon as possible, but no longer than 30 days after the occurrence. Failing to self-report or falsifying information is a serious matter. It could result in a referral to Discipline</p>

	<p>and a finding of professional misconduct, with a variety of penalties possible.</p> <p>The College consulted with both FHRCO and legal counsel regarding mandatory self-reporting obligations, specifically relating to the reporting of charges. There does not appear to be a consistent approach; Colleges have varying requirement degrees of what charges members have to self-report. The College has discussed internally and debated its position on optometrist reporting charges.</p>
<p>Analysis, including impact on budget</p>	<p>The Committee reviewed the College’s policy Guidelines to Determine Relevance to Member’s Suitability to Practise and how it related to an optometrist reporting certain charges, specifically “ticketable” offences (any offence prosecuted under Parts I or II of the <i>Provincial Offences Act</i>, 1990).</p> <p>The Committee weighted the possible ramifications of an optometrist reporting or failing to report such a charge. It does not see that such a self-reporting requirement is aligned with the College’s overall public protection mandate. The Committee does not anticipate that such charges would ever be relevant to a member’s suitability to practise, and therefore the charges would not be placed on the public register.</p> <p>If this policy was not approved, there may be potential budget ramifications as the College would have to have a mechanism in place to collect and process all of this information (including staffing) and pursue optometrists for failing to report.</p> <p>As such, the Committee proposes that the College adopt the position that optometrists not be required to self report “ticketable” offences to the College.</p>
<p>Options (are there alternatives)</p>	<p>The College can take the position that optometrists must self-report all charges. The Registrar would then apply the policy, Guidelines to Determine Relevance to Member’s Suitability to Practise to determine if such charges should be posted on the Public Register. All members would be required to report all charges and members found failing to make a mandatory report could be subject to a report to ICRC.</p>
<p>Implications/expectations if approved</p>	<p>The College will remind optometrists of their self-reporting requirement via e-mail blast, as well as posting to the website. The exception regarding “ticketable” offences would be include in the communique.</p> <p>A self-reporting form has been drafted that optometrists will be able to complete and submit to the College. Drafts of the communication and form are included here.</p>
<p>Implications/potential consequences If not approved</p>	<p>The College will also remind optometrists of their self-reporting requirement via e-mail blast, as well as posting to the website. It would be specifically noted that optometrists need to self-report all charges to the College.</p>

	Further consideration would need to be given on what would be done with this information (for record purposes) and the ramifications for those optometrists that do not self-report such charges.
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Draft Wording for Discussion – Mandatory Self-Reporting

What is mandatory self-reporting?

Regulated health professionals in Ontario must report to their college certain information that is pertinent to the conditions of their registration. Such information includes criminal charges, registration with regulators in jurisdictions other than Ontario, and any findings of guilt, professional negligence, or malpractice.

These reports do not constitute a finding of professional misconduct, incapacity, or incompetence against the optometrist – only a Panel of the College’s Discipline or Fitness to Practise committees can determine this.

Why must I self-report?

Since January 17, 2015, the College by-laws have required optometrists to self-report and since May 1, 2018, is now a requirement under provincial law. The information that they provide can alert the College to situations where an optometrist may not be practising safely. It also allows the College to take steps to protect the public and use innovative approaches to help rehabilitate the optometrist when necessary.

What exactly do I need to report?

- Current registration with another optometric regulatory body outside of Ontario
- Current registration with any other provincial/national/international regulatory body
- A finding of professional misconduct or incompetence from any other provincial/national/international regulatory body
- A finding of guilt, professional negligence, or malpractice
- A charge with any offence or any bail conditions/release restrictions in place

When must I report this information?

Optometrists must report this information as soon as possible, but no longer than 30 days after the occurrence.

What happens if I don’t self-report?

Failing to self-report or falsifying information is a serious matter. It could result in a referral to Discipline and a finding of professional misconduct, with a variety of penalties possible.

How do optometrists self-report?

If an optometrist must report any of the above information to the College, please complete and return [this form] by email, fax, or mail.

Email: skadarally@collegeoptom.on.ca

Fax: 416-962-4073

Mail: College of Optometrists of Ontario
65 St Clair Ave E, Suite 900
Toronto, ON M4T 2Y3

Need more information? Contact the College at 1-888-825-2554.

FAQs for Optometrists

- **Is the obligation to self-report this information new?**
 - No. Since January 17, 2015, optometrists have been required to report such information. This obligation was part of changes made to College by-laws.
- **If I've already reported the required information to the College, do I need to report it again on the new Self-Reporting Form?**
 - No. If you have previously reported a charge, or any of the other information required by the College, there is no need to resubmit it.
- **What charges do I have to report to the College?**
 - Optometrists must report anytime they have been charged with a federal, provincial, or other offence. An offence is any breach of law that is prosecuted in a court. The only types of offences optometrists are not required to report to the College are those referred to as "ticketable" offences.
- **Do I have to self-report if I get a speeding or parking ticket?**
 - No. Optometrists are not required to report ticketable offences. A ticketable offence is any offence prosecuted under Parts I or II of the [Provincial Offences Act, 1990](#). This includes speeding and parking tickets or failure to stop at a red light under the *Highway Traffic Act, 1991*, or consuming alcohol in a public place under the *Liquor Licence Act, 1990*.
- **Do I have to report a charge from before May 1, 2018?**
 - Yes. Any charge between January 17, 2015 and May 1, 2018 must be reported. Though the legislation only introduced these self-reporting requirements as of May 1, 2018, the College by-laws have required optometrists to report this information to the College since January 17, 2015.
- **Do I have to report a charge if I was found not guilty after a court challenge?**
 - Yes. Optometrists are required to report all charges as well as findings of guilt.
- **Will the College post all charges to the public register?**
 - The College must post any charge for an offence under the *Criminal Code* or the *Controlled Drug and Substances Act*. For all other charges, only those that are assessed as relevant to an optometrist's suitability to practise will be posted on the College register. The College's guidelines to determine relevance to suitability to practise can be found [here](#).

Self-Reporting Form

This form is for optometrists to self-report information required by the mandatory reporting obligations of the *Health Professions Procedural Code (HPPC)*, which is Schedule 2 of the *Regulated Health Professions Act (RHPA)* to the College **as soon as reasonably practicable but no longer than 30 days after the occurrence**. This includes:

- Other Professional Membership/Registration/License;
- Findings of Professional Misconduct or Incompetence;
- Findings of Guilt, Professional Negligence or Malpractice; and
- Charges, Bail Conditions or Restrictions.

Date:	
Name:	
College Registration Number:	

Professional Membership/Registration/License	
Registered/Licenses to practise optometry in any other jurisdiction:	YES NO
Name of licensing body:	
Status of registration/license:	
Registered/Licenses to practise another profession in any jurisdiction:	YES NO
Name of licensing body:	
Status of registration/license:	

Findings of Professional Misconduct or Incompetence	
Finding of professional misconduct/incompetence by a licensing body in any jurisdiction:	YES NO
Name/Location of Licensing Body:	
Date of Finding:	
Nature/Description of Finding:	
Status of Appeal:	

Findings of Guilt, Professional Negligence or Malpractice	
Found guilty of an offence(s) ¹ :	YES NO
Name/Location of the Court:	
Date of Finding of Guilt:	
Nature/Description of Offence(s):	
Status of Appeal:	

Charges, Bail Conditions or Restrictions	
Charged with an offence:	YES NO
Bail conditions/restrictions imposed:	YES NO
Date of Charge(s):	
Name/Location of the Court ² :	
Nature/Description of Charge(s):	
Nature/Description of Bail Conditions/Restrictions:	
Any other restriction imposed/agreed upon relating to the charge(s):	
Status of Proceeding:	

Please e-mail, fax or mail this form to:
 E-mail: skadarally@collegeoptom.on.ca
 Fax: 416-962-4073
 Mail: College of Optometrists of Ontario
 65 St Clair Ave E, Suite 900
 Toronto, ON M4T 2Y3

¹ In respect of a federal, provincial or other offence.

² Court in which charges were laid or in which bail conditions/restrictions were imposed

If you would like to talk to someone about your mandatory self-reporting obligations as an optometrist, please contact info@collegeoptom.on.ca or phone 1-888-825-2554.

By signing this form, I understand that I am submitting a mandatory self-report to the College.

Signature

Date

Motion to Council

Name of committee: Executive Committee

Date of submission: April 23, 2019

Proposed motion: To recommend that Council approve payment of the College's 2019 FORAC membership contribution.

Recommendation to Council and Rationale	
The Issue	The Executive Committee supports the payment of the College's FORAC membership contribution for 2019.
Background	FORAC requests an annual membership contribution from each provincial jurisdiction. This contribution funds FORAC's corporate operations, including meeting expenses and consulting fees for a part-time Executive Director to manage operations. FORAC has requested the payment of funds by April 1, 2019 but agreed to extend the College's due date to May 15 at the President's request. The request for payment, including an explanation of the funding formula, is attached to this motion.
Analysis, including impact on budget	The 2019 budget has taken the amount into account and will therefore not negatively impact the budget. Therefore, the motion is only to ratify Council's earlier intent to pay this contribution.
Options (are there alternatives)	Council may decide not to pay the FORAC membership contribution. However, as an important stakeholder, FORAC supports the collaborative work done by the provincial regulators and is necessary as it relates to national labour mobility
Implications/expectations if approved	If approved, Ontario will continue to be an active participant in FORAC and will continue to have standing on issues of national importance to the regulation of the profession.
Implications/potential consequences if not approved	If not approved, FORAC may suspend or revoke Ontario's membership. As an important stakeholder, FORAC supports the collaborative work done by the provincial regulators and is necessary as it relates to national labour mobility.

From: Paul Chris <apchris@rogers.com>
Sent: Monday, December 3, 2018 8:34 A

Dear DIRECTORS,

At our meeting in September 2017 a motion was approved to collect FORAC membership fees on a yearly basis and to base provincial membership numbers on the number of member optometrists registered in a province as of January 1st of each year. Motions were made and approved to make dues payable by April 2nd of each year (see attached minute document.)

I am writing to remind you of these approved motions and to inform you that FORAC membership fees for fiscal year 2019-2020 are due in the 2019 new year based on the existing funding formula.

That formula is as follows:

Ontario pays \$10/member as of January 1, 2019
Quebec pays \$10/member as of January 1, 2019

British Columbia pays \$20/member as of January 1, 2019
Alberta pays \$20/member as of January 1, 2019

Saskatchewan pays \$30/member as of January 1, 2019
Manitoba pays \$30/member as of January 1, 2019
New Brunswick pays \$30/member as of January 1, 2019
Nova Scotia pays \$30/member as of January 1, 2019
Newfoundland & Labrador pays \$30/member as of January 1, 2019
Prince Edward Island pays \$30/member as of January 1, 2019

Please make cheques payable to: **FORAC** (this is acceptable and does not require the full name.)

PLEASE NOTE: YOUR PAYMENT AMOUNTS MUST INCLUDE 13% HST.

PLEASE INCLUDE A COVER LETTER WITH THE NUMBER OF MEMBERS YOU ARE DECLARING.

Please send your payments clearly labelled to:

**Federation of Optometric Regulatory Authorities of Canada
Sheppard Centre Post Office
4841 Yonge Street, Unit 242, PO Box 43215
Toronto, Ontario M2N 5W0
ATTN: PAUL CHRIS**

Please let me know if you have any questions.

Regards,

Paul

*Paul Chris, OD
Executive Director
FORAC-FAROC
apchris@rogers.com
www.forac-faroc.ca*

FORAC-FAROC is a federation of the optometric regulatory and licensing bodies in Canada.

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Motion to Council

Name of committee: Clinical Practice Panel - Quality Assurance Committee

Date of submission: April 12, 2019

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

Proposed motion: To approve amendments to OPR 6.6 Low Vision Assessment and Therapy

Recommendation to Council and Rationale	
The Issue	CPP endeavour to review individual OPR chapters at least every 3 years; OPR 6.6 Low Vision Assessment & Therapy was overdue for review.
Background	<p>CPP began its review of OPR 6.6 early in 2018. Last spring, CPP engaged external practitioners involved in the area of low vision, both in practice practice and academic settings, to review and provide suggestions on the current standards of practice. Their input was valuable and informed the committee's review.</p> <p>Because of the several changes proposed to the document, a track-change version is not presented as it would be hard to read. Presented with this motion are the proposed document (clean) and current standards (2014) for comparison.</p>
Analysis, including impact on budget	Cost to update the OPR.
Options (are there alternatives)	
Implications/expectations if approved	Members will be updated regarding the revised standards of practice.
Implications/potential consequences If not approved	OPR 6.6 would remain as is.

6.6 Low Vision Assessment and Therapy

Description

Patients are considered visually impaired when best-corrected vision is inadequate for an individual's daily needs. These patients may benefit from a low vision evaluation. This includes extended evaluation of visual function, review of ocular health and systemic health conditions that may impact visual function, treatment with various optical and/or non-optical low vision aids and/or rehabilitation strategies directed towards specific needs and demands, as well as counselling and education.

The need for a low vision evaluation will generally be determined as the result of specific clinical findings from an optometric examination (see [OPR 4.2 - Required Clinical Information](#)). Other possible reasons for conducting a specific low vision evaluation include referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to treatment or to monitor the status of patients with low vision.

Regulatory Standard

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

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

Professional Standard

A low vision examination generally will include the following components:

- a comprehensive patient history that explores specific visual concerns, risk factors, visual and ocular history, family ocular history, general health history, social history, medications, and vocational/educational/avocational requirements
- a review of the results of the patient's optometric examination, and re-assessment, as

necessary, of visual acuity at distance and at near, refraction, binocular and oculomotor status, ocular health and the effectiveness of current spectacles and low vision devices

- patient education regarding visual status, treatment options and prognosis.
- management plan individualized for the patient's needs.
- discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices
- Appropriate follow-up, arranged as needed, to assess the effectiveness of treatment and to monitor the visual condition and needs.

6.6 Low Vision Assessment and Therapy

Description

Patients are considered to be visually impaired when there is a measurable loss of vision, including but not limited to visual acuity, contrast sensitivity, and visual field.

Patients are considered to have low vision when their visual impairment results in a reduction in best-corrected visual acuity or visual field that is inadequate for their activities of daily living.^{1,2,3}

Patients with low vision may benefit from a low vision evaluation. This includes review of ocular and general (systemic) health conditions, identification of patient-defined goals, extended evaluation of visual function, prescription of and training in the use of various optical and/or non-optical low vision aids and/or rehabilitation strategies directed towards previously-defined patient-defined goals, and counselling and education.

The need for a low vision evaluation will generally be determined as the result of an exploration of patient-reported limitations and goals, and will be informed by specific clinical findings from a comprehensive optometric examination (see [OPR 4.2 - Required Clinical Information](#)).

Other reasons for conducting a low vision evaluation include but are not limited to referral from another practitioner or direct referral from a patient or family member. Repeat or ongoing examinations may be required to determine the response to the rehabilitation plan or to monitor the status of patients with low vision.

Regulatory Standard

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

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which consent is required by law, without such a consent.
10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.
11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.
12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.
13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.
24. Failing to make or maintain records in accordance with Part IV.

Professional Standard

A low vision examination generally will include the following components:

- a comprehensive patient history that explores:
 - personal ocular and general health history (including medications);
 - family ocular and general health history;
 - personal social history, including patient-identified impact of visual impairment (specific limitations in activities of daily living and goals (vocational/educational/avocational requirements));
 - personal perspective regarding stability of vision;
 - current access to services;
 - current devices and usage/satisfaction;
- consideration of common issues that affect people with low vision;
- a review of the results of the patient's most recent optometric examination, and re-assessment, as necessary;
- patient education regarding visual status, treatment options, and prognosis;
- assessment of rehabilitation options that includes discussion and/or demonstration of potential optical, non-optical, and electronic aids and devices, lighting requirements, environmental modifications, and adaptive strategies;
- creation of a rehabilitation plan individualized for the patient's needs;
- referral to other professionals/service providers, as indicated;
- generation of a report to individuals in the patient's circle of care, when indicated; and
- appropriate follow-up, arranged as needed, to assess the effectiveness of the rehabilitation plan and to monitor the visual condition and needs.

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

Motions to Council

Name of Committee: Registration Committee

Date of Submission: April 11, 2019

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

Proposed Motion:

Recommendation no. 1 to Council and Rationale	That Council approve the College jurisprudence exam for 2019
The Issue	Applicants for registration as optometrists in Ontario are required to successfully complete a jurisprudence exam set or approved by the College as one of the requirements for registration. The College's jurisprudence exam is reviewed periodically by College staff and is approved by the College Council on an annual basis.
Background	Paragraph 7.1 of s. 2(1) of the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> , reads as follows: "The applicant has successfully completed an examination in jurisprudence set or approved by the College ..."
Analysis, including impact on budget	-
Options (are there alternatives)	-
Implications/expectations if approved	The College can fulfil its obligations under the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> .
Implications/potential consequences If not approved	The College would not be able to fulfil its obligations under the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> .

Recommendation no. 2 to Council and Rationale	That Council approve the 2019 Optometric Examining Board of Canada (OEBC) written exam and OSCE as an alternate standards assessment examination set or approved by the College for registration purposes
The Issue	Applicants for registration as optometrists in Ontario are required to successfully complete a standards assessment examination set or approved by the College, as one of the requirements for registration. Standards assessment examinations are reviewed by the Registration Committee and approved by the College Council on an annual basis.
Background	Paragraph 7 of s. 2(1) of the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> , reads as follows: “The applicant must meet the criteria set out in one of the following subparagraphs: i. successful completion, not more than three years before applying for registration, of the standards assessment examinations set or approved by the College...”
Analysis, including impact on budget	-
Options (are there alternatives)	The College Council passed a motion to approve the National Board of Examiners in Optometry (NBEO) examination as an alternate standards assessment examination required for registration with the College on January 18, 2019.
Implications/expectations if approved	The College can continue to fulfil its obligations under the Registration Regulation (837/93) as amended under the <i>Optometry Act, 1991</i> , and provide more choices for the standards assessment examination for applicants.
Implications/potential consequences if not approved	Consideration is needed for candidates already registered or intending to register for the 2019 OEBC written exam and OSCE.

6 / OTHER MATTERS

6. FORAC Cultural Competency Working Group

7. Governance Reform – Proposed Legislative Changes

8. Complaints/Reports Review

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

9. 100 Years of Optometric Regulation in Ontario

10. Recognition of Departing Council Members

11. Injunction Appeal Decision – Update

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

12. List of Acronyms



Cultural Competency Working Group

A FORAC Cultural Competency Working Group has been established to emulate the innovative work in British Columbia in addressing cultural safety and humility in the regulation of health professionals serving First Nations and Indigenous peoples.

A draft document entitled “Declaration of Commitment – Cultural Safety and Humility in the Regulation of Optometrists Serving First Nations and Indigenous Peoples in Canada” is included here. The intention is for all 10 provincial optometry regulators, including Ontario, to sign the Declaration of Commitment towards advancing cultural safety and humility at the July FORAC meeting.

Subject: RE: FORAC CULTURAL COMPETENCY WORKING GROUP (CCWG) UPDATE

Importance: High

Dear FORAC Directors and colleagues,

At our three most recent FORAC meetings we discussed the issue of FORAC developing a national Standard of Practice around Culturally Competent Care. The genesis of this initiative was the recognition at the January 2018 Optometric Leaders Forum that the provincial regulatory Colleges do not include cultural competence in their standards of practice and were unable to identify any barriers to the delivery of eye care in their provinces. The need for the delivery of culturally safe care in all health care settings was identified in the final report of the Truth and Reconciliation Commission of Canada (see attachment pages 6-7 HEALTH 23-iii.) The 2018 AFN-NIHB Joint Review of the Vision Care Benefits Implementation Plan (see attachment – relevant sections highlighted in red) also calls for actions aimed at increasing cultural competence among vision care providers serving First Nations clients.

We discussed the innovative work in British Columbia in addressing cultural safety and humility in the regulation of health professionals serving First Nations and Indigenous peoples. In particular, a Declaration of Commitment towards advancing cultural safety and humility among BC regulated health professionals, that was signed by all 23 health Colleges in March 2017, was reviewed as a model for FORAC to adopt as a starting point for the development of a Standard of Practice on Cultural Competence.

This week the CCWG held a teleconference with the BC First Nations Health Authority (FNHA) to continue working on a Declaration of Commitment that could be accepted and signed by the 10 provincial optometry regulators. We provided them with a revised draft (see attachment - DRAFT 2) that we believe would be a suitable text for the FORAC Declaration of Commitment. The staff of the BC FNHA is going to review the text, make some changes if necessary and have a copy ready to

send back to us for the May 1st.

I would like to ask all of you to start the process of reviewing with your Council and/or board members the attached information and the draft document so that all regulators can approve and accept the final version when it is ready to reduce any potential concerns or issues.

What will be added to the text will be a progress reporting section which will encourage each College/jurisdiction, as an action item, to engage one of their provincial First Nations health and administrative organizations (such as the Chiefs of Ontario Organization in Ontario, etc.) to partner with them to support their commitment to the delivery of culturally safe care. Reporting back to FORAC annually so that each College can be aware of what the other Colleges have been doing will also be included.

And lastly, a signing ceremony with the participation of the BC FNHA is being planned to take place sometime between 2:30PM- 5:00PM on Saturday, July 13 after the FORAC meeting at the Victoria Fairmont Empress Hotel. I have spoken with Laurie Clement at the CAO and have invited the CAO Council to attend this ceremony since the CAO General Meeting will have concluded at 2:15PM that day.

If you have any questions, please contact me. Thank you for your attention to this lengthy email! More updates will follow.

Best regards,

Paul

Paul Chris, OD
Executive Director
FORAC-FAROC
apchris@rogers.com
www.forac-faroc.ca

FORAC-FAROC is a federation of the optometric regulatory and licensing bodies in Canada.

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DECLARATION OF COMMITMENT - DRAFT

CULTURAL SAFETY AND HUMILITY IN THE REGULATION OF OPTOMETRISTS SERVING FIRST NATIONS AND INDIGENOUS PEOPLES IN CANADA

Our Declaration of Commitment is an important step towards advancing cultural safety and humility among optometrists who are involved in the delivery of vision care services to First Nations and Indigenous peoples in Canada. This commitment reflects the high priority we, as the designated Canadian optometric regulatory authorities, place on cultural safety and humility as quality and safety dimensions that are integral components of our public protection mandate.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

- Cultural humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.
- Cultural safety must be understood, upheld and practiced at all levels of the health care system including governance within health profession regulatory bodies and within individual professional practice.
- All stakeholders, including First Nations and Indigenous individuals, Elders, families, communities and nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.

Strong leadership on concrete actions is essential to achieving our vision of a culturally safe health care system for First Nations and Indigenous peoples in Canada. We, the undersigned representatives of Canadian optometry regulators commit to:

CREATE A CLIMATE OF CHANGE BY:

- Articulating the pressing need to establish cultural safety as a framework to improve the delivery of vision care services to First Nations and Indigenous peoples in Canada.
- Opening an honest, informed and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of Canadian optometrists.

- Contributing to the national vision of a culturally safe health care system as a leading strategy to enhance professional regulation.
- Encouraging, supporting and enhancing cultural safety and cultural competency amongst optometrists and all health care professionals.

ENGAGE AND ENABLE STAKEHOLDERS BY:

- Communicating the vision of culturally safe health profession regulation for First Nations and Indigenous peoples in Canada and the critical need for commitment and understanding on behalf of all stakeholders, health care professionals and clients.
- Openly and honestly addressing concerns and leading by example. Identifying and removing barriers to progress.
- Monitoring and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

- Encouraging and empowering our organizations' staffs, governors, and volunteers to develop cultural humility and foster a culture of cultural safety.
- Facilitating processes where organizations and individuals can raise and address problems without fear of reprisal.
- Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of health profession regulation.

OUR COMMITMENT:

Our signatures demonstrate our long term commitment to the regulation of optometrists to promote and advance cultural safety and humility for First Nations and Indigenous peoples in Canada and to champion the process required to achieve this vision.

This Declaration was developed in collaboration with, and supported by, the British Columbia *First Nations Health Authority* and signed by the members of the Federation of Optometric Regulatory Authorities of Canada.



Governance Reform – Proposed Legislative Changes

As part of the College of Nurses of Ontario (CNO) governance review project, entitled Governance Vision 2020, recommendations requiring legislative amendments were presented to and accepted by the CNO Council at their December 2018 meeting and have now been submitted to government. CNO has reached out to stakeholders and other Colleges to ask for their support for their Governance Vision 2020 plan, especially the suggested legislative amendments.

Alongside the Governance/HR Committee, Executive has drafted a response outlining recommendations the College would support, based on the College's own Governance review in 2017-8.

Council are provided with the draft response for their review and discussion.

April , 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister,

Re: Governance Reform Recommendations

In 2017-18, the College of Optometrists of Ontario (“the College”) undertook a fulsome review of its governance structure. Council has discussed next steps and the changes necessary to modernize and improve the College’s current governance.

The College would like to present our recommendations for a more efficient and effective governance structure. We believe that such change will not only improve the governance of our College, but also enhance our public protection mandate and strengthen public confidence in regulation of optometrists in the province. Our review was informed by available evidence and the recommendations from the College of Nurses of Ontario in their review project, “Vision 2020”.

Recommendations to modernize the College of Optometrists of Ontario governance structure include:

- Reduce the size of Council;
- Increase public member representation on Council, so there are equal number of optometrists and public members;
- Retain the option (but remove the obligation) for Council members to form part of the panels of statutory committees;
- Retain the option of appointing an Executive Committee; and
- Remunerating, from College funds, all Council members equally.

Please do not hesitate to contact me if you have any questions. Our College would welcome the opportunity to be consulted and further discuss our recommendations as you move forward with consider such reform.

Yours sincerely,

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

Encl. College of Optometrists of Ontario Governance Review: Recommendations, Rationale and Required Legislative Changes

Copy: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

**College of Optometrists of Ontario Governance Review:
Recommendations, Rationale and Required Legislative Changes**

Recommendation	Rationale	Required Legislative Changes ¹
<p>1. Reduce the size of Council.</p>	<p>Though an 18-person board may not be too large, best practices and the literature support the shift to smaller board sizes. A smaller Council may be seen as nimbler, with a more efficient and effective operation and decision-making ability. Through discussions with other Colleges, many are suggesting between 12-16 members. A range is intended to provide flexibility to achieve the ideal combination of competencies and experience.</p>	<p><i>Optometry Act</i>, 1991, s. 6(1), which currently requires 8-9 professional members and 7-8 public members, plus 1 academic representative.</p>
<p>2. Increase public member representation on Council, so there are equal number of optometrists and public members.</p>	<p>Currently, public members comprise of less than half (approximately 44%) of the positions on Council when a full complement of positions is appointed by the Public Appointments Secretariat. Identified through our review, international best practice for governance structure supports equal membership of public and professional members on a board. This change in structure will ensure a balance between public and optometrist expertise, experience and competencies and help strengthen public trust in the self-regulatory model.</p>	<p><i>Optometry Act</i>, s. 6(1), which currently requires 8-9 professional members and 7-8 public members, plus 1 academic representative.</p>
<p>3. Retain the option (but remove the obligation) for Council members to form part of the panels of statutory committees.</p>	<p>Existing quorum requirements under the <i>Code</i> require Council member participation on some statutory committee panels. Such requirements are particularly burdensome for public appointed Council members who have to serve on upwards of 4-5 statutory committees, along with Council.</p> <p>Separation between Council and statutory committees is considered a best practice. The roles of Council versus committees is quite distinct. Removing the obligation for Council members to serve on committees will enhance the integrity and independence of both the Council's policy-driven and committee's adjudicative work and continue to build public trust in self-regulation.</p>	<p>Section 10(3) of the <i>Health Professional Procedural Code</i> (the Code) currently requires the composition of committees to be set by by-law, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels:</p> <ul style="list-style-type: none"> • s. 17(2): Registration Committee panels • s. 25(2) and (3): ICRC panels • s. 38(2-5): Discipline Committee panels

¹ This list is not comprehensive or exhaustive; further minor amendments may also be required.

		<ul style="list-style-type: none"> • s. 64(2-3): Fitness to Practice Committee panels <p>The composition and quorum requirements for these committees will be set by regulation, once the applicable <i>Protecting Patients Act</i> amendments are proclaimed.</p> <p>New regulations will need to be developed pursuant to the <i>RHPA</i>, s. 43(1)(p) to (s) and the <i>Code</i>, s. 94(1)(h.1)-(h.4).</p>
<p>4. Retain the option of appointing an Executive Committee.</p>	<p>A smaller Council may not require an Executive Committee.</p> <p>In the interest of maintaining flexibility and dependent on size, the College recommends retaining the option of an Executive Committee. A 12-16 person Council may still require the need for an Executive Committee on occasion.</p>	<p><i>Code</i>, s. 10(1) currently requires colleges to have an Executive Committee.</p> <p>Other consequential amendments to the Code may also be required to reflect a discretionary Executive Committee.</p>
<p>5. Remunerating, from College funds, all Council members equally.</p>	<p>Public members of Council are compensated by government at a much lower rate than optometrist members are compensated by the College.</p> <p>The College is prohibited from compensating public members of Council for their work. Compensation for public members is viewed as inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably, and cover their relevant expenses.</p>	<p><i>Code</i>, s. 8 currently requires that Council members appointed by the Lieutenant Governor be paid, by the Minister, and the expenses and remuneration the Public Appointment Secretariat has determined.</p> <p>An accompanying amendment to the <i>Code</i>, s. 94(1)(h) would also be required. This provision currently allows Council to make by-laws providing for the remuneration of the members of the Council and committees other than persons appointed by the Lieutenant Governor.</p>

January 8, 2019

By E-mail

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

Re: College of Nurses of Ontario Vision 2020

Thank you for meeting with me on July 30, 2018, to discuss how the College of Nurses of Ontario can continue to collaborate with the Ministry of Health and Long-Term Care. As we discussed, the College has a bold, innovative vision for its future governance, called Vision 2020. By implementing Vision 2020 and improving how the College is governed, we will strengthen our protection of the public and enhance public trust in nursing regulation. These outcomes align with the Ministry's goal of improving healthcare for the people of Ontario.

Our vision has sparked a movement; regulators in a variety of sectors have embarked on their own governance reviews and reforms in response.

To develop the vision, the College struck an independent, expert task force that

- evaluated our current governance model;
- reviewed extensive academic literature on regulatory and non-profit governance;
- surveyed other regulators in Ontario, Canada, and internationally about their governance;
- studied emerging global trends and best practices in regulatory governance; and
- crafted common-sense, evidence-based reforms to modernize the College's governance structure.

Vision 2020 is unique because it is based on this comprehensive, unbiased review of the evidence and best practice, without compromise. The attached infographic illustrates Vision 2020, and the following features are at its core:

- The College will be governed by a small, competent Board of Directors composed of an equal partnership of 6 members of the public and 6 nurses. This is professional regulation in partnership with the public, in which the Board will focus exclusively on the public interest, while retaining professional expertise in regulation.
- The more efficiently-sized Board will be supported by advisory groups that add diversity of perspective and further public input to its deliberations and decision-making.

- All directors will be appointed to the Board, rather than elected, based on the competencies required for strategic leadership.
- All directors will be remunerated by the College. These measures will shift the burden and costs of professional regulation – currently borne by the Ontario government and taxpayer – to the College.

The College has begun to implement elements of Vision 2020 that do not require legislative change. For example, in June 2018, the College joined a public advisory group collaboratively administered by 13 Ontario health regulators. The College has also piloted competency-based appointments for nurses applying to statutory committees for 2019.

However, greater public protection and public trust can only be achieved with legislative change. The College needs the government's assistance to implement the key elements of Vision 2020 that require amendments to the *Regulated Health Professions Act, 1991*, the Health Professions Procedural Code, the *Nursing Act, 1991*, and regulations thereunder. The attached chart outlines the changes proposed by Vision 2020 and relevant legislation.

Now is the time to reform regulatory governance in Ontario. A recent McMaster Health Forum report, *Modernizing the Oversight of the Health Workforce in Ontario*, emphasized the public's changing expectations of health regulators: they rightly expect us to adapt to the evolving landscape in society and in healthcare. The report further highlighted regulatory colleges' failure to integrate good-governance practices into their frameworks. The College has received overwhelmingly positive feedback on its efforts to review and reform its governance from other stakeholders in the system, with other regulators expressing interest in learning from the extensive groundwork laid by the College. The Federation of Health Regulatory Colleges of Ontario has followed the College's governance work closely, which has sparked discussion and forward thinking across its members. Moreover, a recent independent review of the Ontario College of Teachers' governance has made recommendations that mirror Vision 2020.

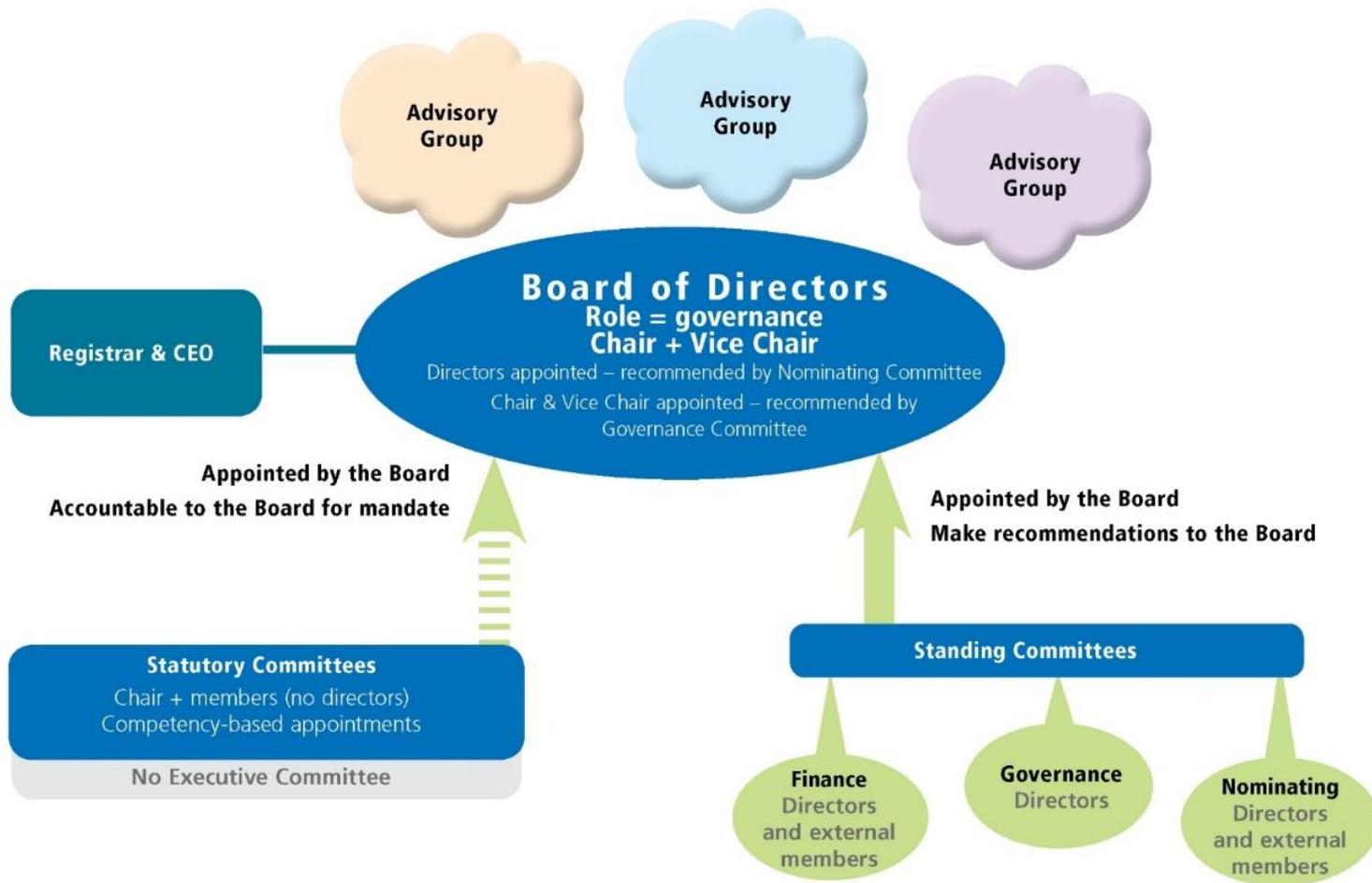
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerri to identify the legislative window and process for implementing the vision. We would be pleased to hear from you if you have any questions or comments.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Enclosures: Vision 2020 Governance Model (1 page)
Chart re: Governance Reform (4 pages)

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight



FOUNDATION

Public interest mandate

Governance principles

Evidence-informed

Continuous improvement

College of Nurses of Ontario – Governance Reform

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
Terminology			
Council of the College	Board of Directors of the College	Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public.	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Council member(s)	Director(s)		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
President of Council	Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Vice-President of Council	Vice-Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Executive Director of the College	Registrar & CEO of the College		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>
Council is composed of: <ul style="list-style-type: none"> • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public 	Board of Directors is composed of: <ul style="list-style-type: none"> • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public 	Eliminating the professional majority on the College’s Board increases the Board’s independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>

College of Nurses of Ontario – Governance Reform

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
Executive Committee exercises Council’s powers in between Council meetings.	No Executive Committee necessary.	A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.	<ul style="list-style-type: none"> • RHPA
Procedures for Board of Directors			
The 21 nurse Council members are elected by their peers in accordance with the College’s by-laws.	All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors.	Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the public interest.	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.	Appointments are based on the competencies required for the role.	Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Nurse Council members: <ul style="list-style-type: none"> • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.^{iv} 	All directors serve: <ul style="list-style-type: none"> • 3-year terms of office; with a • maximum of 6 consecutive years of service. • A 1-year extension is provided for the Chair of the Board of Directors to serve a second term. 	Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.	<ul style="list-style-type: none"> • RHPA
No term limits exist for public Council members.			

College of Nurses of Ontario – Governance Reform

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>Expenses and remuneration of:</p> <ul style="list-style-type: none"> nurse Council members are paid by the College in accordance with the by-laws, while public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. <p>The amounts paid by the College and the Minister are unequal.</p>	<p>Expenses and remuneration of all directors are:</p> <ul style="list-style-type: none"> equal; and paid by the College in accordance with the by-laws. 	<p>The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.</p>	<ul style="list-style-type: none"> RHPA
<p>Council is led by:</p> <ul style="list-style-type: none"> The President; and 2 Vice-Presidents (1 RN and 1 RPN) <p>They are elected annually by the Council from among the Council's members.</p>	<p>Board of Directors is led by:</p> <ul style="list-style-type: none"> the Chair; and the Vice-Chair. <p>They are appointed annually by the Board on the basis of competencies.</p>	<p>The selection of Board leadership is to be on the basis of competencies and not professional designation.</p>	<ul style="list-style-type: none"> RHPA <i>Nursing Act, 1991</i>

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
Composition of Statutory Committees			
<p>Panels of the following statutory committees currently must include Council members:</p> <ul style="list-style-type: none"> • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee <p>Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.</p>	<p>Directors on the Board do not sit on statutory committees.</p>	<p>Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.</p>	<ul style="list-style-type: none"> • RHPA (with amended regulations) • O. Reg. 275/94

ⁱ This column describes the current state of the College’s governance as set out in relevant legislation.

ⁱⁱ Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. “Final Report: A vision for the future.” Updated May 2017. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>
- “Governance Literature Review.” Updated November 28, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf>
- Governance Task Force. “Trends in Regulatory Governance.” January 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf>
- “Jurisdictional Governance Review Survey Summary Report.” January 16, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf>

ⁱⁱⁱ The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

^{iv} Please note that the College’s by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College’s nurse Council members to a maximum of 6 consecutive years of service.



Complaints/Reports Review

The College engaged Signal Regulatory Solutions to undertake a data analysis project to better understand complaints and reports information over the past 10 years and to identify any potential trends. An Executive Summary of the report is follows.

BACKGROUND

The College undertook a data analysis project in order to better understand its recent complaints and reports information, while acknowledging that any trends or patterns that appeared to emerge are a starting point for further discussion and exploration, rather than conclusive or proof of causation. In conducting its analysis, the College retained the services of experts in the field of professional regulation and statistical analysis.

As the College's case volumes are relatively low, more advanced techniques of data mining and analysis were not applicable. However, the analysis nonetheless produced helpful trends analysis, suggestions for further inquiry and tracking, and actionable insights.

The analysis reviewed information about complaints and reports received by the College during the January 1, 2008 – December 31, 2017 time period, and considered volumes of new complaints and reports, the resulting Inquiries, Complaints and Reports Committee (ICRC) decisions, repeat complaints, types of allegations contained in complaints and reports, complaints of a sexual nature, and Health Professions Appeal and Review Board (HPARB) reviews of complaints decisions.

The analysis also considered information about members who receive complaints and reports, including gender, years since registration, age, primary role, employment status, practice location, and educational background.

Highlights

Complaints and Reports Volumes

- *The College received an average of 49 new complaints, and 3 new reports per year during the decade under study, although the general trend is upwards, and sharply so in recent years.*

Complaints and Reports Dispositions

- *Most complaints/reports resulted in no further action (46%) or advice/recommendation (24%). Relatively few cases proceeded to discipline each year (5%), and the ICRC did not issue many SCERPs or verbal cautions (1% each). Bulk of dispositions, therefore, are associated with lower-risk cases.*

Complaints and Reports by Gender

- *Percentage of women entering what was once a male-dominated field steadily increased over the past decade, from 46% in 2008, to 55% in 2017.*
- *Despite their increasing numbers, female practitioners received, on average, 37% of complaints and reports, versus 63% received by men during the decade under study.*
- *The distinction is particularly noticeable for complaints involving behaviour/communications, breach of regulation/SOP, quality of care/treatment, and billing/fees.*

Complaints and Reports by Years of Registration

- *Using years since registration as a proxy for experience and age, the analysis found that more complaints and reports are received for members in the early years of registration (0-5), though the risk level of the complaint gradually increases with experience.*
 - *High-risk matters increased for members with 16-20 and 26-30 years since registration, suggesting that some older practitioners struggle with practice and/or conduct issues.*

Complaints of a Sexual Nature

- *Received 6 complaints of a sexual nature in the past decade, all serious in nature.*
- *Further study of cases needed to better understand sexual abuse and boundaries issues in the profession.*

Member Education

- *Domestic graduates represented 92% of the membership over the past decade, and received 86% of the complaints and reports, while International graduates represented 8% of the membership and received 14% of the complaints and reports during that time period.*

HPARB

- *Complainants and members request reviews in 12% of cases, which is in keeping with other similar colleges, and less than some medium- and larger-sized regulators.*

Recommendations

Staffing/Resources

- *Based on the continuing upward trend of complaints and reports projected for the future, review College's current staffing complement (i.e. number of staff supporting complaints and reports management) and administrative procedures (i.e. numbers of ICRC meetings) as may not be sufficient to efficiently and effectively manage burgeoning caseload during a time of increasing public and stakeholder scrutiny.*

Development of a Data Strategy

- *Development of a data analytics program, involving ongoing mining and leveraging of College's regulatory data to describe activities and suggest particular regulatory interventions.*
- *Development of a data governance framework, to ensure that data is collected, maintained and extracted in an effective and accurate manner, including mechanisms to regularly audit data integrity.*

Key Performance Indicators/Effectiveness and Impact

- *Leverage data to develop meaningful key performance indicators (KPIs) to measure the organization's effectiveness and impact, which may include turnaround time for investigations and decisions, HPARB returns for further investigation and/or new decision, appeals of Discipline Committee and Fitness to Practise Committee decisions, etc.*

Risk Framework

- *Development of a more rigorous regulatory risk framework, or program to guide staff in the prioritization of cases and the allocation of resources to cases, from intake to ICRC disposition and beyond, to post-committee monitoring.*

Further Analysis and Research

- *Further explore, analyze and research specific areas including:*
 - *Ongoing prevalence of complaints about advertising and conflict of interest.*
 - *Early educational support for newer registrants in common complaints/reports.*
 - *Characteristics of members who receive multiple complaints and reports*



100 Years of Regulation

On April 24, 2019, the profession of Optometry celebrates 100 years of regulation and formal recognition as a profession in Ontario. To commemorate this milestone, as well as other important dates in the history of regulation, the following timeline has been created. Staff will present the timeline to Council, as well as additional details to mark the occasion.

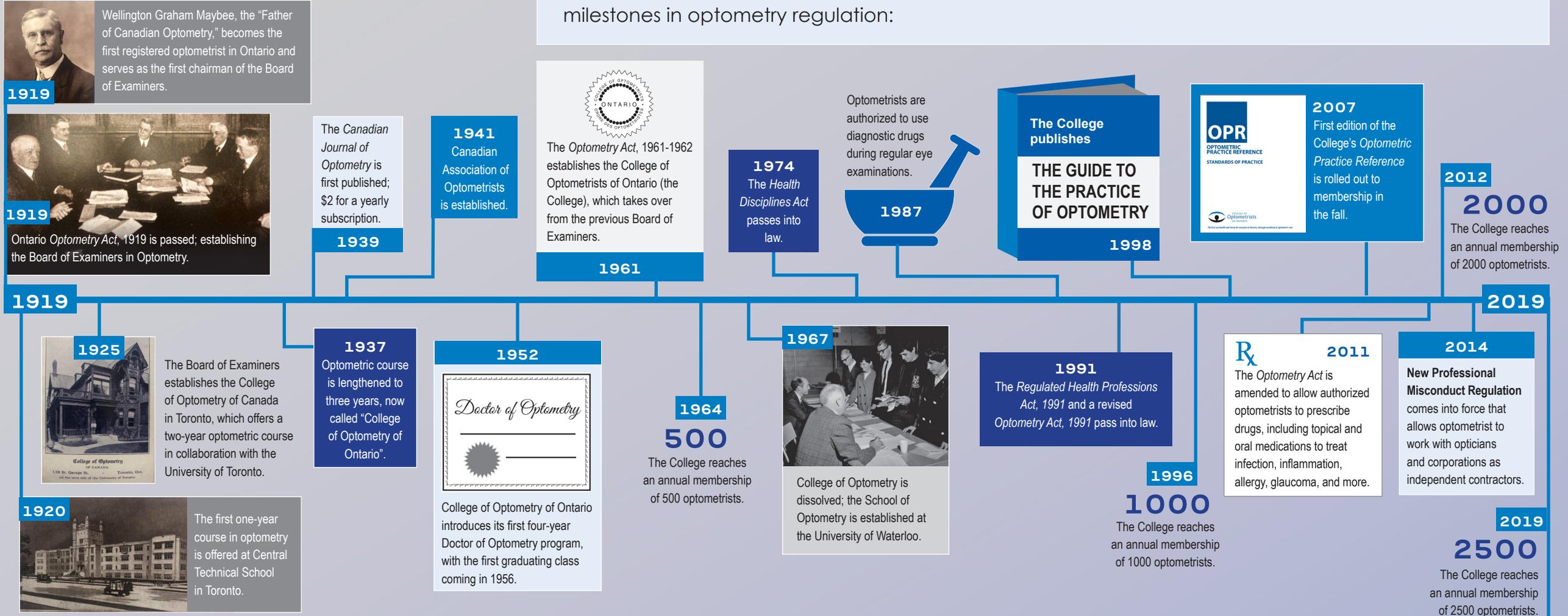
OPTOMETRY

A Century of Regulation in Ontario

This year, the College of Optometrists of Ontario is celebrating 100 years of optometric regulation.

The profession was taking small steps as far back as the early 1900s: the Optometrical Association of Ontario was incorporated in 1909 and an early school was established in 1910.

But things really came into focus in 1919 when the *Optometry Act* was passed, and the Board of Examiners in Optometry was established. Much has changed since then, when practitioners were required to complete 1000 hours of training via four available instructors. Learn more about key milestones in optometry regulation:





College of Optometrists of Ontario 100 Years of Leadership

Presidents – College of Optometrists of Ontario

Dr. Pooya Hemami: 2017 – Present
Dr. Thomas Noël: 2015-2016
Dr. Dennis Ruskin: 2013 – 2014
Dr. Richard Kniaziew: 2008-2012
Dr. Linda Bathe: 2007-2008
Dr. M.E. Teeple: 2005-2007
Dr. D.J. White: 2003-2005
Dr. A.P. Chris: 2001-2003
Dr. Susan Cooper: 1999-2001
Dr. P.D. Padfield: 1997-1999
Dr. C.E. Gillezeau: 1996-1997

Dr. Joseph Mittelman: 1993-1996
Dr. B.D. Garnett: 1991-1993
Dr. Christopher Nicol: 1987-1991
Dr. D.C. Bryer: 1984-1987
Dr. B.R. Hawkins: 1981-1984
Dr. Larkworthy: 1978-1981
Dr. M.A. Langer: 1976-1978
Dr. R.J. Broad: 1971-1976
Dr. Robert Thomson: 1968-1971
Dr. E.F. Attridge: 1963-1968

Registrars

Dr. Paula Garshowitz: 2011-2019
Dr. Christopher Nichol (Interim): 2010-2011
Dr. Murray Turnour: 1998-2010
Dr. B.R. Chou: 1997
Dr. Irving Baker: 1967-1996
D. H. Lamont: 1963-1967

Chairman – Board of Examiners in Optometry

E.J. Chisholm: 1954-1963
H.B. Squarebriggs: 1953-1954
G.M. Bosnell – 1950-1953
W.J. Dunlop: 1940-1949
C.A. Taylor: 1936-1939
T.T. Barnes: 1926-1936
W.C. Forbes: 1926
R.B. Aylsworth: 1924-1926
W.G. Maybee: 1919-1924



Injunction Appeal – Update

In an effort to protect Ontario patients, the College of Optometrists of Ontario and the College of Opticians of Ontario initiated a legal proceeding against Essilor Group of Canada Inc./Clearly. The Colleges sought an injunction that would prohibit Clearly from dispensing prescription eyeglasses and contact lenses online to the Ontario public, without following Ontario legislation. On January 11, 2018, the Superior Court of Justice for Ontario granted the injunction. Clearly sought an appeal of the decision, which was heard on September 21, 2018.

On April 4, 2019, the Court of Appeal for Ontario released its [decision granting Clearly's appeal](#).

The College of Optometrists of Ontario and the College of Opticians of Ontario are disappointed with the outcome of this appeal. We will take time to conduct a more fulsome review of the decision and provide further information at a later date.

In the interim, we want to reiterate that our Colleges firmly believe that the Internet can be an effective tool for providing vision care. We have already established protocols to support how Ontario optometrists and opticians use the Internet to care for their patients and regularly review our professional standards of practice to ensure they are keeping pace with changes in technologies and other innovations.

Our position throughout this legal action has been, and continues to be, squarely focused on ensuring Ontario patients receive appropriate eye health care regardless of where they purchase their eyewear, be that in store or online. Our eye health is an important aspect of our overall health and well-being. Improperly fitted glasses can lead to eyestrain, double vision and headaches. Improperly fitted contact lenses pose an even greater risk and can cause sight-threatening injuries, such as corneal ulcers and infection. Children are at particular risk. Aside from the fact that we know that children with vision problems often suffer from low self-esteem, frustration, poor literacy and headaches, wearing improperly fabricated or dispensed eyewear can lead to permanent vision development issues.

As the regulator for the professions of optometry and opticianry, our role is to ensure that Ontarians receive the utmost standard of eye health care.

Further information on this court action is archived on the [College website](#).

13 / UPCOMING MEETINGS

13. Dates of Upcoming Council Meetings

- a. Monday, June 24 and Tuesday, June 25, 2019

14. Proposed Dates for Council Meetings (2019-2020)

- Friday September 27, 2019
- Friday January 17, 2020
- Monday April 20, 2020
- Thursday June 25, 2020

15. Adjournment

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

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

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

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

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

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