



COLLEGE OF OPTOMETRISTS OF ONTARIO

COUNCIL MEETING

FRIDAY, June 21, 2024
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND ONLINE)

HYBRID MEETING

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 & PRESENTATIONS

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. March 22, 2024
 - ii. 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

Council Agenda

Date: Friday, June 21, 2024 | 9:00 a.m. – 2:30 p.m.

Hybrid Meeting

Agenda Item	Item Lead	Time (mins)	Action Required	Page No.
1. Call to Order/Attendance b. Land Acknowledgement c. Public Interest Statement	M. Eltis	5	Decision	3
2. Adopt the Agenda a. Conflict of Interest Declaration	M. Eltis	2	Decision	4
3. Committee Updates	Committee Chairs	15	Presentation	3
4. Consent Agenda PART 1 - Minutes of Prior Council Meetings i. March 22, 2024 ii. 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	5 7 11 13 14 15 18 20 22 23 28
5. Registrar's Report	J. Jamieson	60	Presentation	30
10:40–11:00 a.m. - Morning Break		20		
6. Presentation from the Auditors	BDO	20	Presentation	30
7. Motions Brought Forward from Committees a. Audit/Finance/Risk i. Approval of the audited financial statements for 2023	N. Shah	10	Decision	31

ii.	Approval of the reappointment of BDO Canada as auditors for 2024	N. Shah	5	Decision	31
iii.	Approval of the proposed College's membership and corporation fees for 2025	N. Shah	15	Decision	48
11:50 p.m. – 12:45 p.m. - Lunch			55		
8. Motions Brought Forward from Committees cont'd					
a. Registration					
i.	Request Council's review of FORAC-FAROC Position Statement on National Licensure	A. Yuen	10	Decision	50
ii.	Approval of the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes	A. Yuen	10	Decision	52
iii.	Approval to provide OEBC with \$64,230 in funding for 2024	A. Yuen	10	Decision	54
iv.	Approval of the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes	A. Yuen	10	Decision	57
v.	Approval of the 2024 Jurisprudence exam for registration purposes	A. Yuen	10	Decision	62
b. Quality Assurance					
i.	Approval of the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days	K. Morcos	30	Decision	63
c. Governance/H.R.					
i.	Approval of the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies	L. Christian	10	Decision	84

9. Upcoming Council Meetings	J. Jamieson	5	For information	96
a. Friday, September 13, 2024				
b. Friday, December 13, 2024				
10. List of Acronyms				97
11. Governance Guide: Robert’s Rules				103
12. Council Feedback Survey	M. Eltis	5	Discussion	
13. Adjournment – approximately 2:30 p.m.	M. Eltis	2	Decision	
Generative Discussion (optional)	M. Eltis	30	Discussion	
a. Generative Discussion Feedback Survey				



**College of Optometrists of Ontario
Council Meeting
DRAFT – March 22, 2024**

Attendance:

Dr. Mark Eltis, President	Dr. Dino Mastronardi
Dr. Camy Grewal, Vice President	Dr. Kamy Morcos
Ms. Suzanne Allen	Dr. Patrick Quaid
Dr. Lisa Christian	Mr. Narendra Shah
Dr. Pooya Hemami	Mr. Andre Tilban-Rios
Ms. Lisa Holland	Dr. William Ulakovic
Ms. Esther Jooda	Dr. Abraham Yuen
Dr. Richard Kniaziew	

Staff:

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

Guest:

Ms. Julia Martin, legal counsel

Regrets:

Mr. Howard Kennedy

- 1 **1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 9:00 a.m.
2 Dr. Eltis read the land acknowledgement and public interest statement.
3
4 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
5
6 *Moved by Dr. Yuen and seconded by Dr. Quaid to **adopt the agenda.***
7 **Motion carried**
8
9 **2a. Conflict of Interest Declaration:** Dr. Eltis asked Council members if anyone has a conflict of interest
10 with any item on the day's agenda.
11
12 No conflicts of interest were declared.
13
14 **3. Committee Updates:** The Committee Chairs presented updates on their respective committees.
15

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

18

19 PART 1 - Minutes of Prior Council Meetings

20 a. December 8, 2023

21 b. January 19, 2024

22 c. 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 *Moved by Ms. Jooda and seconded by Dr. Morcos to **adopt the consent agenda.***

35

Motion carried

36

37 **5. Registrar's Report**

38

39 Mr. Jamieson presented his report which touched on modernization, the amalgamation of Colleges in
40 British Columbia, Artificial Intelligence in optometry, and the College Performance Measurement
41 Framework.

42

43 Council inquired about the increase in complaints in the last quarter and asked if there was a correlation
44 between this and the changes to OHIP billing that occurred in September. Ms. Shah Noor clarified the
45 increase was in inquiries and questions, not in complaints. In the last quarter the Investigations
46 department received 13 complaints, and they also received 12 inquiries regarding billing/fees.

47

48 Council also asked about the increase in applicants taking NBEO exam, and asked about whether the
49 applicants are coming from the United States or Canada. Ms. Jibry said the majority of applicants who
50 take the NBEO are Canadians who have graduated from an ACOE-accredited school in the United States
51 and are coming back to Canada.

52

53 **6. Motions Brought Forward from Committees**

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55 **a) Quality Assurance**

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57 **i. Self-Assessment Policy**

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59 Dr. Morcos presented the motion to approve the Self-Assessment Policy.

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61 *Moved by Dr. Hemami and seconded by Dr. Ulakovic to **approve the Self-Assessment Policy.***

62 All in favour
63 **Motion carried**
64

65 **b) Executive**

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67 **i. 2023 CPMF Report**
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69 Dr. Eltis presented the motion to approve the 2023 CPMF Report.

70
71 *Moved by Dr. Quaid and seconded by Dr. Yuen to approve the 2023 CPMF Report.*
72

73 Council inquired about the benchmark requiring evidence from the focus group report and asked when
74 a paper will be produced. Mr. Jamieson responded that there will be a research paper on the nine focus
75 groups and recommendations will come out of that paper that will guide outreach and policy decisions.

76 All in favour
77 **Motion carried**
78

79 **ii. Appointment of Suzanne Allen to the Quality Assurance Committee**
80

81 Dr. Eltis presented the motion to appoint Suzanne Allen to the Quality Assurance Committee.

82
83 *Moved by Dr. Morcos and seconded by Dr. Grewal to appoint Suzanne Allen to the Quality Assurance*
84 *Committee.*

85 All in favour
86 **Motion carried**
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88 **8. Motions Brought Forward from Committees cont'd**
89

90 **a. Audit/Finance/Risk**
91

92 **i. Disclosure of Council members' compensation in the College's Annual Report**
93

94 Mr. Shah presented the motion for the disclosure of Council members' compensation in the College's
95 Annual Report.

96
97 *Moved by Dr. Morcos and seconded by Dr. Hemami to approve the Disclosure of Council Members'*
98 *compensation in the College's Annual Report.*
99

100 Council discussed the motion at length and touched on the reasoning for the motion, possible variations
101 of what information could be included in the disclosure, and the idea of providing a paragraph of
102 context below the disclosure to help members of the public understand the information better. Council
103 discussed the potential consequences of divulging the information but agreed that transparency to the
104 public is critical.

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106 Dr. Eltis called for a vote to approve the original motion.

107 8 voted against
108 **Motion defeated**

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*Moved by Dr. Christian and Dr. Quaid to approve the **motion to approve the disclosure of honorarium received by professional members in the context of the annual report.***

Council discussed the possibility of sharing all Committee members’ compensation instead of just Council members. Council clarified that the policy will only apply for professional members of Council, and not the appointed public members, and decided the compensation number would reflect time given for both Council and Committee work.

Council agreed with Mr. Jamieson’s suggestion for staff to include a paragraph below the compensation information to provide context in terms of workload and time required for different Council and Committee members.

Dr. Eltis called for a vote.

11 voted in favour
Motion carried

Council took a break at 10:40 a.m.

Council resumed at 11:05 a.m.

7. Presentation from Dr. Zubin Austin

Dr. Austin presented on peer-based competency assurance.

9. Dates of Upcoming Council Meetings

- a. Thursday, June 20, 2024 (AGM)
- b. Friday, June 21, 2024
- c. Friday, September 13, 2024
- d. Friday, December 13, 2024

10. List of Acronyms

11. Governance Guide: Robert’s Rules

12. Council Feedback Survey

13. Adjournment: *Moved by Dr. Yuen and seconded by Dr. Morcos to adjourn the meeting at 12:05 p.m.*
Motion carried

Council Meeting – June 21, 2024

COUNCIL ACTION LIST STATUS

Updated June 6, 2024

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	

Council Meeting – June 21, 2024

MOTION LIST

Updated June 6, 2024

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
03/22/24	62	Moved by Dr. Hemami and seconded by Dr. Ulakovic to approve the Self-Assessment Policy.	Quality Assurance	Motion carried
03/22/24	73	Moved by Dr. Quaid and seconded by Dr. Yuen to approve the 2023 CPMF Report.	Executive	Motion carried
03/22/24	87	Moved by Dr. Morcos and seconded by Dr. Grewal to appoint Suzanne Allen to the Quality Assurance Committee.	Executive	Motion carried
03/22/24	101	Moved by Dr. Morcos and seconded by Dr. Hemami to approve the Disclosure of Council Members' compensation in the College's Annual Report.	Audit/Finance/Risk	Motion defeated
03/22/24	115	Moved by Dr. Christian and Dr. Quaid to approve the motion to approve the disclosure of honorarium received by professional members in the context of the annual report.	Audit/Finance/Risk	Motion carried

Executive Committee Activity Report

Reporting date: June 21, 2024

Chair: Dr. Mark Eltis

Meetings in 2024: 2 over Zoom | most recent on June 5, 2024

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 June 21, 2024 Council Meeting

The Executive Committee reviewed a draft agenda and motions for the June 21, 2024 meeting of Council.

Collection of Demographic Information Through Optional Registrant Survey

An update was provided regarding operational work being led by the College's DEI Working Group, which entails plans to launch an optional demographic survey to collect membership information, specifically around the areas of Indigenous status and racial/ethnic identity.

The Executive Committee reviewed the draft survey and provided feedback that will be considered by the DEI Working Group before the survey is implemented.

College Spokesperson Bylaw

An incident involving the College spokesperson by-laws and an officer of the College occurred. It was brought to the attention of the Chair and Committee. A brief conversation was held regarding the matter.

Attachments

NA

Patient Relations Committee Activity Report

Reporting date: June 21, 2024

Committee Chair: Esther Jooda

Meetings in 2024: 1 (Zoom) | most recent on March 1, 2024

Key Priorities

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

Information Items

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: June 21, 2024

Chair: Dr. Kamy Morcos

Meetings in 2024: 4 (via virtual meeting)

Tasks Completed Since Last Council Meeting:

- Random practice assessments – reviewed and made decisions on:
 - SRA, CRA, Case Manager Reports, clarifications from registrants, remedial programs, and practice re-assessments.
 - Written submissions from registrants regarding their remediation requirements.
 - A case of non-compliance with QA program
- Practice Assessment Revamp Project:
 - Completed phase two of pre-testing (i.e., Chart-Stimulated Recall Protocol (CSRP)).
 - Conducted a virtual Chart Review Protocol (CRP) assessor training session
 - Initiated pilot testing of the new CRP tool
 - Approved new practice assessment fee for CRP
- Conducted CE hours audit of the previous CE cycle (2021-2023). Reviewed and made decisions on:
 - Requests for consideration from registrants who failed to meet their CE hours
 - SRA due to CE hours deficiency
- Approved two QA policies:
 - *CE Hours Deficiency – Request for Consideration*
 - *Request for Extension and Non-Compliance with Quality Assurance Program*
- Discussed considerations for the next CE cycle (2027-2029)
- Reviewed and decided on CRAs and Case Manager Reports due to practice hours deficiency
- Continued working on the OPR modernization project
- Reviewed the scope of practice change proposal and made a motion to Council to approve the proposed amendments to various acts and regulations and their circulation to registrants and stakeholders.

Key Priorities

- Completing the pre-testing phase of the practice assessment revamp project and initiating the pilot testing phase of the project.
- Reviewing practice assessments, remedial programs, and re-assessments
- Completing the CE audit of the 2021-2023 CE cycle
- Carrying out the OPR modernization project

Information Items

Practice Assessment Stats

	Since Last Council Meeting	Throughout 2024
SRA Reports Reviewed	2	4
CRP Reports Reviewed	1	59
CSRP Reports Reviewed	11	11
CRA and Case Manager Reports Reviewed	12	13
Ongoing Remediation Cases and Re-assessments Reviewed	11	25
New Referrals for Remediation	7	8

Discussion Items

Practice Assessment Revamp Project

- Pre-testing Phase Two – Chart-Stimulated Recall Protocol (CSRP):
 - 11 registrants participated in the new conversation-based CSRP assessment throughout April 2024. Both registrants and assessors provided positive feedback.
 - This new conversation-based assessment is right-touch as it would significantly improve the effectiveness and efficiency of the practice assessment component of the QA program.
- A one-hour virtual training session for CRP assessors was held on April 29, 2024:
 - The consultants and College Practice Advisor led the training with positive feedback from assessors.
 - The QAC Chair also attended as an observer and provided guidance/feedback as needed. The goal of this training was to reduce inter-rater variability among assessors prior to carrying out the larger pilot testing of the CRP tool.
- Pilot Testing Phase One – Chart Review Protocol (CRP):
 - After successful pre-testing of the CRP tool in 2023, which involved 29 randomly selected registrants, a pilot with a larger sample size was initiated in April 2024.
 - Ninety-seven (97) registrants were randomly selected to participate in the pilot test.
 - Assessments are currently underway with two different assessors assigned to each CRP assessment.
 - Inter-rater reliability analysis will be conducted to ensure decision consistency and agreement among assessors.
 - Of the 97 registrants, the QAP will decide which 15 registrants will move onto Phase Two of the pilot (i.e., CSRP).

Modernization of the OPR

- The QA Special Projects (QASP) Panel and consultants continued working on the OPR modernization project, including:
 - Table of content, format, and structure revisions
 - Questionnaires and templates development, including a review and approval template and checklist, which includes diversity, equity and inclusion considerations
- *CE Audit of the 2021-2023 CE cycle:*
 - Ninety-eight (98) registrants failed to meet their CE hours requirement.

- Thirty-eight (38) registrants have since met their CE requirements by submitting missing CE hours from the 2021-2023 cycle to OE TRACKER.
- The remaining 60 registrants are required to complete a practice assessment.
- *Approved new practice assessment fee for CRP:*
 - Currently, as per the College's [Schedule of Fees and Penalties](#), there are three different fees for three different types of QA practice assessments, depending on the type of deficiency (e.g., practice hours, CE hours)
 - With the launch of the new practice assessment component of the QA program in 2025, all three of the above assessments will be replaced by the CRP assessment. That is, regardless of the type of deficiency, registrants will undergo the same assessment (i.e., CRP). This will streamline and result in a more consistent practice assessment process and fee structure.
 - The new fee is based on cost recovery of time spent by College staff, QAP members and CRP assessors.
 - As next step, the proposed new fee will be reviewed by the AFR committee at its next meeting.
- *Approved two QA policies:*
 - *CE Hours Deficiency – Request for Consideration* – the purpose is to establish a fair and transparent process for registrants to request for consideration of their CE hour deficiency.
 - *Request for Extension and Non-Compliance with Quality Assurance Program* – the purpose is to establish a fair and transparent processes for:
 - for registrants to request for an extension of a deadline to complete their requirements as part of the QA Program; and
 - for the QAP to follow to address non-compliance of registrants who fail to participate or miss deadlines set as part of the QA Program.
- *Discussion of future CE cycle (2027-2029) – the QAP:*
 - Conducted a comprehensive review of data from the previous CE cycle (2021-2023), including:
 - The types and number of hours of other learning opportunities taken by registrants; and
 - The types and number of hours of COPE categories taken by registrants
 - Will continue to have evidence-based discussions in preparation for the development of the next CE cycle's policy.

Attachments

N/A

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: June 21, 2024

Committee Chair: Dr. Dino Mastronardi

Meetings in 2024: 4

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.

Since the Committee last reported to Council, a meeting was held on March 27, 2024, with members of Dr. Mastronardi’s panel, and Dr. Jenna Astorino’s panel held a case review meeting on May 10, 2024.

At the time of drafting this report, Dr. Mastronardi’s panel is also scheduled to meet on June 27, 2024.

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 (March 9, 2024 – June 7, 2024)

- Complaints newly filed: 13
- Cases reviewed by the panels: 19
- Complaint Cases to Alternative Dispute Resolution (ADR): 0
- Cases carried over: 0

Decision Breakdown	Total
Decisions Issued	13
Case Type	
• Complaints	13
• Registrar’s Investigations	0
• Incapacity Inquiry	0
Dispositions (for cases above)	
• No action/No further action (NFA)	7
• Advice/Recommendation	0
• Remedial agreement	4

<ul style="list-style-type: none"> Specified Continuing Education or Remediation Program (SCERP) Oral caution Acknowledgement and Undertaking Referral of specified allegations to the Discipline Committee 	<p>0</p> <p>0</p> <p>1</p> <p>1</p>
<p>Nature of Allegations (for dispositions above, no action/NFA excluded)**</p> <ul style="list-style-type: none"> Failure to diagnose or misdiagnosis Fraud or improper billing Inadequate eye examination and/or treatment Unprofessional behaviour & communication Related to eyeglasses or contact lens prescriptions Breach of regulation Sexual abuse of a patient 	<p>0</p> <p>1</p> <p>1</p> <p>2</p> <p>0</p> <p>1</p> <p>1</p>
<p>Timeline for Resolution (for cases above)</p> <ul style="list-style-type: none"> <120 Days 121-150 Days 151-180 Days 180+ Days 	<p>0</p> <p>0</p> <p>0</p> <p>13</p>

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

HPARB Appeals

- New appeals: 0
- Outstanding appeals to be heard: 6
- Appeals heard and awaiting decisions: 1
- ICRC Decision Confirmed: 0
- ICRC Decision Returned: 0

Registration Committee Activity Report

Reporting date: June 21, 2024

Chair: Dr. Abraham Yuen

Meetings in 2024: 2 (via videoconference)

Tasks Completed Since Last Council Meeting:

- Discussed 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

Federation of Optometric Regulatory Authorities of Canada

- At the May 4, 2024, virtual FORAC meeting attended by the College President, Vice President, Registrar, and Committee support staff, it was approved that a draft National Licensing position statement be reviewed by each regulatory board/council prior to, and for discussion at, the next FORAC board meeting to be held in Calgary on September 7, 2024.
- Also on the May 4 FORAC meeting agenda, was an item to establish a committee to undertake a review of the present funding formula used to determine annual FORAC-FAROC membership dues. The Committee support staff was appointed to the FORAC Funding Review Committee which will report back at the September 2024 FORAC board meeting.

Office of the Fairness Commissioner

- The 2023 Fair Registration Practices report was submitted to the Office of the Fairness Commissioner (OFC) on May 13, 2024, ahead of the June 12 submission deadline. The OFC will be reviewing the submission before approving it for posting on the College's website.
- The Registrar and registration staff scheduled a meeting on July 10 to discuss the compliance plan associated with the risk rating for the College with the OFC.

Touchstone Institute

- Touchstone Institute reported that of the 24 candidates who challenged the 2024 IGOEE, there were four candidates who scored high enough to be eligible to apply to challenge the entry-to-practice exam directly.

Optometry Examining Board of Canada

- Committee members observed the 2024 OEBC OSCE on April 13 in Montreal and on May 5 in Hamilton.

National Board of Examiners in Optometry

- The Committee met with Drs. Jill Bryant, Executive Director, Dr. Rich Castillo, Senior Director for Clinical Examination Development and Administration, and Brett Foley, Director of Psychometrics and Research.
- The Committee discussed NBEO preparations to rollout the Part III PEPS examination which will replace Part III exam starting in August 2024.

Registration Process

- College staff continue to accept applications for registration electronically and validate documents with applicants.
- There were 29 candidates registered for the April 2024 and 28 candidates for the May 2024 online Jurisprudence exam.
- There was a total of 115 online applications in 2024 (four were started in 2023 and paid for in 2024) as of June 6. There have been four applications by internationally trained applicants and seven 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 updated accreditation status for Ferris State University Michigan College of Optometry of Accredited.
 - Registration requirements for applicants using labour mobility provisions.

Discipline Committee Activity Report

Reporting date:	June 21, 2024
Committee Chair:	Dr. William Ulakovic
Meetings in 2024:	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.

Since its last report to Council, the Discipline Committee received 1 referral from the ICRC.

A Discipline hearing also took place on April 2, 2024, for the matter that was referred to the Discipline Committee in 2023. The Discipline Panel's decision and reasons for this matter was issued on April 8, 2024. The full decision is available on the College website: [Dr. Yunfan Zhang](#)

No reinstatement applications are currently pending.

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: June 21, 2024

Chair: Dr. Lisa Christian

Meetings in 2023: 2 (1 Zoom, 1 in-person) | Most recent: May 17, 2024

Tasks Completed Since Last Council Meeting:

- In line with a CPMF requirement, the group reviewed the College's COI and code of conduct policies.
- During an in-person discussion, the group developed a new Registrar Performance Evaluation Framework (RPEF) that will guide the process for all COO Registrar evaluations going forward.

Key Priorities

The mandate of the Governance-HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities. Working within that mandate, a key focus for the committee in 2023 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

Registrar Performance Evaluation Framework

After reviewing a draft that was shared over email, the Committee finalized the details of a new Registrar Performance Evaluation Framework. The resulting document will guide the Governance-HR Committee's activities in this area on an annual basis.

The framework outlines how "The Registrar's performance evaluation is conducted annually using the appraisal framework described within this policy. During the second year, the performance evaluation will include a 360-degree review that seeks feedback on performance from Council, select external stakeholders, senior management, and the Registrar. The 360-degree element is then carried out every other year during the Registrar's tenure."

For Council's information, a copy of the Registrar Performance Evaluation Framework is included as part of this meeting's materials.

Decision Items

The College Performance Measurement Framework (CPMF) requires the College's COI and code of conduct policies to be reviewed on a three-year cycle. In line with this, the Committee reviewed and

amended the package that includes the COI, code of conduct, confidentiality, and harassment policies that all Council and committee members sign off on annually.

Attachments

1. Registrar Performance Evaluation Framework

College of Optometrist of Ontario – Registrar Performance Evaluation Framework

Introduction:

The purpose of the Registrar’s evaluation is to provide timely, clear, and focused feedback to the Registrar on their performance in driving the College of Optometrists of Ontario (College) strategies, imperatives, and objectives.

The Registrar’s performance evaluation is conducted annually using the appraisal framework described within this policy. During the second year, the performance evaluation will include a 360-degree review that seeks feedback on performance from Council, select external stakeholders, senior management, and the Registrar. The 360-degree element is then carried out every other year during the Registrar’s tenure.

The following assessment framework provides an opportunity to evaluate the Registrar’s performance across three dimensions, including: 1) essential Registrar accountabilities; 2) personal attributes and leadership qualities; and 3) the Registrar’s goals and objectives.

Objectives/Outcomes:

Key objectives of the annual Registrar Performance Evaluation include:

1. Monitor performance of the Registrar against set objectives throughout the year
2. Determine if expectations have been met or exceeded
3. Recognize areas where performance has exceeded expectations and identify opportunity areas where improvement may be needed by providing constructive feedback
4. Develop specific actions required, if any, to address gaps and opportunity areas identified

Guiding Principles:

1. Objectives evaluated should align with the Colleges’ overall mission, goals, strategic priorities, and plan.
2. Objectives set at the beginning of the year must be clear and measurable, reflecting key responsibilities.
3. Performance evaluated must be based on specific competencies relevant to the role of a Registrar -- e.g. strategic development, leadership and culture, financial leadership, council relations, ethical conduct etc.
4. Evaluation process must be fair, transparent, and objective with clearly defined criteria for assessment and mechanisms in place to address any biases or conflicts of interest.
5. Outcome of the evaluation process is to recognize and provide continuous improvement opportunities to address any gaps in performance.

Tools: Balanced Scorecard (for self-evaluation) and 360-degree assessment

- **Balanced Scorecard (BSC):** The BSC is a strategic approach to assessing the performance of the college and registrar on both internal and external outcomes to improve the

college's strategic performance and results. This includes measuring the following 4 key strategic objectives:

- **College strategic leadership**
 - Budget management and adherence to financial targets.
 - Cost Management: Operational cost savings and efficiency improvements
 - Revenue Growth: Year-over-year revenue growth

- **Operations management**
 - Efficient management of day-to-day operations, identifying and mitigating risks
 - Effective utilization of resources and college facilities
 - Compliance with regulatory requirements and accreditation / Licensing standards

- **Stakeholder & Relationship Management**
 - Engagement with members, colleges, government agencies, and other stakeholders
 - Effective communication and collaboration with stakeholders on regulatory matters
 - Positive relationships with necessary stakeholders (internal and external) are maintained

- **People Leadership & Development**
 - Recruitment and retention of high-quality employees
 - Employee satisfaction and engagement
 - Employee and leadership development e.g. Skill and capability development opportunities through training and job enrichment, Strong succession bench strength, consistent and objective performance management process
 - Promotion of diversity, equity, and inclusion, including implementation of strategic DEI initiatives

The BSC will be used for the annual self-evaluation process with the President and Governance-HR Chair.

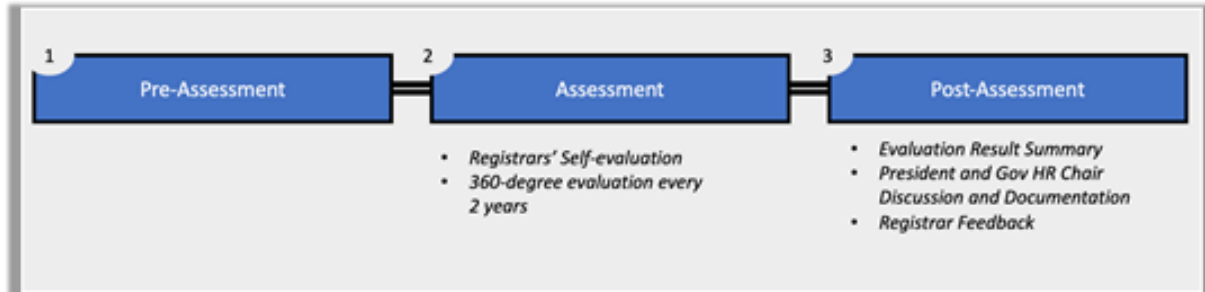
- 360 Degree Assessment: This process will include receiving feedback from external stakeholders, internal employees, council members and the Register. This will be managed by a selected external consultant.

President and Chair of Governance-HR Committee responsibilities:

- Initiating the formal performance evaluation process, typically 2-3 months prior to the end of the evaluating year – this allows completion of the evaluation and feedback process
- Reviewing the Registrar's annual goals and professional development plan
- Reviewing the Registrar's role description, any relevant policies, and evaluation process

- Initiating a review of this policy by the Governance-HR Committee on a three-year cycle

Evaluation Process



Pre-Assessment: The President and Chair of the Governance-HR Committee prepare the assessment form to adapt assessment questions to the objectives and strategic priorities for the year in question. This includes the balanced scorecard and 360 assessment form.

Assessment:

Registrar's Self-evaluation: The Registrar completes a self-evaluation (including an outline of professional development activities) and adds comments to justify the ratings.

360 Evaluation: Overseen by the President and Chair of the Governance-HR Committee, the 360-degree assessment is developed and executed by an external party.

Post Assessment:

Evaluation result summary: The self-evaluation and 360-degree assessment (when performed) results are shared with the President and Chair of the Governance-HR Committee, who analyze the results and engage the Registrar in a discussion.

Discussion and Documentation: The President and Chair of Gov-HR meet to discuss the appraisal results and document the final report.

Registrar Feedback: The President and Chair of Gov-HR will discuss the final results and provide feedback to the Registrar. This session is to provide performance improvement feedback to the Registrar and stimulate a productive two-way dialogue that includes responses to the evaluation, personal commitments to leadership improvement and an Action Plan to address gaps identified.

Council Feedback: The Chair of Gov-HR will communicate to Council that the process has been completed, feedback has been provided, and will report the Registrar's key priorities for the following year.

Audit/Finance/Risk Committee Activity Report

Reporting date: June 21, 2024

Chair: Mr. Narendra Shah

Meetings in 2024: Two (2) via teleconference

Tasks Completed Since Last Council Meeting:

- The Committee had its annual discussion with the auditors BDO Canada regarding the financial results for 2023, and other findings during their review. The auditors are scheduled to present the draft financial statements, recommended by the Committee for approval by Council at the June 21, 2024 meeting.
- Agreed on the template for elected Council members' honoraria that will be included along with the audited statements in the 2023 College's annual report, following Council approval on March 22, 2024.
- The annual operating budget as of April 30, 2024, was reviewed. The overall year-to-date results were consistent with the approved financial plan.
- Discussed the status of investments with Royal Bank of Canada Dominion Securities (RBCDS) as of April 30, 2024, and up to May 15, 2024. The year-to-date performance is just over +1.8%, and over +7.6% in total amount since the transition to RBCDS in July 2023.
- The Committee continued the discussion on the possible return of corporation fees to 2019 levels, and a potential increase of College's membership fees. The Committee's recommendation will be presented to the Council. Please refer to the enclosed briefing note for discussion.

Key Priorities

The priority is to seek Council's approval on the College's financial audited statements for 2023, following which, staff will work with the auditors in filing the 2023 corporation income tax, due by June 30, 2024.

Presentation was made on ongoing review of potential risks related to operations, financial, information technology, organizational, and strategic.

Information Items

The highlights of the financial results for the period ending April 30, 2024, include:

- **\$2.88M Revenue** (94% of budget)
The target on 2024 membership fees was slightly exceeded by \$19K (0.7%). Other revenue streams such as new applications, new corporations, and corporation renewals, are progressing well in line with the plan.
- **\$1.02M Expenses** (28% of budget)
Total year-to-date expenses consist of \$983K operating costs and \$42K strategic costs.

- **\$7.50M Net assets**

Current net assets can support average expenses for 25 months based on the 2024 operating budget.

Discussion Items

- The audited financial statements for the year 2023, to be presented by BDO Canada.
- The proposed College's membership and corporation fees for 2025.

Decision Items

The Audit/Finance/Risk Committee requests Council to approve:

1. The audited financial statements for the year ending December 31, 2023.
2. The reappointment of BDO Canada as College's external auditors for 2024.
3. The proposed increase of \$40.00 for practising membership fees and return of previous corporation fees of \$630.00 for new applications and \$315.00 for renewals.

Attachments

N/A

5-8 / PRESENTATIONS & MOTIONS

5. Registrar's Report: Registrar and CEO Mr. Joe Jamieson to provide College updates via PPT presentation.
6. Presentation from the Auditors: BDO Canada will present on the audited financials.
7. Motions Brought Forward from Committees
 - a. Audit/Finance/Risk
 - i. Approval of the audited financial statements for 2023
 - ii. Approval of the reappointment of BDO Canada as auditors for 2024
 - iii. Approval of the proposed College's membership and corporation fees for 2025

LUNCH

8. Motions Brought Forward from Committees cont'd
 - a. Registration
 - i. Request Council's review of FORAC-FAROC Position Statement on National Licensure
 - ii. Approval of the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes
 - iii. Approval to provide OEBC with \$64,230 in funding for 2024
 - iv. Approval of the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes
 - v. Approval of the 2024 Jurisprudence exam for registration purposes
 - b. Quality Assurance
 - i. Approval of the proposed amendments to various acts and regulations with respect to Ontario optometry's scope of practice and their circulation to College registrants and stakeholders for 60 days
 - c. Governance/HR
 - i. Approval of the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies

BRIEFING NOTE

Council Meeting – June 2024

Subject

Auditor’s presentation of the draft financial statements for 2023, and reappointment of BDO Canada as College’s auditors for 2024

Background

BDO Canada has performed the annual review of the financial statements for 2023. Following the Audit/Finance/Risk (‘AFR’) Committee’s recommendation, the audit was conducted partly on site and partly online. BDO Canada has been the College’s financial auditors since 2020.

At its March 2024 meeting, the College Council approved the disclosure of the elected Council members’ honoraria (per diem and preparation time) in the College’s annual report. The schedule which indicates total honoraria payment of \$161K or 5% of overall expenses for 2023, is included in the draft audit report.

During the auditor’s presentation to AFR Committee, the increase in the Education and Program delivery cost was noted. This cost category can be found in the Statement of Revenue and Expenditures, on page 6 of the audit report.

For Council information, below are the activities under Education and Program delivery. Most of these costs are supported by Restricted Funds.

PARTICULARS	2023	2022
DEI Initiatives	22,787	-
Public Focus Group	83,018	2,282
E-Learning Module Development	-	18,960
QA Practice Assessment Development	71,280	47,250
QA Self-Assessment Tool	26,800	22,888
ICRC - Risk Triage Framework	-	510
Stakeholder Engagement Policy Mapping	-	1,716
Jurisprudence Exam Delivery	14,834	2,641
Examinations (General)	39,969	-
Education and program delivery	258,688	96,247

The auditors will report on the 2023 financial results to Council.

Decision(s) for Council

- (1) To approve the draft audited financial statements for 2023
- (2) To reappoint BDO Canada as auditors for 2024

Considerations

- BDO Canada provided audit services to the College for four consecutive years.
- BDO Canada consistently delivered satisfactory financial reviews and tax consultation support.
- Following the AFR Committee’s mandate, a comprehensive review of external auditors will be conducted next year.

Public Interest Mandate

An independent audit of the financial statements demonstrates the College’s financial integrity, transparency, and accountability to the public that it serves.

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

Auditor’s report - Draft financial statements for 2023

Next Step

Following Section 3.10 of the College’s By-Law, the results of the annual audit will be published in the 2023 annual report of the College.

Contact

Deborrah Anne Lim, Manager – Finance and Office Administration

College of Optometrists of Ontario
Financial Statements
For the year ended December 31, 2023

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Independent Auditor's Report

To the Members of College of Optometrists of Ontario

Opinion

We have audited the accompanying financial statements of College of Optometrists of Ontario (the "College"), which comprise the balance sheet as at December 31, 2023, and the statements of changes in net assets, revenue and expenditures and cash flows for the year then ended, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2023, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

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

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

Chartered Professional Accountants, Licensed Public Accountants
Oakville, Ontario
REPORT DATE

College of Optometrists of Ontario
Balance Sheet

December 31 **2023** **2022**

Assets

Current

Cash	\$ 746,925	\$ 641,413
Short-term investments (Note 3)	4,604,632	5,217,685
Accounts receivable	16,365	8,681
Prepaid expenses	45,693	47,800
	5,413,615	5,915,579

Long-term investments (Note 4)

3,167,363 2,366,581

Capital assets (Note 5)

24,292 49,746

\$ 8,605,270 \$ 8,331,906

Liabilities and Members' Equity

Current liabilities

Accounts payable and accrued liabilities	\$ 155,885	\$ 169,945
Government remittances payable	325,300	320,314
Deferred revenue	2,605,785	2,504,670
	3,086,970	2,994,929

Funds in trust (Note 6)

- 16,769

Other long-term liabilities

- 23,000

3,086,970 3,034,698

Net Assets

Invested in capital assets	24,292	49,746
Internally restricted funds (Note 7)	2,083,547	2,409,097
Unrestricted fund	3,410,461	2,838,365
	5,518,300	5,297,208

\$ 8,605,270 \$ 8,331,906

Approved on Behalf of the Council:

_____ President

The accompanying notes are an integral part of these financial statements.

College of Optometrists of Ontario
Statement of Changes in Net Assets

For the year ended December 31

	Invested in Capital Assets	Other Internally Restricted Funds	Unrestricted Funds	2023 Total
2023				
Balance, beginning of year	\$ 49,746	\$ 2,409,097	\$ 2,838,365	\$ 5,297,208
Excess (deficiency) of revenue over expenditures (Note 7)	-	(336,453)	557,545	221,092
Interfund transfers	-	10,903	(10,903)	-
Purchase of capital assets	2,297	-	(2,297)	-
Amortization	(27,751)	-	27,751	-
Balance, end of year	\$ 24,292	\$ 2,083,547	\$ 3,410,461	\$ 5,518,300
	Invested in	Other Internally	Unrestricted	2022
2022	Capital	Restricted	Funds	Total
	Assets	Funds		
Balance, beginning of year	\$ 82,988	\$ 3,235,920	\$ 2,903,694	\$ 6,222,602
Excess (deficiency) of revenue over expenditures	-	(826,823)	(98,571)	(925,394)
Interfund transfers	(33,242)	-	33,242	-
Balance, end of year	\$ 49,746	\$ 2,409,097	\$ 2,838,365	\$ 5,297,208

The accompanying notes are an integral part of these financial statements.

College of Optometrists of Ontario
Statement of Revenue and Expenditures

For the year ended December 31	2023	2022
Revenue		
Annual registration fees	\$ 2,719,145	\$ 2,103,024
Professional corporation fees	323,414	335,761
Services and other fees and recoverables	18,807	18,828
	<u>3,061,366</u>	<u>2,457,613</u>
Expenditures		
Council meeting and training expense	86,887	78,816
Inquiries, Complaints, and Reports Committee	33,750	39,413
Quality Assurance Committee	80,585	163,655
Executive Committee	32,063	32,738
Strategic planning	-	81,437
Stakeholder engagement	126,841	77,135
Discipline Committee	837	32,040
Registration Committee	21,525	18,534
Governance Committee	9,877	14,577
Fitness to Practice Committee	-	1,699
Clinical Practice Committee	2,925	16,200
Audit, Finance, Risk Committee	9,900	5,625
Patient Relations Committee	1,875	6,000
	<u>407,065</u>	<u>567,869</u>
College administration activities		
Salaries and benefits (Note 8)	1,778,939	1,616,377
Legal fees	92,538	123,910
Administration and services	189,522	219,486
Occupancy costs	159,889	165,291
IT services and maintenance	117,993	112,207
IT projects	46,975	78,492
Professional fees - consulting	32,668	13,995
Amortization of capital assets	27,751	53,820
OE tracker expense	56,271	52,293
Education and program delivery	258,688	96,247
Accounting and audit fees	21,470	29,708
Research	35,800	84,619
	<u>2,818,504</u>	<u>2,646,445</u>
Total expenditures	<u>3,225,569</u>	<u>3,214,314</u>
Deficiency of revenue over expenses for the year before other income	(164,203)	(756,701)
Other income (losses)		
Investment income	253,701	570,470
Unrealized gain (loss) on investments	131,594	(739,163)
	<u>385,295</u>	<u>(168,693)</u>
Net excess (deficiency) of revenue over expenditures	\$ 221,092	\$ (925,394)

The accompanying notes are an integral part of these financial statements.

College of Optometrists of Ontario
Statement of Cash Flows

For the year ended December 31	2023	2022
Cash flows provided by (used in)		
Operating activities		
Excess (deficiency) of revenue over expenditures for the year	\$ 221,092	\$ (925,394)
Adjustments for items not involving cash:		
Amortization of capital assets	27,751	53,820
Net unrealized (gain) loss on investments	(131,594)	739,163
Changes in non-cash working capital balances		
Accounts receivable	(7,684)	24,403
Prepaid expenses	2,107	1,413
Accounts payable and accrued liabilities	(37,060)	23,960
Government remittances payable	4,986	82,999
Deferred revenue	101,115	583,850
Funds in trust	(16,769)	(7,520)
	163,944	576,694
Investing activities		
Purchase of capital assets	(2,297)	(20,578)
Net increase in investments	(56,135)	(1,208,858)
	(58,432)	(1,229,436)
Increase (decrease) in cash during the year	105,512	(652,742)
Cash, beginning of year	641,413	1,294,155
Cash, end of year	\$ 746,925	\$ 641,413

The accompanying notes are an integral part of these financial statements.

College of Optometrists of Ontario

Notes to Financial Statements

December 31, 2023

1. Nature of Operations

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

2. Summary of Significant Accounting Policies

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

Short-Term and Long-Term Investments

Investments consist of guaranteed investment certificates, bonds, equities, and mutual funds. Long-term investments reflect investments that mature after the end of the following fiscal year-end or are held for long-term fund purposes. Investment income is recognized as revenue in the year in which it is earned. Gains and losses on the sale of investments are recorded as investment income when realized. For investments which have not been sold or have not matured, the unrealized gains and losses are recognized at the end of each fiscal year and are reported in the statement of revenue and expenditures.

Prepaid Expenses

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

Capital Assets

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

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

Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenditures are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Investment income, which includes interest, dividend income, realized and unrealized gains, is recorded as earned.

College of Optometrists of Ontario Notes to Financial Statements

December 31, 2023

2. Summary of Significant Accounting Policies (continued)

Revenue Recognition (continued)

Annual registration fees

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

Professional corporation fees

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

Services and other fees and recoverables

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

Internally Restricted Funds

The College maintains a number of internally restricted funds. The funds are established and managed by way of Council resolutions which designate that funds be set aside and used for specific strategic purposes. The following is a description of each of the College's internally restricted funds:

Examination fund: To set aside funding for the development of a new entry-to-practice examination.

Investigations and Hearings fund: To set aside funding to the College's Inquiries, Complaints and Reports Committee ("ICRC") and Discipline Committee for the unanticipated costs of complex investigations and hearings.

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

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

Public Awareness fund: To set aside funding for the enhancement of public participation and consultation in the College's regulatory activities, and to provide priority funding to facilitate a sustainable program of public awareness and connection to the mandate of the College as described in the College Performance Measurement Framework ("CPMF") and Strategic plan.

Diversity, Equity, and Inclusion Fund: To set aside fund for building ways to pragmatically promote and reflect the principles of diversity, equity and inclusion.

College of Optometrists of Ontario Notes to Financial Statements

December 31, 2023

2. Summary of Significant Accounting Policies (continued)

Internally Restricted Fund (continued)

Research fund: To set aside research fund that supports the public interest mandate of the College.

Staff Development and Succession Planning fund: To set aside contemporary, post pandemic professional development and technology to staff; to provide leadership development for succession planning within the College.

Strategic Plan and CPMF fund: To set aside funds to rapidly address the areas identified in the CPMF as "not" or "partially" met to meet Ministry of Health ("MOH") requirements (October 2021).

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

The unrestricted fund consists of the cumulative excess of revenue over expenditures of the College less the amounts that have been internally restricted.

Financial Instruments

The College records financial instruments at fair value on initial recognition. The College subsequently measures all of its financial instruments at amortized cost except for investments, which are subsequently measured at fair value. Financial instruments are tested for impairment when changes in circumstances indicate the asset could be impaired.

Measurement Uncertainty

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

Contributed Services

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

3. Short-Term Investments

	<u>2023</u>	<u>2022</u>
Cash	\$ 62,461	\$ 698,480
Fixed income and money market	<u>4,542,171</u>	<u>4,519,205</u>
Total	<u>\$ 4,604,632</u>	<u>\$ 5,217,685</u>

Short-term investments mature or are redeemable at various dates not exceeding 12 months within the next fiscal year. Fixed income investments include guaranteed investment certificates with interest rates ranging from 0.25% to 5.71% (2022 - 4.1% to 4.4%).

College of Optometrists of Ontario
Notes to Financial Statements

December 31, 2023

4. Long-Term Investments

	2023	2022
Fixed income	\$ 1,626,432	\$ 2,366,581
Canadian equities	1,150,649	-
Foreign equities	390,282	-
Total	\$ 3,167,363	\$ 2,366,581

Long-term investments mature or are redeemable at various dates exceeding 12 months. Fixed income investments include investments with effective interest rates ranging from 0.80% to 6.05% (2022 - 0.71% to 6.69%).

5. Capital Assets

	2023		2022	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer hardware	\$ 91,439	\$ 81,556	\$ 9,883	\$ 18,265
Furniture and equipment	111,651	97,242	14,409	18,011
Leasehold improvements	304,452	304,452	-	13,470
	\$ 507,542	\$ 483,250	\$ 24,292	\$ 49,746

6. Funds in Trust

The amount represents payments received from a member of the College subsequent to the resolution of a professional conduct ruling (such as a Discipline Committee order) arising from complaints and/or reports of sexual harassment, sexual abuse of a patient, and inappropriate professional behaviour.

	2023	2022
Balance, opening	\$ 16,769	\$ 24,289
Disbursements	(16,769)	(7,520)
Balance, ending	\$ -	\$ 16,769

December 31, 2023

7. Restricted Funds

December 31, 2023													
Fund													
As of December 31, 2023	Contingency	Examinations	Fee Stabilization	Investigations and Hearings	New Government Initiatives	Patient Relations	Public Awareness	Diversity, Equity and Inclusion	Research	Staff Development	Strategic Plan and CPMF Fund	Unauthorized Practice	Total
Balance, beginning of year	\$ 150,000	\$ 270,000	\$ 157,242	\$ 200,000	\$ 200,000	\$ 46,760	\$ 191,218	\$ -	\$ 269,281	\$ 290,000	\$ 488,597	\$ 146,000	\$ 2,409,097
New allocations (Transfers from unrestricted funds)	\$ (150,000)	\$ 80,000	\$ (157,242)			\$ 3,240	\$ (91,218)	\$ 300,000	\$ 80,719	\$ (190,000)	\$ 131,404	\$ 4,000	\$ 10,903
Spent in 2023		\$ (39,969)				\$ (10,403)	\$ (83,018)	\$ (22,787)	\$ (34,850)	\$ (20,110)	\$ (125,316)		\$ (336,453)
Balance, end of year	\$ -	\$ 310,031	\$ -	\$ 200,000	\$ 200,000	\$ 39,597	\$ 16,982	\$ 277,213	\$ 315,150	\$ 79,890	\$ 494,684	\$ 150,000	\$ 2,083,547

December 31, 2022													
Fund													
As of December 31, 2022	Contingency	Entry-to-Practice Exam Development	Fee Stabilization	Investigations and Hearings	New Government Initiatives	Patient Relations	Public Awareness	Diversity, Equity and Inclusion	Research	Staff Development	Strategic Plan and CPMF Fund	Unauthorized Practice	Total
Balance, beginning of year	\$ 150,000	\$ 270,000	\$ 700,000	\$ 200,000	\$ 200,000	\$ 50,000	\$ 300,000	\$ -	\$ 350,000	\$ 290,000	\$ 579,920	\$ 146,000	\$ 3,235,920
Spent in 2022			\$ (542,758)			\$ (3,240)	\$ (108,782)		\$ (80,719)		\$ (91,324)		\$ (826,823)
Balance, end of year	\$ 150,000	\$ 270,000	\$ 157,242	\$ 200,000	\$ 200,000	\$ 46,760	\$ 191,218	\$ -	\$ 269,281	\$ 290,000	\$ 488,597	\$ 146,000	\$ 2,409,097

The breakdown of restricted funds were reorganized incorporating initiatives identified in the new strategic plan 2023-2025. The ten (10) funding allocations were approved by the Concil on December 9, 2022 meeting.

College of Optometrists of Ontario
Notes to Financial Statements

December 31, 2023

8. Retirement Plan

The College sponsors a retirement plan covering all eligible employees. Contributions are based on a percentage of the employee's compensation. In 2021, this plan became a registered retirement savings plan ("RRSP").

9. Commitments

(a) Equipment Operating Leases

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

2024	\$	8,268
2025		8,268
2026		8,268
		<hr/>
	\$	24,804
		<hr/>

(b) Premise Operating Leases

The College entered into a ten year lease agreement for their premises effective March 1, 2014, which expires February 29, 2024. The College entered into another ten year lease agreement for their premises effective March 1, 2024 to February 28, 2034. The monthly occupancy cost includes the base lease amount plus the College's share of property taxes and operating costs.

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

2024	\$	64,711
2025		68,106
2026		71,925
2027		75,744
2028		79,563
Thereafter		<hr/>
		471,647
		<hr/>
	\$	831,696
		<hr/>

College of Optometrists of Ontario Notes to Financial Statements

December 31, 2023

10. Financial Instruments

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

Market risk

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

Interest risk

Interest risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk through its fixed income investments. There has been no change in this risk assessment from the prior year.

Currency risk

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

Liquidity risk

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

December 31, 2023

Compensation of Elected Council Members

In accordance with the College's honoraria policy, all elected members of Council and Committee shall be paid an honoraria (per diem and preparation time) and reimbursed for allowable expenses incurred in relation to the performance of their duties. In addition, the President receives an annual stipend approved by the Council.

Council member	Per diem	Preparation time	Total honoraria
Dr. Abraham Yuen	14,400.00		14,400.00
Dr. Areef Nurani	3,487.50	-	3,487.50
Dr. Camy Grewal	11,437.50		11,437.50
Dr. Dino Mastronardi	8,325.00	2,700.00	11,025.00
Dr. Kamy Morcos	11,700.00	2,700.00	14,400.00
Dr. Lisa Christian	14,212.50	2,250.00	16,462.50
Dr. Mark Eltis ¹	40,762.50	1,200.00	41,962.50
Dr. Pooya Hemami	19,087.50	1,050.00	20,137.50
Dr. Richard Kriaziew	14,062.50	1,200.00	15,262.50
Dr. William Ulakovic	12,787.50	-	12,787.50
Grand Total	150,262.50	11,100.00	161,362.50

o The applicable per diem rate is determined by the scheduled time of the meeting, and the elected member's role in the meeting. Committee Chairs are paid at a higher rate.

o Preparation time spent on reading case materials and/or decision-writing is paid on an hourly rate.

o Council had eight (8) sessions in 2023, plus the Annual General Meeting.

¹ College President and Council Chair

The President is entitled to honoraria for attending committee meetings as ex-officio, engagements with stakeholders, and for participating in any other events where representation is requested by the College.

AFR	AFRWG	DC	EXCO	FTP	GOV/HR	ICRC	PRC	QA	QASP	REG	RSG
		●		●	●					●	
		●								●	
		●				●					
		●						●	●		
		●	●		●			●			●
●	●	●	●							●	●
●							●	●			
●		●								●	
● Committee Chair						● Committee member					

AFR	Audit/Finance/Risk (5)	ICRC *	Inquiries, Complaints, and Reports (10)
AFRWG	AFR Working Group (7)	PRC	Patient Relations (2)
DC *	Discipline (0)	QA *	Quality Assurance (6)
EXCO	Executive (6)	QASP	Quality Assurance Special Projects (3)
FTP	Fitness to Practice (0)	REG	Registration (6)
GOV/HR	Governance HR (5)	RSG	Research Steering Group (4)

(#) Total number of meetings in 2023

* Statutory Committees that allow members to claim preparation time.

BRIEFING NOTE

Council Meeting – June 2024

Subject

Proposed increases in membership and corporation fees for 2025

Background

In September 2019, the College Council approved reducing the new professional corporation application fees from \$630 to \$440, and professional corporation renewal fees from \$315 to \$220 (fees exclude taxes) following an operational review.

On February 21, 2024, staff presented to the Audit/Finance/Risk Committee ('Committee') a proposal to return the professional corporation fees to 2019 levels. The Committee directed staff to survey the fees from other health colleges in Ontario and draft the 2025 financial plan.

At the recent AFR Committee meeting, staff presented a report comparing the College of Optometrists' fees with other Ontario health colleges regulated under the Regulated Health Professions Act (*RHPA*). The College's membership and corporation fees rank in the middle, if not, below average rates.

Staff also presented three-year financial projections on operating revenue and expenses, excluding strategic initiatives under Restricted Funds. The multi-year budgets suggest a trend where expenses are exceeding revenue, resulting in yearly shortfall from 2025.

The Committee reviewed four budget scenarios, and the conclusions are summarized below:

- **Scenario 1: Status quo with no revenue changes.**
The shortfall is expected to intensify over time without any fee increase.
- **Scenario 2: Return corporation fees to \$630 for each application and \$315 for each renewal.**
Though reduced, a net operating shortfall per year is expected, similar to scenario 1.
- **Scenario 3: Increase of \$100 for each practising member and \$50 for non-practising member.**
Eliminates the deficit only in the next three years projecting a recommendation for a fee adjustment in 2028.
- **Scenario 4: Combined fee increases of \$100 for each practising member, and new corporation fees of \$550 for new application and \$275 for renewal.**
Better financial position with higher contingency funds; a fee adjustment is not expected for at least 5 years.

The Committee deliberated on scenario 4, and proposed different adjustments to membership and corporation fees, as outlined in the table below.

Decision(s) for Council

The Committee is recommending the new fees in 2025, for Council approval:

	Proposed fees	Current fees	Change
Membership fees			
Practising*	\$985.00	\$945.00	+\$40.00
Corporation fees			
New application	\$630.00	\$440.00	+\$190.00
Renewal	\$315.00	\$220.00	+\$95.00

Note: All fees exclude HST.

*Non-practising membership fees are set at 50% of practising membership fees.

Considerations

- Registrants' fees cover the work that the College is mandated to do.
- There was an increase in regulatory activities, hence, additional financial resources are needed to support ongoing costs.
- The College's registrants' fees remained constant for over 10 years, apart from 2022 when the College Council supported a one-time fee reduction of \$0.5M in membership fees.
- The College's corporation fees were reduced by 30% in 2020 and have remained unchanged.
- Fee increases are needed to achieve a positive, if not revenue neutral budget, in future years.

Public Interest Mandate

The College must be financially stable to fulfill its public protection mandate.

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

N/A

Next Steps

If approved, communication about the new fees will be provided to registrants ahead of the annual renewal period in November 2024. The new fees will also be reflected in the 2025 Schedule of Fees and Penalties published on the College's website.

Contact

Deborrah Anne Lim, Manager – Finance and Office Administration

BRIEFING NOTE

Council Meeting – June 2024

Subject

Proposed FORAC-FAROC Position Statement on National Licensure

Background

Please refer to the enclosed National Licensure Working Group (NLWG) report and draft position statement provided by FORAC.

Decision(s) for Council

To review the draft position statement on National Licensure provided by FORAC.

Public Interest Mandate

Streamlining the labour mobility process for registrants can increase access to qualified optometrists by the public.

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

- FORAC-FAROC NLWG report
- Draft FORAC-FAROC Position Statement on National Licensure

Next Step

Following the review of the draft FORAC-FAROC position statement by each Canadian optometric regulatory board/council, it is scheduled for approval at the next FORAC-FAROC board meeting to be held in Calgary on September 7, 2024.

Contact

Hanan Katerina Jibry, Deputy Registrar

5.1. FORAC-FAROC Position Statement on National Licensure

As the body that represents the 10 Canadian optometric regulatory authorities, the Federation of Optometric Regulatory Authorities of Canada (FORAC-FAROC) supports the concept of enhanced mobility of optometrists across Canada, including an ideal of a consistent national licensure structure. In principle, expediting and streamlining registration processes for proven practitioners provides Canadians with greater access to safe, quality optometric care. FORAC-FAROC recognizes that health care delivery and the regulation of health professions is under the jurisdiction of each province and that scopes of practice differ somewhat from province to province.

FORAC-FAROC, through national regulatory discussions, commits to facilitate the movement of optometrists across Canadian jurisdictions and to promote a consistent level of optometric care for patients. To support the harmonization of the practice of optometry across the country, FORAC-FAROC will work toward the development of national standards of practice and consistent registration requirements across the country.

FORAC-FAROC aspires to develop a national framework that supports optometrist mobility across Canada while recognizing the jurisdiction of each provincial regulatory authority. FORAC-FAROC adheres to the principles of effective professional regulation to ensure continued accountability for the provision of safe and competent optometric care to Canadians.

BRIEFING NOTE

Council Meeting – June 2024

Subject

The 2024 Optometry Examining Board of Canada (OEBC) written exam and OSCE as one of two standards assessment examinations set or approved by the College for registration purposes

Background

The Committee continues to have confidence in candidates who have successfully challenged the OEBC written exam and OSCE 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.

There have been many positive steps undertaken by OEBC since 2020 beginning with the installation of a new CEO in May 2020. For example, the OEBC Board approved policies to direct OEBC’s CEO to create and maintain criteria for the best means (live patient, standardized patients, and models) to measure the specific entry-to-practice competencies. Also seen as a positive step forward are the following: OEBC inviting the Registration Committee to review and provide comments on its RFP; OEBC Board’s unanimous support to integrate technical skills into the OSCE starting in the Spring of 2022; OEBC’s effort to update the OEBC exam blueprint using the recent National Competency Profile developed by Touchstone Institute; and OEBC inviting the Registration Committee to observe its September 2020 and Spring 2022 OEBC exam OSCEs and the piloting of new OSCE stations using live patients in January 2023. In 2024, OEBC invited the Registration Committee to observe the OEBC OSCE on April 13, in Montreal, and on May 5 in Hamilton.

Decision for Council

To approve the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes.

Public Interest Mandate

The purpose of the 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

Contact

Hanan Katerina Jibry, Deputy Registrar

BRIEFING NOTE

Council Meeting – June 2024

Subject

To provide the Optometry Examining Board of Canada (OEBC) with \$64,230 in funding for 2024

Background

OEBC provided a presentation to the OEBC Board in a virtual meeting on April 28, 2022, regarding the ongoing challenge of funding the OEBC entry-to-practice exam. There were no representatives from the College at that meeting. A discussion was held at that meeting about how to support the financial viability of the OEBC and the following motion was made:

Motion: That in order to assess the sustainability of OEBC and to reduce the exam fees to a level of \$4,000 per candidate, FORAC recommends that OEBC members agree to ask its member Colleges to levy an annual fee of \$30 per member to be held in trust by OEBC exclusively for the purposes of subsidizing the costs of the exam as necessary. The levy will be paid on April 1, 2023, and each year thereafter and will continue for 3 years after which it will be reassessed, with any funds remaining at the conclusion of the 3 years to be returned proportionally to the Colleges.

Motion moved by: Mr. Rick Gambrel

Seconded by: Dr. Léo Breton

Motion carried

Please refer to the enclosed draft OEBC Member Contribution summary that OEBC provided which reflects the status of funding received by OEBC based on the above to date.

On May 31, 2021, the College signed a Copyright Licence and Use Agreement with OEBC in which the College agreed to grant OEBC a non-exclusive royalty-free licence to use the national Competency Profile to update its 2015 competency profile. The national Competency Profile was developed by Touchstone Institute for the College at a cost of \$45,000. Competency profiles are used to create indicators to assess performance, develop cases, form the exam blueprint, and help candidates prepare to challenge the exam-to-practice exam.

Currently, the OEBC exam is the only entry-to-practice exam approved by the College that is available in French. There exist diverse communities in Ontario and some of these communities communicate predominantly in French.

The College did not budget providing funding to OEBC in 2024. However, as a result of repurposing the Building Acquisition Fund in 2022, there are funds currently available to cover the proposed funding to OEBC for 2024 from the Examinations proposed activity in the College's restricted funds.

The Registration Committee was pleased that the binocular indirect ophthalmoscope (BIO) station in the 2024 Spring OEBC exam moved from a standardized patient to a live patient. Accordingly, the Committee agreed to recommend to the College Council that OEBC be provided with funding of \$64,230 which is the \$86,730 requested by OEBC for 2024 from the College less 50% of the \$45,000 that the College spent on developing the national Competency Profile.

Decision for Council

To approve providing the Optometry Examining Board of Canada (OEBC) with \$64,230 in funding for 2024.

Public Interest Mandate

It is important that diverse communities in Ontario that speak predominantly French, have access to French-speaking licensed optometrists who were able to access an entry-to-practice exam in French as part of their registration requirements.

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

- OEBC Member Contribution (*Source: OEBC*)

Contact

Hanan Katerina Jibry, Deputy Registrar

OEBC Member Contribution

Status as of May 16, 2024

FORAC Resolution RE: OEBC Subsidization

Motion: That in order to assess the sustainability of OEBC and to reduce the exam fees to a level of \$4,000 per candidate, FORAC recommends that OEBC members agree to ask its member Colleges to levy an annual fee of \$30 per member to be held in trust by OEBC exclusively for the purposes of subsidizing the costs of the exam as necessary . The levy will be paid on April 1, 2023 and each year thereafter and will continue for 3 years after which it will be reassessed, with any funds remaining at the conclusion of the 3 years to be returned proportionally to the Colleges.

Motion moved by: Mr. Rick Gambrel

Seconded by: Dr. Léo Breton

Motion carried, April 28, 2022

	AB	BC	ON	MB	NB	NL	NS	QC	PE	SK	Total
	ACO	CODBC	COO	MAO	NBAO	NLCO	NSCO	OOQ	PEICO	SAO	
Registrants											
01-Jan-23	892	944	2804	180	127	62	154	1441	21	182	6807
01-Jan-24	917	965	2891	186	132	58	150	1478	21	193	6991
01-Jan-25											
Contribution Calculated per the FORAC Motion											
30-Apr-23	\$ 26,760	\$ 28,320	\$ 84,120	\$ 5,400	\$ 3,810	\$ 1,860	\$ 4,620	\$ 43,230	\$ 630	\$ 5,460	\$ 204,210
30-Apr-24	\$ 27,510	\$ 28,950	\$ 86,730	\$ 5,580	\$ 3,960	\$ 1,740	\$ 4,500	\$ 44,340	\$ 630	\$ 5,790	\$ 209,730
30-Apr-25											
Total requested	\$ 54,270	\$ 57,270	\$ 170,850	\$ 10,980	\$ 7,770	\$ 3,600	\$ 9,120	\$ 87,570	\$ 1,260	\$ 11,250	\$ 413,940
Contributions Received by OEBC											
FY 2023	\$ 26,760			\$ 5,400	\$ 3,810	\$ 1,860	\$ 4,620	\$ 43,230	\$ 630	\$ 5,460	
FY 2024	\$ 27,510			\$ 5,580		\$ 1,740	\$ 4,500	\$ 44,340		\$ 5,790	\$ 89,460
FY 2025											
Total received	\$ 54,270	\$ -	\$ -	\$ 10,980	\$ 3,810	\$ 3,600	\$ 9,120	\$ 87,570	\$ 630	\$ 11,250	\$ 181,230
Balance	\$ -	\$ 57,270	\$ 170,850	\$ -	\$ 3,960	\$ -	\$ -	\$ -	\$ 630	\$ -	\$ 232,710

BRIEFING NOTE

Council Meeting – June 2024

Subject

The 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination set or approved 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 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.

Decision for Council

To approve the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes.

Public Interest Mandate

The purpose of the 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

- Part III Exam Patient Encounters and Performance Skills (PEPS) Blueprint (*Source: NBEO*)

Contact

Hanan Katerina Jibry, Deputy Registrar

Blueprint

The blueprint specifies the major competency domains assessed by the exam. The competency domains represent the related sets of knowledge, skills, and abilities required for the safe and effective practice of optometry. The clinical presentation categories specify the topics of the case scenarios to be included in every version of the exam. The weight of the competency domains and clinical presentations specifies the emphasis of each of these elements on the exam.

Competency Domains	Weight
Clinical Assessment and Interpretation	29
Management and Documentation	25
Skills	22
Patient Education	13
Communication and Professionalism	11
Total	100

Clinical Presentations	Weight
Anterior Segment Disease	17
Posterior Segment Disease	16
Glaucoma	14
Systemic Disease	11
Refraction	11
Neuro-Ophthalmic Disease	9
Contact Lenses	8
Binocular Vision	8
Pediatrics	6
Total	100



PART III EXAM

Patient Encounters
and
Performance Skills
(PEPS)

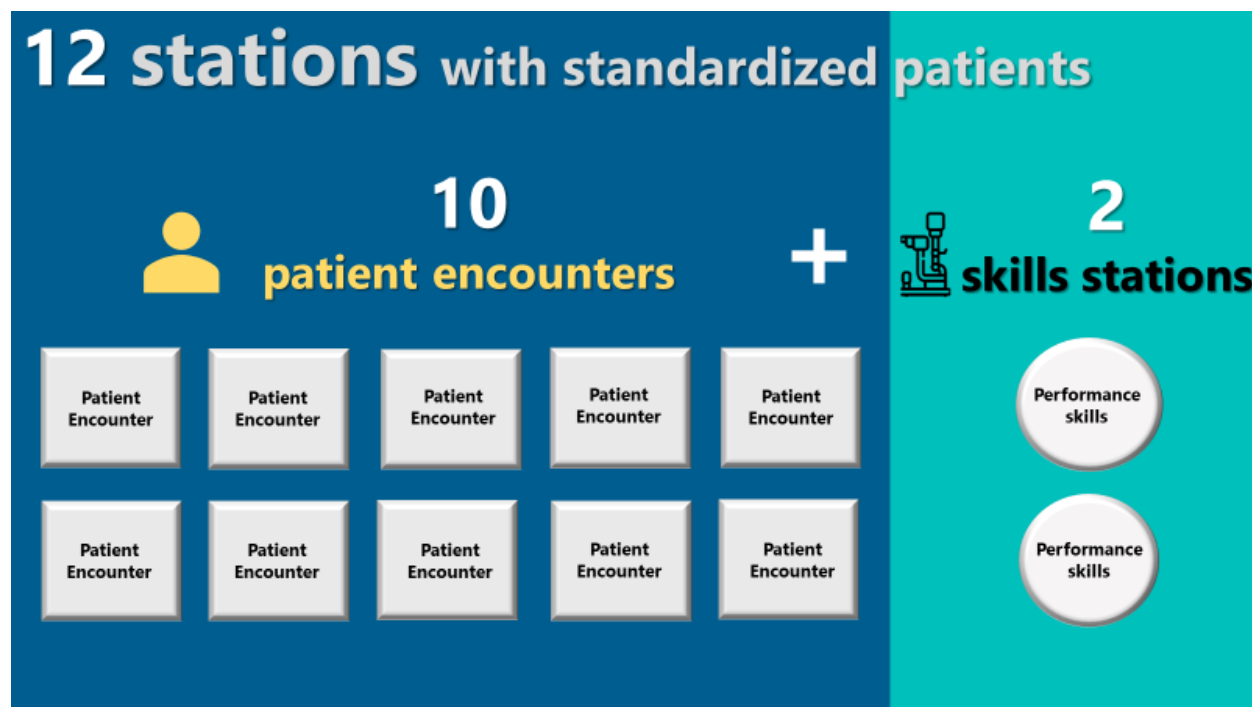
BLUEPRINT

The blueprint includes five competency domains and nine clinical presentations which will be assessed on the Part III exam. The domain that carries the most emphasis is Clinical Interpretation and Assessment (29%) followed by Management and Documentation (25%). Functionally, this means the ability to interpret and synthesize clinical data will be prioritized over the collection of data or the physical performance of skills. These two domains will be evaluated through the creation of an electronic SOAP note, which will capture clinical decision-making and the generation of a treatment plan. The Skills domain (22%) will be evaluated through the physical performance of five skills on a standardized patient; no patient scenario will be included in these skills-only stations. Patient Education will comprise 13% of the exam and the candidate will be evaluated on the ability to provide information to the patient in a clear and understandable manner. Communication and Professionalism (11%) includes treating the patient with respect, sharing and receiving information in an effective manner, and collaborating with the patient and other professionals to provide optimal care for the patient.

The clinical presentation categories represent the major groups of diagnoses that an optometrist should be proficient in treating in order to protect the public. Both frequency and criticality were considered in the designation and weighting of the clinical presentations. Additionally, priority was given to those conditions that are life- or vision-threatening if not properly detected and managed.

Exam Model

The exam model is the functional depiction of the exam and represents how the blueprint will be operationalized. Although multiple versions of the exam will be used, each version will fulfill the requirements set forth in the blueprint. Each competency domain will be addressed by multiple stations, and the clinical presentations will serve as topics for the patient encounters.



The exam will consist of twelve stations. At each of the twelve stations, candidates will interact with a standardized patient. In ten of the stations, candidates will be presented with a clinical scenario in which they will be expected to perform a focused case history, interpret and synthesize clinical data, and generate a management plan. Each candidate will assess patients with conditions which fall into the nine clinical presentation categories included in the blueprint: anterior segment disease, posterior segment disease, glaucoma, refraction, systemic disease, neuro-ophthalmic disease, contact lenses, binocular vision, and pediatrics.

In the remaining two stations, each candidate will perform the following skills on a standardized patient:

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

Additional information regarding details of the stations will be published in the candidate guide, which is currently under development.

Frequently Asked Questions

Why is the Part III exam changing?

The Part III exam has historically focused on the physical performance of the skills that comprise an eye exam; however, it is natural that the exam evolves as the profession changes. Based on feedback from stakeholders, and to remain current with contemporary optometry, the Part III exam will shift away from the focus on motor skills to a more comprehensive measurement of optometric practice.

What are the biggest changes to the Part III exam?

The purpose of the exam is the same—to discern if candidates are competent to enter the safe and effective, independent practice of optometry—but the emphasis of the exam is changing substantially. The exam will focus on the analysis and synthesis of clinical data, and the incorporation of that data into patient management decisions. The majority of the exam (ten of the twelve stations) will focus on clinical scenarios. In the remaining two stations, the candidates will physically perform five essential skills on standardized patients: gonioscopy, tonometry, biomicroscopy, dilated biomicroscopy and binocular indirect ophthalmoscopy (BIO).

How do we know this new exam will be valid?

Evidence from other testing organizations and best practices within the psychometric community have guided the process of exam development. At every step, the best available evidence was used to make decisions, and extensive attention was given to including diverse perspectives in every decision. The process of pilot testing is central to ensuring the exam is both reliable and valid, and an extensive period of pilot testing is planned.

How was it determined which skills should be physically performed on the exam?

The process of determining which skills should be performed included many different perspectives from various optometric communities. The stakeholder survey was distributed to members of ARBO and ASCO and identified which skills were valued most highly by stakeholders. The focused job task analysis also provided information about how frequently a select number of skills were performed. The task force, comprised of 12 members who provided broad representation from optometry, discussed the results of the stakeholder survey and the focused job task analysis, and produced a final list of skills to be performed on the exam, which was approved by the Board of Directors.

When will the new exam be implemented?

The new exam will be initiated at the beginning of an administration cycle (August). The **earliest** the new exam would be implemented is August 2022, but the number and duration of pilot tests required will impact determination of the precise date when the exam will begin. The NBEO will communicate the implementation date as soon as it is finalized.

Will the current exam be offered concurrently with new exam?

Once the new exam begins administration, the current Part III exam will no longer be offered.

BRIEFING NOTE

Council Meeting – June 2024

Subject

The 2024 Jurisprudence exam for registration purposes

Background

Applicants for registration as optometrists in Ontario are required to successfully complete a jurisprudence exam set or approved by the College as one of the requirements for registration. The College's Jurisprudence exam is reviewed periodically by College staff and is approved by the College Council on an annual basis.

Paragraph 7.1 of s. 2(1) of the Registration Regulation (837/93) as amended under the *Optometry Act, 1991*, reads as follows:

"The applicant has successfully completed an examination in jurisprudence set or approved by the College ..."

Previously held in-person, the College's Jurisprudence exam transitioned to a remotely proctored online exam in June 2020 due to COVID-19. It can be accessed remotely 24/7 over a period of three days. The online Jurisprudence exam pass rate is comparable to the in-person pass rate with candidates having the added benefit of being able to challenge the exam at their own time from anywhere in the world without having to travel to an exam location. Having an online exam also facilitates exam performance reporting.

Decision(s) for Council

To approve the 2024 Jurisprudence exam for registration purposes.

Public Interest Mandate

Demonstrating knowledge and understanding of the jurisprudence, ethical standards and standards of practice governing the practice of optometrists in the province, is a mandatory registration requirement and contributes to the delivery of safe patient care. Increasing the awareness and understanding of how the law impacts optometric practice in Ontario helps College registrants practise within the boundaries of legislation.

Diversity, Equity, and Inclusion Considerations

N/A

Contact

Hanan Katerina Jibry, Deputy Registrar

BRIEFING NOTE

Council Meeting – June 2024

Subject

Proposed Scope of Practice Changes

Background

The profession of optometry in Ontario has been working with the Ministry of Health on regulatory changes to expand the scope of practice for optometrists.

A tripartite working group, consisting of the College of Optometrists of Ontario, the University of Waterloo School of Optometry and Vision Science, and the Ontario Association of Optometrists (OAO), was formed in 2018 to work on proposed changes to Ontario optometry's scope of practice. The OAO developed a proposal based on the work completed by the tripartite working group. The OAO submitted this proposal to the Ministry on March 26, 2024.

On May 3, 2024, the Quality Assurance Special Projects (QASP) Panel of the Quality Assurance Committee reviewed the proposal and made a motion to Council to approve the proposed amendments to various acts and regulations and their circulation for feedback.

As next step, the proposed amendments will be circulated to College registrants and stakeholders for at least 60 days as required under [subsection 95 \(1.4\) of the Health Professions Procedural Code \(the Code\)](#), which is Schedule 2 to the Regulated Health Professions Act, 1991 (the *RHPA*).

Decision(s) for Council

To approve the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days

Considerations

- Please refer to the proposal for more considerations.

Public Interest Mandate

- Improve patient access to safe and competent eye care services, especially in rural communities
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery
- Improve collaboration with healthcare and other professionals in the community to provide patient-centered care.
- Decrease patient loads in emergency departments and walk-in clinics
- Decrease publicly funded eye care costs, especially for more complex care

Diversity, Equity and Inclusion Considerations

- Increase patient access to timely eye care services and reduce barriers to patient care.

Supporting Materials

- Additional Scope of Practice Change Proposals for Ontario Optometry (March 26, 2024)

Next Steps

- Circulate the proposed amendments to various acts and regulations with respect to Ontario optometry's scope of practice to College registrants and stakeholders for 60 days for feedback.

Contact

- Bonny Wong, Manager, Quality Programs



Submitted by the Ontario Association of Optometrists in collaboration with the University of Waterloo School of Optometry and Vision Science and the College of Optometrists of Ontario



Scope of Practice Change Proposals for Ontario Optometry

June 10, 2024

Form 1: Notification to Ministry of Health

Section 1. Contact Information

1. What is the applicant/organization's name that is submitting the proposal?

Ontario Association of Optometrists

2. Please provide the date that you submitted this form.

February 14, 2024; updated version: June 10, 2024

3. What is the applicant/organization's address?

20 Adelaide Street East, Box 16, Suite 801
Toronto, Ontario, M5C 2T6

4. Who is the primary contact for this proposal?

Dr. Angela Yoon, Policy Consultant, Ontario Association of Optometrists
ayoon@optom.on.ca
(647) 388-6780

5. If the primary contact is not available, who is the secondary contact for this proposal?

Dr. Shaina Nensi, President, Ontario Association of Optometrists
oaopresident@optom.on.ca

Section 2. Summary of Proposal

1. This proposed scope of practice change may require:

- Legislative amendment to the Optometry Act, 1991, S.O. 1991, c. 35; Drug and Pharmacies Regulations Act
- Amendment to Ontario Regulation 112/1 (Designated Drugs And Standards Of Practice under the Optometry Act)
- Amendment to Ontario Regulation 107/96 (Controlled Acts)
- Revocation of Schedule 1 of the Designated Drugs Regulation (112/11)

2. Please include the Act(s) that will be impacted by the proposed scope of practice change.

- Optometry Act, 1991, S.O. 1991, c. 35
- Drug and Pharmacies Regulations Act

3. Is this scope of practice proposal endorsed by the profession's regulatory college?

Council will be deliberating on this proposal on June 21, 2024.

4. Please provide a brief summary of the proposal. Be brief. This section should only be 2 paragraphs long.

The proposed amendments would give optometrists the authority to:

- prescribe all topical and oral drugs that are within the scope of practice of the profession, giving patients access to the most appropriate drug without requiring unnecessary referrals to physicians;
- remove superficial foreign bodies from below the surface of the cornea, reducing unnecessary referrals to hospitals and ophthalmologists, and improving access to local emergency care for patients;
- dispense and sell topical ophthalmic drugs;

- independently initiate and manage open-angle glaucoma, eliminating unnecessary referrals to physicians, reducing healthcare costs, and improving patient access to care (especially in rural and remote communities);
- use diagnostic ultrasound as a prescribed form of energy (e.g. for the performance of corneal pachymetry or ocular ultrasonography), so the optometrist can maintain the required standard of care in glaucoma and the management of other ocular disease conditions;
- order diagnostic tests (Blood Tests, CT, MRIs, X-rays);
- perform laser trabeculoplasty, laser peripheral iridotomy, and YAG capsulotomy;
- perform minor surgery/procedures for superficial, non-intraocular conditions, under local anesthesia.

Form 2: Scope of Practice Change Proposal

Section 1. Please provide a plain language description of the proposal.

The requested scope of practice changes would:

- Improve patient access to safe and competent eye care services, especially in rural communities
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery
- Decrease patient loads in emergency departments, walk-in clinics, and the offices of physician
- Improve interprofessional collaboration between optometrists and ophthalmologists
- Decrease publicly funded eye care costs, especially for more complex care

All of the requests require amendment to existing legislation and regulation and cannot be made solely through updated standards of practice. Ontario optometrists' antiquated scope no longer reflects the realities of today's patient pathways given the growing eye care demands of an aging population and the reduction of access to ophthalmology.

The proposed amendments would give optometrists the authority to:

A. Prescribe all topical and oral drugs that are within the scope of practice of the profession, giving patients access to the most appropriate drug without requiring unnecessary referrals to physicians;

New and more efficacious ophthalmic drugs are continually approved for the treatment of eye disease in Canada and working off an outdated list of drugs in regulation results in a lag in optometrists' ability to provide the most appropriate care. The public interest is served when optometrists can prescribe the indicated best-treatment for patients in a timely manner.

Currently, optometrists must refer to physicians to access drugs not listed in regulation. This increases unnecessary costs to the healthcare system and impedes access to the best treatment plan. Often, in many parts of the province, those referrals are not even possible within a reasonable distance or timeline.

The amendment to paragraph 4.2.1 of the *Optometry Act* and related amendments to the *Designated Drugs Regulation* would revoke the current drug list and allow optometrists to prescribe any topical or oral drug that is Health Canada–approved, and within the scope of practice of optometry:

Authorized acts

4. In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

2.1 Prescribing or dispensing, while practising within the scope of practice of optometry, a drug within the meaning of the Drug and Pharmacies Regulation Act to be administered or taken topically or orally. ~~Prescribing drugs designated in the regulations.~~

These amendments would bring Ontario in line with Alberta, Saskatchewan, New Brunswick, Newfoundland, and most U.S. states. For decades, optometrists have been educated in pharmacology and have demonstrated their competency in the use and appropriate prescribing of drugs in optometric practice.

B. Remove superficial foreign bodies from below the surface of the cornea.

Patients presenting with corneal foreign bodies are common in optometric practice. Optometrists are often the first point of access for patients with such eye emergencies and are trained to diagnose and manage these injuries competently and safely. Ocular foreign bodies are extremely painful, and their timely removal is in the public interest, particularly in rural areas where limited options for care often result in a circuitous journey by the patient and suboptimal outcomes. Busy hospitals, physician walk-in clinics, and ophthalmology clinics would be less burdened by these cases that can be easily managed by an optometrist.

Currently, gaps in the *Regulated Health Professions Act, 1991* and the *Optometry Act* create a situation in which Ontario optometrists do not have the controlled act of “performing a procedure in or below the surface of the cornea.”

The result of this present statutory status is that members may continue to remove a foreign body lodged *on* the surface of the cornea but not beneath the epithelium. An average cornea is 550 microns thick (about ½ mm) with the epithelium on the surface representing only about 50 microns. It is virtually impossible to determine if a foreign body lodged on the surface of the cornea is lodged less than or equal to 50 microns. Again, optometrists have the knowledge, training, and tools to safely remove and manage the removal of corneal foreign bodies, including those lodged deeper than 50 microns.

Optometrists in all Canadian and US jurisdictions may remove foreign bodies from the cornea and conjunctiva. However, Ontario is the only Canadian jurisdiction where there is a requirement for foreign bodies to be above the corneal/conjunctival epithelium.

Standards of practice are important for members and the public to inform what is expected when optometrists remove corneal foreign bodies. The College has already drafted standards of practice titled *OPR 7.14 Removal of Foreign Bodies from the Cornea*, which would be published in the Optometric Practice Reference (OPR) when the authority to perform the controlled act is proclaimed.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

Authorized acts

4. *In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:*

2.2 *Performing a procedure, in or below the surface of the cornea*

C. Provide drug samples

The sampling of topical medication, especially in glaucoma care, would allow optometrists to determine the most appropriate drug therapy for patients before it is prescribed. Allowing optometrists to dispense samples for the sole purpose of trialling clinical effectiveness would improve patient adherence with therapy as it reduces cost barriers for patients, which can be significant at the onset of treatment.

The suggested amendment to paragraph 4.2.1 of the *Optometry Act* would permit optometrists to dispense drugs:

Authorized acts

4. *In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:*

2.1 *Prescribing or dispensing, while practising within the scope of practice of optometry, a drug within the meaning of the Drug and Pharmacies Regulation Act to be administered or taken topically or orally.* ~~Prescribing drugs designated in the regulations~~

The Designated Drugs Regulation (112/11) would also need to be amended.

D. Sell topical ophthalmic drugs

There are some communities where the number of pharmacies is very limited. Not every patient has the means to be able to travel far distances. If they are commuting to an optometrist's office for diagnosis and treatment, they can pick up their eyedrops there as well, helping to ensure they receive the right treatment at the right time.

Patients routinely ask optometrists for prescriptions for Latisse, a drug indicated to increase the length, thickness, and darkness of a patient's eyelashes. This drug is not available in pharmacies and patients often request to purchase this product directly from their optometrist rather than searching for a cosmetic physician's office (which may not be available in their town).

Alberta allows optometrists to retail ophthalmic drugs.

The *Optometry Act* and *Drug and Pharmacies Regulations Act* would require amendment.

E. Manage open-angle glaucoma independently

Permitting optometrists full independent management of open-angle glaucoma would remove unnecessary restrictions on optometrists to refer to physicians for co-management, reducing health care costs and improving access for patients, especially in the very common situations where ophthalmologic glaucoma care is not readily accessible, or not available in a timely manner. Early treatment is critical to prevent vision loss, which is permanent and cannot be regained. It is not uncommon for wait times to exceed six to twelve months for an initial consultation with a glaucoma specialist in Ontario.

In Ontario, optometrists may only treat a patient with primary open-angle glaucoma, the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment. For example, a patient with diabetes that an optometrist has diagnosed with glaucoma must be referred to an ophthalmologist to initiate therapy because in some more rare cases, diabetes could complicate the glaucoma. However, optometrists are trained to identify these specific diabetic changes and refer to ophthalmology only when truly necessary. Alberta and Saskatchewan optometrists have broader authority, being permitted to treat all open-angle glaucoma with full independent authority (oral and topical).

In over half of US jurisdictions, optometrists have the full range of glaucoma management authority. They may treat with both topical and oral medications (in both emergency and non-emergency settings) without an ophthalmology consultation or co-management requirement, and without any conditions imposed by state law.

Removing these restrictions would not reduce collaboration between ophthalmologists and optometrists; rather, it would permit decision-making about the best arrangement to be based on the specific needs of the patient, and to be made more expeditiously. It would also reduce duplicate testing between optometrists and physicians and reduce unnecessary health care costs.

Amending the *Designated Drug Regulation* would grant optometrists to independently manage open angle glaucoma.

E. Use diagnostic ultrasound as a prescribed form of energy for the performance of corneal pachymetry or ocular ultrasonography (A and B scans).

The use of diagnostic ultrasound by optometrists to perform corneal pachymetry is a standard of practice in glaucoma care. Pachymetry is a non-invasive diagnostic test that measures the thickness of the cornea and is required to meet the standard of care for diagnosing and managing patients with open-angle glaucoma. We include the following link that helps describe the importance of corneal thickness when managing glaucoma.
<https://glaucoma.org/the-importance-of-corneal-thickness/>

The A-scan is a diagnostic test used to determine the length of the eye (e.g. for myopia management) and measure the size of intraocular structures (e.g. ocular tumours).

B-scans produce a cross-sectional image of the eye when the view of the back of the eye is obstructed due to conditions including vitreous hemorrhage, advanced cataract, or dense corneal opacities. It can also assist in imaging a suspicious nevus and for diagnosing buried optic nerve drusen.

The controlled act of *applying a prescribed form of energy* is currently authorized to optometrists; however, *applying soundwaves for diagnostic ultrasound* is not currently prescribed in Ontario Regulation 107/96 of the Regulated Health Professions Act, 1991.

The following amendment is proposed for addition to the *Controlled Acts Regulation*:

A member of the College of Optometrists of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound in order to perform corneal pachymetry or A/B scan ocular ultrasonography.

All other Canadian and US jurisdictions are permitted to perform corneal pachymetry and ultrasound sonography.

F. Perform laser therapy

- **Laser trabeculoplasty** (eg. Selective laser trabeculoplasty (SLT), argon laser trabeculoplasty). This is a treatment for open-angle glaucoma. It uses laser light that is applied to the trabecular meshwork, which is made up of tiny channels that allows fluid to drain from the eye. The energy from the laser lets fluid drain more easily from the front part of the eye, which lowers pressure in the eye.
- **Laser peripheral iridotomy**: This procedure uses a very focused beam of light to create a small hole on the outer edge of the iris. This opening acts as a bypass, allowing aqueous fluid to flow from behind the iris where it is produced to in front of the iris where it is drained. This opening is created to prevent and treat an ocular emergency called acute angle closure. In angle closure glaucoma, a sudden buildup of pressure (within hours) within the eye can lead to permanent blindness in just days.

- **YAG capsulotomy** is a procedure that creates an opening in the posterior capsule (a membrane that holds the intraocular lens inserted during cataract surgery) when it becomes cloudy, which can happen months or years after cataract surgery.

Access to timely secondary and tertiary eye care, especially in rural Ontario, is quickly reaching crisis levels. This is not hyperbole. Again, as previously mentioned, the Canadian Ophthalmological Society has stated that the reason the Alberta government appears ready to grant this expanded scope to their optometrists “**relates to expanding access to services in rural and remote areas.**”

A substantial body of evidence supports the safety and efficacy of these procedures with minimal to no side effects regardless of whether they are trained in medicine or optometry. In addition, optometrists in Ontario are already managing the minimal side effects of these procedures done by ophthalmologists, since the side effects fall within the scope of practice.^{1,2}

Access to a YAG capsulotomy and urgent LPI is limited in Northern parts of the province. SLT treatment is quickly being considered as a preferred first line treatment choice for glaucoma. Recent evidence suggests that early glaucoma treatment with SLT prior to using glaucoma eyedrops leads to better visual outcomes (reducing cost burden of visual impairment), less cataract and glaucoma surgery (therefore less cost to health care system), less overall drop use (less cost to health care system) and better intraocular pressure control compared to eyedrops.³

There is a concerning imbalance of a projection of a significant increase in glaucoma because of an aging population and not enough ophthalmologists in practice. The insufficient number of ophthalmologists available will prevent the required paradigm treatment shift towards SLT as first line treatment, and therefore, we will not see lower health care costs and improved patient outcomes for these patients.

This shift is happening in Europe and the UK, where they are training Optometrists to do SLT and also changing their clinical practice guidelines to include SLT as first line treatment. Optometrists in Ontario are already treating glaucoma and are in a favourable position to make this paradigm shift safely. Newer technology is available making these procedures even easier and safer to do such that these procedures are delegated to nurses and physician assistants in the US and Europe.

In the US:

- 12 states permit laser for glaucoma therapy (ALT, SLT, LPI) and YAG capsulotomy (Alaska, Arkansas, Colorado, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, South Dakota, Virginia, Wisconsin, Wyoming)

¹ Konstantakopoulou, E., Jones, L., Nathwani, N et al (2022). Selective laser trabeculoplasty (SLT) performed by optometrists—enablers and barriers to a shift in service delivery. *Eye*, 36(10), 2006-2012

² Lighthizer, N., Johnson, S., Holthaus, J., Holthaus, K., Cherian, B., Swindell, R., ... & Miller, J. M. (2023). Nd: YAG Laser Capsulotomy: Efficacy and Outcomes Performed by Optometrists. *Optometry and Vision Science*, 10-1097.

³ Gazzard, Gus, et al. Laser in glaucoma and ocular hypertension (LiGHT) trial: Six-year results of primary selective laser trabeculoplasty versus eye drops for the treatment of glaucoma and ocular hypertension." *Ophthalmology* 130.2 (2023): 139-151

- Currently an additional 8 states are actively pursuing laser privileges in 2024 (Alabama, Missouri, Nebraska, New Hampshire, New Jersey, Ohio, Vermont, West Virginia)

Optometrists in the United States have been performing these laser procedures for the past thirty-five years in a safe and competent manner. No incident of incompetent or incorrect care has ever been documented in these jurisdictions.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

Authorized acts

4. In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

2.2 Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, or in or below the surface of the cornea.

G. Perform minor surgery/procedures under local anesthesia

These include:

- Removal of benign skin/conjunctival lesions (i.e. skin tags, papilloma, verrucae, seborrheic keratosis, cysts of Moll, cysts of Zeis, sebaceous cysts, epidermal/conjunctival inclusion cysts and incision/curettage of chalazion)
- Botox for blepharospasm (involuntary spasm of the lid)
- All proposed minor surgical procedures are for superficial, non-intraocular conditions that would be performed under local anesthesia (topical and injectable) and not under general anesthesia. These are easily performed in-office.

The approval of this authorization would improve access to treatment of these benign skin lesions, reducing the burden on physicians and hospitals, especially in rural and remote areas. In most regions in Ontario, it is becoming extremely difficult to find an ophthalmologist willing to take on these simple cases regardless of wait times.

Authorization would also reduce the need for patients to purchase and treat themselves with over the counter (OTC) treatments for warts and skin tags (e.g. Dr. Scholl's®). Unfortunately, when this OTC is applied incorrectly, damage to healthy skin or the eye itself may ensue. In addition, the ingredients of dimethyl ether and propane are flammable and combustible which causes an additional health risk to the patient. As such, we do not recommend patients purchase these OTC kits and attempt to treat themselves.

All optometry programs in North America already teach and develop basic surgical skills (general skills which transfer laterally to a variety of specific procedures) and even some invasive procedures (procedures currently performed in a majority of states). Examples of transferable surgical skills that are taught at all North American optometry schools and part of a majority of optometry scope in North America and done on patients in clinical rotations:

- Embedded corneal foreign body removal
- Embedded conjunctival foreign body removal
- Corneal epithelial debridement/removal (a form of lamellar keratectomy)
- Corneal stromal rust extraction
- Naso-lacrimal duct probing and irrigation
- Intracanalicular plug insertion/removal

In addition to these skills, surgical skills are introduced and done on model skin/and human partners including: Intravenous/intramuscular injections, intralesional injections, intradermal, and subcutaneous lesions. The technique of intradermal injections is the same technique used for Botox.

Optometrists in the United States have been performing these minor surgical procedures in a safe and competent manner for the past forty-seven years. Currently, twenty states permit these minor surgical procedures for lids (e.g. chalazion removal) (Alaska, Arkansas, Colorado, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, New Mexico, Oklahoma, Oregon, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin, Wyoming) with seven more (Alabama, Missouri, New Hampshire, New Jersey, Ohio, Vermont, West Virginia) currently pursuing in active legislation.

It is believed Alberta optometrists will soon be authorized to perform these procedures. Most other Canadian provinces have optometrists seeking similar scope.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

Authorized acts

4. In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

2.2 Performing a procedure on tissue below the dermis or below the surface of a mucous membrane.

Summary of Excluded Procedures

To provide more clarity, the following ophthalmic procedures would be specifically excluded, except for the preoperative and postoperative care of patients undergoing these procedures:

- Retina laser procedures

- Penetrating keratoplasty (corneal transplant)
- The administration of general anesthesia
- Surgery done with general anesthesia
- Laser or non-laser procedure into the vitreous chamber of the eye to treat any retinal or macular disease
- Intravitreal injections
- Surgery related to removal of the eye
- Surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside the eye
- Surgery requiring incision of the iris and ciliary body, including diathermy or cryotherapy
- Surgery requiring incision of the vitreous
- Surgery requiring incision of the retina
- Surgical extraction of the crystalline lens
- Surgical intraocular implants
- Incisional or excisional surgery of the extraocular muscles
- Surgery of the eyelid for suspect malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis, and tarsorrhaphy
- Surgery of the bony orbit, including orbital implants
- Incisional or excisional surgery of the lacrimal system other than probing or related procedures
- Surgery requiring full thickness conjunctivoplasty with graft or flap
- Pterygium surgery

Does the profession’s regulatory college support this scope of practice change proposal?

The Council of the College of Optometrists of Ontario will be reviewing the full proposal on June 21, 2024.

Section 2. Impact on End Users and Outcomes

1. What are the impacts that this proposed scope of practice change will have on specific populations?

All patients will benefit from the proposed changes. However, rural and northern Ontarians, seniors, low-income individuals/families, Indigenous people and persons with disabilities, residents in long-term care homes or retirement residences will especially benefit from the improved access and reduced unnecessary referrals and extra appointments. None of the changes will affect OHIP-insurance coverage.

2. What is the impact on patient/client/resident experience?

In most cases, patients will be able to directly access care from their local optometrist rather than being referred to an ophthalmologist which often leads to delays, more travel, and financial burden (time off work, travel expenses). By allowing optometrists to practice to the level of their training, patients will have a much-improved experience with a net result of more timely care, and reduced risk of vision loss.

3. What are the impacts on the profession and activities to ensure practice readiness?

Optometrists are already equipped with both the knowledge and tools to provide the care that Ontarians require and deserve. All accredited optometry schools in both Canada and the US have been providing the necessary education and training required to practice to the proposed scope changes.

Entry-to-practice examinations already ensure that competency is attained before registration; no modifications would be needed if the proposed scope expansion requests are granted.

The OAO, the College and University of Waterloo School of Optometry and Vision Science routinely provide continuing education courses to keep optometrists current on the knowledge to handle the proposed changes. The OAO and College will provide extensive communication with its members to ensure that the profession is aware of the new professional obligations.

4. What are the impacts to the healthcare system?

- Reduced pressure on physicians and hospitals (especially emergency rooms), resulting also in a decrease in costs to the government as emergency room costs are exponentially greater.
- Reduced unnecessary referrals to family physicians and ophthalmologists, and thus reduced duplicative care and freeing of resources to perform complex care

5. If applicable, please include any additional information related to this section.

Section 3. Costs and Savings

1. What are the costs and/or savings to patients?

- Some new drugs may not be covered by the Ontario Drug Benefit Plan (ODB) and are thus out-of-pocket for some patients.
- The ODB Plan will have reduced costs related to glaucoma drug trials, which are conducted before initiating life-long drug therapy; Patients not covered by ODB will also have reduced costs related to drug trialling.
- As patients will have improved access to care, closer to home, thus saving patients (especially in rural communities) from long commutes and time off work to access emergency and ophthalmology services.
- Some of the newer to market glaucoma drugs are not only more effective, but some are also less costly, saving the patient money. An example of this is given in Appendix 1 of Appendix C.

2. What are the costs and/or savings to healthcare providers?

- Physicians under the fee-for-service model will see fewer services related to emergency and glaucoma care
- Emergency departments will provide fewer services related to ocular emergencies

3. What are the costs and/or savings to the Government, ministry, and other ministries and government programs?

- There is reduced regulatory burden/costs of continually updating the drug list
- There will be reduced pressure and costs on emergency rooms

- Unnecessary referrals to physicians will be reduced, and thus reduced duplicative care and associated OHIP costs
- Some of the newer therapeutic drugs are less expensive and can save the government money
- Glaucoma laser therapy may reduce the need for publicly funded glaucoma medication, which will save the government money

4. If applicable, please include any additional information related to this section.

5. Please provide any evidence documentation that is related to this section.

Section 4. Alignment with Healthcare Priorities

1. Please identify and explain where and how the proposal aligns with current healthcare priorities.

The requested changes are in line with the current healthcare priorities of increasing patient access to care, reducing the burden on physicians and hospitals, and reducing unnecessary healthcare costs, red tape, and wait times and helping to eliminate hallway medicine. The “right care by the right provider at the right time”.

2. Please identify and explain any possible negative impacts on current healthcare priorities.

There are no negative impacts on current healthcare priorities. In many regions of Ontario, optometrists are already expected by other healthcare providers and the public to provide these services.

3. If applicable, please include any additional information related to this section.

4. Please provide any evidence documentation that is related to this section.

Section 5. Jurisdictional Comparison and Analysis

1. Please provide a detailed jurisdictional scan and analysis.

Please refer to Form 2, Section 1, Question 1 for relevant jurisdictional information. Most of the changes to scope of practice are already allowed in at least two or more provinces.

2. If applicable, please include any additional information related to this section.

3. Please provide any evidence documentation that is related to this section

Section 6. Risk Identification & Mitigation

1. Are there any legal risks related to your proposal?

We are unaware of any legal risks to this proposal. Optometrists perform to this scope in other jurisdictions in Canada and the U.S. Ontario Optometrists are sometimes providing these services under “Good Samaritan Law” because of the time sensitivity of ocular emergencies presented to them and lack of any timely options but have potential exposure to not being covered by their professional liability insurance.

2. Are there any safety and public protection risks?

These are extremely minimal, as evidenced by the near-absence of both College complaints (only one) and professional liability insurance claims (only one) related to the prescribing of

drugs over the last seven or more years. Optometrists are well trained and experienced to handle these proposed changes.

Optometrists in the United States have been performing laser procedures for the past thirty-five years in a safe and competent manner. No incident of incompetent or incorrect care has ever been documented in these jurisdictions.

3. Are there any risks to other regulated health professionals?

There are no foreseeable risks, as the expanded duties will reduce the burden on other providers (emergency rooms, family physicians, ophthalmologists, walk-in clinics, and pharmacists). In fact, often these other providers refer to optometrists to manage these cases even though they fall outside of current scope for optometrists.

4. Are there any risks to integrated care?

No. The changes will not hinder interprofessional care; they will only remove unnecessary restrictions (especially around glaucoma care), remove duplicative care and enhance integrated care. The only risk to integrated care and logical patient pathways is by not making these amendments.

Patients are becoming more and more frustrated about being bounced around from provider to provider. For example, a family physician (who has scope but not the specific training and equipment to remove a corneal foreign body) refers to an optometrist (who has the specific training and the equipment to remove a corneal foreign body but not the scope) who must then refer to an Emergency Room. This is only one example of an inefficient patient pathway that happens every day in Ontario.

5. Are there any risks to health care service delivery partners or Ontario businesses?

No. The expanded scope will only make the healthcare system more efficient and cost-effective. There are no impacts on Ontario businesses.

7. Please provide any evidence documentation that is related to this section.

8. If applicable, please include any additional information related to this section.

Section 7. Implementation Considerations

- 1. If, following ministry analysis and support, the change in scope proceeded for government approval, what steps need to be considered as part of an implementation plan.**

Most members already have the competency and knowledge to perform services in line with the requested scope change. However, continuing education providers, including the OAO and University of Waterloo School of Optometry and Vision Science, will provide refresher courses (currently happens).

The OAO and College will provide in-depth communication to optometrists, stakeholders, and the public about the changes using social media, e-newsletters, and online resources.

The College will publish updated standards of practice to relay expectations related to safe and effective care. OAO will provide online modules to update their members. Both OAO and the College are well-resourced to provide member support related to the changes, and resources can be made within 3-6 months of implementation.

- 2. If applicable, please include any additional information related to this section.**

Section 8. Approach for Ongoing Quality and Safety

- 1. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?**

Optometrists are already required to attain 70 hours of continuing education every three years to ensure their continuing competence and quality improvement, to address changes in practice environments, and to ensure they remain current with changes in technology, scope and standards of practice. The College of Optometrists of Ontario also has a rigorous quality assurance program to ensure standards of practice levels are met.

- 2. Please provide any evidence documentation that is related to this section.**

BRIEFING NOTE

Council Meeting – June 21, 2024

Subject

A motion from the Governance-HR Committee to approve revisions to the Council and committee agreement package (which includes the Conflict of Interest, Code of Conduct, Confidentiality, and Harassment policies).

Background

The College Performance Measurement Framework (CPMF) requires the College’s Conflict of Interest and Code of Conflict policies to be reviewed on a three-year cycle. In line with this, the Governance-HR Committee reviewed and amended the package that includes the COI, Code of Conduct, Confidentiality, and Harassment policies that all Council and committee members sign off on annually. Approval of these documents will keep the College in compliance with the CPMF’s guideline.

The changes are small and focused on clarity and consistency. They include the following:

- On page 1, remove the paragraph beginning with “I, the undersigned, have read...” and include it on the last page where the signature is recorded
- Change the language in the harassment and violence policy from “accuser” and “accused” to “complainant” and “responder”
- On page 4, a “t” is missing from “brought” in two separate cases
- Also on page 4, change “appraised.” And “describe” should be “described”

Decision(s) for Council

To approve the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies.

Public Interest Mandate

The College’s Code of Conduct and Conflict of Interest policies help ensure that Council members are acting in the best interest of the College, and that decisions are made free from conflict and in with public interest front-and-center

Diversity, Equity, and Inclusion Considerations

N/A

Supporting Materials

- Council and Committee Member Agreement Package: Code of Conduct, Confidentiality, Harassment, and Conflict of Interest Policies

Contact

- Chad Andrews, Director of Research and Policy



Council and Committee Member Agreements | 2024

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CODE OF CONDUCT AND CONFIDENTIALITY AGREEMENT

I acknowledge that, in my capacity as a member of the Council of the **College of Optometrists of Ontario**:

- (a) I have read and am familiar with the College's By-laws, position statements, guidelines and governance policies.
- (b) I stand in fiduciary relationship to the College.
- (c) I am bound to adhere to and respect the By-laws, policies and publications of the College applicable to Council. I agree to be bound by the College By-laws that relate to:
 - Code of Conduct
 - Conflict of Interest
 - Confidentiality
- (d) I am aware of the obligations imposed upon me by Sections 36(1) (a) through 36(1) (j) of the *Regulated Health Professions Act, 1991 (RHPA)*, a copy of which is attached*, with respect to the confidentiality of information that comes to my knowledge through the course of my duties with the College.
- (e) I have also read Section 40(2) of the *Regulated Health Professions Act*, a copy of which is attached to this agreement, and understand that it is an offence, carrying a maximum fine on conviction for a first offence of \$25,000.00, to contravene section 36(1) of the *Regulated Health Professions Act, 1991*. I understand that such a conviction and accompanying fine would be in addition to any action the College or others may take against me for breaching the confidentiality provisions of the College.**

***36. (1)** Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;

- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or
- (j) with the written consent of the person to whom the information relates. 2007, c. 10, Sched. M, s. 7 (1).

****40. (2)** Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

HARASSMENT AND VIOLENCE POLICY

Purpose

The purpose of this policy is to outline the College’s position on discrimination, harassment, violence, and the threat of violence. The policy is designed to ensure compliance with legislation and that reasonable safeguards are in place to protect against incidents of harassment and violence.

Overview

The College of Optometrists of Ontario (“College”) is committed to ensuring health and safety throughout its organization, and to providing a respectful work environment that is free from violence, discrimination, and harassment. The College recognizes that co-operation and commitment from all College employees, Council/committee members, volunteers, stakeholders, and visitors is essential to maintaining a healthy, safe, and respectful environment, and that College leadership in particular has a responsibility to identify harassment and ensure that it is reported and not tolerated.

This Policy describes the College’s responsibility, in co-operation with Council/committee members and volunteers, to:

- a. take every reasonable precaution to protect the health and safety of its employees, Council/committee members, volunteers, and stakeholders;
- b. establish and maintain a respectful work environment, free from violence and the threat of violence, discrimination, and harassment (including sexual harassment); and
- c. comply with all applicable provincial legislative obligations.

This Policy will be reviewed on an annual basis, or as required to ensure compliance and best practices.

Scope

The Policy applies to:

- a. All Council/committee members and volunteers associated with the College.

Discrimination, Harassment, and Violence

The College prohibits discrimination on the basis of race, ancestry, place of origin, colour, ethnic or national origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, disability, marital status, family status, or any other characteristic protected by law.

The College prohibits all forms of unlawful harassment, including, but not limited to, sexual harassment. The law does not permit, nor will the College tolerate, harassing or violent behaviour against any individual at the College by a Council/committee member or volunteer.

Examples of inappropriate and unacceptable behaviour include, but are not limited to:

- making remarks, jokes, or innuendos that demean, ridicule, intimidate, or offend;
- displaying or disseminating offensive images, cartoons, or materials in print or electronic form;
- regularly shouting or using profanity, especially when directed at an individual;

- bullying or “cyber” bullying; or
- social isolation, ostracizing, or ignoring an individual.

Reporting and Process

The College encourages the reporting of all incidents of discrimination, harassment, violence, and threat of violence at the College.

The Council/committee member or volunteer should immediately report (in writing or in conversation) the matter to the Council President (and Committee Chair, if the issue has taken place within a committee context) **immediately** if they believe that they or someone else has been subjected to behaviour that violates this Policy.

Once the incident has been reported, a **two-step process will begin** (with the second step only necessary under extenuating circumstances when the first step is unsuccessful in resolving the matter):

1. Mediation and Resolution (this stage takes place before bylaw 9.03 comes into effect, and is considered informal as a result):

- The President (and Chair, if applicable) shall connect with both the complainant and responder separately, working to find a resolution that is agreed upon by both parties and that aligns with the College’s mission. This process shall begin within two weeks of the complaint being made.
- Working with the complainant and responder, the President (and Chair, if applicable) decides on the best means to achieving an appropriate resolution. As an example, this could take the form of a mediated discussion, with the President (or Chair, if applicable) bringing the parties together and acting as mediator(s) to ensure fairness, respectability, and professionalism throughout the discussion.
- At this stage, the matter remains between the complainant and the responder (who may both remain anonymous, if desired), as well as the President (and Chair, if applicable). The issue is not brought before Council if a resolution can be achieved.
- The President will keep the Registrar informed of issues and will discuss logistical requirements, though the Registrar does not play a direct role in mediation or other proceedings.

2. Bylaw Process and Potential Sanctioning (this stage follows section 9.03 of the bylaws, and builds on them with the inclusion of written statements and details regarding anonymity):

- If no resolution can be achieved, the President (and Chair, if applicable) shall follow the process outlined in section 9.03 of the College bylaws, “Process for Disqualifying or Sanctioning a Council Member and Committee Member.”
- The following points build on the framework established in section 9.03 of the bylaws:
- Written Statements: When the issue is brought before Council (as described in the bylaws), both the complainant and responder shall provide written statements that outline their perspectives on the incident(s) and their thoughts about appropriate next steps. Statements are kept confidential from the public but are shared with Council, including the names of all individuals involved.
- If the individual who lodged the complaint is uncomfortable with being named and would prefer anonymity, then the complaint cannot go to Council and must be dealt with at the level described in stage 1 of this process.
- However, if it is determined by the complainant, the responder, and the President (and Chair, if applicable) that anonymity is essential to protecting the complainant and/or the responder, whether

personally or professionally, a decision can be made to keep the complainant and/or responder anonymous when the issue is brought before Council. This decision is made by the President (and Chair, if applicable). However, while the complainant and responder would be anonymous to Council and staff, for logistical reasons they cannot remain anonymous to the Registrar, the President, the committee chair (if appropriate), and to each other, who are all parties involved in the dispute and its mediation.

Investigation

If deemed appropriate and necessary by Council in accordance with section 9.03 of the bylaws, the College will promptly and impartially carry out an investigation, appropriate to the circumstances, of every complaint of harassment, discrimination, violence, and threat of violence. The College will keep information about the incident, the investigation, and the results of the investigation (including information about the individuals involved) confidential and will not disclose such information unless disclosure is necessary for the purpose of the investigation or for taking corrective action with respect to the incident, or as otherwise required or permitted by law.

The Registrar and President will determine the party authorized to investigate the complaint.

Once Council has reviewed all relevant perspectives and materials (including the investigation report, if one has been deemed necessary), a decision is made to either sanction the accused member (including disqualification, if deemed appropriate) or dismiss the allegation. The process is outlined in section 9.03 of the bylaws.

Compliance Plan

The following activities have been implemented to help Council and committee volunteers be compliant with this Policy. The College is currently:

- Directing the creation of policies and procedures designed to prevent workplace discrimination, harassment, violence, and the threat of violence.
- Examining this Policy annually to ensure that it meets all objectives.
- Ensuring that all individuals in the workplace are made aware of the importance of preventing discrimination, harassment, and violence, and of the procedures for managing complaints made pursuant to this Policy.
- Assessing the risk of workplace violence to individuals, minimizes those risks where necessary or reasonably possible, and informing any affected individual of such risk or potential risk.
- Appointing investigators when appropriate to do so.
- Taking corrective action when an incident of discrimination, workplace harassment, or workplace violence is found to have been substantiated.

Council/Committee Members and Volunteers

All Council members and committee volunteers will commit to:

- Behaving in a professional, respectful manner and avoiding any behaviour that could constitute discrimination, harassment, reprisals, or violence.
- Reporting to the Council President (or Committee Chair, as applicable), **and** College Registrar/Deputy Registrar any discrimination, harassment, violence, and threat of violence of which they are aware.

- Bringing to the attention of Council President (or Committee Chair, as applicable) information about any individual at the College who presents any form of elevated risk.
- Co-operating with the process for handling reports of such incidents when required.
- Being forthright and honest in the course of any workplace investigation.

CONFLICT OF INTEREST POLICY

Purpose

The purpose of this policy is to outline the College's position on perceived and actual conflicts of interest as they relate to the activities of Council, committee members, and volunteers. The policy is designed to facilitate a shared understanding of situations that could constitute conflicts of interest, and to ensure the disclosure and effective management of all conflicts in the context of the College's work.

Because conflicts of interest are complex and specific to situations and environments, this policy does not define all possible examples of perceived or actual conflict. Instead, it offers a generalized framework that is designed to aid Council, committee members, volunteers, and staff as they work in coordination and good faith to disclose, manage, and better understand conflicts of interest as they arise.

Scope

The Policy applies to:

All Council/committee members and volunteers associated with the College.

Definition

A general definition of a conflict of interest in relation to the College and its activities is outlined in section **§11.01** of the College bylaws, which also includes general guidelines for managing conflicts. The bylaw treats actual and perceived conflicts as one and the same:

11.01 Conflict of Interest

- (1) Council Members and Committee Members must not engage in any activities or decision-making where a conflict of interest may arise.
- (2) A conflict of interest means a Council Member or Committee Member's personal or financial interest or participation in an arrangement or agreement which influences, is likely to influence, or could be perceived as influencing that person's judgment or decision-making with respect to College matters.
- (3) The personal or financial interests of any family member or a close relation (such as a friend or business associate) of a Council Member or Committee Member shall be interpreted to be the interests of a Council Member or Committee Member.
- (4) Council Members and Committee Members must recognize that even the appearance of a conflict of interest can bring discredit to the College, and should be dealt with in the same manner as an actual conflict of interest.
- (5) A conflict of interest may amount to a breach of Council Members' fiduciary obligations and can create liability for everyone involved.
- (6) A Council Member or Committee Member shall not use College property or information of any kind to advance his or her own interests.

Process

The College's bylaws detail two processes for managing conflicts of interest, one for Council members (**§11.02**) and the other for committee members (**§11.03**):

11.02 Process for Declaring a Conflict of Interest for Council Members

- (1) If a Council Member believes or suspects that he, she or any other Council Member may have a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by Council, he or she shall, prior to any consideration of the matter at the meeting, declare it to Council.

- (2) If there is any doubt about whether a conflict of interest exists, any Council Member may introduce a motion to have the conflict of interest issue determined by Council. On such a motion:
- (a) the chair presiding over Council shall provide the Council Member introducing the motion a brief opportunity to explain why he or she believes the Council Member may have a conflict of interest;
 - (b) the chair presiding over Council shall provide the Council Member who is the subject of the potential conflict of interest a brief opportunity to explain why he or she believes that he or she does not have a conflict of interest;
 - (c) Council shall determine by Special Resolution using a secret ballot whether the Council Member has a conflict of interest; and
 - (d) The Council Member who is the subject of the potential conflict of interest and the Council member who initiates the conflict of interest motion shall not participate in the vote.
- (3) If a Council Member has or is determined to have a conflict of interest with respect to a matter that is the subject of deliberation or action by Council:
- (a) the conflict of interest shall be recorded in the minutes of the Council meeting; and
 - (b) the Council Member shall:
 - (i) not participate in the debate in respect of the matter;
 - (ii) refrain from voting on the matter;
 - (iii) absent himself or herself from the room; and
 - (iv) not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of Council on the matter.

11.03 Process for Declaring a Conflict of Interest for Committee Members

- (1) If a Committee Member believes or suspects that he, she or any other Committee Member may have a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by a Committee, he or she shall:
- (a) prior to any consideration of the matter at the meeting, disclose to the Committee chair, Committee staff support, Committee, Registrar and/or the College's legal counsel the fact that he, she or any other Committee Member may have a conflict of interest;
 - (b) if the Committee Member has a conflict of interest or if there is any doubt about whether a conflict of interest exists, the Committee Member shall, unless the Committee chair has agreed otherwise:
 - (i) not participate in the debate in respect of the matter;
 - (ii) refrain from voting on the matter;
 - (iii) absent himself or herself from the room; and
 - (iv) not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of the Committee on the matter; and
 - (c) the conflict of interest shall be recorded in the minutes of the Committee meeting.

Commitment from Council, Committee Members, and Volunteers

All Council members and committee volunteers will commit to:

- Disclosing any actual or perceived conflicts of interest in accordance with the relevant bylaws outlined above. Such conflicts include personal conflicts (self-disclosure) as well as the potential conflicts of fellow Council and committee members.
- Working with Council, committee chairs, volunteers, and staff to manage conflicts of interest in an effective, professional manner and in accordance with the relevant processes and bylaws. This includes actual conflicts as well as the perception of bias.

- Accepting that raising conflict of interest concerns in a professional and transparent manner—whether the conflict is in relation to oneself or to a colleague—is not an inherently aggressive or antagonistic act, but rather a necessary duty that helps the College mitigate risk and carry out its mandate in an ethical and transparent manner.
- Being forthright and honest in the course of any conflict of interest discussions.



Council and Committee Member Agreement

I acknowledge that, in my capacity as a Council/committee member and/or volunteer of the **College of Optometrists of Ontario**, I have read and understood the above policies and agreements and agree to abide by them.

I also acknowledge that I have read and understand the above stated sections of the *RHPA* and I agree that I will not at any time divulge to any person within or outside the College any confidential information except as may be required in the course of duties and responsibilities except in the limited circumstances set out in the *RHPA*.

- *The documents that I have read and agree to abide by are:*

1. The Code of Conduct and Confidentiality Agreement (p. 1)
2. The Harassment and Violence Policy (p. 3)
3. The Conflict of Interest Policy (p. 7)

SIGNATURE: _____

9-13 / UPCOMING MEETINGS

9. Upcoming Council Meetings
 - a. Friday, September 13, 2024
 - b. Friday, December 13, 2024
 10. List of Acronyms
 11. Governance Guide: Robert's Rules
 12. Council Feedback Survey
 13. Adjournment – approximately 2:30 p.m.
- 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 Preparatory Program	An education pathway for individuals who have completed optometry training outside of North America and who wish to obtain a license to practice in Canada
BV	Binocular Vision	The assessment of the relationship and coordination of the two eyes
CACO	Canadian Assessment of Competency in Optometry	Canadian entry-to-practice examination for optometry-administered by CEO-ECO to 2017
CAG	Citizen's Advisory Group	A forum for patients and health-care practitioners to discuss issues of mutual concern
CAO	Canadian Association of Optometrists	Represents the profession of optometry in Canada; its mission is to advance the quality, availability, and accessibility of eye and vision health care
CAOS	Canadian Association of Optometry Students	The Canadian optometry student association with chapters in both Waterloo and Montreal
CE	Continuing Education	Courses, programs, or organized learning experiences usually taken after a degree is obtained to enhance personal or professional goals
CEO-ECO	Canadian Examiners in Optometry	Former name of OEBC; administered the CACO exam on behalf of the provincial and territorial optometric regulators (see OEBC)

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
CJO	Canadian Journal of Optometry	Journal published by CAO whose mandate is 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	<i>Canada Not-for-profit Corporation Corporations Act</i>	
CNIB	Canadian National Institute for the Blind	A voluntary, non-profit rehabilitation agency that provides services for people who are blind, visually impaired and deaf-blind
CNO	College of Nurses of Ontario	Regulates nurses in Ontario
COBC	College of Optometrists of British Columbia	Regulates optometrists in British Columbia
COEC	Canadian Optometric Evaluation Committee	Committee of FORAC that assesses the credentials of internationally educated optometrists who wish to practice in Canada
COI	Conflict of Interest	Situation in which someone in a position of trust has competing professional and personal interests
COO	College of Opticians of Ontario	A self-governing college that registers and regulates opticians in Ontario Note: the College of Optometrists of Ontario does not have an acronym
COPE	Council on Optometric Practitioner Education	Accredits continuing education on behalf of optometric regulatory boards
COS	Canadian Ophthalmological Society	Society whose mission is to assure the provision of optimal eye care to Canadians
CPD	Continuing Professional Development	A quality assurance program
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 <i>Regulated Health Professions Act</i>

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 <i>Health Profession Regulators of Ontario</i> .
FORAC-FAROC	Federation of Optometric Regulatory Authorities of Canada	Comprised of 10 national optometric regulators Formerly knowns as CORA
HPARB	Health Professions Appeal and Review Board	Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal
HPPC	Health Professions Procedural Code	Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>
HPRAC	Health Professions Regulatory Advisory Council	Provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario
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 <i>Ministry of Health Appeal and Review Boards Act, 1998</i> , decisions of the ORC are heard here

List of Acronyms Used by the College of Optometrists of Ontario

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

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 the interests 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	<i>Personal Health Information Protection Act</i>	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
PLA	Prior learning assessment	Formerly part of the IOBP to ascertain the candidate's current knowledge in optometry; replaced by IOGEE in 2015
PRC	Patient Relations Committee	Promotes awareness among members and the public of expectations placed upon optometrists regarding sexual abuse of patients; also deals with issues of a broader nature relating to members' interactions with patients
QA (QAC)	Quality Assurance Committee	A statutory committee charged with the role of proactively improving the quality of care by regulated health professionals
RCDSO	Royal College of Dental Surgeons	Regulates dentists in Ontario
RHPA	<i>Regulated Health Professions Act</i>	An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice
SAO	Saskatchewan Association of Optometrists	Also functions as the regulatory College in Saskatchewan
SCERP	Specified Continuing Educational or Remediation Program	A direction to an optometrist by the ICRC to complete remediation following a complaint or report

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

Updated May 2023

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