

COUNCIL MEETING

MONDAY APRIL 20, 2020 AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND)

TELECONFERENCE

1

COUNCIL AGENDA

Monday, April 20, 2020 | 9:00 a.m. Teleconference

Item Lead	Time	Action Required	Page No.
P. Quaid	1	Decision	4
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Auditors B. Kassir	30 10	Presentation Decision	16
M. Boon	5	For Information	31
M. Boon	20	Presentation	31
C. Grewal A. Micucci	5 5	Decision Decision	32 33 38
A. Micucci	20	Presentation	45
P. Quaid	5	For Information	
		For Information	48
		For Information	
P. Quaid		Decision	
	P. Quaid P. Quaid P. Quaid P. Quaid Auditors B. Kassir M. Boon M. Boon C. Grewal A. Micucci P. Quaid	P. Quaid 1 P. Quaid 1 P. Quaid 1 P. Quaid 1 Auditors B. Kassir 10 M. Boon 5 M. Boon 20 C. Grewal A. Micucci 5 A. Micucci 5 P. Quaid 5	P. Quaid Presentation Pecision Pecision Persentation Pecision Presentation



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 including brief introduction of new Council members.
- 2. Adopt the Agenda
 - a. Conflict of Interest Declaration
- 3. Consent Agenda

PART 1 - Minutes of Prior Council Meetings

- a. January 17, 2020
- b. Motions and Action Items Arising from the Minutes

NEW COUNCIL MEMBER BIOS

Council Meeting – April 2020

Professional Member(s)

Dr. Lindy Mackey is an optometrist practising in Ottawa. Dr. Mackey completed her Bachelor of Science, Honours, at the University of Waterloo and continued with the School of Optometry, where she graduated on the Dean's Honour List. During her studies, Dr. Mackey completed an externship at the Lexington Veteran Affairs Medical Centre in Kentucky focusing on the treatment and management of ocular disease including glaucoma, diabetes and macular degeneration. In 2016, she participated in a charitable eye care clinic in Moldova.

Public Member(s)

Ms. Kathryn Biondi has more than 35 years' experience with the Ontario Public Service, where she held executive positions in the Ministry of Agriculture, Food and Rural Affairs, as well as the Ministry of Community Safety and Correctional Services. Since retirement, she has volunteered on local boards including Chatham Kent Health Alliance, CK Women United, and the Chatham Kent Police Services Board. She holds a Master of Education and is a graduate of Queen's University's Executive Leadership Program. She is a professional agrologist and has extensive experience in rural community development.

Mr. Ravnit Dhaliwal is a Chartered Professional Accountant with a Bachelor of Business Administration (Accounting), Honours from Wilfred Laurier University. Mr. Dhaliwal current works as Valuation Associate at Kalex Valuations Inc. and has held roles at various firms including Deloitt Canada. In his spare time, Mr. Dhaliwal volunteers for organizations such as the Guru Gobind Singh Children's Foundation and Hockey for Humanity, and mentors new associates preparing for the Chartered Professional Accountant professional examinations.



College of Optometrists of Ontario Council Meeting January 17, 2020 DRAFT #1

Attendance:

Dr. Richard Kniaziew
Dr. Patrick Quaid
Dr. Annie Micucci
Ms. Suzanne Allen
Dr. Christopher Nicol
Dr. Linda Chan
Dr. Lisa Christian
Dr. William Ulakovic
Dr. Camy Grewal
Dr. Morto Witten

Ms. Winona Hutchinson Dr. Marta Witer

Mr. Bashar Kassir

Regrets:

Mr. Hsien Ping (Albert) Liang

Dr. Kamy Morcos

Staff:

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17 18 19 Ms. Maureen Boon, Registrar/CEO
Ms. Hanan Jibry
Ms. Mina Kavanagh
Ms. Amber Lepage-Monette
Ms. Deborah McKeon
Mr. Justin Rafton
Dr. David Wilkinson
Ms. Bonnie Wong

- 1. Call to Order: R. Kniaziew called the meeting to order at 8:58 a.m. and turned it over to the Registrar.
- M. Boon welcomed everyone in attendance, including guests and three new Council members, to the meeting.

M. Boon introduced staff and guests: Paul Chris, Executive Director, FORAC and Tamish Tariq from the Officer of the Fairness Commissioner.

Officer of the Fairness Commissioner.

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

11 Moved by P. Quaid and seconded by J. Van Bastelaar to adopt the agenda.

12 Motion carried

a. Conflicts of Interest: M. Boon asked Council members if anyone had a conflict of interest with any item on the day's agenda. No conflicts were declared. Members were reminded to sign the College confidentiality agreement.

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20 21	3. Election of the Officers 2020
22 23	M. Boon reminded Council that anyone can run for officer roles.
24 25	P Quaid put his name forward for the role of President and was acclaimed.
26 27	R. Kniaziew put his name forward for Vice-President and was acclaimed.
28 29 30 31	For the remaining officer positions: C. Grewal put her name forward as the professional member on the Executive Committee and was acclaimed. W. Hutchinson and J. Van Bastelaar put their names forward as the public members. Both were acclaimed.
32	Moved L. Chan and seconded by W. Hutchinson to approve the Executive Committee composition,
33 34 35	including officers and members-at-large for 2020 as elected by Council. Motion carried
36 37	4. Registrar's Report
38 39 40	M. Boon provided an overview of recent College work, the work coming in the next three months, as well as a brief Council orientation regarding roles and responsibilities.
41 42 43 44 45 46	Council also discussed the issue of optometrists telling patients that purchasing eye wear online is illegal. M. Boon confirmed that the College will be sending out a communication to optometrists clarifying that online purchasing is not illegal; she noted that some wording changes have already been made to College communications (i.e., the patient FAQ on the website and the Optometric Practice Reference).
47	P. Quaid took over the meeting as President.
48 49 50 51 52	5. 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:
53	PART 1 - Minutes of Prior Council Meetings
54	a. September 27, 2019
55	b. December 9, 2019
56	c. Motions and Actions Items Arising from the Minutes
57	PART 2 - Reports
58	b. Committee Reports
59	i. Executive Committee
60	ii. Quality Assurance:
61	A. QA Panel
62	B. CP Panel
63	C. QA Subcommittee
64	iii. ICRC
65	iv. Registration

Discipline 66 ٧. 67 vi. Audit/Finance/Risk Committee 68 vii. Strategic Planning Committee 69 70 It was requested that the Patient Relations report be pulled from the consent agenda to discuss the 71 issue of treating family members. P. Quaid noted he wanted to discuss the Governance/HR report in 72 further detail and asked if anyone wanted to discuss any additional items on the consent agenda. 73 74 Moved by R. Kniaziew and seconded by H. Kennedy to adopt consent agenda. 75 **Motion carried** 76 Items removed from the consent agenda 77 **Patient Relations Committee report:** 78 The Patient Relations Committee (PRC) wanted to further discuss the issue of treating family members 79 and seek direction from Council. C. Nicol provided new Council members with background: all health 80 professionals are subject to sexual abuse charges if they treat a family member, except dentists. The 81 College submitted a request for an exemption in 2014 but it was never approved. The Ministry of Health 82 recently indicated it would move forward with the exemption, but the timing is unclear. In the 83 meantime, optometrists may not treat their spouses. 84 85 The Committee wanted to clarify what guidance the College would provide to optometrists about 86 treating spouses or family members should the regulation change. Other colleges have a mix of policies: 87 some allow it in certain circumstances, some do not address the issue. 88 89 The PRC suggested developing a document that discourages treating family members but does not 90 prohibit it. The alternative would be to create a policy that prohibits treating family. 91 92 Council discussed circumstances in which optometrist may have to treat family members (i.e., rural 93 practice), as well as the difference in providing eye care vs treating a disease process. Council also 94 discussed the challenges with placing conditions on care (i.e., emergencies or minor conditions only) in 95 that many conditions are subjective. 96 97 M. Boon reminded Council that it previously decided to no longer create guidelines and to move away 98 from documents that are unclear regarding expectations for the profession. She reminded Council that 99 clear expectations are helpful to committees in the circumstances in which the College may receive a 100 complaint. 101 102 Council agreed that if an exemption is granted, the PRC should develop a document discouraging, but 103 not prohibiting optometrists from treating family members. The document should also clarify the 104 reasons why one should not treat a family member. 105

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107	Governance/HR Committee report:
108 109	P. Quaid asked for clarification regarding the 18-year maximum being proposed and asked if it would be retrospective.
110	retiospective.
111	J. Van Bastelaar confirmed the draft proposal, based on previous Council discussions, would be
112	retrospective. However, by-law review is just starting, and the Governance/HR Committee will continue
113	to look at the issue of term limits.
114	
115	A. Micucci noted these types of limits are best practice and have come up in the nurses' governance
116	review and were recently implemented at the College of Physicians and Surgeons of Ontario.
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118 119	6. IN CAMERA SESSION: In accordance with Section 7(1.1) of the <i>Health Professions Procedural Code</i> (HPPC), Council will go in camera under Section 7(2)(e), Section 7(2)(b), and Section 7(2)(d) whereby
120	legal, financial, or personnel matters may be disclosed of such a nature that the harm created by the
121 122	disclosure would outweigh the desirability of adhering to the principle that meetings be open to the
123	public.
124	Moved by R. Kniaziew and seconded by W. Hutchinson to have the meeting go in camera.
125	Motion carried
126	Guests left the meeting
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Moved by R. Kniaziew and seconded by A. Micucci to go out of camera. **Motion carried** Guests returned to the meeting 7. College Performance Management Framework M. Boon introduced the guest speaker, Thomas Custers, Manager, Quality Performance and Evaluation at the Ontario Ministry of Health and Long-Term Care. T. Custers provided Council with an overview of the proposed College Performance Management Framework (CPMF), how it was developed, and next steps. Colleges currently report through annual reports; reporting varies between the colleges. The CPMF is intended to provide more consistent measurables to help determine if regulatory colleges are performing well. The case for a CPMF: accountability, public trust, performance management, modernization of workforce. The purpose of CPMF: accountability and oversight; performance improvement. College representatives, subject matter experts and the public were involved in the development of the performance measures. Registrars provided feedback and revisions were made. Proposed initial measures focus on Council and committee member skill and knowledge; if decisions are made in the public interest; transparency re: how decisions are made; adequate financial and staffing resources; standards of practice; competency testing/Quality Assurance; how colleges support members when there are new policies/guidelines; addressing complaints in risk-based manner; complaints process; monitoring and reporting. Council asked how public members are measured, how this new process differs from existing reporting to the fairness commissioner, and what the remedies/consequences will be.

T. Custers confirmed that public member measurement was important, that the new process is intended
to streamline reporting, and similar performance measurement tools have already created quality
improvement in hospitals. Consequences or remedies are not yet finalized but the focus is not on being
punitive. Colleges will have a multi-step process to learn and implement the system with a focus on
improvement, learning and growth.
Although there is no firm timeline, the intention is to roll out Phase 1 sometime in 2020 and additional
phases over an approximately two-year period.
phases over an approximately two year period.
8. Motions Brought Forward from Committees:
a. Audit/Finance/Risk Committee: 2020 Budget
Council appreciated the work done to revise the budget; the 2020 budget aimed to simplify and clarify
the budgeting process.
Regarding revenue, professional corporation fees were reduced effective January 2020 and member
fees have not increased since 2013. Expenses include additions to staffing, as well as revisions to the
Quality Assurance Program, which will be carrying out increased assessments.
Moved by R. Kniaziew moved and seconded by S. Allen to approve the College's Budget for the fiscal
year January 1, 2020 to December 31, 2020.
Motion carried
b. Governance Committee: Appointment of Chairs and Committee Members
J. Van Bastelaar provided Council with background information and decision-making that went into
Chair and committee member selection. Selection criteria was included in briefing materials.
Council discussed how to balance the need for new committee members while retaining expertise and
knowledgeable members.
Caeff and fine and the state on the line is a secondary and the section will be used after the law and in
Staff confirmed that term limits are within the by-laws and therefore will be part of the by-law review
work taking place through the Governance/HR Committee.
Moved by A. Micucci and seconded by C. Nicol to approve the appointment of the proposed
chairpersons of College committees as presented.
chair persons of conege committees as presented.
Motion carried
Wotton Garries
Moved by R. Kniaziew and seconded by H. Kennedy to approve the appointment of the proposed
College committee composition as presented.
Motion carried
9. Entry-to-Practice Consultation Update
9. Entry-to-Practice Consultation Update P. Quaid discussed background to the Entry-to-Practice (ETP) consultation: In November 2019, the
, and the state of

241	stakeholders and optometrists, the Registration Committee decided not to bring a motion forward to
242	Council at the January Council meeting.
243	
244	The Registration Committee would also like time to consider feedback that will come from the FORAC
245	meeting scheduled in February 2020.
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247	Council also noted that new leadership at OEBC could provide new opportunities for communication
248 249	and collaboration about the ETP exam. Council expressed a willingness to collaborate and communicate with OEBC on solutions, but also noted the need to move the ETP issue forward in a timely manner.
250	with OLBC on solutions, but also noted the need to move the LTF issue forward in a timely marrier.
251	Council discussed the use of third-party mediators to help with the process, as well as the need to keep
252	students apprised of any developments so that they are informed as to what ETP process to follow.
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254	Council also discussed exam content regarding skills testing vs practical testing and the weight each
255	should carry in the ETP exam. Council flagged independent oversight of exam content as an important
256	issue needing resolution.
257	NA Dana and invade hat Tarahatan and invade and and the constant and the constant
258 259	M. Boon confirmed that Touchstone continues to work on the competency profile and has expressed a willingness to be collaborate with OEBC.
260	willingliess to be collaborate with OEBC.
261	President's Remarks
262	Following the EPT discussion, P. Quaid took a moment to recognize the optometrist and College member
263	Dr. Neda Sadighi, who was lost in the recent Iran airline crash. He also wished to thank Council for
264	having confidence in his ability in the role and reflected on his past experiences that drive his desire to
265	serve the public interest.
266	
267	10. List of Acronyms
268	
269	11. Dates of Upcoming Council Meetings
270	Monday April 20, 2020
271	Thursday June 25, 2020
272	 Friday Sept. 25, 2020
273	Friday December 4, 2020
274	
275	12. Adjournment: Moved by R. Kniaziew and seconded by W. Hutchinson to adjourn the meeting at
276	2:12 p.m.
277	Motion carried



Council Meeting - April 20, 2020

COUNCIL ACTION LIST STATUS

Updated April 13, 2020

Date	Minute Line	Action	Status	Comments
06/24/19	155	The Patient Relation Committee will review and discuss the need for patient-facing materials on optometric conditions.	Ongoing	Staff presented to PRC on plain language and proposal to update patient-facing FAQ on website. College website updates ongoing. Going forward, this action item will be incorporating into the new Strategic Plan.

Council Meeting – January 17, 2019

MOTION LIST

Date	Minute Line	Motion	Committee	Decision
01/17/20	32	Moved L. Chan and seconded by W. Hutchinson to approve the Executive Committee composition, including officers and members-at-large for 2020 as elected by Council.	Governance/ HR	Motion carried
01/17/20	213	Moved by R. Kniaziew moved and seconded by S. Allen to approve the College's Budget for the fiscal year January 1, 2020 to December 31, 2020.	Audit/Finance/ Risk	Motion carried
01/17/20	227	Moved by A. Micucci and seconded by C. Nicol to approve the appointment of the proposed chairpersons of College committees as presented.	Governance/ HR	Motion carried
01/17/20	233	Moved by R. Kniaziew and seconded by H. Kennedy to approve the appointment of the proposed College committee composition as presented.	Governance/ HR	Motion carried

4 / FINANCIAL MATTERS

- 4. Financial Matters
 - a. Presentation from the auditors
 - b. Approval of Audited Financial Statements



BRIEFING NOTE

Council Meeting – April 20, 2020

Subject

The Audit/Finance/Risk Committee held its first meeting of 2020 on March 30, the focus of which was to review the draft audited financial statements for the fiscal year ending December 31, 2019, as well as to engage with the external auditors. The auditors presented the draft financial statements and addressed questions from the committee. The committee passed a motion to recommend to Council that the 2019 audited statements be approved.

Decision(s) for Council

That Council approve the Audited Financial Statements for the Year Ended December 31, 2019.

Supporting Materials

Draft Audited Financial Statements for the Year Ended December 31, 2019.

Contact

- Bashar Kassir, Chair
- Deborah McKeon, Manager, Finance and Office Administration



DECEMBER 31, 2019

COLLEGE OF OPTOMETRISTS OF ONTARIO DECEMBER 31, 2019 CONTENTS

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INDEPENDENT AUDITOR'S REPORT

To the Members of the College of Optometrists of Ontario

Opinion

We have audited the financial statements of the College of Optometrists of Ontario, which comprise the balance sheet as at December 31, 2019, and the statements of changes in net assets, revenue and expenditures and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College of Optometrists of Ontario as at December 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT (continued)

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

We also:

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

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

Toronto, Ontario xxx xx, xxxx

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OPTOMETRISTS OF ONTARIO BALANCE SHEET AS AT DECEMBER 31, 2019

	<u>2019</u>	<u>2018</u>
ASSETS		
CURRENT Cash Short-term investments (Note 3) Accounts receivable Prepaid expenses	\$ 605,010 3,497,166 28,826 23,473 4,154,475	\$ 2,657,433 1,239,752 - 21,383 3,918,568
LONG-TERM INVESTMENTS (Note 4)	3,865,175	3,439,032
CAPITAL ASSETS (Note 5)	122,565	144,837
	\$ <u>8,142,215</u>	\$ <u>7,502,437</u>
LIABILITIES		
CURRENT Accounts payable and accrued liabilities HST payable Deferred revenue LIABILITY FUNDS IN TRUST (Note 6)	\$ 124,600 289,735 2,394,982 2,809,317 36,949 2,846,266	\$ 53,773 271,589 2,316,403 2,641,765 43,530 2,685,295
NET ASSETS		
INVESTED IN CAPITAL ASSETS	122,565	144,837
APPROPRIATED FUNDS	3,266,000	3,370,000
UNAPPROPRIATED FUND	1,907,384	1,302,305
	5,295,949	4,817,142
	\$ <u>8,142,215</u>	\$ <u>7,502,437</u>
Approved on Behalf of the Council:		
₹		
President		

COLLEGE OF OPTOMETRISTS OF ONTARIO STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2019

	<u> 2019</u>	<u>2018</u>
INVESTED IN CAPITAL ASSETS Balance, beginning of year Invested in capital assets Balance, end of year	\$ 144,837 (22,272) 122,565	\$ 181,233 (36,396) 144,837
APPROPRIATED FUNDS		
Entry-to-Practice Exam Development Balance, beginning of year Transfer of funds (Note 7) Balance, end of year	270,000 270,000	-
Fee Stabilization	100,000	100,000
Investigations and Hearings	200,000	200,000
New Government Initiatives Balance, end of year Appropriations (Note 7) Balance, end of year	100,000 100,000 200,000	100,000 - 100,000
Patient Relations Balance, beginning of year Appropriations (Note 7) Balance, end of year	100,000 (50,000) 50,000	30,000 70,000 100,000
Public Relations Balance, beginning of year Appropriations (Note 7) Balance, end of year	50,000 (50,000)	50,000
Office Acquisition Balance, beginning of year Appropriations (Note 7) Balance, end of year	2,250,000 - 2,250,000	2,000,000 <u>250,000</u> 2,250,000
Research Balance, beginning of year Transfer of funds (Note 7) Balance, end of year	300,000 (250,000) 50,000	50,000 <u>250,000</u> 300,000
Special Contingencies Balance, beginning of year Transfer of funds (Note 7) Balance, end of year	20,000 (20,000)	20,000 - 20,000
Unauthorized Practice Balance, beginning of year Expenditure Balance, end of year	250,000 (104,000) 146,000 3,266,000	250,000
UNAPPROPRIATED FUND Balance, beginning of year Excess of revenue over expenditures (Pages 5)	1,302,305 <u>582,807</u> 1,885,112	1,653,718 182,191 1,835,909
Appropriations (Note 7) Invested in capital assets Balance, end of year	22,272 \$ 1,907,384	(570,000) 36,396 \$ 1,302,305

COLLEGE OF OPTOMETRISTS OF ONTARIO STATEMENT OF REVENUE AND EXPENDITURES FOR THE YEAR ENDED DECEMBER 31, 2019

	<u>2019</u>	<u>2018</u>
REVENUE		
Annual registration fees	\$ 2,474,279	\$ 2,373,117
Professional corporation fees	372,841	367,622
Services and other fees	27,905	81,347
	2,875,025	2,822,086
EXPENDITURES		
Discipline Committee (Note 8)	155,634	204,726
Inquiries, Complaints and Reports Committee (Note 8)	152,488	116,253
Council meeting and training expense	119,996	96,140
Quality Assurance Committee (Note 8)	104,161	115,368
Governance Committee	58,226	32,437
Registration Committee (Note 8)	43,670	47,240
College representation	43,254	38,335
Jurisprudence examination expense	37,187	21,026
Executive Committee	25,597	58,402
Clinical Practice Committee	25,347 25,140	26,624 23,910
Membership contributions (Note 9) Continuing education expense	23,900	23,910 624
Strategic planning	23,500 22,599	024
Audit, Finance, Risk Committee	15,488	<u>-</u>
Patient Relations Committee	10,643	6,409
Tation Relations Committee	863,330	787,494
COLLEGE ADMINISTRATION ACTIVITIES		<u> </u>
Salaries and benefits (Note 10)	1,100,573	1,033,319
Office operation and technology	375,272	269,868
Occupancy costs (Note 11(b))	156,269	149,705
OE Tracker expense	50,766	45,602
Accounting and audit fees	40,050	40,462
General legal fees (Note 8)	35,542	34,193
Consulting	13,190	-
Amortization of capital assets	41,056	<u>39,011</u>
	<u>1,812,718</u>	<u>1,612,160</u>
TOTAL EXPENDITURES	2,676,048	2,399,654
EXCESS OF REVENUE OVER EXPENDITURES		
BEFORE OTHER EXPENDITURES AND INCOME	198,977	422,432
	,	·, · · -
OTHER EXPENDITURES	o= 000	440.040
Unauthorized practice and dispensing	37,383	116,040
Database development	50,480	38,558
Research for entry-to-practice exam	15,000	1,470
Quality Assurance program review	102,863	<u>49,600</u> 205,668
	102,003	200,000
OTHER INCOME		
Investment income (Note 12)	216,568	138,956
Unrealized gain (loss) on investments	<u>270,125</u>	(173,529)
	<u>486,693</u>	(34,573)
NET EVOCO OF DEVENUE OF THE TAXABLE PROPERTY.	A	A 400 40 1
NET EXCESS OF REVENUE OVER EXPENDITURES	\$ <u>582,807</u>	\$ <u>182,191</u>

COLLEGE OF OPTOMETRISTS OF ONTARIO STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2019

	<u>2019</u>	<u>2018</u>
Cash provided by (used in):		
OPERATING ACTIVITIES		
Excess of revenue over expenditures	\$ 582,807	\$ 182,191
Adjustments for items not involving cash: Amortization of capital assets Net (gain) unrealized loss on investments	41,056 (270,125) 353,738	39,011 173,529 394,731
Net changes in non-cash working capital: Accounts receivable Prepaid expenses Accounts payable and accrued liabilities HST payable Deferred revenue Liability funds in trust	(28,826) (2,090) 70,827 18,146 78,579 (6,581)	- (5,498) 2,838 13,482 133,033 43,530
Cash flow from operating activities	483,793	582,116
INVESTING ACTIVITIES		
Purchase of capital assets Net increase in investments, short-term and long-term Cash flow from investing activities	(18,784) (2,413,432) (2,432,216)	(2,616) (510,581) (513,197)
FINANCING ACTIVITY		
Unauthorized Practice fund expenditure	<u>(104,000</u>)	
(DECREASE) INCREASE IN CASH	(2,052,423)	68,919
CASH, beginning of year	2,657,433	2,588,514
CASH, end of year	\$ <u>605,010</u>	\$ <u>2,657,433</u>

1. NATURE OF OPERATIONS

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

(a) Fund Accounting

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

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

Appropriated funds report funds set aside by the Council for specific purposes as follows:

Entry-to-Practice Exam Development: To provide funding for the development of a new entry-to-practice examination.

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

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

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

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

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

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

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

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(b) Cash

Cash includes cash oh hand held at a financial institution and at investment brokers.

(c) Short-Term and Long-Term Investments

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

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

(d) Prepaid Expenses

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

(e) Capital Assets

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

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

(f) Revenue Recognition

(1) Annual registration fees

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

(2) Professional corporation fees

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

(3) Services and other fees

Services and other fees represent quality assurance, continuing education and other service fees. Revenue is recognized at the time the service has been rendered.

(g) Measurement of Financial Instruments

The College records financial instruments at fair value on initial recognition. The College subsequently measures all its financial assets at amortized cost except for cash and investments, which are stated at fair values at the year-end date.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities, deferred revenue and liability funds in trust.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(h) Measurement Uncertainty

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the year. Actual results may differ from these estimates.

(i) Contributed services

The College uses volunteers to assist in the organization's activities. While these services benefit the College considerably, a reasonable estimate of the time spent and its fair market value cannot be made and accordingly, these contributed services are not recognized in the financial statements.

3. SHORT-TERM INVESTMENTS

	<u>2019</u>	<u>2018</u>
Market value	\$ <u>3,497,166</u>	\$ <u>1,239,752</u>
Cost	\$ <u>3,475,599</u>	\$ <u>1,239,607</u>

Short-term investments mature or are redeemable at various dates not exceeding 12 months and consist of \$3,332,184 (2018 - \$1,119,631) in guaranteed investment certificates and bonds with interest rates of 1.85% to 2.6% (2018 - 1% to 2.31%), and \$164,982 (2018 - \$120,121) in high interest performer accounts with interest rates of 1.15% to 1.85% (2018 - 1.65% to 1.85%).

4. LONG-TERM INVESTMENTS

	<u>2019</u>	<u>2018</u>
Market value	\$ <u>3,865,175</u>	\$ <u>3,439,032</u>
Cost	\$ <u>3,565,610</u>	\$ <u>3,388,026</u>

Long-term investments consist of 1,900,411 (2018 - 1,749,601) in fixed income funds with effective interest rates ranging from 1.25% to 7.90% (2018 - 1.25% to 6.69%), 1,050,415 (2018 - 1,010,190) in Canadian equities and 1,4349 (2018 - 1,4349) in U.S. and international equities. Investments in fixed income funds mature or are redeemable at dates ranging from 2 to 14 years.

5. CAPITAL ASSETS

	<u>Cost</u>	cumulated mortization		Net <u>2019</u>		Net <u>2018</u>
Computer hardware Furniture and equipment Leasehold improvements	\$ 57,960 98,133 259,516	\$ 42,155 78,620 172,269	\$	15,805 19,513 87,247	\$	4,861 24,391 115,585
	\$ 415,609	\$ 293,044	\$_	122,565	\$_	144,837

6. LIABILITY FUNDS IN TRUST

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

	<u> 2019</u>		<u> 2018</u>
Balance, opening	\$ 43,530	\$	-
Funds received	-		48,180
Disbursements	<u>(6,581</u>)	/_	(4,650)
Balance, ending	\$ <u> 36,949</u>	\$ <u></u>	43,530

7. APPROPRIATED FUNDS

During 2019, the Council approved the transfer of \$20,000 from the Special Contingencies Fund and \$250,000 from the Research Fund to the newly established Entry-to-Practice Exam Development Fund.

The Council approved the appropriation of \$100,000 from the Unappropriated Fund to the Appropriated New Government Initiatives Fund. The Council also approved the appropriation of \$50,000 from the Patient Relations Fund and \$50,000 from the Public Relations Fund to the Unappropriated Fund. There is no net effect on the Unappropriated Fund.

The Council has determined the Special Contingencies Fund and the Public Relations Fund no longer meet the long-term objectives of the College.

During 2018, the Council approved the appropriation of \$570,000 from the Unappropriated Fund to various Appropriated Funds to recognize specific operating and capital initiatives.

8. COMMITTEE AND GENERAL LEGAL FEES

Committee legal fees were incurred for the specific activities of a Committee and are included in the total expenditure for that Committee as noted in the Statement of Revenues and Expenditures. General legal fees were not incurred for any specific activity of a committee.

	<u>2019</u>	<u>2018</u>
Discipline Committee Less: Recovery of legal costs	\$ 148,632 (62,066)	\$ 221,999 (54,500)
	\$ <u>86,566</u>	\$ <u>167,499</u>
Inquiries, Complaints and Reports Committee	\$ <u>90,927</u>	\$ <u>26,626</u>
Quality Assurance Committee	\$ <u>280</u>	\$
Registration Committee	\$ <u>4,144</u>	\$ <u>7,443</u>
. MEMBERSHIP CONTRIBUTIONS		
	<u>2019</u>	<u>2018</u>
Federation of Optometric Regulatory Authorities of Canada	\$ <u>25,140</u>	\$ <u>23,910</u>

10. RETIREMENT PENSION PLAN

9.

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

11.COMMITMENTS

(a) Equipment Operating Leases

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

2020	\$ 14,354
2021	14,354
2022	14,354
2023	14,354
2024	14,354
	\$ 71,770

(b) Premise Operating Lease

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

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

2020	\$ 61,953
2021	63,650
2022	63,650
2023	63,650
2024	 10,608
	\$ 263,511

2040

2018

12.INVESTMENT INCOME

	<u> 2013</u>	2010
Interest and dividend income Realized gain on investments	\$ 136,922 79,646	\$ 126,899 12,057
	\$ 216,568	\$ 138,956

13.FINANCIAL INSTRUMENTS

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

(a) Market Price Risk:

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

(b) Interest Rate Risk:

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

13. FINANCIAL INSTRUMENTS (Continued)

(c) Currency risk:

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

(d) Liquidity risk:

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

14. SUBSEQUENT EVENTS - COVID-19

Due to the global Covid-19 pandemic, the fair market value of the long-term investments has declined approximately 10% as at April 10, 2020.

15.COMPARATIVE FIGURES

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

5-6 / REPORTS

- 5. The College of Optometrists of Ontario 2019 Annual Report
- 6. Registrar's Report: Registrar Maureen Boon to provide an update regarding optometry and the College during COVID-19.

7 / MOTIONS

- 7. Motions Brought Forward from Committees
 - a. Quality Assurance
 - i. Clinical Practice Panel:
 - To approve the following motion: That Council approve revisions to OPR 4.2 Required Clinical.
 - b. Governance/HR Committee
 - i. To appoint, effective immediately:
 - Dr. Lindy Mackey as an Elected Council Member of the Discipline Committee;
 - Ms. Kathryn Biondi as a Public Council Member of the Discipline Committee, Governance/HR Committee and Patient Relations Committee; and
 - Mr. Ravnit Dhaliwal as a Public Council Member of the Discipline Committee and Quality Assurance
 - ii. To elect a public member to the Executive Committee.



BRIEFING NOTE - CPP MOTION RE: OPR 4.2

QA - CPP — February 2020

Subject

OPR 4.2 Required Clinical Information

Background

OPR 4.2 articulates the information that must be obtained at a patient's first presentation to an optometrist.

OPR 4.2 is the basis for the College's Short Record Assessment (part of the College's QA program).

The QA Panel, with input from QA assessors, has noted common SRA omissions in these areas in recent years:

- presenting monocular visual acuities at near; and
- accommodative function.

QAP asked CPP to review OPR 4.2 and provide recommendations and ongoing input.

CPP propose to replace:

Required clinical information to be obtained about patients at their first presentation includes:

- the results of the observation, examination or measurement of:
 - presenting monocular visual acuities at distance and near;
 - accommodative function;

With:

- presenting monocular visual acuities at distance;
- presenting visual acuity at near, monocularly when clinically indicated;
- accommodative function, when clinically indicated;

CPP agrees with QAP that a binocular presenting visual acuity (VA) at near is sufficient in many cases, and that the measurement of accommodative function may be redundant for many patients. However, presenting monocular VA at near and accommodative function should both be measured where indications exist.

Once changes to OPR 4.2 are approved, the SRA protocol will be updated and QA assessors will use their judgment as to when the measurement of monocular near VA or accommodative function are indicated.

Decision(s) for Council

To approve the following motion: That Council approve revisions to OPR 4.2 Required Clinical Information.

Supporting Materials

- OPR 4.2 Required Clinical Information showing track changes
- SRA Protocol

Next Steps

- Update OPR 4.2 (online and in jurisprudence materials)
- Update SRA protocol

Contact

• David Wilkinson, OD – Practice Advisor

Effective Date: June 2014

4.2 Required Clinical Information

The provision of optometric care relies on acquiring, updating and maintaining a complement of information about each patient. Analysis of these data enables optometrists to develop an accurate understanding of the ocular status of patients and devise appropriate management plans. Standards relating to required clinical information are intended to ensure the provision of optimal and efficient patient care.

Regulatory Standard

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

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

Professional Standard

Required clinical information to be obtained about patients at their first presentation includes:

- the chief concern or request(s);
- a review of ocular or visual symptoms or experiences;
- a general health history, with emphasis on eyes and vision, including medications used and applicable family history;
- the occupational and avocational visual environment and demands;
- the measurement and description of their ophthalmic appliances including purpose and effectiveness; and
- the results of the observation, examination or measurement of:
 - o apparent and relevant physical, emotional and mental status;
 - o the external eye and adnexa;
 - pupillary function;

- o the *anterior segment* (OPR 6.1) and, when indicated, corneal thickness;
- o ocular media;
- the posterior segment (OPR 6.2);
- o intraocular pressure in adults and, when indicated, in children;
- o presenting monocular visual acuities at distance and near;
- presenting visual acuity at near, monocularly when clinically indicated and near;
- refractive status and best-corrected monocular visual acuity at distance;
- o accommodative function, when clinically indicated;
- o oculomotor status and, when indicated, fusional reserves;
- other sensory functions, when indicated, such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity.

All required clinical information must be clearly documented in the *patient's health* record (OPR 5.1). In situations where it is not possible to obtain specific required information, justification must be documented.

The information will be kept current by re-evaluation at subsequent examinations. Patient signs, symptoms and risk factors influence decisions optometrists make about the frequency of re-evaluation.

In emergency or urgent situations, it may be impractical to obtain all information at the first visit. In such cases, a specific assessment is appropriate (OPR 4.6). Also, the full complement of required clinical information may not be necessary when providing specific assessments or consultation services for referring optometrists, physicians or nurse practitioners. The same applies to patients who have not been directly referred but are already under the established care of another optometrist or ophthalmologist. In such cases, optometrists will determine what is clinically necessary based on the reason for presentation.

Optometrists completing third party reports involving the clinical information of patients (e.g. MTO, CNIB, employment application reports), must verify the photo identification of patients.

For additional Clinical Guidelines click here

First Published: September 2007

Revised: April 2012

April 2014 June 2014

January 2018



SHORT RECORD ASSESSMENT

PATIENT	DONE/NOT APPLICABLE	OMISSION
1. Is/are the reason(s) for presenting (chief complaints) identified? (OPR 4.2, 5.1)		
2. Is the health history including the use of medications explored? (OPR 4.2, 5.1)		
3. Is the relevant family ocular health history recorded? (OPR 4.2, 5.1)		
4. Were the tissues of the anterior segment examined? (OPR 6.1)		
5. Were the tissues of the posterior segment examined (through a dilated pupil when indicated)? (OPR 6.2)		
6. Were the pupillary reflexes tested? (OPR 4.2)		
7. Were all risk factors indicating glaucoma explored (if applicable)? (OPR 4.2, 6.8, 7.2)		
8. Is the presenting monocular visual acuity at near and distance recorded? (OPR 4.2)		
9. Was an appropriate measure of refraction conducted? (OPR 4.2, 6.3, 7.6)		
10. Were the resulting monocular acuities recorded for any prescription change? (OPR 4.2)		
11. Were all appropriate measures of binocularity carried out at distance and near? (OPR 4.2, 6.7)		
12. Does the record show that the member diagnosed or addressed all problems evident in the case history and basic examination, when indicated? (OPR 5.1)		

that has not been captured by the above questions.



MOTION GOVERNANCE/HR COMMITTEE

Council meeting – April 2020

Subject

Committee Vacancy Appointments

Background

On January 30, 2020, Dr. Kamy Morcos resigned from College Council and committees. Dr. Morcos sat on two committees: Quality Assurance Subcommittee (Chair) and Fitness to Practice Committee. At its February meeting, the Executive Committee was presented with and accepted the following recommendations by the Governance/HR Committee to fill the vacant positions to ensure the committees remained constituted:

To appoint, effective immediately:

- Ellen Pekilis as a non-Council Public Member and Chair of the Quality Assurance (QA) Subcommittee;
- Bill Ulakovic as an Elected Council Member of the QA Subcommittee; and
- Annie Micucci as the Elected Council Member of the Fitness to Practise Committee.

To appoint, effective April 17, 2020:

John Van Bastelaar as a non-Council Public Member of the QA Subcommittee.

Specific to the QA Subcommittee, the recommendations ensure continuity and experience with the ongoing review project for the remainder of the 2020 term. The subcommittee now has two Council members who are new to the project but will be able to act as liaisons to Council. The Governance/HR Committee is aware that the subcommittee's composition does not follow the usual committee compositions, but has kept the subcommittee constituted despite several hurdles, and ensures committee members with sufficient experience to complete the project as planned. The Governance/HR Committee still intends to follow its adopted principles in the future.

Issue

On April 17, 2020, Mr. John Van Bastelaar's appointment to Council concluded. Mr. Van Bastelaar sat on five committees: Discipline, Executive, Governance/HR, Patient Relations, and the Quality Assurance Committee-QA Panel.

Two new public members were appointed to the College Council since the last Council meeting: Ms. Kathryn Biondi on February 14, 2020 and Mr. Ravnit Dhaliwal on April 18, 2020.

Since the last Council meeting, Dr. Lindy Mackey was also elected to Council (via a by-election) for the seat vacated by Dr. Morcos in District 3 – Eastern.

As per their terms of reference, the Governance/HR Committee has made recommendations to fill the committee vacancies to ensure the committees to remain constituted. As per Part 14.05 of the by-laws, all elected Council members who are not members of the Inquiries, Complaints, and Reports Committee and all public members will be placed on the Discipline Committee.

Finally, an Executive election will be held at the April Council meeting to fill the vacancy of a second public member. Nominations have been received from the following candidates for this positions:

• Mr. Howard Kennedy.

Decision for Council

To appoint, effective immediately:

- Dr. Lindy Mackey as an Elected Council Member of the Discipline Committee;
- Ms. Kathryn Biondi as a Public Council Member of the Discipline Committee, Governance/HR Committee and Patient Relations Committee; and
- Mr. Ravnit Dhaliwal as a Public Council Member of the Discipline Committee and Quality Assurance Committee QA Panel.

Contact

Annie Micucci, Governance/HR Committee Chair Maureen Boon, Registrar | CEO Justin Rafton, Manager, Policy & Governance

Appendix A:

College of Optometrists of Ontario 2020 Committee Membership – UPDATED April 20, 2020

Standing Committees

Audit/Finance/Risk Committee

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

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

Governance/HR Committee

Chair

PUBLIC COUNCIL MEMBERS:
Ms. Kathryn Biondi
Mr. Narendra Shah

Statutory Committees

Discipline Committee

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

PUBLIC COUNCIL MEMBERS:
Ms. Suzanne Allen
Ms. Kathryn Biondi
Mr. Ravnit Dhaliwal
Ms. Winona Hutchinson
Mr. Bashar Kassir
Mr. Howard Kennedy

Mr. Albert Liang

Mr. Narendra Shah

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. Annie Micucci

PUBLIC COUNCIL MEMBER:

Mr. Albert Liang Chair

NON-COUNCIL OPTOMETRIST MEMBER:

Dr. Jay Mithani

Inquiries, Complaints & Reports Committee

OPTOMETRIST COUNCIL MEMBER:	0 01 1
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. David 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
	Ms. Kathryn Biondi	
	Mr. Howard Kennedy	
	·	
	NON-COUNCIL OPTOMETRIST MEMBERS:	
	Dr. Linda Bathe	
	Dr. Negar Rezvani	
	Dr. Sarah Sharma	
	Dr. Mike Yang	
Qual	ity Assurance Committee	
Qual <i>QA P</i>	ity Assurance Committee	
-	ity Assurance Committee	
-	ity Assurance Committee	Co-Chair
-	ity Assurance Committee anel OPTOMETRIST COUNCIL MEMBER:	Co-Chair
-	ity Assurance Committee anel OPTOMETRIST COUNCIL MEMBER:	Co-Chair
-	ity Assurance Committee Canel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan	Co-Chair
-	ity Assurance Committee canel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS:	Co-Chair
-	ity Assurance Committee canel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal	Co-Chair
-	ity Assurance Committee canel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal	Co-Chair
-	ity Assurance Committee anel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal Mr. Albert Liang	Co-Chair
-	ity Assurance Committee canel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal Mr. Albert Liang NON-COUNCIL OPTOMETRIST MEMBERS:	Co-Chair
-	ity Assurance Committee anel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal Mr. Albert Liang NON-COUNCIL OPTOMETRIST MEMBERS: Dr. Mark Eltis	Co-Chair
-	ity Assurance Committee anel OPTOMETRIST COUNCIL MEMBER: Dr. Linda Chan PUBLIC COUNCIL MEMBERS: Mr. Ravnit Dhaliwal Mr. Albert Liang NON-COUNCIL OPTOMETRIST MEMBERS: Dr. Mark Eltis Dr. Nadine Furtado	Co-Chair

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. William Ulakovic

PUBLIC COUNCIL MEMBER:

Mr. Narendra Shah

NON-COUNCIL OPTOMETRIST MEMBERS:

Dr. Patricia Hrynchak

Dr. Areef Nurani

Dr. Olga Savitska

NON-COUNCIL PUBLIC MEMBERS:

Ms. Ellen Pekilis

Chair

Mr. John Van Bastelaar

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 MEMBERS:

Dr. Timothy Tsang

NON-COUNCIL PUBLIC MEMBER:

Ms. Ellen Pekilis

8-12 / OTHER MATTERS

- 8. Governance Committee: Upcoming By-law Circulation
- 9. Proposed Council Meeting Dates 2021
 - a. Friday March 26, 2021
 - b. Friday June 18, 2021
 - c. Friday September 17, 2021
 - d. Friday December 10, 2021
- 10. List of Acronyms
- 11. Dates of Upcoming Council Meetings
 - a. Thursday June 25, 2020
 - b. Friday Sept. 25, 2020
 - c. Friday Dec. 4, 2020
- 12. Adjournment (approx. 10:30 a.m.)



BRIEFING NOTE GOVERNANCE/HR COMMITTEE

Council meeting – April 2020

Subject

By-Law Review Project

Background

In October 2017, the College engaged a consultant to undertake a review of its governance practices to 1) assess the current state of College governance and 2) provide opportunities and alternatives that would encourage growth in nine areas:

- common purpose and mandate achievement;
- Registrar;
- financial governance;
- statutory committees;
- capacity building among Council and committee members;
- Council and committee evaluation;
- Council executive line, corporate and regulatory governance;
- governance culture, Council composition and interests of Council members; and
- public members.

The review and recommendations were presented in early 2018. Since that time, the College has begun to implement select changes including:

- narrowing the Executive Committee terms of reference;
- forming two new standing committees: (Audit/Finance/Risk (AFR) and Governance/HR);
- transitioning the role of Treasurer from a Council member to a qualified staff member with AFR maintaining financial oversight;
- developing committee selection principles, such as appointing only one Council member to each statutory committee;
- developing a new strategic plan (to be completed in June 2020); and
- developing tools for evaluating meetings and performing assessment of Council members, committee, chairs, etc.

The focus on governance reform aligns with the ongoing work occurring across the health regulatory jurisdiction, including:

- College of Nurses of Ontario;
- College of Physicians and Surgeons of Ontario; and
- Ontario College of Pharmacists.

Issue

Building on this initial work, the Governance/HR Committee's key task for this Council year was to review and revise the College by-laws. The College last conducted a fulsome by-law review in 2010/2011. Since that time, the College has made minor alterations to specific sections, directed by certain committees. The aim of this

review is to consolidate, simplify and update the by-laws to better reflect current best practices in by-law structure and governance reform. The review also recognises that the Ministry supports any work that ensures the self-regulatory model is accountable to the public and built upon a modern and effective governance framework.

Proposed By-Law Changes - Summary

The committee and staff have thoroughly reviewed the by-law document in its entirety and, after lengthy discussion and consideration, recommend changes outlined below. This project has been an extensive undertaking. In developing its recommendations, the committee reviewed best practices and other models, had extensive internal discussion, and considered Council feedback and historical information. The complete document is currently undergoing a legal review to ensure the recommendations align with the respective legislations. The intent is to present the new by-law document to Council at the June meeting.

Aligned with the principles of transparency and to provide a brief summary in anticipation of the motion coming to Council in June, the key areas of change are:

Administrative

- Consolidate overall framework from 22 Parts to 6-8 Parts.
- Remove duplicative or unnecessary sections/subsections.
 - Consolidate sections relating to Financials and Corporations to align with best practices for nonprofit financial by-laws, as outlined by the Canadian Revenue Agency and <u>Corporations Canada</u>. The Audit/Finance/Risk Committee was consulted in relation to proposed changes.
- Change the timing of members' terms to align with the new Council year (i.e., January 1-December 31)
- Incorporate gender inclusive language (no longer use 'he' or 'she').

Governance

- Term Limits
 - 21 total years of Council and Committee involvement:
 - 21 total years either consecutive or non-consecutive.
 - The 21-year total is specific to Council and committee involvement. Members would still be able to contribute to College work through other College processes (i.e. QA Assessor, Coach, Expert).
 - Council
 - Three-year term length (same as currently set out).
 - No more than nine consecutive years (same as currently set out).
 - No more than 18 years total (i.e., maximum of two, nine-year term lengths).
 - Three-year waiting period if first nine-year consecutive term limit is reached.
 - Member is ineligible to run for election if they would reach 18 total years on Council or 21 total years on committees before completing their three-year term.
 - Committees -
 - Time spent on Council and committees counts as one period of time.
 - No more than nine years for any one committee.
 - Maximum of 21 years on any combination of committees.
 - Establish a clause that would allow Council to appoint a committee member beyond 21 years in an exceptional circumstance.

- Executive Committee/Officers
 - Reduce Executive Committee duties in by-laws to only the legislative requirement: act as Council between meetings in matter of administrative urgency.
 - President/Vice-President to remain elected positions but remaining Executive committee members to be appointed by Council.
 - o Set a four-year maximum term limit for each of the President and Vice-President positions.

Processes

- Remove/reduce explicit and prescriptive processes staff/committee will adapt the current bylaw wording into policies following the review, to then be accepted by Council.
 - Selection of committees
 - Process for disqualification/sanctioning
 - Process for declaring a conflict of interest
 - Code of Ethics

Next Steps

Because the Council calendar will change in 2021, commencing with the shift to a December 2020 meeting, certain changes will need to be approved by year end to allow governance processes (such as the Executive election and committee appointments) to occur for the following year. Therefore, the draft by-law changes would need to be presented in June 2020 for circulation and be accepted no later than the December 2020 meeting.

The following project timeline is proposed:

June 25 Council meeting: present motion to approve circulation of by-laws

June 29 → August 28 − Circulate by-laws for feedback

September 25 Council meeting: review feedback received and present motion to approve by-law changes

Contact

Annie Micucci, Governance/HR Committee Chair Maureen Boon, Registrar | CEO Justin Rafton, Manager, Policy & Governance

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

Acronym	Name	Description
CLEAR	Council on Licensure Evaluation and Regulation	International body of regulatory boards – mainly US and Canadian members
СМРА	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
СРР	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

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 <i>Ministry of Health Appeal</i> and <i>Review Boards Act, 1998</i> , 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

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

Acronym	Name	Description
OOQ	Ordre des optométristes du Québec	Regulates optometrists in Quebec
OPR	Optometric Practice Reference	A College document provided to members and available to the public providing principles of Standards of Practice and Clinical Guidelines in two separate documents
OSCE	Objective Structured Clinical Examination	An objective clinical exam; part of the OEBC exam
PEICO	PEI College of Optometrists	The optometric regulatory college in Prince Edward Island
PHIPA	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

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

Updated June 2018