COLLEGE OF
OPTOMETRISTS
OF ONTARIO

COUNCIL MEETING

FRIDAY, DECEMBER 9, 2022
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND ONLINE)

HYBRID MEETING

COLLEGE OF OPTOMETRISTS OF ONTARIO

Council Agenda

Date: Friday, December 9, 2022 | 9:00 a.m. – 2:30 p.m.
Hybrid Meeting

Agenda Item	Item Lead	Time (mins)	Action Required	Page No.
1. Call to Order/Attendance b. Land Acknowledgement c. Public Interest Statement	A. Nurani	2	Decision	5
2. Adopt the Agenda a. Conflict of Interest Declaration	A. Nurani	2	Decision	5
3. Committee Updates	Committee Chairs	15	Presentation	5
4. Consent Agenda PART 1 - Minutes of Prior Council Meetings i. September 16, 2022 ii. Motions and Actions Items Arising from the Minutes PART 2 - Reports b. Committee Reports i. Executive ii. Patient Relations iii. Quality Assurance: a) QA Panel b) CP Panel iv. ICRC v. Registration vi. Governance/HR vii. Audit/Finance/Risk	A. Nurani	15	Decision	5 6 12 14 18 19 21 22 24 27 29
5. Registrar's Report i. Recognition of Credential Assessment Committee members	J. Jamieson	45	Presentation	31
10:20–10:30 a.m. - Morning Break		10		
6. Motions Brought Forward from Committees a. Clinical Practice Panel i. Proposed amendments to OPR 6.2 Posterior Segment Examination, OPR 7.1 Patients with Age-related	L. Christian	25	Decision	32

Macular Degeneration, and OPR 7.2 Patients with Glaucoma				
ii. Proposed amendments to OPR 7.9 Patients with Learning Disability	L. Christian	10	Decision	44
iii. Proposed amendments to OPR 7.10 Orthokeratology and new standard on Myopia Management OPR 7.14	L. Christian	10	Decision	47
7. DEI Presentation	Dr. Chase Everett McMurren	60	Presentation	31
12:30 – 1:30 p.m. - Lunch		60		
8. Motions Brought Forward from Committees continued				
a. Audit/Finance/Risk Committee				
i. Revised Honoraria and Expense Policy and Claim Form	H. Kennedy	10	Decision	56
ii. Draft budget and proposed reserve funds for the year 2023	H. Kennedy	20	Decision	64
iii. Revised allocation of restricted funds	H. Kennedy	10	Decision	67
9. Recognition of Dr. Lindy Mackey	A. Nurani	5	Presentation	70
10. Upcoming Council Meetings a. January 20, 2023 b. March 31, 2023 c. June 23, 2023 d. September 15, 2023 e. December 8, 2023	J. Jamieson	2	For Information	70
11. List of Acronyms				71
12. Governance Guide: Robert's Rules				77
13. Adjournment – approximately 2:30 p.m.	A. Nurani	2	Decision	

COLLEGE OF OPTOMETRISTS OF ONTARIO

Vision and Mission

Vision: To regulate Ontario's Doctors of Optometry in the public interest.

Mission: To ensure that the public understands, trusts and has confidence in optometrists.

1 - 4 / INTRODUCTION

1. Call to Order/Attendance

2. Adopt the Agenda
    a. Conflict of Interest Declaration

3. Committee Updates

4. Consent Agenda

PART 1 - Minutes of Prior Council Meetings

i. September 16, 2022

ii. Motions and Actions Arising from the Minutes

PART 2 - Reports

b. Committee Reports

i. Executive Committee

ii. Patient Relations

iii. Quality Assurance:

a) QA Panel

b) CP Panel

iv. ICRC

v. Registration

vi. Governance/HR Committee

vii. Audit/Finance/Risk Committee

COLLEGE OF OPTOMETRISTS OF ONTARIO

College of Optometrists of Ontario
Council Meeting
DRAFT – September 16, 2022

Attendance:

Dr. Areef Nurani, President
Dr. William Ulakovic, Vice President
Ms. Suzanne Allen
Ms. Kathryn Biondi
Dr. Lisa Christian
Dr. Mark Eltis
Dr. Camy Grewal
Dr. Pooya Hemami
Ms. Lisa Holland
Mr. Bashar Kassir
Mr. Howard Kennedy
Dr. Richard Kniaziew
Dr. Lindy Mackey
Dr. Dino Mastronardi
Mr. Olutoye Soile
Mr. Andre Tilban-Rios
Dr. Abraham Yuen

Staff:

Mr. Joe Jamieson, Registrar & CEO
Ms. Hanan Jibry, Deputy Registrar
Mr. Chad Andrews
Mr. Edward Cho
Ms. Jaslin Facey
Ms. Debbie Lim
Ms. Adrita Shah Noor
Ms. Shelby Sargo

Guest:

Ms. Julia Martin, legal counsel

1. Call to Order/Attendance: Dr. Nurani called the meeting to order at 8:58 a.m. Dr. Nurani read the land acknowledgement and public interest statement.

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

Moved by Dr. Grewal and seconded by Dr. Yuen to ***adopt the agenda.***

Motion carried

2a. Conflict of Interest Declaration: Dr. Nurani asked Council members if anyone has a conflict of interest with any item on the day's agenda. None were declared.

3. Research Steering group Update: Dr. Ulakovic provided an update on the progress of the Research Steering Group.

4. Committee Updates: The Committee Chairs presented updates on their respective committees.

5. Consent Agenda: A draft consent agenda was circulated prior to the meeting. The following items were included in the consent agenda:

PART 1 - Minutes of Prior Council Meetings
- a. June 24, 2022
- b. Motions and Action Items Arising from the Minutes

PART 2 - Reports
- b. Committee Reports
  - i. Executive Committee
  - ii. Patient Relations
  - iii. Quality Assurance:
    - A. QA Panel
    - B. CP Panel
  - iv. ICRC
  - v. Registration
  - vi. Fitness to Practise
  - vii. Governance/HR Committee
  - viii. Audit/Finance/Risk Committee

Moved by Mr. Tilban-Rios and seconded by Dr. Ulakovic ***to adopt the consent agenda.***

Council discussed the June minutes and Mr. Kassir indicated for lines 68-69 that he did not use the wording "the professionals", but instead was referring to the President, Vice President, Registrar and senior staff. He requested the wording be adjusted to reflect this. Mr. Kassir also noted that on line 179 he was not given the opportunity to vote against the motion as the President only asked for a show of hands for those in favour of the motion. He requested that this be reflected in the minutes as well.

Council discussed the Clinical Practice Panel report and Mr. Kassir questioned the reasoning behind the Executive Committee asking CPP to investigate the matter of transfer of care in emergency examinations and intra-professional care. Dr. Nurani responded by saying they wanted to address a policy gap that existed in the OPR.

Dr. Hemami asked for clarification in the Registration report regarding the three students who are able to challenge the entry-to-practice exam directly in 2022. Ms. Jibry explained that those three students attempted the IGOEE in 2021.

Dr. Hemami inquired about the live skills testing stations for the OEBC exam and asked if the Registration Committee knew there was only going to be three stations when the Committee has made it clear they would prefer four stations. Dr. Ulakovic responded by saying that the Committee wants the OEBC exam to move away from models for the assessment of technical skills and move towards live patient examinations. He noted they have been in discussions with OEBC about providing live patients.

Dr. Hemami asked about whether the FORAC recommendation to implement an increase in member levy was discussed at the latest Committee meeting. Dr. Ulakovic stated the Registration Committee did not feel they would entertain the increase in levy when the funds are not needed nor are they confident the funds would be returned if not used. Dr. Nurani noted that other provinces have lower registration fees so while it is equal for all optometrists in Canada, it is not equitable.

Motion carried

6. Registrar's Report

Mr. Jamieson presented the Registrar's Report, which touched on the Strategic Plan: Implementation Plan and the Annual Report.

Council adjourned for a break at 10:22 a.m.

Council resumed at 10:43 a.m.

Ms. Biondi commented on the reporting aspect of the Strategic Plan and noted the overlapping of strategies. She suggested considering a way to consolidate the information and using the CPMF as a reporting tool and to reduce workload.

Dr. Kniaziew noted his concern about the number of practice assessments that required a Complete Practice Assessment, and the number that required remediation. He asked for the graduation year of those who required remediation. Dr. Nurani explained that the data show that registrants under 5 years from graduation and 25 years after graduation, most often require remediation.

Mr. Soile echoed what Ms. Biondi said and asked about the frequency of reporting regarding the Strategic Plan. Mr. Jamieson said the CPMF will be used as the annual reporting tool, and when something is achieved in the CPMF, staff can also correlate it for Council by identifying how it relates to the completion of the objective in the strategic plan.

Regarding the DEI project, Dr. Hemami asked for clarification about the scope of Communications Section 5F. Mr. Jamieson responded by saying that staff will gauge the College's responses by assessing the social impact in Ontario and deciding when it is appropriate for a regulatory college to comment.

Ms. Allen asked about which platform the practice advisories will be hosted on. Mr. Jamieson explained that it will be a standalone document distributed to membership, most likely electronically and will be used as a reflective tool for their practice. With respect to applicants, they will receive the advisories as part of the welcome package. The intent is to issue one major initiative every year regarding the practice advisories, while engaging right touch regulation and honouring members' practices.

Dr. Christian asked about whether cultural safety would be present in the DEI plan. Mr. Jamieson noted cultural safety and humility will be part of the plan.

Mr. Soile referred to the member newsletter and asked if it could be for the public as well. Mr. Jamieson said the public-facing newsletter would be less clinical and would speak more to the patient experience, such as children returning to school and being cognisant of their eye care and vision needs.

Dr. Yuen asked how the College will increase the diversity in the range of applicants that enter the profession and if that involves implementing quotas. He also inquired about the plan to reach undergraduate students regarding the profession of optometry, while being mindful of the number of staff at the College. Mr. Jamieson said quotas would not be implemented, but rather strategies to provide accessibility and to provide encouragement to isolated communities to come forward. He also

explained that reaching out to secondary students would be achieved through existing pathways, such as the university fairs.

7. Motions Brought Forward from Committees continued

a) Quality Assurance Panel
i. Approve IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) serve as the College's Practice Evaluation component.

Dr. Eltis presented the motion to have the IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) serve as the College's Practice Evaluation component.

Moved by Dr. Hemami and seconded by Dr. Grewal to ***approve IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) to serve as the College's Practice Evaluation component.***

Dr. Christian asked if the Committee had looked into the possibility of a member being denied by one of the organizations if they had not taken the exam previously. Ms. Sargo stated the Committee worked with all three organizations and that a referral letter would be sufficient for the member to take one of the exams for the purpose of the practice evaluation component.

Dr. Mastronardi asked if the plan would be to move forward with this or is the idea to create its own program. Dr. Eltis responded by saying that due to the closing of the Vision Institute, there are no other options, and the Committee intends to stick with the three programs as it provides options for our members.

Motion carried

b) Clinical Practice Panel Committee
i. Approve changes to OPR 6.1

Dr. Christian presented the motion to update the OPR section 6.1.

Moved by Dr. Grewal and seconded by Dr. Yuen ***to approve the update to OPR section 6.1.***

Motion carried

ii. Approve changes to Emergency and Intra-Professional Care (OPR 4.2, 4.5, 4.8, 6.8)

Dr. Christian presented the motion to update the OPR Section Emergency and Intra-Professional Care.

Moved by Dr. Kniaziew and seconded by Dr. Mastronardi ***to approve the OPR Section Emergency and Intro-Professional Care***.

Mr. Kassir expressed concern about lowering the cost for the system and whether that would mean an increase in cost for the patient. He commented that he does not support the motion because he would prefer to see input from other stakeholders such as the Ministry, OHIP and patient groups. Dr. Christian explained that if an optometrist provides a full eye exam, and an issue is outside their scope of practice and they refer to someone else, that optometrist receiving the referral would not perform a full exam

and instead would just address the particular issue. She explained that the OPR was unclear on the matter and it seemed the patient would have to undergo another full eye exam by the second doctor, when the patient just needs the issue addressed. She added that excluding redundant exams and procedures is standard practice across the healthcare continuum.

Motion carried
(1 public member voted against)

c) Audit/Finance/Risk Committee
i. Approval of Finance Policy – Budgeting

Mr. Kennedy presented the motion to Approve the Finance Policy – Budgeting.

Moved by Dr. Grewal and seconded by Ms. Allen to ***Approve the Finance Policy – Budgeting.***

Ms. Biondi asked if the budget would be tabled at the December meeting for 2023. Mr. Jamieson confirmed that is correct. Ms. Biondi noted it may be disruptive for the new council to work with a budget that was approved by different people. Mr. Jamieson responded by saying that the College operates on a fiscal year not an election cycle, from January and December.

Motion carried

ii. Approval of Finance Policy – Procurement of Goods and Services

Mr. Kennedy presented the motion Approval of Finance Policy – Procurement of Goods and Services.

Moved by Dr. Grewal and seconded by Dr. Yuen to **approve the Finance Policy – Procurement of Goods and Services.**

Motion carried

d) Inquiries, Complaints and Reports
i. Approval of the Reporting Information to Relevant System Partners Policy

Dr. Mastronardi presented the motion to approve the Reporting Information to Relevant System Partners Policy.

Moved by Dr. Kniaziew and seconded by Dr. Grewal to ***approve the Reporting information to Relevant System Partners Policy.***

Motion carried

8. Election and Appointment Process: Council, Committees and Executive

Mr. Andrews provided information on the upcoming elections and appointments involving Council, Committees, and the Executive Committee.

Dr. Christian inquired about the timing of the Executive Committee election and if it could be held in December, when there is overlap with old and new Council members. Mr. Andrews said the early slate announcements occur in January because the Executive Committee members' flexibility and time constraints will be affected. Dr. Christian inquired about holding the Executive election in December. Mr. Andrews responded that the Executive election process has a large amount of work involved. Mr.

Jamieson added that the new Council members are not members until January of the following year, rendering them unable to vote, and unable to run for Executive.

Dr. Hemami inquired about the current Council election candidates and Mr. Andrews said they would be announced soon.

Mr. Kassir asked if the College would have more expressive DEI language regarding gender equity. Mr. Jamieson said not yet but perhaps modernization will encourage more diversity with the publicly appointed members, rather than the elected members.

9. Dates of Upcoming Council Meetings

a. Friday, December 9, 2022
b. Friday, January 20, 2023
c. Friday, March 31, 2023
d. Friday, June 23, 2023
e. Friday, September 15, 2023
f. Friday, December 8, 2023

Dr. Nurani congratulated Ms. Allen on another 3-year appointment.

10. List of Acronyms

11. Governance Guide: Robert's Rules

12. Adjournment: *Moved by Dr. Kniaziew and seconded by Mr. Kassir* ***to adjourn the meeting at 11:28 a.m.***

Motion carried

Council Meeting – September 16, 2022

MOTION LIST

Updated November 23, 2022

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
09/16/22	123	Moved by Dr. Hemami and seconded by Dr. Grewal to **approve IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) to serve as the College's Practice Evaluation component.**	QAP	Motion carried
09/16/22	143	Moved by Dr. Grewal and seconded by Dr. Yuen **to approve the update to OPR section 6.1.**	CPP	Motion carried
09/16/22	150	Moved by Dr. Kniaziew and seconded by Dr. Mastronardi **to approve the OPR Section Emergency and Intro-Professional Care**.	CPP	Motion carried
09/16/22	169	Moved by Dr. Grewal and seconded by Ms. Allen to **Approve the Finance Policy – Budgeting.**	AFR	Motion carried
09/16/22	181	Moved by Dr. Grewal and seconded by Dr. Yuen to **Approve the Finance Policy – Procurement of Goods and Services.**	AFR	Motion carried
09/16/22	191	Moved by Dr. Kniaziew and seconded by Dr. Grewal to **approve the Reporting information to Relevant System Partners Policy.**	ICRC	Motion carried

COLLEGE OF OPTOMETRISTS OF ONTARIO

Council Meeting – September 16, 2022

COUNCIL ACTION LIST STATUS

Updated November 23, 2022

Date mm/dd/yr	Minute Line	Action	Status	Comments
06/18/21	155	Staff, including practice advisors, will develop a practice advisory regarding advertising.	Ongoing	

COLLEGE OF OPTOMETRISTS OF ONTARIO

Executive Committee Activity Report

Reporting date: December 9, 2022

Chair: Dr. Areef Nurani

Meetings since late update:

- November 21, 2022

Key Priorities

The Executive Committee meets before each Council session to review the Council meeting's agenda and committee motions. This is to ensure that Council sessions are efficient, transparent, and capable of meeting high standards in governance. The Committee also meets to address emerging and time-sensitive issues when necessary and appropriate.

Discussion Items

Committee Motions for December 9, 2022 Council Meeting

The Executive Committee reviewed a draft agenda for the December 9, 2022 meeting of Council, including relevant motions.

In relation to the agenda, the Committee also reviewed a memo from CPP regarding draft changes to the OPR, which will be tabled for Council's approval. The memo asked whether the changes should be made available to external stakeholders before going to Council for approval. After discussion, the Executive Committee decided that, for the following reasons, stakeholder consultation is not required in this particular case:

- The changes are clinical in nature. As a group containing clinical experts, CPP is best positioned to make these changes. If the changes were policy-oriented it may be a different matter.
- The OPR is a fluid document. Stakeholders will eventually see it, and if they think changes should be made, it does not take long for CPP to implement them. There is historical precedent for this (and for the efficiency of the approach).

Research Steering Group

C. Andrews, the College's Director of Research and Policy, provided an update on the College's Regulatory Research Award.

Seven applications focused on health profession regulation in Canada were received and reviewed by the Steering Group. The Group has now assigned panelists to review each proposal in detail and present feedback in December. Once that happens, the Steering Group will make a final funding decision. The goal is to announce the final decision to applicants before the end of the year.

Both the quantity and quality of the applications demonstrate that this initiative is viable and that it can contribute meaningfully to the generation of innovative, mandate-relevant research.

COVID Vaccine Policy

The Committee discussed the COVID vaccine policy that was developed and approved by the Executive Committee in 2021. Due to the evolving nature of the pandemic, it became apparent that a review of the policy should take place, especially of the vaccine component, which specifies that at least three fully vaccinated members must be able to attend physically before a meeting has an in-person component.

The group agreed that the vaccine portion can now be removed, and that a new version of the policy should be drafted, specifying:

- All regulator committee meetings will be fully virtual, unless there are special circumstances that necessitate an in-person or hybrid meeting. This will be approved by the President and CEO.
- All Council meetings will be hybrid, including the early-year orientation.

The policy is attached as FYI for Council.

Attachments

COO Policy – Hybrid and Virtual Meetings (Council and Committees)

COLLEGE OF OPTOMETRISTS OF ONTARIO

Policy

Type:	College of Optometrists of Ontario		
Name:	Hybrid and Virtual Meetings (Council and Committees)		
Status:	Approved (Executive)	**Version:**	1
Date Approved:	November 21, 2022	**Date Revised:**	

Purpose

The purpose of this policy is to outline parameters for Council and committee meetings, specifically vis-à-vis their hybrid or virtual formats.

Introduction

In response to the COVID-19 pandemic, the College of Optometrists of Ontario transitioned to a virtual model for all meetings. Over the course of the pandemic, the model shifted to allow for some hybrid meetings (both in-person and virtual), particularly for Council sessions. As the pandemic continues to evolve—and as we begin to imagine a post-COVID reality—a new set of meeting parameters is required, particularly a model that fits appropriately and effectively within the new landscape of culture, work, and technology that is beginning to materialize in Ontario and across the globe. Those parameters are outlined below.

Council Meetings

All Council sessions will follow a **HYBRID** format, allowing for both in-person and virtual attendance.

- At least three Council members must be able to attend in-person. If this is not the case, the meeting will be held virtually.
- Members of the public and non-Council members of the profession are invited to attend virtually.

Committee and Panel Meetings

All committee meetings will be held **VIRTUALLY**.

- If there are *special circumstances* that the chair believes necessitate an in-person component, this can be communicated to the President and CEO, who will determine if the meeting warrants in-person attendance and a hybrid format.
- In such situations, at least three committee members must be able to attend in-person.

COLLEGE OF OPTOMETRISTS OF ONTARIO

Patient Relations Committee Activity Report

Reporting date: December 9, 2022

Chair: Suzanne Allen

Meetings in 2022: 4 (Zoom) | most recent on November 4, 2022

Tasks Completed Since Last Council Meeting:

- The Committee reviewed the status of the Program of Funding for Therapy and Counselling, including how much funding has been accessed by each patient.
- The Committee reviewed the final version of the e-learning module focused on complex patient issues and how to manage them.

Key Priorities

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling, which now supports four patients. The Committee is also working to develop a new training session on sexual abuse and victim support that will be offered to Council members and staff, as well as an e-learning module that focuses on complaints received by the College.

Discussion Items

Program of Funding for Therapy and Counselling

C. Andrews provided the Committee with an update on the status of the fund, which currently provides funding for therapy services to four patients.

Training on Sexual Abuse and Victim Support

C. Andrews mentioned that training is currently planned for the first quarter of 2023.

E-Learning Module

C. Andrews delivered a presentation on the e-learning module, which is now final and now available for ON optometrists as part of "other" CE. So far, 68 optometrists have completed the module and 21 are in the process of finishing it.

Focus Group Project

The Committee reviewed the details of a focus group project, which was presented to them by J. Facey, the College's Communications Coordinator.

The project involves a series of focus group sessions that will be held across Ontario in 2023, inviting both professionals and members of the public to deliver their perspectives on optometry and how it is regulated in the province. Insights will be collected and analyzed as part of a research project being advanced by College staff.

Attachments: N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

Quality Assurance Panel Activity Report

Reporting date: December 9, 2022

Chair: Dr. Mark Eltis

Meetings in 2022: 8 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Reviewed and approved the assessment protocol for the second level* of the new Practice Assessment component currently in development.
  *To replace the current Complete Record Assessment (CRA).
- Reviewed and approved the content for the new self-assessment component of the Quality Assurance (QA) Program, to be further developed and tested in 2023.
- Reviewed half of the 10-record Short Record Assessments (SRAs) done in 2022.
- Clarified the practice re-assessment process (i.e., timeline, selection of records) for members being assessed after undergoing remediation, considering the reduction in records and current state of the pandemic.

Key Priorities

The QA Panel has continued to focus on providing decisions on practice assessments including those selected in 2022 who were subject to the new 10-record assessment as well as those selected in previous years who were escalated to the CRA level and may or may not require remediation.

Finalizing the content for the QA Program Revision Projects has also been a top priority so that both projects can move into their testing and technical platform buildout phases.

Information Items

Practice Assessment Stats

	Since Last Council Meeting	Throughout 2022
SRA Reports Reviewed	43	238
CRA Reports Reviewed	10	36
Members Referred for Remediation	4	17

*The Panel will be reviewing an additional 50 SRAs and 6 CRAs at their meeting on December 12, 2022, bringing their total reports reviewed for the year to 288 SRA reports and 42 CRA reports.

Discussion Items

Practice Assessment Redevelopment Project

The Panel reviewed and approved content for both the Practice Assessment Redevelopment Project and Self-assessment Development Project.

The new practice assessment will be composed of two levels, similar to the current practice assessment and in keeping with right-touch regulation.

The first level, the "Chart Review", will serve as a screening tool and will rely on an assessment of records to determine whether a member's practice has deficiencies. Its protocol is similar to the current SRA but includes a 3-point scale rather than 2-point, more structured areas for assessors' comments, and will make use of a cut score to determine which members require a more in-depth assessment.

The second level of the new practice assessment, the "Chart-stimulated Recall", will use a member's record(s) to stimulate discussion regarding their thought process in diagnosing/managing a patient. The use of real records in real time will give the QA Panel a more authentic look at a member's practice beyond record-keeping and will also provide the member with an opportunity for reflection. It is a tool used at many other regulated health professions including l'Ordre des optométristes du Québec.

The next steps in the project will be to conduct a feasibility study in early 2023 in which the member base will be surveyed for feedback in specific areas. There will also be a cut study score in early 2023 to determine the appropriate cut score for the Chart Review. The project will then move into its assessor training phase, then pre-testing with our assessors, and piloting thereafter.

Self-assessment Development Project

The self-assessment will be a new addition to the College's QA Program and will go in hand with the existing continuing education component. The assessment will assist members in identifying their individual areas in need of improvement by having them review a series of scenarios and answer related questions. Members will use the feedback from the assessment to create a learning plan for each 3-year cycle in which they will be encouraged to set specific goals, select appropriate CE activities, and reflect on the impact their learning has had on their practice.

The next steps for the self-assessment will be to determine the prescriptive feedback that will be provided to the member depending on which questions they've answered incorrectly. The self-assessment will then be built out in the College's existing Learning Management System (LMS) where members currently access e-Modules, and then be piloted ahead of its implementation for the next CE cycle in 2024.

2022 Practice Assessments

The Panel reviewed 50% of the practice assessments done in 2022 (those subject to the 10-record review vs. 25-records) and agreed that the assessments still captured an accurate picture of members' practice despite fewer records.

Decision Items

N/A

Attachments

N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

Clinical Practice Panel Activity Report

Reporting date: December 2022

Chair: Dr. Lisa Christian

Meetings in 2022: 4 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Updated OPR sections to reflect the role of OCT in AMD and Glaucoma (OPR 7.1, 7.2 and 6.2)
- Updated OPR section to reflect inclusive terminology in patients with learning disorders (OPR 7.9)
- Updated OPR sections to reflect myopia management recommendations (OPR 7.10 and new 7.14)

Key Priorities

The Clinical Practice Panel ensures the Optometric Practice Reference (OPR) articulates the current regulatory and professional standards for practice of optometry in Ontario. Amendments to the OPR sections are guided by current literature reviews and consultation with subject experts.

Information Items

Approved amendments were updated, including Emergency and Intra-Professional Care (OPR 4.2, 4.5, 4.8, 6.8) and Anterior Segment Examination evaluation (OPR 6.1). An "OPR Changes At-a-Glance" was created to inform members of changes to the updated OPR.

Discussion Items

At the first meeting of the year, the professional members of the Clinical Practice Panel, in teams, were assigned key standards for review for 2022, including the role of OCT in glaucoma and AMD (OPR 7.2, 7.1), patients with learning disabilities (OPR 7.9), Orthokeratology (OPR 7.10) and the addition of a new standard on myopia management.

Consultation with experts in the field and evidence-based literature reviews resulted in proposed changes to the OPR sections identified above.

During the October 2022 CPP meeting, the Panel finalized edits to the OPR sections and approved all amendments to be presented to the Council meeting in December 2022.

Decision Items

- Motion to update OPR 6.2, 7.1 and 7.2
- Motion to update OPR 7.9
- Motion to update OPR 7.10 and 7.14

COLLEGE OF OPTOMETRISTS OF ONTARIO

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: December 9, 2022

Committee Co-Chairs: Dr. Richard Kniaziew & Dr. Dino Mastronardi

Meetings in 2022: 9 meetings were held between February to November of 2022 (all took place via videoconference)

Information Items

This report is intended to provide Council with information on complaints and registrar's investigations while maintaining fairness throughout the process. In keeping with Section 36 of the *Regulated Health Professions Act, 1991* regarding confidentiality, details about specific cases are not shared as part of the Committee report.

Pursuant to *Ontario Regulation 73/20 – Limitation Periods*, the timelines in proceedings in Ontario were suspended for six months in 2020. This temporary suspension of timeliness, as well as adjustments to the investigation process due to the pandemic, caused delays and affected timelines in the processing and disposition of cases, particularly for those complaints initiated in 2020 and in 2021. The Committee held frequent case review meetings in 2022 to ensure the efficient processing of complaints and reports.

Since the Committee last reported to Council, Dr. Kniaziew's panel met on October 27, 2022, and Dr. Mastronardi's panel met on October 13, 2022. Another panel meeting has been scheduled for November 28, 2022. This will be the final meeting of the Committee this calendar year.

Discussion Items

The ICRC has no additional updates for Council at this time.

Decision Items

There are no ICRC decisions or motions that require Council feedback or approval at this meeting.

Cases Processed Since Last Reporting (September 1, 2022 to November 24, 2022)

- Complaints newly filed: 12
- Cases reviewed by the panels: 18
- Complaint Cases to Alternative Dispute Resolution (ADR):0
- Cases carried over: 1

Decision Breakdown	Total
Decisions Issued	**25**
Case Type • Complaints	 25

• Registrar's Report	0
• Incapacity Inquiry	0
Dispositions (for cases above)	
• No action/No further action (NFA)	21
• Advice/Recommendation	3
• Remedial agreement	0
• Specified Continuing Education or Remediation Program (SCERP)	1
• Oral caution	0
• Signed undertaking	0
• Referral of specified allegations to the Discipline Committee	0
Nature of Allegations (for dispositions above, no action/NFA excluded)**	
• Failure to diagnose or refer to an ophthalmologist	1
• Improper eye examination	1
• Unprofessional behaviour & communication	0
• Related to ancillary testing	2
• Related to eyeglasses or contact lens prescriptions	0
• Related to COVID-19 infection, prevention, and control protocols	0
• Sexual abuse of a patient	0
Timeline for Resolution (for cases above)	
• <120 Days	0
• 121-150 Days	0
• 151-180 Days	0
• 180+ Days	25

*** Certain matters may contain more than one allegation.*

HPARB Appeals

- New appeals: 2
- Outstanding appeals to be heard: 4
- Appeals heard and awaiting decisions: 0

COLLEGE OF OPTOMETRISTS OF ONTARIO

Registration Committee Activity Report

Reporting date: December 9, 2022

Chair: Dr. William Ulakovic

Meetings in 2022: 4 took place via video conference

Tasks Completed Since Last Council Meeting:

- Prioritized the Office of the Fairness Commissioner (OFC), the Internationally Graduated Optometrist Evaluating Examination (IGOEE), the Optometry Examining Board of Canada (OEBC) and the National Board of Examiners in Optometry (NBEO) examinations, and the registration process during COVID-19.
- Discussed applicants who challenged the entry-to-practice exam successfully more than three years ago and who have practised in the US.
- Discussed new imminent regulations that will hep reduce registration barriers faced by applicants to the regulated health professions.

Key Priorities

<u>Office of the Fairness Commissioner</u>

- The OFC released the 2021 Fair Registration Practices (FRP) template on September 26. The new template reflects the transition to the new risk-informed compliance framework and the implementation of the new legislative changes to the *Fair Access to Registered Professions and Compulsory Trades Act.*
- In the past, the template has been typically released earlier and the FRP report itself submitted by March 1 of the reporting year. The new template contains new questions requiring College registration staff to conduct additional calculations and analysis. The 2021 FRP report is required to be submitted by December 14, 2022.

<u>Touchstone Institute</u>

- The next administration of the IGOEE is scheduled to take place according to the following schedule:

  - March 14 – TPAO (virtually proctored)
  - March 15 – MCQ (virtually proctored)
  - March 23 – Open House/Equipment Viewing
  - March 25 – Short Cases OSCE
  - March 26 – Long Cases OSCE
  - March 27 – Long Cases OSCE
  - March 28 – Long Cases OSCE (if needed)

- Registration for the 2023 IGOEE opened on September 26, 2022 and closes on January 20, 2023. As of November 25, there were 11 candidate registrations for the 2023 IGOEE.

Optometry Examining Board of Canada

- The Committee discussed the importance of assessing technical skills (tonometry, gonioscopy, slit lamp fundus bio microscopy, and Binocular Indirect Ophthalmoscopy (BIO) on live patients in the OEBC OSCE portion.
- OEBC is planning to pilot new OSCE stations on January 28, 2023, where technical skills would be performed on live patients. OEBC is planning to set-up the four technical stations as a mini-OSCE and run the stations as an exam. OEBC has invited the Registration Committee members to attend the session as observers and volunteer as either candidates or patients. It is planning to convene candidates, patients, observers, and examiners to debrief on the stations and identify opportunities for improvement. The Committee Chair and Committee manager, in addition to Drs. Quaid and Yuen, are planning to attend and observe the pilot session.

National Board of Examiners in Optometry

- NBEO reported that progress is continuing in the development of the Patient Encounters and Performance Skills (PEPS™), the new Part III examination. This new exam will complement the Part I ABS® and Part II PAM® exam in assessing a candidate's competency. The focus is currently on the creation of the software platform for the examination and case scenario development.

Registration Process during COVID-19

- College staff continue to accept applications for registration electronically and validating documents with applicants.
- There were nine candidates registered for the September 2022 online Jurisprudence exam and seven candidates for the November 2022 online Jurisprudence exam.
- The first phase of the online registration application was launched on September 12. There have been 17 online registration applications received to date.

Further Amendments to the Registration Regulation draft amendments

- In April 2018, the College made a comprehensive regulation amendment submission to the Ministry of Health, and further amendments in 2020. While these draft amendments are under review, the College has asked that the Ministry consider introducing more flexibility in the Registration Regulation, which would be consistent with the College of Homeopaths of Ontario that has similar flexibility. There is currently no update on this request.

Discussion Items

- The Committee discussed applicants who have practised in the US and approved the following policy which was initiated in part by recognizing the NBEO as an equivalent entry-to-practice standards exam, and additional continuing education requirements in the USA:

  To require applicants for registration that have provided at least 750 hours of direct optometric care to patients in the US during the 36-month period immediately prior to applying for a general certificate of registration from the College, to undergo a Short Record Assessment consisting of 25 patient health records for first-time patients for whom they have a provided a complete oculo-visual assessment within the last 6 months and must include at least five records for each of the following categories:

  a. Patients between the ages of 0 – 20;
  b. Patients between the ages of 21 – 49;
  c. Patients 50 years of age or older;
  d. Patients with a primary diagnosis of ocular disease*; and
  e. Patients with a primary diagnosis of a binocular vision anomaly*.

  *records in section (d) and (e) may be combined with records in section (a), (b), (c)

- The Committee also discussed an email the College received on October 28 from the Ministry of Health announcing that regulations made under the *Regulated Health Professions Act, 1991*, had been approved that will hep reduce registration barriers faced by applicants to the regulated health professions. The information provided included that timely registration decisions and responses will be in force by January 1, 2023, and that all health regulatory colleges will be required to have an emergency class certificate of registration by August 31, 2023.

  Registration staff continue to monitor the developments and look forward to working with the Ministry to develop the regulatory amendment package.

COLLEGE OF OPTOMETRISTS OF ONTARIO

Governance/HR Committee Activity Report

Reporting date: December 9, 2022

Chair: Dr. Camy Grewal

Meetings in 2022: 4 (Zoom) | most recent on November 2, 2022

Tasks Completed Since Last Council Meeting:

- A review of the committee chair evaluation form took place, leading to a more streamlined, effective version that will be used this year.
- A preliminary review of non-Council committee applications took place, along with a preliminary review of Council preferences for committees. This information was incorporated into the framework for committee appointments, which continues to be refined in preparation for the committee appointment process that will take place on December 14.

Key Priorities

The mandate of the Governance/HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities. Working within that mandate, a key focus for the committee in 2022 is to review the College's governance policies and, where appropriate, make changes and additions that enhance the College's governance portfolio. A number of policies were developed by the Committee last year—outlines of the President and Vice-President roles, terms of references documents for various committees, the harassment policy, and more—and two new policies were approved by Council earlier this year: a Role of Committees policy and a Role of Committee Chairs policy.

Discussion Items

Council Meeting Feedback

The Committee reviewed survey feedback from Council on the effectiveness of the last Council session. Once again, a majority of Council members completed the survey.

Regarding remuneration for meetings, it was agreed that all Council sessions will now be counted as a full day regardless of the agenda timeline. And to facilitate travel, the College will pay for any flight changes if a meeting ends early (or goes too long).

Review of Committee Chairs

After discussion, the form that was used by Council last year to evaluate committee chairs was refined. The new version is a more streamlined document that focuses on key areas of performance.

Overview of Committee Appointment Process

The Committee undertook a preliminary review of non-Council committee applications as well as Council preferences for committees. The group also reviewed the framework that will be used for the committee appointment process that will take place on December 14.

Decision Items

N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

Audit/Finance/Risk Committee Activity Report

Reporting date: December 9, 2022

Chair: Mr. Howard Kennedy

Meetings in 2022: 5 meetings (teleconference)

Tasks Completed Since Last Council Meeting:

- Examination of the financial operating results and investment performance for the period ending September 30, 2022.
- Review of the proposed financial budget and contingency funds for 2023
- Review of the projected balance and breakdown of restricted funds for 2023
- Review of the proposed changes to Honoraria and Expense Policy and Claim Form

Key Priorities

The Audit/Finance/Risk committee's focus was the financial plan for 2023 which is intended to be approved at the last Council session for the year. As a consistent discussion item, the quarterly financial results and investment statements were reviewed to inform the Council of the College's financial situation. There is also an ongoing review of risks related to operations, financial, organizational, and strategic.

Information Items

Below is the financial overview for the period ending September 30, 2022, and projections to year-end, for Council information.

Year-to-date Actual vs Full Year Budget ($'000)				
	Year-to-date Actual	Full Year Budget	Over (Under) Budget	Year-end forecast
Revenue	**2,338**	**2,460**	**(122)**	**2,380**
Expenses	**2,278**	**3,244**	**(966)**	**3,140**
Operating surplus (deficit)	**60**	**(784)**	**844**	**(760)**
Other income (loss)	**(294)**	**-**	**(294)**	**(294)**
Net surplus (deficit)	**(234)**	**(784)**	**550**	**(1,054)**

Discussion Items

- The College is forecasting an operational shortfall of $760K which is 3% better than the budgeted deficit of $784K. Net investment values as of September 30, 2022, show an underperformance of $294K that resulted in a total projected deficit of $1.05M for 2022.
- The proposed budget for 2023 is a net shortfall of $0.46M. This includes strategic activities for $0.48M that will be drawn from reserve funds
- Changes to Honoraria and Expense guidelines were discussed as part of policy periodic review

Decision Items

The Audit/Finance/Risk committee is recommending the approval of:

1. Proposed Operating Budget and Reserve Funds for 2023
2. Updated and Re-categorized Restricted Funds
3. Revised Honoraria and Expense Policy and Claim Form

Attachments

N/A

5-7 / PRESENTATIONS & MOTIONS

5. Registrar's Report: Joe Jamieson, Registrar and CEO, to provide College updates via a PowerPoint presentation.

6. Motions Brought Forward from Committees
   a. Clinical Practice Panel
      i. Proposed amendments to OPR 6.2 Posterior Segment Examination, OPR 7.1 Patients with Age-related Macular Degeneration, and OPR 7.2 Patients with Glaucoma
      ii. Proposed amendments to OPR 7.9 Patients with Learning Disability
      iii. Proposed amendments to OPR 7.10 Orthokeratology and new standard on Myopia Management OPR 7.14

7. DEI Presentation from Dr. Chase Everett McMurren

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

Role of OCT in AMD and Glaucoma Management (OPR 7.1, 7.2 and 6.2)

Background

To assist the Clinical Practice Panel in achieving their mandate to articulate and clarify new and existing standards of practice as published in the Optometric Practice Reference (OPR), the Panel reviewed the role of OCT in AMD and Glaucoma Management (OPR 7.1, 7.2 and 6.2).

Reviewing OPR 7.1 Patients with Age-related Macular Degeneration, the Panel recognized that "wet" AMD encompasses both exudative and neovascular AMD. Literature review and expert opinion concluded retinal imaging to identify wet AMD is merited when evaluating a patient with or suspected wet AMD.

Reviewing OPR 7.2 Patients with Glaucoma, the Panel revised the definition of glaucoma to reflect current research. Literature review and expert opinion concluded that the evaluation of optic nerve head contour and retinal nerve fiber layer thickness is merited for a comprehensive glaucoma assessment, in cases of glaucoma or suspicion of developing glaucoma, unless a referral is made to a secondary or tertiary eye care provider.

If optometrists do not have the required instrumentation, arrangements must be in place whereby the appropriate testing will be performed elsewhere in a timely fashion.

Decision(s) for Council

To approve proposed amendments to OPR 6.2 Posterior Segment Examination; namely, restructuring the *Examinations Procedure* table by grouping *Fundus Photography* and *Imaging Technologies* together and adding a statement referencing the recently updated OPR 4.8 Collaboration and Shared Care.

To approve proposed amendments to OPR 7.1 Patients with Age-related Macular Degeneration; namely, adding a minimal standard of supplementary evaluation with retinal imaging to identify wet AMD in patients with retinal changes suggestive of wet AMD or patient clinically at risk or suspected of having wet AMD unless a referral is made to a secondary or tertiary eye care provider.

To approve proposed amendments to OPR 7.2 Patients with Glaucoma; namely adding recommendations for a comprehensive glaucoma assessment and adding minimum standard of evaluation of the optic nerve head contour and retinal nerve fiber layer thickness in a comprehensive glaucoma assessment unless a referral is made to a secondary or tertiary eye care provider.

Considerations

- Retinal imaging is not an OHIP insured service, therefore cannot be made a condition for patients accessing an OHIP insured eye examination or follow up care.
- Not all optometrists have access to in-office retinal imaging, for example, optometrists working in side-by-side/optical stores.
- The terminology glaucoma suspect requires professional discretion and therefore requires a subjective decision on whom merits a complete comprehensive glaucoma assessment.

Public Interest Mandate

- To provide earlier diagnosis and disease progression monitoring with the opportunity for better visual outcomes.

Diversity, Equity and Inclusion Considerations

- Optometrists in rural communities may have limited access to secondary or tertiary eye care providers.

Supporting Materials

- Updated OPR 6.2 Posterior Segment Examination
- Updated OPR 7.1 Patients with Age-related Macular Degeneration
- Updated OPR 7.2 Patients with Glaucoma

Next Steps

- Update the OPR with approved amendments

Contact

- Dr. Violet Zawada Kuzio and Dr. Kathleen MacNeill, Practice Advisors

6.2 Posterior Segment Examination

Description

The posterior segment can be considered as the back two-thirds of the eye, encompassing the structures posterior to the crystalline lens, including the vitreous humour, optic nerve head, retina and choroid. The posterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of diseases, disorders, and dysfunctions of the eye and visual system. Information obtained from a posterior segment examination is part of the *required clinical information* (OPR 4.2).

Examination Procedures

METHOD	CHARACTERISTICS
1 Direct Ophthalmoscopy	Maximum magnification Minimum field of view
2 Binocular Indirect Ophthalmoscopy	Maximal field of view Minimal magnification Scleral indentation view Minimal range of condensing lens, fixed objective lens
3 Monocular Indirect Ophthalmoscopy	Moderate field of view Moderate magnification
4 Slit Lamp / Biomicroscopy (slit lamp photography)	High magnification and a very bright light source permit better appreciation of the optic nerve, macula, retinal vessels and other posterior pole structures.
5 Imaging Technologies ~~Fundus Photography/ Fundus Autofluorescense~~	~~Moderate to wide field of view and magnification with a wide range of filters and recording media.~~ ~~Colour, black and white, film or digital recording.~~ Include, but are not limited to: • optical coherence tomography (OCT) • confocal scanning laser ophthalmoscopy (SLO) • scanning laser polarimetry (GDx) • multi-spectral imaging • macular pigment optical density (MPOD) measurement • fundus photography • fundus autofluorescence
~~6 Imaging Technologies~~	~~Include, but are not limited to:~~ ~~• optical coherence tomography (OCT)~~ ~~• confocal scanning laser ophthalmoscopy (SLO)~~ ~~• scanning laser polarimetry (GDx)~~ ~~• multi-spectral imaging~~ ~~macular pigment optical density (MPOD) measurement~~

Regulatory Standard

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

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

Optometrists must be proficient, and *equipped* (OPR 4.1), to examine the posterior segment.

A complete posterior segment examination must include an inspection of the following anatomical structures:

- vitreous humour
- optic nerve head
- macula and fovea
- retinal vasculature
- retinal grounds including, posterior pole, mid-periphery and where clinically indicated and/or possible, peripheral retina, and ora serrata.

All patients will receive a posterior segment examination as a part of initial and ongoing optometric care. An optometrist's decision about the frequency of examination, extent of view and methods of examination of the posterior segment, including the use of pharmacological pupillary dilation, will be influenced by a patient's signs, symptoms and risk factors.

Pharmacologic Dilation

Pharmacologic dilation (OPR 4.4) of the pupil is generally required for a thorough evaluation of the ocular media and posterior segment. Dilation can also facilitate examination of the anterior segment structures when certain conditions are present or suspected. The results of the initial dilated examination usually indicate the appropriate timing for subsequent pupillary dilation.

The following lists some of the situations/patient symptoms that indicate dilation is required (unless contraindicated) with the informed consent of the patient. These situations/patient symptoms include but are not limited to:

- symptoms of flashes of light (photopsia), onset of or a change in number or size of floaters;
- unexplained or sudden vision change, loss, or distortion (metamorphopsia);
- the use of medication that may affect ocular tissues (including but not limited to hydroxychloroquine, phenothiazine, long-term steroids);
- the presence of systemic disease that may affect ocular tissues (including but not limited to diabetes, hypertension);
- a history of significant ocular trauma, or ocular surgery that
- a history of moderate to high axial myopia;
- when a better appreciation of the fundus is required (including but not limited to

choroidal nevus, optic nerve anomaly);

- when the ocular fundus is not clearly visible through an undilated pupil (including but not limited to cataract);
- when there is a known or suspected disease of:
  the vitreous (including but not limited to vitreous hemorrhage); the optic nerve (including but not limited to glaucoma);
  the macula (including but not limited to age-related macular degeneration);
  the peripheral retina (including but not limited to lattice degeneration); the choroid (including but not limited to melanoma).

Optometrists choose the dilating agent after considering the extent of pupillary dilation desired, the patient's health history and clinical ocular characteristics, as well as the implications of expected side effects on the patient's activities and safety.

If optometrists do not have the required instrumentation, arrangements must be in place whereby the appropriate testing will be performed elsewhere in a timely fashion **(OPR 4.8).**

Last Reviewed: ~~May 2017~~October 2022

First Published: September 2006
Revised: September 2011
May 2012
February 2013
April 2014
June 2017

7.1 Patients with Age-related Macular Degeneration

Description

Age-related Macular Degeneration (AMD) is an acquired retinal disorder that affects central ~~visual function.~~vision. Nonexudative AMD, also known as "dry" AMD, results in a gradual, progressive loss of central ~~visual functioning~~, vision, whereas patients with exudative AMD or neovascular AMD, also known as "wet" AMD, notice a more profound and rapid decrease in central ~~visual functioning.~~ vision.

Regulatory Standard

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

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

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

In addition to required clinical information, the evaluation of patients with retinal changes suggestive of AMD, or patients suspected of having AMD, includes:

- patient history of any symptoms associated with AMD; and
- ocular examination including the following:
  - measurement of best corrected monocular distance visual acuity ~~distance and near;~~ and near acuity as indicated;
  - additional assessment of macular function (for example Amsler grid testing); and
  - posterior segment examination with pupillary dilation (OPR 6.2).

In addition to required clinical information, the evaluation of patients with retinal changes suggestive of wet AMD, or patients clinically at risk for or suspected of having wet AMD, includes:

- Supplementary evaluation with retinal imaging (OPR 6.2) to identify wet AMD.*

*Retinal imaging may not be required if the patient's signs and/or symptoms indicate a referral to a secondary or tertiary eye care provider.

The management of patients with AMD includes:

- continued assessment for differential diagnosis;
- monitoring patients at a frequency that is dependent on the risk of progression of the disease;
- educating patients to be aware of symptoms such as decreased vision, scotomata and dysmorphopsia by monocular assessment;
- educating patients on the potential benefits of the use of supplements (vitamins, antioxidants) where clinically indicated;

- educating patients on the benefit of lifestyle changes (use of UV protection, cessation of smoking) where indicated;
- instructing patients on the importance of monitoring for the onset of new symptoms between in-office assessments, and to return immediately for assessment should they be noted; and
- making a timely referral (OPR 4.5) for treatment assessment for patients suspected of having ~~choroidal neovascularization (CNV), particularly given the advent of anti-vascular endothelial growth factor (anti-VEGF) treatments that may afford an improvement in central vision~~wet AMD.

In developing a treatment plan, consideration should be given to the patient's visual demands and abilities.

Last Reviewed: October ~~2017~~ 2022

First Published: September 2006

Revised: February 2013
April 2014
January 2018

7.2 Patients with Glaucoma

Description

Glaucoma~~*~~ is a clinical term referring to a spectrum of conditions that can lead to visual impairments. ~~resulting~~ It results in damage to the optic nerve (optic neuropathy), ~~and~~ progressive ~~reduction in sensitivity within the field of vision.~~ degeneration and a reduction in sensitivity within the field of vision. Patients with glaucoma or ~~patients~~ with significant risks of developing glaucoma (hereafter referred to as "glaucoma suspects") are commonly encountered in optometric practice. Early detection and treatment may reduce the rate of progression of this disease.

When glaucoma develops without an identifiable cause, it is termed primary~~.~~ glaucoma, and with an identifiable cause it is termed secondary glaucoma.

Primary open angle glaucoma (POAG) is the most common form of ~~this disease~~ glaucoma and may be managed by optometrists with therapeutic qualifications. ~~Glaucoma with an identifiable cause is termed secondary.~~

Regulatory Standard

The Optometry Act, 1991 states that in the course of engaging in the practice of optometry, optometrists are authorized, subject to terms, conditions and limitations imposed on his or her certificate of registration, to perform the following controlled act:

2.1 Prescribing drugs designated in the regulations.

The Designated Drugs and Standards of Practice Regulation **(O. Reg. 112/11 under the Optometry Act)** describes the following conditions under which an optometrist may prescribe drugs for the treatment of glaucoma:

PART II

STANDARDS OF PRACTICE — GLAUCOMA

Prescribing of antiglaucoma agents

6. It is a standard of practice of the profession that in treating glaucoma a member may only prescribe a drug set out under the category of "Antiglaucoma Agents" in Schedule 1.

~~* Glaucoma is a clinical term referring to a variety of conditions with the common feature of an optic neuropathy (i.e. glaucomatous optic neuropathy [GON]) characterized by a distinctive loss of retinal nerve fibres and optic nerve changes. GON can develop under a number of circumstances with varying contributions by several known and as yet unidentified risk factors. The clinical term glaucoma is sometimes used when 1 risk factor, elevated intraocular pressure (IOP) is very extreme and GON is impending but not yet present (i.e. acute glaucoma). Glaucoma is often pluralized to reflect the variety of clinical presentations of this optic neuropathy. (Canadian Ophthalmological Society)2. rev:20170123~~

Open-angle glaucoma

7. 1) Subject to subsection (2) and to section 8, it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma, the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment.

2) It is a standard of practice of the profession that a member may only treat a patient having open-angle glaucoma, the treatment of which is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment, in collaboration with a physician with whom the member has established a co-management model of care for that patient and who is,

(a) certified by the Royal College of Physicians and Surgeons of Canada as a specialist in ophthalmology; or

(b) formally recognized in writing by the College of Physicians and Surgeons of Ontario as a specialist in ophthalmology.

Referral to physician or hospital

8. (1) Subject to subsections (2) and (3), it is a standard of practice of the profession that a member shall immediately refer a patient having a form of glaucoma other than primary open-angle glaucoma to a physician or to a hospital.

(2) It is a standard of practice of the profession that a member may initiate treatment for a patient having angle-closure glaucoma only in an emergency and where no physician is available to treat the patient.

(3) It is a standard of practice of the profession that a member shall immediately refer any patient being treated in accordance with subsection (2) to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first.

(4) In this section, “hospital” means a hospital within the meaning of the Public Hospitals Act.

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

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

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

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the

member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

Optometrists must be knowledgeable and competent in the diagnosis and management of glaucoma.

If glaucoma is suspected (based on risk factors or clinical findings during a routine eye examination **(OPR 4.2)**), a comprehensive assessment should be initiated to:

- Investigate the presence of the disease
- Assess the classification and subtype of glaucoma
- Gather baseline information
- Assess disease severity

The examination of patients with either glaucoma, or a suspicion of developing glaucoma, must include an appropriate assessment of any patient-specific risk factors. ~~The core considerations for the diagnosis and management of glaucoma include:~~ In addition to components of a routine eye examination, the comprehensive glaucoma assessment should include:

- Medical and ocular case history with attention to risk factors for glaucoma
- ~~biomicroscopic~~ Biomicroscopic examination of the anterior segment and anterior chamber angle
- ~~measurement~~ Measurement of the intraocular pressure with applanation tonometry or equivalent
- ~~evaluation~~ Evaluation ~~and description~~ of the optic nerve head ~~through dilated pupils~~ contour **(OPR 6.2)**
- Angle assessment with gonioscopy~~*~~* or equivalent
- ~~Measurement of~~ Central corneal thickness*, ~~when clinically indicated~~
- ~~Investigation of~~ Threshold visual fields* with standard automated perimetry; and
- Optic nerve head and retinal nerve fibre layer thickness*.

*These tests may not be required if the patient's signs and/or symptoms indicate a referral to a secondary or tertiary eye care provider ~~for the continuing diagnosis and/or management of glaucoma~~.

Members are expected to use instrumentation, ~~and~~ techniques and analyses consistent with current professional standards of practice.

Management Options

For patients with glaucoma or glaucoma suspects, options include:

1. follow-up examinations at appropriate ~~suitable~~ intervals

2. ~~drug~~ therapy when indicated:

- **(a)** by referral to an ophthalmologist, or optometrist given provisions outlined in (7) in the regulatory standard above,
- ~~**(b)** by an optometrist with authority to prescribe drugs for the treatment ofprimary open angle glaucoma~~
- ~~**(c)** by an optometrist with authority to prescribe drugs in collaboration (OPR 4.8) with an ophthalmologist for the treatment of primary open angle glaucoma when complicated by a concurrent medical condition or potentially interacting pharmacological treatment;~~
- ~~**(d)** by referral to a physician or hospital, for secondary glaucomas~~
- ~~**(e)** the immediate application of drugs in an emergency situation, such as angle-closure glaucoma, where no physician is available, then, immediately~~
  ~~refer the patient to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes firs~~
- **(b)** by referral to a physician or hospital, for secondary glaucoma as outlined in 8(1) and 8(4), or by an optometrist for angle closure given provisions outlined in 8(2) and 8(3) in the regulatory standard above.

Optometrists must discuss the appropriate option(s) with the patient and obtain informed consent.

The management plan must be clearly documented in the *patient health record* (OPR 5.1).

~~In summary:~~

~~***Optometrists with authority to prescribe drugs are required to refer patients with primary open angle glaucoma to an ophthalmologist if the treatment is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment. Treatment may be provided in collaboration with an ophthalmologist with whom the member has established a co-management model of care for that patient.***~~

~~***Optometrists are required to refer patients with secondary glaucoma to a physician or hospital.***~~

Last Reviewed: October ~~2017~~2022

First published: March 2011

Revised: February 2013
April 2014
January 2018

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

OPR Update: Patients with Learning Disability (OPR 7.9)

Background

To assist the Clinical Practice Panel in achieving their mandate to articulate and clarify new and existing standards of practice as published in the Optometric Practice Reference (OPR), the Panel reviewed Patients with Learning Disability (OPR 7.9).

The Panel agreed to change the term from "learning disability" to the inclusive term "learning disorders" and outlined clinical information that should be acquired for individuals with suspected or recognized learning disorders.

Decision(s) for Council

To approve proposed changes to OPR 7.9 Patients with Learning Disability; namely, changing of terminology from "Learning Disability" to "Learning Disorders" and the addition of recommendations for assessment, counselling and referral when providing care to patients with suspected or recognized learning disorders.

Considerations

- The terminology may differ amongst various professions, for example, education and occupational therapy.

Public Interest Mandate

- To consider learning disorders when making recommendations in assessment, counselling, and referral of patients.

Diversity, Equity and Inclusion Considerations

- Using inclusive terminology that describes the condition rather than the potential impact of the condition.

Supporting Materials

- Updated OPR 7.9 Patients with Learning Disability

Next Steps

- Update the OPR with approved amendments

Contact

- Dr. Violet Zawada Kuzio and Dr. Kathleen MacNeill, Practice Advisors

7.9 Patients with Learning ~~Disability~~ Disorders

Description

Learning ~~disability is a condition where a significant discrepancy exists between the potential for leaning and the actual academic or vocational achievement. Patients with suspected or recognized learning disability often consult optometrists to determine whether a vision problem could be a contributing factor.~~disorders are genetic, congenital, developmental and/or acquired factors that affect the acquisition, organization, retention, understanding or use of gross motor, fine motor, auditory, verbal, or visual information. Optometrists play a role in investigating whether visual signs and symptoms could be a contributing factor for a patient with a suspected or recognized learning disorder(s).

By assessing and managing vision problems associated with a learning ~~disability~~disorder, optometrists act as members of a multidisciplinary team that may also include, but are not limited to, one or more of the following professionals:

- another optometrist who is proficient in visual information processing (visual perception) evaluation;
- educator;
- psychologist;
- physician;
- occupational therapist;
- audiologist; and/or
- speech-language pathologist.

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 purposes in a situation in which consent is required by law, without such consent.

9. Making a misrepresentation with respect to a remedy, treatment, or device.

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

29. Charging or allowing a fee to be charged that is excessive or unreasonable in relation to the professional services performed.

Professional Standard

All patients with a suspected or recognized learning ~~disability~~ disorder(s) require initial and periodic assessments of the eye and vision system. The frequency of such assessments depends on factors such as the history and clinical findings, and the visual demands of the patient's academic/vocational circumstances.

~~The normal complement of *required clinical information* is obtained and updated regularly with particular emphasis on a detailed case history and careful *refractive assessment* (OPR 6.3), and consideration of the need for *cycloplegic refraction* (OPR 7.6) and *binocular vision assessment* (OPR 6.6).~~

~~Where such services are available, optometrists will provide counsel to patients regarding options for further investigation and/or consultation with another professional, as appropriate under the circumstances. Any notable concerns will be communicated to the appropriate team member.~~

In addition to *required clinical information* (OPR 4.2), the care of patients with a suspected or recognized learning disorder(s) includes:

- Case history questions related to, but not limited to, pregnancy and birth of the patient, reading level, and performance in school;
- Baseline assessment of distance and near visual acuity for patients with sufficient letter recognition and verbal communication;
- Refractive assessment (OPR 6.3) and cycloplegic refraction as indicated (OPR 7.6);
- Binocular vision assessment (OPR 6.7);
- Counselling patients regarding options for further investigation and/or consultation with another professional as indicated; and
- Referral for treatment including optometric vision therapy (OVT) to manage diagnosed conditions related to binocular vision and visual function as indicated (OPR 6.7).

Last Reviewed: ~~January 2013~~October 2022 First Published: April 2012

Revised: April 2014

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

OPR Update: Myopia Management (OPR 7.10 and *new* 7.14)

Background

To assist the Clinical Practice Panel in achieving their mandate to articulate and clarify new and existing standards of practice as published in the Optometric Practice Reference (OPR), the Panel reviewed the role of myopia management in Orthokeratology (OPR 7.10).

The Panel updated OPR 7.10 to state optometrists must present a realistic prognosis when offering Ortho-K, especially as it pertains to the amount of myopia reduction and/or the realistic myopia management prognosis for patients. The Panel changed its terminology from "myopia control" to "myopia management" and included parent and guardian as a substitute decision maker if a patient is unable to consent to treatment.

In addition, recognizing myopia management has advanced to include specialty contact lenses, specialty spectacle lenses and pharmaceutical treatment, the Panel created the new standard, OPR 7.14 Myopia Management.

Decision(s) for Council

To approve proposed amendments to OPR 7.10 Orthokeratology; namely, changing the terminology from "myopia control" to "myopia management" and reference to new OPR section 7.14.

To approve the addition of a new OPR section, OPR 7.14 Myopia Management to address the emerging therapy of myopia management.

Considerations

- Not all optometrists will elect to do orthokeratology or myopia management.
- Intra-professional referral for myopia management should follow recommendations in newly updated OPR 4.8 Collaboration and Shared Care.

Public Interest Mandate

- To provide guidelines for patient education on myopia progression and the provision of therapy options.

Diversity, Equity and Inclusion Considerations

- Referral to practitioners who have specialized training in myopia management may be limited in some communities.

COLLEGE OF OPTOMETRISTS OF ONTARIO

Supporting Materials

- Updated OPR 7.10 Orthokeratology
- New standard on Myopia Management OPR 7.14

Next Steps

- Update the OPR with approved amendments

Contact

- Dr. Violet Zawada Kuzio and Dr. Kathleen MacNeill, Practice Advisors

7.10 Orthokeratology

Description

Orthokeratology (Ortho-K) involves the wearing of specially designed rigid gas permeable (RGP) contact lenses, generally overnight, to progressively and temporarily alter the curvature of the cornea. This procedure may be offered by optometrists as an option for vision correction (most commonly myopia and/or astigmatism), and for myopia control in children.

Regulatory Standard

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

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

8. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a patient's request to do so.

9. Making a misrepresentation with respect to a remedy, treatment or device.

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

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

12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.

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

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

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,

i. is false or deceptive, whether by reason of inclusion or of omission of information,

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.

v. is not factual, objectively verifiable, or readily comprehensible to the persons to whom it is directed.

Professional Standard

Optometrists performing Ortho-K must be competent in the fitting of RGP contact lenses and follow the contact lens standards outlined in section 6.5 of the OPR. They must stay abreast of developments in Ortho-K technologies, and consult peer-reviewed literature and professionally developed practice guidelines.

Optometrists must present a realistic prognosis when offering Ortho-K, especially as it pertains to the amount of myopia reduction and/or ~~control possible~~ the realistic myopia management prognosis for patients (OPR 7.14). The risks, as well as benefits, of corneal reshaping procedures and overnight contact lens wear must be explained to prospective patients and these individuals must be carefully monitored, both through the initial wear phase as well as the retainer wear phase. In addition, patients must be counseled to be compliant with lens care, wearing schedule instructions, and follow-up assessments.

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. In such cases, optometrists will determine what is clinically necessary based on the reason for presentation. **(OPR 4.2)**

Optometrists accepting referrals for Ortho-K must review the results of the referring practitioner's optometric and/or medical examination(s), and assess, or re-assess the referred patient, should any additional clinical information or clarification be necessary.

Preliminary and ongoing examination follows the standards articulated in Contact Lens Therapy **(OPR 6.5)**, and also includes:

- refraction and visual acuities (unaided and best corrected)
- corneal topography measurements (pre-treatment, during follow-up until refractive stability is achieved, and thereafter at the discretion of the practitioner)

Consent

Optometrists must obtain informed consent from patients, including information regarding the fitting method, concerns and precautions of overnight contact lens wear, realistic expectations, the pre-and post-fitting appointment obligations, the itemized costs involved, the warranty/exchange of material policies, and what to do in the event of an emergency. If patients are incapable of providing consent (i.e. young children undergoing Ortho-K for myopia ~~control~~management), consent must be obtained from their substitute decision-makers (usually a parent or guardian in the previous example).

Last Reviewed: October ~~2021~~2022 First Published: January 2014

Revised: April 2014
December 2021

7.14 Myopia Management

Description

Myopia, also known as nearsightedness, is a refractive condition, categorized as axial, refractive, or secondary. Myopia typically presents as low (SE ≤ -0.50D and > -6.00 D) and may progress to high (SE ≤ -6.00D) over time.

The risk factors for myopic progression include:

a. Family history: A child with 1 or 2 myopic parents has a greater chance of being myopic compared to a child with no family history of myopia.
b. Refractive error: Children presenting with less hyperopia than age appropriate are at a higher risk for developing myopia
c. Ethnicity: Asian ethnicity has been linked to an increased risk for onset and progression.

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.

8. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a patient's request to do so.

9. Making a misrepresentation with respect to a remedy, treatment or device.

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

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

12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.

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

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

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,

i. is false or deceptive, whether by reason of inclusion or of omission of information,

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.

v. is not factual, objectively verifiable or readily comprehensible to the persons to whom it is directed

29. Charging or allowing a fee to be charged that is excessive or unreasonable in relation to the professional services performed.

Professional Standard

Optometrists who choose to consider interventions that slow the progression of myopia (known as 'myopia control' or 'myopia management') should be competent and must monitor patients at appropriate intervals. Necessary testing is dependent on the form of treatment; however, practitioners should consider axial length measurements as a definitive way of monitoring treatment efficacy over time.

Treatment options for the management of myopia include:

- **Specialty contact lenses that alter the corneal shape** including orthokeratology (OPR 7.10):
  - Optometrists performing myopia management with these lenses must be competent in the fitting of contact lenses and follow the contact lens standards outlined in OPR 6.5 and 7.10.
- **Specialty contact lenses** including soft lenses:
  - Optometrists performing myopia management with these lenses must be competent in the fitting of contact lenses and follow the contact lens standards outlined in OPR 6.5.
- **Specialty spectacle lenses:**

  - Optometrists performing myopia management with specialty spectacle lenses must follow regulatory standards outlined in OPR 5.2 (A).
- **Pharmaceutical treatment:**
  - Optometrists performing myopia management with pharmaceutical agents must follow standards outlined in OPR 4.4. Patients should be screened for potential contraindications of the pharmaceutical agent and aware of the potential side effects associated with the drug.

With all forms of management, a realistic prognosis should be presented to patients, especially those with high myopia. Risks, benefits, itemized costs, and alternatives should be outlined, and informed consent should be obtained by the patient and/or when required the parent/guardian prior to proceeding.

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[1] Flitcroft DI, He M, Jonas JB, et al. IMI - Defining and Classifying Myopia: A Proposed Set of Standards for Clinical and Epidemiologic Studies. *Invest Ophthalmol Vis Sci*. 2019;60(3):M20-M30. doi:10.1167/iovs.18-25957

First Published:

8 / MOTIONS continued

8. Motions Brought Forward from Committees continued
   a. Audit/Finance/Risk
      i. Revised Honoraria and Expense Policy and Claim Form
      ii. Draft budget and proposed reserved funds for the year 2023
      iii. Revised allocation of restricted funds

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

Revised Honoraria and Expense Policy and Claim Form

Background

The development and review of financial policies and procedures are key areas that the Audit/Finance/ Risk committee oversees.

As a result of this year's review, a few changes in the Honoraria and Expense Policy are being proposed to maintain sound financial guidelines with reimbursement rates that are appropriate and current.

Decision(s) for Council

To approve and adopt the amended Honoraria and Expense Policy and Claim Form

Considerations

In 2022, the quarterly Council meetings and Strategic Planning session were held in-person, which involved members travelling distances. Council members dedicate the whole day to these assemblies, regardless of the time spent on the College meetings/activities. This also involves cancelling the professional members' clinical appointments for the day.

Also recently, the mileage reimbursement rate has changed from $0.485/km to $0.61/km to reflect the Canada Revenue Agency automobile allowance rate. As future adjustments on per diem and other reimbursement rates are foreseeable, changes in the policy document must be reflected in a practical manner.

The Audit/Finance/Risk Committee is recommending the following amendments in the Honoraria and Expense policy and Claim Form:

1. Apply a full day per diem rate for all Council meetings, regardless of the scheduled time
2. Include flexible flight options, when reasonable, which will allow Council members to cancel and/or change flights without paying a fee
3. Remove all per diem and expense rates mentioned in the policy document and instead, append a Schedule of Rates which will be updated for future rate adjustments
4. Remove the mileage rate in the Expense Claim Form and refer to the Schedule of Rates
5. Keep the current per diem and reimbursement rates, without change

Public Interest Mandate

The College develops and maintains financial policies and procedures that align with the overall goals of the organization.

COLLEGE OF OPTOMETRISTS OF ONTARIO

Diversity, Equity, and Inclusion Considerations

Staff conducted a survey with other health colleges in Ontario to assist the Audit/Finance/Risk committee in reviewing the reimbursement rates.

Supporting Materials

1. Revised Honoraria and Expense Policy (version 2.2)
    - Appendix: Schedule of Rates
2. Updated Expense Claim Form

Next Steps

Should the Council approve the updated Honoraria and Expense Policy and Claim Form, it will be circulated to Council and Committee members by email.

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

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POLICY

Type:	FINANCE		
Name:	HONORARIA AND EXPENSES		
Status:	Draft	**Version:**	2.2
Date Approved:		**Date Revised:**	October 21, 2022

A. PURPOSE

The purpose of this policy is to establish guidelines for honoraria and reimbursable expenses incurred while conducting College business.

B. POLICY

This policy applies to all elected professional members[1] of Council and Committee (statutory, standing, ad-hoc), as well as staff, for participating in the College activities such as:

- scheduled meetings/hearings (in-person or via teleconference)
- decision-writing
- College-related education and training sessions
- any other approved College event/activity

Honoraria

Honoraria are composed of per diems and preparation time.

General Principles

i. Honoraria are paid on daily or hourly basis, consistent with the Schedule of Rates (Appendix 1)
ii. Honoraria rates are applicable to all College meetings and/or events, held in-person or virtually
iii. Honoraria rates are to be reviewed annually. Any changes are subject to the direction of Council upon endorsement of the Audit/Finance/Risk Committee

Per Diem

Per diem is payment for time spent on attending meetings and other approved College activities.

General Principles

i. Per diem are paid for the scheduled time of meetings.
ii. For Council meetings, full day per diem rate is set regardless of the schedule time of the meeting.
iii. Meetings that extend beyond the scheduled time should be noted in the minutes of the meeting, with reasons.

[1] Council members who are appointed by the Lieutenant Governor (i.e., public appointees) are paid by the government and as such, the rules for their compensation and expenses are established and monitored by the Ministry of Health.

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iv. Committee chairs[2] are paid a higher per diem rate, as stipulated in the Schedule of Rates (Appendix 1), when they are acting in the capacity of the chair at a meeting/event/activity.

Preparation Time

Preparation time is payment for time spent on getting prepared for meetings and other College-related events. The College recognizes that professional members of Council and Committees may spend time preparing for meetings that exceed two hours.

General Principles

i. The first two hours of preparation time are non-billable.
ii. The Chair of the Committee will seek consensus from the members for additional hours beyond non-billable time.
iii. It is expected that the preparation time will be the same for everyone but is at the discretion of the Chair.
iv. The discussion and consensus among committee members should take place and be confirmed at the meeting.
v. Preparation time is paid based on an hourly rate stipulated in Schedule of Rates (Appendix 1).

Expenses

All elected members of Council and Committees, and staff, are reimbursed for allowable expenses that are incurred while conducting College business.

Payments are made consistent with the Schedule of Rates (Appendix 1).

General Principles

i. The College expects Council and Committee members to make their hotel and travel arrangements as soon as possible after a meeting date is confirmed to obtain the best price.
ii. Expenses submitted that are more than these guidelines because of last-minute travel and hotel arrangements may not be reimbursed.
iii. Detailed invoices or receipts are required for all expense claims.[3]
iv. Barring exceptional circumstances, reimbursement for claimed amounts exceeding these guidelines may be denied.

Travel

i. For trip durations (by air or train), an Economy-level fare selections are reimbursed for short-haul (< 3 hours) and Premium Economy-level fare selections for long-haul (> 3 hours).
ii. Compensation will be considered for alternative travel arrangements that may be necessary under extenuating circumstances (i.e., poor weather). When practical, flexible flight fares are reimbursed.
iii. For travel within major urban centres, while it is preferred that public transportation be used, reasonable taxi (regular or taxi app like Uber, Lyft) fare will be reimbursed for these trips.

[2] This also applies to the College President when acting in their capacity.
[3] Credit card receipts or statements do not provide sufficient details to process expense claims.

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iv. The College encourages the use of the Union Pearson Express train when travelling to and from the Toronto Pearson Airport.
v. For travel by car[4], the College will reimburse per kilometer rate consistent with the Schedule of Rates (Appendix 1), plus parking expenses for lots near the College, at the hotel or other event location.
vi. Parking and traffic violations are the sole responsibility of the individual and will not be reimbursed by the College.

Lodging

i. The College will pay for a standard hotel room to a maximum rate specified in the Schedule of Rates (Appendix 1)
ii. Exceptions may be allowed for periods of time where lodging availability is limited, or where travel plan adjustments are necessary due unexpected circumstances.

Meals and Hospitality

i. The College will cover meal expenses consistent with the Schedule of Rates (Appendix 1)
ii. For regular in-house meetings, no alcoholic beverages are permitted.
iii. Business entertainment of non-College employees should be limited to the cost of meals and non-alcoholic beverages. If alcohol is provided, moderate consumption and price point is the standard.

Gratuities

i. Gratuities for lodging and transportation (i.e., taxis, Uber/Lyft) should be included in the cost claimed along with the accompanying receipt.
ii. Gratuities for meals at a maximum rate specified in the Schedule of Payment (Appendix 1) may be claimed over and above the allowable coverage under such guidelines.

Additional Expenses

For expenses not explicitly covered in this policy, the Audit/Finance/Risk Committee shall determine whether such an expense is compensable.

C. PROCESS

1. Claim(s) for honoraria and expenses are to be submitted to the College, on a completed Honoraria and Expense Form (Appendix 2) within 30 calendar days after the activity.
2. Claims should be submitted to the College's Manager, Finance and Office Administration at expenses@collegeoptom.on.ca.
3. Finance Manager will confirm the claim with related support staff that assists with oversight of the activity.
4. The College will endeavor to process claims within one (1) month of receiving them.
5. Any discrepancies from this policy will be addressed with the individual by the Manager, Finance and Office Administration, and if not available, by the CEO & Registrar.

[4] A document (Google maps, MapQuest) outlining the route and kilometers travelled must be submitted in conjunction with the claim.

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NOTE: Claims for honoraria are considered taxable income by the Canada Revenue Agency and as such, are processed through the College's payroll system. In keeping with Canada Revenue Agency rules, the College will annually prepare and provide T4s/T4As to those who claim honoraria from the College.

D. CANCELLATION

If a planned/scheduled College activity is cancelled and insufficient notice is provided, the College may pay part or full honoraria rates and non-refundable expenses.

- If the activity is cancelled within 5 business days, the College will pay 50% of the honoraria and cover any expenses incurred.
- If the activity is cancelled within 3 business days, the College will pay 100% of the honoraria and cover any expenses incurred.

The per diem amount will be based on the time scheduled for the activity. Preparation time may also be payable given the circumstances and at the discretion of the CEO & Registrar.

E. REVIEW OF POLICY

This policy will be reviewed annually. Changes to this policy are subject to the direction of Council upon endorsement of the Audit/Finance/Risk Committee.

F. APPENDIX

Appendix 1 - Schedule of Rates

COLLEGE OF OPTOMETRISTS OF ONTARIO

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APPENDIX 1 - SCHEDULE OF RATES

HONORARIA		
PER DIEM		
Duration of the meeting	**Member**	**Chair**
Less than one (1) hour	187.50	262.50
One to three (1 to 3) hours - half day rate	375.00	525.00
Greater than three (3) hours - full day rate	750.00	1,050.00

PREPARATION TIME		
Duration	**Member**	**Chair**
First two (2) hours	Non-billable	
Additional time - flat hourly rate	150.00	150.00

EXPENSES	
TYPE OF EXPENSE	**DESCRIPTION**
TRAVEL	
Travel by air / train	Economy (under 3 hours)
	Premium economy (over 3 hours)
	Flexible flight options (when practical)
Travel by car	Mileage at $0.61/km
	Parking expenses (actual fee)
ACCOMMODATION	
Lodging	$275/night (excluding HST)
* Exceptions may be allowed on unexpected circumstances	
MEALS	
Breakfast	$30/meal (excluding HST)
Lunch	$30/meal (excluding HST)
Dinner	$60/meal (excluding HST)
Gratuities	Maximum 18% of total allowable amount
ACTIVITY CANCELLATION POLICY	
5 days before	50% refund
3 days before	100% refund

Please email completed form to: expenses@collegeoptom.on.ca

COLLEGE OF OPTOMETRISTS OF ONTARIO

HONORARIA AND EXPENSE CLAIM FORM

Date Submitted:	**Member Name:**
Committee Meeting:	**Date of Meeting:**

All College Meetings			
Duration/Scheduled	**Member Rates**	**Chair Rates**	**Amount**
Less than one hour	$187.50	$262.50	
One to three hours – half day rate	$375.00	$525.00	
Greater than three hours – full day rate	$750.00	$1,050.00	
Preparation Time			
Duration/Scheduled	**Member Rates**	**Chair Rates**	**Amount**
First two hours	Non-billable	Non-billable	
Additional time paid by the hour or part thereof – flat hourly rate	$150.00	$150.00	
		Total Honorarium:	

Type of Expense	**Member Rates**	**Amount**
Mileage		
Travel		
Accommodation & meals		
	Total Expenses:	

Total Honoraria & Expenses Claim:	

Refer to Schedule of rates - as per updated Honoraria and Expense Policy

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

Proposed budget and reserve funds for 2023

Background

In preparing the 2023 draft budget, staff reviewed the Q3 financial results and made reasonable projections for the remainder of 2022 following careful analysis of priorities consistent with the new three-year strategic plan, and assumptions on revenues and operating costs.

The proposed 2023 budget is a net operating surplus of $20K. This excludes strategic activities estimated at $0.48M covered within restricted funds allocated by Council.

Budget summary:

- $3.05M revenue
- $3.51M costs
    - $3.03M operating costs
    - $0.48M strategic initiatives (to be taken from restricted funds estimated at $2.4M)
- $2.50M general reserves

Decision(s) for Council

To approve the College's budget and reserve funds for the fiscal year January 1 to December 31, 2023

Considerations

- Annual membership fees were returned to levels before the one-time fee reduction in 2022.
- The estimated operating expenses were based on year-end forecasts that reflect increased costs due to inflation.
- Activities that will be supported by restricted funds include ongoing QA projects, annual research, Diversity, Equity, and Inclusion (DEI) sessions, and new proposals to promote operational excellence like automation of professional corporation applications and renewal.
- The general reserves are equal to 72% of the proposed operating budget for 2023, consistent with the Finance Policy for Reserve Funds

Public Interest Mandate

The operating budget and planned activities for 2023 complement the College's mission and long-term strategic plans.

COLLEGE OF OPTOMETRISTS OF ONTARIO

Diversity, Equity, and Inclusion Considerations

Budget for informative sessions on Diversity, Equity, and Inclusion (DEI) for Council, committees, and staff are included in 2023 financial plan as continuing operational activities to promote DEI values.

Supporting Materials

- Draft budget for 2023

Next Steps

- Integrate the approved 2023 budget in the College's accounting system
- Ensure that the general reserve funds of $2.5M are placed in short-term accounts for accessibility

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

College of Optometrists of Ontario

Financial Year 2023 Budget - DRAFT

	Particulars	2022 Year-end Forecast	FY 2022 BUDGET	FY 2023 BUDGET	Year-on-Year Budget Increase (Decrease)	% Change	RESTRICTED FUNDS
Revenue							
90%	Annual registration fees	$ 2,095,033	$ 2,164,225	$ 2,734,200	$ 569,975	26.3%	-
9%	Professional corporation fees	$ 269,057	$ 283,580	$ 283,940	$ 360	0.1%	-
1%	Services and other fees and recoverables	$ 15,492	$ 12,500	$ 29,300	$ 16,800	134.4%	-
Total Revenue		**$ 2,379,582**	**$ 2,460,305**	**$ 3,047,440**	**$ 587,135**	**23.9%**	**-**
Committee expenses							
2%	Council meeting and training expense	$ 81,955	$ 66,800	$ 85,000	$ 18,200	27.2%	-
1%	Inquiries, Complaints, and Reports Committee	$ 37,688	$ 80,900	$ 41,150	$ (39,750)	-49.1%	-
2%	Quality Assurance Committee	$ 156,875	$ 173,050	$ 77,000	$ (96,050)	-55.5%	-
1%	Executive Committee	$ 29,100	$ 33,300	$ 30,750	$ (2,550)	-7.7%	-
0%	Strategic planning	$ 81,437	$ -	$ -	$ -		-
3%	Stakeholder engagement	$ 77,497	$ 78,130	$ 113,960	$ 35,830	45.9%	27,500
1%	Discipline Committee	$ 32,040	$ 35,250	$ 42,500	$ 7,250	20.6%	-
0%	Registration Committee	$ 17,784	$ 29,800	$ 16,500	$ (13,300)	-44.6%	-
0%	Fitness to Practice	$ 1,699	$ -	$ 2,250	$ 2,250		-
0%	Governance Committee	$ 12,300	$ 18,500	$ 11,550	$ (6,950)	-37.6%	-
1%	Clinical Practice Committee	$ 22,050	$ 17,500	$ 21,000	$ 3,500	20.0%	-
0%	Audit, Finance, Risk Committee	$ 6,750	$ 15,800	$ 13,200	$ (2,600)	-16.5%	-
0%	Patient Relations Committee	$ 4,875	$ 21,750	$ 6,375	$ (15,375)	-70.7%	-
13%	**Total Committee expenses**	**$ 562,049**	**$ 570,780**	**$ 461,235**	**$ (107,295)**	**-18.8%**	**27,500**
College administration expenses							
48%	Salaries and benefits	$ 1,568,545	$ 1,515,477	$ 1,668,160	$ 152,683	10.1%	-
6%	Legal fees	$ 130,562	$ 184,000	$ 211,000	$ 27,000	14.7%	-
6%	Administration and services	$ 212,888	$ 232,332	$ 209,008	$ (23,324)	-10.0%	-
5%	Occupancy costs	$ 159,892	$ 156,840	$ 163,200	$ 6,360	4.1%	-
3%	IT services and maintenance	$ 112,526	$ 80,562	$ 122,402	$ 41,840	51.9%	-
2%	IT projects	$ 75,432	$ 56,728	$ 57,300	$ 573	1.0%	7,800
3%	Professional fees - consulting	$ 11,500	$ 54,000	$ 120,000	$ 66,000	122.2%	85,000
1%	Amortization of capital assets	$ 54,000	$ 52,500	$ 32,000	$ (20,500)	-39.0%	-
2%	OE tracker expense	$ 52,293	$ 56,315	$ 57,713	$ 1,397	2.5%	-
7%	Education and program delivery	$ 114,053	$ 135,511	$ 259,016	$ 123,505	91.1%	249,100
1%	Accounting and audit fees	$ 27,208	$ 20,400	$ 20,000	$ (400)	-2.0%	-
4%	Research	$ 59,300	$ 129,000	$ 129,000	$ -	0.0%	114,000
87%	**Total College administration expenses**	**$ 2,578,198**	**$ 2,673,665**	**$ 3,048,798**	**$ 375,133**	**14.0%**	**455,900**
Total Expenses		**$ 3,140,247**	**$ 3,244,445**	**$ 3,510,033**	**$ 267,838**	**8.3%**	**483,400**
Excess (Deficiency) of revenue over expenses for the year before other income		**$ (760,665)**	**$ (784,140)**	**$ (462,593)**	**$ 319,297**	**-40.7%**	

Net operating surplus (loss) before strategic initiatives	***$ 20,807***

Proposed contingency funds for FY 2023 (72% of operating budget)	***$ 2,500,000***

COLLEGE OF OPTOMETRISTS OF ONTARIO

BRIEFING NOTE

Council Meeting – December 2022

Subject

Revised Allocation of Restricted Funds

Background

The College maintains internally restricted funds of $3.2M that were established by Council for specific needs and strategic activities. Total restricted funds are expected to decrease to $2.4M by the end of 2022.

The Audit/Finance/Risk committee reviewed the funds associated with the strategic and operational needs of the College as reinforced by the College Performance Measurement Framework (CPMF), Council and committee discussions, and the new Strategic Plan 2023-2025.

Decision(s) for Council

The Audit/Finance/Risk committee recommends to Council the approval of updated and re-categorized restricted funds of $2.4M as set out in Table 1.

Considerations

- Funds are being reclassified to reflect the activities projected in the long term, including new objectives identified in the Strategic Plan 2023-2025.
- The adjusted funds are distributed to 10 categories, down from 11, by removing Fee Stabilization and Contingency Reserve, and adding Diversity, Equity, and Inclusion. (See Table 1)

Public Interest Mandate

The funds are earmarked for programs that will support the College in achieving the objectives in its Strategic Plan.

Diversity, Equity, and Inclusion Considerations

Diversity, Equity, and Inclusion (DEI) is one of the main pillars identified in the new Strategic Plan 2023-2025. A DEI awareness campaign was launched this year and several activities such as educational sessions for members of Council and committees, as well as staff, are planned in 2023.

Supporting Materials

See Table 1

COLLEGE OF OPTOMETRISTS OF ONTARIO

Table 1 – FY 2023 RESTRICTED FUNDS

	Proposed activities	Initial allocation	Revised allocation	Purpose
1	Strategic Plan and CPMF Fund	600,000	620,000	To procure top priorities as identified in Strategic Plan 2023-2025 and to address the areas observed in the CPMF as "not" or "partially" met
2	Research	350,000	350,000	To advance and fund research that is relevant to the regulatory world and to the profession that it governs
3	Public Awareness	300,000	100,000	To provide priority funding to facilitate a sustainable program of public awareness and connection to the mandate of the College as described in the CPMF and Strategic plan
4	Staff Development	300,000	100,000	Leadership development for succession planning within the organization
5	Examinations	270,000	350,000	To provide funding for the development of Entry-to-Practice Exam following regulatory guidelines
6	Investigations and Hearings	200,000	200,000	
7	New Government Initiatives	200,000	200,000	To constructively implement regulatory reforms as described in the Strategic Plan 2023-2025
8	Patient Relations	50,000	50,000	
9	Unauthorized Practice	146,000	150,000	
10	Diversity, Equity, and Inclusion	-	300,000	To creatively design and build ways to pragmatically promote and reflect the principles of diversity, equity, and inclusion
X	Fee Stabilization	700,000	-	Fee reduction on membership fees approved for 2022 only
X	Contingency Reserve	150,000	-	Provided separately as per Finance Policy for Reserve Funds
	TOTAL	3,266,000	2,420,000	

COLLEGE OF OPTOMETRISTS OF ONTARIO

Next Steps

Should Council approve the revised allocation of restricted funds, staff will provide auditors with the reallocation change as part of the 2022 audit process.

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

9-13/UPCOMING COUNCIL MEETINGS

9. Recognition of Dr. Lindy Mackey

10. Upcoming Council Meetings
    a. January 20, 2023
    b. March 31, 2023
    c. June 23, 2023
    d. September 15, 2023
    e. December 8, 2023

11. List of Acronyms

12. Governance Guide: Robert's Rules

13. Adjournment - approximately 2:30 p.m.

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
ASOPP	Advanced Standing Prepatory Program	An education pathway for individuals who have completed optometry training outside of North America and who wish to obtain a license to practice in Canada
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)

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
CJO	Canadian Journal of Optometry	Journal published by CAO whose mandateis to help optometrists build and manage a successful practice
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
CPMF	College Performance Measurement Framework	The CPMF is a reporting tool developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), to assess how well Colleges are executing their mandate to act in the public interest.
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*

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
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
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

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
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
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

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
OMA	Ontario Medical Association	The association that looks after theinterests of medical practitioners
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

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
TPA	Therapeutic PharmaceuticalAgent	Drug Generally this term is used when describing drugs that may be prescribed byoptometrists for the treatment of conditionsof the eye and vision system
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

ROBERTS RULES CHEAT SHEET

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Adjourn	"I move that we adjourn"	No	Yes	No	No	Majority
Recess	"I move that we recess until…"	No	Yes	No	Yes	Majority
Complain about noise, room temp., etc.	"Point of privilege"	Yes	No	No	No	Chair Decides
Suspend further consideration of something	"I move that we table it"	No	Yes	No	No	Majority
End debate	"I move the previous question"	No	Yes	No	No	2/3
Postpone consideration of something	"I move we postpone this matter until…"	No	Yes	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by…"	No	Yes	Yes	Yes	Majority
Introduce business (a primary motion)	"I move that…"	No	Yes	Yes	Yes	Majority

The above listed motions and points are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Object to procedure or personal affront	"Point of order"	Yes	No	No	No	Chair decides
Request information	"Point of information"	Yes	No	No	No	None
Ask for vote by actual count to verify voice vote	"I call for a division of the house"	Must be done before new motion	No	No	No	None unless someone objects
Object to considering some undiplomatic or improper matter	"I object to consideration of this question"	Yes	No	No	No	2/3
Take up matter previously tabled	"I move we take from the table…"	Yes	Yes	No	No	Majority
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to…"	Yes	Yes	Only if original motion was debatable	No	Majority
Consider something out of its scheduled order	"I move we suspend the rules and consider…"	No	Yes	No	No	2/3
Vote on a ruling by the Chair	"I appeal the Chair's decision"	Yes	Yes	Yes	No	Majority

The motions, points and proposals listed above have no established order of preference; any of them may be introduced at any time except when meeting is considering one of the top three matters listed from the first chart (Motion to Adjourn, Recess or Point of Privilege).

PROCEDURE FOR HANDLING A MAIN MOTION

NOTE: Nothing goes to discussion without a motion being on the floor.

Obtaining and assigning the floor

A member raises hand when no one else has the floor

- The chair recognizes the member by name

How the Motion is Brought Before the Assembly

- The member makes the motion: *I move that (or "to")* ... and resumes his seat.
- Another member seconds the motion: *I second the motion* or *I second it* or *second*.
- The chair states the motion: *It is moved and seconded that ... Are you ready for the question?*

Consideration of the Motion

1. Members can debate the motion.
2. Before speaking in debate, members obtain the floor.
3. The maker of the motion has first right to the floor if he claims it properly
4. Debate must be confined to the merits of the motion.
5. Debate can be closed only by order of the assembly (2/3 vote) or by the chair if no one seeks the floor for further debate.

The chair puts the motion to a vote

1. The chair asks: *Are you ready for the question?* If no one rises to claim the floor, the chair proceeds to take the vote.
2. The chair says: *The question is on the adoption of the motion that ... As many as are in favor, say 'Aye'.* (Pause for response.) *Those opposed, say 'Nay'*. (Pause for response.) *Those abstained please say 'Aye'.*

The chair announces the result of the vote.

1. *The ayes have it, the motion carries, and* ... (indicating the effect of the vote) or
2. *The nays have it and the motion fails*

WHEN DEBATING YOUR MOTIONS

1. Listen to the other side
2. Focus on issues, not personalities
3. Avoid questioning motives
4. Be polite

HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

MAIN MOTION

You want to propose a new idea or action for the group.

- After recognition, make a main motion.
- Member: "Madame Chairman, I move that _____."

AMENDING A MOTION

You want to change some of the wording that is being discussed.

- After recognition, "Madame Chairman, I move that the motion be amended by adding the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words, _____, and adding in their place the following words _____."

REFER TO A COMMITTEE

You feel that an idea or proposal being discussed needs more study and investigation.

- After recognition, "Madame Chairman, I move that the question be referred to a committee made up of members Smith, Jones and Brown."

POSTPONE DEFINITELY

You want the membership to have more time to consider the question under discussion and you want to postpone it to a definite time or day, and have it come up for further consideration.

- After recognition, "Madame Chairman, I move to postpone the question until _____."

PREVIOUS QUESTION

You think discussion has gone on for too long and you want to stop discussion and vote.

- After recognition, "Madam President, I move the previous question."

LIMIT DEBATE

You think discussion is getting long, but you want to give a reasonable length of time for consideration of the question.

- After recognition, "Madam President, I move to limit discussion to two minutes per speaker."

POSTPONE INDEFINITELY

You want to kill a motion that is being discussed.

- After recognition, "Madam Moderator, I move to postpone the question indefinitely."

POSTPONE INDEFINITELY

You are against a motion just proposed and want to learn who is for and who is against the motion.

- After recognition, "Madame President, I move to postpone the motion indefinitely."

RECESS

You want to take a break for a while.

- After recognition, "Madame Moderator, I move to recess for ten minutes."

ADJOURNMENT

You want the meeting to end.

- After recognition, "Madame Chairman, I move to adjourn."

PERMISSION TO WITHDRAW A MOTION

You have made a motion and after discussion, are sorry you made it.

- After recognition, "Madam President, I ask permission to withdraw my motion."

CALL FOR ORDERS OF THE DAY

At the beginning of the meeting, the agenda was adopted. The chairman is not following the order of the approved agenda.

- Without recognition, "Call for orders of the day."

SUSPENDING THE RULES

The agenda has been approved and as the meeting progressed, it became obvious that an item you are interested in will not come up before adjournment.

- After recognition, "Madam Chairman, I move to suspend the rules and move item 5 to position 2."

POINT OF PERSONAL PRIVILEGE

The noise outside the meeting has become so great that you are having trouble hearing.

- Without recognition, "Point of personal privilege."
- Chairman: "State your point."
- Member: "There is too much noise, I can't hear."

COMMITTEE OF THE WHOLE

You are going to propose a question that is likely to be controversial and you feel that some of the members will try to kill it by various maneuvers. Also you want to keep out visitors and the press.

- After recognition, "Madame Chairman, I move that we go into a committee of the whole."

POINT OF ORDER

It is obvious that the meeting is not following proper rules.

- Without recognition, "I rise to a point of order," or "Point of order."

POINT OF INFORMATION

You are wondering about some of the facts under discussion, such as the balance in the treasury when expenditures are being discussed.

- Without recognition, "Point of information."

POINT OF PARLIAMENTARY INQUIRY

You are confused about some of the parliamentary rules.

- Without recognition, "Point of parliamentary inquiry."

APPEAL FROM THE DECISION OF THE CHAIR

Without recognition, "I appeal from the decision of the chair."

Rule Classification and Requirements

Class of Rule	Requirements to Adopt	Requirements to Suspend
Charter	Adopted by majority vote or as proved by law or governing authority	Cannot be suspended
Bylaws	Adopted by membership	Cannot be suspended
Special Rules of Order	Previous notice & 2/3 vote, or a majority of entire membership	2/3 Vote
Standing Rules	Majority vote	Can be suspended for session by majority vote during a meeting
Modified Roberts Rules of Order	Adopted in bylaws	2/3 vote