COLLEGE OF
Optometrists
OF ONTARIO

COUNCIL MEETING

FRIDAY JANUARY 17, 2020
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND)

65 ST. CLAIR AVE. E., SUITE 900
TORONTO ON

COLLEGE OF Optometrists OF ONTARIO

COUNCIL AGENDA

Friday, January 17, 2020 | 9:00 a.m.
65 St. Clair Ave. E, Suite 900, Toronto

Item	Item Lead	Time (mins)	Action Required	Page No.
1. Call to Order/Attendance	M. Boon	1	Decision	5
2. Adopt the Agenda a. Conflict of Interest Declaration	M. Boon	1	Decision	5
3. Election of Officers for 2020 Council Year	M. Boon	5	Decision	6
4. Registrar's Report and Council Orientation	M. Boon	30	Presentation	7
5. Consent Agenda				
PART 1 - Minutes of Prior Council Meetings				
a. September 27, 2019	President	1	Decision	9
b. December 9, 2019	President	1	Decision	18
c. Motions and Actions Items Arising from the Minutes	President	1	Decision	20
PART 2 - Reports				
b. Committee Reports				
i. Executive Committee	President	30	Receive for Information	23
ii. Patient Relations *This item will be pulled out to discuss treating family members*				24
iii. Quality Assurance:				
a) QA Panel				26
b) CP Panel				27
c) QA Subcommittee				72
iv. ICRC				73
v. Registration				75
vi. Discipline				79
vii. Governance/HR Committee				84
viii. Audit/Finance/Risk Committee				88
ix. Strategic Planning Committee				94
10:15-10:30 - Morning Break		**15**		
6. In Camera Session Council will go **in camera** under:		20	Discussion	95

· Section 7(2)(e); Section 7(2)(b); and Section 7(2)(d) of the *Health Professions Procedural Code*, which is Schedule 2 to the Regulated Health Professions Act, 1991

11:00 a.m. - Ministry of Health				
7. College Performance Management Framework	T. Custers	60	Presentation	96
12-1:00 p.m. - Lunch		**60**		
8. Motions Brought Forward from Committees				
a. Audit/Finance Risk Committee: 2020 College Budget	P. Quaid	30	Decision	98
b. Governance Committee: Appointment of Committee Chairs and Committee Members	J. Van Bastelaar	20	Decision	103
9. Entry-to-Practice Consultation Update (Registration Committee)	P. Quaid	30	Discussion	110
10. List of Acronyms			Receive for Information	154
11. Dates of Upcoming Council Meetings a. Monday April 20, 2020 b. Thursday June 25, 2020 c. Friday Sept. 25, 2020 d. Friday December 4, 2020				
12. Adjournment **(approx. 2:30 p.m.)**	President		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 PRACTIONERS TO ENSURE PUBLIC PROTECTION AND QUALITY CARE, INCLUDING EVOLVING SCOPE OF PRACTICE RE: EYE HEALTH CARE

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

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

1 -3 / INTRODUCTION

1. Call to Order/Attendance

2. Adopt the Agenda
    a. Conflict of Interest Declaration

3. Election of Officers for 2020 Council Year

BRIEFING NOTE

Council meeting – Jan. 2020

Subject

2020 Executive Committee Election

Issue

The election of the Executive Committee occurs at the first Council meeting of each year. The election procedure is outlined under College By-Law Part 7.03. If a position is contested, an election will take place. If uncontested, the position will be acclaimed.

As per College By-Law Part 14.02(1), the Executive Committee is required to have at least three and no more than five members with one more elected Council member than appointed Council members.

The President and Vice-President are officers of the College and members of the Executive Committee. The officer's roles are outlined under College By-Law Part 10.02 and 10.03. The additional members of the Executive Committee are elected in the same manner as the officers.

In accordance with College By-law Part 7.02, ahead of the January Council meeting, the Registrar invited in writing all Council members wishing to stand for election of the President, Vice-President and any other Executive Committee member.

Nominations have been received from the following candidates for these positions:

For President:

- Dr. Patrick Quaid

For Vice-President:

- Dr. Richard Kniaziew

For Executive Committee Members:

Elected Council Member

- Dr. Kamy Morcos

Appointed Council Member(s)

- Ms. Winona Hutchinson
- Mr. John Van Bastelaar

At the January meeting, nominations will also be open *on the floor* should a member wish to put their name forward at that time.

Decision for Council

Election of the following 2020 Executive Committee positions:

- President
- Vice-President
- 1-3 Executive Committee Member(s).

Contact

Maureen Boon, Registrar | CEO
Justin Rafton, Manager, Policy & Governance

4 / REGISTRAR'S REPORT

4. Registrar Maureen Boon to provide College updates via PPT presentation that will touch on:
    a. Key activities from the last three months
    b. Orientation for new Council members

5 / CONSENT AGENDA

5. Consent Agenda

PART 1 - Minutes of Prior Council Meetings

a. September 27, 2019

b. December 9, 2019

c. Motions and Actions Items Arising from the Minutes

PART 2 - Reports

b. Committee Reports

i. Executive Committee

ii. Patient Relations

This item will be pulled out to discuss treating family members

iii. Quality Assurance:

A. QA Panel

B. CP Panel

C. QA Subcommittee

iv. ICRC

v. Registration

vi. Discipline

vii. Governance/HR Committee

viii. Audit/Finance/Risk Committee

ix. Strategic Planning Committee

College of Optometrists of Ontario
Council Meeting
Sept. 27, 2019
DRAFT #1

Attendance:

Dr. Pooya Hemami, President
Dr. Richard Kniaziew, Vice President
Dr. Patrick Quaid, Treasurer
Ms. Suzanne Allen
Dr. Linda Chan
Dr. Lisa Christian
Dr. Bill Chisholm
Ms. Winona Hutchinson
Mr. Bashar Kassir
Mr. Howard Kennedy
Dr. Annie Micucci
Dr. Kamy Morcos
Dr. Christopher Nicol
Dr. Areef Nurani
Ms. Ellen Pekilis
Mr. Narendra Shah
Mr. John Van Bastelaar

Regrets:

Mr. Hsien Ping (Albert) Liang

Staff:

Ms. Maureen Boon, Registrar
Ms. Hanan Jibry
Ms. Mina Kavanagh
Mr. Sean Knight
Ms. Amber Lepage-Monette
Ms. Deborah McKeon
Mr. Justin Rafton

1. Call to Order: P. Hemami called the meeting to order at 8:58 a.m. and welcomed everyone in attendance, including guests, to the meeting. All present were reminded that recording of the meeting is not allowed.

2. Introduction: New Council members and staff

P. Hemami introduced two new public Council members: S. Allen and W. Hutchinson; pointed out changes to briefing materials to reflect Council feedback, introduced staff who are attending the meeting and invited council to have staff support provide context to motions.

3. Adoption of the Agenda: A draft agenda was circulated prior to the meeting.

J. Van Bastelaar asked to add two motions from the Governance/HR committee.

Moved by R. Kniaziew and seconded by P. Quaid **to adopt the agenda.**

P. Hemami invited guest Dr. Paul Chris to say a few words about Dr. Catherine Chiarelli, who passed away in August.

P. Hemami clarified an action item will be addressed in the Registrar's report. He also clarified the process for consent agenda to the new members.

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

4. Adoption of the Consent Agenda: A draft consent agenda was circulated prior to the meeting. After having confirmed that all councilors had read the consent agenda materials. The following items were included in the consent agenda:

1. Consent Agenda
   PART 1 - Minutes of Prior Council Meetings
   a. June 24, 2019
   b. August 14, 2019 (teleconference)
   c. Motions and Actions Items Arising from the Minutes
   PART 2 - Reports
   a. Committee Reports
      i. Executive Committee
      ii. Patient Relations
      iii. Quality Assurance:
         A. QA Panel
         B. CP Panel
         C. QA Subcommittee
      iv. ICRC
      v. Registration
      vi. Discipline
      vii. Governance/HR Committee
      viii. Audit/Finance/Risk Committee
      ix. Strategic Planning Committee

Several items are pulled out of the Consent Agenda for further discussion. P. Hemami invites those items to be discussed first.

B. Chisolm clarified a typo in the CPP report.

J. Van Bastelaar discussed the Governance survey, including changes that have been made as a result of feedback from Council surveys. J. Van Bastelaar reminded Council to continue to complete survey following each Council meeting and noted that the committee is seeking feedback on the kinds of training Council would like.

P. Hemami discussed the Executive Committee report and provided Council with an update on the OEBC proposal. OEBC has declined the proposal that was submitted. Touchstone Institute has already been

contracted to create the competency profile. The Registration Committee will have to determine next steps given the OEBC response.

P. Hemami and staff clarified that the competency profile is expected to be completed in February or March 2020.

Council discussed reasoning behind the OEBC proposal – to have a national exam – and possible next steps regarding the development of a new Entry-to-Practice exam. P. Hemami clarified it would take approximately two years to create a new exam. Registration Committee will discuss options at its next meeting.

Moved by R. Kniaziew and seconded by A. Micucci **to adopt the consent agenda.**

Motion carried

5. Financial Matters

a. Treasurer's Report:

P. Quaid presented the report, which shows a surplus of $213, 793 as of June 30, 2019. The surplus represents a positive variance to budget of $383,225 (per dashboard).

P. Quaid provided a brief overview of revenue and expenses, as well as investments.

b. Financial Dashboard: The financial dashboard was circulated prior to the meeting. It was updated to June 30, 2019, including the College's investment funds and indicates that the College's financial position continues to be strong with high liquidity for future purposes.

c. Balance Sheet and Income and Expenditure Report to June30, 2019: The budget surplus is caused by favorability in almost all income types mainly professional corporations, application fees, and recognition of deferred membership revenue from last year. The overall surplus in the expense section caused by under spending/no spending to date in some budget areas.

6. Registrar's Report

M. Boon provided a PPT presentation of her report, including overview of key priorities for the first three months she has been in the role, and the next three months, as well as key outreach activities.

M. Boon provided updates on the recently circulated Optometry Specialization Survey from Alberta; nominations for the upcoming Council election; the College's participation in a survey of Citizen's Advisory Groups regarding advertising within health professions; an overview of changes to the Entry-to-Practice process; and investigation timelines.

M. Boon also noted she is working with staff to review processes and identify efficiencies.

Council briefly discussed issues of "good character" and spousal exemptions, given recent findings among dental hygienists. M. Boon confirmed the College has carried out some work on this issue.

7. Motions Brought Forward from Committees

a. Strategic Planning Committee: The proposed motion was circulated prior to the meeting. The motion recommended that an RFP be circulated to engage a facilitator/consultant for the College's strategic planning process.

E. Pekilis provided a PPT presentation to provide background on the strategic plan work to date and outlined a timeline on how the work would proceed if the motion carries.

Moved by E. Pekilis and seconded by K. Morcos **to circulate an RFP to engage a facilitator/consultant for the College's strategic planning process.**

Motion carried.

M. Boon discussed the importance of strategic planning in broad terms and confirmed that resources and information will be gathered ahead of the January Council meeting.

b. Governance/HR Committee:

i. New motion: To appoint Dr. Marta Witer, effective December 10, 2019, to fill the vacancy for the District 5 seat, as per Part 6.11(1) of the College By-laws.

Moved by J. Van Bastelaar and seconded by R. Kniaziew **to appoint Dr. Marta Witer, effective December 10, 2019, to fill the vacancy for the District 5 seat.**

Motion carried.

ii. New motion: To appoint Ms. Ellen Pekilis, effective November 1, 2019, as a non-Council public member of the Strategic Planning Committee until the conclusion of the project.

E. Pekilis declared a conflict and left the meeting.

Council discussed the work E. Pekilis has done to date on strategic planning and the value in having her continue that work.

Council asked questions regarding how the role will be funded, if there are any issues with the public secretariat. J. Van Bastelaar confirmed it would be through the committee budget and there are no issues with the public secretariat.

Moved by J. Van Bastelaar and seconded by R. Kniaziew **to appoint E. Pekilis, effective November 1, 2019, as a non-Council public member of the Strategic Planning Committee.**

Motion carried.

E. Pekilis returned to the meeting.

iii. The proposed motion was circulated prior to the meeting. The motion recommended the appointment, effective immediately, Ms. Winona Hutchinson to the Registration Committee and Discipline Committee, Mr. John Van Bastelaar to the Patient Relation Committee and Ms. Suzanne Allen to the Discipline Committee and to appoint, effective November 1, 2019, Ms. Suzanne Allen to the Patient Relations Committee, Mr. Narendra Shah to the Governance/HR Committee and Quality Assurance Subcommittee, Ms. Winona Hutchinson to the Strategic Planning Committee, Dr. Marta Witer

as Chair of the Strategic Planning Committee and Dr. Kamy Morcos as Chair of the Quality Assurance Subcommittee.

Moved by J. Van Bastelaar and seconded by P. Quaid **to approved Committee appointments.**

Motion carried

P. Hemami noted that Council will also need to vote for a third professional member to join the Executive Committee and invited Council members to consider running for the position; noted a vote will happen later in the meeting.

P. Hemami invited guest Dr. Paul Chris to discuss the FORAC Declaration of Commitment. The Declaration was presented to Council and photos from the signing were also shared.

Council discussed how the Declaration can be put into action. P. Hemami noted that the College will work with FORAC to determine next steps, which will include a national strategy. L. Christian noted she is part of a University of Waterloo group, Decolonizing Health Studies, which aims to unmask implicit bias, and offered to share any resources following the group's workshop.

c. Audit/Finance/Risk:

i. The proposed motion was circulated prior to the meeting. The motion recommended that Council approve the updated Whistleblower policy.

Moved by P. Quaid and seconded by R. Kniaziew **to approve the updated Whistleblower policy.**

Motion carried.

ii. The proposed motion was circulated prior to the meeting. The motion recommended that Council approve reducing the new professional corporation fees from $630 to $440, reducing renewal professional corporation fees from $315 to $220, and reducing the revised professional corporation fees from $504 to $220.

P. Quaid informed Council that following an operational review, this change is reasonable and in line with other colleges. The effective date is January 1, 2020.

Council discussed financial implications to the College of reducing fees, noted that fees have not gone up over the last nine years. Staff support D. McKeon confirms there is precedent – the College of Psychologists reduced its professional corporation fees last year. Council also confirmed with staff that fee renewal must remain annual.

Moved by P. Quaid and seconded by C. Nicol **to reduce new professional corporate fees from $630 to $440, reduce renewal professional corporation fees from $315 to $220, and reduce the revised professional corporation fees from $504 to $220.**

Motion carried.

iii. The proposed motion was circulated prior to the meeting. The motion recommended that Council approve the Finance Policy – Honoraria & Expense Guidelines.

P. Hemami and P. Quaid confirmed that many of these guidelines are already in place, the new policy formalizes and ensures that policies are clearly stated.

Moved by P. Quaid and seconded by K. Morcos **to approve the Finance Policy – Honoraria & Expense Guidelines.**

Motion carried.

d. Quality Assurance Committee

i. QA Subcommittee

The motion was circulated prior to the meeting. The motion recommended that Council endorse the recommendations proposed by the Quality Assurance Subcommittee to revise the Quality Assurance Program.

E. Pekilis provided council with an overview of the seven recommendations the QA Subcommittee is making to revise the QA program.

Council clarified the need for increased assessments and what implication this has on resources.

Council discussed shortcomings of current program and risks/benefits to new recommendations.

E. Pekilis confirmed that recommendations are best practice, risk-focused and that analysis of the program will provide additional data needed for some decision-making regarding how to move the program forward. Recommendation 6 has the subcommittee continuing to research record selection process and reporting back to council on optimal number of records and process. Current vote is to allow the subcommittee to start the work needed to provide those answers.

Moved by E. Pekilis and seconded by R. Kniaziew **to endorse the recommendations proposed by the Quality Assurance Subcommittee to revise the Quality Assurance Program.**

Motion carried.

ii. QA Panel

The motion was circulated prior to the meeting. The motion recommended that Council approve amendments to the Random Selection Criteria proposed by the Quality Assurance Panel.

L. Chan provided background information – that a complaints review showed a high number of complaints against newer members. Changing the selection criteria would allow for mentorship for new members, particularly given higher number are international graduates.

Council discussed the need for a module for new graduates explaining what they're being assessed on. Also discussed need for plain language and communication with both new graduates and members on the QA Program and what it entails.

Council discussed if the University has a role to play in ensuring students are trained in certain skills, such as record keeping.

Moved by L. Chan and seconded by K. Morcos **to approve amendments to the Random Selection Criteria proposed by the Quality Assurance Panel.**

Motion carried.

iii. Clinical Practice Panel

1. The motion was circulated prior to the meeting. The motion recommended that Council approve revisions to the standard OPR 6.4 Spectacle Therapy.

College practice advisor D. Wilkinson called in to discuss two CPP motions.

B. Chisholm and D. Wilkinson provided context to the changes to the OPR. The revised OPR will allow optometrists to remain flexible and the public to order glasses through appropriate online means. It also allows mailing of glasses or having someone else pick up glasses, which used to be in breach of the old standard.

Moved by B. Chisholm and seconded by L. Chan **to approve revisions to the standard OPR 6.4 Spectacle Therapy.**

Motion carried

iii. Clinical Practice Panel

2. The motion was circulated prior to the meeting. The motion recommended that Council approve amendments to the Designated Drugs Regulation (O. Reg. 112/11), for circulation to members and stakeholders for consultation.

B. Chisholm provided background information to the motion. In the spring, the Minster of Health requested that the College move from drug lists to drug categories. Categories allows that any new drugs that come to market can be included in the category.

Council confirmed the circulation timeline and the deadline to submit to the Minister of Health (end of the year).

Moved by B. Chisholm and seconded by R. Kniaziew **to approve amendments to the Designated Drugs and Regulation (O. Reg. 112/11), for circulation to members and stakeholders for consultation.**

Motion carried

8. By-Law Amendments – Governance Reform

P. Hemami provided a brief overview of the prosed by-law amendments to new members, as well as outlined the circulation process. Confirmed that minimal feedback was received.

Moved by R. Kniaziew and seconded by B. Chisholm **to approve amendments to the College by-laws.**

Motion carried

10. Governance: Term Limits

J. Van Bastelaar facilitated a session explaining Council term limits; provided background on the nine-year term limitation and clarified that this session is not about decision-making, but brainstorming ideas.

Groups met for 20 minutes to discuss options presented ahead of the meeting:

Option A: A Council Member may serve more than one term. However, no person may be an Elected Council Member for more than **six consecutive years**. Time served as an Elected Council Member as a result of the filling of a vacancy in between Council elections (i.e., by-election) shall not be included in the calculation.

Option B: A Council Member may serve more than one term. However, no person may be an Elected Council Member for more than nine consecutive years. If the Elected Council Member served time as a result of filling a vacancy between Council elections (i.e., by-election), they would be **ineligible to serve a subsequent term if they are not able to complete the three-year term before reaching nine consecutive years on Council.**

Option C suggested through the session: three terms of three years, with no fixed election but rolling elections; as well as other minor variations related to removing the cooling off period, etc.

M. Boon clarified that the College of Physicians and Surgeons of Ontario just passed a limit to term on any committee, including council and 18 combined years. Limit the total time someone is associated with the organization.

Council felt the session was positive. Feedback from the session will inform upcoming work of the Governance Committee.

9. Vice-President Election

P. Hemami clarified changes to Council over coming months. On December 10, P. Hemami's term ends, R. Kniaziew becomes President. Council needs a new Vice-President.

P. Quaid put his name forward and is acclaimed as Vice-President for the interim period.

Additionally, as mentioned earlier in the meeting, the Executive Committee needs three professional members and two pubic to be constituted. This committee needs one more professional member for the five-week duration between December and January.

K. Morcos and A. Micucci put their names forward. Both are invited to speak for two to three minutes.

Council votes. A. Micucci won the position on Executive Council.

P. Hemami presented certificates to outgoing members A. Nurani, E. Pekilis and B. Chisholm.

R. Kniaziew presented a certificate to P. Hemami and thanked him for his service to Council.

P. Hemami thanked Council for work that has been carried out.

J. Van Bastelaar thanked P. Hemami on behalf of public members.

11. List of Acronyms

12. Dates of Upcoming Council Meetings

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

M. Boon spoke to the change in the Council schedule and new meeting dates coming in 2020. This will result in one additional meeting in 2020 and a move to new meeting dates in 2021.

13. Proposed Dates for Council Meetings (2020)

- Friday September 25, 2020
- Friday December 4, 2020

14. Adjournment: Moved by P. Quaid and seconded R. Kniaziew **to adjourn the meeting at 230 p.m.**

Motion carried

College of Optometrists of Ontario
Council Meeting
December 9, 2019 - TELECONFERENCE
DRAFT #1

December 9, 2019

Attendance:

Dr. Pooya Hemami, President
Dr. Richard Kniaziew, Vice President
Dr. Patrick Quaid, Treasurer
Ms. Suzanne Allen
Dr. Linda Chan
Dr. Bill Chisholm
Ms. Winona Hutchinson
Mr. Bashar Kassir
Mr. Howard Kennedy
Mr. Hsien Ping (Albert) Liang
Dr. Annie Micucci
Dr. Kamy Morcos
Dr. Christopher Nicol
Dr. Areef Nurani
Mr. Narendra Shah
Mr. John Van Bastelaar

Regrets:
Dr. Lisa Christian

Staff:

Ms. Maureen Boon, Registrar & CEO
Ms. Hanan Jibry
Ms. Amber Lepage-Monette
Mr. Justin Rafton

1. Call to Order: Dr. Hemami called the meeting to order at 12:03 p.m. Dr. Hemami welcomed everyone in attendance and took roll call. L. Christian sent her regrets; N. Shah joined several minutes into the call.

2. Adoption of the Agenda: A draft agenda was circulated prior to the meeting.

Moved by R. Kniaziew and seconded by P. Quaid **to adopt the agenda.**

Motion carried

a. Conflicts of Interest: Dr. Hemami asked Council members if anyone had a conflict of interest with any item on the day's agenda.

None declared

3. Proposed Amendments to the Designated Drug and Standards of Practice Regulation

Council discussed the feedback received through the consultation process, including several questions raised through stakeholder feedback (i.e., pediatric patients, 14-day restriction, and oral medication).

B. Chisholm addressed these issues – specifically that the 14-day restriction is addressed in the second motion before Council, and that no changes are being proposed to the prescribing of oral medications.

Moved by K. Morcos and seconded by R. Kniaziew that **Council approve proposed amendments to the Designated Drugs and Standards of Practice Regulation (O Reg. 112/11) for submission to the Ministry of Health.**

Motion carried

Recorded vote: All councillors present on the teleconference voted in favour of the motion.

Council discussed the proposed amendments to OPR 4.4, which clarify the issue of prescribing greater than 14 days.

When the amendments to the Designated Drug and Standards of Practice Regulation are approved, then OPR 4.4 will be reviewed in its entirety. The current amendment to the OPR 4.4 proposed today addresses stakeholder concerns and clarifies that revoking the 14-day restriction is specific to the treatment of dry eye and does not apply to the treatment of acute infections.

Moved by P. Quaid and seconded by A. Micucci **that Council approve proposed amendments to OPR 4.4 *The Use and Prescribing of Drugs in Optometric Practice,* contingent upon Ministry approval of the proposed drug regulation and revocation of the 14-day restriction on prescribing of oral antibacterial drugs.**

Motion carried

Recorded vote: All councillors present on the teleconference voted in favour of the motion.

4. Consultation re: Entry-to-Practice Exam

P. Hemami updated Council on the Entry-to-Practice Exam process. A consultation was circulated mid-November and will close in early January ahead of the January Council meeting. To date there have been only a few responses.

There will also be several opportunities for FORAC to provide feedback in both December and February.

5. Dates of Upcoming Council Meetings

- Friday January 17, 2020
- Monday April 20, 2020
- Thursday June 25, 2020
- Friday September 25, 2020
- Friday December 4, 2020

6. Adjournment: Moved by R. Kniaziew and seconded P. Quaid **to adjourn the meeting at 12:20 p.m.**

Motion carried

COLLEGE OF Optometrists OF ONTARIO

Council Meeting – January 17, 2020

COUNCIL ACTION LIST STATUS

Updated January 8, 2020

Date	Minute Line	Action	Status	Comments
06/24/19	132	To have legal counsel review the proposed policies and to have staff create accompanying flow chart and present to Council at the September meeting.	Complete	Whistleblower policy passed at Sept. 2019 meeting
06/24/19	155	The Patient Relation Committee will review and discuss the need for patient-facing materials on optometric conditions.	In progress	Staff presented to PRC on plain language and proposal to update patient-facing FAQ on website. College website updates ongoing.
06/24/19	181	To have Audit/Finance/Risk Committee review professional corporation fees and report back to Council at the Sept. 2019 Council meeting.	Completed	Professional corporation fees reduced eft. January 1, 2020

Council Meeting – Sept. 27, 2019

MOTION LIST

Date	Minute Line	Motion	Committee	Decision
09/27/19	118	Moved by E. Pekilis and seconded by K. Morcos **to circulate an RFP to engage a facilitator/consultant for the College's strategic planning process.**	Strategic Planning	Motion carried
09/27/19	131	Moved by J. Van Bastelaar and seconded by R. Kniaziew **to appoint Dr. Marta Witer, effective December 10, 2019, to fill the vacancy for the District 5 seat.**	Governance/ HR	Motion carried
09/27/19	147	Moved by J. Van Bastelaar and seconded by R. Kniaziew **to appoint E. Pekilis, effective November 1, 2019, as a non-Council public member of the Strategic Planning Committee.**	Governance/ HR	Motion carried
09/27/19	161	Moved by J. Van Bastelaar and seconded by P. Quaid **to approved Committee appointments.**	Governance/ HR	Motion carried
09/27/19	180	Moved by P. Quaid and seconded by R. Kniaziew **to approve the updated Whistleblower policy.**	Audit/Finance/ Risk	Motion carried
09/27/19	197	Moved by P. Quaid and seconded by C. Nicol **to reduce new professional corporate fees from $630 to $440, reduce renewal professional corporation fees from $315 to $220, and reduce the revised professional corporation fees from $504 to $220.**	Audit/Finance/ Risk	Motion carried
09/27/19	210	Moved by P. Quaid and seconded by K. Morcos **to approve the Finance Policy – Honoraria & Expense Guidelines.**	Audit/Finance/ Risk	Motion carried
09/27/19	235	Moved by E. Pekilis and seconded by R. Kinaziew **to endorse the recommendations proposed by the Quality Assurance Subcommittee to revise the Quality Assurance Program.**	Quality Assurance Subcommittee	Motion carried
09/27/19	256	Moved by L. Chan and seconded by K. Morcos **to approve amendments to the Random Selection Criteria proposed by the Quality Assurance Panel.**	Quality Assurance Panel	Motion carried

09/27/19	273	Moved by B. Chisholm and seconded by L. Chan **to approve revisions to the standard OPR 6.4 Spectacle Therapy.**	Clinical Practice Panel	Motion carried
09/27/19	291	Moved by B. Chisholm and seconded by R. Kniaziew **to approve amendments to the Designated Drugs and Regulation (O. Reg. 112/11), for circulation to members and stakeholders for consultation.**	Clinical Practice Panel	Motion carried
09/27/19	302	Moved by R. Kniaziew and seconded by B. Chisholm **to approve amendments to the College by-laws.**	Governance	Motion carried
12/09/19	23	Moved by K. Morcos and seconded by R. Kniaziew that **Council approve proposed amendments to the Designated Drugs and Standards of Practice Regulation (O Reg. 112/11) for submission to the Ministry of Health.**	Clinical Practice Panel	Motion carried
12/09/19	37	Moved by P. Quaid and seconded by A. Micucci **that Council approve proposed amendments to OPR 4.4 *The Use and Prescribing of Drugs in Optometric Practice,* contingent upon Ministry approval of the proposed drug regulation and revocation of the 14-day restriction on prescribing of oral antibacterial drugs.**	Clinical Practice Panel	Motion carried

Executive Committee Report

Reporting date: December 18, 2019
Number of meetings in 2019: 13 (1 in-person, 12 teleconference)
Number of meetings since last Council meeting: 3 (1 in-person, 2 teleconference)

The Executive Committee met via teleconference on October 10 and November 7 and in person on December 9, 2019.

Entry to Practice Exam Development - Consultation: On October 17, the Registration Committee agreed to put forward a motion to January Council to approve the development of a new Entry-to-Practice Exam by Touchstone Institute. In the interim, the Executive Committee decided to conduct a consultation prior to the January Council meeting. The consultation materials were released to stakeholders, the public and profession on November 18, 2019. Feedback from the consultation is included in the Council briefing materials.

Clearly/Essilor Injunction – Supreme Court Appeal: In June 2019, the College of Optometrists and College of Opticians of Ontario filed an application for leave to appeal the Ontario Court of Appeal's decision in College of Optometrists of Ontario v. Essilor Group Inc., 2019 ONCA 265 to the Supreme Court of Canada. In October, the colleges were notified that the application for leave to appeal was not granted. The full press release can be found here.

Stakeholder Representation: The Committee made a motion to appoint Dr. Patrick Quaid as the College's FORAC Director, FORAC Member Representative and OEBC Member Representative, effective December 10, 2019.

New Council Members: The Council welcomes two new and one returning elected Council members for the January meeting:

- Dr. Camy Grewal (GTA District);
- Dr. William Ulakovic (Northern District); and
- Dr. Marta Witer (Provincial).

Respectfully submitted:

Dr. Richard Kniaziew
President

Patient Relations Committee Activity Report

Reporting date: December 18, 2019
Number of meetings in 2019: 2
Number of meetings since last Council meeting: 1

The Patient Relations Committee met in person on November 20, 2019.

Development of E-Learning Module: The Committee, with staff support, organized the development of the recent e-learning module *Eye Consent – The Optometrist's Guide to Informed Consent*. The module was launched on July 23, 2019 via the online member portal and offered a free hour of Category A Continuing education credit. As of this reporting date, 531 Ontario optometrists have completed the module. The Committee considered additional topics for future modules including communication, disinfection protocols and advertising. The Committee considers the recent module a success and will consult with other committees of the College for suggestions on topics for 2020.

Eyeglass & Contact Lenses – Public Communication Documents: In 2012, the Committee developed the eyeglass and contact lens public advisory documents in response to increasing patient/public enquiries regarding optometric examinations, prescriptions and dispensing. At the request of the Executive Committee and with the assistance of staff, the Committee reviewed and recommended changes to the online documents. The revisions are necessary to accommodate recent changes to the regulation of eyewear dispensing. The Committee recommended that the College abandon the use of use of stand-alone public advisory documents and incorporate the questions into an online Frequently Asked Questions web page to ensure accessibility, make documents user friendly and avoid repetition. The Committee suggested further questions and topics that could be addressed on this page including fees, OHIP coverage and contact lens examinations. Staff are working to incorporate these changes on the College website.

Policy/Guideline Development – Treatment of Family Members: As part of a discussion regarding the College's 2014 Regulation Submission for a Spousal Exception, the Committee considered the development of a formal document regarding treatment of family members. The Committee reviewed materials from other Ontario health regulators, including: the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists, the College of Physiotherapists of Ontario and the Royal College of Dental Surgeons of Ontario. Some colleges restrict their members from treating family members except for certain circumstances (e.g., minor conditions, emergencies, when another health practitioner is not readily available), while other colleges have no restrictions. Lack of objectivity is a reason offered for the restriction.

The Committee agreed that the College should discourage optometrists from providing care to family members rather than prohibiting the practice. The Committee will determine whether to develop a policy document that would establish clear expectations, or to produce a member advisory guideline.

Although Council previously decided to abandon the use of clinical guidelines, the Chair will introduce this topic for discussion at the January Council meeting to clarify and receive guidance for the committee.

Staff/Committee Training – Sexual Abuse Prevention: The Patient Relations Program has a mandate to ensure that staff receive training on support and communications to facilitate working with victims of

sexual abuse. A training session for both staff and committee members entitled *Understanding Sexual Abuse: Impacts, Response & Support* was held during the fall meeting. The session was led by Mandy Bonisteel, who has worked as an anti-violence advocate, consultant and therapist for more than 20 years. The session was well received, and the Committee plans to organise additional support training.

Funding for Therapy and Counselling Program: The Committee continues to process applications for funding submitted by patients alleging sexual abuse and to administer the College's funding program as required by regulation. The Committee makes two determinations upon receipt of a funding application: whether the applicant is eligible for funding and, if so, the amount of funding that should be awarded. Ontario regulation 59/94 under the RHPA states that the maximum amount for funding is the amount that OHIP would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist over a five-year period – this amount is currently $16,060. The Committee typically awards eligible applicants the maximum amount of funding allowed by regulation. Last year, Council approved a motion to increase the Special Reserve Fund for Patient Relations from $30,000 to $100,000. In 2019, the total amount of monies paid out was $6,241.40, The Committee will discuss expanding the scope of funding to areas additional to therapy.

Respectfully submitted:

Dr. Christopher Nicol
Committee Chair

Quality Assurance Committee – QA Panel Activity Report

Reporting date: December 19, 2019
Number of meetings in 2019: 4
Number of meetings since last Council meeting: 1

Nature of items discussed/number of cases considered:

1. Recommended the Clinical Practice Panel amend various areas of the current Optometric Practice Reference Standards of Practice to provide QA assessors some discretion and reduce the number of unnecessary reviews of assessment reports.
2. Reviewed the timeline of IT changes required to implement the new random selection criteria and exemption periods approved by Council. The panel also discussed developing a Random Selection Criteria Policy based on the approved changes.
3. Discussed the development of a policy that would outline a fair process when assessing and deliberating practice assessments of current Committee and Council members to eliminate any appearance of bias or conflict of interest.
4. Discussed the development of a policy regarding members' requests to meet with the panel (by teleconference or in person) as part of the QA program.
5. Reviewed questions related to continuing education from stakeholders.
6. Made recommendations to the Registration Committee to consider amending the Non-Practising Status Policy to consider hours of direct patient care completed in the U.S. as the NBEO examination is now approved for registration purposes. This may eliminate a potential barrier to members who practice both in Canada and the U.S.
7. Reviewed the following cases:

   Outstanding Cases

   - CRA and Case Manager Reports – 2 members
   - CE Deficiency Practice Assessments – 1 member
   - Randomly Selected Practice Assessments – 1 member
   - Remediation/Coaching Follow-up – 4 members
   - Requests from Members for Consideration – 2 members

   New Cases Before the Panel

   - Randomly Selected Practice Assessments – 38 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

QA - Clinical Practice Panel
Activity Report

Reporting date: January 7, 2020
Number of meetings in 2019: 8 (3 in-person, 5 teleconference)
Number of meetings since last Council meeting: 3 (1 in-person, 2 teleconferences)

Nature of items discussed/number of cases considered:

i. Designated Drugs Regulation – categories proposal approved by Council and submitted to MOH in December 2019.
ii. Joint session with the College of Opticians of Ontario – discussed areas of mutual interest and concern and agreed to collaborate on the development of joint FAQs, policies and standards in 2020.
iii. Optometric Specialty Designations – provided feedback regarding the Alberta College of Optometrists (ACO) proposal. Documents are provided for Council's reference as follows:
    1. Feedback to ACO from the College (Sent October 31, 2019) and ACO original feedback questionnaire.
    2. ACO Stakeholder Consultation Table (Received October 1, 2019)
        - Low Vision Proposal
        - Contact Lens Proposal
iv. Standards of Practice under the OPR

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

None.

Respectfully submitted:

Bill Chisholm, OD

Committee Chair

COLLEGE OF Optometrists OF ONTARIO

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

Stakeholder Consultation – Optometric Specialty Designations

Name of Organization:	College of Optometrists of Ontario
Name of individual completing this consultation:	David Wilkinson (on behalf of the College's Clinical Practice Panel – Quality Assurance Committee)
Email address for future correspondence:	DWilkinson@collegeoptom.on.ca
This question is only for the provincial regulatory colleges – does your provincial legislation allow your members to advertise, market or promote themselves as a specialist? If yes, please send your advertising/marketing guidelines. If no, what changes would be required to allow this to occur?	Yes, but only if the reference is approved by Council. To date, the only fellowship or educational achievement that has been approved for use by Council is fellowship in the American Academy of Optometry. Presently, members are not allowed to advertise, market or promote themselves as a specialist. The Professional Misconduct Regulation (Part I under the Optometry Act, O. Reg. 119/94) includes the following as an act of professional misconduct: *22. Publishing or using, or knowingly permitting the publication or use of an advertisement or announcement or information that promotes or relates to the provision of professional services by a member to the public, whether in a document, business card, business sign, website, or any other format, which,* *ii. suggests that the member is a specialist or is specially educated, trained or qualified other than where the reference is to an educational achievement and the reference has been approved by Council,*

National Organization

Do you feel that the skill set, knowledge base and list of competencies for the profession of optometry has evolved and expanded to the point that recognizing specialty designations are in the **public's** best interest?	Yes
Do you feel that the skill set, knowledge base and list of competencies for the profession of optometry has evolved and expanded to the point that recognizing specialty designations are in the **profession's** best interest?	N/A
Does your organization support or not support the move towards optometric specialties and standardization of the requirements to earn the title of specialist?	Yes; support.
If yes to either above question, should the specialist designation requirements and specialist maintenance requirements be handled by an organization that is only responsible for optometric specialties and that is totally separate from other current national organizations (CAO, FORAC, OEBC, a university such as Montreal or Waterloo, etc.); or, by utilizing one of the above organizations to perform this service?	We would suggest that either FORAC or a separate organization such as RCCO could perform this service. Annual registration and quality assurance requirements would likely involve the provincial regulators.
The other health professions mentioned in the preamble to this section all use a common naming tenet (Royal College of Physicians and Surgeons of Canada, Royal College of Dentists of Canada and the Royal College of Chiropractors). In order to be viewed in a similar fashion to these other health care organizations, the proposed name for a similar specialty organization for the profession of optometry is the Royal Canadian College of Optometry. Please elaborate on whether you agree or disagree with this proposed name. Finally, we ask that you please list any other name(s) that would be acceptable to your organization.	We do not have an opinion regarding the proposed name.

Low Vision & Contact Lenses

We wish to share the following comments and feedback regarding the proposed competencies and training:

Both documents are well prepared, but it is notable that they are presented differently. The Contact Lens document (on page 12) refers to proposed "Conditions to be Recognized as a CCL Specialist", but the Low Vision document does not go quite so far in its proposal.

Along the same lines, we have concerns as to whether the activities of both working groups are starting at 'step 4', before a solid foundation, i.e. 'steps 1-3', is established. If these critical preliminary steps have been taken, it is important that they are clearly articulated.

We would recommend that the establishment of specialties in optometry will be on a stronger footing if a common overarching framework is first established, as follows:

1. **National Agreement on a Direction** (Regulators, Associations, and Individual Optometrists) that specialty designations should be formalized and regulated:
    - the practitioner survey will provide input from individual optometrists;
    - we would recommend that the Optometric Leaders Forum (OLF) can be an appropriate opportunity to get consensus from organizational stakeholders, while recognizing that this conversation has occurred, albeit in a somewhat fragmented manner, over previous years;
    - there should also be agreement regarding whether FORAC or a new group (or another group) will handle the area of specialties.

2. **National Agreement on A Common Overarching Framework** of requirements for every possible specialty:
    - again, OLF is probably the appropriate opportunity for this conversation;
    - common elements of specialties in other professions are:
        1. **Advanced Education**
        2. **Advanced Practice**
        3. **Examination**
        4. **Ongoing Practice Requirement**
    - if the above framework is agreed to first, then the ultimate proposals in the areas of low vision and contact lenses (and every other future specialty) will be more similar than different;
    - of note, neither document refers to (entry) written examinations, but written specialty examinations are common in the other professions the documents refer to, and these will very likely need to be developed to legitimize the designation (responsibility here may depend on whether it is FORAC or a new group handling specialties).

3. **Common Regulatory Requirements and Considerations:**
    - agreement regarding how specialties will be regulated is important;
    - important questions include, but are not limited to:
        - Can a specialist also provide primary care?
        - If so, is it a conflict of interest for a specialist to practice in a specialty capacity and primary care capacity at the same practice?
        - Is a separate category of registration required?
        - Is a practice hour requirement in the specialty required? How about primary care? (separately, if this is appropriate)
        - Are quality assurance requirements any different for a specialist? How should CE requirements be balanced?
        - … and more.

4. **The Development of Competencies and Articulation of Path to Specialist Designation in a Recognized Specialty:**

Provided with such a short consultation timeline, we are not in a position to properly review and comment on the proposed competencies. We do support the ASCO-competencies as the starting point reference for the development of specialist-competencies. We would also recommend circulation of any eventual competencies to practitioners across the country for feedback. In a less-common area of practise (low vision, for example), hearing from all practitioners involved in this area of practice will be valuable.

Regarding possible required elements to specialist designation, we would support an established common framework (point 2. above) that is agreed upon nationally. We also recommend that such a framework is tilted more to be aspirational vs. concerned with 'grandfathering' practitioners as specialists. We believe that motivated optometrists will work towards these specialties and that the public of Canada will benefit in turn.

Thank you for the opportunity to comment on your proposal. We trust that this submission is helpful, and we looking forward to working together moving ahead.

Stakeholder Consultation – Optometric Specialty Designations

We wish to thank all provincial optometric regulatory colleges for circulating the Practitioner Survey on Optometric Specialty Designations to their members a few weeks ago; however, it is now time to request official feedback from all optometric provincial regulatory colleges, associations, FORAC, CAO, OEBC and both Canadian Optometry Schools of Optometry. The results of the (already circulated) Practitioner Survey and this Stakeholder Consultation will be used to review the proposal on whether to create optometric specialty designations in Canada.

As mentioned in the Practitioner Survey (that was circulated to all practicing optometrists in Canada), the profession of optometry has evolved and expanded to the point that the knowledge base, skill sets and list of competencies are too broad to be fully mastered by every practicing optometrist in Canada. We congratulate the CAO and many provincial optometric associations who have already taken the bold step of listing practitioners who have self-proclaimed their expertise in specific areas of practice. However, we believe that it is in the public's and the profession's best interest to standardize the requirements for a practitioner to be recognized as a specialist in a specific area of optometric practice.

Working Groups made up of academics and practitioners from all across Canada have already itemized the entry-level (basic) skill sets, knowledge base and competencies that all students master before graduation. These Working groups have also itemized the specialty-level or advanced skill sets, knowledge base and competencies that would be required for a practitioner to earn the designation of a "specialist" in the specific areas of Low Vision and Contact Lenses.

We are currently only looking at the specialty areas of low vision and contact lenses in order to ensure that our designation requirements, registration protocols and maintenance requirements are appropriate, valid and defensible. Other areas of optometric practice (such as Vision Therapy) may be investigated in the future pending the outcome of these consultations.

We thank you in advance for your assistance and look forward to a great response rate from all stakeholders. All responses will be considered confidential. The only data to be released and shared with all groups will be aggregated so as to not identify a specific responder.

General Questions

Name of Organization:	
Name of individual completing this consultation:	
Email address for future correspondence:	
This question is only for the provincial regulatory colleges – does your provincial legislation allow your members to advertise, market or promote themselves as a specialist?	

If yes, please send your advertising/marketing guidelines. If no, what changes would be required to allow this to occur?	

Low Vision

Entry-Level (basic) competencies are defined in the attached document. Please elaborate on whether you agree or disagree with this list of entry-level competencies.	
What other entry-level (basic) low vision skill sets, knowledge base and competencies should be included or removed from the above list?	
Entry-Level (basic) low vision skills, knowledge base and competencies should be mastered by every student optometrist before graduation. Please elaborate on whether you agree or disagree with this statement.	
Specialty-Level (advanced) low vision competencies are also defined in the attached document. Please elaborate on whether you agree or disagree with this list.	
What other specialty-level (advanced) low vision skill sets, knowledge base and competencies should be included or removed from the above list?	
Specialty-Level (advanced) low vision skill sets, knowledge base and competencies can be learned or acquired after graduation from an optometry program. In order to achieve the designation of a low vision specialist, additional training from that received in an optometry program is required. Please check all additional areas of training you feel is necessary for a practitioner to earn the title of Low Vision Specialist: o Low Vision Residency	

o Additional Continuing Education courses o Successful completion of standardized educational modules offered by the University of Montreal or Waterloo o FAAO or other fellowship designation o Diplomate o M.Sc., PhD or other advanced educational degree o Written work (published Journal article, book or book chapter, etc.) o Poster presentation at a CE meeting (AAO, AOA, CAO, etc.) o Lecturer (webinar, live lecture, etc.) o Minimum daily or weekly time in practice dedicated to specialty low vision o Oral exam by a panel of Low Vision specialists o Other (please specify)	
Yearly maintenance of the specialization designation is as important as the initial designation requirements. Please check all areas you feel are necessary for an individual to maintain their specialty designation on a yearly basis. o Additional Continuing Education Courses o Research (published articles) o Written work (books or book chapters) o Lectures (in school or at CE Meetings) o Poster presentations o Minimum daily or weekly time in practice dedicated to specialty low vision o Yearly exam o Other (please specify)	

Contact Lenses

Entry-Level (basic) contact lens skills is defined as fitting a soft, gas permeable or hybrid contact lens (within the range of regular parameters) for the correction of myopia, hyperopia, presbyopia and	

astigmatism. Please elaborate on whether you agree or disagree with this list.	
What other entry-level (basic) contact lens skills should be included or removed from the above list?	
Entry-Level (basic) contact lens skills, knowledge base and competencies should be mastered by every student optometrist before graduation. Please elaborate on whether you agree or disagree with this statement.	
Specialty-Level (advanced) contact lens skills is defined as fitting a soft, gas permeable or hybrid contact lens outside the range of regular parameters, on an irregular cornea, in the treatment of ocular surface or other eye disease, for myopia management or when using an amniotic membrane. Please elaborate on whether you agree or disagree with this list.	
What other specialty-level (advanced) contact lens skills should be included or removed from the above list?	
Specialty-Level (advanced) contact lens skills, knowledge base and competencies can be learned or acquired after graduation. In order to achieve the designation of a contact lens specialist, additional training from that received in an optometry program is required. Please check all additional areas of training you feel is necessary for a practitioner to earn the title of specialist: o Contact Lens Residency o Additional Continuing Education courses o Successful completion of standardized educational modules offered by the University of Montreal or Waterloo o FAAO, FSLS or other fellowship designation o Diplomate	

o M.Sc., PhD or other advanced educational degree o Written work (published Journal article, book or book chapter, etc.) o Poster presentation at a CE meeting (AAO, AOA, CAO, BCLA, etc.) o Lecturer (webinar, live lecture, etc.) o Minimum time in practice dedicated to specialty contact lenses o Oral exam by a panel of Contact Lens specialists o Other (please specify)	
Yearly maintenance of the specialization designation is as important as the initial designation requirements. Please check all areas you feel is necessary for an individual to maintain their specialty designation on a yearly basis. o Additional Continuing Education Courses o Research (published articles) o Written work (books or book chapters) o Lectures (in school or at CE Meetings) o Poster presentations o Minimum daily or weekly time in practice dedicated to specialty contact lenses o Yearly exam o Other (please specify)	

National Organization

Currently, the professions of medicine, dentistry and chiropractic are the only other health professions who have national organizations dedicated to designating specialists in their specific field of specialization.

Do you feel that the skill set, knowledge base and list of competencies for the profession of optometry has evolved and expanded to the point that recognizing specialty designations are in the **public's** best interest?	
Do you feel that the skill set, knowledge base and list of competencies for the profession of optometry has evolved and expanded to the	

point that recognizing specialty designations are in the **profession's** best interest?	
Does your organization support or not support the move towards optometric specialties and standardization of the requirements to earn the title of specialist?	
If yes to either above question, should the specialist designation requirements and specialist maintenance requirements be handled by an organization that is only responsible for optometric specialties and that is totally separate from other current national organizations (CAO, FORAC, OEBC, a university such as Montreal or Waterloo, etc.); or, by utilizing one of the above organizations to perform this service?	
The other health professions mentioned in the preamble to this section all use a common naming tenet (Royal College of Physicians and Surgeons of Canada, Royal College of Dentists of Canada and the Royal College of Chiropractors). In order to be viewed in a similar fashion to these other health care organizations, the proposed name for a similar specialty organization for the profession of optometry is the Royal Canadian College of Optometry. Please elaborate on whether you agree or disagree with this proposed name. Finally, we ask that you please list any other name(s) that would be acceptable to your organization.	

Low Vision Specialisation

The Low Vision Specialist Working group members are:

Susan J. Leat (Chair), BSc(Hons), PhD, FCOptom, FAAO, School of Optometry and Vision Science, University of Waterloo, Waterloo, ON

Tammy Labreche, BSc(Hons), OD, FAAO, School of Optometry and Vision Science, University of Waterloo, Waterloo, ON

Nicole Maierhoffer, BSc, OD, FAAO (Regina, SK)
Julie-Andrée Marinier, BSc, OD, MSc, École d'optométrie, Université de Montréal, Montréal, QC
Sharon Wong, BSc(Hon), OD, MSc, PhD (Abbotsford, BC)

Terminology and Definitions

Low Vision Rehabilitation (LVR) consists of

a. Low Vision Assessment
b. Creation of a Low Vision Rehabilitation Plan
c. Low Vision Management

INTRODUCTION

As has happened previously for the professions of medicine and dentistry, the profession of optometry has now developed to the point that our knowledge base and skill sets are too broad to be fully mastered by every optometrist training or practicing in Canada. As such, it is time to recognize and designate those eye care practitioners who have achieved higher levels of knowledge and experience in specific areas of optometric practice.

The identification of a specialist who meets a minimum designation requirement is in the best interests of both the public and other health care providers. This would improve patient welfare since a database of verified and accurate information will enable referrals to the appropriate credentialed specialists for advanced health care.

The designation of specialist would allow an optometrist to state that they are a specialist in one (or more) area(s) of optometric patient care and to use the title Specialist when advertising their services to the public, e.g. on their web page, signage and business cards, according to provincial regulations. Provision of specialized optometric services would normally be in addition to providing primary eye care. With these benefits in mind, this document describes optometric specialisation in Low Vision Rehabilitation (LVR). LVR is ideally situated for specialisation for the following reasons:

1. Entry Level and Advanced Level Competencies with learning objectives have already been developed and accepted by the USA-based ASCO (Association of Schools and Colleges of Optometry)[1 2]

2. Fully comprehensive low vision rehabilitation is already an area of choice – it not provided by all optometrists, but is a chosen area within the practice of optometry.

Purpose of Specialisation

Why introduce specialisation? The purpose of identifying specialisation(s) is to allow optometrists to indicate their area of expertise and service provision both to the public and other professionals. This will improve access to services for patients who require these services. It is anticipated that a database of optometrists who provide LVR will be available through the Canadian Association of Optometrists (CAO), provincial associations and/or the Royal Canadian College of Optometry (RCCO). The ability to search for optometrists who provide LVR will facilitate referrals for comprehensive low vision rehabilitation from other optometrists, MDs (including ophthalmologists), other professionals (such as occupational therapists (OT) who encounter patients with low vision needs) and self-referral by low vision patients. Reporting back to the referring professional will be an important component. It will encourage the integration of optometric low vision (LV) specialists into Vision Loss Rehabilitation Canada (VLRC) and will allow optometry to be recognized as the key primary profession to provide LVR. It will help to correct the anomaly whereby VLRC low vision therapists may call themselves LV specialists when optometrists currently cannot.

Defining specialisation will describe a level of knowledge and provision of low vision management which is expected for comprehensive LVR. The term LV Specialist will acknowledge optometrists who have gained this level of expertise and will outline the expectations for those who wish to gain this designation. The designation is expected to be approved through the Royal Canadian College of Optometry. It is hoped to develop criteria and a standard which is reasonably achievable, but nevertheless upholds a high quality of service provision.

It is expected that defining the term LV specialist will encourage interest within the optometric profession for providing LV services, and improve the level of LVR provision among those who already provide LVR. An increase in the availability of LVR is necessary due to the aging of the population and consequential increased number of patients with low vision.

The introduction of specialisation is not intended to change the following:

- All Canadian optometrists receive basic training to provide low vision rehabilitation and therefore they should be able to access any existing LV funding available in his/her province, according to the policies thereof.
- All Canadian optometrists should recognize and refer patients who require low vision rehabilitation (Level 1 LVR) to an optometrist who provides LVR[3] and this is specifically mentioned in the College of Optometrists of Ontario Optometric Practice Reference Standards of Care[4]
- All Canadian optometrists may practice low vision at Level 2 (Basic LVR) or Level 3 comprehensive LVR[3,5] according to their knowledge, ability and equipment.

The purpose of identifying LV specialists is not to limit the provision of LVR provided by any optometrist, but to provide a way to identify those who have achieved a higher level of knowledge and expertise and are capable of providing LVR at a Level 3 Comprehensive Low Vision Rehabilitation.

However, access to new funding for LVR may be contingent on obtaining the specialist designation.

Level 1 LVR (all optometrists should provide)

Before describing Basic LVR (Level 2) and Advanced LVR (Level 3), this document reviews the characteristics of patients who require LVR at one of these levels (2 or 3) and the responsibility of ALL optometrists to recognize and refer these patients for LVR.

Low vision assessment and rehabilitation should always be recommended for the following:

- A patient who has **low vision** which is defined as a **visual impairment** (measurable loss of vision) resulting in a **visual disability** (difficulty undertaking a task because of poor vision).

- To clarify, this includes all patients who have
    - A disease (ocular or systemic) which is incurable and is known to cause vision loss

    AND
    - Reduced corrected vision (most commonly visual acuity, contrast sensitivity or visual fields) compared to age norms

    AND
    - Difficulty with desired visual tasks despite optimum optical correction

- In terms of visual impairment, the levels at which vision loss is ***likely*** to cause a visual disability are (but not limited to) the following
    - Visual acuity 6/12 (20/40) or poorer

    OR
    - Central or paracentral scotoma or metamorphopsia

    OR
    - Peripheral field loss (hemianopia/quadrantanopia; less than 70 degrees circular diameter total field)

    OR
    - Log contrast sensitivity < 1.4

    OR
    - A combination of these measures

Minimum additional assessment: It is important to ascertain a patient's visual disabilities and goals. An accurate refraction (ideally with a trial frame) and measurement of best corrected visual acuity are important. All optometrists should be willing and able to trial a higher reading

addition e.g., up to +4D. An assessment of contrast sensitivity and visual fields are highly recommended to complete the information required to make an accurate referral.

DEFINING BASIC LVR

Optometrists may provide LVR at different levels (Level 2 Basic LVR and Level 3 Fully comprehensive LVR). Optometric LV specialists must have the knowledge to provide LVR at the advanced, fully comprehensive level (Level 3). This document outlines Levels 2 (Basic) and 3 (Comprehensive LVR as described by (a) Leat (2016)[3] and accepted by the Eye Health Council of Ontario[5], and (b) based on the ASCO Entry Level and Advanced Level Competencies[1 2].

Since the ASCO Entry Level Competencies were developed to guide the curricula in Schools and Colleges of Optometry in teaching low vision rehabilitation, slight modifications are needed to apply these to basic and comprehensive LVR provided in Canadian optometric practices.

Basic LVR (Level 2 Low Vision Rehabilitation)

REFER TO DOCUMENT: ASCO ENTRY-LEVEL COMPETENCIES AND LEARNING OBJECTIVES IN VISUAL IMPAIRMENT AND LOW VISION REHABILITATION

In order to distinguish advanced/comprehensive low vision, Level 2 or basic low vision is described first.

Basic LVR is the level of LVR which can be provided in an optometrist's office with a modest amount of LV equipment and optical devices, with some assistance by optometric technicians/assistants to provide LV patient assessment and training.

The optometrist should be able to manage patients with

- Visual acuity from 6/12 to 6/21 inclusive
- Log contrast sensitivity between 1.40 and 1.00
- No hemianopia or quadrantanopia and visual fields larger than 70 degrees circular field
- No significant paracentral field loss which limits reading speed/visual function

Low vision assessment
(numbers in brackets relate to the relevant ASCO Entry Level Competencies and Objectives – Appendix A)

The optometrist should be able to undertake (but is not limited to):

a. Comprehensive history including identification of patient goals *(#2)*
b. Distance and near acuity testing with appropriate charts *(#7)*
    - For Distance: Bailey-Lovie chart, ETDRS chart, Feinbloom Low Vision Visual Acuity Book, Feinbloom PV numbers, Lea Numbers Low Vision Book).

- For Near: logMAR continuous text reading acuity chart such as MNRead Chart, Colenbrander Continuous Text Near Vision Card, or Lighthouse Continuous Text

c. Objective refraction and subjective trial frame refraction using modifications as appropriate for LV patients *(#8)*
d. Assessment of contrast sensitivity when indicated *(#9)*
    - With suitable charts such as Pelli-Robson or MARS charts
e. Assessment of binocularity when indicated
f. Assessment of visual fields (peripheral and/or central) when indicated *(#10)*
g. Assessment of colour vision when indicated
h. Glare assessment when indicated
i. Be aware of when patients, either due to the level of vision loss, or their particular ages/goals/co-morbidities, require more than basic LVR. *(#6, 9, 15*
j. Be able to recognise psychological factors which may influence the adjustment to vision loss and potential for rehabilitation *(#4)*

Low Vision Rehabilitation plan
The optometrist should be able to generate an initial Low Vision Rehabilitation Plan from the information obtained from the assessment.

Low Vision Management

The optometrist should be able to undertake (but is not limited to):

a. Calculation and assessment for magnification, trialing and prescribing/dispensing/recommendation of the following *(#11, 12)*
    a. High adds/microscopes with trial lenses, prism half-eyes/readers and microscopes
    b. Hand magnifiers (e.g. +8D, +10D, +12D, +16D) (a range of illuminated, pocket-sized and larger)
    c. Stand magnifiers up to(4x)
    d. Low powered monocular and binocular telescopes (e.g. 2-4x hand held and spectacle-mounted)
    e. Tints/filters *(#9)*
    f. Lighting recommendations *(#9)*

The optometrist should (possibly with the in-office assistance of an optometric assistant or low vision therapist) also
    a. Train the patient in the use of devices that are prescribed (#12)
    b. Demonstrate pocket video magnifier (and be aware that patients who benefit significantly from this should be assessed for a desk-top CCTV if possible and other tertiary LVR) *(#13)*
    c. Have basic acquaintance of vision accessibility features on common electronic devices (iPad, cell phones, computers, tablets) *(#13)*
    d. Demonstrate basic sighted guide *(#14)*

e. Discuss non-optical approaches, tips for daily living tasks and environmental modifications *(#9)*

f. Be cognisant of strategies for visual field loss (field enhancement devices, scanning training) *(#14)*

g. Discuss issues such as driving and transportation options *(#17)*

h. Refer for fully comprehensive LVR, to other professionals and support organisations as indicated *(#5, 12, 13, 18, 19)*

i. Be familiar with programmes which may help cover costs or reimburse for devices in their province *(#20)*

j. Be aware to refer for Level 3 if the patient's goals are not met.

Low Vision Rehabilitation plan

The optometrist should be able to generate a complete Low Vision Rehabilitation Plan from the information obtained from the assessment.

Acceptance of ASCO Entry Level Competencies and Objectives (see Appendix A)

The ASCO Entry Level Competencies were reviewed regarding their applicability to Level 2 LVR in the Canadian context. Optometrists who provide Level 2 LVR should be able to comply with all the ASCO Entry Level Competency Statements and Objectives with the exception of the following:

- Objective 6B *"Modify vision testing and rehabilitation plans to accommodate patient co-morbidities".* This objective is not applied at Level 2 because although optometrists should be able to identify co-morbidities that affect rehabilitation outcomes (Objective 6A), managing patients with these complex co-morbidities is Level 3 LVR.

- Objective 11D: For consistency with the description of LVR provision levels, this is reworded as follows "After calculating initial magnification requirements (i.e. minimum equivalent power or maximum equivalent viewing distance for near and minimum magnification for distance), apply knowledge of ~~**basic**~~ optical properties of ***basic*** low vision devices to select devices for evaluation that are appropriate for patient rehabilitation goals.

- Objective 12A: For consistency with the description of levels of LVR provision, this is reworded as follows "*Prescribe, fit and adjust **basic** optical and non-optical devices as part of the rehabilitation process to meet patient visual needs based on functional vision and clinical findings (e.g. degree of magnification, ametropia, and accommodation).*"

- Objective 14B – *"Identify field enhancement devices and strategies appropriate for patients with peripheral field defects".* This objective is edited because, while describing sighted guide technique (Objective 14A) and identifying other resources for individuals with peripheral field loss, (Objective 14C) are necessary at Level 2, providing field enhancement devices and strategies is Level 3

- Competency 15. "Special populations" This competency is not accepted for Level 2 LR because managing special needs low vision patients is considered to be Level 3.

- Objective 17B – "*Describe the implications of legal blindness status and other classifications of visual impairment on eligibility for educational, vocational, social and other services for individuals with visual impairment*". This objective is not accepted for Level 2 LVR. While optometrists providing LVR at Level 2 should be aware of criteria for legal blindness, describing the implications of legal blindness in detail is LV Level 3 LVR, and patients with legal blindness would need Level 3 LVR, as indicated above.

LOW VISION SPECIALIST – COMPREHENSIVE LVR

REFER TO DOCUMENT: ASCO ADVANCED-LEVEL COMPETENCIES AND LEARNING OBJECTIVES IN VISUAL IMPAIRMENT AND LOW VISION REHABILITATION (Appendix B)

A low vision specialist should have the knowledge to provide Level 3 Comprehensive LVR. The LV specialist should have advanced knowledge of LVR to address complex patient presentations and provide full scope LVR. The LV specialist should regularly update their knowledge to maintain their specialisation to remain current. LVR at this level also includes LVR providers who are involved in multidisciplinary care, even though those LVR providers may not necessarily be in the same building.

Patients who are likely to need this level of LVR are

- Visual acuity poorer than 6/21
- Contrast sensitivity <1.00
- Hemianopia or quadrantanopia and visual fields smaller than 70 degrees[1] circular field
- Significant central/paracentral scotoma

In addition to the assessment and approaches listed above for Level 2 LVR, the Level 3 optometrist LVR provider would have knowledge of and be able to demonstrate and prescribe

- higher levels of magnification
- complex magnification systems
    - Custom microscopes
    - Bioptics and other custom telescopes
    - Telemicroscopes
    - Head borne devices (optical and video)
    - Electro-optical magnification
- prisms
- field enhancement devices
- tints
- lighting (lux/lumens and colour temperature)

- electronic magnification

The LV optometrist should

- be able to implement eccentric viewing training, strategies for field loss
- be familiar with support groups
- be familiar with Activities of Daily Living Skills (ADLs)
- initiate/direct patients to social assistive services (transport options, meal provision, disability tax credit registration, legal blindness registration) and make recommendations accordingly
- be capable of providing recommendations for school

The optometrist LVR provider should initiate appropriate referrals and communicate the rehabilitation plan, including but not limited to synopsis of exam findings, final Rx, assistive devices that are recommended and already dispensed, other device recommendations, anticipated performance with devices, training recommendations, environmental modifications, counselling and any referrals recommended/initiated.

The optometrist LVR provider should have working relationships with and/or refer to:

i. Low vision therapist or occupational therapist
ii. Independent living skills provider or occupational therapist
iii. Orientation and mobility instructor
iv. High tech/CCTV/computer assessors
v. Optician
vi. Counsellor/Psychologist
vii. Vision Resource/Itinerant Teachers/Teachers for the Visually Impaired
viii. Primary eye-care providers (referring optometrists and ophthalmologists) and other members in the patients circle of care (family physician)

Acceptance of ASCO Advanced Level Competencies and Objectives

The ASCO Advanced Level competencies were reviewed regarding how they apply to comprehensive LVR and the expectations of a LV specialist in the Canadian context. Optometrists who provide Level 3 LVR and LV specialists should be able to comply with all the ASCO Entry and Advanced Level Competencies and Learning Objectives (Appendix B) with the exception of

- Objective 6D "*Identify the principles upon which the various tests of contrast sensitivity are based*". This objective is excluded. While optometrists providing LVR at both Level 2 and 3 should have the ability to measure and interpret contrast sensitivity, they are not expected to understand the theoretical basis of the development of charts. However, optometrists should know the difference between contrast sensitivity tests and tests of low contrast visual acuity.

- Objective 12B – "*Discuss adaptive ~~and demonstrate~~ and/or assistive technology options specific to patient needs*." This objective is modified because although optometrists must be aware and be able to discuss these options, the demonstration of adaptive and assistive technology is often undertaken by a high tech/CCTV/computer assessor or other person with this experience. This does preclude an optometrist gaining the expertise in this area to provide the service themselves.

- Competency 14 – "*Evaluate and coordinate care of patients with visual loss and visual disorders from acquired brain injury to improve visual function and/or comfort"* This competency is excluded, because although there is some overlap, visual neurorehabilitation utilizes a different range of approaches and is therefore considered a separate specialisation, although some optometrists may undertake both LVR and visual neurorehabilitation.

- Objective 19A – *"Identify national, state/provincial or local funding sources for low vision services and devices and access documentation and coding requirements that are unique to each funding source* ***as applicable in their area/province of practice".*** This objective is modified because LV optometrists are not expected to know and be able to access funding sources in other provinces.

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Appendix A

Association of Schools and Colleges of Optometry (ASCO)

Visual Impairment and Low Vision Rehabilitation: Entry-Level Competencies and Learning Objectives

Competency 1. Epidemiology
Be able to apply epidemiologic aspects of visual impairment, appropriate terminology and classifications of visual impairment in order to communicate with patients, the public and other health care providers.

Objective 1A Identify leading causes of visual impairment in specific populations (as defined by key demographic factors).
Objective 1B Use current terminology in blindness and visual impairment classification.
Objective 1C Adapt explanations of this terminology for communicating with patients, the public and other health care providers.

Competency 2. Case History
In addition to performing a standard case history, be able to ask basic questions about symptoms, functional difficulties, and rehabilitation goals to anticipate the level of care that patients with visual impairment may require.

Objective 2A Identify and document patient's knowledge and understanding of his/her disorder and prognosis.
Objective 2B Customize case history questions to address task performance and safety issues.
Objective 2C Elicit specific rehabilitation goals of a patient with impaired vision.
Objective 2D Develop initial impressions about the range of rehabilitation services that may be required based on information collected in the case history.

Competency 3. Implications of ocular disorders
Be able to recognize functional implications, hereditary factors, and prognoses of common causes of visual impairment and explain them in language understandable to patients, families and other care providers.

Objective 3A Describe vision changes associated with common causes of visual impairment and their functional implications, such as task performance, comfort, and safety.
Objective 3B Recognize common genetically based causes of visual impairment and provide patient education and referral, as indicated.
Objective 3C Identify natural history and typical clinical course of common causes of visual impairment.
Objective 3D Use plain, clear and individualized language when advising patients, families and care providers about the implication of common causes of visual impairment.

Competency 4. Psychological issues
Be able to recognize psychological factors (e.g. depression, grief, motivation) that may affect adjustment to vision loss and the potential for rehabilitation.

Objective 4A Identify patient psychological signs and symptoms that may affect adjustment to

vision impairment and outcomes of rehabilitation.
Objective 4B Identify visually impaired patients in need of psychological support and refer them to appropriate care providers.

Competency 5. Social issues
Be able to recognize pertinent social factors (e.g. social support system, education level, vocation, physical environment) and how they may influence the rehabilitation plan and process.

Objective 5A Identify social factors that may affect rehabilitation outcomes and adjustment to vision impairment.
Objective 5B Identify visually impaired patients in need of social support and refer them to appropriate care providers.

Competency 6. Co-morbidities
Be able to recognize significant physical and neurological co-morbidities (e.g. Parkinson disease, stroke, and dementia) that influence low vision rehabilitation and modify evaluation strategies and rehabilitation.

Objective 6A Identify co-morbidities that may affect rehabilitation outcomes and adjustment to vision impairment.
Objective 6B Modify vision testing and rehabilitation plans to accommodate patient comorbidities.

Competency 7. Visual acuities
Be able to perform visual acuity testing at both distance and near on patients with visual impairment using appropriate charts with proper documentation (e.g. working distance, eccentric viewing, and illumination).

Objective 7A Describe characteristics of distance and near visual acuity charts and testing procedures that influence validity and reliability of acuity measurements with visually impaired patients.
Objective 7B Determine whether low vision patients have in-focus imagery via accommodation, refractive correction, or depth of focus for any intermediate or near test distances utilized.
Objective 7C Select appropriate acuity test conditions (such as refractive correction, test chart, test distance, and lighting) based on the patient's general level of visual functioning.
Objective 7D Perform acuity testing with clear instructions to patients and with observations of distinguishing characteristics of patient performance (such as efficiency and abnormal eye or head positions).
Objective 7E Document acuity test conditions and results with exact notations of the refractive correction, test chart, test distance, character size, lighting, and distinguishing characteristics of patient performance (such as efficiency and abnormal eye or head positions).

Competency 8. Refraction
Be able to perform trial lens refraction and modify refractive techniques for the patient with visual impairment (e.g. bracketing, hand held Jackson cross cylinder).

Objective 8A Identify common causes of visual impairment associated with a high prevalence of significant refractive error or with fluctuations in refractive error.
Objective 8B Perform a low vision objective refraction, selecting evaluation instruments and using modifications in refractive techniques appropriate for the visual and ocular status of

patients with impaired vision.
Objective 8C Perform a low vision subjective refraction, selecting evaluation instruments and using modifications in refractive techniques appropriate for the visual and ocular status of patients with impaired vision.
Objective 8D Prescribe refractive corrections with ophthalmic parameters that are individualized for the refractive, visual, and ocular requirements of patients with impaired vision.

Competency 9. Contrast Sensitivity
Be able to recognize common symptoms of contrast sensitivity loss, screen for loss, recommend basic modifications (e.g. filter, lens, lighting and environmental options) and refer for comprehensive low vision rehabilitation when indicated.

Objective 9A Identify common causes of visual impairment associated with a high prevalence of contrast sensitivity deficits.
Objective 9B Describe common functional complaints characteristic of patients with significant contrast sensitivity impairment.
Objective 9C Evaluate contrast sensitivity using appropriate test materials and conditions.
Objective 9D Specify basic strategies for controlling lighting and glare, and for modifying the environment for patients with reduced contrast sensitivity.
Objective 9E Identify when the severity of contrast sensitivity impairment and patient functional complaints warrant referral for comprehensive low vision rehabilitation.

Competency 10. Central Scotomas
Be able to detect scotomas of the central visual field, understand their impact on visual acuity and visual function, and educate patients about their implications for activities of daily living.

Objective 10A Describe common functional difficulties that result from central scotomas or metamorphopsia, and how these are influenced by defect severity and specific area of involvement.
Objective 10B Detect and characterize scotomas and metamorphopsia using appropriate testing methods.
Objective 10C Educate patients about the nature, severity, and functional implications of their central scotomas or metamorphopsia.
Objective 10D Determine when the severity of central scotomas or metamorphopsia and related patient functional difficulties warrant referral for comprehensive low vision rehabilitation.

Competency 11. Predicting magnification for low vision devices
Understand basic optical principles of low vision rehabilitation devices and be able to predict magnification levels needed to achieve patient goals.

Objective 11A Describe accepted metrics of magnification (such as equivalent power and equivalent viewing distance) that can reliably predict patient near resolution abilities for the major classes of optical low vision devices.
Objective 11B Use near vision test data to calculate the minimum equivalent power or maximum equivalent viewing distance expected to meet near resolution goals.
Objective 11C Use distance vision test data to calculate the minimum magnification expected to meet distance resolution goals.
Objective 11D After calculating initial magnification requirements (i.e. minimum equivalent power or maximum equivalent viewing distance for near and minimum magnification for distance), apply knowledge of basic optical properties of low vision devices to select devices for

evaluation that are appropriate for patient rehabilitation goals.

Competency 12. Prescribing low vision devices
Be able to prescribe basic optical and non-optical low vision rehabilitation devices, provide training in their use, and refer for comprehensive low vision rehabilitation when indicated.

Objective 12A Prescribe, fit and adjust optical and non-optical devices as part of the rehabilitation process to meet patient visual needs based on functional vision and clinical findings (e.g. Degree of magnification, ametropia, and accommodation).
Objective 12B React appropriately to failure of a prescribed or tested optical or non-optical device by suggesting appropriate, re-calculated alternatives.
Objective 12C Prescribe devices and strategies to optimize patient lighting environments.
Objective 12D Fit and adjust an optical or non-optical device to meet the anatomical and functional needs of the patient.
Objective 12E Educate patients in the proper use of prescribed optical and non-optical devices to meet their rehabilitation goals.
Objective 12F Refer for comprehensive low vision rehabilitation care when basic optical or nonoptical
devices do not meet the goals of the patient.

Competency 13. Technology
Be able to recognize availability of and indications for use of adaptive technology (e.g. video magnification, software) and refer for comprehensive low vision rehabilitation when indicated.

Objective 13A Describe major categories of video magnifiers and adaptive technologies that are available for individuals with visual impairment.
Objective 13B Describe how optical low vision devices interface with video magnifiers and adaptive technologies.
Objective 13C Describe indications for the prescription of video magnifiers and adaptive technologies, and refer patients needed.

Competency 14. VF Management
Be cognizant of rehabilitation strategies for visual field deficits (e.g. sighted guide technique, orientation and mobility, visual field enhancement devices and equipment, scanning training) and refer for comprehensive low vision rehabilitation when indicated.

Objective 14A Describe sighted guide technique and use the technique with patients, as needed, in clinical settings.
Objective 14B Identify field enhancement devices and strategies appropriate for patients with peripheral field deficits.
Objective 14C Identify rehabilitation services and strategies that are available through other professions to address the orientation, mobility, and activities of daily living difficulties experienced by individuals with peripheral field deficits.

Competency 15. Special populations
Develop an understanding of the special considerations for examining children, the elderly, and the multiply handicapped and educate about referral options and potential for rehabilitation.

Objective 15A Describe modifications in examination techniques and testing strategies appropriate for patients with visual impairment and special needs.
Objective 15B Identify rehabilitation, education, and community resources for patients with both visual impairment and special needs.

Competency 16. Driving
Understand relevant vision standards for driving, provide necessary assessment and documentation, and refer for comprehensive low vision rehabilitation, driver evaluation/training, and medical evaluation when indicated.

Objective 16A Identify local vision requirements for driving and explain how they apply to patients with various ocular and visual conditions.
Objective 16B Analyze clinical findings to determine if patients meet local vision requirements for driving, discuss findings with patients, and provide documentation, when requested by patients.
Objective 16C Identify and refer patients who may benefit from bioptic telescope fitting and training or other assessments or training related to driving with impaired vision.

Competency 17. Legal blindness
Be aware of the criteria for legal blindness determination and be able to educate patients on the basic social and legal ramifications of legal blindness certification.

Objective 17A Identify criteria for establishing legal blindness status or other classifications of visual impairment, analyze clinical data to determine eligibility and, when requested by patients, provide documentation of visual status.
Objective 17B Describe the implications of legal blindness status and other classifications of visual impairment on eligibility for educational, vocational, social, and other services for individuals with visual impairment.

Competency 18. Coordination of care
Understand that the needs of patients with visual impairment may require professional collaboration and be able to coordinate care with available rehabilitative, educational, and social service resources.

Objective 18A Identify rehabilitation, education, and social service resources available to patients with visual impairments.
Objective 18B Identify when collaboration with professionals in other disciplines is indicated and refers.

Competency 19. Resources
Identify governmental, private and consumer organizations that offer support and information to individuals with visual impairment (e.g. NEI, Veterans Administration, state rehabilitation agencies, foundations for the blind, consumer advocacy groups, and support groups).

Objective 19A Identify major categories of organizations and agencies that serve individuals with visual impairment.
Objective 19B Describe services provided by the major categories of organizations and agencies that serve individuals with visual impairment.

Competency 20. Reimbursement
Be familiar with third party reimbursement for low vision rehabilitation services and materials.

Objective 20A Identify major sources of funding for low vision rehabilitation services and low vision devices.
Objective 20B) Specify basic eligibility criteria and scope of coverage for major sources of funding for low vision rehabilitation services and low vision devices.

Appendix B

Association of Schools and Colleges of Optometry (ASCO)

Advanced-Level Competencies and Learning objectives in Visual Impairment and Low Vision Rehabilitation

*Number in parentheses () indicates the entry-level competency linked to the advanced-level competency.

Competency 1.
Evaluate the strength of evidence from current research and emerging treatments for management of patients with vision impairment or blindness, including treatments commanding media attention. (1)*

Objective 1A Apply research findings in patient management when indicated.
Objective 1B Counsel patients on how to distinguish the strength of the evidence supporting proposed treatments.

Competency 2.
Utilize screening tools to identify psychological, social, functional, and cognitive factors that impact vision rehabilitation. (4, 5, 6)

Objective 2A Formulate case history questions concerning social issues.
Objective 2B Formulate case history questions and/or administer scales to identify daily living activities deficits and rehabilitation goals.
Objective 2C Identify and administer scales to screen for depression.
Objective 2D Identify and administer cognitive screening instruments.
Objective 2E State specific areas of concern and refer identified patients for further evaluation.

Competency 3. Identify and address physical, psychosocial, and vision rehabilitation issues that impact patients with inherited and syndromic disorders. (3, 15)

Objective 3A Describe the inheritance patterns and genetic characteristics of hereditary conditions that cause visual impairment.
Objective 3B Identify the ocular and systemic characteristics of common syndromes that can result in visual impairment.
Objective 3C State the current medical treatments for conditions that cause visual impairment.
Objective 3D Formulate an individualized rehabilitation plan to address goals considering prognosis, genetics, psychosocial, and functional implications.
Objective 3E Communicate the condition's functional implications and the rehabilitation plan with patients, their family members and/or care providers.

Competency 4.
Evaluate central scotomas and associated eccentric viewing, incorporating individualized scotoma management strategies into the rehabilitation plan. (10)

Objective 4A Document central scotoma location and size as well as direction of eccentric

viewing position.
Objective 4B Determine rehabilitation potential and, subsequently, describe and demonstrate to the patient rehabilitation treatment strategies, such as magnification and eccentric viewing awareness and stabilization.

Competency 5.
Assess patients with peripheral field deficits and implement rehabilitation plans, incorporating field-enhancing systems, training, and co-management with orientation and mobility specialists and other professionals when indicated. (14)

Objective 5A Describe rehabilitation therapies for visual field deficits.
Objective 5B Prepare a rehabilitation plan for a patient with visual field deficits that may involve collaboration with other rehabilitation professionals.

Competency 6.
Perform contrast sensitivity tests, interpret results and select treatment and management strategies to address contrast deficits. (9)

Objective 6A Describe the mechanisms for contrast sensitivity loss based on the causative ocular condition.
Objective 6B Define how contrast sensitivity loss results in functional impairment.
Objective 6C Describe a broad range of vision rehabilitation strategies that can ameliorate functional impairment caused by contrast sensitivity loss.
Objective 6D Identify the principles upon which various contrast sensitivity tests are based.

Competency 7.
Design spectacle lenses with high-powered refractive corrections and/or high-powered reading additions, incorporating lens parameters that are consistent with patient needs. (12)

Objective 7A Determine available lens materials and select suitable frames for high-powered refractive corrections
Objective 7B Determine available multifocal designs for high-powered refractive corrections and for high-powered reading additions.
Objective 7C Determine appropriate segment heights and interpupillary distances (both distance and near) for high-powered refractive corrections and for high-powered reading additions to limit aberrations and prismatic effect.
Objective 7D Determine suitable lens design for full field high-powered reading corrections, such as aspheric, lenticulated and doublet design.
Objective 7E Counsel patients on relevant optical properties of high-powered reading additions, including working distance, depth of field, and potential for binocular viewing.

Competency 8.
Identify and coordinate care of patients with ocular disorders who are likely to experience improved visual function and achieve rehabilitation goals from contact lens designs. (12)

Objective 8A Discuss the contact lens options that are available to enhance patient performance with prescribed low vision devices, visual function and/or visual comfort.
Objective 8B Fit or refer for contact lenses as needed.

Competency 9.
Apply optical principles and incorporate patient-specific considerations into the evaluation, design, prescription and fitting of complex low vision devices. (11, 12)

Objective 9A Identify impairments in visual function that impact the design, prescription and fitting of complex low vision devices. Impairments may include deficits in: visual acuity, contrast sensitivity, visual field, alignment, color vision, refractive error and accommodation as well as eye movement disorders like nystagmus.
Objective 9B Identify ocular disease/disorder related factors that impact the design, prescription and fitting of complex low vision devices.
Objective 9C Identify systemic disease/disorder related factors that impact the design, prescription and fitting of complex low vision devices.
Objective 9D Identify factors related to goals that impact the design, prescription and fitting of complex low vision devices.
Objective 9E Demonstrate ability to prescribe, fit, and dispense full field and bioptic spectaclemounted
telescopic devices.
Objective 9F Demonstrate ability to prescribe, fit and dispense full field and bifocal spectaclemounted
microscopes.
Objective 9G Demonstrate ability to prescribe, fit and dispense spectacle-mounted telemicroscopes.
Objective 9H Demonstrate ability to prescribe, fit and dispense field enhancement devices.
Objective 9I Demonstrate ability to analyze patient goals and utilize a combination of complex and/or low vision devices, when necessary, to achieve rehabilitative goals.

Competency 10.
Identify and implement training in the use of basic and complex optical systems. (12, 18)

Objective 10A Discuss the effectiveness of training in the use of optical devices.
Objective 10B Describe and demonstrate basic and advanced training techniques in the use of optical devices.
Objective 10C Determine best-suited distance or near corrections for using low vision devices.
Objective 10D Identify when patients need extended training, and collaborate with other rehabilitation professionals (eg, occupational therapists, rehabilitation teachers), as needed.

Competency 11.
Incorporate illumination control strategies (e.g. glare, light/dark adaptation) for best visual function and comfort based on the individual's symptoms, examination findings and diagnoses. (9, 12)

Objective 11A Demonstrate knowledge of illumination control strategies available through the use of assistive technology (e.g. reverse polarity, filtration, etc.).
Objective 11B Demonstrate knowledge of illumination control options available for ophthalmic lenses.
Objective 11C Demonstrate knowledge of illumination control devices with optical and nonoptical
assistive devices.
Objective 11D Assess the need for absorptive lenses in both indoor and outdoor settings and integrate findings into the prescription plan for ophthalmic lenses and other low vision devices.
Objective 11E Counsel patients regarding environmental modification strategies addressing

glare concerns.

Competency 12.
Provide counseling on adaptive and/or assistive technology options for addressing information exchange goals, recommend options and co-manage with technology specialists. (13)

Objective 12A Identify situations, in which adaptive and/or assistive technology would benefit a patient's functioning and independence.
Objective 12B Discuss and demonstrate adaptive and/or assistive technology options specific to patient needs.
Objective 12C Collaborate with other professionals in the development and implementation of an adaptive and/or assistive technology plan.

Competency 13.
Adapt low vision evaluation and management strategies for the unique visual needs of patients of all ages and persons with cognitive and/or physical co-morbidities. (15)

Objective 13A Utilize developmentally /cognitively appropriate assessments and discuss testing procedures for: visual acuity, contrast sensitivity, visual field, color vision, alignment, eye movements, refraction and accommodation.
Objective 13B Select, evaluate and prescribe developmentally/cognitively appropriate low vision and assistive devices/technology.
Objective 13C Educate the patient, caregivers, educators and rehabilitation professionals about the patient's visual and ocular health status.
Objective 13D Educate the patient, caregivers, educators and rehabilitation professionals about assistive devices, magnification strategies and environmental modifications that would enhance the patient's use of residual vision for learning and activities of daily living.
Objective 13E Coordinate care with physicians, educators, rehabilitation professionals, and caregivers.
Objective 13F Identify visual/ocular disorders associated with common syndromes, developmental disorders, hereditary disorders and aging.

Competency 14.
Evaluate and coordinate care of patients with visual loss and visual disorders from acquired brain injury to improve visual function and/or comfort. (14)

Objective 14A Explain the anatomical location and physiological basis for common neurological deficits impacting vision.
Objective 14B Assess the visual system of patients with acquired brain injury.
Objective 14C Implement rehabilitation strategies for addressing the visual deficits of acquired brain injury and/or refer when indicated.

Competency 15. Prescribe vision devices for driving, train in device use, and collaborate with driver rehabilitation training programs, as allowed by government regulations. (16)

Objective 15A Identify specific regulations and procedures related to vision enhancement devices for driving.
Objective 15B Describe the utilization of vision enhancement devices for drivers with visual impairment, including the advantages and disadvantages of available devices.
Objective 15C Select, evaluate and prescribe vision enhancement devices for driving.

Objective 15D Implement and/or refer to a program that provides training in visual skills and in the use of the prescribed device for driving with visual impairment.
Objective 15E Consult with driver rehabilitation professionals to individualize the program based on the patient's visual status.

Competency 16. Apply relevant criteria and discuss implications of the visual impairment, legal blindness status, and disability status. (17)

Objective 16A Direct patients to educational services and benefits for which they may qualify based on visual status.
Objective 16B Direct patients to vocational services and benefits for which they may qualify based on visual status.
Objective 16C Direct patients to other services and benefits for which they may qualify based on visual status.

Competency 17. Coordinate patient management with professionals from multiple disciplines to address rehabilitation and health issues. (18)

Objective 17A Define the roles of professionals who may be involved in the care of a visually impaired patient.
Objective 17B Prepare a treatment plan for a patient with visual impairment that may involve collaboration with other rehabilitation professionals.
Objective 17C Communicate with referring professionals or other vision rehabilitation professionals in form of letters or summary reports.

Competency 18. Provide counseling and education on implications of visual impairment, address patient concerns, and discuss available resources. (19)

Objective 18A Translate assessment results for the prognosis and associated visual and systemic changes of the impairment to allow the patient to understand the functional implications of the impairment.
Objective 18B Provide individualized communications about the patient's visual impairment and rehabilitation plan in terms understandable to the patient and others.
Objective 18C Advocate for the patient to agencies and organizations that can provide services and support to the patient.

Competency 19. Comply with third party payer documentation and coding requirements for reimbursement of low vision rehabilitation services and devices. (20)

Objective 19A Identify national, state/provincial, or local funding sources for low vision services and devices and access documentation and coding requirements that are unique to each funding source.
Objective 19B Comply with authorization requirements for reimbursement of low vision rehabilitation services and devices.
Objective 19C Demonstrate accurate and appropriate record documentation and coding relevant to low vision rehabilitation.
Objective 19D Participate in ongoing quality assurance record reviews.

Competency 20. Describe a plan for developing and maintaining a low vision rehabilitation practice.
Objective 20A Describe the process and components of writing a business plan.

Objective 20B Evaluate the demand for low vision rehabilitation services, identify referral sources and develop strategies for establishing referral networks.
Objective 20C Describe the role and training of auxiliary staff in a vision rehabilitation practice.
Objective 20D Develop a plan outlining equipment needs and suppliers.
Objective 20E Design a schedule for evaluation and rehabilitation which optimizes patient care and efficiency.

Basic and Advanced Competencies in Contact Lenses

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1.0 Terminology and Definitions

Cornea and Contact lens (CCL) consists of

a. Cornea and contact lens assessments
b. Knowledge of theoretical and practical aspects of contact lens fitting, including troubleshooting
c. Management of patient's visual and physiological condition

2.0 Introduction

As has happened previously for the professions of medicine and dentistry, the profession of optometry has now developed to the point that our knowledge base and skill sets are too broad to be fully mastered by every optometrist training or practicing in Canada. As such, it is time to recognize and designate those eye care practitioners who have achieved higher levels of knowledge and experience in specific areas of optometric practice.

The identification of a specialist who meets a minimum designation requirement is in the best interests of both the public and other health care providers. This would improve patient welfare since a database of verified and accurate information will enable referrals to the appropriate credentialed specialists for advanced health care.

The designation of specialist would allow an optometrist to state that they are a specialist in one (or more) area(s) of optometric patient care and to use the title Specialist when advertising their services to the public, e.g. on their web page, signage and business cards, according to provincial and professional regulations.

Provision of specialized optometric services would normally be in addition to providing primary eye care. With these benefits in mind, this document describes optometric specialisation in Cornea and Contact lens (CCL). CCL is ideally situated for specialisation for the following reasons:

1. Fully comprehensive CCL is already an area of choice
2. Residency program in CCL is offered in both Canadian Schools of Optometry
3. Specialty contact lens fitting is not provided by all optometrists, but is a chosen area within the practice of optometry.
4. As of May 2019, the Association of Schools and Colleges of Optometry (ASCO) and the American Academy of Optometry (AAO) recognized Cornea and Contact Lenses as one of the fifth principal categories for residency programs in North America, with a possibility to add an emphasis area to specify even more the specialty care provided.

3.0 Purpose of Specialisation

Why introduce specialisation? The purpose of identifying specialisation(s) is to allow optometrists to indicate their area of expertise and service provision both to the public and other professionals. This will improve access to services for patients who require these services. It is anticipated that a database of optometrists who provide specialty contact lens fitting (CLF) will be available through the Canadian Association of Optometrists (CAO), provincial associations and/or the Royal Canadian College of Optometry (RCCO). The ability to search for optometrists who provide CLF will facilitate referrals from other optometrists, MDs (including ophthalmologists), other professionals who encounter patients with viual needs related to a corneal condition and self-referral by patients.

Reporting back to the referring professional will be an important component. It will encourage the integration of optometric specialists into inter-professional organizations and will allow optometry to be recognized as the key primary profession to provide CLF.

Defining specialisation will describe a level of knowledge and provision of specialty lens fitting which is expected for comprehensive irregular cornea management. The term CCL Specialist will acknowledge optometrists who have gained this level of expertise and will outline the expectations for those who wish to gain this designation. The designation is expected to be approved through the Royal Canadian College of Optometry and provincial regulatory bodies. It is hoped to develop criteria and a standard which is reasonably achievable, but nevertheless upholds a high quality of service provision. It is expected that defining the term CCL specialist will encourage interest within the optometric profession for providing specialty lens services, and improve the level of CLF provision among those who already provide CLF.

The introduction of specialisation is not intended to change the following:

- All Canadian optometrists receive basic training to provide contact lens services and therefore they should be able to offer entry level care to patients

- All Canadian optometrists should recognize and refer patients who require specialty contact lenses to an optometrist who provides CLF as a specialist

- All Canadian optometrists may practice advanced CLF according to their knowledge, ability and equipment, even if they are not recognized as specialists

The purpose of identifying CCL specialists is not to limit the provision of CLF provided by any optometrist, but to provide a way to identify those who have achieved a higher level of knowledge and expertise and are capable of providing advanced CLF.

4.0 Contact Lenses classification

4.1 Regular contact lenses :

- Soft lenses for the correction of myopia, hyperopia, presbyopia and astigmatism , within the range of regular parameters
- Gas permeable rigid lenses of basic designs, for the correction of myopia, hyperopia, presbyopia and astigmatism
- Hydrid lenses for the correction of myopia, hyperopia, presbyopia and astigmatism

4.2 Specialty contact lenses :

- Soft lenses manufactured outside of the range of regular parameters, or designed to correct vision on an irregular cornea
- Gas permeable rigid lenses designed to compensate for irregular cornea or to treat eye disease
- Hybrid lenses for the compensation of irregular corneas
- Soft, GP or hybrid lenses used for myopia management
- Any type of contact lenses used to treat ocular surface disease or as a bandage lens
- Any lens made of amniotic membrane

5.0 ENTRY LEVEL REQUIREMENTS

Entry level CLF is the level of CLF which can be provided in an optometrist's office with a modest amount of equipment and diagnostic lenses, with some assistance by optometric staff to provide patient assessment and training. The optometrist should be able to manage any patients requiring regular contact lenses to improve or restore their vision.

6.0 SPECIALTY LEVEL REQUIREMENTS

Specialty level CLF is the level of CLF which can be provided in an optometrist's office with appropriate equipment and specialty diagnostic lenses, with some assistance by optometric staff to provide patient advanced assessment and training. The optometrist should be able to recognize the condition which requires the use of specialty lenses and to manage any patients requiring specialty contact lenses to improve or restore their vision as well as to treat ocular surface disease.

7.0 ENTRY LEVEL VS SPECIALTY REQUIREMENTS: DETAILS

The following tables explains what is considered entry level vs specialty level in knowledge (theoretical background), procedures (fitting) and clinical usage of contact lenses.

Note: Specialty includes all elements of the entry level + other specific elements (specified). Elements reserved to specialty can be performed by a non-specialist OD if he acquires the appropriate knowledge and can rely on appropriate equipment to assess the patient

	ELEMENTS	ENTRY LEVEL	SPECIALTY **	Description
THEORETICAL KNOWLEDGE - SPECIFIC EDUCATION RELATED TO CONTACT LENS USAGE				
Physiology	Ocular Surface and adnexas	Yes		Anatomical description of the anterior segement of the eye including lids, lachrymal glands, vacualrization, innervation, etc.)
	Cornea	Yes		Anatomical description of the cornea, organization and function
Pathology	Corneal dystrophies	Yes		Anatomical and clinical (signs and symptoms) description of each entities
	Corneal degenerations	Yes		
	Anterior Segment	Yes		Anatomical and clinical description of the pathological manifestations affecting the anterior segment + adnexas.
	Dry Eye disease	Yes		Prevalence, origin and pathophysiology related to the development of DED, including identification of risk factors. Theoeretical description of clinical approach (algorithm) and treatment options
	Systemic disease and the anterior segment	Yes		Ocular manifestations of systemic disease and implications for anterior segment /contact lens wear
	Pharmacological therapy	Yes		Description, mechanism of action and clinical usage of topical and oral drugs to treat anterior segment conditions or used pre/post-op

	Other therapies (surgical, etc)	Yes	Amniotic membrane	A description of surgical procedures to treat anterior segment abnormalities
Contact lenses- theoretical aspects	Types and material	Yes		History of the development of contact lenses, modern materials used to manufacture contact lenses. Description of lens types: soft, rigid, gas-permable, hybrids.
	Solutions /care regimen	Yes		Description of products used in contact lens care regimen, including chemical components, potential of interaction, mechanism of action)
	Related issues (SPK, GPC, deposits, ptosis, etc,)	Yes		Pathophysiological descriptions of pathological manifestations of the anterior segment related to contact lens wear
	Clinical applications including myopia management	Yes	Orthokeratology	When and how to use contact lenses to manage or to compensate current refractive errors. Description of the use of contact lenses to restore visual acuity or to treat ocular surface disease
	Contact lens design	Yes	Custom designs	Description of contact lens parameters, how they influence each other
Contact lenses- fitting for normal corneas	Regular refractive error	Yes		Theoretical aspects related to contact lens fit on a regular cornea
	High refractive error (aphakia, >-8D)	Yes (soft, hybrids)	GP lenses Pathological myopia (associated with a syndrome, etc.)	Theoretical considerations related to the prescription of contact lens for high refractive error (ex: lenticular, minus carrier, etc.)

	Astigmatism	Yes (soft)	GP lenses	Description of the lens designs specific to the correction of refractive astigmatism. Gas permeable and soft lens designs explained. Compensation for lens behaviour on the eye (rotation)
	Presbyopia	Yes		Description of the lens designs specific to the correction of presbyopia. Gas permeable, hybrids and soft lens designs explained. Understanding of neuroadaptation and other mechanisms in play.
	Specific applications (myopia control, etc.)	Yes	Yes	Theoretical aspects of the use of contact lenses in the context of myopia control or other specific refractive correction
	Cosmetic/colored	Yes (regular soft disposable)	Custom designs, hand-painted lenses	Description of the lens used to modified the natural color of the iris. Particular aspects of care regimen. Potential induced pathology (GPC, corneal infection/ulcer after lens sharing, etc.)
Contact lenses- fitting for irregular corneas	Soft custom, hybrids, sclerals, etc.		Yes	Theoretical aspects and how to fit specialty contact lenses (fitting guide, description, fluoresceine pattern analysis, etc.)
Contact lenses- fitting for diseased eyes	Ex: GVH, Steven Johnson, Stem cells deficiency, use of amniotic membrane, etc.		Yes	Theoretical aspects and how to fit specialty contact lenses (fitting guide, description, fluoresceine pattern analysis, etc.) Expected outcome.
Prosthetic eyes			Yes	Theoretical aspects and clinical applications of ocular prosthetic eyes

Refractive surgery		Yes (basic)	Yes (advanced)	Theoretical aspects of refractive surgery (types of laser, clinical application, outcome). Corneal topographical modifications. Effects on the optics. Patients symptomatology (haloes, glare)and related issues (dry eye, etc)
Other surgical strategies	Corneal cross linking, amniotic membrane suture, PTK, SLT, YAG, etc.	Yes (basic knowledge)	Yes (advanced, including co-management)	Knowledge about other surgical techniques and when recommend them. Contact lens usage after surgical procedures
CLINICAL EXAMINATION				
Case history (CH)	Data collection- oriented	Yes		Oriented case history including past contact lens experience, visual demands, environment, expectations, limitations, risk factors, etc.
	Data interpretation	Yes		How elements reported during CH will influence contact lens selection and fitting
	CL strategies defined from CH	Yes		Types and lens modalities related to data collected during CH
Preliminary testing	Binocular vision assessment (especially for myopia management)	Yes		Important testing before contact lens fit: which tests are more valuable and reference to the norm
	BV - impact on Cl design and wear	Yes		Influence of lens design on BV function. Influence of BV on the selection of contact lenses
Refraction	High refractive error- normal cornea	Yes		How to perform a valuable refraction in the context of high refractive errors (high myopia, astigmatism, aphakia, etc.)
	Complex- Irregular cornea		Yes	How to refract keratoconus, post-graft, etc. Special techniques used, instrumentation, types of charts,
	Automated peripheral refraction		Yes	In the context of myopia control

Anterior segment observation and grading	Slit lamp	Yes		Techniques, illumination and what to observe. Grading of slit lamp findings with validated scales (CCLRU, Efron, etc.)
	OCT	Yes		Techniques, description and grading of the anterior segment structures
	Topographer –	Yes		Description of the available instrumentations. Differences between maps (axial vs tangential, etc.) and their clinical usage for contact lens fit or during follow-up. Indices to diagnose KC and other corneal abnormalities
	Tomographer (Scheimpflug)		Yes	Decription of the technology. Posterior corneal surface analysis and other display maps available. How and when to use this technology
	Eye profiler (conjunctival and cornea mapping)		Yes	Decription of the technology. How and when to use this technology, especially in the context of scleral lens fitting
	Dry eye (tear meniscus, NiBut, redness index, etc.)	Yes		Instrumentation available to assess patients with eye dryness. Algorithm and content of a dry eye workup.
	Infra-red Meibography		Yes	Decription and technique to acquire IR imaging of the Meibomian glands. Grading with the use of a validated scale. Impact on ocular health and contact lens fit.
Anterior segment data interpretation / assessment	Slit lamp	Yes		Diagnosis of the conditions observed and their management
	OCT	Yes		
	Topographer –	Yes		
	Tomographer (Scheimpflug)		Yes	
	Eye profiler (conjunctival and cornea mapping)		Yes	

	Dry eye (tear meniscus, NiBut, redness index, lipid layer, etc)	Yes		
	Infra-red Meibography		Yes	
High Order aberrations (aberrometry)	Data collection		Yes	Defintiion of each HOA assessable with current technology. Optical and clinical impact of the presence of non-corrected HOAs. Potential modes of correction.
	Interpretation		Yes	
Biometry	Data collection		Yes	Description of instrumentation available and how to acquire data
	Interpretation		Yes	In the context of myopia control (axial length measurement)
Corneal Biomechanics	Data Collection		Yes	Description of instrumentation available and how to acquire data. Clinical applications (KC, glaucoma, etc)
	Interpretation		Yes	Interpreting results vs Goldman and other techniques, especially on irregular cornea where applanation may be difficult to operate.
Corneal pachymetry	Data Collection	Yes		Description of instrumentation available and how to acquire data. Clinical applications (KC, glaucoma, etc)
	Interpretation	Yes		Knowing the minimal corneal thickness before recommending surgical options (cross linling, refractive surgery, etc)
Specular microscopy	Data Collection		Yes	Description of instrumentation available and how to acquire data. Clinical applications (post-graft, guttata, experienced CL wearers, etc.)
	Interpretation		Yes	Limits vs types of lenses to be fitted
Pupillometry	Data collection	Yes		Determining the pupil size using a pupilometer, a topographer, a biometer, or an aberrometer
	Interpretation		Yes	In the context of presbyopic or myopia control fitting

CONTACT LENS FITTING				
Normal corneas	Soft	Yes		Interpreting data and selecting diagnostic lenses based on the patient condition and visual demand
	Rigid and Gas Permeable	Yes		
	Hybrids	Yes		
	Custom (diameter, power, curves, etc)		Yes	
	Orthokeratology		Yes	Selecting or designing OK lenses for myopia control or for myopia correction – How the design will vary
	Issues and troubleshooting	Yes		Common issues related to contact lens wear and their management
	Empirical fitting (not from diagnostic lenses)		Yes	Designing a lens from physiological and optical parameters related to a particular patient
Irregular corneas	Soft-custom (kerasoft, etc.)		Yes	Interpreting data and selecting diagnostic lenses based on the patient condition and visual demand
	Rigid and Gas Permeable including Piggy Back and sclerals		Yes	
	Hybrids		Yes	
	Custom (diameter, power, curves, etc)		Yes	
	Issues and troubleshooting		Yes	Common issues related to contact lens wear and their management
Diseased eyes	Soft-custom (kerasoft, etc.)		Yes	Interpreting data and selecting diagnostic lenses based on the patient condition and visual demand
	Rigid and Gas Permeable		Yes	
	Hybrids		Yes	
	Custom (diameter, power, curves, etc)		Yes	
	Issues and troubleshooting		Yes	Common issues related to contact lens wear and their management

TECHNICAL SKILLS				
Contact lens edging and polishing (RGPs)			Yes	In-office modifications of RGP or rigid lenses
Eye molding			Yes	Imprinted scleral lenses from the mold of an eye.
Using lens design softwares	OrthoTool, RGP designer, etc.		Yes	Designing customized lenses from data extraction

8.0 CONDITIONS TO BE RECOGNIZED AS A CCL SPECIALIST

Notwithstanding the fact that bylaws regulating specialist designation will be defined by each provincial authorities and optometric regulatory bodies, several conditions should be met for application:

- Valid licence to practice optometry in Canada
- Advanced Education /training:
    - Residency from a ACOE accredited school (*)
      Or
    - Webinars / e-learning (at distance) provided by U of Waterloo and/or U of Montreal (45h00)
- Advanced practice:
    - Diplomate of the American Academy of Optometry, section Cornea, Contact Lenses and Refractive Surgery
      And /or
    - Proven dedicated practice (> 33% of the time) in specialty contact lenses or refractive surgery
      And/or
    - Clinical training in specialty contact lenses at U of Waterloo or U of Montreal (45h00)
- Written work (**) : 2 publications: peer reviewed articles (within 8 years prior to application) or submission of a case reports about different elements of specialty lens applications (cannot be all sclerals for KC patients for example). Posters published during a major meeting (ARVO, AAO, AOA, CAO, BCLA, etc.) can be recognized in lieu of case reports. A book chapter can be considered equivalent to 2 peer-reviewed articles.
- Oral examination (interview) by a committee of CCL specialists (2h00)

(*) : or equivalent, which means that the candidate must submit a thorough description of his contact lens practice over the years. Considering that a residency program (1 year) implies 1700 hours of specialty lens training, the committee will review this information and may recognized 3 years of specialty lens practice as equivalent to residency. If this equivalence is recognized, the candidate must then submit 4 publications instead of 2. (**) Fellow of the IACLE or Fellow of the BCLA will be exempted. These fellowship processes imply already the production of case reports or peer-reviewed articles.

Quality Assurance Subcommittee – Activity Report

Reporting date: December 10, 2019
Number of meetings in 2019: 4
Number of meetings since last Council meeting: 0

Revision of the Quality Assurance Program

The Quality Assurance Subcommittee (QASC) has begun carrying out QA program changes based on the recommendations approved by Council.

Short-Term Goals: Staff is currently working on implementing changes to the random selection criteria and exemption periods in the College's database. The project is expected to be completed by February 2020 for the random selection pull.

Medium-Term Goals: The QASC will meet in person in early 2020 to develop the 2021-2023 Continuing Education policy and self-assessment module.

Long-Term Goals: The QASC plans to revise the practice assessment protocol using the risk-based opportunities and learning objectives identified, research the method for selecting records in alignment with key risks identified as focus of practice assessment process, and hire a health practitioner education expert and audit expert to assist with the QA Program redevelopment.

Respectfully submitted:

Dr. Kamy Morcos

Chair, Quality Assurance Subcommittee

Inquires, Complaints and Reports Committee (ICRC)
Activity Report
(*ICRC sits as two independent Panels*)

Reporting Date: December 20, 2019

Number of meetings in 2019: 14 (7 in-person panel meetings; 1 in-person ICR Committee meeting (both panels), 6 teleconference*)
Number of meetings since last Council meeting: 4 (2 in-person, 2 teleconference*)
*(including the scheduled AM panel teleconference meeting: January 2020)

- This report is to provide the Council with as much information as possible on the matters received and reviewed since the last reporting day to Council (September 9, 2019), without compromising the confidentiality of the process and the fairness owed to complainants and members involved in the process.
- The respect for confidentiality stems from Section 36 of the RHPA, which requires that *"every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person"* except in very limited, specific circumstances. For this reason, in this and other Committee reports, the ICRC cannot share any details about the specific cases.

Number of Cases: cases reviewed by panels and newly filed since September 9, 2019 (last reporting date to Council) - some cases involve multiple allegations

Type of Case			**Number**
Complaints	Newly filed	13	36
	Reviewed and decided by panels	20	
	Reviewed and carried over	2	
	Approved ADR	1	
Registrar's Reports	Reviewed and decided by panels	2	4
	Reviewed and carried over	2	
Incapacity Inquiries			0
TOTAL CASES			**40**

Decisions Issued:

Complaints	25
Registrar's Reports	1
Incapacity Inquiries	0
TOTAL	**26**

Dispositions *(some cases may have multiple dispositions or involve multiple members)*	**Number**
No further action (NFA)	14
Advice or recommendation	6
Remedial agreement (educational activities)	2
SCERP	2
Signed Undertaking (resignation)	1

Nature of Allegations – For Disposed of Cases (NFA excluded)[1] (*includes primary and secondary allegations)*	**Number**
Care – Quality/Failure to diagnose/refer, unsafe care	4
Unprofessional behaviour	3
Improper billing	2
Related to eyeglass and/or contact lens prescription	1
Breach of patient confidentiality	1

***Timeframe for Resolution (re: 24 complaints above):**

>120 Days	0
121 – 150 Days	1
151 – 180 Days	7
180+ Days	17

HPARB Appeals	**Number**
New appeal	0
Outstanding appeals to be heard	2
Appeals heard and awaiting decision	0
TOTAL APPEALS IN PROGRESS	**2**

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

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

Respectfully submitted,
Dr. Areef Nurani, ICRC Chair

[1] No further action (NFA) dispositions are not reflected in this chart

Registration Committee Activity Report

Reporting Date: January 3, 2020
Number of meetings in 2019: 8
Number of meetings since last Council meeting: 3 (2 in-person; 1 teleconference)

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, the International Optometric Bridging Program (IOBP), the Optometry Examining Board of Canada (OEBC) and the National Board of Examiners in Optometry (NBEO). Discussions with FORAC and Touchstone Institute focused on streamlining the pre-registration process for international candidates.

To become licensed in Ontario, international applicants must successfully challenge the OEBC exam. In order to qualify to challenge the OEBC exam, they must either successfully challenge the Internationally Graduated Optometrist Evaluating Exam (IGOEE) with top marks or apply for advanced standing to one of four optometry schools in the United States[1] accredited by the Accreditation Council on Optometric Education. FORAC is currently accepting applicants for the 2020 IGOEE.

The IOBP confirmed that 18 candidates are registered in its 2020 bridging program, which starts on January 27. Citing a lack of funding, the IOBP will not be offering bridging in 2021. The IOBP had announced that it would only accept six internationally educated optometry candidates into the new advanced standing program at the University of Waterloo School of Optometry and Vision Science (WOVS) in 2022. While the IOBP admits that the current credentialing system managed by FORAC is robust, it has cited concerns whether demand would be enough to sustain it. WOVS has indicated that it is prepared to identify alternative pathways to credential advanced standing students similar to the process available for Canadian-educated optometry students.

The Committee met with staff from Touchstone Institute on October 17 and December 5 to discuss progress in the development of the new national competency profile. The initial scoping workshop associated with this project took place on November 12; eight optometrists participated with exam development and standard-setting experience. The purpose of the scoping workshop was to gain input and establish the foundation for the competency profile. Some of the participants are either registered as optometrists in other provinces or are familiar with optometric standards of practice elsewhere in Canada. The College has sent invitations to all optometric regulatory authorities to invite their members to participate in the workshops. Touchstone Institute is hosting its second workshop on February 20, 2020.

The Committee met with OEBC's CEO and psychometrician on October 17 to discuss the use of models in the OEBC exam; OEBC's rejection of the College President's July 2019 proposal; and the Committee's request for independent oversight of the OEBC exam. Following the meeting, a letter was sent to officially notify OEBC that the 2015 competency profile was being used as reference information for the development of Touchstone Institute's national competency profile. The letter also noted that Touchstone Institute's competency profile would have a different scope than the 2015 competency

[1] Association of Schools and Colleges of Optometry. [2019]. *Annual Student Data Report, Academic Year 2018-2019* [p. 1.23]

profile. On November 29, OEBC announced the departure of its CEO. The OEBC released its OEBC 2018-19 Annual Exam Report to its members and stakeholders on December 13, as enclosed.

On October 17, the Registration Committee agreed to put forward a motion to the January Council to approve the development of a new Entry-to-Practice (ETP) Exam by Touchstone Institute. Following a meeting by the Executive Committee on November 5, consultation materials were released to stakeholders, the public, and the profession on November 18, 2019.

A FORAC meeting via teleconference was held on December 16 at the request of the College to discuss the College's consultation on a proposal to proceed with the ETP Exam with the other provincial optometric regulatory authorities. Please refer to the briefing note on the ETP exam consultation.

Respectfully submitted,

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

Encl.

From: Tami Hynes <tami.hynes@oebc.ca>
Sent: Friday, December 13, 2019 12:38 PM

Subject: OEBC 2019 Exam Report & School Report

This email is being distributed to OEBC members and the following stakeholders: FORAC, École d'optométrie Université de Montréal, Waterloo School of Optometry and Vision Science, International Optometric Bridging Program, and the Canadian Association of Optometrists. We encourage sharing the information with your respective councils or boards, members and other stakeholders.

Dear OEBC Members and Stakeholders,

The **OEBC 2018-19 Annual Exam Report** is now published at oebc.ca under **Reports**. Note that the performance of exam candidates from Canadian optometry schools is available also under "School Reports." All reports are public.

The 2019 report summarizes the performance of the fall 2018 and spring 2019 administrations of the national entry-to-practice exam for optometry in English and French. The chart below highlights the report sections. Complete information about exam policies and procedures such as taking the exam, requesting an accommodation, exam content and format, how the exam is scored, key dates and deadlines and the formal appeals process is available at oebc.ca.

What is in the 2019 Exam Report

2019 Exam Report	Pg.	Purpose
Report purpose and use	1	To provide information about the performance of the OEBC exam, i.e. optometry regulators may rely on the report as evidence of exam reliability and validity because the exam represents practice, is a standardized assessment of competence required to enter practice, and follows testing criteria, best practice and independent standards.
What is OEBC	2	OEBC creates and administers a legally valid and defensible examination to assess competence in the practice of optometry in Canada.
Strategic initiatives update (CEO report)	3-6	Information about work supporting OEBC's mandate for a valid, defensible exam and transparency (e.g. Policy and Procedural fairness)
Volunteer Profile	7-8	Profile of volunteer Dr. Dwayne Lonsdale and standardized optometric ocular models
Administration Statistics: • Administration dates, languages and locations • Candidate numbers • Pass rates by	9-27	Transparency - overall representation of the exam and test takers; Performance is in keeping with expectations for a high stakes examination, a critical indicator that valid and

○ attempt (first – fourth) ○ group (Canadian, US, International) ○ exam type (OSCE, written) ○ practice area		defensible exam development and administration processes are in place
Understanding the OEBC exam	29	Defensibility - Grounding in profession-set competencies
Exam reliability	30	Defensibility – reliability coefficients are within limit
Item Analysis & Scoring	31	Defensibility – within limit
Exam Development process	28; 32-34	Defensibility – follows best practice

Some tips for interpreting and navigating:

- Statistics for what is may be thought of as the new graduate cohort are shown separately in the "in cycle" group. This group is primarily new graduates of North American optometry schools.
- Click the arrows at the bottom of each page to go to the next page; click the chevrons (cover page) or 'orange' text to go directly to a page or website; click the link at the bottom to return to the page you were on.

OEBC thanks volunteer optometrists across the country and staff who made it possible to develop and administer the OEBC exam this past year.

On behalf of everyone at OEBC, I hope that you find this information useful. Please let me know if you have any questions.

Warm regards,
Tami

Tami Hynes
CEO

OPTOMETRY EXAMINING BOARD OF CANADA
BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

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Discipline Committee Activity Report

Reporting date: December 18, 2019
Number of meetings in 2019: 1
Number of meetings since last Council meeting: 0
Nature of items discussed/number of cases considered: N/A

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

The Discipline Committee conducted two Discipline Hearings:

1. **Dr. Ajay Chandail –** Hearing held on December 3, 2019

THE DISCIPLINE COMMITTEE FOUND Dr. Chandail guilty of professional misconduct under paragraphs 11, 14, 24, and 39 of section 1 of Ontario Regulation 119/94 made under the *Optometry Act*, 1991, S.O. 1991, c. 35.

THE DISCIPLINE COMMITTEE ORDERED

a. Dr. Chandail is required to appear before the Discipline Committee to receive a reprimand.
b. Dr. Chandail pay the College's partial costs in the amount of $10,000 payable to the College of Optometrists of Ontario within six months of the date of this Order.
c. the Registrar be directed to suspend Dr. Chandail's certificate of registration for a period of four (4) weeks commencing on December 16, 2019.
d. the Registrar be directed to impose the condition on Dr. Chandail's certificate of registration that he complete twelve (12) hours of practice coaching within three (3) months of the date of this Order as follows:
    i. The coaching shall be at Dr. Chandail's own expense;
    ii. The practice coach and the coaching plan shall be approved by the Registrar;
    iii. The coaching will focus on the issues that arose in the allegations including making and maintaining patient records, financial records and appointment books; conducting ocular-visual assessments; how to test for and identify the condition ultimately diagnosed in patient S. C's and when to refer such patient to an ophthalmologist;
    iv. The coaching will take place primarily at the coach's office; however, the coach will also attend at Dr. Chandail's office to assist in developing the coaching plan and may attend again during the coaching period at his or her discretion;
    v. At the conclusion of the coaching period the practice coach will send a report to the Registrar indicating whether or not, in the opinion of the coach, Dr. Chandail understands the issues covered by the coaching and whether he has implemented improvements to his practice, as recommended by the coach;
    vi. In the event of a report from the practice coach that is not acceptable to the Registrar, Dr. Chandail can repeat the practice coaching period once more under

the same conditions as above. This is to be completed within twelve (12) months of the date of the Order of the Discipline Committee; and

vii. If Dr. Chandail fails to successfully complete the practice coaching, the matter will be referred to the Inquiries, Complaints and Reports Committee.

e. the Registrar be directed to impose the condition on Dr. Chandail's certificate of registration that he submit a 1000 word essay to the Registrar, which is in his own words as follows:

   a. The essay shall reflect:
   (i) The appropriate documenting and maintaining of patient records with an emphasis on documenting patients' health and oculo-visual history;
   (ii) The fact that patient records must not be altered after the date that they are made unless a note is made indicating the date and reason for the alteration;
   (iii) The required steps involved in completing an appropriate oculo-visual assessment;
   (iv) How to test for and identify the condition ultimately diagnosed in patient S. C. and when to refer such patient to an ophthalmologist; and
   (v) Dr. Chandail's reflections on how the eye examinations provided to the patients at issue in his discipline hearing should have been handled differently;

   b. The essay shall be completed within one month of the successful completion of his practice coaching; and

   c. The Registrar shall determine whether or not the essay is acceptable; if it is not, Dr. Chandail will be required to correct it to the Registrar's satisfaction.

f. the Registrar be directed to impose the condition on Dr. Chandail'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:
(a) The Registrar shall assign an assessor to conduct an inspection of twenty-five (25) patient records for patients under the age of twenty-two, seen after the suspension has been served and the essay completed;
(b) 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;
(c) 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;
(d) Dr. Chandail shall be given five (5) business days' notice prior to the College representative attending his practice to obtain the records; and
(e) The practice inspection shall be conducted at Dr. Chandail's expense, to a maximum of $1,500.

2. Dr. Gregory Miller – Penalty Hearing held on December 4, 2019

THE DISCIPLINE COMMITTEE ORDERED

1. Dr. Miller is required to appear before the Discipline Committee to receive a reprimand.

2. Dr. Miller is required to pay costs to the College in the amount of $ 50,000 payable to the College of Optometrists of Ontario within 30 days of the date of the decision of the Discipline Panel.
3. The Registrar is directed to suspend Dr. Miller's certificate of registration for a period of two months, to commence on a date acceptable to the Registrar.
4. The Registrar is directed to impose the following specified terms, conditions and limitations on Dr. Miller's certificate of registration:
    a. Dr. Miller is required to complete two and a half days of practice coaching with a practice coach who is chosen by the Registrar at his expense within two months of the date of this order as follows:
        i. One full day (minimum 6 hours) working with the coach on the following areas of practice:
            I. Recordkeeping; and
            II. Posterior segment examination.
        ii. One full day (minimum 6 hours) discussing the issues in clause i, above, with respect to the services he provided to Patient A.
        iii. One half day (minimum 3 hours) of follow-up coaching within six months of the coaching referred to in clauses i and ii., to assess Dr. Miller's understanding and implementation of the issues raised in the first two days of coaching.
    b. Dr. Miller is required to complete 6 hours of coaching with a communications coach chosen by the Registrar at his own expense within two months of the date of this order to work on the proper communication with patients including communications regarding treatment options and appropriate communications with patients regarding professional colleagues.
    c. Dr. Miller is required to undergo a practice inspection of 20 files which were completed within 9 months of the completion of the coaching, including 3 insurance assessments, if any have been completed in this time. The inspection will be at Dr. Miller's expense by a College-appointed inspector and shall be restricted to the issues for which he received coaching. Any deficiencies found in the practice inspection may result in a report to the Inquiries, Complaints and Reports Committee ("ICRC").
    d. At the conclusion of the coaching periods referred to above, the practice coaches shall send a report to the Registrar indicating whether, in the opinion of the coach, Dr. Miller understands the issues covered by the coaching and whether he has implemented improvements to his practice, as recommended by the coach. In the event of a report from the practice coach that is not acceptable to the Registrar, the Registrar may report the matter to the ICRC, and
    e. Dr. Miller must provide to the Registrar proof of having registered for the ProBE Ethics and Boundaries Program within six months of the date of the Panel's order and provide proof to the Registrar of having attained an "unconditional pass", within one year from the date of the panel's order.

The Discipline Committee is preparing to conduct one discipline hearing:

1. Dr. Kashif Zoberi - Hearing scheduled for January 10, 2020.

Date of Referral: May 8, 2019

Matter A

1. Dr. Zoberi has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Code, in that:

    a. Dr. Zoberi contravened the Regulated Health Professions Act, 1991, and:

        i. paragraphs 1.1 and 1.16 of Ontario Regulation 119/94, under the Optometry Act, 1991, S.O. 1991, c. 35 ("Regulation 119/94"), in that he continued to practice optometry while his certificate of registration was suspended after January 17, 2018;
        ii. paragraph 1.14 of Regulation 119/94, in that he failed to maintain the standards of practice of the profession in that he performed incomplete eye examinations during the period of suspension, from January 17, 2018 to July 6, 2018;
        iii. paragraph 1.24 of the Regulation 119/94, in that he failed to make or maintain records, as required by Part IV of the Regulation for the patients he saw during the period of suspension of his certificate of registration, from January 17, 2018 to July 6, 2018;
        iv. paragraph 1.30 of Regulation 119/94, in that he failed to issue a statement of receipt that itemized an account for professional goods or services to the patient or a third party who is to pay, in whole or in part, for the goods or services provided to the patients treated during the period of suspension of his certificate of registration from January 17, 2018 to July 6, 2018;
        v. paragraph 1.39 of Regulation 119/94, in that he has 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 in that he continued to practice optometry while his certificate of registration was under suspension after January 17, 2018.

Matter B

1. Dr. Zoberi has committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Code, in that:

    a. Dr. Zoberi contravened the Regulated Health Professions Act, 1991, and:
        i. paragraphs 1.1 and 1.16 of Ontario Regulation 119/94[1], under the Optometry Act, 1991, S.O. 1991, c. 35 ("Regulation 119/94"), in that he provided an eye examination to Patient A on June 20, 2018, thus engaged in the practice of optometry, while his certificate of registration was suspended (after January 17, 2018);
        ii. paragraph 1.14 of Regulation 119/94, in that he failed to maintain the standards of practice of the profession in that he provided an incomplete eye examination to Patient A on June 20, 2018;
        iii. paragraph 1.24 of the Regulation 119/94, in that he failed to make or maintain records for Patient A, as required by Part IV of the Regulation;

iv. paragraph 1.28 of Regulation 119/94, in that he allowed an account for professional services to be submitted that he knew or ought to have known was false or misleading, for the services rendered to Patient A on June 20, 2018;

v. paragraph 1.30 of Regulation 119/94, in that he failed to issue a statement or receipt that itemized an account for professional goods or services to Patient A or a third party who is to pay, in whole or in part, for the goods or services provided to Patient A on June 20, 2018;

vi. paragraph 1.33 of Regulation 119/94, in that he charged a fee, in whole or in part, before providing professional services to a patient, specifically for the services rendered to Patient A on June 20, 2018;

vii. paragraph 1.39 of Regulation 119/94, in that he has 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 in that he continued to practice optometry while his certificate of registration was under suspension after January 17, 2018.

Committee training

Three members appointed to the Discipline Committee have completed the Federation of Health Regulatory Colleges' training session "Conducting a Discipline Hearing – Basic program" on October 24, 2019; three Discipline Committee members have also completed the parallel advanced program on October 25, 2019.

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

Respectfully submitted:

Jim Hoover, O.D.
Committee Chair

Governance/HR Committee Report

Reporting date: December 20, 2019
Number of meetings in 2019: 9 (5 in-person, 4 teleconference)
Number of meetings since last Council meeting: 3 (2 in-person, 1 teleconference)

The Governance/HR Committee met via teleconference on September 26 and in-person on October 21 and December 11, 2019.

Committee Selection Process: Historically, the committee membership recommendation process was conducted informally by the Executive Committee. This is the first year, as per the terms of reference, that the Governance/HR Committee performed the review and submitted the proposal for the upcoming year's committee composition.

The Committee received 46 volunteer applications for positions on committees. The recommended committee composition was based on competencies, promoted turnover and fair distribution, adhered to College by-law requirements and attempted to limit the number of Council members on statutory committees in accordance with the minimum specified in the by-laws. A full briefing note that outlines the process is provided under the respective agenda item regarding committee appointments.

By-Law Reform: At the September 2019 meeting, Council was involved in a facilitated session to discuss term limits and provided valuable feedback for the Committee's considerations. Following a review of best practices, internal committee discussion and Council feedback, the Committee agreed in principle to submit the following by-law amendments:

- set an 18-year maximum term for College involvement on a combination of Council/committees, specifying:
    - a nine-year maximum term for Council members; and
    - a nine-year maximum for committee involvement.
- eliminate the waiting period for re-election to Council between maximum terms.

In early 2020, the Committee will be undertaking a fulsome by-law review, in preparation for circulation and approval. This recommendation will make up part of a compiled list of by-law changes to be proposed by the Committee.

Council Member Self-Evaluation: The Committee piloted an alternate method of performing the assessment. Each Council member individually met with a Committee member to engage in an open dialogue on their participation. This occurred in an informal setting and allowed Council members to be more open on areas of strength and self-improvement. The results were anonymized and presented back to the Committee at its fall meeting. The Committee notes that the exercise was worthwhile and provided valuable feedback such as fostering public member involvement and proposing changes to Council meeting protocol. A further discussion on the common themes arising from this evaluation will be discussed at the April meeting. The Committee also intends to further hone this evaluation project in 2020.

Chair Evaluation/Self-Assessment: The Committee developed a guide for committee chairs, alongside an evaluation process. This will assist the College by both setting expectations/developing a competency

framework for its chairs while also assisting with the committee selection process in upcoming years. The guide will be provided to all new chairs following the appointment process.

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. The survey results following the September 27, 2019 meeting are provided as an addendum to the report.

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

1. To approve the proposed committee memberships for 2020 as set out by the Governance/HR Committee.

Respectfully submitted:

John Van Bastelaar
Committee Chair

Council Meeting Evaluation – Survey Results

Following the Council meeting on September 27, 2019, members were sent an online survey, asking them to evaluate the meeting's effectiveness and to make any suggestions moving forward.
Of the 17 members in attendance, all 17 responded to the survey.

1. **Did you feel adequately prepared for the September 27, 2019 Council meeting?**
   94% - Adequately Prepared

   a. **The meeting was well organized.**
      17 – YES
      0 – NO

   b. **The interaction between members was well managed.**
      17 – YES
      0 – NO

   c. **All members were given a fair opportunity to participate.**
      17 – YES
      0 – NO

2. **What improvements/changes could be made to the agenda?**
   -No improvements/changes at this time (x11)
   -The agenda should actually fill a full day, and go to 5:00pm
   -Try to stick with order in agenda; otherwise note when we are jumping around the agenda
   -Share the draft agenda with Council ahead of posting – allow members to add topics
   -Include a short summary of issue at hand
   -More facilitated discussion/brainstorming sessions (i.e. similar governance sessions)

3. **What could be done to ensure all members have a fair opportunity to participate in the meeting?**
   -All members given fair opportunity to share input (x10)
   -Alternative discussions, like the short session regarding the governance issues, are a nice break from the normal meeting and ensure everyone's involvement – please continue this practice (x3)
   -Each member has the responsibility on their own to speak their mind
   -Ensure chair invites comments from those that have not spoken
   -Check in with new Council members for comments/understanding
   -No longer need to ask this question in the survey

4. **Have the Council meetings improved based off previous feedback?**
   -Meetings have improved (x10)
   -Continue to introduce staff/invite committee staff support participation for motions (x3)
   -Participation has increased over the past few meetings (x2)
   -Enjoyed presentation on Registrar's report; please continue this practice
   -Not able to comment (x6)

5. List the top three priorities requiring attention in order for Council to function more effectively

-Keep discussions on topic (x2)
-Plan a full agenda/add more items (x2)
-Strategic Plan (x2)
-Time management of discussions (x2)
-Allocate more time to more controversial topics
-Annual business plan with KPIs
-Better introduction of new members
-Change format of committees introducing motions
-Continue to encourage all members to participate
-Discuss hot topics issues being raised by the media on other Colleges; invite other Registrars to share experiences
-Don't rehash committee work at the Council table
-Encourage open dialogue from 'quieter' members
-Encourage raising your hand to make comments
-Highlight areas for discussion
-Limit surprising motions
-More Council member training
-Occasional break-out/interactive group discussion sessions
-Provide detailed pre-reading materials
-Report on KPI progress at each Council meeting
-Streamline committee processes

6. Do you have any other comments, questions or concerns?

-Extremely pleased with the way the meeting was run. Agenda items were addressed, and the meeting moved smoothly.
-Use timer for discussions (it was used for governance session)
-Governance/HR chair did great job implementing the techniques learned through the facilitation training
-Continue to have a facilitated discussion session each Council meeting on a high priority topic

Audit/Finance/Risk Committee
Activity Report

Reporting Date: November 22, 2019
Number of meetings in 2019: 4
Number of meetings since last Council meeting: 1 in-person meeting

Risk Management Report Q4 2019: The Committee reviewed the Risk Management Report: Q4 2019 and agreed it would go to Council as part of the confidential pre-read package for strategic planning. It was also agreed that the report would be updated and reviewed on a quarterly basis in the future.

Financial Statements: The Committee reviewed the financial statements (enclosed) as of September 30, 2019. It was noted that the College recorded a year-to-date surplus of $236,157, which is attributed to an increase in revenue in almost all income types mainly Professional Corporations, Application fees and underspending to date in some budget areas. The dashboard summary (enclosed) has been updated to include the September 30, 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.

Budget Fiscal Year 2020: The Committee also reviewed and discussed the draft budget for fiscal year 2020 (enclosed), and following revisions, it made a recommendation to present the College's draft operating budget for the fiscal year 2020 to Council for approval.

Proposed Motions to Council:

1. **To approve the College's Budget for the fiscal year 2020 as presented by the Committee.**

Respectfully submitted,

Dr. Patrick Quaid, Optometrist
Chair, Audit/Finance/Risk Committee
Encl.

COLLEGE OF OPTOMETRISTS OF ONTARIO
FINANCIAL STATEMENT SUMMARY AS OF SEPTEMBER 30, 2019

1. Incomes and Expenditures

Month 9

	ANNUALIZED BUDGET	YTD BUDGET	YTD ACTUALS	VARIANCE	%VARIANCE	
REVENUES	2,729,136	2,046,852	2,154,372	107,520		
EXPENSES	3,068,000	2,288,282	1,918,215	(370,067)		
SURPLUS(DEFICIT)	(338,864)	(241,430)	236,157	477,587	21%	Overall variance due to under spending in expenses and 108K over budgeted revenue

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

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)

(5,174,043-144,837)/(3,068,000/12) 19.67 College can cover its expenses for 19 months using its Net Assets.

3. Investment Portfolio Performance

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

Weighted Average Return
as of September 30, 2019

	Asset mix	Last 3 months	Last 12 months	Last 3 years
Canadian equity (S&P/TSX Capped Composite)	**25%**	2.48%	7.06%	7.36%
US Equities (S&P500)	**10%**	1.49%	2.55%	12.21%
Fixed Income (FTSE Canada Universe Bond Index)	**55%**	0.84%	10.18%	2.66%
International Equities (MSCI EAFE)	**10%**	2.07%	2.71%	9.40%
Benchmark	100%	**1.44%**	**7.89%**	**5.46%**
Returns				
Weighted Average returns *		**0.50%**	**4.61%**	
Over/under		-0.94%	-3.28%	

College of Optometrists of Ontario
65 St. Clair Ave. E., 9th Floor
Toronto, Ontario
M4T 2Y3

Balance Sheet

Sep 2019

	30-Sep-19	30-Sep-18
ASSETS		
Current		
Cash	302,714	575,492
Short Term Investment		
Amounts Held By Broker	102,994	74,930
Accounts Receivable		2,862
Interest Receivable		
Prepaid Expenses	14,457	14,415
	420,164	**667,699**
Portfolio Investments		
Investments, Securities & Bonds	5,212,833	4,915,186
Capital Assets less Accumlated Amortization		
Land & Building	0	0
Computer Hardware & Software	107,459	107,459
Other	0	
Furniture & Equipment	98,133	98,133
Construction & Leaseholds	259,516	259,516
Evaluating Examination		
Database / IS Implementation		
	465,108	**465,108**
Accumulated Amortization	-320,271	-281,260
	144,837	**183,848**
	5,777,834	**5,766,733**
LIABILITIES		
Current		
Accounts Payable & Accrued Liabilities	20,700	29,837
Accrued Building Upgrade Expenses		0
Fees Received in Advance	583,091	564,309
	603,791	**594,146**
NET ASSETS		
Invested in Capital Assets	144,837	181,232
Appropriated Special Policy Funds (1)	3,370,000	2,870,000
Unappropriated Surplus	1,659,205	2,121,354
	5,174,043	**5,172,586**
	5,777,834	**5,766,732**

College of Optometrists of Ontario

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Income and Expenditure Report

As at Sep 30/2019

	2018 Actuals	2019 Budget Estimate	Budget to Date 9/12	Income/Expend. To Date	% of Budget To Date
Income					
Annual registration fees	$2,309,907	$2,378,021	$1,783,516	$1,828,473	102.5%
Professional Corporation fees	$367,622	$290,115	$217,586	$266,342	122.4%
Application Fees	$63,210	$56,000	$42,000	$57,285	136.4%
Credential assessment fees			$0		#DIV/0!
Optometry review Committee			$0		#DIV/0!
Continuing Education	$810	$2,000	$1,500	$90	6.0%
QA - Assessments		$0	$0		#DIV/0!
Other Income	$15,961	$3,000	$2,250	$2,182	97.0%
Total Revenues	**$2,757,510**	**$2,729,136**	**$2,046,852**	**$2,154,372**	**105.3%**
Committee Expenses					
Quality Assurance Committee	$115,368	$90,000	$67,500	$76,986	114.1%
Recovery of QA Assessment	($64,576)		$0	($18,998)	#DIV/0!
Communication Committee			$0		#DIV/0!
Clinical Practice Panel of QAC	$26,624	$30,000	$22,500	$17,472	77.7%
College Representation	$16,947	$30,000	$22,500	$24,330	108.1%
ICRC	$89,628	$80,000	$60,000	$55,511	92.5%
Council Meeting	$76,375	$100,000	$75,000	$78,275	104.4%
Council Training	$19,765	$20,000	$15,000	$16,776	111.8%
Discipline Committee	$37,227	$60,000	$45,000	$53,917	119.8%
Credential Assessement Committee			$0		#DIV/0!
FORAC Contribution	$23,910	$25,000	$18,750	$25,894	138.1%
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	$7,500		0.0%
Executive Committee	$58,402	$45,000	$33,750	$18,958	56.2%
Memberships (FHRCO, etc)	$19,885	$25,000	$18,750	$8,345	44.5%
Medals and Presentations	$1,502	$4,000	$3,000	$1,496	49.9%
Patient Relations Committee	$6,410	$25,000	$18,750	$6,244	33.3%
Registration Committee	$39,796	$45,000	$33,750	$28,406	84.2%
Illegal/Internet dispensing	$110,896	$100,000	$75,000	$36,307	48.4%
Unauthorized Practice	$5,143	$30,000	$22,500		0.0%
Regulation Proposals		$5,000	$3,750		0.0%
Strategic Planning		$36,000	$27,000	$10,132	37.5%
Finance/Audit and Risk Committee		$40,000	$30,000	$8,776	29.3%
OEBC Contribution		$0	$0		#DIV/0!
Governance committee/HR	$32,437	$45,000	$33,750	$39,889	118.2%
Total Committee Expenses	**$616,364**	**$845,000**	**$633,750**	**$488,716**	**77.1%**

College of Optometrists of Ontario

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Income and Expenditure Report

As at Sep 30/2019

	2018 Actuals	2019 Budget Estimate	Budget to Date 9/12	Income/Expend. To Date	% of Budget To Date
Admin. Expenses					
Bank & Credit Card Fees	$65,317	$60,000	$45,000	$1,374	3.1%
Investment management Fees	$38,383	$45,000	$33,750	$28,469	84.4%
Occupancy Costs	$149,705	$155,000	$116,250	$115,080	99.0%
Insurance	$5,860	$10,000	$7,500	$6,374	85.0%
Legal General	$33,797	$30,000	$22,500	$17,835	79.3%
Legal - Special	$396	$5,000	$3,750		0.0%
Legal - Registration	$7,443	$10,000	$7,500	$1,438	19.2%
Legal - Quality Assurance		$0	$0	$280	#DIV/0!
Legal - ICRC	$26,626	$45,000	$33,750	$67,645	200.4%
Legal Discipline	$221,999	$170,000	$127,500	$118,494	92.9%
Accounting & Audit	$40,463	$45,000	$33,750	$11,050	32.7%
Recovery of discipline cost	($54,500)	$0	$0	($47,464)	#DIV/0!
Library Expense	$892	$1,000	$750	$516	68.8%
Web Site & Software	$47,443	$70,000	$52,500	$42,060	80.1%
Database / IS Servicing/Special Project		$0	$0	$64,455	#DIV/0!
Office Equipment		$5,000	$3,750		0.0%
Computer Hardware	$1,506	$20,000	$15,000	$2,323	15.5%
Leasing of Equipment	$15,525	$15,000	$11,250	$10,766	95.7%
Office Supplies and Maint.	$21,037	$25,000	$18,750	$18,383	98.0%
Postage & Courier	$14,066	$15,000	$11,250	$11,232	99.8%
Communications and Design	$3,164	$10,000	$7,500	$5,024	67.0%
Printing		$5,000	$3,750		0.0%
Staff Training	$5,924	$20,000	$2,282	$2,282	100.0%
Telephone and Internet	$8,527	$10,000	$7,500	$5,888	78.5%
Human Resources(Consultants)	$18,288	$15,000	$11,250	$15,928	141.6%
OE Tracker costs	$45,602	$52,000	$39,000	$50,766	130.2%
Jurisprudence examination	$21,026	$20,000	$15,000	$30,329	202.2%
E- Learning module development		$25,000	$18,750	$23,900	127.5%
Other Expense	$1,413	$5,000	$3,750	$3,073	82.0%
Payroll			$0		
Consulting	$50,692	$70,000	$52,500		0.0%
Salaries	$1,043,706	$1,150,000	$862,500	$750,255	87.0%
Staff Benefits		$115,000	$86,250	$71,743	83.2%
Sub-Total	**$1,834,301**	**$2,223,000**	**$1,654,532**	**$1,429,499**	**86.4%**
Sub-Total	**$0**	**$0**	**$0**	**$0**	
Total Admin. Expenses	**$1,834,301**	**$2,223,000**	**$1,654,532**	**$1,429,499**	**86.4%**
Total Operating Expenses	**$2,450,665**	**$3,068,000**	**$2,288,282**	**$1,918,215**	**83.8%**
EBITDA	**$306,844**	**($338,864)**	**($241,430)**	**$236,157**	**$0**

Depreciation	$39,011	$50,000	$37,500	$0	0.0%
Operating Income	**$267,833**	**($388,864)**	**($278,930)**	**$236,157**	**$0**
Exceptional Investments					
Research for Entry-to-Practice Exam	**$1,470**		$0	$15,000	**#DIV/0!**
Online Jurisprudence seminar & exam	**$0**		$0	**$6,798**	**#DIV/0!**
Quality Assurance Program Review	**$49,600**		$0		**#DIV/0!**
Operating income after exceptionals	**$216,763**	**($388,864)**	**($278,930)**	**$214,359**	**#DIV/0!**
Investment Income	($34,574)	$79,591	$59,693	$142,541	238.8%
NET RESULTS	**$182,190**	**($309,273)**	**($219,237)**	**$356,900**	**#DIV/0!**

Strategic Planning Committee Report

Reporting date: December 19, 2019
Number of meetings in 2019: 5 (2 in-person, 3 teleconference)
Number of meetings since last Council meeting: 1 (in-person)

The Strategic Planning Committee met in person on November 11, 2019.

Strategic Plan Consultant: The Committee has engaged Optimus SBR as the strategic planning consultant to assist the College in its development of a new strategic plan in 2020. Optimus provides a large and diverse team with an abundance of experience working with health regulators. With its assistance, the College intends to develop an ambitious and clear strategic plan that will set new strategic priorities and initiatives. The Committee has met with the consultant to kick off the project and outline plan development.

Council Facilitation Sessions: The Committee and staff assisted with the development of the first facilitated session with Council, to be held on January 16, 2020. The second facilitated session will occur as part of the April 20, 2020 Council meeting. The final plan will be presented for Council approval at the June 25, meeting.

Respectfully submitted:

Marta Witer
Committee Chair

6-7 / OTHER MATTERS

6. In Camera Session
   Council will go **in camera** under:
   - Section 7(2)(e); Section 7(2)(b); and Section 7(2)(d) of the *Health Professions Procedural Code*, which is Schedule 2 to the Regulated Health Professions Act, 1991

7. College Performance Management Framework
   - Presentation Thomas Custers, Manager, Quality Performance and Evaluation at Ontario Ministry of Health and Long-Term Care

BRIEFING NOTE

Council meeting – Jan. 2020

Subject

College Performance Management Framework

Issue

The Ministry is developing a College Performance Measurement Framework for all regulatory colleges.

Background

The Ministry convened a working group to develop a Performance Measurement Framework in 2018. The working group includes representatives from health regulatory colleges as well as measurement experts from other organizations.

The purpose of the framework is to strengthen accountability and oversight, improve College performance and ensure public confidence in the profession is maintained. Thomas Custers, Manager, Quality Performance and Evaluation at Ontario Ministry of Health and Long-Term Care will be presenting to Council on the overall framework and fielding questions on its development and next steps.

Contact

Maureen Boon, Registrar | CEO

8 / MOTIONS

8. Motions Brought Forward from Committees

    a. Audit/Finance/Risk
        - That Council approve the College's budget for the fiscal year 2020 as presented by the Committee.

    b. Governance/HR Committee
        - That Council approve the proposed committee memberships for 2020 as set out by the Governance/HR Committee.

Motion to Council

Name of committee: **Audit, Finance and Risk**

Date of submission: **January 17, 2020**

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

Proposed motion: To approve the College's Budget for the fiscal year January 1, 2020 to December 31, 2020.

Recommendation to Council and Rationale	
The Issue	The Audit/Finance/Risk Committee has prepared a draft operating budget for the fiscal year January 1, 2020 to December 31, 2020. The proposed budget (enclosed at Appendix 1) is submitted here by motion to Council for review and approval.
Background	In developing the current operating budget, the Committee set out the following goals for the budget process this year: **Operating Budget** • Working towards a balanced budget • Staff input a key element of the process • Increasing clarity on real operating costs with better estimates and improved back-up documentation • Refining categories and allocations to be more self-explanatory • Budgeting based on forecasted actuals, not previous budget • Incorporating resourcing of key initiatives and linking to the Strategic Plan • Transition to in-house bookkeeping and preparation of reports **Unrestricted Funds** • Allocating unrestricted reserve funds instead of building large contingencies into operating budget • Setting out planned access to unrestricted reserve funds for both anticipated projects and unanticipated costs
Analysis, including impact on budget	Revenue: • Decreased revenue of $60,000 over projected 2019 actuals • Reduced revenue of $103,000 resulting from the decrease in professional corporation fees offset by projected increase in membership Expenses: • Increased operating expenses of $422,000 over projected 2019 actuals

	• Proposed operating costs for 2020 of $3,188,471 (before adjusting for estimated depreciation costs $45,000 and allocation of reserve funds $95,000) compared to forecasted operating expenses for 2019 of $2,766,299 • Increased expenses driven by increased Quality Assurance Assessments, technology and legal costs as well as staffing increases to support key initiatives Committees: o Increase in Quality Assurance assessments (approximately double) as directed by Council o Increased Council meetings/dinners to improve engagement o Completion of Strategic Plan o Anticipated increase in number of discipline cases o Patient relations funding Administration: o Accounting and audit fees reduced by moving the bookkeeping function in-house o Engaging a consultant IT project manager to coordinate ongoing IT projects, specifically online applications and renewals for professional corporations o Anticipated increase in legal costs relating to discipline matters o Office maintenance costs for additional workstations and improvements to kitchen o Staff training re process improvement, privacy & cybersecurity Human Resources: o Increase in staff costs of $234,000 to provide for: 1. FTE adjustments to existing positions (moving some positions from part to full time) 2. Salary increases for cost-of-living and merit 3. New Investigative Case Manager to manage increased workload and improve efficiencies 4. Two summer students to assist with registrations and health informatics (database improvements)
Next Steps	If approved, College staff will implement the budget guidelines across departments and finalize planning for key initiatives. Quarterly reporting of budget and actuals will be provided to Council at scheduled meetings after review by the Audit, Finance and Risk Committee.

Approved by AFR Committee motion: January 6, 2020 to bring forward in a motion for approval to Council at next meeting January 17, 2020.

College of Optometrists of Ontario			
PROPOSED BUDGET 2020			
Including 2018 Actuals and Q4 forecast to December 31, 2019.			
	2018 Actuals	**Forecasted actuals for 12 months to Dec 31**	**Draft Budget 2020**
Income			
Annual registration fees	2,309,907	2,437,964	2,485,420
Professional Corporation fees	367,622	355,123	264,440
Application Fees	63,210	76,380	58,800
Continuing Education	810	120	0
Other Income	15,961	2,909	3,000
Total Revenues	**2,757,509**	**2,872,496**	**2,811,660**
Committee Expenses			
Quality Assurance Committee	115,368	102,648	200,000
Recovery of QA Assessments	(64,576)	(25,331)	(4,000)
Clinical Practice Panel of QAC	26,624	23,296	30,000
Engagement (formerly College Rep)	16,947	33,840	40,000
ICRC	89,628	74,015	90,000
Council Meeting	76,375	104,367	128,000
Council Training	19,765	22,368	30,000
Discipline Committee	37,227	71,889	65,000
FORAC Contribution	23,910	25,894	26,000
Fitness to Practise			0
Road Show - moved to Engagement	624		0
Executive Committee	58,402	25,277	12,000
Memberships (FHRCO, etc)	19,885	10,220	20,000
Medals and Presentations	1,502	1,496	4,000
Patient Relations Committee	6,410	10,643	20,000
Registration Committee	39,796	37,875	33,200
Illegal/Internet dispensing	110,896	176,307	0
Unauthorized Practice	5,143		0
Regulation Proposals			0
Strategic Planning		21,467	40,000
Finance/Audit and Risk Committee		13,031	20,000
Governance committee/HR	32,437	53,185	45,000
Total Committee Expenses	**616,364**	**782,488**	**799,200**
Admin. Expenses			
Bank & Credit Card Fees	65,317	67,467	65,000
Investment management Fees	38,383	42,653	45,000
Occupancy Costs	149,705	159,626	155,000
Insurance	5,860	6,374	6,500
Legal General	33,797	35,520	35,000
Legal - Special	396		4,000

Approved by AFR Committee motion: January 6, 2020 to bring forward in a motion for approval to Council at next meeting January 17, 2020.

College of Optometrists of Ontario			
PROPOSED BUDGET 2020			
Including 2018 Actuals and Q4 forecast to December 31, 2019.			
	2018 Actuals	**Forecasted actuals for 12 months to Dec 31**	**Draft Budget 2020**
Legal - Registration	7,443	4,144	15,000
Legal - Quality Assurance-inactive		280	0
Legal - ICRC	26,626	91,246	50,000
Legal - Discipline	221,999	148,183	225,000
Accounting & Audit	40,463	17,050	29,500
Recovery of discipline cost	(54,500)	(53,217)	(50,000)
Library Expense	892	1,037	450
Web Site & Software -server	47,443	54,840	90,027
Database / IS Servicing/Special Project		100,522	83,228
Office Equipment and furniture			2,500
Computer Hardware	1,506	2,323	0
Leasing of Equipment	15,525	15,655	15,000
Office Supplies and Maint.	21,037	21,113	70,000
Postage & Courier	14,066	14,408	16,500
Communications and Design	3,164	5,024	10,000
Staff Training	5,924	2,282	20,000
Telephone and Internet	8,527	10,064	10,000
Human Resources(Consultants)	18,288	16,215	20,000
OE Tracker costs	45,602	50,766	56,000
Jurisprudence examination	21,026	30,390	5,400
E- Learning module development		23,900	25,000
Staff Appreciation	1,413	5,129	5,000
Consulting	50,692		35,000
Sub-Total Admin Expenses	**790,595**	**872,994**	**1,044,105**
Staff Costs			
Salaries	1,043,706	1,000,340	1,164,681
CPP/EI Expense			57,772
Group Benefits & RRSP Contributions		110,477	122,713
Total Staff Costs	**1,043,706**	**1,110,817**	**1,345,166**
Total Admin. Expenses	**1,834,301**	**1,983,812**	**2,389,271**
Total Operating Expenses	**2,450,665**	**2,766,299**	**3,188,471**
Sub-total Operating Surplus (Deficit)	**306,844**	**106,197**	**(376,811)**
Depreciation	39,011	45,000	50,000
Operating Costs / Budget (Deficit)	**267,833**	**61,197**	**(426,811)**

Approved by AFR Committee motion: January 6, 2020 to bring forward in a motion for approval to Council at next meeting January 17, 2020.

College of Optometrists of Ontario			
PROPOSED BUDGET 2020			
Including 2018 Actuals and Q4 forecast to December 31, 2019.			
	2018 Actuals	**Forecasted actuals for 12 months to Dec 31**	**Draft Budget 2020**
Reserves from unrestricted funds for anticipated costs:			
Office space improvements			(50,000)
Online Jurisprudence seminar & exam development	-	6,798	0
Quality Assurance Program Review	49,600		0
Research - ETP development of competency profile	1,470	15,000	(45,000)
Total Reserves from unrestricted funds:	**(51,070)**	**(21,798)**	**(95,000)**
Sub-total Operating Budget with reserve funds:	**216,763**	**39,399**	**(331,811)**
Unrealized gain/loss investments	(34,574)	184,065	80,000
Operating Costs / Budget (Deficit)	**182,190**	**223,464**	**(251,811)**
Anticipated Special Projects - reserves from unrestricted funds:			
Public Engagement		50,000	
Entry-to-Practice Exam Development		207,500	
Total reserves from unrestricted funds:		**257,500**	
Contingencies - reserves from unrestricted funds:			
Patients Relations - access to therapy		50,000	
Legal - Discipline -appeal 2020		100,000	
Unauthorized Practice - occasional		46,000	
Total reserves from unrestricted funds:		**196,000**	

BRIEFING NOTE

GOVERNANCE/HR COMMITTEE

Council meeting – Jan. 2020

Subject

Appointment of Committee Chairs and Committee Members - 2020

Issue

As per its terms of reference, the Governance/HR Committee is responsible for recruiting committee members and for proposing chair and committee composition. Recruitment for non-Council members to fill 2020 committee vacancies took place during the fall. The College received a record number of applications; the Committee will continue to pursue activities to promote the recruitment process. The Committee thoroughly reviewed the information provided by each of the 46 non-Council volunteer applicants and are recommending 41 of them for committee appointments.

The Committee has made recommendations for committee appointments/reappointments for the 2020 Council term (*Appendix A*). The proposed committee membership takes several factors into account including experience, competency and expertise while ensuring succession planning. The Committee has also ensured that each committee meets statutory requirements and aligns with obligations under the College's by-laws.

Over the last year, the Committee has developed a set of principles for committee selection based on the College's 2017 governance review and past practices. With a focus on transparency, the Committee utilized the following principles in determining its recommendation for the 2020 committee composition:

- Committee composition to distribute experience based on:
  - 1/3 – New committee members
  - 1/3 – Developing committee members (1-3 years)
  - 1/3 – Experienced committee members (3+ years)
- Council members to completely constitute the Executive, Governance/HR and Audit/Finance/Risk (AFR) committees;
- Appoint only one elected Council member to each statutory committee (except Discipline Committee);
- Equal committee involvement amongst elected/public Council members respectively;
- Non-Council members to be assigned to only one committee;
- Elected Council members to serve no more than three years in total on each of the Governance/HR and AFR committees;
- Committee Chairs to serve no longer than three years consecutively;
- President to only chair Council/Executive;
- President not appointed to statutory committees (except Discipline Committee);
- Where possible, Council members to be appointed as chair of each committee (except Discipline Committee);
- Committees with dual panels (ICRC, QA) will have co-chairs; and
- Ad-hoc committee membership to remain untouched until the conclusion of the project.

When conducting the selection process, the members of the Governance/HR Committee also self-identified conflicts of interest when discussing their own appointments and removed themselves from the room for that discussion.

The Committee's recommendation aims to ensure alignment with these principles, promote fair distribution, optimal fit and best practices.

Decision for Council

Approval of proposed committee memberships for 2020 as set out by the Governance/HR Committee in *Appendix A*

Contact

John Van Bastelaar, Governance/HR Committee Chair
Maureen Boon, Registrar | CEO
Justin Rafton, Manager, Policy & Governance

***Appendix A*:**

College of Optometrists of Ontario
Proposed 2020 Committee Membership

Standing Committees

Audit/Finance/Risk Committee

OPTOMETRIST COUNCIL MEMBERS:	
Dr. Marta Witer	
Dr. Lisa Christian	
Dr. Patrick Quaid	

PUBLIC COUNCIL MEMBERS:	
Ms. Suzanne Allen	
Mr. Bashar Kassir	Chair

Governance/HR Committee

OPTOMETRIST COUNCIL MEMBERS:	
Dr. Annie Micucci	Chair
Dr. Richard Kniaziew	
Dr. Christopher Nicol	

PUBLIC COUNCIL MEMBERS:
Mr. Narendra Shah
Mr. John Van Bastelaar

Statutory Committees

Discipline Committee

OPTOMETRIST COUNCIL MEMBERS:
Dr. Linda Chan
Dr. Lisa Christian
Dr. Camy Grewal
Dr. Annie Micucci
Dr. Kamy Morcos
Dr. Christopher Nicol
Dr. Patrick Quaid
Dr. William Ulakovic
Dr. Marta Witer

PUBLIC COUNCIL MEMBERS:
Ms. Suzanne Allen
Ms. Winona Hutchinson
Mr. Bashar Kassir
Mr. Howard Kennedy
Mr. Albert Liang
Mr. Narendra Shah
Mr. John Van Bastelaar

NON-COUNCIL OPTOMETRIST MEMBERS:	
Dr. Jim Hoover	Chair
Dr. Vivian Habib	Vice-Chair
Dr. Lorne Berman	
Dr. Michelle Cvercko	
Dr. Marian Elder	
Dr. Kenneth Hadley	
Dr. Jameel Kanji	
Dr. Anita Kumar	
Dr. Angela Kyveris	
Dr. Donald MacQueen	
Dr. Sharon Markowitz	
Dr. Mohamed Moussa	
Dr. Dennis Ruskin	
Dr. Karin Simon	

Fitness to Practice Committee

OPTOMETRIST COUNCIL MEMBER:
Dr. Kamy Morcos

PUBLIC COUNCIL MEMBER:	
Mr. Albert Liang	Chair

NON-COUNCIL OPTOMETRIST MEMBER:
Dr. Jay Mithani

Inquiries, Complaints & Reports Committee

OPTOMETRIST COUNCIL MEMBER:	
Dr. Richard Kniaziew	Co-Chair

PUBLIC COUNCIL MEMBERS:
Ms. Winona Hutchinson
Mr. Bashar Kassir
Mr. Albert Liang
Mr. Narendra Shah

NON-COUNCIL OPTOMETRIST MEMBERS:	
Dr. Dave White	Co-Chair
Dr. Jenna Astorino	
Dr. Vanesh Kathiravelu	
Dr. Norris Lam	
Dr. Dino Mastronardi	

Patient Relations Committee

OPTOMETRIST COUNCIL MEMBER:	
Dr. Christopher Nicol	Co-Chair

PUBLIC COUNCIL MEMBERS:	
Ms. Suzanne Allen	Co-Chair
Mr. Howard Kennedy	
Mr. John Van Bastelaar	

NON-COUNCIL OPTOMETRIST MEMBERS:
Dr. Linda Bathe
Dr. Negar Rezvani
Dr. Sarah Sharma
Dr. Mike Yang

Quality Assurance Committee

QA Panel

OPTOMETRIST COUNCIL MEMBER:	
Dr. Linda Chan	Co-Chair

PUBLIC COUNCIL MEMBERS:
Mr. Albert Liang
Mr. John Van Bastelaar

NON-COUNCIL OPTOMETRIST MEMBERS:
Dr. Mark Eltis
Dr. Nadine Furtado
Dr. Natalija Ilic
Dr. Larry Ng
Dr. Karin Schellenberg

Clinical Practice Panel

OPTOMETRIST COUNCIL MEMBER:	
Dr. Camy Grewal	Co-Chair

PUBLIC COUNCIL MEMBER:
Mr. Howard Kennedy

NON-COUNCIL OPTOMETRIST MEMBERS:
Dr. Bill Chisholm
Dr. Shirley Ha
Dr. Sarah MacIver
Dr. Leah Markin
Dr. Sana Owais

Registration Committee

OPTOMETRIST COUNCIL MEMBER:	
Dr. William Ulakovic	Chair

PUBLIC COUNCIL MEMBERS:
Ms. Winona Hutchinson
Mr. Howard Kennedy

NON-COUNCIL OPTOMETRIST MEMBERS:
Dr. Rose Marie Badame
Dr. Pooya Hemami
Dr. Abraham Yuen

Ad-Hoc Committees

Quality Assurance Subcommittee

OPTOMETRIST COUNCIL MEMBER:	
Dr. Kamy Morcos	Chair

PUBLIC COUNCIL MEMBERS:
Mr. Narendra Shah
Mr. John Van Bastelaar

NON-COUNCIL OPTOMETRIST MEMBERS:
Dr. Patricia Hrynchak
Dr. Areef Nurani
Dr. Olga Savitska

Strategic Planning Committee

OPTOMETRIST COUNCIL MEMBERS:	
Dr. Marta Witer	Chair
Dr. Christopher Nicol	

PUBLIC COUNCIL MEMBERS:
Ms. Winona Hutchinson
Mr. Bashar Kassir

NON-COUNCIL OPTOMETRIST MEMBER:
Dr. Timothy Tsang

NON-COUNCIL PUBLIC MEMBER:
Ms. Ellen Pekilis

9 / OTHER MATTERS

9. Entry-to-Practice Consultation Update

10. List of Acronyms

11. Dates of Upcoming Council Meetings
    a. Monday April 20, 2020
    b. Thursday June 25, 2020
    c. Friday Sept. 25, 2020
    d. Friday December 4, 2020

12. Adjournment

BRIEFING NOTE

Council meeting – January 2020

Subject

Consultation re: Entry-to-Practice (ETP) Exam

The College consulted on a proposal to proceed with the development of a new alternate ETP exam. This note provides an update on the consultation and the decision that the Registration Committee made.

Background

On October 17, the Registration Committee agreed to put forward a motion to January Council to approve the development of a new alternate ETP Exam by Touchstone Institute. On November 5, the Executive Committee decided to conduct a consultation prior to the January Council meeting. The consultation materials were released to stakeholders, the public and profession on November 18, 2019 (see Appendix A).

At the College's request, the Federation of Optometric Regulatory Authorities of Canada (FORAC) members met on December 16 to discuss the College's ETP Exam proposal. The Registration Committee met via teleconference on January 9, 2020, to review the outcome of this meeting, as well as feedback from stakeholders, the public and profession following the consultation deadline.

Feedback Received

Feedback was received from 9 College members and 11 stakeholders. No feedback was received from members of the public.

Optometrist feedback

Most of the optometrists who responded were supportive of an alternate ETP exam, mainly because of concerns about the OEBC exam as follows:

- Too much focus on communication and clinical decision-making at the expense of technical optometric skills
- Use of model eyes
- Issues relating to how the exam is run and communication with candidates

Of note, 2 of the respondents were involved with the OEBC. One (an assessor) was supportive of an alternate exam, citing concerns about the exam question development process that were not addressed when brought to the attention of OEBC. The other (an examiner) was not supportive, setting out how the OEBC exam was validated and expressing serious concerns about the cost of developing an alternate exam, the lack of provincial support and the perceived desire of the College to destroy the credibility of OEBC.

A few respondents expressed general concerns about candidates having to choose between exams, ensuring there is more communication with the profession before proceeding and the lack of involvement of the OEBC in the discussions.

Stakeholder Feedback

The 9 optometric regulatory authorities, both individually and via the December 16 FORAC meeting, were not in favour of proceeding with the development of a new ETP exam. Some provinces did recognize difficulties with the OEBC, but did not agree with an alternate exam for the following reasons:

- While it can be improved, there is no reason to develop another exam.
- The OEBC should be given an opportunity to make improvements.
- There should be *one* Canadian exam.
- Concerns about the financial sustainability of the exam, and move to another organization to manage the exam.
- Concerns about the ability to develop a bilingual exam.
- Potential difficulties getting enough optometrists from across the country to participate in the development of a new exam.

The Ontario Association of Optometrists (OAO) supported the development of a new ETP exam, but encouraged the College to collaborate with other stakeholders given that multiple Canadian examinations with different standards would not be beneficial to College members or to the public.

Feedback was also received from the Office of the Fairness Commissioner. The feedback expressed concern about the potential for multiple entry-to-practice exams and focused on providing applicants for registration with reasonable notice and clear communication.

Committee Recommendation

The Committee carefully reviewed the input received and thanks those who participated in the consultation.

Given the concerns expressed by the other provinces, the potential for new leadership at the OEBC and the value of developing one Canadian bilingual ETP exam for optometry, the Committee believes there is an opportunity for further collaboration with stakeholders.

As a result, the Committee has decided not to put forward a motion to move forward with the development of a new ETP exam at this meeting.

The Committee will work with FORAC and the OEBC over the next few months to explore the potential to develop one Canadian ETP exam that addresses the College's concerns.

The next opportunity for this discussion is at the February 1, 2020, meeting of the Federation of Optometric Regulatory Authorities of Canada (FORAC). FORAC will be provided with all of the feedback Council has received.

Should there be no meaningful progress towards the development of a Canadian ETP exam that addresses the Committee's previously stated concerns, it will move forward as originally intended. The Committee is, however, hopeful that collaboration will result in progress.

Council Discussion

Does Council have any questions about the feedback received or the recommendation of the Registration Committee?

Supporting Materials

- Approved minutes of the December 16, 2019, FORAC meeting
- Member feedback
- Stakeholder feedback

Contact

- Hanan Jibry, Assistant Registrar

APPENDIX A

Entry-to-Practice Consultation Materials

COLLEGE OF Optometrists OF ONTARIO

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

November 18, 2019

MEMBER & STAKEHOLDER CONSULTATION:
Entry-to-Practice Exam Development Proposal

Background

The College has a responsibility to ensure that applicants successfully complete a standards assessment examination prior to registration and has approved two exams for this purpose: the Optometry Examining Board of Canada (OEBC) exam (Canadian) and the National Board of Examiners in Optometry (NBEO) exam (U.S). The College also has a statutory responsibility to take reasonable measures to ensure that the OEBC and NBEO assess qualifications in a way that is transparent, objective, impartial and fair. The College has confidence in candidates who successfully challenge either exam with respect to entry-level competence and public safety.

The College has, however, had concerns about the content and transparency of the OEBC exam for some time. In particular, a decision was made to use models instead of live patients in the objective structured clinical examination (OSCE) without consulting the College. This change and lack of transparency has compromised the College's confidence that appropriate oversight of the OEBC exam can be exercised.

The College has a responsibility to ensure its applicants for registration have continued unrestricted access to a valid and reliable entry-to-practice (ETP) exam in both English and French languages. To that end, in June 2019 the College decided to move forward with the development of a competency profile by the Touchstone Institute. This competency profile will fully describe the scope of practice of optometry in an organized fashion and will support appropriate oversight by regulators, the ability of educational institutions to train, and the ability of testing organizations to identify areas for testing. The competency profile is the foundation for the development of an ETP exam.

The development of the competency profile is not yet complete. However, because the OEBC has been reluctant to further consider the College's July 2019 proposal (new exam to be developed, administered and maintained by Touchstone Institute but ultimately owned and funded by OEBC), and has not taken definitive steps toward making substantive improvements in operations, sustainability, and external exam oversight by member-owners, the College feels that it is crucial to move forward with the development of an alternative ETP exam for prospective applicants.

Next Steps

At its January 2020 meeting, the College Council will be considering a motion from the Registration Committee to approve the development of a new ETP exam in optometry by Touchstone Institute. Further information about Touchstone Institute and its proposed approach to this project is attached.

The College has always been and continues to be fully committed to ensuring candidates are able to challenge an exam in Canada (in its entirety) and in both official languages. Accordingly, it is also committed to collaborating with its partners – other provincial regulators, the OEBC and the optometry schools in Ontario and Quebec – to achieve this objective.

The purpose of this consultation is to receive feedback on this proposed approach prior to the January 2020 Council meeting. Feedback is much appreciated and will be carefully considered by Council in its deliberation, even if it is not necessarily reflected in the final decision.

Key proposed timelines

- The competency profile is anticipated to be completed in April 2020.
- Development of a new ETP exam is anticipated to begin in May 2020 but Touchstone Institute can begin recruitment and preparation for the next phase prior to that.
- Developing a new ETP exam is a significant undertaking that is estimated to take between 15-18 months.
- Once the exam development is completed, the exam will be tested and implemented. The earliest an exam could be available to applicants is fall 2021 or spring 2022.

Consultation questions

1. Do you agree with the development of an alternate ETP exam? Why or why not?

2. Are there particular issues or concerns the Council should consider prior to making this decision in January?

Send your feedback no later than **Wednesday, January 8, 2020** so that responses can be provided to Council prior to its meeting on January 17, 2020.

Feedback can be submitted via mail or email as set out below:

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON, M4T 2Y3

Email: feedbackETP@collegeoptom.on.ca

FEDERATION OF OPTOMETRIC REGULATORY AUTHORITIES OF CANADA (FORAC)

FÉDÉRATION DES AUTORITÉS RÉGLEMENTAIRES EN OPTOMÉTRIE DU CANADA (FAROC)

BOARD OF DIRECTORS TELECONFERENCE MEETING
7:00PM EST – December 16, 2019

1. Call to order and attendance

The meeting was called to order by the meeting chair, Dr. Leland Kolbenson. In attendance were:

Member Delegates:

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

Ontario College Presenters:

Dr. Pooya Hemami, College of Optometrists of Ontario (Ontario College)
Ms. Maureen Boon, College of Optometrists of Ontario (Ontario College)
Ms. Hanan Jibry, College of Optometrists of Ontario (Ontario College)

FORAC Staff:

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

2. Adoption of agenda

A motion was made to accept the agenda.

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

3. Presentation by Ontario College and discussion re: new Entry-to-Practice exam

Dr. Hemami and Dr. Quaid presented the Ontario College's proposal to the FORAC directors to develop a new entry-to-practice exam in collaboration with the Touchstone Institute. A new competency profile is presently being developed by Touchstone Institute which would be used

as the blueprint for the new exam. The Ontario College has asked for stakeholder feedback about the new exam proposal with a deadline of January 8, 2020 for submissions. The Ontario College Council will meet on January 17, 2020 at which time the Council will vote on the motion from their Registration Committee to develop the new exam.

The concerns that the Ontario College has with the present OEBC exam relate to the lack of exam oversight by the regulators and exam changes being made without proper consultation or input from the regulators. Dr. Quaid stated that although the issue of using models vs live patients was still a concern, the primary issue was the lack of exam oversight by the regulators, Dr. Hemami indicated that there were decisions made by OEBC without consultation with the regulators and a lack of responsiveness from OEBC to input from the regulators.

The directors were each given an opportunity to provide feedback and ask questions. The major concerns and comments raised during the discussions were:

1) The OEBC exam is valid and defensible and has evolved over 25 years of collaborative national work by the profession.
2) The present OEBC competency profile from 2015 is valid and up-to-date and its 5 year review is due in 2020.
3) The Touchstone Institute is only 13 years old and the entry-to-practice exam that they would develop would not have national input.
4) The adoption by the Ontario College of the NBEO exam as an entry-to-practice exam will affect the financial viability and sustainability of the OEBC exam and organization.
5) The adoption of the NBEO exam by the Ontario College was not done with an independent assessment of its equivalence to the OEBC exam.
6) There have been significant changes to the board of the OEBC as requested by the Ontario College and a new CEO will be taking over the OEBC in 2020.
7) The Ontario College is not giving these changes enough time or opportunity to work to address their concerns about exam oversight or lack of consultation with its members.
8) Despite the frustrations that some regulators have experienced with the OEBC, they would prefer not to “reinvent the wheel.”
9) There is no assurance from the Ontario College that the Touchstone Institute will provide a French language exam to meet the legislative requirements of New Brunswick. This will necessitate changes to the New Brunswick registration regulations to accept applicants who have graduated from either Canadian School of Optometry without the entry-to-practice exam requirement.

The general consensus amongst the regulators was to ask the Ontario College to delay their January 17, 2020 Council vote until after the next in-person FORAC meeting to be held in Montreal on Saturday, February 1, 2020. This will allow more time for discussion and consideration of the issues and concerns of the regulators.

4. Update on proposed BC Regulatory College changes

Dr. Dale Dergousoff provided a brief update on proposed changes to health regulatory colleges in BC which would see the existing 20 health colleges reduced to only five. He advised the meeting that the BC College is in the process of developing a response but that their main position at this point is to request an extension of the deadline for submission to allow more time to prepare a response.

Dr. Dergousoff recommended to the other regulators that they hire a government relations consultant since other provincial health ministries may be considering similar changes and it would be better to be informed early about it. He also recommended that provinces where the

association and college function as one organization consider separating to avoid the appearance of a conflict of interest in governing their members.

5. Adjournment

A motion was made to adjourn the meeting.

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

The meeting adjourned at 8:40PM EST.

MINUTES APPROVED DECEMBER 30, 2019

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

Dr. Leland Kolbenson, President

Entry-to-Practice (ETP) Exam Consultation – Feedback from Members and Stakeholders

From:
To: feedbackETP
Subject: Comments
Date: November-18-19 9:18:24 PM

1. Do you agree with the development of an alternate ETP exam? Why or why not?

   - I believe this is a great idea. Having completed both the NBEO and 1st year OEBC OSCE exam, I do not believe the OEBC successfully executed an exam that evaluates candidate optometric competency. The exam relied far too heavily on patient communication and clinical decision making and left very little room for assessment of optometric skills. While communication and decision making is critical for an optometrist to have, competency in ocular exam skills is just as important. However, the exam has likely changed since my completion of it in 2017, so I recommend the college send out a survey to recent test takers to hear their feedback on it and what went well or needs improvement.

2. Are there particular issues or concerns the Council should consider prior to making this decision in January?

   - Consider the survey idea mentioned above, and consider offering monetary / potential monetary reward (prize draw) for its completion to encourage participation.

Thanks,
, O.D.

From:
To: feedbackETP
Subject: New entrance exam
Date: November-19-19 6:30:15 AM

Is the goal to eliminate the OBCE exam completely? I wouldn't want to see where a candidate has to pick which one of the two Canadian exam they want to write.

--

, O.D.

From:
To: feedbackETP
Subject: RE: ETP
Date: November-19-19 12:12:27 PM

Hi,

1. Do you agree with the development of an alternate ETP exam? Why or why not?

YES. OSCE should be standardized, and there should be actual physical components to do during the examination. We are conducting these tests to ensure that there's a competency throughout the candidates, to protect the public from harm. I do not believe that "assuming" the candidate is proficient at their skills just because the passed optometry school meets that standard. Furthermore, we need to be progressing as an industry, and these candidates will become the norm. We need them to be better than us, or else we will stay stagnant. I understand the thinking behind OSCE - that we need to evaluate the candidate's "doctoring" skills; but you can't be a good doctor if you don't have the technical skills - then you're giving false information/diagnoses. I believe OEBC went too extreme in that direction, taking out all physical evaluation of the candidates.

2. Are there particular issues or concerns the Council should consider prior to making this decision in January?

No more model eyes. Anywhere and everywhere in the world you will encounter different test subjects with different issues. That is reality. However, you will never do BIO or any other evaluation on a model eye and call yourself a doctor because of it.

Hope that helps,

--
, OD

From:
To: feedbackETP
Subject: Entry to practice Exam
Date: November-29-19 1:24:33 PM

We have had several intern do clinical rotations through the practice over the past few years and I find the current system to enter practice very unfair and disrespectful of these new graduates. The following outline my concerns of the current exam and process.

1. The process takes way too long. These are students who have an completed a doctor of optometry degree from an accredited school in April but don't have a licence to practice until August. The exams are computer based (not marked essays) and it still takes months to get results. Their practical exams also take months to get results. Shouldn't they know if they passed or failed a practical exam on the same day. Most of these students are wildly indebt and delaying competent practitioners entry to practice is unfair. The college portion of this could also be speeded up as some of the rules regarding timing of their jurisprudence exams seem unfair given the students clinical rotations in final year.
2. In Ontario, with the bulk of students being from Waterloo, why are their closest written exams to enter practice in Hamilton. I understand a American based student may need to travel to a Canadian city to write a Canadian board exam but at the last written exam a few weeks ago, approximately 90% of the students travelled from Waterloo to Hamilton and ended up staying in hotels. Just conveys how out of touch the Touchstone Institution is with the candidates writing their exam.
3. I am graduate of 1989 and in favour of a national board exam which was not an option when I graduated. This system however doesn't work for me with now 2 entities NBEO and OEBC being able to certify. NBEO may have a high standard but it isn't a Canadian standard and unlikely to truly reflect patient treatment options available in Canada. As in 1989, I still think having an Optometry degree from U of W School of Optometry (given it is located in Ontario) and passing a jurisprudence exam from Ontario should be enough for licensure. I understand several of our future practitioners will come from other schools including UdeM. If their exams reflect the same set of values, competency and training, then I am also okay accepting that. Perhaps UdeM and UW could collaborate on a set final examination procedure with imput from the colleges for licensure nationally. For those schooling in other schools (US or International) looking to enter Ontario, then perhaps they could also write those same exams as a licensing requirement.
4. I was able to receive my licence from the College the night before I received my OD degree at May's convocation. We wrote the College's jurisprudence examination during the April University examination period. A month later, we were able practice. As a starving student, I thank the college registrar of the day and the UofW staff for allowing us to quickly get on to what we were trained to do. Todays graduates are probably better clinically trained then we were, I wish they were given the same respect in terms of timing to enter practice.

From: feedbackETP
To: ETP feedback
Subject: December-02-19 4:03:34 PM
Date:

To whom it may concern:
In response to the email I received Nov 18, 2019 and upon reading the linked document, this is my feedback to the two questions posed:

1. Do you agree with the development of an alternate ETP exam? Why or why not?
I agree that the changes to the examination process by the OEBC without consulting the College, seems problematic. I feel it is important to reflect on current processes in place, so that they can be improved for the good of the public and profession. That said, I think there should be more communication with the College members going forward before the new ETP is finalized.

2. Are there particular issues or concerns the Council should consider prior to making this decision in January?
I have two concerns: A. the lack of response/involvement from the current OEBC - how do you propose to move forward to implement the new format if they do not actively participate in this process?; B. outsourcing this process to a third party can present issues if they do not adequately understand the profession of optometry (though I did review the document outlining their previous work, which does look reputable).

Regards,
, OD (non-practising member)

College of Optometrists of Ontario
65 St Clair Ave E 900
Toronto ON
M4T 2Y3

December 18th 2019

Members of the council,

I am writing to you to express my disagreement with the development of an alternate entry to practice (ETP) examination. I also completely disagree with the way the College has proceded in this matter.

Having been a volunteer with OEBC for many years and now acting as a Chief examiner in the OSCE, I am proud of the examination we have developed and find it to be aligned with other medical and para medical professions across Canada.

The use of models has been validated through a very rigorous process involving members of our profession that range from new graduates to seasoned optometrists. Many of these individuals are optometrists practicing in Ontario. The use of models in an OSCE examination is the best way to ensure standardization and validity of the exam results.

I am deeply troubled that the College has injected funds into developing a new competency profile without consulting its members. Our membership dues are being used for this project without the College having sought our input. We have a valid competency profile in Canada. Why would the College decide to build a new one? I consider this to be a very poor use of our funds and I question how this is in the best interest of protecting the public.

Furthermore, in your letter to the members, you question OEBC transparency. I have been personally present at meetings and exam sites where members of the College's Registration committee have been present and granted full access to all discussions and confidential documentation. That leads me to wonder whether the College has been transparent with its members? Earlier this year, the College decided to accept the NBEO as an alternate examination while at the same time stating that the OEBC examination was a valid one. This is not the message we are receiving only a few months later. What facts are these statements based on? In late 2018, there was brief consultation with the members about this matter. This was timed over Christmas and I wonder if it was truly considered by the Council at the January 2019 meeting. A council member stated in the public meeting that most stakeholders supported or didn't have an

issue with accepting the NBEO. Having read every letter submitted to the Council in this matter, I know for a fact that this statement is not true. Many, if not most stakeholders had issues or concerns about this decision.

Through the years, I have gained significant knowledge about ETP examinations. I question how an examination designed in another country and for practice in another country can be equivalent to an exam built by optometrists practicing in Canada? I also wonder how it can deliver an examination as well translated as our current examination to our French speaking candidates. Where is the benefit? How was this decision made in the best interest of the public?

I am also concerned and find it curious that the Ontario College is considering proceeding with such a drastic change without the support of other provinces and our Canadian schools of Optometry. We have an independent organization that delivers a defensible national examination built and designed by optometrists across Canada. Why would the College want to eventually replace that in favour of a provincial examination? Regulatory bodies across Canada have governance in our organization by being on the Board of Directors, but I do not believe it is their role to participate in the development of an entry to practice examination. How does that protect the public? Does it not put the Colleges in conflict of interest when making registration decisions if they are using an examination created by them and being used for registration ?

As a member of our profession, I am ashamed and disappointed. It is unfortunate that more of our members don't invest themselves in the organizations that represent us. The College is asking members to submit their opinion on a matter that a lot of them have plainly said they do not understand. We are a small body and need to stay united. Unfortunately, I do not see anything positive in the steps the College has taken and is considering to take in the future. What I am seeing is a carefully plotted plan to take control of our national examination and to destroy the credibility of OEBC. For what reasons and to what end?

Cc Ontario Association of Optometrists
Canadian Association of Optometrists

From:
To: feedbackETP
Subject: ETP feedback
Date: Thursday, January 2, 2020 2:27:34 PM

Hello, I am a 2019 optometry grad. Just this past year I completed my OEBC and OSCE. I went to school at Indiana University and completed Part 1 of their boards and since I went to on do the Canadian boards I did not attempt the Part 2 or 3 NBEO. Because of all this I feel I could be of value to this initiative as I have recent personal experience from different viewpoints.

To answer your questions:

1. Do you agree with the development of an alternate ETP exam? Why or why not?

---- I do agree. The OEBC exam is poorly run in my opinion, and is not updated to the times, technology-wise. I felt like studying for the OEBC was very difficult. I had absolutely no idea what was going to be important or what topics were going to be covered, and I felt there were also things covered that are hard for anyone to prepare for in general. More than that, coming from an American school, even the simpler things to know about practicing in Ontario/Canada that were very important to get things correct were unknown to me. I didn't even know what I didn't know, and there was no guide to help me learn it so I could succeed. I ended up having to write the OEBC a second time, because the first time I was concentrating on all the wrong topics, even though you would expect they would be topics that are important to include, like pharmacology for example. A new exam is an important and necessary step forwards in order to reflect not only where optometry is today, but where it will inevitably be heading in the coming years.

1. Are there particular issues or concerns the Council should consider prior to making this decision in January?

If this goes through, consider the students, including the international students. Make a general outline of even the breadth of topics that could be covered, and where the emphasis will lie. Keep the questions and answers objective, have a source for why each answer is an answer

I know this may not have directly answered the questions at hand, I just wanted to make sure this was covered. If you have any other questions do not hesitate to ask.

,OD

From:
To: feedbackETP
Cc:
Subject: Feedback re: new ETP exam
Date: Friday, January 3, 2020 12:34:36 PM

To: Registration Committee/ETP review

My name is and I was an assessor with the OEBC exam delivery team from 2003 to 2018. During that time I participated in the skills assessment component, wrote questions for the written component, was a member of the "cut-score" question ranking group, and a member of the question validation team.

In the fall of 2017 an issue came up which became irreconcilable (for me) and led to my withdrawal from the exam process. The members of the validation committee (, but only two in 2017 as had retired from this work) were sent an email by Dr. Anthony Marini, the psychometrician employed by the board. He stated that this year, he wished to have us validate the questions concurrent with the writers review meeting being held that fall.

This immediately raised flags and both had several meetings to discuss this among ourselves, wrote emails back with our concerns and I participated in a conference call with Dr Marini and Tami Hynes (was unavailable that day) in which our strong reservations to the proposal were expressed.

In summary, the validation process must be free of influence and bias. During all other validation sessions, we were given questions which had been written (and paid for) from our optometry colleagues. We as validators were unaware of the writers identities, each question having only the initials of the person writing. We could therefore review each question based solely on its merits; relevance, grammar, references, correctness, contemporary practice etc. This often took some research and review, and in our final year sent back for reworking approximately 30 questions. some of which were extremely poorly written. It was difficult to believe that some of the questions had made it to us. I felt it was completely inappropriate to put us into the same meeting as the writers and expect us to critique their questions under pressure and without an arms length approach when many of the writers would be known to us, perhaps personal friends, perhaps otherwise. How questions we found wanting were further handled is a separate issue, simply fixing them and bringing them back at the next writers review seems reasonable to me, however this is an admin task that could be done.

Neither were willing to attend the writers meeting. , wishing to remain involved in the organization, attempted to mediate, however it became clear there was no budging Tami Hynes or Anthony Marini. Having run out of options, I asked for the contact information for the OEBC, intending to bring my concerns. Tami Hynes refused to give me this information, stating that it would be "highly inappropriate". Why would questions about the optometry exam be inappropriate to address to the Optometry Exam board?

One of my concerns here is the apparent inflexibility of two non optometrists to input from optometrists regarding optometry examinations. I believe we may have lost control over the entry to practice exam, taken away from the very people it was meant to protect, the

profession and the public. Perhaps I'm not the only one with serious concerns about the present OSCE format, which, if requested, I would be happy to also comment on.

I have available all the personal emails concerning the details mentioned above and am happy to share them with the committee, please advise.

Sincerely,

From:
To: feedbackETP
Subject: Feedback on New ETP Proposal
Date: Tuesday, January 7, 2020 11:53:22 PM

The following is my feedback in response to your request per the Member & Stakeholder Consultation letter from November 19th, 2019:

I have outlined my particular concerns according to your provided consultation questions below.

1. "Do you agree with the development of an alternate ETP exam? Why or why not?"

As an actively-practicing optometrist in Ontario, I fully support and agree with the development of an alternate ETP exam, and believe a restructure of the ETP exam has been indicated for a few years now. Having taken the ETP exams fairly recently, I was disappointed in the lack of transparency and the often disorganized manner in which the written and OSCE portions of the OEBC exams were conducted, especially given how costly the examinations are and how important the exams are to the livelihood of the candidates challenging the exam.

My reasons for supporting the development of an alternate ETP exam are in response to a particular quote in the Member & Stakeholder Consultation letter, which stated:

"The College also has a statutory responsibility to take reasonable measures to ensure that the OEBC and NBEO assess qualifications in a way that is transparent, objective, impartial and fair."

Regarding issues with transparency; the blueprint of the content of the OEBC exam that is provided for candidates is particularly vague with what exactly candidates should expect to be evaluated on and the manner in which they will be evaluated on that skill or area of knowledge.

As a candidate, the score report's grading scheme of the OEBC exam is incredibly lacking in transparency, as only a general break down of one's performance in broad categories is reported, instead of being given an individual score for each skill or each station. In comparison, the NBEO seems significantly more transparent as each candidate is given an itemized break down of the total possible score, what they scored on each skill, and what the breakdown of each section of the exam was that led to receiving the given score on the assessment of that skill. Simply receiving a report of an overall score on the OEBC exams in an area such as "professionalism" or "patient management" with no break down on how each station or task contributed to evaluating that skill leaves the candidate at a loss of how to improve or assess what areas they did not perform as well on. Developing a new ETP exam could hopefully address the lack of consistency between the extent that candidates are advised on exactly what they will be tested on and how so between the NBEO vs. the OEBC exams.

I am also concerned about how objective the OSCE portion of the OEBC is, as my current understanding is that the performance of the candidate is scored based on the assessment of one single examiner who observes while they perform each station. It is especially concerning that the performance of the candidate in each station is not video or audio recorded on the OEBC, so the only way to review the candidate's performance is to reference the single evaluation done by the evaluator in the room at the time of the exam (as far as I understand). Many board examinations for other professions use audio or video recording to have a record of the candidate's performance that could be referenced if needed (such as for scoring disputes), so it is puzzling with why it is not used in the OSCE portion of the OEBC exam as well. If the performance was recorded, it would be possible to have another examiner score the performance separately to eliminate any subjective judgements made by the sole examiner present at the time of the exam in case any issues or concerns about the

performance or testing environment were raised after the exam had ended. Currently, the NBEO records each portion of the practical portion of their exams, but the OSCE portion of the OEBC does not, so I believe if a new ETP exam incorporated recording the exam performance and having each performance scored by more than one person would lead to a more objective assessment of the candidate's skill.

In terms of aiming to have an impartial ETP exam, it seems like the OEBC exam's use of simulated models may provide a slight benefit to students from the Waterloo School of Optometry over candidates trained at any other school. I am under the impression that the simulation models used on the OEBC's OSCE exam in place of live patients were available for students to access and practice on at Waterloo through their optometric training, but would not have necessarily been available to students who went to other schools and therefore did not have previous access to specific equipment used on the exam.

Additionally, there does not seem to be any briefing period on how to interact with these models before having to interact with them in the examination, so if there were any concerns on how to use the models, there is no chance to have it clarified before being evaluated on one's performance with them. The bias towards Waterloo students also appears to be supported by the comparison of passing rates of Waterloo students compared to US or internationally trained students on the OEBC exam. I find it unusual that the American-trained candidates would repeatedly perform more poorly than Waterloo students as a whole from year-to-year, especially now that the NBEO is accepted as an alternate standard assessment for entry to practice. I would expect that it would be unlikely that optometrists trained in the US would be less competent to practice overall as a group, which is what is suggested by the difference in passing rates between Canadian-trained versus American-trained students as previous score summaries of the OEBC exam show.

Based on the above concerns, I believe developing a new ETP exam would be a positive change compared how the OEBC exam has been conducted in the recent years, and would give future candidates the opportunity to attempt the ETP exam with a more transparent and objective examination process.

Thank you for your consideration of my feedback on this matter.

From:
To: Hanan Jibry
Cc:
Subject: Response to request for input on ETP exam
Date: Wednesday, January 8, 2020 8:14:22 PM

Hello Hanan,

I would like to respond to the College's request for input with my opinion on the current exams (as of 2018).

The change from a skills based assessment to a knowledge based assessment is, in my view, inappropriate for testing minimum clinical competency in candidates. I'm convinced evidence can be found showing a difference between verbally explaining a task and the ability to physically carry out that task. In the present exam environment it seems to me we have gone from the latter to the former.

Having actors recite rote answers (vs subject patients with actual ocular conditions as were previously used), is also less realistic; the handling required of real patients and their constantly varying peculiarities is an essential skill set.

The lack of equipment (phoropter, slit lamp, binocular vision testing equipment, etc.) is a concern to me. Using inanimate models such as a model eye to test retinoscopy skills is a poor substitute for the skills required in cases of small pupils, media opacity, irregular cornea and more. How can a model eye, used as the very first physical training tool for retinoscopy in Optometry school be the defining test for final, independent licensure? My recollection is that the audio visual material was of poor quality. Photos to be identified were grainy and confusing.

The move away from the UW clinic, to me, shifts the focus of the exam from a specifically Optometry project to some vague testing of empathy, friendliness and language skills that seem paramount to passing. Testing these items is also highly subjective and introduces too much assessor variability.

These appear to take precedence over the ability to demonstrate competence doing prescribed acts, due to a disjointed collection of 16 eight minute tests. Candidates hitting the prescribed buzzwords equal a successful result. I've spoken to colleagues that agree successful candidates have sometimes been lacking in skills such as slit lamp and BIO.

I note the College is considering three options, a Canadian board exam, a third party exam (Touchstone : origin unknown to me), and the NBEO which is the American entry exam.

My preference is for fixing the Canadian exam to serve Canadian needs. Using the American exam is of great concern as it speaks poorly to the concept of self regulation.

Allowing a foreign country's exam to prevail seems to me an abrogation of responsibility on the part of the College and profession such that the Ministry could justifiably question the privilege of our self regulation.

Montreal, December 17th 2019

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON, M4T 2Y3
Email: feedbackETP@collegeoptom.on.ca

Dear Colleagues,

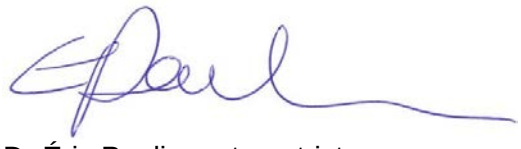
This follows your request for comments on a proposal by which the College of Optometrists of Ontario (COO) would mandate Touchstone Institute, to develop an alternate Entry-to-Practice (ETP) examination, to the one already developed and maintained by the Optometry Examining Board of Canada (OEBC).

First of all, let me say that we, at the OOQ, certainly share the disappointment and frustration regarding the OEBC incapacity or unwillingness, in the last few years, to really consider the specific concerns expressed by some of its members and other important stakeholders. We are also impatient to see the OEBC, with its relatively new structure, make the right decisions in order to address these concerns in an appropriate way.

In that context, we feel it is appropriate for us to let you know that the OOQ is still willing to cooperate with the COO, as well as with the other provincial regulators and the Montreal and Waterloo optometry schools, to improve the current OEBC examination, within the existing OEBC structure or a similar one. We feel that it would be the best way to ensure that all these stakeholders adhere to a one and unique bilingual, defensible and truly Canadian ETP exam, which could create the appropriate conditions to convince most Canadian optometric graduates, especially those from the Waterloo and Montreal schools, to choose to challenge this Canadian exam instead of any other exam.

In conclusion, we invite the COO to consider giving another chance to a real and tight partnership with other Canadian stakeholders, in order to develop and maintain a unique and real Canadian ETP exam.

Best regards,



Dr Éric Poulin, optometrist
President

c.c. : Dr Lorne Ryall, president, Optometry Examining Board of Canada (OEBC)
Members of the Federation of Optometric Regulatory Authorities of Canada (FORAC)
M. Christian Casanova, directeur, École d'optométrie de l'Université de Montréal

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December 20, 2019

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave East, Suite 900
Toronto, ON M4T 2Y3

Email: feedbackETP@collegeoptom.on.ca

Dear Review and Registration Committee,

On behalf of the Council and members of the Saskatchewan Association of Optometrists (SAO), we appreciate the opportunity to provide our position on the College of Optometrists of Ontario's desire to proceed with the development of a new entrance-to-practice (ETP) examination.

The SAO recognizes that the Canadian optometric ETP process has changed throughout the years with disagreement surrounding the management, processes, cost, evaluation, and oversight. Notably, OEBC has committed to making changes to improve its processes and acceptance by all regulators across Canada (including Ontario). The SAO recognizes that managing a national program which is deemed perfect for all people is impossible.

The SAO agrees with the listing of main attributes of the ETP examination as provided by COO:

Attributes	OEBC	Touchstone
• Valid and defensible	• The SAO believes the OEBC is valid and defensible • FORAC committed to ensuring it continues to be valid and defensible • The SAO agrees the recent changes to the OSCE-based OEBC examination could have been better communicated; however, we see the new management of the OEBC to be a positive step towards improving transparency and re-establishing trust	• Is COO confident this new program will be consistent, valid and defensible – especially when it is managed by an outside facility? • It is our understanding the NBEO are also moving towards using OSCE in portions of their examination
• Financially sustainable	• The SAO believes the OEBC is sustainable; however, if a 2nd ETP examination is introduced, it makes	• Projected costs to operate and maintain the Touchstone ETP examination appear low

	the viability of both examinations questionable	• Financial sustainability to maintain two ETP examinations in Canada is unlikely
• Accepted by all provinces	• All FORAC members and provinces with the exception of Ontario have committed to making improvements and providing oversight to the OEBC program	• Ontario appears to be the only College in favour of developing a new examination with Touchstone
• Accessible to all Canadians in both English and French	• Yes	• No – if only offered in English
• Geographically accessible to graduates of both Canadian schools	• Yes	• Questionable if Montreal students will seek licensing outside of Montreal if the ETP examination at Touchstone is not offered in French • Not if the program is not offered in French
• Subjected to regular reviews	• The OEBC is scheduled for full review every five years • FORAC has committed to providing management as Board Members • We are confident our members will continue to volunteer to support the OEBC examination writing, proctoring and legislative processes	• This has not been confirmed • We do not believe our members will support or volunteer for a solely Ontario-based ETP examination • It appears all the SME's will likely be recruited/peers from Ontario • **QUESTION:** *Was the full membership consulted for their buy-in to COO's proposal? If so, what were the survey results?*
• Overseen by a governance structure and processes that are responsive to FORAC member concerns	• In 2019, FORAC took proactive and aggressive measures to address concerns raised by stakeholders including COO • Changes cannot occur overnight; however, they are moving forward and conducting a thorough review of the processes and management • The SAO is confident that with cooperation from all provinces, the OEBC could fulfill the needs for an ETP exam for Canada	• It appears COO will be managing this Touchstone examination • FORAC and OEBC are willing to make changes to their governance and the OEBC program; however, COO needs to be patient and work with them to make the positive changes • COO has not provided sufficient evidence to demonstrate the Touchstone ETP exam is superior to the existing OEBC • In recognition of the Charter and Labour Mobility Agreement, we ask that the COO work together with FORAC to make one sustainable

		Canadian ETP examination
• Other Comments:	• We believe the OEBC provides the same features as Touchstone is claiming to provide (calm, supportive, objective, fair, valid and providing reliable results)	• Touchstone's claims seem no different than what we believe the OEBC is providing

The SAO asks for the COO to allow the OEBC to replace their existing CEO and to work closely with FORAC to re-establish its operations to a model all provinces can agree on. We do not agree with the development of an alternate ETP examination without the full agreement by all provinces. Surely, further consultation and support to improve the OEBC warrants a few more months.

The SAO does not believe the NBEO is an acceptable ETP examination for Canada. We have no input or consultation regarding the NBEO. The philosophy of healthcare systems and scope of practice is not the same between countries. Other healthcare professionals require a Canadian ETP examination and we feel strongly that if a new graduate wishes to practice in Canada, the applicant should be required to prove their ability by successfully completing one Canadian standard and measure. The SAO would like to see COO's research and evidence confirming the NBEO and the OEBC are comparable (it is our understanding the BC College did not conduct a formal review when deciding to accept the NBEO).

The SAO supports a working group to be established or a professional arbitrator to work with the COO, OEBC Administration and FORAC representatives to come to a mutual agreement.

For additional consultation, please contact Sheila Spence at the SAO office at ed@saosk.ca or 306.652.2069.

Yours respectfully,

Dr Nathan Knezacek
SAO President

Dr Leland Kolbenson
SAO Registrar

ALBERTA college of OPTOMETRISTS

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January 1, 2020

College of Optometrists of Ontario Council
65 St. Clair Ave. E. Suite 900
Toronto, Ontario M4T2Y3
feedbackETP@collegeoptom.on.ca

Re: Stakeholder Consultation on proposed COO ETP Exam

We thank you for the opportunity to comment on the proposed development of a new entrance to practice (ETP) exam by the College of Optometrists of Ontario (COO) and Touchstone. The Alberta College of Optometrists (ACO) values these stakeholder consultations and appreciates that all submissions will be shared with the entire COO Council for deliberations.

The wish of the ACO is that all provincial regulatory organizations work together to have one (and only one) Canadian ETP Exam.

To assist us in our continued deliberations on this matter, we request that the COO Council respond to the following questions:

- The NBEO Exam does not satisfy over 50% of the listed COO attributes of an ETP Exam (as listed in the December 2019 Briefing Note to FORAC). In addition, the COO 2018 Fair Registration Practice Report failed to mention that the NBEO is not available in French and that candidates have to enter the US to take part of the exam. As such, how can we be assured that all of the attributes listed in the COO Briefing Note will be met by the proposed new COO ETP Exam since previous COO actions do not match promises?
- The previous acceptance of the NBEO Exam by the COO has also caused significant and serious hardship for our current Canadian ETP Exam organization (OEBC) and threatens its continued existence. As the COO knew that this would occur, it leads us to question whether the COO has a genuine interest in working with other provincial regulatory organizations in good faith on the development of their new ETP Exam. Again, how can we be assured that the COO will work in good faith with all provincial regulatory organizations since COO actions do not match guarantees?
- Previous descriptions of the proposed COO ETP Exam included mandatory, yearly financial contributions from all other provincial regulatory organizations in order to keep exam costs down. Unfortunately, the COO December 2019 Briefing Note was silent on this matter. As such, we would request whether this financial obligation is still required; and if so, to what dollar value to each province?

In order to fully understand all possibilities for a Canadian ETP Exam that is valid, defensible, bilingual, current to practice; and, acceptable to all provinces, we felt that a comparison table of all potentially available ETP Exams would show why the "Ottawa model" ETP Exam is the only viable option for Canada. This table follows on page 3.

- OEBC refers to the current OEBC Exam.
- NBEO refers to the current NBEO Exam.
- COO refers to the proposed ETP Exam to be developed by COO and Touchstone.
- Ottawa refers to a new proposal that has been previously circulated to all provincial regulatory college Councils across the country. It is seen as a positive evolution of the OEBC organization as it addresses all previously identified issues with the current OEBC structure as well as incorporating all previously requested COO exam changes.

As the COO Council is already familiar with OEBC, NBEO and the COO Exam, we would like to offer an overview of the "Ottawa Model" (that the COO Council may not be familiar with):

- Several years ago, the ACO hired a national accounting firm to conduct an in-depth examination of other national ETP Exam organizations; and, deliver a feasibility study on a proposed budget for an OEBC organizational move to Ottawa.
- The Ottawa model proposed many changes to the current structure and daily operations of OEBC - including **all changes requested by the COO** such as the use of live patients, addition of skill testing, creation of an oversight committee, etc.
- The ACO met with real estate agents and negotiated a lease for office space in downtown Ottawa where all office leasehold improvements would be completed at $0 (fully covered by the landlord) with base rent and occupancy costs in the $30 to $32 range combined.
- This leased space would be able to offer an OSCE with added skills testing for tonometry, gonioscopy and retinoscopy (and any others that may be required). The space would also offer video-recording of the OSCE using bilingual, live, standardized patients from the University of Ottawa (same patients that medicine and dentistry use).
- The total estimated cost of the written exam and OSCE was in the $3600 to $3900 range.

As all other provincial regulatory organizations wished to work together and continue to try to make OEBC a viable option for a Canadian ETP Exam, the decision was made to not proceed with the Ottawa model; but, to keep it as an alternative should the need arise in the future.

We ask that the COO Council contact our office should they require any additional information or clarification on any area of our response paper.

After reviewing all documents supplied by the COO and Touchstone, the Alberta College of Optometrists does not agree that the development of a new COO ETP Exam is in the best interests of the public nor the profession.

Sincerely,
Gordon Hensel OD, FAAO, Registrar, ACO
attach: Comparison Table of ETP Exams

ALBERTA college of OPTOMETRISTS

Comparison of ETP Exams for Canada

	OEBC Exam	NBEO exam	COO Exam	Ottawa Proposal Exam
Bilingual Exam	Yes	No	No	Yes
Written Component	Yes	Yes	Yes	Yes
OSCE Component	Yes	No	Yes	Yes
Skills Testing Component (gonioscopy, tonometry, etc.)	No	Yes	Yes	Yes
Flexible dates for OSCE Exam	No	Yes (not an OSCE)	No	Yes
Use of live patients for skills	No	Yes	Yes	Yes
Cost of Exam (Canadian $)	$5900	$3375	$5900	$3600 to $3900
Ongoing cost to provinces	$0	$0	Unknown	$0
Cost to Ontario to develop exam	$0	$0	Approximately $500,000.00	$0
Location of OSCE / skills	Hamilton	Charlotte, NC	Toronto	Ottawa
Acceptance by Montreal students	Very limited	Extremely limited	None	Yes – by all students
Acceptance by Waterloo students	Yes	Very Limited	Probably	Yes
Acceptance by US trained students	Limited	Yes	Limited	Yes
Acceptance of Exam by Ontario Fairness Commissioner	Yes	No – not being bilingual and some applicants cannot enter US	No – since the exam is not bilingual	Yes
Opportunity to centralize the ETP Exam, FORAC and the new optometric specialties organization	No	No	No	Yes
Pan-Canadian Oversight Committee	No	No	No	Yes

January 2, 2020

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

Re: Entry-to-Practice Exam Development Proposal

The Ontario Association of Optometrists (OAO) is pleased to voice its support of the College of Optometrists of Ontario's proposed development of an alternate entry-to-practice (ETP) exam.

OAO has observed that the College has voiced many years of concerns about the content and transparency of the OEBC exam, and has not been satisfied with the operations, sustainability, and accountability of OEBC. As it is the College's duty to ensure that its ETP exams are transparent, objective, impartial and fair, it should take measures if it does not have confidence that it can identify candidates with entry-level competency.

In order for Council to achieve its objective of a truly Canadian ETP exam, it must have the support of all regulators as well as other stakeholders. OAO encourages the College to collaborate closely with all stakeholders in order to achieve its goal, especially in an era of labour mobility. Having multiple Canadian examinations with different standards could lead to further loopholes in registration standards, which the OAO does not feel is beneficial to its members or to the public.

Like the OEBC version, we support the development of both and English and a French version of this new ETP exam. The College should ensure that both versions are developed independently and that one is not merely a translation of the other.

Thank you for the opportunity to provide our feedback.

Sincerely,

Josh Smith, OD
OAO President

From:	Sheldon Pothier, OD
To:	feedbackETP
Cc:	"Dale Dergousoff"; Gordon Hensel; Lee Kolbenson; Lorne Ryall; Louiselle St. Amand; Léo Breton; Kelly Bowes; Justin Boulay; S Williams
Subject:	RE: Member & Stakeholder Consultation: Entry-to-Practice Exam
Date:	Sunday, January 5, 2020 10:37:31 AM
Attachments:	F34CD70F31964C4EA729753F0D5D7A11[10341336].png

Re: Stakeholder Consultation on proposed COO ETP Exam

The Nova Scotia College of Optometrists (NSCO) appreciates the opportunity to provide feedback in regards to the COO proposed new Entry to Practice Exam.

Consultation questions:

1. **Does the NSCO agree with the development of an alternate ETP?** At this time , **the NSCO does not agree with the development of an alternate ETP exam**. The NSCO recognizes the current ETP exam developed and maintained by the Optometry Examining Board of Canada (OEBC). The NSCO agrees the process involved in managing and developing the OEBC exam needs to be modified. Lets give the OEBC Board an opportunity and the time required to make these changes.
2. **Are there particular issues or concerns the Council should consider prior to making this decision in January?** At this time, the NSCO does not recognize the National Board of Examiners in Optometry (NBEO) exam or any other ETP exam. The NSCO Board is somewhat perplexed by the fact COO had concerns about the content and transparency in the development of the OEBC exam however approved the NBEO exam as a valid ETP exam in 2019?

Changes in labour mobility laws make it more important than ever for all the provinces to agree on one ETP examination. Lets work together with all the Regulators, both Canadian Optometry schools and OEBC (in its current structure or a new modified structure) to create a " Canadian made " bilingual ETP exam.

Sincerely,

Sheldon Pothier

SJ Pothier, O.D.
Registrar

Nova Scotia College of Optometrists
Lobby Box 142
502-5657 Spring Garden Road
Halifax, NS B3J 3R4
www.nsco.ca

From:	Dale Dergousoff
To:	feedbackETP
Cc:	Gordon Hensel; Lee Kolbenson; Lorne Ryall; Louiselle St. Amand; Léo Breton; Kelly Bowes; Justin Boulay; S Williams; "Sheldon Pothier, OD "; CAO/Assistant to the Registrar
Subject:	RE: Member & Stakeholder Consultation: Entry-to-Practice Exam
Date:	Tuesday, January 7, 2020 3:37:59 PM
Attachments:	image001.png

Thank you for the opportunity to provide feedback. Please accept the response from the College of Optometrists of BC, regarding the proposed ETP exam by COO:

1. The College of Optometrists of BC has not changed its previous position; and therefore does not support the development of an alternate ETP exam. We share the views that have been raised by other Colleges in the past, and most recently.

2. We would respectfully ask the Council to strongly consider not developing an alternate ETP exam, again for the many reasons that have been brought forward over the last several years. Furthermore, we ask that the Council thinks 'big picture' at this time of turmoil, and understand the potential challenges all Colleges might face. There is an opportunity for a new unified start, for all of us, with new leadership coming in at OEBC. Perhaps the hybrid solution that has been proposed by Alberta, may provide a meeting place for all of us, as it would require some 'give and take' on everyone's part. The Council must recognize that nothing will be accomplished with the existing polarity.

Respectfully,

Dr. Dale Dergousoff
Registrar
COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA
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registrar@optometrybc.ca | www.optometrybc.com

New Brunswick Association of
Optometrists
Association des
Optométristes
du Nouveau-Brunswick

Office of the Registrar
Dr. Louiselle St. Amand

January 6, 2019

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON, M4T 2&3

The College of Optometrists of Ontario has requested stakeholder consultation on its proposal to contract Touchstone Institute to develop a new ETP exam in optometry. This issue was discussed at the December 13, 2019 NBAO Council meeting and I am sending this letter to outline the Board's concerns pertaining to COO's proposal.

The NBAO Council does **not** support the development of an alternate ETP exam, for the following reasons:

1. OEBC-BEOC (formerly CEO-ECO) has 25 years of experience in developing and delivering a Canadian entry-to-practice exam. Over those years, the exam has undergone numerous modifications and improvements in order to ascertain that it remained relevant, fair, valid, and defensible. It is not practical or logical to develop an entirely new exam, when we already have an entry-to-practice exam, an organization with significant experience and a substantial databank of questions, all of which can continue to be improved to meet the needs of all the Canadian regulators in optometry.

2. As indicated on the website, the OEBC-BEOC exam was developed by the profession, for the profession. This organization has amassed an extensive network of optometrists from all jurisdictions in Canada who are involved in the various aspects of the exam; from question development to candidate assessment. This volunteer base would be very difficult to replace and the majority of optometrists presently involved with OEBC-BEOC are not likely to volunteer with another organization perceived as causing the demise of OEBC-BEOC. The majority of optometrists recruited to assist with a Touchstone Institute ETP exam will probably be from Ontario, which will not provide fair representation and the support from optometrists throughout Canada.

3. COO has expressed concerns about appropriate oversight of the OEBC-BEOC exam. There are currently eight Registrars sitting on the OEBC-BEOC Board. It is difficult to imagine an arrangement that would provide more oversight of an organization.

4. Your letter states that "the College has always been and continues to be fully committed to ensuring candidates are able to challenge an exam in Canada (in its entirety) and in both official languages". This matter was brought up at the December 16, 2019 teleconference meeting with Dr. Hemami and Dr. Quaid. Although it was stated as a long term goal, there was no assurance provided that an ETP exam developed by Touchstone Institute would be available in both official languages upon its inception. This generates serious concern as it contravenes New Brunswick's Official Languages Act, SNB 2002.

Professional associations
41.1(1)In this section, "professional association" means an organization of persons that, by an Act of the Legislature, has the power to admit persons to or suspend or expel persons from the practice of a profession or occupation or impose requirements on persons with respect to the practice of a profession or occupation.
41.1(2)When a professional association exercises a power referred to in subsection (1), the professional association
(a) shall provide services and communications related to the exercise of that power in both official languages, and
(b) with respect to its power to impose requirements, shall ensure that a person is able to fulfil those requirements in the official language of his or her choice.
41.1(3)No person shall be placed at a disadvantage by reason of exercising his or her right to choose an official language in which to fulfil requirements imposed by a professional association.
41.1(4)A professional association shall offer its services and communications to members of the public in both official languages.

In order to comply with the provincial legislation, NBAO is legally unable to accept a unilingual ETP exam. If the OEBC-BEOC exam ceases to exist, NBAO would be forced to change its regulations such that all applicants educated at a Canadian School of Optometry would no longer be required to successfully challenge an entry-to-practice exam as a requirement for licensure.

As a jurisdiction that will be negatively impacted by a decision made by COO to initiate the development of a new entry-to-practice, NBAO implores the COO Council to delay making the decision to initiate this plan at their January Council meeting. The consequence of proceeding with a unilingual ETP exam will ultimately permit all Canadian graduates to apply for registration in NB with no ETP exam requirement. Due to the Canadian Free Trade Agreement, these registrants would consequently be eligible to practice in any other Canadian jurisdiction.

Sincerely,

Dr. Louiselle St.Amand

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON, M4T 2Y3

January 7, 2020

Dear Council Members;

The OEBC Board of Directors has asked me to provide you with the following information in response to your consultation questions prior to your consideration of approval of the development of a new entry to practice exam at your January Council meeting.

The OEBC Board of Directors do not agree with the development of a new entry to practice exam developed by Touchstone Institute as we previously informed you of our unanimous decision to decline your proposal after our September 24th Board meeting. If you go forward with this, the OEBC exam will not be sustainable. With your decision last January to accept the NBEO as an alternate entry to practice exam, we have already seen a dramatic reduction in US trained candidates taking the OEBC written exam in the recent fall administration. Another entry to practice exam will only further reduce candidate numbers.

Your backgrounder states that the College has a statutory responsibility to take reasonable measures to ensure that an acceptable entry to practice exam assesses qualifications in a way that is transparent, objective, impartial and fair and that your applicants have access to an ETP that is valid, reliable and available in both English and French. The Board respectfully suggests that you currently have all of your requirements in the OEBC Written and OSCE exams.

OEBC is transparent to candidates and regulators through the myriad of publications on its website detailing OEBC national competency profiles, exam blueprint, dates, deadlines, locations, fees, candidate instructions and exam guide for exam preparation. OEBC policies on registration including eligibility, procedures, schedules, rules of conduct and misconduct, test administration and other information are also explicit and posted well in advance of exam administration on the OEBC website.

Evidence of fairness, objectivity and impartiality are founded through the previously mentioned publications as well as by alignment of policies and procedures with the fairness positions of the Council on Licensure and Enforcement and Regulation (CLEAR), provincial Fairness Commissioners, and Ontario human rights legislation. Specific policies include a process for candidates to request and receive disability accommodation to provide an equitable exam to all exam candidates and a three-tier “legal hearing” process for candidates to appeal any decision of OEBC. These principles are furthered by delivery of the exam in the two official languages, English and French.

OEBC reports annually providing regulators assurance of exam validity and reliability. These reports, along with other documents, show that the OEBC exam:

1) is based on the national competencies developed and validated by optometrists across Canada;
2) adheres to the OEBC blueprint specifications developed from the national competencies;
3) contains content written and reviewed by Canadian practicing optometrists. The content reflects everyday professional and clinical scenarios;
4) is standardized. The OEBC assessment of competence is comparable to exams for other Canadian health professions, with all candidates having the same exam experience
5) is scored by qualified psychometricians using standardized data analysis.
6) follows testing best practice and independent standards.

Regulator involvement and feedback on OEBC exam construction, and administration is available through the Annual General Meeting of the Members and soon through Stakeholder Roundtable forums. In October, OEBC offered an external exam audit process to provide further evidence on the validity and defensibility of the exam, i.e. the compliance of policies, procedures and practices relating to exam design, development, delivery and reporting with the requirements of independent testing standards and best practice.

Your concerns with using models instead of live patients in the OSCE has been previously noted. However, the trend in high-stakes testing is to move away from the use of live patients whenever possible, since their use creates significant challenges for standardization and therefore fairness, defensibility and reliability. As principal psychometrician Dr Anthony Marini states, “Ocular models contribute significantly to exam standardization resulting in a fair and valid exam.” The implementation of ocular models addresses this issue directly.

The OEBC National Competency Profile was developed in 2015 and scheduled to be updated in 2020. To our wonderment, you have already begun to develop your own “national’ competency profile. As you state in your consultation backgrounder, the development of a new entry to practice exam is a significant and undoubtedly costly undertaking. The OEBC Board believes that it is also not necessary to develop a new one as the College has expressed confidence in candidates who successfully challenge the OEBC with respect to entry-level competence and public safety. Due to the feedback received from OEBC Members, we have already made many operational changes to our organization in an effort to meet the needs of all provinces. In fact, many of these changes were previously requested by the COO. As such, we are puzzled why the COO Council would go to the expense to recreate a new blueprint and ETP Exam.

Respectfully,

Lorne A Ryall BSc, MSc, OD
Chair, OEBC Board of Directors

PEI College of Optometrists
628 Water Street East
Summerside , PE C1N 4H7

RE: Stakeholder Consultation on Proposed COO ETP Exam

PEICO welcomes the opportunity to contribute to feedback on COO's proposed development of an alternate ETP exam.

Consultation Questions:

1. Does the PEICO agree with the development of an alternate ETP exam? The PEICO does not agree with the development of an alternate ETP exam. The PEICO is of the opinion that the current ETP exam developed and maintained by OEBC fulfils PEICO's requirements for a valid, defensible ,reliable ETP exam. PEICO recognizes that significant changes have been made to OEBC but that further changes need to be accomplished to satisfy all stakeholders. These changes are possible with full commitment of all stakeholders .
2. Are there particular issues or concerns the Council should consider prior to making this decision in January? Council should consider whether an alternate ETP exam will truly solve the current issues with OEBC or create new problems and not necessarily provide any more oversight than we currently have with the OEBC Board composition. PEICO would like to see a collaborative, thoughtful process to continue to make the OEBC ETP exam fulfill all stakeholder requirements.

Sincerely,

Kelly Bowes BSc, OD
Registrar PEICO

Newfoundland & Labrador
College of Optometrists

January 7th, 2020

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON. M4T 2Y3

RE: Stakeholder Consultation on Proposed COO ETP Exam

Thank-you for the opportunity for provide feedback regarding the College of Optometrists of Ontario proposed development of an alternate Entry to Practice Exam. Regarding the COO's questions :

Does the NLCO agree with the development of an alternate ETP exam?

The NLCO **does not agree** with the development on an Ontario proposed alternate entry to practice exam. We believe that while there may have been previous issues with the OEBC, changes have been made and continue to be made to provide a valid, defensible, Canada wide ETP to all new optometry graduates. As such, making drastic, extreme decisions to further fragment our entry to practice system resulting in the demise of our current examining body would cause harm to Canadian optometry in general and is absolutely not acting in the best interest of our profession.

Are there particular issues or concerns the Council should consider prior to making this decision in January?

We believe that the development of a new ETP exam will not solve any of the issues the COO is looking to remedy. Making decision which will affect each and every jurisdiction based on unilateral decision and "research" which the COO is refusing to divulge to stakeholders will lead to further chaos and confusion for bother regulators and candidates looks to practice optometry in Canada.

The NLCO asks that you table your decision regarding developing a new ETP exam at your council meeting and continue to work with your partners across the country to develop a ***Canadian*** ETP exam which all provinces including Ontario can get behind.

Sincerely,
Dr. Justin Boulay
Registrar
Newfoundland and Labrador College of Optometrists

MANITOBA ASSOCIATION OF Optometrists
Vision. Care.

January 8, 2020

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. East, Suite 900
Toronto, ON, M4T 2Y3
email: FeedbackETP@CollegeOptom.on.ca

Dear Council Members:

The Manitoba Association of Optometrists appreciates the opportunity to provide feedback regarding the COO proposed new Entry to Practice Exam and trusts that all submissions will be shared with all Council members.

MAO does not agree with COO's proposed development of a new entry to practice exam. The MAO Board of Examiners utilizes the Optometry Examining Board of Canada's Written and OSCE exams as the entry to practice exam in Manitoba. We recognize it as a fair, valid, reliable and defensible exam developed by the Canadian profession for the Canadian profession. We do not share your concerns about OEBC transparency or the use of models in the OSCE.

You state that the College has confidence in candidates who successfully challenge the OEBC with respect to entry-level competence and public safety. Creating a new entry to practice exam with its significant costs seems like an over-reaction when the current entry to practice exam provides the College with its regulatory mandate of assuring the public that new practitioners are competent. It's akin to throwing the baby out with the bath water.

You state that the College is committed to collaborating with its partners – other provincial regulators, the OEBC and the optometry schools in Ontario and Quebec –to ensure candidates are able to challenge an exam in Canada in its entirety and in both official languages. Your actions in accepting the NBEO as an alternate entry to practice exam last year, in initiating development of competency profiles, and proposal to develop a new entry to practice exam are not the actions of a College that is interested in collegial collaboration. Using OEBC's questionable sustainability as a reason to develop your own ETP after your acceptance of the NBEO significantly impacted the number of candidates attempting the OEBC exam is appalling.

You have no guarantee that if you proceed with a new entry to practice exam that any of the other provinces will accept it for registration. How do you expect the other Canadian Optometric jurisdictions to work collaboratively with the College on FORAC issues if you proceed alone with your new entry to practice exam? Labour mobility laws make our registrants your prospective registrants. We do not have the resources or the inclination to develop our own valid, reliable and defensible entry to practice

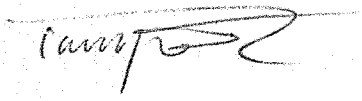
exam in the case of the OEBC's demise. Collectively, our profession should maintain control and work together to continue to improve our own national entry to practice exam or we risk a situation where we no longer have an entry to practice exam as smaller provinces will not have the resources to develop their own exam.

It is time to put egos and agendas aside and truly work in the best interest of the profession and public protection.

We would prefer that there be one and only one Canadian entry to practice exam. Our choice is the OEBC exam.

Thank you for your consideration of our concerns,

Sincerely,



Dr. Tanya Dillon, President

c.c. MAO Council

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
595 Bay Street, Suite 1201, Toronto ON M7A 2B4

OFC Comments on Entry-to-Practice Exam Development Proposal

We would like to thank the COO for the opportunity to comment. Our comments are developed through the lens of transparency, objectivity, impartiality and fairness.

While the College of Optometrists of Ontario (COO) has outlined its reasons for the proposed changes, it is important to acknowledge that the changes themselves and their implementation can have a significant impact on applicants. For example, the changes can cause confusion or misconceptions, particularly concerning applications already in progress at the time changes take effect.

Changes to registration requirements can be particularly concerning if applicants are not given enough information and reasonable notice. This can inhibit applicants' ability to proceed through the registration process, and in extreme cases, may jeopardize their ability to become licensed. We suggest that when deciding about the change, the COO consider the following:

- Will the new ETP examination make access to the optometry profession easier or will it potentially create unnecessary barriers?
  - If yes, what are those barriers and how can they be addressed?
- How will the COO sustain the exam and monitor it for transparency, objectivity, impartiality and fairness once its launched?
- Introducing a new exam could mean that applicants will be able to choose from three examination options:
  - What would this mean for sustainability of all three exams?
  - What would be the process for applicants to obtain recognition to move between attempts and exams (e.g., if they start with one exam and are unsuccessful and choose to take another exam for their second attempt)
  - How many examination attempts will be permitted for the new exam?
  - Will individuals who have taken the current ETP exam multiple times be able to restart their attempts for the new exam?
  - What would the transition be like for applicants already in the registration process?
  - For individuals who failed the Optometry Examining Board of Canada (OEBC) exam or the National Board of Examiners in Optometry (NBEO) exam, how many attempts will be allowed for the new ETP exam?

- What would this change mean for labour mobility applicants (e.g., both incoming and outgoing from Ontario)?

The OFC has also found that when regulators are in the process of making changes to their registration requirements, it is essential that they carefully plan the transition and provide enough information and reasonable notice to applicants. What constitutes enough information and reasonable notice will vary according to the circumstances, but as a general guideline, the information and notice should permit applicants to proceed through the registration process uninhibited by factors directly related to the implementation of the new requirements.

Particularly, it may be important for COO to consider the following:

- Will educators currently providing optometry programs have enough time to change their curriculum, and if necessary, will that change be reflected by the time the new competency profile and content of the ETP exam are developed?
- Do the proposed timelines allow for psychometric testing, piloting, and implementation? Are the proposed timelines reasonable to complete all of the objectives involved with this multi-stakeholder project?

Lastly, it is suggested to provide a reasonable notice period for applicants already in the registration process and for domestic students that are about to graduate from optometry programs. It would also be important to provide reasonable support to applicants during the transition. The OFC encourages the COO to post the information and notice on the College's website containing the following content:

- Substantive details about the new ETP exam.
- The expected date related to when the new requirements will take effect.
- How applications that are already in progress will be impacted when the new exam takes effect (e.g., whether the previous requirements will be impacted and to what extent they may be grandfathered).
- Clearly defined roles and responsibilities of third-party service providers towards the new ETP exam requirements and their role in the overall registration process, if any.
- Any other information that is relevant to the new requirements and their implementation.

In order to ensure that applicants are provided with this information, it would be important for the COO to develop a detailed transition and communication plan.

The OFC's goal is to ensure that everyone who is qualified to practice a profession or trade that is regulated in Ontario can get a licence to practice here. It is one of the functions of the OFC to advise regulators with respect to matters related to fair

access to regulated professions. We appreciate the opportunity to provide these comments to the COO and look forward to our continued collaboration.

List of Acronyms Used by the College of Optometrists of Ontario

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

List of Acronyms Used by the College of Optometrists of Ontario

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

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

List of Acronyms Used by the College of Optometrists of Ontario

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

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

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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

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