COLLEGE OF OPTOMETRISTS OF ONTARIO

COUNCIL MEETING

FRIDAY, MARCH 7, 2025
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND ONLINE)

HYBRID MEETING

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Vision and Mission

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

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

1 - 4 / INTRODUCTION

1. Call to Order/Attendance
   a. Land Acknowledgement
   b. Public Interest Statement

2. Adopt the Agenda
   a. Conflict of Interest Declaration

3. Committee Updates

4. Consent Agenda
   PART 1 - Minutes of Prior Council Meetings
     i. December 13, 2024
     ii. January 10, 2025
     iii. Motions and Actions Arising from the Minutes
   PART 2 - Reports
   b. Committee Reports
     i. Executive
     ii. Patient Relations
     iii. Quality Assurance
     iv. ICRC
     v. Registration
     vi. Discipline
     vii. Governance/HR
     viii. Audit/Finance/Risk

College of Optometrists of Ontario

Council Agenda

Date: Friday, March 7, 2025 | 9:00 a.m. - 12:30 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
	M. Eltis	5	Decision	

2. Adopt the Agenda a. Conflict of Interest Declaration	M. Eltis	2	Decision	
3. Committee Updates	Committee Chairs	15	Presentation	

4. Consent Agenda
   PART 1 - Minutes of Prior Council Meetings
   i.   December 13, 2024
   ii.   January 10, 2025
   iii.   Motions and Actions Items Arising from the Minutes
   PART 2 - Reports
   b.   Committee Reports
        i.   Executive
        ii.   Patient Relations
        iii.   Quality Assurance
        iv.   ICRC
        v.   Registration
        vi.   Discipline
        vii. Governance/HR
        viii. Audit/Finance/Risk
	M. Eltis	15	Decision	7
				12
				15
				
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5. Registrar's Report	J. Jamieson	45	Presentation	30
10:25–10:40 a.m. – Morning Break		15		

6. Motions Brought Forward from Committees
   a.   Executive
        i.   2024 CPMF Report
 	
   b.   Quality Assurance
	M. Eltis	10	Decision	31

i.	Professional Advisory: Social Media, and its distribution to College registrants	K. Morcos	10	Decision	111
ii.	Updated Optometric Practice Reference (OPR) and its circulation to College registrants and stakeholders for 60 days	K. Morcos	15	Decision	125
c.	Registration				
In Camera Session: Financial Matters					
•	Section 7(2)(b) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*				
i.	Approval of funding to OEBC as member contribution for 2025	C. Grewal	15	Decision	
ii.	Approval of a loan to OEBC to be solely used to maintain a robust and defensible entry-to-practice examy	C. Grewal	15	Decision	
iii.	Cessation of the approval of the National Board of Examiners in Optometry (NBEO) exam in 2025 as a standards assessment examination for registration purposes. Candidates who have already registered for a part of the NBEO exam by March 7, 2025, be permitted to continue registering for the other parts of the NBEO exam and their NBEO exam scores would be recognized by the College	C. Grewal	15	Decision	160
iv.	Approval of the Diplomate of the American Academy of Optometry credential and the use of the following designation or its historical equivalence: dipl AAO	C. Grewal	10	Decision	165
d.	Governance/H.R.				
i.	To appoint Dr. Abraham Yuen to the Governance/HR Committee	L. Christian	5	Decision	
ii.	To appoint Christine terSteege to the Discipline, Inquiries, Complaints and Reports, Fitness to Practise,	L. Christian	5	Decision	

Quality Assurance special Projects, and Patient Relations Committees				

7. Upcoming Council Meetings
   a. Thursday, June 12, 2025 (AGM)
   b. Friday, June 13, 2025
   c. Friday, September 19, 2025
   d. Friday, December 12, 2025
	J. Jamieson	5	For information	170

8. List of Acronyms				171
9. Governance Guide: Robert's Rules				177
10. Council Feedback Survey	M. Eltis	5	Discussion	
11. Adjournment – approximately 12:20 p.m.	M. Eltis	2	Decision	
12:20 p.m. – 1:00 p.m. - Lunch		50		
Generative Discussion (optional) 12. Generative Discussion Feedback Survey	M. Eltis	30	Discussion	

**College of Optometrists of Ontario
Council Meeting
DRAFT – December 13, 2024**

Attendance:

Dr. Mark Eltis, President
Dr. Camy Grewal, Vice President
Ms. Suzanne Allen
Dr. Lisa Christian
Dr. Pooya Hemami
Ms. Lisa Holland
Mr. Howard Kennedy
Dr. Richard Kniaziew

Dr. Dino Mastronardi
Dr. Kamy Morcos
Dr. Patrick Quaid
Mr. Narendra Shah
Mr. Toye Soile
Mr. Andre Tilban-Rios
Dr. William Ulakovic
Dr. Abraham Yuen

Regrets

Ms. Esther Jooda

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

Guests:

Ms. Julia Martin, legal counsel
Dr. Wes McCann, observer
Dr. Thomas Noël, observer

1 **1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 9:00 a.m.
2
3 Dr. Eltis read the land acknowledgement and public interest statement.
4
5 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
6
7 *Moved by Dr. Yuen and seconded by Dr. Morcos to **adopt the agenda.***
8 **Motion carried**
9

1

10   **2a. Conflict of Interest Declaration:** Dr. Eltis asked Council members if anyone has a conflict of interest
11   with any item on the day's agenda.
12
13   No conflicts of interest were declared.
14
15   **3. Committee Updates:** The Committee Chairs presented updates on their respective committees.
16
17   **4. Consent Agenda**: A draft consent agenda was circulated prior to the meeting. The following items
18   were included in the consent agenda:
19
20   PART 1 - Minutes of Prior Council Meetings
21   a.   September 13, 2024
22   b.   Motions and Action Items Arising from the Minutes
23   PART 2 - Reports
24   b.   Committee Reports
25   i.   Executive
26   ii.   Patient Relations
27   iii.   Quality Assurance:
28   iv.   ICRC
29   v.   Registration
30   vi.   Discipline
31   vii.   Governance/HR Committee
32   viii.   Audit/Finance/Risk Committee
33
34   Council asked about the Registration Report and inquired about reason for the meeting with the
35   University of Waterloo. Ms. Jibry explained that the Office of the Fairness Commissioner had an
36   outstanding item for the College, which was to try and reduce the time taken for internationally
37   educated optometrists to get through the ASOPP program. While the School owns the ASOPP program,
38   College senior leadership met with the Director of the school to get his feedback on the matter. Council
39   asked about the passing rate of the IGOEE, and Dr. Yuen replied that 10% of IGOEE candidates have
40   been able to immediately challenge the entry-to-practice board exam.
41
42   Council asked about the Executive Report and inquired about what phase scope expansion is in, and
43   who is leading the discussions surrounding scope expansion. Dr. Eltis replied that the tripartite working
44   group has been working together with the Ministry and we are currently in a waiting period.
45
46   *Moved by Dr. Morcos and Dr. Hemami **to adopt the consent agenda.***
47   **Motion carried**
48
49   **5. Registrar's Report**
50
51   Mr. Jamieson presented his report which touched on data security and included staff updates.
52
53   Council inquired about some of the research milestones and asked for clarification around the climate
54   change and the landscape study on health professions. Mr. Andrews clarified initial conversations have
55   taken place about the impact regulators can have in the area of climate change. Mr. Andrews also
56   clarified that there is research being done on the health profession landscape in Ontario, with a focus on

2

57 the structures, practices and perceptions that are prevalent across the various health regulatory bodies
58 across the province.
59
60 Council took a break at 10:09 a.m.
61
62 The Council meeting resumed at 10:27 a.m.
63
64 **6. Presentation from RBC Dominion Securities**
65
66 Mr. Santos presented on the College's financials.
67
68 *Moved by Dr. Hemami and seconded by Dr. Quaid **to move in-camera.***
69   **Motion carried**
70
71 **IN CAMERA Session: Legal Matters**
72 In accordance with Section 7(2)(b) of the Health Professions Procedural Code, which is Schedule 2 to the
73 *Regulated Health Professions Act, 1991*, Council went in camera to discuss financial matters.
74
75
76 **Council went in-camera at 10:37 a.m.**
77
78
79 **Council went out of camera at 10:57 a.m.**
80
81 Dr. Eltis stated Council went in-camera to discuss financial matters.
82
83 **7. Motions Brought Forward from Committees**
84
85 **a) Audit/Finance/Risk**
86
87 **i. Approval of the proposed 2025 budget**
88
89 Mr. Shah presented the motion.
90
91 *Moved by Mr. Tilban-Rios and seconded by Dr. Grewal to **approve the proposed 2025 budget.***
92
93 Council asked for clarification about the video campaign listed under the Strategic Initiatives. Mr.
94 Jamieson explained that within the Strategic Plan there is one area for outreach to stakeholders and the
95 public. The plan is to interview doctors of optometry with the goal of raising awareness of optometry to
96 the public, and encourage post-secondary students to consider the profession as a career path.
97   All in favour
98   **Motion carried**
99
100 **ii. Approval of the proposed general reserve funds for 2025**
101
102 Mr. Shah presented the motion.

3

103   *Moved by Mr. Tilban-Rios and seconded by Dr. Ulakovic to **approve the proposed general reserve funds***
104   ***for 2025.***
105   All in favour
106   **Motion carried**
107
108   **iii. Approval of the revised allocations of internally restricted funds**
109
110   Mr. Shah presented the motion.
111
112   *Moved by Dr. Yuen and seconded by Dr. Quaid to **approve the revised allocations of internally restricted***
113   ***funds.***
114   All in favour
115   **Motion carried**
116
117   **iv. Approval of the draft Finance Policy – Fee Review**
118
119   Mr. Shah presented the motion.
120
121   *Moved by Ms. Allen and seconded by Mr. Kennedy to **approve the draft Finance Policy – Fee Review.***
122
123   Dr. Morcos asked for clarification about the burn rate calculations and asked if a future fee increase
124   would include membership and corporation fees. Mr. Shah confirmed that both fees would be included
125   in the calculation.
126   All in favour
127   **Motion carried**
128
129   **b) Registration**
130
131   **i. Approval of the Additional Credentials Policy, and the use of the following designations or their**
132   **historical equivalents: - For ABO: Diplomate, American Board of Optometry or Dipl. ABO or Board**
133   **Certified, American Board of Optometry - For OVDR: FOVDRA**
134
135   Dr. Yuen presented the motion.
136
137   *Moved by Ms. Allen and seconded by Dr. Grewal **to approve the Additional Credentials Policy, and the***
138   ***use of the following designations or their historical equivalents: For ABO: Diplomate, American Board***
139   ***of Optometry or Dipl. ABO or Board Certified, American Board of Optometry – For OVDR: FOVDRA.***
140
141   Council asked if the diplomate for the FAAO is the same as the FAAO designation. Dr. Yuen confirmed
142   that they are two separate designations. Council requested that the Registration committee consider
143   adding the diplomate of FAAO to the list of recognized designations. Council also asked if our College
144   recognizes any specialties in optometry like Alberta does. Dr. Yuen said the College has not approved
145   any specialties when the question was asked about the Canadian College of Specialties in Optometry
146   (CCSO).
147
148   Mr. Jamieson clarified that our legislation does not allow for any title of specialist to occur. Additionally,
149   if someone has received an approved credential which can be verified by the College, then this College

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150 would be in the position to allow the practitioner to use that. The College licenses to a baseline, and it is
151 important to not create tiers of optometrists. However, it is in the public interest for the College to
152 affirm an optometrist has education in an area like vision therapy, and to help the public find an
153 optometrist with that education to meet their needs. Mr. Jamieson also clarified that our College has
154 not verified anything with the CCSO. Mr. Jamieson also discussed the importance of the public register
155 and verified that the designations will not be found on the public register, because the public needs to
156 know that the baseline requirement for registration is the licensure we currently have.

157 <div align="right">All in favour</div>
158 <div align="right">**Motion carried**</div>

159
160 **8. Recognition of Dr. Kniaziew and Dr. Mastronardi**

161
162 Dr. Eltis thanked Dr. Kniaziew and Dr. Mastronardi for their extensive service on Council.

163
164 **8. Dates of Upcoming Council Meetings**
165   a. Friday, January 10, 2025
166   b. Friday, February 7, 2025
167   c. Friday, March 7, 2025
168   d. Friday, June 13, 2025
169   e. Friday, September 19, 2025
170   f. Friday, December 12, 2025

171
172 **9. List of Acronyms**

173
174 **10. Governance Guide: Robert's Rules**

175
176 **11. Council Feedback Survey**

177
178 **12. Adjournment:** *Moved by Dr. Morcos and seconded by Dr. Hemami* **to adjourn the meeting at 11:25**
179 **a.m.**
180 <div align="right">**Motion carried**</div>

5

**College of Optometrists of Ontario
Council Meeting
DRAFT - January 10, 2025**

Attendance:

Ms. Suzanne Allen	Dr. Wes McCann
Dr. Lisa Christian	Dr. Kamy Morcos
Dr. Mark Eltis	Dr. Thomas Noël
Dr. Camy Grewal	Dr. Patrick Quaid
Mr. Pooya Hemami	Mr. Narendra Shah
Ms. Lisa Holland	Mr. Toye Soile
Ms. Esther Jooda	Mr. Andre Tilban-Rios
Mr. Howard Kennedy	Dr. William Ulakovic
	Dr. Abraham Yuen

Staff:

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

Guest:
Ms. Julia Martin, Legal Counsel

1   **1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 9:02 a.m.
2
3   **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
4
5   **2a. Conflict of Interest Declaration:** Dr. Eltis asked Council members if anyone has a conflict of interest
6   with any items on the day's agenda.
7
8   No conflicts of interest were declared.
9
10 *Moved by Ms. Jooda and seconded by Dr. Hemami to **adopt the agenda**.*
11   **Motion carried**
12
13 Mr. Jamieson delegated the responsibility of overseeing and moderating the process to Mr. Andrews.
14
15 **3. Election of the Officers for 2024 Council year**
16
17 In line with the Executive Committee terms of reference, which were shared with Council, Mr. Andrews
18 reminded Council that according to the by-laws, there are no self-nominations from the floor.
19

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20   President:

21

22   Dr. Eltis was acclaimed for the role of **President**.

23

24   Vice-President:

25

26   Dr. Grewal and Dr. Yuen each presented their candidacy to Council.

27

28   Following anonymous electronic voting, Mr. Andrews announced that **Dr. Abraham Yuen was elected to**
29   **the position of Vice-President.**

30

31   Chair of the Governance-HR Committee:

32

33   Dr. Christian and Ms. Jooda each presented their candidacy to Council.

34

35   Following anonymous electronic voting, Mr. Andrews announced that **Dr. Christian is elected to the**
36   **position of Chair of the Governance-HR Committee.**

37

38   Chair of the Audit/Finance/Risk Committee:

39

40   Mr. Kennedy and Mr. Shah each presented their candidacy to Council.

41

42   Following anonymous electronic voting, Mr. Andrews announced **Mr. Shah was elected to the position**
43   **of Chair of the Audit/Risk/Finance Committee.**

44

45   Member-at-Large:

46

47   Ms. Jooda and Mr. Kennedy each presented their candidacy to Council.

48

49   Following anonymous electronic voting, Mr. Andrews announced that Mr. Kennedy **was elected to the**
50   **position of Member-at-Large.**

51

52   Mr. Andrews thanked all candidates for submitting their names and participating in the election, and
53   congratulated those who were elected to positions on the Executive Committee for 2025.

54

55   **4. Motions Brought Forward by Committees**

56

57   **a. Governance/HR**
58   **i. Appointment of the Committee Chairs and Committee Members**

59

60   The Governance-HR Committee moved into a break-out room to finalize the committee compositions
61   based on the Executive election results.

62

63   Council took a break at 9:35 a.m.

2

64
65 Council reconvened at 10:10 a.m.
66
67 Dr. Christian presented a PowerPoint presentation that reflected the proposed committee compositions
68 for 2025.
69
70 *Moved by Ms. Jooda and seconded by Dr. Quaid **to approve the proposed committee compositions for***
71 ***2025 as set out by the Governance-HR Committee.***
72   **Motion carried**
73 **5. Upcoming Council Meetings**
74
75 **6. Adjournment**
76
77 *Moved by Ms. Allen and seconded by Mr. Soile to **adjourn the meeting at 10:22 a.m.***
78   **Motion carried**

Council Meeting – March 7, 2025

COUNCIL ACTION LIST STATUS
Updated February 20, 2025

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	

1

Council Meeting – March 7, 2025

MOTION LIST
Updated February 20, 2025

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
12/13/24	91	Moved by Mr. Tilban-Rios and seconded by Dr. Grewal to **approve the proposed 2025 budget.**	Audit/Finance/Risk	Motion carried
12/13/24	103	*Moved by Mr. Tilban-Rios and seconded by Dr. Ulakovic to **approve the proposed general reserve funds for 2025.***	Audit/Finance/Risk	Motion carried
12/13/24	112	*Moved by Dr. Yuen and seconded by Dr. Quaid to **approve the revised allocations of internally restricted funds.***	Audit/Finance/Risk	Motion carried
12/13/24	121	*Moved by Ms. Allen and seconded by Mr. Kennedy to **approve the draft Finance Policy – Fee Review.***	Audit/Finance/Risk	Motion carried
12/13/24	137	*Moved by Ms. Allen and seconded by Dr. Grewal **to approve the Additional Credentials Policy, and the use of the following designations or their historical equivalents: For ABO: Diplomate, American Board of Optometry or Dipl. ABO or Board Certified, American Board of Optometry – For OVDR: FOVDRA.***	Registration	Motion carried

2

Executive Committee Activity Report

Reporting date: March 7, 2025

Chair: Dr. Mark Eltis

Meetings in 2024: 1 over Zoom | most recent on February 19, 2025

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 Agenda for March 7, 2025 Council Meeting

The Executive Committee reviewed a draft agenda and motions for the March 7, 2025 meeting of Council.

Decision Items

College Performance Measurement Framework

The Group reviewed a draft of the College's CPMF report for 2024 (see "motions" below).

Motions

1. The Executive Committee recommends to Council the approval of the CPMF report for 2024.

Attachments

- Executive Committee briefing note on the CPMF report for 2024
- College Performance Measurement Framework Report for 2024

1

Patient Relations Committee Activity Report

Reporting date: March 7, 2025

Committee Chair: Howard Kennedy

Meetings in 2025:   1 (Zoom) | most recent on February 3, 2025

Key Priorities

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling.

Information Items

Committee Orientation

The Patient Relations Committee met for an orientation on February 3, 2025. The Committee received an overview of the Committee mandate, and an update on the Patient Therapy Fund.

Program of Funding for Therapy and Counselling

The patient therapy program continues to provide support for two patients.

Discussion Items

The Patient Relations Committee has no additional updates for Council at this time.

Decision Items

The Patient Relations Committee does not have any motions for Council to review at this meeting.

Attachments

N/A

Quality Assurance Committee Activity Report

Reporting date: March 7, 2025

Chair: Dr. Kamy Morcos

Meetings in 2025: 2 virtual meetings

Tasks Completed Since Last Council Meeting:

- Reviewed and decided on random practice assessments
- Practice Assessment Revamp Project
- CE hours audit (2021-2023 cycle)
- 750 direct optometric care hours audit over the past three-year period (2021-2023)
- Finalized the modernization of the Optometric Practice Reference (OPR)
- Reviewed the *Professional Advisory: Social Media*

Key Priorities

- Completing the pilot testing of the practice assessment revamp project
- Reviewing remedial programs and re-assessments
- Completing the OPR modernization project

Information Items

Practice Assessment Stats

	Since Last Council Meeting	Throughout 2025
CRP Reports Reviewed	0	0
CSRP Reports Reviewed	30	30
CRA and Case Manager Reports Reviewed	2	2
Ongoing Remediation Cases and Re-assessments Reviewed	13	13
New Referrals for Remediation	2	2

Discussion Items

Orientation

The Quality Assurance Special Projects (QASP) Panel participated in an orientation on February 6, 2025. The QASP Panel learned about the role of the Panel and its current and upcoming projects. The Quality Assurance Panel (QAP) participated in an orientation on February 14, 2025, which focused on role of the

Panel and the QA program (e.g., continuing education, self-assessment, peer-conducted practice assessment process, and jurisdiction of the QAC).

Random Practice Assessments

- Reviewed 11 remedial programs and practice re-assessments;
- Reviewed written submission from registrant regarding their remediation requirements; and
- Met with a registrant who exercised their right to meet with the QAP to discuss their remedial program requirements.

Practice Assessment Revamp Project:

- Reviewed and decided on thirty (30) CSRP assessments, which completes the pilot program.
- As next steps:
    - Post-assessment surveys will be sent to registrants and assessors to gather feedback
    - Consultants will finalize the pilot program report for QAP review
    - CRP assessor training is scheduled for March 27, 2025, with the goal of further reducing assessor disagreements and clarifying when to recommend a CSRP
    - Reviewing and finalizing practice assessment process and random selection criteria policies

CE Hours Deficiency Audit of the 2021-2023 CE cycle:

- Two registrants underwent Complete Record Assessments (CRAs). Clarifications from both registrants are needed before a decision can be made.
- Reviewed clarifications from one registrant who was subsequently discharged.
- One registrant was referred to ICRC for professional misconduct.

750 Direct Optometric Care Hours Audit of the 2021-2023 period:

- Practice assessments for two registrants were waived due to extenuating circumstances.

Professional Advisory: Social Media

- Reviewed the final draft of the *Professional Advisory: Social Media* and made a motion to Council for its approval and distribution to College registrants.

Modernization of the OPR

- Focused on final edits to the modernized OPR.
- Revisions focused on ensuring the standards are relevant to current optometry practice and advances in health care sciences and technologies.
- Made a motion to Council for its circulation to College registrants and stakeholders for feedback.

Attachments

N/A

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: March 7, 2025

Committee Chair: Dr. Pooya Hemami

Meetings in 2025:   1

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.

The 2025 ICRC met as a group on February 18, 2025 for the Committee's orientation. At the time of drafting this report, Dr. Hemami's Panel is scheduled to meet on March 28, 2025, and Dr. Jenna Astorino's Panel has a case review meeting scheduled for April 29, 2025.

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 (November 30, 2024 – February 21, 2025)

- Complaints newly filed: 8
- Cases reviewed by the panels: 0
- Complaint cases resolved by Alternative Dispute Resolution (ADR): 1
- Cases carried over: 0

Decision Breakdown	Total
Decisions Issued	**7**
Case Type	
• Complaints	7
• Registrar's Investigations	0
• Incapacity Inquiry	0
Dispositions (for cases above)	
• No action/No further action (NFA)	6
• Advice/Recommendation	0
• Remedial agreement	1

• Specified Continuing Education or Remediation Program (SCERP)	0
• Oral caution	0
• Acknowledgement and 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 misdiagnosis	0
• Related to patient record-keeping and documentation	0
• Inadequate eye examination and/or treatment	1
• Unprofessional behaviour & communication	1
• Related to eyeglasses or contact lens prescriptions	0
• Sexual abuse and/or breach of professional boundaries	0
Timeline for Resolution of Cases Above (business days)	
• <125 Days	1
• 125-175 Days	1
• 176-225 Days	1
• 225+ Days	4

** Certain matters may contain more than one allegation.

Health Professions Appeal and Review Board (HPARB) cases

- New appeals: 0
- Outstanding appeals to be heard: 1
- Appeals heard and awaiting decisions: 4
- ICRC Decision Confirmed: 0
- ICRC Decision Returned: 0

Registration Committee Activity Report

Reporting date: March 7, 2025

Chair: Dr. Camy Grewal

Meetings in 2025: 1 (via videoconference)

Tasks Completed Since Last Council Meeting:

- Discussed the Ministry of Health (MOH), the Federation of Optometric Regulatory Authorities of Canada (FORAC), the Office of the Fairness Commissioner (OFC), Touchstone Institute and 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.

Key Priorities

Ministry of Health

- Since June 26, 2024, MOH staff have continued to reach out to the College with questions associated with the additional proposed amendments to the Registration Regulation, as recently as December 17, 18, 2024, and January 24, 2025.

Federation of Optometric Regulatory Authorities of Canada

- The February 1, 2025, FORAC Board of Directors meeting was attended by the College President, Vice President, Drs. Quaid and Hemami, Registrar and CEO, and the Deputy Registrar.
- The following motion was approved at the FORAC meeting: to reduce the yearly FORAC-FAROC membership fee from $30/member to $20/member for Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland Labrador.
- At the FORAC meeting, OEBC continued to discuss its financial position following the OEBC Board January 30, 2025, planning session and sought the approval of a go-forward plan from its members.

Office of the Fairness Commissioner

- College staff met with OFC staff on February 26, 2025, to discuss the February 24 submission of the required statistics and responses for the third Action Plan meeting associated with the OFC risk rating.

Touchstone Institute

- Touchstone Institute reported that as of February 20, 2025, there were 19 paid registrations for the 2025 IGOEE following one cancellation. Touchstone Institute staff is continuing to reach out to referred candidates to inform them that registrations were being accepted until the end of February.

- For the 2025 IGOEE administration, the virtual TPAO and MCQ are being administered on March 12-13; the Short Cases OSCE on March 21; and the Long Cases OSCE on March 22-23, 2025.

Optometry Examining Board of Canada

- OEBC's financial position was discussed by the Committee.

National Board of Examiners in Optometry

- NBEO's Executive Director and Psychometrician met with the Committee to explain the scoring for Part III PEPS exam and what happened with the recent NBEO Part II exam score release.
- Following a discussion, the Committee approved the following:

  The overall pass of the Part III PEPS exam is acceptable to pass the Part III PEPS exam without having to pass the Patient Encounters or Performance Skills parts separately.

Registration Process

- College staff continue to accept applications for registration electronically and validate documents with applicants.
- There were 30 candidates registered for the February 2025 online Jurisprudence exam.
- There was a total of 151 online applications received in 2024 and 45 received in 2025 as of February 26. There have been six applications by internationally trained applicants and 10 applications using labour mobility since the online application portal was launched on September 1, 2023, for internationally trained, labour mobility, and Academic Certificate of Registration applicants.

Discussion Items

> The Committee discussed the following:
> - The Diplomate of the American Academy of Optometry as an additional optometric credential;
> - Funding for OEBC; and
> - Eleven requests for Life Membership by retired registrants.

Discipline Committee Activity Report

Reporting date: March 7, 2025

Committee Chair: Dr. William Ulakovic

Meetings in 2025:   1

Information Items

The Discipline Committee is the only committee of the College that has the authority to discipline optometrists. This authority is granted to the Committee under the *Regulated Health Professions Act, 1991* and the *Optometry Act, 1991*. When there are reasonable and probable grounds to suggest that professional misconduct has occurred, or that an optometrist may be incompetent, the Inquiries, Complaints and Reports Committee (ICRC) may refer such allegations to the Discipline Committee for a hearing.

An orientation for the Discipline Committee was held on February 12, 2025. The Committee received training from Ms. Rebecca Durcan, a lawyer with Steinecke Maciura LeBlanc.

Since its last report to Council in December 2024, the Discipline Committee has not received any new referrals from the ICRC nor held any hearings, and no reinstatement applications are currently pending.

There are 2 active matters before the Discipline Committee.

Discussion Items

The Discipline Committee has no additional updates for Council at this time.

Decision Items

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

Governance-HR Committee Activity Report

Reporting date: March 7, 2025

Chair: Dr. Lisa Christian

Meetings in 2024: 1 (Zoom, February 21, 2025)

Tasks Completed Since Last Council Meeting:

- The Committee engaged in a brief orientation regarding its activities over the last several years, as well as items to be considered for 2025
- The Committee reviewed feedback on previous Council sessions
- The Committee discussed potential appointments to committees for 2025 (see "decision items" below)

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 is to review the College's governance policies and processes, and to make changes and additions where appropriate to enhance the College's governance portfolio.

Discussion Items

Orientation

C. Andrews led a brief orientation focused on activities undertaken by the Governance-HR Committee over the last several years. A presentation focused on modernization and other governance issues will be led by J. Jamieson at the next meeting of the Committee.

Feedback on Council Sessions

The Group reviewed survey feedback provided by Council members on the last two Council sessions and the 2025 orientation: December 13, 2024, January 10, 2025, and February 7, 2025 (orientation).

In response to feedback on the recent Executive Committee election, the group discussed incorporating written statements for Council members running for Executive positions (in addition to the verbal statement provided at the nomination meeting). This idea will be discussed further at the next meeting.

Committee Appointments

1

A vacancy for a volunteer position has opened on the Discipline Committee, leading to the Committee being short of its volunteer member requirement. As a result, the Governance-HR Committee will canvas existing volunteers for their interest in serving on the Discipline Committee. If more than one volunteer is interested in the role, they will be asked to submit a brief statement on their interest; the Governance-HR Committee will review these statements, select a candidate, and recommend to Council their appointment during the next meeting in June.

Decision Items

Committee Appointments

After revisiting the committee appointment process from late last year, the Committee determined that a procedural matter prevented Dr. Abraham Yuen's appointment to the Governance-HR Committee. As a result, the Committee agreed to recommend the appointment of Dr. Yuen to the Governance-HR Committee for 2025 (see "motions" below).

In response to an upcoming public member vacancy, the Committee agreed to recommend the appointment of the College's newest public member, Christine terSteege, to the following committees for 2025: the Discipline Committee; the Inquiries, Complaints, and Reports Committee; the Fitness to Practice Committee; the Quality Assurance Committee; and the Patient Relations Committee (see "motions" below).

Motions

1. To appoint Dr. Abraham Yuen to the Governance-HR Committee for 2025

2. To appoint Ms. Christine terSteege to the following committees for 2025: the Discipline Committee; the Inquiries, Complaints, and Reports Committee; the Fitness to Practice Committee; the Quality Assurance Committee; and the Patient Relations Committee

Attachments

NA

2

Audit/Finance/Risk Committee Activity Report

Reporting date: March 7, 2025

Chair: Mr. Narendra Shah

Meetings in 2024: One (1) regular meeting and one (1) orientation – both via teleconference

Tasks Completed Since Last Council Meeting:

- An orientation took place to review the AFR Committee's roles and responsibilities.
- Examined the unaudited operating results, financial position, and strategic reserved funds for the year ended December 31, 2024. See additional information below.
- The Portfolio Manager from the Royal Bank of Canada Dominion Securities (RBCDS) presented the investment statements as of January 31, 2025. The results indicate strong performance with an improvement of over 12% in total amount since July 2023. Also, the portfolio was rebalanced within the asset mix ranges established in the Investment Policy Statement.
- Following the Committee's mandate to conduct a comprehensive evaluation of external auditors every five years, it was agreed to form a working group that will oversee the assessment and procurement of external auditors for the year 2025.
- Assessed the potential risks related to operations, financial, information technology, and organizational, as well as the strategies taken by the College. There is nothing to report to the Council.
- Approved to update the mileage reimbursement rate from $0.70/km to $0.72/km following the CRA guidelines. This is applicable to all Council elected members and staff for using personal vehicles on authorized business activities.

Key Priorities

The annual external review of the College's financial accounts is scheduled to commence on March 10, 2025. The auditors, BDO Canada, will be invited to present the audit findings and draft financial statements to the Committee on May 14, 2025, and to Council on June 13, 2025.

There is an ongoing review of potential risks on financial and non-financial aspects of the operations.

Information Items

The preliminary and **unaudited** financial results for 2024 indicate net operating surplus of $0.5M.
The College continues to be fiscally healthy.

Total operating revenue is 6% or $177K over target
$36K - Annual registrants' fees and new applications (1.3%)
$55K - Corporation fees (19%)
$86K - Other fees due to higher volume of assessments following the 3-year CE cycle

Total expenses, including strategic projects, are 91% of overall expense budget
Total savings of $0.3M were recorded from operating budget ($0.1M) and strategic funds ($0.2M).
The restricted funds balance is $1.78M at year-end.

The interest earned from GICs ($0.28M) and positive change in investments ($0.29M) made a significant impact on the overall 2024 results.

Summary of Revenue and Expenditure (unaudited)

	Full Year Actual 2024	Full Year Budget 2024
Revenue	3,261	3,084
Expenses	3,333	3,669
Operating surplus (shortfall)	(72)	(585)
Other income (loss)	570	68
Net surplus (shortfall)	**498**	**(517)**

Summary of Financial Position (unaudited)

	FY 2024	FY 2023
Total assets	9,141	8,600
Total liabilities	3,124	3,082
Net assets	**6,017**	**5,518**

Year-end net assets can cover up to 19 months of average expenses, based on the approved 2025 budget.

Discussion Items
N/A

Decision Items
There is no motion for Council consideration at this meeting.

Attachments
N/A

5-6 / PRESENTATIONS & MOTIONS

5. Registrar's Report: Registrar and CEO Mr. Joe Jamieson to provide College updates via PPT presentation.

6. Motions Brought Forward from Committees
   a. Executive
      i. 2024 CPMF Report

   b. Quality Assurance
      i. Professional Advisory: Social Media, and its distribution to College registrants
      ii. Updated Optometric Practice Reference (OPR) and its circulation to College registrants and stakeholders for 60 days

   c. Registration

   In Camera Session: Financial Matters

   - Section 7(2)(b) of the *Health Professions Procedural Code,* which is Schedule 2 to the *Regulated Health Professions Act, 1991*

      i. Approval of funding to OEBC as member contribution for 2025
      ii. Approval of a loan to OEBC to be solely used to maintain a robust and defensible entry-to-practice exam

   - Cessation of the approval of the National Board of Examiners in Optometry (NBEO) exam in 2025 as a standards assessment examination for registration purposes. Candidates who have already registered for a part of the NBEO exam by March 7, 2025, be permitted to continue registering for the other parts of the NBEO exam and their NBEO exam scores would be recognized by the College

   - Approval of the Diplomate of the American Academy of Optometry credential and the use of the following designation or its historical equivalence: dipl AAO

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

BRIEFING NOTE
Council Meeting – March 7, 2025

Subject

Approval of the 2024 College Performance Measurement Framework (CPMF) Report

Background

Overview

The CPMF is a standardized reporting tool that was launched by the Ministry of Health in 2020. Through the CPMF, regulatory colleges are required to measure and report on Ministry-specified standards and indicators in a standardized way. This information is not *assessed* by the Ministry but rather shared with the public to help strengthen accountability and oversight of Ontario's health regulators.

There were no changes to the 2024 CPMF reporting template (reporting period: Jan 1 – Dec 31, 2024) from the 2023 template. The reporting tool continued to highlight eight pieces of 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator that Colleges should meet or work towards meeting. If a college does not meet or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark.

Analysis of Results

The College is asked to indicate whether it meets the measures listed in the CPMF, selecting either "Yes" (Met), "No", or "Partially". Another option is "Met in 2023, continues to meet in 2024", which is marked as 'Met' for the purpose of this analysis. See Table 1 for a breakdown of the College's responses per requirement.

In the 2024 report, the College reported meeting or partially meeting all 50 measures (this number excludes the System Partner domain). The College met all 8 measures with the 'Benchmarked Evidence' designation. See Figure 1 for the distribution of responses in the 2024 CPMF report and Figure 2 for a comparison of the response distributions between the 2023 report and the 2024 report.

In 2024, the College improved two "Partially" responses to "Met" (3.3.b & 14.3.a). For the 1 requirement that is still marked "Partially" (10.1.a), the College has an improvement plan dedicated to fulfilling the requirement in 2025.

Figure 1. Count of 2024 CPMF Responses
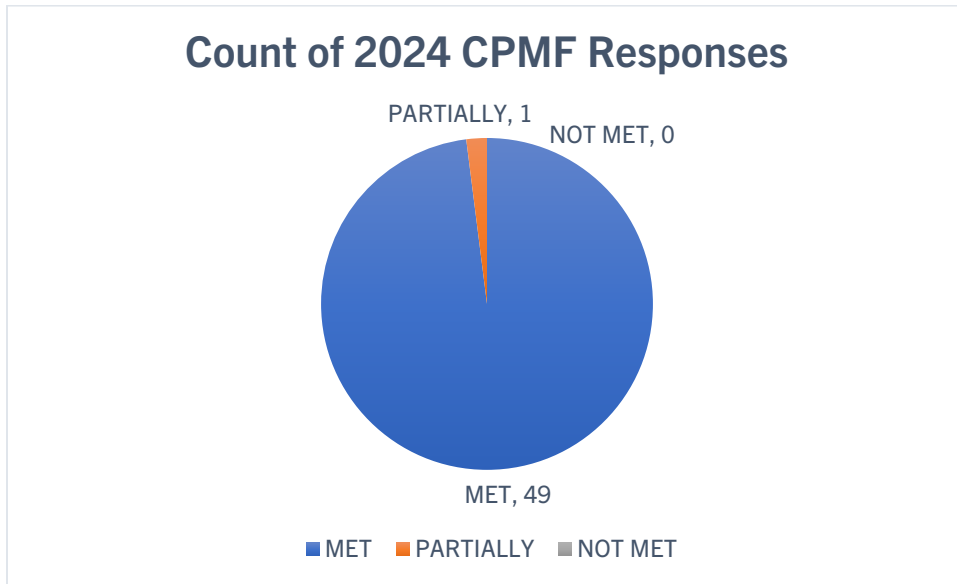
Figure 2. Comparison of CPMF Response Distributions – 2022 vs. 2023 (#, %)

COLLEGE OF
OPTOMETRISTS
OF ONTARIO
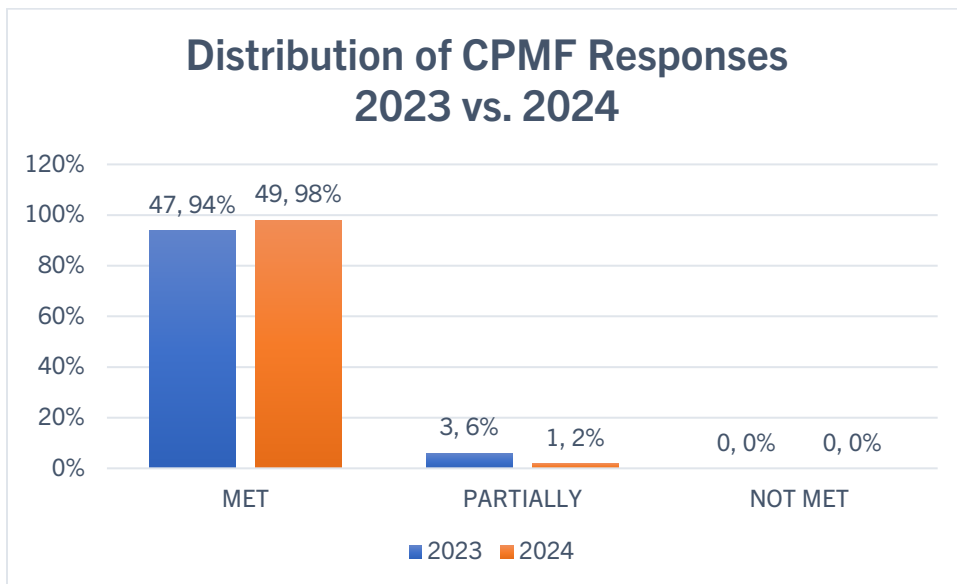
Table 1. Breakdown of 2024 CPMF Responses (= benchmarked evidence)*

Domain	Measure	Response by Requirement	
Governance	1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	1.1.a.i	MET*
		1.1.a.ii	MET
		1.1.b.i	MET*
		1.1.b.ii	MET
		1.1.c	MET
	1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	1.2.a	MET
		1.2.b	MET
		1.2.c.i-ii	MET
		1.2.c.iii	MET
	2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	2.1.a.i	MET
		2.1.a.ii	MET
		2.1.b	MET
		2.1.c	MET
		2.1.d	MET
		2.1.e	MET
	3.1 Council decisions are transparent.	3.1.a	MET
		3.1.b	MET
	3.2 Information provided by the College is accessible and timely.	3.2.a	MET
		3.2.b	MET
	3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.	3.3.a	MET
		3.3.b	MET
Resources	4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	4.1.a	MET
		4.1.b	MET
		4.1.c.i	MET*
		4.1.c.ii	MET
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	N/A	
	6. The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations	N/A	
Information Management	7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	7.1.a.i	MET
		7.1.a.ii-iii	MET*
Regulatory Policies	8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs,	8.1.a	MET*
		8.1.b	MET*
		8.1.c	MET

	public/societal expectations, models of care, clinical evidence, advances in technology).	
Suitability to Practice	9.1 Applicants meet all College requirements before they are able to practice.	9.1.a MET 9.1.b MET
	9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	9.2.c MET
	9.3 Registration practices are transparent, objective, impartial, and fair.	9.3.a MET
	10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	10.1.a PARTIALLY
	10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.	10.2.a.i MET 10.2.a.ii MET 10.2.a.iii MET
	10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	10.3.a MET
	11.1 The College enables and supports anyone who raises a concern about a registrant.	11.1.a.i-ii MET 11.1.a.iii MET* 11.1.b MET 11.1.c MET
	11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	11.2.a MET
	12.1 The College addresses complaints in a right touch manner.	12.1.a MET
	13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	13.1.a MET
Measurement, Reporting, and Improvement	14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	14.1.a MET 14.1.b MET
	14.2 Council directs action in response to College performance on its KPIs and risk reviews.	14.2.a MET*
	14.3 The College regularly reports publicly on its performance.	14.3.a MET

Decision(s) for Council

Approval by Council

Supporting Materials

- 2024 CPMF Report (File Name: COO_2024-CPMF_MasterReport.pdf)

Next Steps

- The final report needs to be submitted to the Ministry of Health and published on the College website by March 31, 2025.

Contact

- Eddy Cho, Manager, Informatics & IT

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

Contents

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate to act in the public interest?" This information:

1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and

2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/ Registrant Focus

Results & Improvement

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

<table>
<tr>
<td colspan="2"></td>
<td colspan="2">Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
</tr>
<tr>
<td rowspan="3">DOMAIN 1:
GOVERNANCE</td>
<td rowspan="3">STANDARD 1</td>
<td colspan="2">Required Evidence   College Response</td>
</tr>
<tr>
<td>a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and

Benchmarked Evidence</td>
<td>The College fulfills this requirement: Yes

• The competency and suitability criteria are public: Yes
    If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

The competency and suitability criteria for Council and committee members can be found on the "About" page of the College's website under a heading titled "Expectations of Council and Committee Members". This is a section of the site that is viewed often; additionally, the criteria are shared with nominees running for positions on Council and with potential volunteers who are interested in being on committees.</td>
</tr>
<tr>
<td></td>
<td>*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*</td>
</tr>
</table>

42

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Duration of orientation training.

- Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).

- Please insert a link and indicate the page number if training topics are public *OR* list orientation training topics.

Individuals running for positions on Council are required to participate in an online orientation meeting that covers the following over approximately 45 minutes:

Governance Segment:
- Duties of the College: duties and responsibilities of Council; duties and responsibilities of committees; role of committee chair; role of committee member
- Key Legislation: Regulated Health Professions Act; Health Professions Procedural Code; Optometry Act; Personal Health Information Act
- Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance

Financial Literacy Segment:
- Statement of financial position (balance sheet)
- Statement of revenue and expenditures (income statement)

Using a training framework developed by Richard Steinecke, co-founder of SML-LAW, the orientation is led by the College's Director of Research and Policy, who also facilitates a concluding Q and A period so that specific gaps in knowledge, understanding, and expectations can be addressed.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes

i. Met pre-defined competency and suitability criteria; and

─────────
Benchmarked Evidence
─────────

- The competency and suitability criteria are public: Yes

- *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*

As with professional members (explained above in 1.1.a.i), the competency and suitability criteria for statutory committee members are made public on the "About" section of the College's website. The criteria apply to both Council and committee members.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee. Members of each statutory committee are chosen based on their competency in the area relevant to the specific committee: for example, familiarity with the disciplinary processes of College practice would lead to someone being considered for the Disciplinary Committee. Additionally, the application form for committees asks members to list their background, experiences, and a narrative CV. This information is reviewed by the Governance/HR Committee before recommendations are made for committee appointments. The duration of each statutory committee training session is approximately 2 hours and takes place either virtually or in-person. For content, this differs based on the committee; in other words, a generic approach to orientation would obscure the specific needs of the committee. The Committee Manager (the staff supporting each committee) designs the orientation based on their experience and the current needs of the group. Topics typically include committee mandate, terms of reference, responsibilities, reporting process, conflict of interest, code of conduct, and more.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

			The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics. In addition to committee-specific training, each member of Council—both public and professional—attends an orientation course early in the year. This is a hybrid meeting that last a full day and covers the essential aspects of what it means to be a Council member (ethical conduct, transparency, confidentiality, conflict of interest, fiduciary responsibility, public interest, etc.), as well as relevant legislative and governing frameworks (such as the RHPA). Each year, additional sections are added to the meeting to address areas of crucial need or concern. For example, the orientation that took place on February 9, 2024 included a presentation on diversity, equity, and inclusion delivered by Michael Goldman, the president and owner of Facilitation First Inc., a professional facilitation provider that helps organizations ensure consistency, quality, and fairness across their institutional practices. The agenda for that session can be found on the College's website (accessible through the Council meetings page).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure:	
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**

Required Evidence	College Response	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
  i. Council meetings; and
 	
  ii. Council.
	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

	• Please provide the year when Framework was developed **OR** last updated. • Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* The College includes a third-party review of Council effectiveness (both for meetings and of Council itself) as a part of its strategic planning cycle, which occurs approximately every three years. The evaluation functions as a key input and is timed to ensure maximum impact on the College's planning and activities to inform the College's strategic plan and its activities for the new cycle. This framework—which consists of a review of Council and its meetings alongside strategic planning—was put in place with the launch of the College's most recent strategic plan, effective 2022 – 2025. The framework and associated elements were conceptualized during an in-person strategic planning session that occurred in March of 2022, with the resulting elements discussed by Council within a Registrar's Report on June 24, 2022 (p. 2 of the [minutes](#)). The resulting strategic plan, coupled with the review process, were then discussed by Council during a Registrar's Report that took place on September 16, 2022 (p. 30 of the [briefing book](#)). Between the June and September reports, extensive communication occurred over email to secure consensus and approval for the strategic plan, an associated DEI workplan, and the associated assessment framework. The College looks forward to its next cycle of review and assessment, which is currently planned to coincide with the development of its next strategic plan.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes	
			• *If yes, how often do they occur?*	
			• Please indicate the year of last third-party evaluation.	
			Please see the above (1.2.a) for an overview of the third-party assessment process. A third-party has been engaged for this, with the current plan being to couple an assessment of Council effectiveness with the College's strategic planning cycle. The cycle is currently planned to occur approximately every three years.	
			The last third-party evaluation occurred during March 2022.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

c. Ongoing training provided to Council and Committee members has been informed by:
 	
   i. the outcome of relevant evaluation(s);
 	
   ii. the needs identified by Council and Committee members; and/or
	The College fulfills this requirement:
	
	• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.
	
	• Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**
	
	• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.
	
	New assessment frameworks were put in place for the President, Registrar, and committee chairs at the end of 2021. These frameworks provide an avenue for collegial, constructive, and anonymous feedback that will benefit the professional development of individuals in key leadership roles. This in turn benefits the overall quality of Council meetings and Council in general.
	
	Those assessments underwent revision in 2022, leading to more streamlined and effective input from Council members. In 2024, this largely took the form of formalized survey input from Council and committee members on the effectiveness of Council sessions, the Council Chair (President), the Registrar, and committee chairs. Feedback is collected, anonymized, and shared with the relevant parties to facilitate professional development.
	
	Where appropriate, feedback is also utilized by the Governance-HR and Executive committees to guide planning and quality control. For example, the Governance-HR committee reviews Council survey feedback on the effectiveness of the previous Council session at each of its meetings. In 2023, the collection of Council feedback was streamlined in the form of a survey with associated QR code, which Council completes immediately following a session; this is followed by a brief and informal meeting that allows Council to discuss how the meeting went, how to improve the next meeting, major issues to address, etc. The collection of Council feedback on its meetings is shown, for example, in the agenda for Council's meeting on December 13, 2024 ([p. 2, item 12](#)).
		Yes

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.

- Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**

- Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.

Consideration of evolving public expectations is a factor in each training session, whether it be training for professional or public members, for Council in its entirety, or the more specific committee orientations.

Additionally, Council is now reminded of the importance and centrality of public protection at the beginning of each of its sessions. Immediately following a land acknowledgement, the President takes a moment to inform members that the College exists to ensure public protection and safety within the boundaries of its legislated authority. The is called a "public interest statement" and can be shown to have taken place, for example, within the agenda for Council's meeting on December 13, 2024 (p. 1, item 1c).

Where appropriate and relevant, each committee briefing note also includes a section that outlines how the item relates to public interest; for example, if a new policy is being introduced, the briefing note will outline how the policy is informed by public interest, including evolving public expectations.

The Audit/Finance/Risk Committee reviews and discusses evolving internal and external risks during its meetings and can bring forward any relevant issues to Council.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

		Measure:		
		2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. As part of an annual review process, the College's Code of Conduct and Conflict of Interest policies were reviewed and revised in 2024 (to coincide with COO's policy to review these documents on a three-year cycle) and approved by Council during its June session. Several changes were made to both documents—as well as the adjoining Confidentiality and Harassment and Violence policies—to better reflect the language and details of the College's bylaws. All four policies (conduct, COI, confidentiality, and harassment) are part of a single form that is signed by each Council member at the beginning of the year to formalize their commitments in each of these areas.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 1: GOVERNANCE

STANDARD 2

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The Code of Conduct and Conflict of Interest policies were reviewed and approved by Council during its June 21, 2024 meeting, shown in the [minutes](#) on p. 6, item 8(c)(i), along with the College's Confidentiality and Harassment policies. The policy booklet is attached to that meeting as part of the briefing materials ([p. 85](#)).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR** – Where not publicly available, please briefly describe the cooling off policy. The College's policy for a cooling off period is enforced through its bylaws. The period lasts for one year and applies to a) Council or committee members who want to work as an employee or contractor for the College; b) employees or contractors who want to be Council or committee members; and c) employees, contractors, appointees, directors, or officers of the Ontario Association of Optometrists or Canadian Association of Optometrists who want to be employed by the College or hold any appointment with the College. The cooling off period is detailed in Section 11.04 (titled "One-Year Waiting Period") of [the College By-Laws](#), beginning on p. 35.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally:	The College fulfills this requirement:	Yes

- Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated.

- Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes

- Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

As described above (2.1.a.i), the College reviewed and approved its updated COI policy in 2024, with changes implemented so that the policy is more connected to the College's by-laws. Council members sign this policy annually along with the College's Code of Conduct, Confidentiality, and Harassment and Violence policies.

Additionally, at the beginning of each Council and committee meeting, members are asked to indicate whether they are in any actual or perceived conflicts with the issues at hand. If they exist, conflicts are discussed transparently and recorded in the meeting's minutes, which functions like an appendix attached to each Council or committee meeting.

List:
- i. the completed questionnaires are included as an appendix to each Council meeting package;
- ii. questionnaires include definitions of conflict of interest;
- iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
- iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.

- Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.

All supporting materials for Council meetings are public, and once the meeting's minutes have been finalized these are made public as well. Additionally, a "highlights" document is created that showcases the significant portions of the Council meeting, including any mandate specificity and public interest rationale. These highlights are posted on the College's website and are designed to be transparent, digestible, and squarely focused on the public interest.

Additionally, as discussed in 1.2.c.iii, where appropriate, each committee briefing note includes a public interest rationale. These are designed to connect each of the College's specific activities and interests to a specific area or aspect of public interest (as opposed to making broad or tokenistic commitments).

The most recent Council meeting highlights that have been posted are for Council's meeting on January 10, 2025. Highlights from 2024 can be found in the News section of the College website.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?   Choose an item.

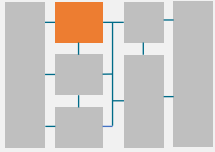*Additional comments for clarification (if needed)*

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The College reviews and identifies risk through its Audit/Finance/Risk group, which is a standing committee. The Committee meets regularly through the year (approximately 4 times) to discuss financial matters alongside potential risks identified by the College. The Committee then reports on these risks during Council sessions, where public, transparent, and collective decisions can then be made regarding how best to mitigate the relevant risk(s). This formal process is reviewed annually by the Governance-HR Committee, who considers committee structures as well as policies, processes, and all matters related to governance. In 2024, an area of potential risk involved funding related to the Canadian optometry exam, OEBC. During its June 2024 session, the Registration Committee motioned for funding to proceed, leading to a robust discussion (including Audit/Finance/Risk and other groups) around COO's role in supporting a Canadian exam, and what kinds of risks – financial or otherwise – such funding entails. The minutes for that meeting are available on the College's website, with the relevant item described on pp. 4 - 5.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:**

3.1 Council decisions are transparent.

Required Evidence	College Response	
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted. All Council minutes are made public on the College's website. Status updates on the implementation of Council decisions are recorded within minutes and summarized as part of the Council Meeting highlights, discussed above, which are also shared via the College's website.	Met in 2023, continues to meet in 2024
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
 	
   i. the meeting date;
   ii. the rationale for the meeting;
   iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
   iv. if decisions will be ratified by Council.
	The College fulfills this requirement:	Yes

	• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee meeting details and any decisions made on behalf of Council are shared with Council members during public meetings. All details (excluding those that relate to information that cannot be legally shared or that puts the College at risk) are incorporated into Council briefing materials and meeting minutes, including a rationale for the meeting. An example of an Executive Committee report can be found in the Committee's activity report for Council in the briefing book for the December 2024 meeting (p. 12).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	

a. With respect to Council meetings:
  i. Notice of Council meeting and relevant materials are posted at least one week in advance; and
  ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.
	The College fulfills this requirement:
	
	• Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted.
	
	All Council meeting materials are shared at least one week in advance and remain on the College's website for a minimum of 3 years.
		Met in 2023, continues to meet in 2024

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: • Please insert a link to the College's Notice of Discipline Hearings. S. 35 of O. Reg. 119/94: General under the *Optometry Act, 1991,* states that Notice of Discipline Hearings must, where possible, be posted not less than 14 days before the date of the hearing on the website of the College. In 2023, the College was in compliance with this provision and the College continued to comply with this section in 2024. During the reporting period, 2 referrals were made by the ICRC to the Discipline Committee. Although the hearings for these two matters have not yet taken place, the Notice of Hearing for those two matters was posted in 2024, approximately 16 days and 22 days after the referrals by the ICRC. The public register profile of the registrant who is the subject of the hearing is also updated to reflect both the allegations referred to the Discipline Committee by the ICRC as well as the scheduled hearing date(s). Notices and the schedule for any upcoming hearings are available in both English and French and posted on this page of the College's website.	Met in 2023, continues to meet in 2024

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan.	
	• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	
	The College developed a [DEI Plan](), which also tracks the progress of each initiative, as part of its strategic planning, and the internal DEI working group meets regularly to schedule and implement the initiatives outlined in the DEI Plan.	
	A discussion around DEI as part of strategic planning is found in the September 2022 Council meeting minutes ([pp. 3-4]()).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Yes
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Using the HPRO EDI Organizational Self-Assessment and Action Guide, a fulsome regulatory Health Equity Impact Assessment ("HPRO-EIA") was conducted in April 2024 by the College's internal DEI Working Group. With the assistance of this tool, the DEI Working Group undertook an assessment process that began with a self-assessment and then by referring to and analyzing the assessment markers that correspond to the domain that the Group assessed. The Group evaluated and determined the College's level (i.e., inactive, reactive, proactive, or progressive) as it relates to DEI along the following 7 domains: 1. Governance Goals 2. Resource Goals 3. System Partner Goals 4. Information Management Goals 5. Regulatory Policies 6. Suitability to Practice 7. Measurement, Reporting, and Improvement Overall, on average, the College's level has been assessed as Proactive.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

| | | **Measure:** |
| | | **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.** |

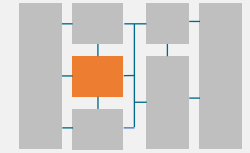| DOMAIN 2: RESOURCES	STANDARD 4	**Required Evidence**	**College Response**	
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number. The area of research is one of the pillars in the College's strategic plan. On March 22, 2024, Dr. Zubin Austin, a recipient of the College's research funding, presented to the Council his work on peer-centered Quality Assurance activities (p. 4, lines 129-131). Diversity, Equity, and Inclusion (DEI) is another area of the strategic plan that the College supports and advocates for. The work done by Vision Loss Rehabilitation Canada was presented to the Council at its meeting on September 13, 2024 (p. 2, lines 15-16). The operating budget for 2025 was discussed and approved at the December 2024 Council meeting. (minutes pending). • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Details of the operating budget and strategic initiatives planned for 2025 were outlined in the briefing note (pp. 26-29). The approved initiatives on various projects and Diversity, Equity, and Inclusion (DEI) sessions support the College in implementing its strategic plan to broaden stakeholder engagement. The College continues collaborating with stakeholders through funding research projects that are focused on public access to care. As part of 2025 budget, the Council also endorsed funding for a video/communication campaign in 2025 to increase awareness of the optometry profession, which is also an objective in the College's strategic plan.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The College:
		    i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and
		    ii. possesses the level of reserve set out in its "financial reserve policy".
			The College fulfills this requirement:
			
			• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.
			
			• Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated.
			
			The current Finance Policy – Reserve Funds was approved by the Council on June 24, 2022. The policy is reviewed annually by the Audit/Finance/Risk (AFR) Committee. The AFR Committee recommended no changes to the document, and this was reported (p. 23) to the Council at its meeting on December 13, 2024.
			
			Following the Reserve Funds policy, the Council approved the 2025 contingency funds in the December 2024 Council meeting (minutes pending).
			
			• Has the financial reserve policy been validated by a financial auditor? Yes
			
			The Finance Policy for Reserve Funds was noted in the approved and final audited financial statements for the year 2022 (p. 12) and remains valid.
				Met in 2023, continues to meet in 2024

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College does not publicize written operational policies that address HR. Council and senior leadership continued to review and discuss staff development strategies and succession planning by doing the following: - Provision of professional development opportunities to staff - Leadership development for succession planning within the organization - Attention to fair compensation packages to retain and recruit key talent Despite inflationary challenges, the College continued to provide professional development opportunities to staff and leadership development opportunities for succession planning within the organization.	
		Benchmarked Evidence		
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

			The College fulfills this requirement:	Yes
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. The College worked with several key third-party IT vendors to review and update the data and technology plan in 2024. The College reviewed and updated the data and technology plan with a managed IT services provider, PACE Technical, near the end of 2024. The College has been working with PACE Technical for several years, and they are well-aware of our nature of work and IT needs to support regulatory processes. The plan tackles important areas such as cyber security (e.g., security enhancement of our O365 environment) and hardware upgrades (e.g., replacement of outdated devices such as laptops and access points). The ultimate goal of the plan is to enable the College to maintain or improve processes to effectively deliver its mandate of public protection. The College works closely with Bursting Silver, a consulting firm for our membership database iMIS, to plan and implement projects that improve College processes. In 2024, we developed multiple project plans to that would help the College meet the public mandate. For example, we developed and carried out a major project to transition the database to a full Cloud platform. The transition enhanced security, user experience, and staff efficiency. The College and Bursting Silver additionally developed a multi-year plan to complete the transition to the Cloud. The College will continue to engage closely with third-party vendors to review and update the College's data and technology plan.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.
	Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.
 	
Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u>
 	
Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.
	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	
	Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:
	
	How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).
	
	1. **Development of a New Risk-Based and Right Touch QA Program**
	    a. The College continued its collaboration with Research & Evaluation Consulting Inc. (RaECon) to develop a new risk-based and right touch practice assessment component of the QA Program. RaECon is a recognized expert in assessment system development for regulated professions in Canada. RaECon has also conducted similar assessment development and competency/standards mapping to assessment work for the College of Nurses of Ontario. The new practice assessment component will be valid, evidence-based, and defensible. This project is further discussed in Standard 10.2.a.i and 10.2.a.ii.
	
	    b. The College also continued its collaboration with Independent Learning Systems (ILS) to develop a new self-assessment component of the QA program. ILS has almost 30 years of experience providing custom training development for multiple sectors, including regulatory bodies. The College has worked with ILS in the past to develop several e-learning modules. The College conducted a comprehensive environmental scan and connected with other health regulatory colleges to learn about their self-assessment programs, particularly the Ontario College of Pharmacists (OCP). The structure and format of the College's new self-assessment is based largely on OCP's *Knowledge Assessment* and *Self-Assessment Tool*. The content of the self-assessment is based on relevant, real-life

	situations in eyecare that were drawn from key risks identified by College data. The self-assessment will assist registrants to identify areas for improvement, develop concrete and structured goals, participate in meaningful CE activities, and self-reflect on the impact of the activities on their practice. These are important skills that help registrants grow and engage in lifelong learning that is critical to providing quality care to patients. This project is further discussed in Standard 10.2.a.ii.
	2. National Licensing Working Group
	a. Participated in the National Licensing Working Group meeting on March 14, 2924, convened by the Federation of Optometric Regulatory Authorities of Canada (FORAC) to discuss the development of a standardized application form for national licensure.
	3. HPRO Enterprise Risk Management and Business Continuity (ERMABC) Network
	a. Participated in ERMBAC meetings on March 27, April 20, and December 19, 2024, and discussed potential risks facing colleges, templates and sample documents, reporting risk, integrating risk management into strategic plans.
	4. Infection Prevention and Control Regulatory College Working Group (IPAC Regulatory College Working Group)
	a. At the inaugural meeting of the IPAC Regulatory College Working Group on June 20, 2024, the College reviewed draft Terms of Reference for the Working Group and provided feedback. A second meeting on September 24, 2024, was attended when the development of an IPAC standard was discussed.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*
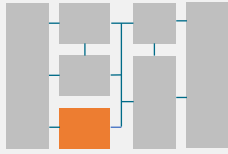
1. **Modernization of the Optometric Practice Reference (OPR)**
   a. The College continued its collaboration with experienced editors, Ms. Robin Marwick and Ms. Jennifer Guest, to modernize the OPR to better reflect the constant changes in public needs and the evolving nature of the optometry profession. Both editors have worked in highly regulated industries for over 20 years, including having previously worked with the Canadian Psychological Association and The Hospital for Sick Children.

   b. The project is expected to be completed by the end of 2025. The modernized OPR would:
      i. Reflect current public needs, health care systems, and societal values (e.g., diversity, equity and inclusion principles);
      ii. Be relevant to current optometry practice and advances in health care sciences and technologies;
      iii. Be consistent with current legislative requirements;
      iv. Be evidence-based and risk-informed (e.g., from sources such as College data, environmental scans, literature reviews, and stakeholder feedback);
      v. Ensure clear, concise, and consistent language understood by the profession and public;
      vi. Address gaps in content; and
      vii. Increase accessibility.

2. **New Language Proficiency Testing Requirements**
   a. In a dialogue with the Office of the Fairness Commissioner (OFC), the College posted an updated FAQ on its website indicating that four tests are now accepted as proof of language proficiency for internationally educated graduates. Given that internationally educated applicants typically engage first with FORAC, the College helped convene a meeting with the OFC and FORAC to discuss the possibility of amending FORAC's language proficiency testing policies to support the College's compliance with Ontario law, avoid confusion for applicants, and reduce testing burden for internationally educated applicants across the country. The FORAC board of directors met on January 27, 2024, and approved accepting the Canadian English Language Proficiency Index Program General (CELPIP G) as an alternative to the IELTS. Subsequent changes were made to the FORAC website and other policy documents to reflect this change.

3. **Office Space Sharing**
   a. For the second year, the College hosted the College of Kinesiologists of Ontario (COKO) Council and staff in the College's conference room and shared information technology equipment and expertise to provide COKO with fully hybrid meetings on September 16-17, 2024. With its own office lease renewed for another 10 years under a stable landlord, the College has offered to provide hybrid meeting space to other health regulatory colleges at a deeply discounted rate. This will allow the College to actively interact with other colleges and build relationships that could lead to collaborative efforts in improving regulatory performance.

4. **Optometry Student Orientation Session**
   a. The College hosted its fourth student orientation/FAQ session on June 6, 2024. A total of 67 students registered for this event of which 54 attended. Questions about application and registration were answered. This has become a regular program that builds and fosters relationships with students and applicants and assists them in the registration process so qualified candidates are able to register with no issues.

5. **Presentations at US accredited optometry schools**
   a. Members of the College's senior management scheduled in-person meetings with the Canadian students studying at US optometry schools accredited by the Accreditation Council on Optometric Education (ACOE) to engage with them. The presentations focus on the role of the College and value of the regulation of their profession as well as facilitating the understanding of the registration process for student graduates so that they may be better informed about how to register with our College and perhaps be motivated to practise in the remote areas of Ontario to address a potential shortage of optometrists. College staff are targeting ACOE-accredited US optometry schools where the highest number of Canadian students are studying. An in-person presentation was made to the Canadian students studying at the Illinois College of Optometry on September 30, 2024. A similar in-person presentation was made to approximately 60 Canadian students studying at the New England College of Optometry on November 18, 2024.

		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

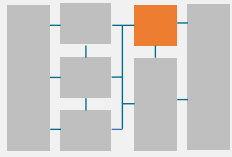| DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College developed and published the Data and Information Management Policy on the website in September 2024. The policy details the College's practices for managing data responsibly, including its collection, use, and disclosure, in line with relevant legislation such as the Regulated Health Professions Act (RHPA), the Personal Health Information Protection Act (PHIPA), and the Freedom of Information and Protection of Privacy Act (FIPPA). This policy outlines procedures for safeguarding data, maintaining transparency, and upholding individual rights. Its objective is to set standards for data management that protect personal information and support the College's regulatory functions. Along with the Data and Information Management Policy, the College strictly abides by the Sections 36, 36.1, and 36.2 of the RHPA as well as other relevant provincial and federal laws when handling personal information, personal health information, and other sensitive data that it collects. The College takes all reasonable steps to protect the interest of individuals when disclosing personal information. For example, the College does not disclose personal information for purposes other than those for which it was collected although the College may disclose personal information if the person of interest has provided explicit consent to do so or the College is required/permitted by law to disclose the information. Requests for information are handled on a case-by-case basis. The College ensures that it follows all relevant provincial and federal laws in the process. Through the College's professional development program, Manager, Informatics & IT has a certification in Certified Information Privacy Professional – Canada (CIPP-C) which demonstrates the in-house knowledge to manage disclosure and requests for information.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.

Manager, Informatics & IT developed a Cyber Incident Response Plan in 2021, using existing response plans from authoritative sources as well as literature to ensure that the plan follows best practices in cyber incident management – which are broken down into the stages of Detection & Analysis, Containment, Eradication, Recovery, and Post-Incident Review. The document itself is a 20-page document with a great volume of detail into everything about cyber incident management, including the definition of a cyber incident, common vectors of cyber incidents, and details of each stage of the response process. It was presented to Council in September 2021 and received approval in the same month. To help guide staff, a flowchart of a step-by-step incident response procedure was developed and distributed to staff. Moreover, Manager, Informatics & IT conducted a tabletop exercise with all staff to simulate a cyber incident and how to respond in such scenarios. It was subjected to an annual review in 2024, where a few revisions regarding the types of incidents and indications to look out for were made.

Additionally, the College abides by the RHPA and relevant provincial and federal laws as mentioned above. In order to prevent unauthorized disclosure of information, all staff and Council and committee members are required to sign a confidentiality agreement that includes instructions on how to securely destroy confidential information. Moreover, every information system at the College has various access levels that bound staff and members to only permitted information. Staff also receive ongoing cybersecurity training on various topics such as spearphishing, reading URLs properly, and cloud security.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		Measure: **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).**	

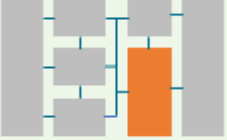|		**Required Evidence**	**College Response**	
DOMAIN 5: REGULATORY POLICIES	**STANDARD 8**	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. _Benchmarked Evidence_	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Principles underlying optometry standards are described under _Optometric Practice Reference (OPR)_ _Part 1. The Fundamentals._ The evidence that contributes to standards is described in _OPR Part 2. Optometric Care_. An evaluation of the standards is triggered by a calendar-based review; a new technology or treatment; or an inquiry from the public or registrant of the College. The practice advisors, in communication with registrants, the public and external organizations, will identify frequently asked questions on a specific topic. The questions are brought to a Quality Assurance subcommittee. Corresponding standards are reviewed by means of evidence-based literature and expert opinion. Recommendations and changes to the standards and guidelines are presented to the Council prior to approval. In 2023, a comprehensive review of the Standards of Practice was commenced. Prior to review, a registrant survey was conducted to acquire insights about the overall structure, language, and coverage of the Standards of Practice. These insights were used to ensure that the final document is clear, concise, and reflects the current public needs, health care systems, and societal values. The project continued throughout 2024 and is expected to be completed in 2025.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

| b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

i. evidence and data;

ii. the risk posed to patients / the public;

iii. the current practice environment;

iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);

v. expectations of the public; and

vi. stakeholder views and feedback.

Benchmarked Evidence | The College fulfills this requirement:

• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) *OR* please briefly describe the College's development and amendment process.

In 2024, the Quality Assurance Special Projects (QASP) panel oversaw the comprehensive review of the current Standards of Practice.

The Optometric Practice Reference (OPR) is a valuable reference for registrants of the College and is also intended to be a resource for patients, College Committees, and the public. The OPR needs to reflect the constant changes in public needs and the evolving nature of the optometry profession.

Existing standards are reviewed to ensure they reflect the current practice environment by literature review and expert opinion consultation. The panel also examines Practice Standards of other health regulatory Colleges to ensure revisions are aligned in overlapping matters.

With the completion of the modernized OPR draft in 2025, the College will seek stakeholder feedback from the profession and public. Feedback will be considered before final publication of the OPR.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. | Yes |

c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
	• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.	
	• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
	Proposed changes to Standards of Practice are examined through a Diversity, Equity, and Inclusion lens by means of incorporating DEI considerations in briefing materials/briefing notes and reports when applicable.	
	The College is dedicated to improving DEI for the public by providing DEI resources for optometrists to implement in their practice and ensuring DEI considerations in decision-making. The DEI initiatives and objectives tracker is available on the website for anyone to view.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**		

		Required Evidence	College Response	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	**The College fulfills this requirement:** • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). **Processes and checks that are carried out:** - Review and validation of submitted documentation to detect fraudulent documents - Requirement of notarized Vulnerable Sector Screening, optometry degree certificates, Citizenship/Permanent Resident status/Authorization to practise documents to be either mailed to the College or authenticated documents uploaded - Conducting a social media search of the applicant's name on the Internet prior to registration to verify application information **Processes to ensure documentation provided by candidates meets registration requirements:** - Entry-to-practice exam scores received directly from examining boards - Signed and sealed Certificate of Standing certificates from jurisdictions where the applicant practised previously received directly from regulatory colleges/licensing boards and verification of Certificate information directly using regulatory colleges/licensing boards website information	Met in 2023, continues to meet in 2024

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[1] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. Registration staff regularly attend meetings of the Ontario Regulators for Access Consortium (ORAC) which encompass registration staff from health and non-health regulatory colleges. These meetings provide the opportunity for the College to review its criteria and processes for determining whether an applicant meets its registration requirements. The College also continued to review its registration requirements in detail throughout 2024 to ensure the instructions and the notes in the online application portal were up to date. Using best practices, the College continues to require notarized documents such as optometry degree certificates and valid pieces of identification to be mailed to the College. Entry-to-practice exam results are provided directly to the College by the respective examining board. All applicants are required to submit an original or notarized cleared Vulnerable Sector Screening document. Letters of good standing for an applicant registered in another jurisdiction are obtained directly from the jurisdiction and checked directly against information posted about the applicant in the jurisdiction's public register. If applicants indicate that they have practised in another jurisdiction, applicants are required to obtain an original or notarized cleared Vulnerable Sector Screening document from that jurisdiction. These documents are required to be no more than six months old by the time the applicants are registered with the College. In addition, a social media search is conducted for every applicant for registration to determine if, for example, they have an undisclosed registration in another jurisdiction.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

			Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**	
		a. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 1. **Patient Contact Hours Requirement** Per the Registration Regulation, registrants must provide at least 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which the member is first registered. Regarding monitoring: every year, following the annual renewal period which runs from November 15 ~ second week in January, reports are generated from the membership database on which registrants reported having less than 750 direct patient contact hours in the last rolling three-year period. Registrants found to be deficient in-patient contact hours are required to participate in a practice assessment (at their own cost), per the Registration Regulation. The College relies on self-declaration by registrants that they completed their annual reports accurately. In the event that registrants are caught providing inaccurate information on their annual reports, they are referred to the Registrar who may then make a referral to the Inquiries, Complaints, and Reports Committee. 2. **Continuing Education (CE)** The College's CE requirements are reviewed, updated, and documented in a policy every 3 years by the Quality Assurance Committee (QAC). This was last completed on September 15, 2023 for the current 2024-2026 CE cycle. As per the September 15, 2023 Council briefing (pages 40-46), the QAC decided to maintain the CE Policy as-is for the 2024-2026 cycle. Regarding monitoring: the College performs a CE deficiency audit following the conclusion of each three-year reporting cycle in which we review all members' participation and identify those who fail to meet the CE credit hours requirement. Registrants' CE hours are verified by an external organization that hosts our CE database tracker to ensure accuracy. A CE audit was conducted in 2024 following the 2021-2023 CE cycle. Registrants found to be deficient in CE hours were required to participate in a practice assessment (at their own cost), per the Registration Regulation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

[2] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Completed The OFC provided the College with a moderately-low risk rating. However, the identified priorities fall outside of the College's capacity.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 10**	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	

Required Evidence	**College Response**	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Partially

	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
	
	   − Name of Standard
	   − Duration of period that support was provided
	   − Activities undertaken to support registrants
	   − % of registrants reached/participated by each activity
	   − Evaluation conducted on effectiveness of support provided
	
	• Does the College always provide this level of support: Yes
	If not, please provide a brief explanation:
	
	The Clinical Practice Panel and its activities, including standards review, were on hold in 2024 in order to focus on the OPR modernization project. Members from this panel were re-assigned to QAP and QASP.
	
	Registrant survey responses in early 2023 provided commentary about the overall structure, language, and presentation of the standards. This feedback guided the modernization of the OPR in 2024.
	
	Historically, a summary of updates to the OPR has been posted in the "At-A-Glance" as reference to recent changes. Registrants review the full standard in the OPR for a more comprehensive look into the changes. They are encouraged to contact the practice advisors if they have any questions regarding the changes. The In Focus Newsletter emailed to all registrants summarizes the council meetings, changes made to the OPR as well as the location of the At-A-Glance section.
	
	Evaluation on the effectiveness of support provided was not conducted.	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) With the completion of the modernized OPR draft in 2025, the College will seek stakeholder feedback from the profession and public. Feedback will be considered before final publication of the OPR.	

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		

		a. The College has processes and policies in place outlining:
		
		   i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
			The College fulfills this requirement:
			
			• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number.
			
			• Is the process taken above for identifying priority areas codified in a policy: No
			
			• *If yes, please insert link to the policy.*
			
			  • **Random Selection**
			     o The College's random selection criteria policy for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by third parties including one that identified trends from historical complaints data and another that engaged stakeholders to identify perceived issues with the current QA practice assessment process.
			
			     o These data analyses indicated that more complaints were received for optometrists in the early years of registration (0-5)—a group being largely omitted from the previous random selection—and that risk level increased for members with 16-20 and 26-30 years since registration, suggesting that some older practitioners struggle with practice and/or conduct issues. As such, the policy was updated to include new registrants as well select a higher percentage of members in the early and later years of their registration.
			
			     o It was also identified that many members were being reselected to participate in the practice assessment process while others had never been selected, meaning there were some registrants whose practice had never been assessed. To address this risk, the random selection criteria was updated to grant a longer period of exemption to members who had previously been successfully discharged from the process.
			
			  • **Referrals to QAC for Practice Assessment**
			     o Registrants who have failed to meet 750 hours of direct optometric care to patients in Canada per rolling three-year period are referred to QAC for a practice assessment. These registrants undergo a Complete Record Assessment (CRA) rather than a Short Record Assessment (SRA) as they require a more in-depth look at their practice since they have spent less direct time with patients.
			
			     o Registrants with non-practising status who request to return to practicing status must follow the steps outlined in the Registration Policy: Non-Practising Status. This may include referral to the QAC for a practice assessment/evaluation, depending on the number of hours of direct optometric care to patients in Canada in the three years before his or her request to return to practice.
			
			     o Registrants who have failed to meet the minimum published CE requirements are referred for a practice assessment. Those who were deficient by 5 or less CE hours submit fewer patient files for review than those who were deficient by more than 5 CE hours.
				Met in 2023, continues to meet in 2024

			• **New Practice Assessment Component of the QA Program**
			    o The College's new practice assessment component (currently in development) has been blueprinted against the Competencies for Optometry with assessment weightings for each competency domain intentionally chosen based on risk and/or importance to optometric practice (i.e., 30% Clinical Expertise, 20% Communication, 16% Patient Centered Care, 14% Professionalism, 10% Collaboration, 10% Scholarship).
			
			    o The new assessment process will continue to be multi-level with the first level (level 1) that registrants go through serving as a screening tool and only those with deficiencies identified in level 1 proceeding to the second level (level 2). This is right touch as those demonstrating their meeting of the standards will not be required to undergo additional assessments/what may be perceived as a more onerous assessment. For registrants undergoing the second level of the assessment, the assessment will specifically target their areas of deficiency as identified in level 1, which is right touch as to not put the registrant through a more comprehensive assessment in areas they have already demonstrated to meet or excel in.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

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[3] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).

  OR please briefly describe right touch approach and evidence used.

- Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).

  If evaluated/updated, did the college engage the following stakeholders in the evaluation:

  – *Public*   No
  – *Employers*   No
  – *Registrants*   Yes
  – *other stakeholders*   Yes

- **Development of New Practice Assessment Tools and Processes**
  - One of the College's strategic areas of focus is risk-based proportional regulation. This was achieved by engaging subject matter experts (SMEs) to develop new practice assessment tools that were based on thorough evaluation of risk with a focus on public safety. SMEs considered risk data from sources such as the Discipline Committee, ICRC, QAC, and the Patient Relations Committee, Competencies for Optometry, OPR Standards of Practice, literature, among others.

  - Working with Research & Evaluation Consulting Inc. (RaECon), the outcome was the development of a new level 1 assessment tool that is more objective and integrates indicators of quality patient care.

  - Level 2 of the current process involves an in-depth, time-consuming assessment of all submitted records in all areas of practice, including areas where the registrant has already met or excelled in. In the new process, level 2 is a conversational assessment that is tailored based on specific deficiencies identified in level 1. The conversational approach allows the registrant an opportunity to reflect on the cases, and at the same time, allows the assessor to further explore specific areas of deficiencies. The new process is right touch, authentic and efficient, significantly expediting a registrant's time spent in the process. As a result, the new practice assessment component allows the QAC to better focus on registrants who truly need assistance with improving their skills, knowledge and judgement, which in turn, leads to better patient outcomes.

  - In 2024, the College achieved a number of milestones as follows:
    1. Multiple rounds of thorough **training of QA assessors** (optometrists).
    2. Completed the **pre-testing program:**
       a. Twenty-none (29) randomly selected registrants participated in the pre-testing of the new level 1 assessment tool. With each registrant submitting 10 records, a total of 290 records were included as part of this pre-testing. Each record was independently rated by two trained assessors and an inter-rater reliability analysis was performed. Overall inter-rater agreement was very strong (91.6%). Surveys were also sent out to the registrants and assessors. Overall feedback was positive with an average rating of 4.4/5 and 4.0/5.0 from assessors and registrants, respectively. No changes to the assessment process were required.

b. Of the 29 registrants, 12 were selected to participate in the pre-testing program of the new level 2 assessment tool. Both registrants and assessors provided positive feedback.

3. Initiated the **pilot testing program:**
   a. Ninety-five (95) registrants were randomly selected to participate in the pilot test of the level 1 tool. Two different assessors were assigned to each CRP and completed their assessments independently. Preliminary results from the inter-rater reliability analysis indicate that:
      i. The total number of disagreements was proportionally much lower in the pilot test than the pre-test. This suggests a better understanding of the review criteria and process among assessors; and
      ii. About half of the indicators showed a decrease in disagreements from the pre-test to the pilot test
   b. A final assessor training is scheduled for early 2025, with the goal of further reducing assessor disagreements and clarifying when to recommend a level 2 assessment.
   c. Of the 95 registrants, 32 were selected to move forward with a level 2 assessment while the remaining were successful in completing level 1.
   d. Post-assessment surveys will be sent to registrants and assessors to gather feedback.
   e. The pilot test is expected to be completed by mid-2025, followed by the official launch of the new practice assessment component of the QA program. The new component is psychometrically sound, valid, and defensible.

- **Finalization and Launch of New Self-Assessment**
  o The College finalized a new self-assessment component of the QA program. SMEs were engaged to develop the content based on relevant, real-life situations in eyecare that were drawn from key risks identified by college data.

  o The self-assessment is a two-part online exercise:
    1. Part One consists of seven scenarios and related multiple-choice questions. This part is not scored (i.e., there is no pass or fail).
    2. Registrants will then use the feedback and resources from Part One to create a Learning Plan (Part Two). The Learning Plan encourages registrants to set specific goals, select appropriate CE activities, and reflect on the impact of their learning.

  o The self-assessment was designed to assist registrants identify areas for improvement, develop concrete and structured goals, participate in meaningful CE activities, and self-reflect on the impact of the activities on their practice. These are important skills that help registrants grow and engage in lifelong learning that is critical to providing quality care to patients. The process is right touch as the learning plan is flexible to fit different learning needs.

  o At the March 22, 2024 meeting, Council approved the Self-Assessment Policy.

  o The new self-assessment was launched on March 26, 2024. Detailed information on the two-part exercise and FAQs can be found on the college website.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number *OR* list criteria.

When specific areas of concerns/deficiencies in a registrant's practice have been identified through the assessment process, the QA Panel may select one of the following three remediation activities, depending on the severity of the deficiencies:

1. **Self-directed learning:** the concerns are of low severity. The QA Panel makes written recommendations to the registrant on ways to correct the deficiencies and give the registrant an opportunity to correct them
2. **Specified continuing education requirements**: the concerns are of moderate severity and can be addressed by completing CE activities. The CE activities and the number of hours must be pre-approved by the QA Panel
3. **Coaching**: the concerns are of higher severity and require one-on-one remediation with a College Coach, who is an optometrist trained by the College. The registrant and their coach complete a draft remedial program plan, which is tailored to address the registrant's deficiencies and outlines learning objectives, success indicators, expected outcomes, and timelines. The plan must be approved by the QA Panel before the registrant and their coach can carry out the plan.

The QA Panel may use a Practice Evaluation to inform remediation activity. A Practice Evaluation helps determine whether deficiencies identified during the course of a practice assessment are a result of the registrant's lack of knowledge, skill or judgment, or from the registrant's lack of application of the knowledge, skill or judgment.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

| **Measure:** |
| **10.3   The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.** |

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes

The College fulfills this requirement: **Yes**

- Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process.

- Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process.

- The QA Panel monitors completion of remediation activities by:

  1. **Self-directed learning**: the registrant must submit a written summary of their self-directed learning activities and the impact/effect of the learning on their practice for Panel approval.
  2. **Specified continuing education requirements**: the registrant must submit certificates of completion; and
  3. **Coaching**: the College Coach must submit an interim and a final report for Panel approval to ensure successful completion of all remediation activities.

- Following successful remediation, the registrant is given a reasonable opportunity to incorporate what they have learned into their practice. After that time, a practice re-assessment is conducted using the Complete Record Assessment tool.

- Upon re-assessment, the QA Panel usually finds that no further action is warranted. If, however, there are still deficiencies identified in the re-assessment, the Panel may direct the registrant to undergo further remediation, a Practice Evaluation and/or direct the Registrar to impose terms, conditions, or limitations on a registrant's certificate of registration.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)	

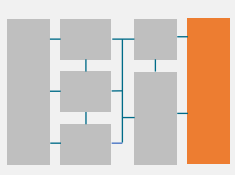| DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/filing-a-complaint/ • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. https://collegeoptom.on.ca/wp-content/uploads/20190221_IR_ADRPolicy.pdf	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) The College continues to have brochures that provide information about the College's complaints process. There is a version tailored to complainants and another brochure tailored for registrants. These brochures are provided to complainants when their complaint is confirmed and are provided to registrants when they receive notice that a complaint has been submitted against their practice. It is also usually provided to members of the public who are interested in filing a complaint. The College's website contains the online complaint form, which allows complainants to submit any supporting documentation related to their concerns: • https://collegeoptom.on.ca/resource/complaint-form/ Investigations and Resolutions (I&R) staff frequently have telephone conversations with potential complainants and are available to answer any questions they may have about the process before they submit a complaint. I&R staff continue to thoroughly review all complaints submitted. During the investigation of the complaint, staff continue to carefully review the materials submitted by the parties to ensure that all relevant information is requested and obtained for the ICRC's review. I&R staff also request patient records from other health care practitioners/facilities, with the patient's written consent, if that information is relevant to the concerns raised in the complaint. During their review of the file, the ICRC can also request staff to obtain further information on its behalf if the ICRC feels there is insufficient information before it to make a decision. The ICRC has done this in a few instances this reporting period during their meetings. The College's website describes the College's prevention of sexual abuse program, including the availability of funding for sexual abuse therapy: • https://collegeoptom.on.ca/public/prevention-of-sexual-abuse/	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement: • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. In 2024, an external plain language expert reviewed the "About" and "Public" sections of the College website from a plain language lens. This included pages related to the complaints process. The plain language expert suggested edits, and information about the complaints process on the College website was updated with these recommendations. In 2024, I&R staff reviewed and updated the complaints brochures that are provided to complainants and registrants under investigation to ensure the information noted within continued to be accurate, and that the wording was clear and understandable. To broaden stakeholder engagement and with the aim of improving our processes, in 2023, the I&R department developed two surveys (one tailored to the optometrist under investigation and the other to the complainant). During the reporting period, these surveys were implemented. These surveys, which are optional and anonymous, allowed participants in the complaints process an opportunity to provide feedback after their complaint matter has concluded.	Yes
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). All inquiries received from the public are generally responded to within 5 business days. The department tracked telephone calls in 2024, and during the reporting period, staff responded to 98% of all telephone inquiries within 5 business days.	Met in 2023, continues to meet in 2024
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please list supports available for the public during the complaints process.	
			• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.	
			To file a formal complaint about an optometrist, individuals may complete and submit a complaint form (https://collegeoptom.on.ca/resource/complaint-form/). This complaint form can be found on the College's website and is available in English and in French. The College advises the public on its website that a formal complaint can also be submitted in an audio or video format. There is a consent form within the complaint form so the College may obtain relevant personal health information during the investigation of the complaint.	
			In certain complaint cases, Alternative Dispute Resolution (ADR) may be suitable and is offered to the parties. ADR allows a mediator to work with both the complainant and the registrant to resolve the issue in a way that suits both parties and may be a way to quickly resolve minor/low-risk concerns.	
			Complainants are advised of supports available to them during the intake stage as well as throughout the investigation process after a complaint is filed (as relevant). Accommodation is available for potential complainants if they require assistance in submitting a complaint in a recorded format. For instance, in 2024, the College provided accommodation for a complainant with a disability and an investigator met with the complainant in-person and helped transcribe their complaint and supplementary submissions. During the reporting period, I&R staff have also mailed complaint forms to individuals that wished to complete and submit a paper copy of their complaint as well as another complainant was allowed to submit additional material in a video recording.	
			In addition, if a complainant requires the assistance of a translator, the College will help in arranging this so the complainant may participate fully in the process. I&R staff are available and easily approachable throughout the process to answer any questions by both email and telephone. I&R staff can schedule telephone calls to discuss questions with potential complainants and complainants at a time that is convenient for them, including outside of regular business hours if necessary. The College will generally approve reasonable requests by complainants for an extension of time to submit additional material and information, especially in situations where a lot of documentation is provided to a complainant for their review (such as part of a registrant's response).	
			The ICRC uses a Risk Assessment Framework when reviewing complaints to guide its decision-making. A comprehensive description of this Framework is available on the College's website so both registrants and the public may understand how the College makes decisions on complaints (https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure:		
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		

| a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement:

• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) *OR* please provide a brief description.

• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) *OR* please provide a brief description.

There is generally frequent communication between I&R staff and the parties throughout the complaints process. Most complainants continue to choose to correspond primarily by email and telephone, but the option of submitting information by mail or facsimile is available to those that prefer that method. Complainants have access to the I&R department's general complaints email address. This email address is publicly posted, and its inbox continues to be accessible by all staff within the department. Complainants also have access to the direct email address of the staff member that is facilitating the investigation of their matter. The Contact Us page of the College website contains the College's telephone and fax information, including a toll-free number. This page also lists the telephone extension to directly reach the I&R department (i.e., 416 479 9295, Press 2).

Once the College receives and confirms a complaint, notice and acknowledgment letters are sent to the registrant and the complainant respectively. As in previous years, a Complaints Brochure is enclosed within this correspondence. The information within the letters and the brochure helps in ensuring a clear understanding of the various stages of the complaints process and the possible dispositions within the ICRC's jurisdiction.

As applicable, delay letters are prepared and sent containing an update on the status of the investigation. The College continues to provide registrants' responses to complainants for their review and complainants can submit any additional comments. Both complainants and registrants may provide additional relevant information at any point in the investigation and prior to the matter being reviewed by the ICRC. Expert opinions, if obtained, are provided to complainants for their review and they can provide any written submissions to it if they wish. Complainants are also provided with a copy of the ICRC's written decision.

The College continues to inform complainants by emailed or mailed letter if specified allegations of the registrant's professional misconduct or incompetence are referred to the Discipline Committee (this letter also contains the contact information of the College's prosecutor and was sent in one instance in 2024). Staff and the College prosecutor are available to update witnesses on the progress of the discipline case. For any discipline hearings occurring virtually, witnesses, and registrants and their legal representatives, if any, have the opportunity to partake in Zoom training with the hearings coordinator in advance of the hearing to ensure all are comfortable with the technical elements of the platform. | Yes |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

		Additional comments for clarification (optional)	

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 12 | **Measure:**
12.1 The College addresses complaints in a right touch manner. | | |

| | | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement:

• Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied.

• Please provide the year when it was implemented **OR** evaluated/updated (if applicable).

As described in the last year's CPMF report, documented guidance was developed back in 2022 so I&R staff may properly assess risk and prioritize investigations when a complaint or report is received. This risk-based triage system/protocol was finalized at the end of 2022 and implemented at the beginning of 2023. The department continued to utilize this tool during the reporting period. This risk-based triage system allows I&R staff to triage complaints and reports at the time of receipt based on the nature of the allegations. The initially assigned risk rating may be modified throughout the investigation, as more information about the matter is obtained. This documented guidance helps ensure the College addresses the complaints and reports it receives in a right-touch manner.

The College also has a Risk Assessment Framework tool that the ICRC continues to use during its decision-making for complaint and registrar's investigation files. As per this Framework, the ICRC assesses and analyzes the risk of harm the registrant's conduct and/or care may pose in each case. This assessment occurs at the end of an investigation into a complaint or report. The Framework essentially guides and assists the ICRC Panel in coming to a decision. All aspects of the case are taken into account, including but not limited to, the nature of the allegations, the registrant's response, whether the registrant met the standards of practice of the profession, and the registrant's prior history, if any. While the tool itself is not published on the College's website, a description of it continues to be available: https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf | Met in 2023, continues to meet in 2024 |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	**Measure:** **13.1** **The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the policy and indicate page number **OR** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). The College has a written policy titled *Reporting Information to Relevant System Partners* that was approved by the College Council in 2022. This policy continued to be in effect in 2024. The purpose of this policy is to outline the circumstances in which the College will report information regarding an optometrist, in the interest of public protection, to relevant system partners and agencies. These may include, but are not limited to, law enforcement, other professional licensing/regulatory bodies, the Ontario Health Insurance Plan (OHIP), the optometrist's practice locations (i.e., clinic, optical store, etc.), and insurance companies. In 2024, the College shared information about an optometrist with another professional regulatory body in Ontario. The information disclosed was in accordance with s. 36 of the *Regulated Health Professions Act, 1991*. During the reporting period, the College also informed an optometrist's practice location that the optometrist's certificate of registration had been suspended by the College and that they were not authorized to practice optometry.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.		

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD	**Required Evidence**	**College Response**	
		a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection. The College's Strategic & Implementation Plan 2022-2025 outlines the KPIs and how they relate to the College's achievement of its strategic objectives. A discussion of the Strategic & Implementation Plan 2022-2025 can be found in the September 2022 Council meeting minutes (Lines 66-112). The details of the Plan can be found here, and it continued to be carried out in 2024.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. At every Council meeting, the Registrar and senior staff present the Registrar's Report to Council which discusses College's progress against strategic objectives, regulatory outcomes (e.g., number of new applicants, new complaint files, practice assessment outcomes), and risks. All Council meeting materials and minutes can be found [here](#). Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk (AFR) Committee is the primary body through which the College reports on its risk review against regulatory outcomes and its risk management approach. A risk management document is prepared for and discussed at every AFR Committee meeting, and AFR Committee activities are reported to Council via briefing materials.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure:		
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
		a. Council uses performance and risk review findings to identify where improvement activities are needed. _____ *Benchmarked Evidence* _____	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. In 2024, an area of potential risk involved funding related to the Canadian optometry exam, OEBC. During its June 2024 session, the Registration Committee motioned for funding to proceed, leading to a robust discussion (including Audit/Finance/Risk and other groups) around COO's role in supporting a Canadian exam, and what kinds of risks – financial or otherwise – such funding entails. The minutes for that meeting are available on the College's website, with the relevant item described on pp. 4 - 5.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		Measure:		
		14.3 The College regularly reports publicly on its performance.		
		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Yes
			• Please insert a link to the College's dashboard or relevant section of the College's website. You can find the College's annual reports here. The College also publicly posts the Strategic Priorities Tracker that lists the performance results related to the College's strategic objectives.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
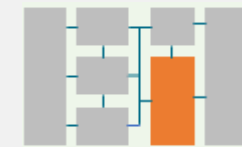
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d	
If a College method is used, please specify the rationale for its use:	

Context Measure (CM)	

CM 1.　Type and distribution of QA/QI activities and assessments used in CY 2024*		

Type of QA/QI activity or assessment:	#	
i.　Engagement in CE	2957	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).*
ii.　CE Deficiency Audit	31	
iii.　Self-Assessment	740	
iv.　Peer-Conducted Practice Assessment	205	
v.　Remedial Activity – Self-directed Learning	NR	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
vi.　Remedial Activity - CE	NR	
vii.　Remedial Activity - Coaching	31	
viii.　Practice Evaluation	NR	

Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.	
NR	

Additional comments for clarification (if needed)

- **Engagement in Continuing Education**: All registrants, practising and non-practising, must meet their CE requirements in every 3-year cycle. The current CE policy (2024-2026) began on January 1, 2024.
- **CE Deficiency Audit**: Following completion of a 3-year CE cycle, the College reviews all registrants' participation in the previous CE cycle and identifies those who fail to meet the CE credit hours requirements. An audit of the 2021-2023 cycle was conducted in 2024. Thirty-one registrants failed to meet their CE requirements and were required to complete a practice assessment.
- **Self-Assessment:** The self-assessment is mandatory and is completed once per three-year CE cycle. The current CE cycle runs from January 1, 2024 to December 31, 2026. As of December 31, 2024, 740 registrants have completed Part One of the self-assessment.
- **Peer-conducted Practice Assessments (PPA)**: includes those who were randomly selected to participate in a PPA in 2024 (majority), carry over assessments from previous years, re-assessments following remediation, and referrals from the Registrar due to failure to meet condition(s) of their certificates of registration.
- **Remedial Activity (CE and Coaching)**: includes ongoing remedial activities from previous years as well as new remedial activities directed by the QAC in 2024.
- **Practice Evaluation**: Includes members undergoing evaluation at the QAC's request during the PPA process as well as to ensure the competence of registrants returning to practice who have practice zero hours in Canada in the past 3 years.
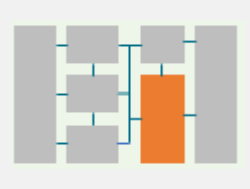
Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	205*	7%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	12	6%	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

*includes those who were randomly selected to participate in a PPA in 2024 (majority), carry over assessments from previous years, re-assessments following remediation, and referrals from the Registrar due to failure to meet condition(s) of their certificates of registration.
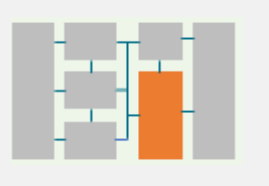
Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College's own method: Recommended			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	17	53%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	15	47%	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.
**This measure may include any outcomes from the previous year that were carried over into CY 2024.

Additional comments for clarification (if needed)

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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*					

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	NR	NR	0	0	
III. Communication	6	12%	0	0	
IV. Competence / Patient Care	25	48%	NR	NR	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	21	40%	NR	NR	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse	NR	NR	0	0	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	0	0	NR	NR	
XI. Qther *<please specify>*	NR	NR	0	0	
Total number of formal complaints and Registrar's Investigations**	**44**	**100%**	**5**	**100%**	

Formal Complaints _NR_ Registrar's Investigation _**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations._	
Additional comments for clarification (if needed) --	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	43		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	4		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024	5		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II. Formal complaints that were resolved through ADR	NR	NR	
III. Formal complaints that were disposed of by ICRC	10	23%	
IV. Formal complaints that proceeded to ICRC and are still pending	2	5%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	2%	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	NR
III. Communication	10	NR	0	0	0	0	NR
IV. Competence / Patient Care	33	NR	NR	NR	NR	0	NR
V. Intent to Mislead Including Fraud	NR	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	16	NR	0	0	NR	NR	NR
VII. Record Keeping	NR	0	0	0	NR	0	0
VIII. Sexual Abuse	NR	0	0	0	0	NR	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	NR	0
XI. Other *<please specify>*	0	0	0	0	0	0	0

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.*
++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.*
NR

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Table 7 – Context Measure 11
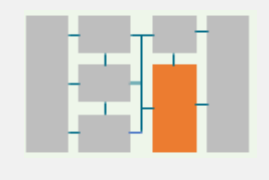
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d	
If College method is used, please specify the rationale for its use:	

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2024	357	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2024	246	

Disposal

Additional comments for clarification (if needed)

The average disposal of a formal complaint in 2024 was 259 working days. The average disposal of a formal complaint in 2024 that was also received in 2024 was 174 working days.

The average disposal of a Registrar's investigation in 2024 was 212 working days.
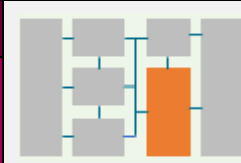
Table 8 – Context Measure 12
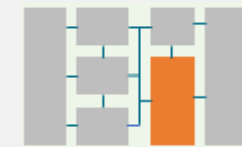
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*
I. An uncontested discipline hearing in working days in CY 2024	141	
II. A contested discipline hearing in working days in CY 2024	N/A	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

There was only 1 uncontested discipline hearing held in 2024.
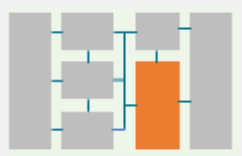
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Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	NR	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.
NR

Additional comments for clarification (if needed)

107

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d	
If a College method is used, please specify the rationale for its use:	

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: Table 5, Table 7, Table 8

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

BRIEFING NOTE

Council Meeting – March 2025

Subject

Professional Advisory: Social Media

Background

During focus group sessions conducted by the college last year, feedback from members of the public and the profession highlighted the need for guidance on social media and electronic communications. Such guidance was seen as both beneficial and timely for the profession. Discussions around the importance of good social media practices have also taken place at the ICRC.

In response, the college collaborated with an external policy writer, Mr. David Tallo, to research and develop its first professional advisory on this topic.

The advisory addresses the risks associated with using social media as a contemporary platform for exchanging thoughts, ideas, and images. It also emphasizes self-reflection as a means of mitigating these risks. The goal is to enhance optometrists' understanding of appropriate use of social media and electronic communications, supporting them in making informed professional judgments. This aligns with the college's strategic commitment to right-touch regulation.

The QASP reviewed the final draft of the Professional Advisory and proposed a motion for its distribution to the profession.

Decision(s) for Council

Approval of the Professional Advisory and its distribution to College registrants.

Considerations

- Optometrists hold a position of trust with their patients and the public
- Social media is playing a greater role in patient engagement within optometric practice
- Social media is expanding to include emerging areas such as generative AI

Public Interest Mandate

To protect the public interest, optometrists have a responsibility to safeguard patient privacy, confidentiality and trust by protecting patient information. Therefore, social media participation needs to be accompanied with discretion and maintaining professional responsibilities.

Diversity, Equity and Inclusion Considerations

The document was created with inclusive language principles.

Supporting Materials

- Professional Advisory: Social Media

Next Steps

Upon Council approval, the Professional Advisory will be made available to all College registrants.

Contact

- Bonny Wong, Senior Manager, QA Programs
- Kate MacNeill, Practice Advisor
- Violet Zawada Kuzio, Practice Advisor

PROFESSIONAL ADVISORY
SOCIAL MEDIA

Professional Advisories are intended to provide optometrists with additional guidance and information on policies and guidelines issued by the College of Optometrists of Ontario. This advisory concerns the College's Guidelines for the Appropriate use of Social Media by Optometrists, and can be used by optometrists as a further tool on how expectations outlined in the College's social media guideline can be met.

Optometry has been a regulated profession in Ontario since 1919. The College of Optometrists of Ontario is the self-regulatory authority responsible for registering (licensing) and governing optometrists in Ontario. The College's authority and limitations of its powers can be found in legislation including the Regulated Health Professions Act and the Optometry Act.

Social media has grown to touch all areas of day-to-day life, and in a relatively short time, evolved into a mainstream phenomenon where people, including optometrists, obtain news, make and maintain personal and professional connections, seek information and entertainment, and interact with others.

The ever-increasing presence of social media is accompanied by deep familiarity, and turning to social media as a first means of connection can become so common that its use becomes natural. However, with these opportunities for use, social media carries a risk of increased informality, and reduced caution by the user in how or what they may communicate. This is a pitfall of social media engagement by any user, and regulated health professionals face the same pitfalls, but given their unique expectations and role in society, have an added responsibility to be attentive to the professional obligations governing their conduct, and how these merit extra scrutiny and attention when using social media.

Optometrists should refer to the College's *Guidelines for the Appropriate Use of Social Media* as the profession's authoritative position on optometrists' use of social media. This *Professional Advisory* document builds on the direction set out in the *Guidelines*, and is intended to provide additional information and guidance, through example and elaboration, on how the expectations of the *Guideline* can be met.

⊙→ CONTENTS

FRAMING THE ADVISORY:
A RISK-INFORMED APPROACH

For all of us, the increasing presence and use of social media can result in a false sense of familiarity, and reduced sensitivity to associated risks. The nature of social media itself compounds this. Platforms often model, encourage and amplify informal exchanges, and may provide easier access or greater exposure to controversial content. This setting can easily cause the user to adapt their tone to the environment, and colour both what they communicate and how they communicate it. While this can make the exchange of ideas fast and easy, it also heightens risk to users.

Optometrists are encouraged to be aware that despite the relaxed or informal nature of social media, and of its mainstreamed and frequent presence in their lives, social media participation needs be accompanied with discretion, and should be done with a view to their professional responsibilities.

In considering the application of the College's *Guidelines* to behavior on social media, and when considering situations or scenarios that arise, optometrists are encouraged to take a risk-informed approach. Optometrists should consider professional risk in how it could arise in professional exchanges and establish and maintain this vigilance. To reiterate, the call for continued attentiveness recognizes several characteristics of social media that deserve to be at the forefront of the mind of the user, including:

- the informality of exchanges on social media
- the integration of social media to so many areas of professional and personal life
- the assumption that content is temporary
- the ease and speed of escalation of interactions on social media
- social media as both a forum and a source of AI generative text and content
- The ability of third parties to manipulate or change original postings

⊕ ACTING ON THE RISKS

The layperson can easily name a series of personal consequences for their own ill-conceived, hasty or careless content shared on social media. For optometrists, the consequences can have significant professional consequences.

In light of this, optometrists are encouraged to consider their activities on social media from a risk-informed perspective, and may consider using an approach of (1) framing particular questions or actions with regards to professional risk, and (2) assessing the risk or harms to their own professionalism.

This risk-informed approach, as opposed to a rules-based model, acknowledges the inherent fluidity of situations, but also accepts the unpredictable growth and future shape of social media. The professional judgement and knowledge of optometrists will continue to be tested in unpredictable ways as technology evolves, and the risk-informed approach can provide a durable model for current, as well as unanticipated challenges.

Building on the identification of risk, and the more specific identification of professional risk, a risk-informed approach also facilitates different actions available within a professional framework: classical risk management strategies of "avoid, mitigate, transfer, accept" might serve as an initial evaluative tool for optometrists, and through that, enable the consideration of additional factors of professionalism, professional relationships, and patient privacy and confidentiality. These are discussed in this advisory.

As a further comment on a risk-informed approach to social media use, the framework can be additionally valuable when considering, like technology, profession-facing factors such as the changing and evolving nature of professionalism, emerging jurisprudence, and changes in professional technology that may be available to or expected of optometrists.

→ PROFESSIONALISM

The *Guidelines for the use of Social Media for Optometrists* establishes a general expectation for professionalism when using social media:

> *… when optometrists engage in the use of social media platforms and technologies, they are expected to adhere to all of their existing professional expectations and duties, including those set out in the relevant legislation, regulations, codes of ethics, and College policies.*

The *Guidelines* goes on to list the tangible expectations:

> *Optometrists should keep in mind the principles of good optometric practice, which are also relevant to the use of social media.*

In the *Guidelines*, optometrists are advised to carry out this expectation by:

- being mindful of their internet presence and be proactive in controlling and avoiding content which may be viewed as unprofessional or personal
- proactively consider how other professional expectations apply to the use of social media
- avoid providing patient specific optometric advice online, for example, by posting information on an internet discussion forum that could be construed as optometric advice. In some circumstances, it may be appropriate for optometrists to provide health-related information that is not patient-specific in an online forum for the purpose of public and professional education
- abide by statutes and regulations related to defamation, copyright and plagiarism when posting content in blogs or elsewhere online.

This guidance can be applied in governing use of social media, but also provides a framework to elevate the identification of risk, and the framing of new or unusual scenarios. The tools that are outlined in the *Guidelines* provide reference for the measure of risk, and evaluating scenarios against risk by using established tools, positions and guidance for the profession. Optometrists could carry out the *Guidelines* by rooting the scenario on broader professional practices, including the standards of practice and other College resources

PERSONAL AND PROFESSIONAL SOCIAL MEDIA, PROFESSIONAL RISK

Optometrists hold a position of trust with their patients and the public. In further considering risk, optometrists should be mindful of how it can apply to any use of social media - both professional and personal. While optometrists are encouraged to use separate personal and professional social media accounts, they should be further mindful that even when posting in a personal capacity, social media participation on personal accounts may not be anonymous, and others may be aware of the user's professional role. Professionalism is equally important in both professional and personal social media use.

PROFESSIONAL RELATIONSHIPS

The *Guidelines for the Appropriate use of Social Media* by Optometrists sets out a clear standard and responsibility for professional relationships:

> *Optometrists have a responsibility to... maintain professional and collegial relationships with colleagues, other professionals, and in the public sphere.*

With its appearance in a social media advisory, there is the possibility this could be incorrectly interpreted to apply only to individual relationships, or one-to-one exchanges and transactions, or direct messages between users. Optometrists should not overlook the expectation of the responsibility as it refers to the public sphere, and reflect on how this public sphere might occur across various social media platforms and applications.

Optometrists are encouraged to reflect on how they can meet the expectations of the *Guidelines*, including consideration of a risk-informed approach, in the following ways:
- Operate online as a professional, and as you would in the community
- Ensure that your comments do not incite others to make discriminatory or other professionally unacceptable comments
- Use professional social media accounts for professional electronic communications; avoid using personal accounts
- Where applicable, be aware of an employer's applicable policies and programs regarding the use of social media.

PRIVACY AND CONFIDENTIALITY

The *Guidelines for the Appropriate use of Social Media by Optometrists*, while speaking specifically to social media use, also report the general duty of optometrists:

> *Optometrists have a responsibility to safeguard patient privacy, confidentiality and trust by protecting patient information*

The *Guidelines* goes on to set out additional and tangible direction to optometrists specific to social media:

- refrain from invading the privacy of patients by seeking out information about them that may be available online

This reflects broader statutory requirements under the *Personal Health Information Protection Act, 2004*, and College standards relating to patient privacy and confidentiality.

The *Guidelines* also directs that members:

- refrain from posting identifying information about patients in any context online; for example, in a professional blog, video-sharing media, or discussion forum

In certain situations, however, optometrists may consider approaches that would de-identify the information about a patient, which would entail removing any circumstances that it could be utilized to identify the individual, and consider obtaining patient consent for posting even de-identified information whenever possible given the permanent nature of the internet.

⊕ ADDITIONAL RISK-INFORMED ADVICE

Optometrists might consider these additional measures and practices when considering their social media activity. While these do not fall into any one single category in this advisory, optometrists are encouraged to consider adopting additional practices and safeguards, and reflect on the purpose and intention of actions such as:

- Use account settings that will provide the highest privacy levels for any of your content or information that might appear on the social media platform
- Monitor and revisit privacy and security settings of accounts and personal content on social media platforms
- Monitor announcements on social media accounts relating to upcoming changes in security policy or settings
- Assume that content you post can be accessed or altered
- Assume that content you post can be used by generative AI
- Review and understand all user agreements before providing consent
- Maintain awareness of what other users may post on social media about you or containing your image, including photos, posts or other content (if you discover content related to you, ask the user to remove it and document the request).

→ SUMMARY AND REFLECTION

This advisory encourages optometrists to adopt a risk-informed approach to social media use that is guided by professional expectations, standards of practice, and regulations, and the safeguarding of patient privacy and confidentiality.

While professional conduct and behaviour are expected of the optometrist in any scenario, the professional's use of social media carries additional and particular considerations, and optometrists should ask themselves:

- Am I using social media in a manner that is consistent with my professional identity?
- Are there any risks I have taken in my posts and social media presence that I need to mitigate?

Optometrists should also consider the importance of:

- Recognizing evolving and pervasive risks in light of evolving and pervasive social media
- Acknowledging that the tone and speed of social media can disguise that content can remain forever, and that social media posts can be accessible by multiple parties
- Referring to College guidelines, policies, and standards regarding general professionalism, and recognize these are 'living' documents that change and evolve.

→ RESOURCES

COLLEGE OF OPTOMETRISTS OF ONTARIO
- Optometric Practice Reference - Standards of Practice
- Guidelines for the Appropriate use of Social Media by Optometrists

OFFICE OF THE PRIVACY COMMISSIONER OF CANADA
- Social Media (Landing Page)
- Staying Safe on Social Media
- Privacy and Social Media in the Workplace
- Tips for Using Privacy Settings
- The Risks of Metadata

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER OF ONTARIO
- De-identification
- Privacy and Security Considerations for Virtual Health Care Visits

LEGISLATION
- *Optometry Act*, *1991* and the regulations made under the *Act*
- *Regulated Health Professionals Act, 1991*
- *Personal Health Information Protection Act, 2004*

These *Guidelines* have been informed by concepts in the document Advice to the Profession: Social Media by the College of Physicians and Surgeons of Ontario.

BRIEFING NOTE

Council Meeting – March 2025

Subject

Modernization of the Optometric Practice Reference (OPR)

Background

The Optometric Practice Reference (OPR) replaced The Guide to the Practice of Optometry in 2007. Over the years, the Clinical Practice Panel (CPP) has revised the document to articulate and clarify new and existing standards of practice. The rotating nature of the CPP members resulted in a piecemeal document written in various voices and formatting styles. Therefore, a modernization project of the OPR was initiated to ensure it is written in a clear, concise, and consistent manner that aligns with new Quality Assurance practice assessment tools..

In 2023, a Request for Proposal (RFP) was created to invite organizations and professions to submit proposals for the modernization of the OPR. Requirements included:

• Reflect current public needs, health care systems, and societal values (e.g., diversity, equity, and inclusion principles)

• Be relevant to current optometry practice and advances in health care sciences and technologies

• Be consistent with current legislative requirements

• Be evidence-based and risk-informed (e.g., from sources such as College data, environmental scans, literature reviews, and stakeholder feedback)

• Ensure clear, concise, and consistent language understood by the profession and public

• Address gaps in content

• Increase accessibility

The vendor was selected at the QASP meeting in November 2023. Ms. Robin Marwick and Ms. Jennifer Guest are experienced editors who have worked in highly regulated industries (including healthcare and finance) for over 20 years each.

Summary of Changes:

Original OPR	Revised OPR	Rationale
OPR Last revised December 2022	Reordered and grouped sections to align with the five standards developed in the updated new QA practice assessment tools; removed numbering	Consistency across the College's quality assurance tools

Original OPR	Revised OPR	Rationale
All standards included relevant portions of the Act and Regulations	The specific wording was deleted, and links to this information were added in the introduction	Reduce length and repetition; allow for potential updates to the legislation
Some Standards contained repeated information that is applicable to optometric practice more broadly, such as conflicts of interest, registrants' obligation to stay current with practice guidelines and scientific developments, equipment, infection control and record-keeping	Content related to this kind of core information was moved out of individual Standards and into their own sections	Ensure that content with a wider relevance is clearly visible; reduce repetition
Many Standards repeated information about the initial assessment	Content related to the initial assessment was given its own section and subsequent repetitions were deleted	Ensure that content with a wider relevance is clearly visible; reduce repetition; distinguish between initial and subsequent examinations
Information about dispensing appeared in multiple places, sometimes with overlapping information	A new section on dispensing (s. E7) was created	Reduce repetition and ensure that this content is clearly visible
Contained references to "members", "optometrists", and "practitioners"	Changed references to "registrants" except when discussing referrals to other optometrists	Consistency and clarity
Standards included information about general and specialist care, as well as health conditions with higher risk of ocular effects (OPR, s. 7)	Moved information on specific diseases, procedures, visual rehabilitation and health conditions that pose a risk to eye health to the Appendix and organized in logical order	Ensuring the longevity of the core Standards while preserving the information contained in these sections.
7.1 Patients with Age-related Macular Degeneration	Updated in F3.3 Macular Degeneration (AMD)	Additional assessment of macular function and structure (e.g., Amsler grid and OCT if indicated) was added to the core considerations for the diagnosis and management of AMD.
7.2 Patients with Glaucoma	Updated in F3.4 Glaucoma	Imaging of the optic nerve head and retinal nerve fiber layer was added to the core considerations for the diagnosis and management of glaucoma. The test 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.

Original OPR	Revised OPR	Rationale
7.3 Patients with Cataract and 7.8 Shared Care in Refractive Surgery	Incorporated into E7 Shared Care	Shared care relationships include but are not limited to glaucoma management, cataract surgery and refractive surgery. The optometrist is responsible for maintaining collaboration and communication with the practitioner, upholding standards of practice and acting in the patient's best interest.
7.4 Patients with Diabetes and 7.5 Patients with Systemic Hypertension	Incorporated into F4 Health Conditions with Ocular Risk	All patients with systemic disease with high risk of retinal/vascular complications require periodic assessment of the eye and vision system. For such patients dilation is indicated and OCT/imaging is highly recommended.
7.6 Cycloplegic Refraction	Incorporated into D2 Refractive Assessment	Indications for cycloplegia remain the same. Indications include those with suspected clinically significant latent hyperopia, unexplained reduced visual acuity, suspected amblyopia and those who are at risk of developing amblyopia secondary to accommodative esotropia or asymmetric refractive error.
7.7 Dilation and Irrigation of the Naso-Lacrimal Ducts	Incorporated into F3.1 Dry Eye Disease	Registrants may choose evidence-informed techniques, instrumentation and therapies that have the support of peer-reviewed literature, do not compromise patient safety and that comply with the standards of practice.
7.9 Patients with Learning Disorders	Incorporated into F2.2 Vision Therapy	Registrants do not diagnose learning disorders, concussion or TBI, but they 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. Management may involve vision therapy and/or consultations with other healthcare professionals.

Original OPR	Revised OPR	Rationale
7.10 Orthokeratology	Incorporated into F1.3 Myopia Management	Specialty contact lenses that alter the corneal shape, including orthokeratology (Ortho-K) are listed as a treatment option for myopia management.
7.11 Patients With Dry Eye Disease	Updated in F3.1 Dry Eye Disease	Treatment of dry eye disease aims to restore homeostasis of the tear film and ocular surface and address patient symptoms. Specific treatments were removed from OPR to reflect expanded treatment modalities available. Thereby, broadening the option for registrants to choose evidence-informed techniques, instrumentation and therapies that have the support of peer-reviewed literature, do not compromise patient safety and that comply with the standards of practice.
7.12 Patients With Amblyopia	Updated in F2.1 Amblyopia Therapy	Recognition that amblyopia is a diagnosis of exclusion. Diagnostic and management considerations remained similar to original OPR.
7.13 Patients With Uveitis	Updated in F3.2 Uveitis	Case-specific assessment and treatment options with referral when indicated.
7.14 Myopia Management	Updated in F1.3 Myopia Management	Assessment and treatment considerations that should be considered for emerging and existing myopic children.
Addition:	Section on Telehealth (s. B7) and Form of Energy (s. B2.1)	To address emergent modes of optometric service provision, as well as diagnostic and treatment technology.
	Incorporated information on acting with respect and integrity	Reflecting the College's commitment to diversity, equity and inclusion
	Plain language edit	Remove redundant or confusing language and improve clarity and readability
	Numbering updated to reflect revised structure	To provide quick reference for users.
Word count: 23,301	Word count: 6,373	

Decision(s) for Council

Approval of the updated Optometric Practice Reference (OPR) and its circulation to College registrants and stakeholders for 60 days.

Considerations

- The OPR is accessed by registrants and committees within the College (i.e. QA and ICRC) as well as the public for reference on Standards of Practice for optometrists practicing in Ontario
- The OPR is a reference document outlining standards of practice not clinical guidelines or best practices

Public Interest Mandate

The goal of this project was to overhaul the OPR to create a clear, concise document that would meet current public needs and societal values, address gaps in content, and increase accessibility.

Diversity, Equity and Inclusion Considerations

To protect the public interest, there is the need to ensure that resources are accessible to anyone who requires them. Plain language principles are used, with attention to the audience, ensuring that communication is clear and easily understood. The contact information for the practice advisors will continue to accompany the document when clarification is required.

Supporting Materials

- Current OPR
- Updated OPR

Next Steps

Upon Council approval, the modernized OPR will be made available for public consultation.

Contact

- Bonny Wong, Senior Manager, QA Programs
- Kate MacNeill, Practice Advisor
- Violet Zawada Kuzio, Practice Advisor

OPTOMETRIC PRACTICE REFERENCE

Standards of Practice

PUBLISHING HISTORY

The Guide to the Clinical Practice of Optometry

FIRST PUBLISHED   November 1972
REVISED   October 1975
                                     September 1982
REPUBLISHED   July 1987
REVISED   January 1991

The Guide to the Practice of Optometry

FIRST PUBLISHED   August 1998
REVISED   January 1999

Optometric Practice Reference

FIRST PUBLISHED   April 2007
REPUBLISHED   XXX 2025

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A. INTRODUCTION & PURPOSE

A.1. INTRODUCTION

The College of Optometrists of Ontario is the regulatory body for the optometric profession in Ontario. Under the authority of the *Regulated Health Professions Act* and the *Optometry Act*, the College is responsible for registering (licensing) and governing optometrists in Ontario. To assist in meeting its legislated duty to protect the public interest, the College develops and publishes documents relating to optometric practice, such as the Optometric Practice Reference (OPR).

The OPR is periodically reviewed and updated in response to changes in public need, economic forces, advances in health care sciences, and statutory and regulatory requirements.

Additional administrative and clinical practice policies and guidelines not contained in the OPR are listed online: Policies & Guidelines – College of Optometrists of Ontario (collegeoptom.on.ca/resources)

A.2. REGULATORY REQUIREMENT

Health professions are required, by the legislation of the Province of Ontario, to have standards. These standards are mandatory requirements for the profession. Non-compliance with these standards could result in an allegation of professional misconduct.

A.3. STANDARDS OF PRACTICE

Professional standards describe what a consensus of prudent practitioners would do in certain circumstances. Every profession has standards of practice that come from a variety of sources such as educational programs, clinical training, evidence-informed literature, informal professional dialogue, and the decisions of a College and the courts.

In addition to writing standards into a regulation, a College may also publish documents that describe the existing generally accepted standards on recurring and/or significant issues. These publications are more valuable if they are the result of a consultation process.

The requirement to maintain the standards of practice is supported by the Professional Misconduct Regulations under the *Optometry Act*.

A.4.   THE PURPOSE OF THE OPR

The OPR fulfills three key functions:

- To inform College registrants of the principles and criteria that underlie the standards of practice and behaviour of the profession.
- To assist committees of the College to carry out their work.
- To provide information to the public and patients regarding the services and behaviour that can be expected from a registrant of the College.

B. THE PRACTICE OF OPTOMETRY

B.1. SCOPE OF PRACTICE

Ontario's *Optometry Act* specifies the scope of practice of optometry as follows:

> The practice of optometry is the assessment of the eye and vision system and the diagnosis, treatment and prevention of:
>
> - disorders of refraction;
> - sensory and oculomotor disorders and dysfunctions of the eye and vision system; and
> - prescribed diseases.

B.2. AUTHORIZED ACTS

The Province of Ontario uses the concept of controlled acts to describe healthcare procedures and responsibilities that are not within the domain of the public. This forms the basis for regulation of healthcare services in the province. Fourteen such controlled acts are described in the *Regulated Health Professions Act* and each profession-specific act, such as the *Optometry Act,* specifies those that are authorized to the professional group.

While engaging in the practice of optometry, registrants are authorized, subject to the terms, conditions and limitations imposed on their certificate of registration, to perform the following:

- Communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease.
- Applying a prescribed form of energy.
- Prescribing drugs designated in the regulations.
- Prescribing or dispensing for vision or eye problems, subnormal vision devices, contact lenses or eye glasses.[1]

B.2.1. Form of Energy
When considering any emerging technology or therapy, registrants must consider whether it is within their scope of practice, whether they have the knowledge and skills to adopt it safely and effectively, that it does not compromise patient safety and that it complies with the standards of practice.

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[1] https://www.ontario.ca/laws/statute/91o35

B.3. PRINCIPLES OF PRACTICE

There are several key principles that form the foundation for the optometric profession.

B.3.1. Professionally Based

Above all, the purpose of the optometric profession is to provide for the healthcare needs of patients, by placing the patient's best interest foremost. Registrants must disclose to patients any conflict of interest, such as a financial relationship with a surgical centre or other practice to which the registrant refers the patient.

B.3.2. Scientifically Based

The profession of optometry is founded on research and education in the life and vision sciences, combined with scientific and technological expertise. The College supports the use of evidence-informed techniques, instrumentation and therapies that have the support of peer-reviewed literature and professionally developed practice guidelines. As such, registrants must stay abreast of developments in evidence-informed treatments and new technologies and ensure that their patients have access to them if appropriate.

The practitioner must ensure that any procedure is supported by peer-reviewed literature, appropriate education and training, and abides by infection control principles.

B.3.3. Primary Health Care

Registrants are independent practitioners who work within Ontario's healthcare system in co-operation with other providers of related services for the ultimate benefit of patients.

B.3.4. Related to Eyes and Vision

The services generally provided in primary care optometry include:

- assessment, diagnosis, management and prevention of conditions of the eye and vision system
- treatment, correction or rehabilitation of conditions of the eye and vision system
- dispensing of eye glasses, contact lenses and low vision devices
- referral to, or shared care with, allied health professionals
- promotion of good vision and health through education

B.3.5. Accountable to the Public

The optometric profession's accountability to the public is promoted through the inclusion of public representatives on committees of the College and the College Council, which serves as

the board of directors of the College. In addition, Council meetings and discipline hearings are open to the public.

The College publishes an Annual Report on its website and provides reports to the Minister of Health and Long-Term Care.

B.4. THE REGISTRANT/PATIENT RELATIONSHIP

With reference to the registrant/patient relationship, the registrant will:

B.4.1. Be Accountable

Registrants are accountable to their individual patients and to the College for all services provided, including services related to telehealth, both personally and by others who are under their direction and supervision.

B.4.2. Act in the Patient's Best Interest and Support Patient Decision-Making

Registrants are responsible for fostering a relationship of trust with the patient and putting the patient's interest above their own.

To make informed choices about their treatment and ongoing care, patients need accurate information about the risks and benefits of treatment options. Consistent with patient-centred care, registrants give patients the information and counselling they need, and respect the choices patients make.

Registrants are expected to obtain and document informed consent where appropriate.

B.4.3. Protect Confidentiality

Historical and clinical information is gathered in a manner respecting patient privacy. All records are kept confidential and secure. Release of information requires the consent of the patient or their representative(s), except as required or allowed by law, such as the *Personal Health Information Protection Act*.

B.4.4. Be Ethical

Registrants' behaviour and business practices conform to the profession's accepted ethical standards.

B.4.5. Act with Professional Integrity and Respect

Registrants are expected to:

- comply with legislation that protects human rights and ensures safe and respectful clinical environments
- be familiar with the College's anti-discrimination policies and practice advisories and to implement them as appropriate

B.5. CLINICAL EQUIPMENT

Registrants are expected to be equipped with the instrumentation and supplies required to provide services that meet the standards of practice of the profession, and to be proficient in their use.

When registrants do not have a specific instrument, they must have arrangements in place whereby the tests may be performed elsewhere, by requisition or referral, and the results obtained for analysis and retention in the clinical record.

Registrants are expected to maintain their equipment and instrumentation in good working order, including regular re-calibration.

B.6. INFECTION CONTROL

Within all health care facilities there is a risk of transmission of infectious agents. All health care workers must mitigate that risk by being educated and proactive in the area of infection control.

Registrants must take reasonable and appropriate measures to minimize the risk of contamination and subsequent transmission of infectious agents within their professional practices.

Registrants should also follow the recommendations of their local public health units.

B.7. TELEHEALTH

Optometrists engaged in telehealth have the same ethical duties and obligations as for in-person care. They will use their judgment when deciding whether telehealth is appropriate for patients. They will communicate and collaborate effectively with patients, optometrists, and other health care providers while protecting patient privacy.

Guidance for telehealth is available on the College website.

B.8. MANAGEMENT & CONTINUING CARE

Continuing care for patients may include some or all of the following:

- patient education regarding visual status, treatment options and prognosis
- discussion and/or demonstration of potential treatment or rehabilitation options, including optical, non-optical and electronic aids and devices, lighting requirements, environmental modifications and adaptive strategies
- creation of a treatment or rehabilitation plan individualized for the patient's needs
- referral to other professionals/service providers
- reports to individuals in the patient's circle of care, when indicated

- follow-up, as needed, to assess the effectiveness of the treatment or rehabilitation plan and to monitor the patient's visual condition and needs
- re-assessment of best-corrected visual acuity and ocular health status
- history concerning any changes in vision or visual function and patient adherence to prescribed treatment
- modification of the treatment or rehabilitation plan, as indicated, to improve the effectiveness of treatment and/or to better meet patient needs and expectations

Registrants are responsible to counsel their patients in the use of any prescribed therapy and required follow-up. The prescription and appropriate counselling must be documented in the patient record. In the event that a patient experiences an adverse or unexpected response to the prescribed therapy, registrants will provide additional diagnostic and/or counselling services and, if required, make appropriate modifications to the management plan.

C. **PRACTICE MANAGEMENT**

C.1. THE PATIENT RECORD

Providing optometric care involves acquiring, updating and maintaining information about each patient. Analyzing this data helps registrants develop an accurate understanding of the patient's ocular status and devise appropriate management plans. The patient record includes the patient health record of all clinical documentation and the financial record of diagnostic and treatment fees charged to and paid by the patient.

The patient record is a legal document and must be produced on request under Ontario Regulation 119/94 Part IV, S.12. It shall be made available for use in the following College processes: inquiries, complaints and reports, discipline and quality assurance.

Document the findings of the patient's initial assessment. Patient information is kept current by re-evaluation at subsequent examinations. The following information should be documented on all visits:

- proposal(s) for care and advice offered
- a description of the care rendered and recommendations for ongoing care
- indication that risks and benefits of a proposed in-office procedure or course of treatment were discussed and addressed with the patient, and that informed consent was given
- any deviations from usual care as a result of the patient's refusal or inability to cooperate, including if a test, procedure or treatment plan was recommended but declined by the patient
- specific notation if a test was performed, or a question asked, and the result was "negative" or "normal"

In addition, the patient health record shall:

- be legible and complete
- be maintained in either English or French
- include the patient's date of birth
- include details of all patient communication (both in person and electronic)
- be maintained to allow for easy identification and location of all documentation related to the provision of care

- be retained for at least 10 years following the patient's last visit or, if the patient was less than 18 years old at their last visit, for 10 years after the day they became or would have become 18

C.1.1. Referred Patients

The full complement of required clinical information may not be necessary when providing specific assessments or consultation services for referring optometrists, physicians or nurse practitioners. The same applies to patients who have not been directly referred but are already under the established care of another optometrist or ophthalmologist. In such cases, registrants will determine what is clinically necessary based on the reason for presentation.

C.1.2. Patient Access to Records

The right of patients to access the information in their record or direct that the information be transferred to another health care provider must not be limited in any manner, except as allowed by regulation. It is the right of patients to choose who provides care to them.

C.1.3. Relocation of a Patient Health Record

In situations where registrants relocate their practice or entrust the custody of records to another optometrist in another location, registrants entrusted with the maintenance of the records must make a reasonable attempt to inform patients of the location of the records. Further information is available on the College website.

C.1.4. Electronic Records

Registrants are expected to use reasonable and reliable backup systems for storing electronic records. Where patient information is stored on mobile devices or offsite in an identifiable form, the information must be encrypted.

D. ASSESSMENT

D.1. THE INITIAL ASSESSMENT

At a patient's first presentation, registrants must obtain and document the following clinical information:

- the chief concern or request
- a review of ocular or visual symptoms or experiences
- a general health history, with emphasis on eyes and vision, including medications used, allergies and applicable family history
- the occupational, educational and avocational visual environment and demands
- apparent physical, emotional and mental status, when relevant
- the measurement and description of their ophthalmic appliances including purpose and effectiveness
- a clinical examination of the patient, including the observation, examination or measurement of:
    - presenting monocular visual acuities at distance
    - presenting visual acuity at near, monocularly when clinically indicated
    - refractive status and best-corrected monocular visual acuity at distance
    - binocular vision assessment
    - pupillary function
    - intraocular pressure in adults and, when indicated, in children
    - the anterior segment
    - the posterior segment

Signs, symptoms and risk factors obtained at this initial assessment influence registrants' decisions about additional assessments (such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity), the appropriate course of treatment and referral, and how often to re-evaluate a patient.

D.1.1. Emergencies
In emergency situations, it may be impractical to obtain all clinical information at the first visit. In such cases, specific assessment is appropriate. The registrant may advise the patient to seek a full comprehensive eye exam within a reasonable time frame or send a report to their primary optometrist for continuation of care.

D.2. REFRACTIVE ASSESSMENT

The refractive assessment includes determining the patient's refractive status and best-corrected visual acuities. When possible, objective and subjective refraction techniques are used to assess the refractive status of the eye at the initial visit and as often as clinically indicated afterward. Cycloplegic refraction is used when clinically necessary.

Refractive assessment alone does not provide enough information to allow a registrant to issue an appropriate prescription for subnormal vision devices, contact lenses or eye glasses. The effects of ocular and systemic health conditions, binocular vision status, and the occupational and avocational visual environment and demands must also be considered.

D.2.1. Cycloplegic Refraction

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

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

D.3. BINOCULAR VISION ASSESSMENT

The initial binocular vision assessment includes, at minimum, ocular alignment and, in school-age children, accommodation. As indicated, it may also include:

- comitancy
- ocular motility
- saccadic and pursuit function
- vergence function
- consideration of etiology (congenital versus acquired disorders)
- nystagmus
- sensory function
- identification of postural adaptations

D.4. ANTERIOR SEGMENT EXAMINATION

A complete anterior segment examination must include an inspection of the following anatomical areas:

- lids/adnexa
- conjunctiva/sclera

- cornea (tear film and corneal thickness, when indicated)
- anterior chamber and angle (and gonioscopy, when indicated)
- iris
- crystalline lens

D.5. POSTERIOR SEGMENT EXAMINATION

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

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

Fundus photography is not considered a replacement for a complete posterior segment examination.

D.6. PHARMACOLOGIC DILATION

The situations or patient symptoms indicating that dilation is required (unless contraindicated) include:

- 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 (e.g., hydroxychloroquine, phenothiazine, long-term steroids)
- the presence of systemic or ocular disease that may affect the posterior segment (e.g., diabetes, hypertension)
- a history of significant ocular trauma, or ocular surgery that increases risk to the posterior segment
- a history of moderate to high axial myopia
- when a better appreciation of the fundus is required (e.g., choroidal nevus, optic nerve anomaly)
- when the ocular fundus is not clearly visible through an undilated pupil (e.g., cataract)

D.7. VISUAL FIELD ASSESSMENT

Indications for visual field assessment and analysis include:

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

Visual field screening provides a rapid assessment of the sensitivity and/or extent of the visual field to determine if a more detailed evaluation is required.

E. PATIENT MANAGEMENT

E.1. THE PRESCRIPTION – OPTICAL

Registrants issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition.

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

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

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

Electronic prescribing must be done securely and in an unaltered form.

E.1.1. Required Information

An optical prescription must contain information that:

- clearly identifies the prescribing registrant, including name (with degree and profession), address, telephone number, license (registration) number and signature
- includes the registrant's authentic and unaltered signature
    - electronic signatures are acceptable
- clearly specifies the identity of the patient
- specifies the date prescribed and an expiry date
- is used by a regulated professional to dispense eye glasses, contact lenses or a subnormal vision device that will provide the required vision correction for the patient

E.2.   USE & PRESCRIBING OF DRUGS IN OPTOMETRIC PRACTICE

Registrants with authority to prescribe drugs can do so to manage patients with diseases and disorders of the eye and vision system.

Registrants using drugs within their practices for diagnostic and therapeutic purposes will:

- use only drugs for which they have been appropriately trained
- establish a diagnosis and management plan based upon case history, clinical findings and accepted treatment modalities
- not dispense a drug
- document the drug(s) used, including concentration (when applicable) and dosage
- provide appropriate patient counselling including:
    - general information, including management options, a description of the treatment(s), expected outcomes and normal healing course
    - specific information including any potential significant risks and complications requiring urgent or emergency care
    - how to access after-hours support and emergency care
- arrange appropriate follow-up care as indicated
- refer the patient to an appropriate health care provider when clinically indicated

E.3.   THE PRESCRIPTION – DRUGS

Registrants will issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition.

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

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

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

E.3.1. Required Information

All prescriptions for drugs must contain information that:

- clearly identifies the prescribing registrant, including name (with degree and profession), address, telephone number, and license (registration) number

- includes the registrant's authentic and unaltered signature
    - electronic signatures are acceptable

- clearly specifies the identity of the patient

- specifies the date prescribed

- specifies the drug name, dosage, dose form and any specific directions to the patient

- includes directions to the pharmacist such as quantity to be dispensed, refills allowed and an indication if substitutions are not permitted

E.4. DELEGATION & ASSIGNMENT

In some circumstances, registrants may order another person, who would not otherwise be authorized to do so, to perform a controlled act that is within the registrant's scope of practice. This is known as delegation, and the person performing the act(s) is known as the delegate. Registrants may also receive delegation of a controlled act that is not authorized to optometry.

There are also numerous non-controlled procedures that may still require specific training and skills. Registrants may assign one or more of these procedures to another person.

Registrants are responsible for all delegated and assigned activities within their practices and are expected to supervise them as required.

E.4.1. Delegation

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

Delegation of an authorized act must only take place when the registrant is present in the same clinical location as the patient and is available to intervene if required. The registrant directly supervises the delegated procedure.

Registrants must establish a process for delegation that includes:

- education and assessment, ensuring the currency of the delegate's knowledge, skills and judgement
- documentation/references for performance of procedures
- ensuring the delegate has been delegated only those acts that form part of the registrant's regular practice
- an ongoing quality assurance mechanism

Delegation occurs with the informed consent of the patient. Whether the consent is implicit or explicit depends on the particular activity being delegated.

E.4.2. Assignment

Assignment of certain procedures that are not controlled acts may occur as part of the optometric examination and may occur prior to the registrant assessing the patient.

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

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

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

E.4.3. University Research

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

E.4.4. Receiving Delegation of Controlled Acts

In the public interest, there are situations when a registrant could receive delegation from another regulated health professional to perform a controlled act not authorized to optometry. Other

regulated health professionals have delegation regulations and established protocols for delegation of which the registrant should be aware.

In order for a registrant to receive delegation from another regulated health professional, all of the following criteria must be met:

- a process for receiving delegation is in place
- the registrant has a reasonable belief that the regulated health professional delegating the act is authorized to do so, has the ability to perform the act competently, and is delegating in accordance with relevant regulations governing their profession
- the registrant is competent to perform the act safely, effectively and ethically
- appropriate resources, such as equipment and supplies, are available and serviceable
- the delegated act is clearly defined
- the duration of the delegation is clearly defined and relates to a specific patient
- the registrant ensures that patient consent to having the act performed under delegation to the registrant is obtained and recorded in the patient's health record
- a mechanism exists to contact the regulated health professional who delegated the act if there is an adverse or unexpected outcome
- the identity of the regulated health professional delegating the controlled act and of the registrant are added to the patient record

E.5. DISPENSING

Registrants are authorized to dispense spectacles and contact lenses to patients who have a valid prescription. Patients may choose to have their prescription filled by the prescriber or by another dispenser.

All dispensing services provided online must meet the same professional standards as those provided in person.

Patients have the right to decline in-person fitting and adjustment of spectacles. Registrants must use their professional judgement in determining whether to agree to a patient's request for delivery of prescription eye glasses prior to in-person fitting.

The last regulated professional to provide eye-related care to the patient is considered the most responsible dispenser.

E.6. REFERRALS

A referral is a request to another regulated health professional for consultation and/or the provision of treatment when a patient requires care that exceeds the registrant's scope of practice or ability. Timeliness of the referral is influenced by the ocular and/or systemic conditions and risk factors of patients.

Once the decision has been made to make a referral, appropriate documentation in the patient's health record is necessary, including:

- confirmation of when the referral was requested
- appointment date, time and consultant
- confirmation with the patient of the appointment time and location
- a copy of the pertinent clinical information forwarded to the consultant

Registrants may need to advise patients on seeking an alternative source of care, such as a hospital emergency department, if a referral appointment is not available within an appropriate amount of time for their condition, or if their condition worsens.

E.7. SHARED CARE

Registrants must refer patients to an appropriate regulated health professional when the patient's condition and/or treatment is beyond the scope of their own practice. This usually results in referral to family physicians or ophthalmologists to institute medical and/or surgical care.

E.7.1. Referrals to Physicians

When making a referral to a physician, registrants shall ensure the patient fully understands:

- their diagnosis
- the options for care
- why they are being referred
- the roles and responsibilities of the professionals involved and any associated fees

E.7.2. Referrals to Optometrists

A registrant may refer a patient to another optometrist for specific assessment and treatment (e.g., dry eye therapy, binocular vision therapy, myopia management, imaging, visual fields).

The primary optometrist must communicate to the patient what their role will be during the referral process and the protocol for follow up. The requisition to the second optometrist must include pertinent clinical information.

The second optometrist must:

- communicate to the patient the nature of their role, including the anticipated duration of care
- ensure an up-to-date, comprehensive oculovisual assessment has been conducted
- maintain a patient health record, including the requisition information and results

Any new symptoms or concerns should be returned to the primary optometrist, who is responsible for the components of a comprehensive eye examination.

F. APPENDIX: SPECIFIC DISEASES, DISORDERS & PROCEDURES

F.1. REFRACTIVE ERRORS

F.1.1. Spectacle Therapy

Registrants are authorized to dispense spectacles. The provision of spectacle therapy involves:

- reviewing with the patient any relevant environmental, occupational, educational, avocational and/or physical factors affecting spectacle wear
- reviewing and confirming details and validity of prescriptions
- advising the patient regarding appropriate ophthalmic materials and lens design
- taking appropriate measurements (e.g., interpupillary distance and segment height) to ensure proper function of the spectacles
- confirming the suitability of the order and arranging for the fabrication of the spectacles
- verifying the accuracy of the completed spectacles to ensure they meet required tolerances
- fitting or adjusting the spectacles to the patient
- counselling the patient on aspects of spectacle wear including expectations, limitations, customary adaptation period and maintenance requirements of the spectacles

F.1.2. Contact Lens Therapy

Registrants are authorized to prescribe and dispense contact lenses for the treatment of:

- disorders of refraction, and/or sensory and oculomotor dysfunctions of the eye and vision system
- diseases/disorders affecting ocular health
- anatomical, structural and/or cosmetic concerns

The provision of this service to patients involves:

- an initial assessment to determine their suitability for contact lens therapy
- a determination of the parameters of a contact lens appropriate for patients
- ongoing monitoring of the efficacy of treatment

Contact lenses are classified by Health Canada as a medical device, not a consumer commodity, and must be treated accordingly.

F.1.2.1. Initial Contact Lens Fitting

Before contact lens fittings, registrants obtain required clinical information to determine the suitability of patients for contact lens wear, with special emphasis on:

- the health of the cornea, conjunctiva, lids, tarsal and bulbar conjunctiva, and the integrity of the tear film
- corneal curvature
- refractive status and visual acuity
- the effects that contact lens wear may have on the function of the accommodative, oculo-motor and sensory systems
- relevant environmental, occupational, avocational and systemic health factors affecting contact lens wear

Patients must be instructed with respect to:

- hygiene
- lens insertion and removal
- use of specific lens care products
- recommended wearing times and replacement schedules
- normal and abnormal adaptive symptoms
- contraindications to lens use
- progress evaluations
- appropriate instructions on how and when to access emergency care

Patients are examined during the adaptation period to assess lens performance, adaptation and compliance.

Once registrants are satisfied that the adaptation process is complete, and that the parameters of the contact lenses are correct, a contact lens prescription can be finalized. Registrants are entitled to remuneration for all professional services involved in the determination of these prescriptions.

F.1.2.2. Continuing Care

Registrants provide continuing care to established contact lens patients, including:

- maintaining a history concerning:
  - the specifications, age and wearing schedule of current contact lenses
  - the current lens care regimen

- any adverse reactions associated with contact lens wear
  - assessing patients to determine if they are achieving acceptable outcomes of contact lens wear

F.1.3. Myopia Management

Myopia management involves the use of certain interventions as options for vision correction or to slow the progression of myopia in children. It should be strongly considered for all emerging myopes.

Axial length measurements should be considered as a way of monitoring treatment efficacy over time.

Management of myopia must include patient education regarding proper visual hygiene and environmental risk factors and may include:

- specialty contact lenses that alter the corneal shape, including orthokeratology (Ortho-K)
- specialty contact lenses, including soft lenses
- specialty spectacle lenses
- pharmaceutical treatment

F.1.4. Low Vision Assessment

A low vision examination generally will include:

- a comprehensive patient history that explores:
  - personal social history, including patient-identified impact of visual impairment, such as specific limitations in activities of daily living and goals (vocational/educational/avocational requirements)
  - personal perspective regarding stability of vision
  - current access to services
  - current devices and usage/satisfaction
- results of the patient's most recent optometric examination, and re-assessment, as necessary

F.2. BINOCULAR VISION DYSFUNCTION & VISUAL REHABILITATION

When the initial assessment and binocular vision testing identifies areas of concern, management of binocular vision disorders includes:

- refractive and prismatic corrections
- full or partial occlusion
- amblyopia therapy
- vision therapy (including the management of visual symptoms related to learning disorders, concussion and traumatic brain injury)

- consultations with other healthcare professionals

F.2.1. Amblyopia

Amblyopia is a diagnosis of exclusion. Diagnostic evaluation of new patients with suspected amblyopia includes:

- prenatal and perinatal case history
- reading level and performance in school
- impact on visual function and activities of daily living

F.2.2. Vision Therapy

Registrants do not diagnose learning disorders, concussion or TBI. They do play a role in investigating and managing visual signs and symptoms that may be associated with these diagnoses.

Assessment of such patients must include:

- case-specific history
- impact on visual function and activities of daily living

F.3. PRESCRIBED DISEASES

F.3.1. Dry Eye Disease

When providing care to patients with dry eye disease (DED), registrants will begin with a specific case history, with special attention to risk factors including:

- relevant health conditions (e.g., connective tissue and autoimmune disease)
- topical and systemic medications (e.g., antihistamines, antidepressants, diuretics and preservatives accompanying topical medications)
- environmental and occupational factors

Treatment of DED aims to restore homeostasis of the tear film and ocular surface and address patient symptoms.

F.3.2. Uveitis

Beyond the initial assessment requirement, registrants must include:

- case-specific history and review of systems
- dilated fundus exam
- macular imaging when indicated

Treatment options include:

- addressing inflammation and pain
- monitoring intraocular pressure, including control thereof if needed

- recommending referral when appropriate, including initiating communication with the patient's primary care physician or another health care provider when systemic conditions are suspected

F.3.3. Age-Related Macular Degeneration

The evaluation of patients suspected of having age-related macular degeneration (AMD) includes:

- case history with attention to specific risk factors for or symptoms of AMD
- ocular examination, including:
  - additional assessment of macular function and structure (e.g., Amsler grid and OCT if indicated)
  - posterior segment examination with pupillary dilation

The management of patients with AMD includes:

- patient education regarding
  - potential benefits of supplements, where clinically indicated
  - benefits of smoking cessation or other lifestyle changes
  - home monitoring with monocular Amsler grid or equivalent
- making a timely referral for patients with progression of neovascular disease

F.3.4. Glaucoma

The core considerations for the diagnosis and management of patients with glaucoma or a high suspicion of developing glaucoma include:

- case history with attention to specific risk factors for glaucoma
- measurement of intraocular pressure
- evaluation and description of the optic nerve head through dilated pupils
- quantitative assessment of the angle
- investigation of threshold visual fields*
- measurement of central corneal thickness, when clinically indicated
- imaging of the optic nerve head and retinal nerve fiber layer*

* 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.

Registrants are only authorized to treat primary open angle glaucoma (POAG). All other subtypes of glaucoma must be referred

to an ophthalmologist. Patients with POAG must be referred to an ophthalmologist if the treatment is complicated by a concurrent medical condition or a potentially interacting pharmacological treatment.

F.4. HEALTH CONDITIONS WITH OCULAR RISK

All patients with systemic disease with high risk of retinal/vascular complications (e.g., diabetes, hypertension) require periodic assessment of the eye and vision system. For such patients:

- Dilation is indicated
- OCT/imaging is highly recommended

Patients must be advised as to the appropriate frequency of such assessments, depending on factors such as the duration of the disease, the nature of the condition and the clinical findings.

Any abnormalities found are documented and the patient's primary health care provider is advised as necessary of any findings that may pose a threat to the patient's ocular or systemic health.

BRIEFING NOTE

Council Meeting –March 2025

Subject

Cessation of the approval of the National Board of Examiners in Optometry (NBEO) exam in 2025 as a standards assessment examination by the College for registration purposes.

Background

The Committee continues to have confidence in candidates who have successfully challenged the NBEO examination with respect to entry-level competence and therefore, public safety.

Paragraph 7 of s. 2(1) of the Registration Regulation (837/93) as amended under the *Optometry Act, 1991*, reads as follows:
"The applicant must meet the criteria set out in one of the following subparagraphs:

> I. successful completion, not more than three years before applying for registration, of the standards assessment examinations set or approved by the College…"

The Registration Committee considers which standards assessment examination for the College Council to approve on an annual basis.

In January 2019, the College Council approved the NBEO exam. A review of Part III of the NBEO exam which comprises the clinical portion by NBEO, concluded in 2020 with the plan to have a total of 12 stations in the new exam and in two of these stations, have each candidate perform the following technical skills on a standardized patient:

- Gonioscopy
- Tonometry
- Biomicroscopy
- Dilated Biomicroscopy
- Binocular Indirect Ophthalmoscopy (BIO).

The Part III Patient Encounters and Performance Skills (PEPS) exam was launched in August 2024.

The National Board Examination Review Committee (NBERC) continues to be the independent oversight body responsible for ensuring that the NBEO exam meets all requirements for testing entry-level competencies of optometrists.

In 2020, the College was able to register approximately 30 candidates most of whom were able to challenge the NBEO exam successfully while the remaining approximately 80 candidates were waiting to challenge the re-scheduled OEBC exam at the end of September or early November 2020. There were 59 candidates who challenged the NBEO exam and a total of 134 registrants in 2020; 62 applicants who challenged the NBEO exam and a total of 131 registrants in 2021; 63 applicants who challenged the NBEO exam and a total of 114 registrants in 2022; 89 applicants who challenged the NBEO exam and a total of

131 registrants in 2023; and 83 applicants who informed the College that they were challenging the NBEO exam and a total of 137 registrants in 2024.

The College supports having a Canadian entry-to-practice exam that is available in French for candidates. It approved the NBEO exam to provide applicants for registration more choice, particularly given the substantial number of Canadian students who are obliged to study optometry in ACOE-accredited optometry schools in the US due to a lack of ACOE-accredited optometry schools in Canada. To date, the NBEO exam is not available in French.

Unfortunately, the approval of the NBEO exam as an alternate entry-to-practice exam for Ontario, resulted in a year-over-year annual revenue loss for OEBC and has forced the College to continue to provide significant funding to OEBC to sustain it. The OEBC board consists of ten-member provincial optometric regulators including representation by the College. To date, none of the US state boards accept the entire OEBC exam in lieu of or in addition to, the NBEO exam; there is no reciprocity. The recent reports of NBEO exam scores being released, revised, and in some cases, reversed from passing to failing, reportedly caused considerable distress among candidates (please refer to the enclosed January 26, 2025, NBEO statement and February 5, 2025, letter from the Canadian Association of Optometrists).

Decision for Council

To cease approving the National Board of Examiners in Optometry (NBEO) exam in 2025 as a standards assessment examination for registration purposes. Candidates who have already registered for a part of the NBEO exam by March 7, 2025, be permitted to continue registering for the other parts of the NBEO exam and their NBEO exam scores would be recognized by the College.

Public Interest Mandate
The purpose of an entry-to-practice exam is to confirm that candidates have the required knowledge, skills, and judgement to provide competent and ethical optometric care to the public.

Diversity, Equity, and Inclusion Considerations
N/A

Supporting Materials
- NBEO January 26, 2025, Statement
- February 5, 2025, Letter from the Canadian Association of Optometrists

Contact
- Hanan Katerina Jibry, Deputy Registrar

NBEO
NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

January 26, 2025

At the National Board of Examiners in Optometry (NBEO), we protect the public by developing, administering, scoring, and reporting results of valid examinations that assess competency in optometry. Optometrists help the world see more clearly and lead healthier and more productive lives. We understand the responsibility entrusted to us to ensure those entering this field are fully qualified for this important calling.

At approximately 3:00 p.m. on Friday, January 24, results for the 1,866 candidates who took the December 2024 Part II PAM/TMOD examinations were released. Unfortunately, the scores reported did not reflect candidates' true scores on the exam due to an error in the publication process. This error was the result of an incorrect data transfer between our internal database and our candidate score reporting platform, from which candidates' score reports are generated. The issue was quickly identified, and correct scores were released at approximately 5:00 p.m.

We sincerely regret the confusion and frustration caused by this reporting error. All of us at NBEO recognize the effort, time, and passion candidates commit to when preparing for this exam. We understand this error is particularly frustrating for those candidates who were incorrectly told they received a passing grade. For that reason, NBEO will be reaching out directly to the limited number of these non-passing candidates to provide a retake opportunity at no charge, along with free access to the NBEO Practice Items Databank through the next Part II PAM/TMOD administration.

Just as importantly, NBEO is committed to making sure this never happens again. Even before this incident occurred, we were already undertaking considerable upgrades to our technological infrastructure, in which we have already invested significant time, energy and resources. As part of these plans, NBEO is working to completely transition to a more advanced infrastructure by the end of 2026. In addition, we are asking our external partners in exam development and information technology to assess our policy protocols to ensure greater redundancy and reliability in the score reporting process. We will continue to communicate updates in each of these areas as they occur.

NBEO is committed to increased communication and engagement with candidates and our stakeholders. You can expect to hear from us more frequently in the coming weeks and months. If you have questions or concerns, please direct your communications to: December2024Scoring@optometry.org.

 Once again, we deeply regret the frustration this has caused.

Sincerely,

The National Board of Examiners in Optometry

Michael W. Ohlson, OD *President*	Susy Yu, OD, MBA *Board Member*	Gary Y. Chu, OD, MPH *Board Member*
James S. Campbell, OD *Vice President*	Patrick O'Neill, OD *Board Member*	Caroline M. Kolman, PE, MBA *Board Member*
Joshua Baker, MS, OD *Secretary-Treasurer*	Daniel A. Taylor, OD, EdD, MS, MBA *Board Member*	Jill Bryant, OD, MPH *Executive Director*

February 5, 2025

Subject: Advocacy for a Unified National Optometric Licensing Examination

Dear Members of FORAC and Provincial Regulatory Authorities,

On behalf of the Canadian Association of Optometrists (CAO), I am writing to reaffirm our policy stance on the importance of a single, national, bilingual licensing examination for optometry in Canada. This policy is grounded in our commitment to ensuring a consistent and equitable licensing process for all optometry graduates seeking to practice in Canada, as well as maintaining high standards of care for the public we serve.

Context and Concerns

The CAO recognizes the significant role that the National Board of Examiners in Optometry (NBEO) has played in shaping optometric licensure in North America. However, recent events have highlighted challenges that underscore the need for a licensing process that is tailored specifically to the Canadian context:

The recent instance of NBEO scores being released, revised, and in some cases reversed from passing to failing has caused considerable distress among candidates. This situation has raised serious questions about the transparency, reliability, and accountability of the exam administration and grading processes.

These challenges, along with other issues in recent years, have prompted responses from the American Optometric Association (AOA), the American Optometric Student Association (AOSA), the Association of Schools and Colleges of Optometry (ASCO), and other organizations, all emphasizing the need for greater coordination and transparency from the NBEO.

While the NBEO is accepted in certain Canadian provinces alongside the OEBC exam, the CAO believes reliance on an exam designed primarily for a U.S. regulatory framework presents unique challenges. These include lack of alignment with Canadian bilingual standards, and inequitable burdens placed on students navigating multiple licensure pathways, and most importantly a lack of Canadian oversight.

The Case for a Unified National Examination

The CAO strongly advocates for one single examination to serve as the sole licensing pathway across Canada for the following reasons:

1. **Alignment with Canadian Standards:** The OEBC exam is specifically designed to reflect the unique clinical and regulatory environment in Canada, including provincial scopes of practice, public health priorities, and bilingual requirements.

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2. **Transparency and Accountability:** The OEBC is directly accountable to Canadian regulatory authorities, ensuring a higher degree of oversight and responsiveness to the needs of Canadian candidates and stakeholders.
3. **Equity for Graduates:** A unified licensing process eliminates the need for students to navigate multiple exams, reducing financial and logistical burdens while fostering a fairer playing field for all candidates.
4. **Public Confidence:** Establishing a single, consistent pathway to licensure enhances public confidence in the competence and readiness of Canadian optometrists.

Call to Action

In light of recent events and ongoing concerns surrounding the licensing examinations, we urge FORAC and all provincial regulatory bodies to take decisive action by:

1. Endorsing a sole licensing examination for optometry in Canada designed and administered by Canadian optometry.
2. Collaborating with the OEBC to ensure the exam continues to evolve in alignment with modern optometric practice and bilingual standards.

By uniting under one standardized, Canadian-administered licensing examination, we can uphold the integrity of the licensure process, reduce unnecessary stress for our future optometrists, and maintain the highest standards of care for Canadians.

The CAO remains committed to working with all stakeholders to toward this unified vision. We welcome the opportunity to collaborate with FORAC and provincial regulators.

Thank you for your attention to this critical matter. We look forward to your support in advancing the shared goal of a fair, transparent, and effective licensing system for optometry in Canada.

Sincerely,

Martin Spiro
President, Canadian Association of Optometrists

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BRIEFING NOTE

Council Meeting – March 2025

Subject

Approval of the Diplomate of the American Academy of Optometry as an additional credential for optometrists

Background

Paragraph 20 under Part 1 of the General Regulation under the Optometry Act, 1991, as amended (O.Reg. 119/94) reads as follows:

> "Using, in the course of providing or offering to provide professional services, any reference to the member's education or educational achievement other than the member's university degree, unless the use of the reference is approved by Council."

With scope of practice expansion being considered for Ontario optometrists, on May 23, 2024, the Registration Committee took another look at fellowships. The Committee listened to and discussed presentations and information from the American Board of Optometry (ABO) and the Optometric Vision Development & Rehabilitation Association (OVDR), respectively. The discussions gave rise to the Additional Credentials Policy which was approved by the College Council at its December 13, 2024, meeting. Before this Policy was approved, the only designations Ontario optometrists were able to use were their optometric academic degrees and the Fellow of the American Academy of Optometry (FAAO) optometric qualification.

It has come to the attention of the Committee that the Diplomate of the American Academy of Optometry is a further qualification of the Fellowship that is awarded by the organization which has already been approved by the College (please refer to the AAO diagram).

Decision for Council

Approve the Diplomate of the American Academy of Optometry credential and the use of the following designation or its historical equivalence: dipl AAO (please refer to the Additional Credentials Policy and Use of Designations by Optometrists Policy, approved on December 13, 2024, with tracked changes)

Public Interest Mandate

The Diplomate awarded by the American Academy of Optometry complements the scope of practice expansion for optometrists. The dipl AAO designation recognizes additional skills that optometrists achieve which can improve patient outcomes.

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

- AAO Diagram (June 11, 2018)
- Additional Credentials Policy and Use of Designations by Optometrists Policy, approved on December 13, 2024, with tracked changes

Next Step

College staff will update the Additional Credentials Policy.

Contact

Hanan Katerina Jibry, Deputy Registrar

Type:	Registration		
Name:	Additional Credentials Policy and Use of Designations by Optometrists Policy		
Status:	Approved	Version:	11
Date Approved:	December 13, 2024	Date Revised:	

Purpose

This policy explains the additional credentials policy and the designations optometrists in Ontario are now permitted to use. It also explains how the additional designations earned by optometrists can be verified. It is to be reviewed once a year by the Registration Committee.

Background (condensed)

Before this policy was approved by the College Council, the only designations Ontario optometrists were able to use were their optometric academic degrees and the Fellow of the American Academy of Optometry (FAAO) optometric qualification.

Paragraph 20 under Part 1 of the General Regulation under the Optometry Act, 1991, as amended (O.Reg. 119/94) reads as follows:

"Using, in the course of providing or offering to provide professional services, any reference to the member's education or educational achievement other than the member's university degree, unless the use of the reference is approved by Council."

Additional Credentials Policy

Optometrists registered in Ontario who successfully complete fellowships or other educational achievements that have been vetted by the College's Registration Committee and approved by the College Council, can use additional designations associated with the approved fellowships or other educational achievements in the course of providing professional services. To be approved, these educational achievements or fellowships must have a vigorous credentialing process, which may include the submission of case reports, poster presentations, and is certified by a formal examination requirement as well as ongoing maintenance of certification (i.e. further continuing education, exams, reports).

The additional designations that optometrists can use as approved by the College Council can be viewed on the respective website of the organization that granted the designation. Before optometrists can use the additional designations, they need to provide the College evidence of their certification by the American Board of Optometry (ABO) (https://americanboardofoptometry.org/general-public/locate-a-board-certified-optometrist/) or the Optometric Vision Development & Rehabilitation Association (OVDR) (https://locate.covd.org/) or the American Academy of Optometry (https://aaopt.org/), by emailing info@collegeoptom.on.ca. The College will be verifying the additional designations achieved by Ontario optometrists, and complaints associated with misrepresentations by optometrists will be investigated. It can take up to ten (10) business days for the College to conduct the necessary verification before responding to an optometrist who submits their

certification information for verification. The certification information will not appear for the respective optometrist on the College's public register, but the information will be retained by the College.

Academic degrees, fellowships, certificates, and diplomas earned by examination from programs formally recognized by the College may be stated, but only in a manner that does not present the optometrist as possessing superior competencies.

Use of Additional Designations by Optometrists in Ontario

Optometrists in Ontario can use the following designations or their historical equivalents:

- For ABO: Diplomate, American Board of Optometry or Dipl. ABO or Board Certified, American Board of Optometry
- For OVDR: FOVDRA
- For AAO: FAAO or dipl AAO

The additional designations must follow the "OD" or "Optometrist" designation after the optometrist's last name.

Your optometrist
is a **Diplomate** of the
American Academy of Optometry.

Diplomate Certification Renewal Every 5 Years

DIPLOMATE OF THE AMERICAN ACADEMY OF OPTOMETRY
(Less than 1% of optometrists)

Pass Oral, Written, and/or Practical Examinations at Academy Meeting

Successful Peer Review

Completion and Submission of Written Work
(Case Reports, Presentations, Publications in Specialty Area)

FELLOW OF THE AMERICAN ACADEMY OF OPTOMETRY
(Approx. 10% of optometrists)

Pass Oral Examination at Academy Meeting

Successful Peer Review

Completion and Submission of Written Work
(Case Reports, Presentations, Publications)

OPTOMETRIST

Pass National and State Licensing Exams

Graduation from an Accredited Optometry School
(4 Years)

Undergraduate Program for Optometry School Prerequisites
(3+ Years)

AMERICAN ACADEMY *of* OPTOMETRY

For more information visit aaopt.org

Diplomates have gone above and beyond, investing hundreds of hours of preparation and assessment in order to be recognized by peers for their extensive skill and expertise in their research or practice area.

7-12 / UPCOMING MEETINGS

7. Upcoming Council Meetings
   a. Friday, June 13, 2025
   b. Friday, September 19, 2025
   c. Friday, December 12, 2025

8. List of Acronyms

9. Governance Guide: Robert's Rules

10. Council Feedback Survey

11. Adjournment – approximately 12:20 p.m.

12. Generative Discussion (optional)
    a. Generative Discussion Feedback Survey

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)

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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	Comprised of the 26 health regulatory colleges in Ontario. Now known as *Health Profession Regulators of 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
HPRO	Health Profession Regulators of Ontario	Comprised of the 26 health regulatory colleges 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

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Acronym	Name	Description
HSPTA	*The Health Sector Payment Transparency Act, 2017*	An Act that requires industry to disclose transfers of value to health care professionals
ICRC	Inquiries Complaints and Reports Committee	The ICRC is the statutory committee responsible for the investigation and disposition of reports and complaints filed with the College about the conduct of an optometrist
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

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List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
OFC	Office of the Fairness Commissioner of Ontario	The OFC ensures that certain regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair
OLF	Optometric Leaders' Forum	Annual meeting of CAO, provincial associations and regulators
OMA	Ontario Medical Association	The association that looks after 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

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List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
SRA	Short Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
SOP	Standards of Practice	Defined by the profession based on peer review, evidence, scientific knowledge, social expectations, expert opinion and court decision
TPA	Therapeutic Pharmaceutical Agent	Drug Generally this term is used when describing drugs that may be prescribed by optometrists for the treatment of conditions of the eye and vision system
VIC	Vision Institute of Canada	A non-profit institute functioning as a secondary referral center for optometric services located in Toronto
VCC	Vision Council of Canada	A non-profit association representing the retail optical industry in Canada, with members operating in all Canadian provinces and US states
WCO	World Council of Optometry	International advocacy organization for world optometry – assists optometrists in becoming regulated where they are not
WOVS	University of Waterloo School of Optometry and Vision Science	The only school of optometry in Canada that provides education in English Accredited by ACOE; graduates are granted an OD degree; also has Masters and PhD programs

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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